EQUAL treatment

Magazine of the Treatment Action Campaign April 2008

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TAC is committed to providing people with HIV, their families and caregivers accurate information about life-saving medicines and treatment. However, TAC and its leaders are independent of the pharmaceutical industry and have no financial interests with it.

TAC
TREATMENT ACTION CAMPAIGN

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This issue of Equal Treatment is much more explicit about sex than usual. TAC encourages youth to delay sex until they are adults. Research shows that educating about sex and HIV does not promote sexual activity. On the contrary, it promotes responsible behaviour in youths who have already decided to have sex.

Editorial

There are over one million youths living with HIV in South Africa. Many of our friends and family are infected with the virus. Any prevention or treatment efforts must include us.

In June 2006, 10,000 youths marched for HIV prevention in the Eastern Cape. They were demanding life skills education and condoms for their schools. Their protest echoed our experience at school where we were not informed of the things we should have been when it came to protecting ourselves from HIV. There is very little education at school and in most homes. Most of my peers still learn about sex through friends or personal experience. At the youth clinic in Khayelitsha I have seen our TAC educators spending hours answering questions about HIV, condoms and pregnancy. We still don't have all the information we need.

Most of the time we seek the power to make the right decisions for our health, even if we know all there is to know about condoms, sex and HIV. The freedom to make choices about our sexuality depends on our opportunities to be independent, to be free from oppression such as rape and violence and also to have proper housing and health services.

A big part of our challenge is to promote condom use. We need to make a culture where condoms are always used. In contrast to popular myths, condoms are safe and promoting the use of condoms does not promote sex.

HIV is also connected to our sexuality. Being sexual is an act of physical communication. Enjoying sexuality is a large part of people's lives all over the world. In South Africa, we have added sexual responsibilities because of HIV. Our enjoyment must also be safe. Being sexual is about freedom, respect, trust, love, desire and many other things. It is also about making choices. The articles in this issue are not written to tell if what you are doing is right or wrong but to give you the information you need to make choices that will protect your health and maybe even save your life.

Mongodi

Honale batjha ba fetang millione ba phelang ka HIV Afrika Borwa. Bongata ba metswalle le ba leloko ba tshwaeditswe ke kokwanahloko ena. Mehato efe kapa efe ya ho phekolo kapa ho thibela kokwanahloko ena e tshwanetse hore kenyelletsa le rona.

Ka June 2006, batjha ba 10,000 ba ile ba kgwanta mabapi le thibelo ya HIV mane Eastern Cape. Bane ba batla thuto ka tsa bophelo le hore dikgohlopo "condoms" di fumanehe dikolong. Mokgwanto ona one o bontsha hantle se ke ileng ka feta ho sona sekolong, moo re neng resa tsibiswe ka dintho tseo re tshwanetseng ho dietsa ho itshirelletsa kgahlanong le HIV. Thuto e haella haholo dikolong le malapeng. Bongata ba rona bo ntse bo ithuta katsa thobalano hotswa metswalleng kapa ka ho iponela ka borona.

Mokgatlong wa batjha, Khayelitsha ke bone maloko a TAC a araba dipotso tse ngata tse lebahaneng le thobalano le hoba mmeleng. Ho totobetse hore re ntse re sena tsebo e phethahetseng.

Ka nako e ngata re hloka matla a ho etsa qeto tse nepahetseng ka tsa bophelo bo botle, le ha rentse re tseba ka dikgohlopo, thobalano le HIV.

Tokoloho ya ho etsa diqeto katsa thobalano e itshetlehile menyetleng ya hore re kgone ho ikemele, hore re seke ra hatellwa jwalo ka ho betwa, le dikgohlano hape le phumantshong ya matlo le ditshebelletso tsa bophelo bo botle.

Bothata bo boholo keho kgothalletsa tshebediso ya dikgohlopo. Re tshwanetse ho etsa sena moetlo kapa yona tlwaelo. Ho fapana le menyenyetsi, dikgohlopo di bolokehile hape hadi kgothalletse thobalano.

HIV e ikamahantse letsa thobalano. Ho robalana ke hobuisana ka mmele. Ho natefelwa ke thobalano ke karolo e kgolo maphelong a batho lefatshe hopota. Afrika Borwa renale maikarabelo a eketsehileng ka baka la HIV. Ho natefelwa ha rona bo tshwanetse ho bolokeha.

Thobalano e bontsha tokoloho, tlhompho, tshepo, lerato, tabatabello le tse ding. Hape keka ho etsa diqeto. Seratswana sena hase a ngollwa ho obolella hore seo ose etsang hona jwale se fosahatse kapa se nepahetseng, empa ke ho o neha tsebo eo o ehlokang ho o etsa diqeto tse tlang ho tshirelletsa tsa bophelo kapa ho pholosa bophelo ba hao.

Nosisa Mhlathi

We answer your letters

When should I get tested?

I have got signs of HIV even though I have not gone to check my blood yet. I am very worried. I would like to know the importance of getting an HIV test. Will it help me live a longer life and can I use antiretrovirals? Please tell me more about the HIV test and about this treatment?

Mrs. J. Makhabane (Name has been changed)

You should get tested for HIV if you have any symptoms. An HIV test can be done at most clinics, if you test positive you will get information about living with HIV. If you test positive, you need to have a CD4 count and a viral load count. These measure the strength of your immune system. If you have a CD4 count below 200 you need to begin antiretroviral treatment. With the right medicines and commitment, you can live a long and healthy life. Getting this treatment depends on you getting an HIV test. If you wait too long before getting tested your body might already be very weak. It may be difficult for you to recover if you leave it too late.

Frustrated with private service

I am a mother on a medical scheme who just gave birth in the private sector. I am unhappy with the prevention of mother-to-child transmission services I received. I believe I paid a lot of money for inferior care. What can I do?

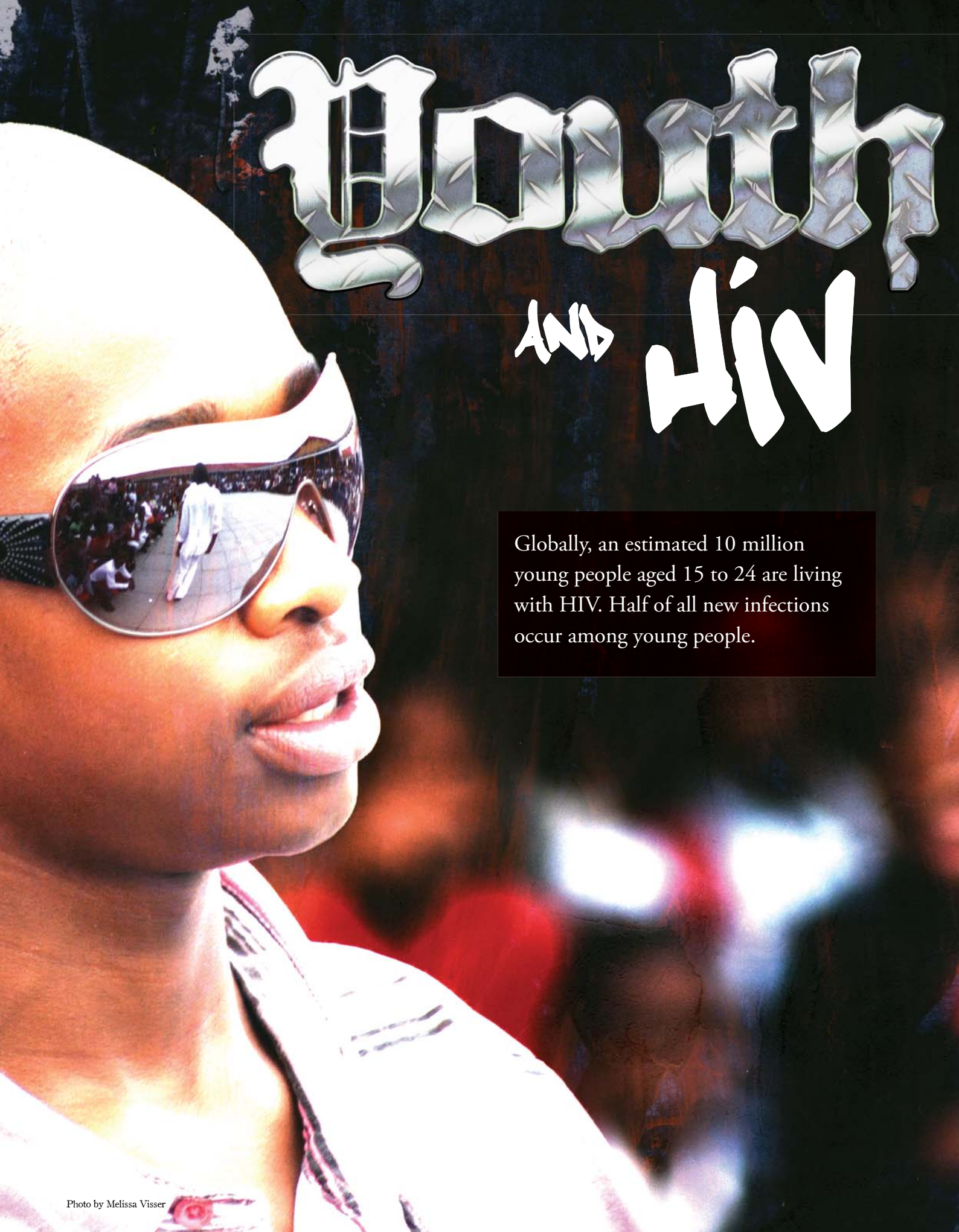
Noluyando Filani *(Name has been changed)*

If you feel you received inferior service from your medical scheme, you can do two things. First raise your concerns with your scheme and ask them for an explanation. Second, lodge a complaint with the Council for Medical Schemes. They can be reached on 012 431 0500 or by email at support@medicalschemes.com. If you received inferior service from your doctor or health facility, you can lodge a complaint with the Health Professions Council of South Africa: 012 338 9300 or hpcsa@hpcsa.co.za.

Send your letter to:

Equal Treatment,
PO Box 2069, Cape Town, 8001
Fax: 021 422 1720
Email: et@tac.org.za

Photo by Roulé le Roux



Youth and HIV

Globally, an estimated 10 million young people aged 15 to 24 are living with HIV. Half of all new infections occur among young people.

Photo by Melissa Visser

Young people in South Africa are at high risk of contracting HIV. In 2006 over one million 18-25 year olds in South Africa were living with HIV. Despite studies that show high levels of awareness, many youths still take serious risks that expose them to HIV. Drug abuse and having sex at an early age put youth at greater risk.

Many adults and teachers have difficulty talking about sex and HIV with young people. Yet according to the National Youth Risk Behaviour Survey done in 2002, 41% of students in grades 8, 9, 10 and 11 were sexually active. Of this, 54% had sex with more than one person and 16% had become pregnant.

Young women in South Africa are more at risk of getting HIV. A 2005 survey found that 13% of women over the age of two versus 8% of men were HIV-positive. Women are more at risk because of biological factors as well as economic conditions and power relations.

Many young people live in areas where health services don't meet their needs. This includes rural youth, those living in youth-headed households, those living on the street and others living in areas with poor health infrastructure.

We must create more effective prevention programmes for youth and expand youth testing and treatment centres.

Sources: Reproductive Health Research Unit, ASSA, HSRC 2005 HIV Household Survey, 2002 South African Youth Risk Behaviour Survey, UNAIDS, HIV National Strategic Plan, WHO.

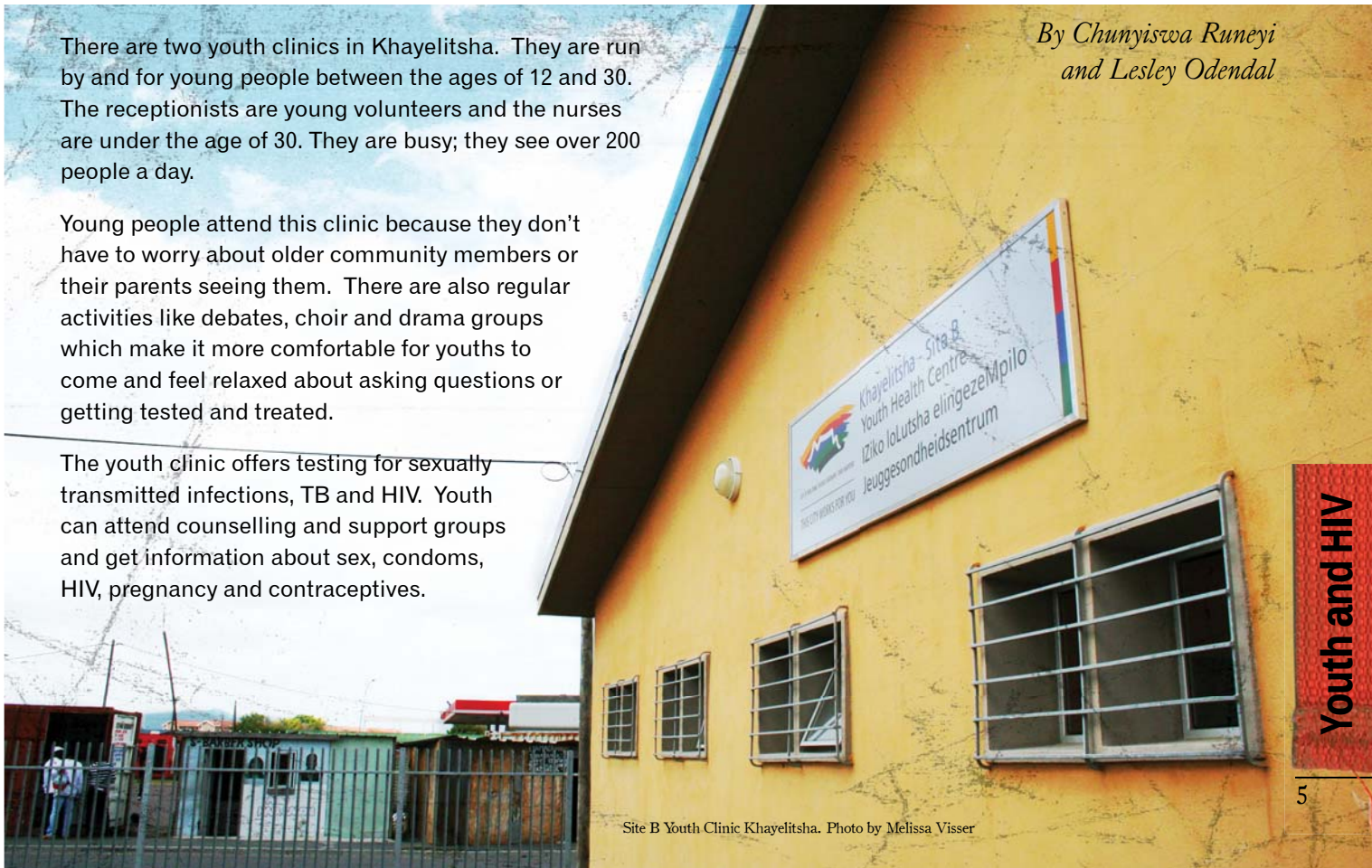
A MODEL FOR YOUTH PREVENTION AND TREATMENT

By Chunyiswa Runeyi and Lesley Odendal

There are two youth clinics in Khayelitsha. They are run by and for young people between the ages of 12 and 30. The receptionists are young volunteers and the nurses are under the age of 30. They are busy; they see over 200 people a day.

Young people attend this clinic because they don't have to worry about older community members or their parents seeing them. There are also regular activities like debates, choir and drama groups which make it more comfortable for youths to come and feel relaxed about asking questions or getting tested and treated.

The youth clinic offers testing for sexually transmitted infections, TB and HIV. Youth can attend counselling and support groups and get information about sex, condoms, HIV, pregnancy and contraceptives.



Site B Youth Clinic Khayelitsha. Photo by Melissa Visser

YOUTH AND HIV

WHAT IS GOVERNMENT'S PLAN?

"Young people are not only key to South Africa's future, but also key to whether or not we meet the goals of the NSP."- HIV National Strategic Plan

The HIV National Strategic Plan (NSP) aims to improve and expand HIV education, prevention and treatment services for youth.

Some of the goals of the plan are:

- Increase **Media messages** for youth about HIV, gender and sexuality.
- Encourage **HIV testing**.
- **Implement interventions** to reduce HIV infection in young people, especially in young women.
- Increase access to **youth-friendly clinics**.
- Develop programmes to **reduce drug abuse** in young people.
- **Encourage discussion** about HIV and sexuality between parents and children.

The NSP aims to implement life skills, HIV and sex education and prevention programmes in 98% of all primary and secondary schools by 2011.

Many of the practical interventions needed to reach these goals will take place in schools. Particularly important is the introduction and strengthening of HIV education. The NSP aims to implement life skills, HIV and sex education and prevention programmes in 98% of all primary and secondary schools by 2011.

Considering the high rate of school drop-outs in South Africa, it is also important that HIV and sex education happen outside of school settings as well. Research shows that young people who have dropped out of school are more likely to contract HIV than those who stay in school. The NSP aims to increase the number of HIV programmes for young people who have left school. It also supports the development of programmes that help keep

young people in school, especially those who live in rural areas, on the street or in youth-headed households.

Youth clinics are a good way to get youth more involved in prevention and treatment efforts. The NSP proposes a 50% increase in 2008 of districts offering youth facilities. In 2011, all health districts are expected to have youth clinics.

The NSP highlights the importance of communication. An NSP goal is to implement parenting programmes in 90% of health districts by 2011 that help parents to speak openly about HIV with their children.

Changing youth behaviour is difficult. For the NSP goals to be met, commitment is required from government, civil society, business, religious associations, sports clubs, educators' unions and the entertainment industry. Most importantly, youth themselves need to be included every step of the way.

Young people who have dropped out of school are more likely to contract HIV than those who stay in school.

Sources: Wits School of Public Health, London School of Hygiene and Tropical Medicine, NSP

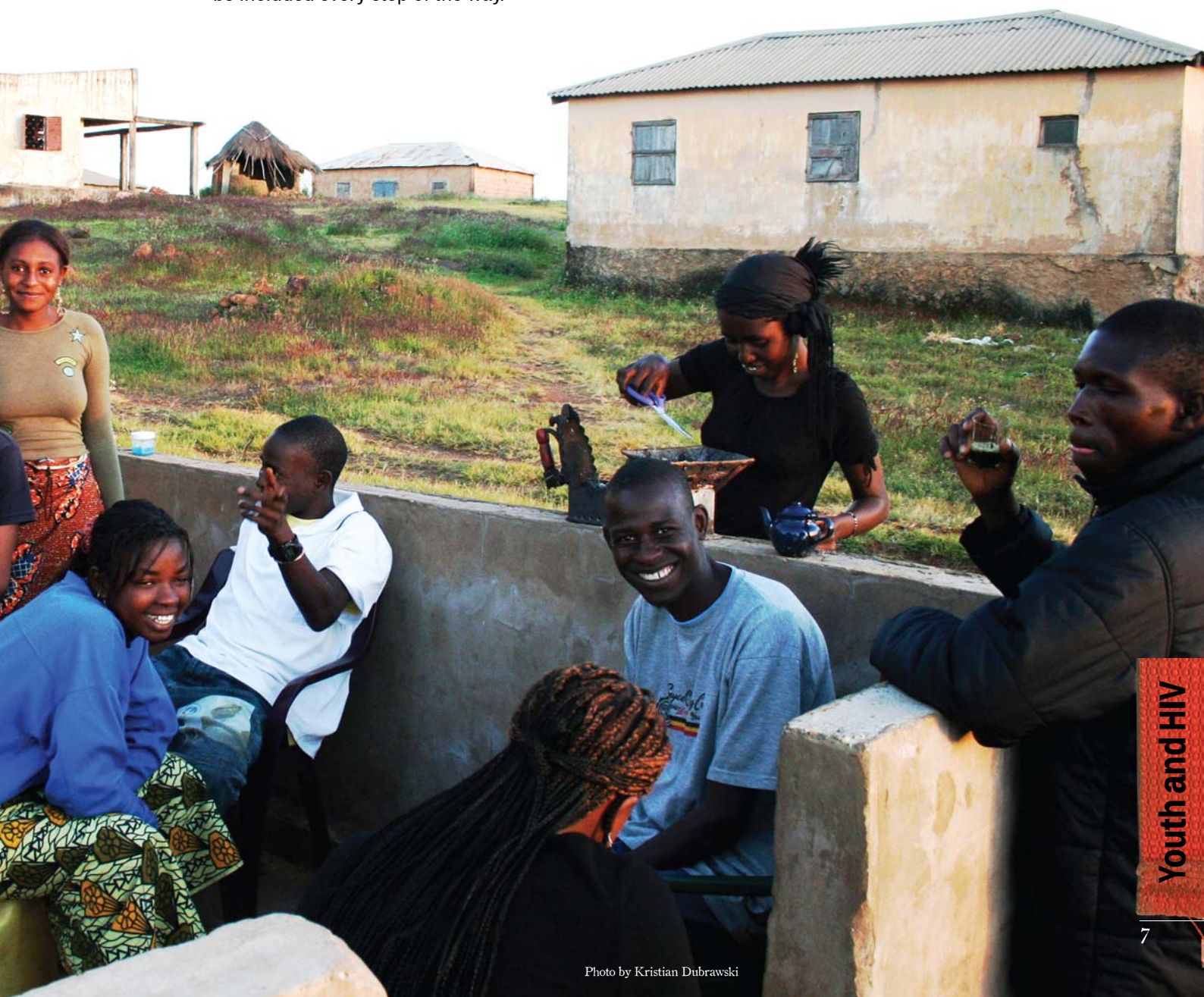


Photo by Kristian Dubrawski

I TOOK CONTROL OF MY LIFE

Nokubonga Yawa tells Equal Treatment *about how she came to live openly with HIV.*

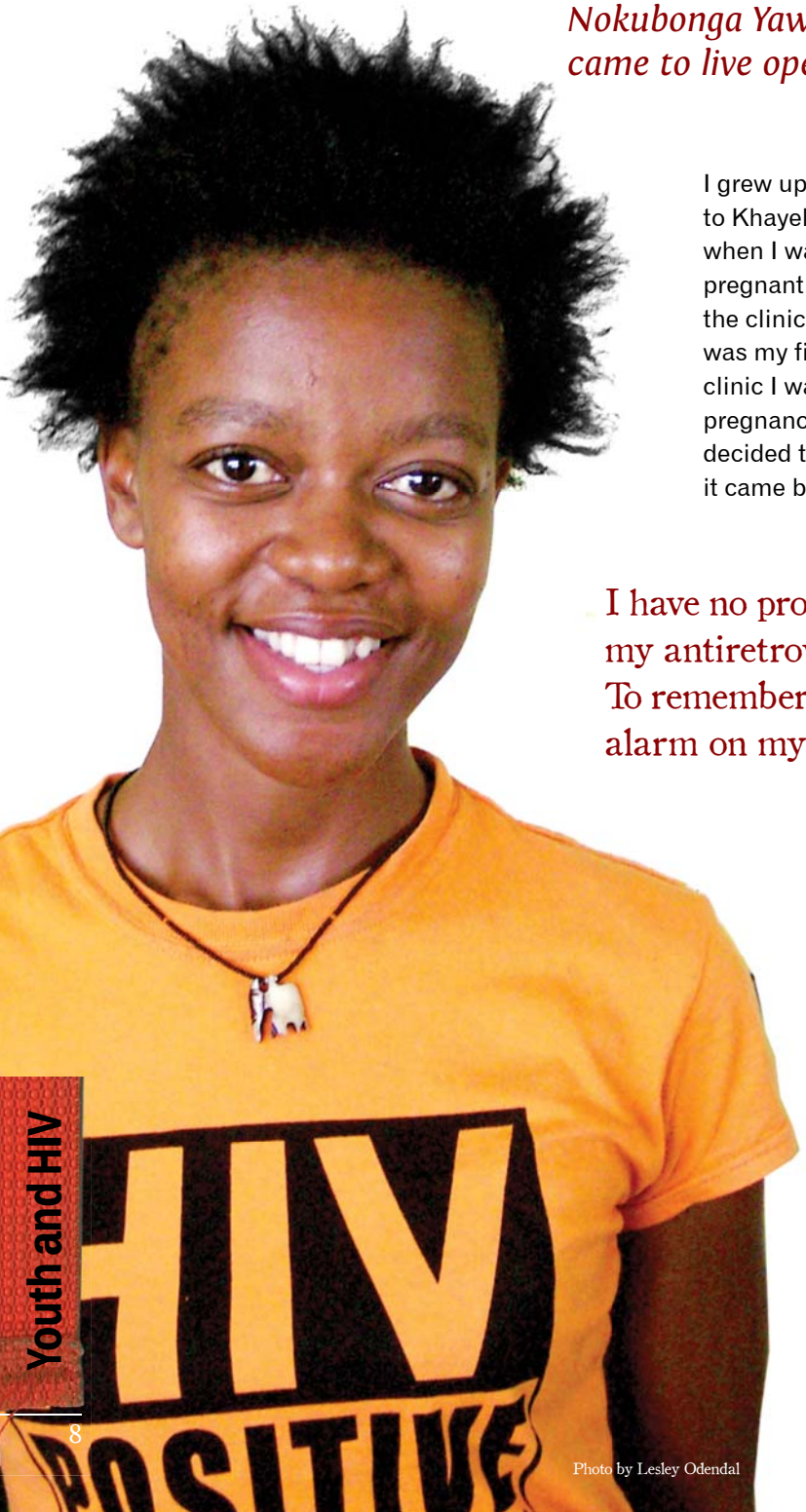


Photo by Lesley Odendal

I grew up in Nyanga and moved to Khayelitsha in 1996. In 2002, when I was 14, I found out I was pregnant. When I went to visit the clinic for my pregnancy, it was my first time ever. At the clinic I was educated about my pregnancy and staying healthy. I decided to have an HIV test and it came back positive.

I have no problem taking my antiretrovirals on time. To remember, I just set an alarm on my cell phone.

I was very nervous to tell my mum about my HIV status. I wasn't sure how she would react. When I told her she was fine with it though. She gives me all the support I need. That year I gave birth to a girl named Sinaye. She is a healthy baby. We live together with my mum at her home in Khayelitsha. I now live openly with HIV.

In 2005 I started feeling really sick. I went to the clinic where my CD4 count was taken. It was below 200 so I began taking antiretrovirals. I take lamivudine, nevirapine and stavudine (d4T).

I have no problem taking my antiretrovirals on time. To remember, I just set an alarm on my cell phone. I have no side-effects and this past January my CD4 count had increased to 624.

Before I openly disclosed my status, people in my community were always talking about me. I did not know how I was going to face these people until I joined TAC and became strong.

Using a condom will protect you from HIV

"Condoms keep us protected." – Sandiswe Sokuhipe

"It is good to use condoms because they protect us from infections." – Aphiwe Sonto

"My friends say they want to have sex 'flesh to flesh'. They don't understand that wearing condoms when you have sex will protect you for your whole life." – Chuma Mazula

"Me and my boyfriend use condoms every time we have sex." – Nokwanda Pani

"I like wearing condoms. I use them every time I have sex." – Sizwe Nguqe

"I use condoms every time I have sex. Protect yourself from Sexually Transmitted Infections like HIV." – Kenny Siyabonga

"Condoms help people not get infected with HIV." – Bonginkosi Ngxokela

Photos by Jo Gorton and Melissa Visser

MAKING SAFER SEX FUN

By TAC Khayelitsha Youth Educators Nandipha Mkhusane, Chunyiswa Runeyi, Lucky Dibela, Nokwanda Pani, Asanda Tontsi, Afrika Mthathi, Nomphelo Mabokela as told to *Equal Treatment*.

The Khayelitsha Peer Educators explain the truth about condoms and give advice on making safer sex more fun.

If you are sexually active, wearing a condom is the best way to prevent getting HIV and other STIs There are two types of condoms, one for males and one for females. Most condoms are made of rubber and prevent the exchange of semen, vaginal fluids and blood during sex. Male condoms are put on a man's erect penis while women's are inserted into the vagina. Only 3–4% of women will become pregnant if they use a condom correctly every time they have sex.

Advice On Using Condoms In Relationships

Scenario #1: I rely on my boyfriend to give me money for my personal needs, so I cannot ask him to wear a condom. The only time I asked he was violent because he thought I had another boyfriend.

For women: There are many risks when you have unprotected sex. Asking him to wear a condom will protect you both from HIV and STIs. If you can, try to start being independent. Learn to make your own money so you don't rely so much on his. Another tip might be to bring your own condoms along so that he does not have an excuse for not using them. If he abuses you, report him to the police.

For men: Having money does not protect you from getting STIs or HIV. You should still use a condom every time you have sex. If you are in a fight with your girlfriend, violence doesn't solve anything. Hitting your girlfriend is a crime. The only way to sort out problems in a relationship is to talk them through.

Scenario #2: We are in a long-term relationship so we don't wear condoms anymore.

It is still important to use condoms in long-term relationships. Many people think that if one partner tries to introduce condoms it means that they have another boyfriend or girlfriend. This is not necessarily true. Some STIs, including HIV, do not have obvious symptoms so you or your partner might not realize that you have an infection. You can also never guarantee that your partner is loyal to you, especially when you are young.

Scenario #3: I am in an open lesbian relationship. Do I still need to wear condoms?

It is unlikely that you will contract HIV through lesbian sex. If you use sex toys, you can make it safer by putting a condom directly on the toy.

STIs = Sexually Transmitted Infections

Myth #1:The condoms are always painful when I use them.

Fact: Many people report at the clinic that sex with condoms does not feel as good, or can even be uncomfortable or painful. Try lubricant, also known as “lube”. This liquid makes the condom slide in and out easily so there can be less pain and more fun. Lube is particularly good for anal sex or when there is vaginal dryness. You can buy KY jelly or aqueous cream at a pharmacy or ask your local clinic where to get it. You can also try switching from male to female condoms (or vice versa). **Do not use oil-based lubes like vaseline or baby oil. These break condoms.**

Myth #2: I'm healthy so I don't need condoms.

Fact: It doesn’t matter how healthy you are. Anyone is at risk of contracting HIV or an STI if they have unprotected sex. Many STIs don’t have symptoms, so even if you look healthy you might still be infected.

Myth #3: Condoms make sex feel unnatural.

Fact: Sex without a condom, “flesh to flesh,” may feel natural but you are putting yourself at risk. Condoms can also feel natural.

Myth #4: I ruin the moment if I stop to put on a condom. It's too much work.

FACT: It is a lot less effort to put on a condom than to live with HIV or an STI.

Myth #5: I can't get an erection when I wear a condom.

FACT: It can be hard for some guys to get an erection when they are using a condom, especially in the beginning. Try to talk it through with your partner and make it comfortable for both of you. Practice masturbation with a condom on. Eventually you will get used to it. If you experience lots of difficulties, you should consult a nurse or a counsellor. Try to enjoy sex with a condom.

Myth #6: Condoms are not safe.

FACT: Condoms used properly prevent HIV transmission. Last year, batches of government’s CHOICE condoms were approved without proper quality control, but the South African Bureau of Standards has taken steps to stop this from happening again.

Myth #7: Condoms are not cool.

FACT: If your friends don’t think it’s cool to wear condoms, it can be difficult to wear them. Become a leader: take that step. You could be saving your friends’ lives by convincing them that safe sex is the best choice.

Myth #8: Condoms can spread HIV.

FACT: This is nonsense. If used properly, condoms are the best protection against HIV.

If girls have a wet vagina during sex, it does not mean they have been sleeping around. Having a wet vagina is a normal thing when aroused.

How to use a male condom

A male condom is placed on a man’s erect penis. With one hand squeeze the tip of the condom to remove air and leave room for semen. With your other hand, unroll the condom to the base of the penis. The tighter band of latex at the bottom of the condom helps the condom stay on. After ejaculating, hold the condom on the penis during withdrawal. Throw away the condom and use a new one if you have intercourse again.

Illustrated by: Nielen Marais

Sexually Transmitted Infections (STIs)

STIs make you more vulnerable to HIV. It is important to get tested for them. If you begin treatment for an STI make sure you finish. Do not share it with anyone else. You should tell your partner about your STI so he or she can be tested and treated.

Common STIs and their Symptoms

Chlamydia

Symptoms: Males get watery or milky discharge from the penis, burning when they pee, burning around the opening of the penis, and pain or swelling of the testicles. Females may have vaginal discharge, burning when they pee, pain in the lower back, pain during sex, and bleeding between periods. If left untreated, it can make you unable to have children.

Gonorrhoea (The Clap)

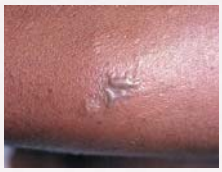


Photo from Wikipedia

Symptoms: Burning when you pee, blood in your poo, sore throat and anal discharge. Males get yellowish-white discharge from their penis and swollen or painful testicles. Females get thick yellowish vaginal discharge and abnormal vaginal bleeding. If left untreated, it can leave you unable to have children.

Vaginitis or Trichomoniasis

Symptoms: This STI does not always have obvious symptoms. If there are any a woman may experience clumpy or foul-smelling vaginal discharge and burning, redness, or itching around the vagina. The best way to test for trichonomoniasis is to get a pap smear.

Myth: Putting garlic or snuff in a girl's vagina will cure her of an STI.
FACT: The only way to cure an STI is to get tested and receive treatment at a clinic.

Genital Herpes

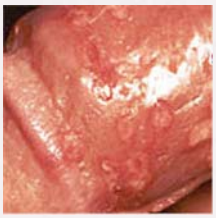
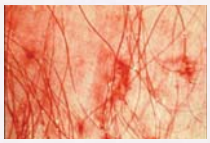


Photo by Herpes Pictures

Symptoms: Itching of the skin or blisters around the genitals, burning when you pee, pain during sex, and swollen glands. Treatment is particularly important for women because the infection can spread to their babies during pregnancy or breastfeeding.

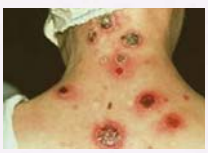
Genital HPV

HPV (human papilloma virus) is a virus that can cause warts to appear on your skin and inside your cervix, the part of the uterus that connects to the vagina. These warts can cause abnormalities to form in the cells of the cervix and this can lead to cervical cancer. HIV-positive women are more likely to be infected with HPV. Women should have regular pap smears to test for abnormalities.



Crabs are a harmless but itchy STI that can be treated with gamma benzene hexachloride (sold as Quellada).

Photo by US National Library of Medicine



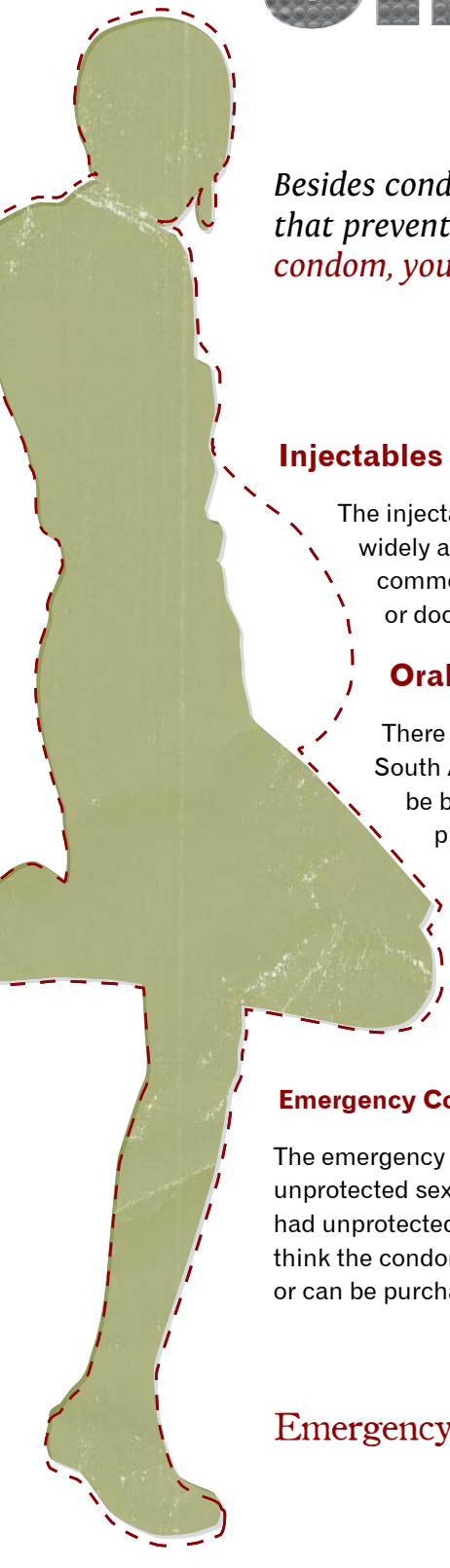
Syphilis is common and can easily be cured, but if left untreated it can eventually become untreatable and fatal.

Photo by YouthZone

Sources: Gallop Crisis Pregnancy Center, Calgary Health Region, YouthZone, Revolution Health, United States National Library of Medicine.

CONTRACEPTIVE CHOICE

Updated from a previous Equal Treatment *issue.*



Besides condoms, there are also many contraceptives available that prevent pregnancy. If you use these contraceptives without a condom, you are still at risk of getting HIV.

Injectables

The injectable contraceptive, known simply as 'the injection,' is widely available and free of charge at most clinics. The most commonly used injection lasts for 12 weeks. Only a nurse or doctor can give you an injection.

Oral contraceptives (the Pill)

There are many different types of oral contraceptives in South Africa. They are available free at most clinics or can be bought at pharmacies without a prescription. These pills are taken at the same time each day. They work by preventing female ovulation. Women taking antiretrovirals must consult a nurse or doctor before taking the pill. This is because the pill sometimes doesn't work after it mixes with the antiretrovirals in your body, leaving you at risk of an unwanted pregnancy.

Emergency Contraceptive (The Morning After Pill)

The emergency contraceptive must be taken within 72 hours of unprotected sex to prevent pregnancy. Women take it after they have had unprotected sex, if they have been raped or sometimes if they think the condom broke. These pills are free at clinics and hospitals or can be purchased without a prescription at a pharmacy.

Emergency Contraceptive Hotline: 0800 246 432

Post Exposure Prophylaxis (PEP)

PEP is emergency antiretroviral treatment that can help prevent HIV transmission after unprotected sex. According to new legislation, all rape survivors are entitled to get these drugs. The PEP regimen is AZT and lamivudine for 28 days. In physically traumatic rape cases, a third drug, lopinavir/ritonavir, is added to the regimen. PEP must be taken within 72 hours of being raped although you should start the pills as soon as possible.

pregnancy and Your Choices

Making a choice about what to do after you become pregnant is difficult. Get help from a trusted friend or counsellor. In South Africa, the Bill of Rights in the Constitution gives you the choice to keep or terminate your pregnancy.

Keeping your baby

Many young women choose to keep their baby after becoming pregnant. Having a baby is a serious responsibility. Babies require financial support, as well as lots of time and energy. It is advisable not to have a baby until you have enough education, income and support to keep yourself and your baby healthy. If you choose to have a baby try to stay in school so you can get an education and make sure you have friends and family that can help you. If you decide to keep your baby request an HIV test to determine your HIV status.

Adoption

If you choose not to keep your baby but do not want an abortion, adoption is a choice. This is when you give your child to an adoption agency and give up your parenting rights. You will need legal assistance and counselling if this is your choice.

Terminating Your Pregnancy (Abortion)

Many women choose to terminate their pregnancies, otherwise known as an abortion. You do not need consent from anyone to get an abortion in the first 12 weeks of pregnancy, even if you are younger than 18. After this, you must consult a doctor who will decide if it is still safe. After 20 weeks it can be very difficult and unsafe to get an abortion. Abortions are free at most clinics. You do not need to go to an unregistered, illegal or unsafe clinic.

If an abortion is performed in the first 12 weeks, the procedure is simple. You will take a pill that will cause you to have menstrual bleeding for about 10 days. You should go to the clinic for a check up during this time to make sure the bleeding is normal. Find counselling and support from your friends or family if you choose to get an abortion.

Marie Stopes Clinics offer anonymous and confidential advice and support on abortion, HIV testing, birth control and ante-natal services: 0800 11 77 85.

Being pregnant and HIV-positive

There is no need to blame yourself or feel shame if you test HIV-positive during your pregnancy. Having HIV and being pregnant does not mean you and your baby will get sick. With the right treatment you can stay healthy and prevent your child from getting the virus.

If you test HIV-positive and are pregnant:

Get counselling and all the information you need about HIV, your pregnancy and what you need to do to keep yourself and your baby healthy.

If your CD4 count is below 350 or if you are sick because of HIV, you should be offered antiretroviral treatment. It will consist of three medicines you have to take daily and will help you live a much longer and healthier life.

You should be given a medicine called AZT from 28 weeks pregnant until the birth of your child. You should also be given nevirapine during labour.

All the information you need about the proper treatment and care for yourself during pregnancy should be available at your nearest clinic.

This is what you can do for your baby:

He or she should receive nevirapine immediately after birth

He or she should get an HIV test called a PCR at six weeks.

You should be given accurate information about feeding your baby. It is your choice whether to give breast milk or formula milk. You should not give both as it increases the risk of your baby getting HIV. Your clinic should give you the information to make the choice that is best for you. See Equal Treatment issue 23 for more information on infant feeding.

If your child tests positive for HIV, you should try to get your child access to antiretroviral treatment.

If you do not have enough income, you have the right to access child support grants.

TAC member Portia Serote speaks to Equal Treatment *about her forced abortion this past January.*

Portia Serote, a TAC member from Ekurhuleni, was not given any choices. In January 2008 she was forced to get an abortion. She did not have any other choice because she had become extremely ill without the right treatment during her pregnancy. Her CD4 count was below 200. She was very weak and might have died if she continued with her pregnancy. Portia felt tortured because she had planned to keep the baby.

Youth & Sexual Abuse

South Africa has one of the highest rape rates in the world. This abuse begins at an early age. More than half of sexually active teen girls say that their boyfriends have forced them to have sex when they did not want to. If your boyfriend, girlfriend or anyone else forces you to have intercourse or other sexual activities with them, it is rape and it is a crime.

Source: Dr Eve's Sex Book

Surviving Sexual Abuse

By Thamiera Olebe

TAC member Thamiera Olebe talks about surviving rape and gives her advice to young women and men who have been sexually abused.

When I was seventeen and living in the Transkei, I was raped. My attacker gave me a sexually transmitted infection. It was painful and humiliating. At this time there was no support for me. My family did not care. There were no medical services and no police to hear my case.

I struggled to overcome the pain of my rape alone. It has been very difficult and even now I feel pain. I feel vulnerable because where I live is not secure. It is not safe for the young women around me either. When I hear of sexual crimes against young people, I feel the pain of my rape all over again.

My message to every young girl who is surviving or has survived sexual abuse is that supporting yourself is too difficult. **Find people who can help you!** Try your family and other members of your community. In addition, you must tell the police and visit a clinic as soon as you can.

Stop gender violence hotline: 0800 150 150

What to do if you are raped

- Remember it is not your fault. You have the right to be treated with respect and dignity.
- Before you shower seek help. Go to the police to report the crime and go to a clinic.
- PEP will reduce your risk of getting HIV. The law states that you do not need a case number to get PEP. See page 13 for more information on PEP.
- Rape is very traumatic. It is important that you talk to someone who can listen to you and support you after rape.


Photo by Roulé le Roux

EMPOWERING *Young Women*

Nomfundo Eland, TAC Women's Rights Campaign Co-ordinator, speaks about young women and the issues they face in South Africa.

Women face huge oppression in South Africa. Their power needs to be increased in both public and personal relationships. This is especially true when it comes to sex and HIV. Women have the right to sexual autonomy, which means that they should choose for themselves when to have sex and who they have sex with. Lack of economic and social independence means that often women do not have this right. Young women in relationships with older men who give them money find it particularly difficult to negotiate safer sex and get respect. When those men do not want to wear condoms it is very difficult for the women to say no. This is why it is so important for young women to be educated and empowered so that they can assert themselves financially and not rely on men.

Our country has programmes focused on women's empowerment but they are not focused on *young* women. Young women are our future leaders. They need to be taught how to engage with confidence in relationships, with their communities and in political struggles.

Empowerment programmes for young women, as well as education and funds for income generation are essential. School and mentoring programmes should be strengthened to educate both young men and women on sexuality and HIV. This will help them to make informed choices and reduce youth violence. These should include health education on the risks of having sex at an early age and rights education. TAC should be commended on their youth programme in Khayelitsha. This must be implemented everywhere so that young women have safe spaces to communicate and learn about their independence and well-being.

It is time to take a stand for justice and equality for young women. We can no longer leave them alone and vulnerable with their needs unaddressed!

FIGHTING AGAINST HATE: SUPPORTING GAY RIGHTS FOR YOUNG PEOPLE

By Tshidi Telekoa

We don't want people's sympathy, instead we must be outraged at the brutality that happens because people love people of the same sex.

Crimes against lesbians, gays, bisexuals, transsexuals and intersex (LGBTI) individuals in South Africa include brutal physical violence and murders. The growing number of these crimes has raised concern from the human rights sector. The alliance for 'Campaign 07-07-07' is a national network of over 25 South African organizations, including TAC. It is more commonly known as the 'Triple Seven' campaign. It was formed in response to the brutal murders of two young lesbians on July 7 2007. Their names were Sizakele Sigasa and Salome Masooa.

Black lesbians in townships are often subjected to 'curative' rape. This means they are raped because they need to be shown how an African women 'really' behaves. This violence cannot be accepted. Not being yourself because you are scared is also a form of violence.

Community mobilisation is a key to success. We have to popularise the Triple Seven campaign.

Young & Gay

IN SOUTH AFRICA

By LuckyBoy Mkhondwane

My name is Luckyboy Mkhondwane. I'm 32 years old and live in Duduza, Ekurhuleni, just east of Johannesburg. I am gay and live openly with HIV.

From an early age I could tell that there was something different about me. I was not the same as my brother or other boys. I preferred to stay inside and play with dolls and read books. Other children were always teasing me because of this. I didn't have many friends which made me self-sufficient but lonely. Life was miserable. I didn't know what was "wrong" with me until I read an article on gay teenagers when I was fourteen. It was like a light bulb had gone on. I could relate. The most difficult things to deal with during these years was the stigma. This came especially from the Christian church I was a member of and the popular belief that homosexuality is somehow "un-African." I chose to suffer in silence and now I realize it was not the right thing to do.

When I was 21 I started dating an older man. We were together for two years and never used condoms when we had sex. I did not know much about HIV and never thought it would happen to me. I was wrong. In 2002 my ex-boyfriend disclosed on national TV that he had been living with HIV for five years. I was shocked. I decided to go for an HIV test and my results came back positive. I decided to disclose to my family out of fear that I would get sick and they wouldn't know what was wrong with me. The reaction I got was the opposite of what I had expected. They told me they would support me and never asked how I got infected. I did not want to die, so I looked for information on HIV and joined TAC as a way of dealing with my status and finding a sense of belonging. In 2005 I became a TAC volunteer.

In 2005, I was diagnosed with Tuberculosis. My CD4 count was 196, so I started taking antiretrovirals. Now my CD4 count is 478 and I am living a normal healthy life. I am currently in a relationship with a partner who is HIV-negative and is aware of my status. I disclosed to him the first time we met and he said he was okay with it. We use condoms every time we have sex.

Through all that has happened in my life I've grown strong. I know that I can be the best I aspire to be. My goal is to inspire not only the gay community but also everyone who lives with HIV. Life goes on! I am thankful to my family, my partner and TAC for giving me the strength and drive to live my life.

For confidential advice and support:

Cape Town, Triangle Project: 021 422 2500

Pretoria/Tswane, Out: 012 344 5108

Durban, Lesbian and Gay Community and Health Centre: 031 301 2145

GETTING TESTED for HIV

Getting an HIV test can be difficult, especially if you are scared of the results. It is important to get tested though so you can access treatment. If you wait until you are already very sick to find out your HIV status there is a chance the treatment will not work. Knowing your status will also help you protect your sexual partners from HIV. You can get a free HIV test at most clinics and hospitals.

Getting tested and your rights

Being tested for HIV is your choice. Your results are strictly confidential. Nobody, including your parents, guardians, doctor or nurse has the right to tell anybody about the results of your test.

Going for an HIV test

I was diagnosed HIV-positive in 2006. I had been feeling ill since 2005. I was always tired and losing weight. I also had sores on the back of my neck which turned out to be shingles. People in my community were discriminating against me because of the visible sores on my neck. My doctor advised me to go for counselling and testing. I did not want to be tested because I was afraid of the results. I eventually decided to get tested because I was suffering and because my boyfriend encouraged me.

When I was told I was HIV-positive I immediately told my uncle. He is my closest relative as my mother passed away a few years ago. I also told my boyfriend and my friends about my status on the day I was diagnosed. I wanted to feel free. When I told my boyfriend, who is HIV-negative, he was very supportive and we are still together today. I was nervous to tell my friends but they too accepted my status. I have not experienced any discrimination about my HIV-positive status from other young people in my community.

The only regret that I have is not being tested earlier. If I would have known my HIV status I could have got medicines before I became ill. When I was first diagnosed HIV-positive, my CD4 count was only 96. I then started treatment in July 2006. Since then my CD4 count has risen to 574.

My advice to young people is to get tested! It is not easy but the sooner you do it the better. It is best to know your status so that you can get treated in time. Do not worry about what other people say, worry about yourself.

– Siyanda, youth TAC member

Drug Abuse and Youth

By Sandra Fowler

In the past few years there has been a dramatic rise in the use of methamphetamines, commonly known as "tik". In 2003, 2% of people in treatment for drug abuse listed tik as their primary drug. In 2006 this number had increased to 42%. Tik abuse has spread rapidly among youth. Over half of people in treatment in South Africa are under 20. Part of the reason it has become so popular is because tik is cheap and easily available. It is also attractive to people who might not usually take drugs such as young girls who are told lies like it is an easy way of losing weight.

Young people on tik take sexual risks. The drug affects decisions about sexual behaviour such as wearing a condom or deciding when to begin having sex. Because of this, youth who abuse Tik are more likely to get HIV.

Equal Treatment spoke to two experts who run drug prevention and treatment services in South Africa. Both of them explained that current youth prevention efforts were not working. Current messaging, they explained, is failing to address the underlying reasons people abuse drugs. These are often problems at school and physical or sexual abuse. They also criticized messages which focus only on 'not doing drugs' instead of the reality that many youth are using them and need help.

When talking about treatment, both experts said more services run by staff that are trained to work with youth are needed. These should be services that have been shown to work. They explained that there is a need for more youth-friendly drug treatment centres. They also said that treatment centres need to be in convenient locations and that a help line just for young people should be set up.

Special thanks to Dr Bronwyn Myers and Sarah Fisher.

Alcohol abuse is also a big problem among youth in South Africa. Alcohol puts youth at greater risk of HIV because they are less likely to make decisions that protect their health. Alcohol abuse causes higher levels of physical and sexual abuse.

Sources: Department of Social Development National Drug Master Plan 2006 – 2011, City of Cape Town, Parry C. et al. 2007, The South African Youth Risk Behaviour Surney and the MRC.

tough Love

Sex School & HIV

How well are we tackling the HIV epidemic in South African schools?

By Gilad Isaacs

" Let's talk about sex, baby; Let's talk about you and me; Let's talk about all the good things; And the bad things that may be." These are lyrics from a 1990 hit single by an American pop group. 18 years later and a continent away the message is more important than ever.

According to leading sex educator Dr. Eve, it is impossible to teach about HIV effectively without talking about sex, as is often the case in South African schools. Educating in this way, she explains, makes HIV seem only a medical issue instead of one that is fundamentally linked to the sexual choices of young people.

The debate about what should be taught in classrooms around HIV and sex has been raging for many years. In 2000, the Department of Health published progressive guidelines about dealing with HIV in schools. Finally, in 2006, it released the Life Skills curriculum.

The main problem now, according to TAC school youth educators, lies in the implementation of the new curriculum. Essentially, the teaching isn't happening the way it needs to. Youth are not being given the knowledge or the skills to make better decisions about their health.

Phumeza Runeyi, Cool Youth Coordinator in TAC Khayelitsha, explains that there are a number of reasons why the new curriculum is not being taught properly. First, there are strong religious norms and prejudices in many schools which make talking about sex difficult and taboo. Second, the School Governing Bodies and parents have significant control over this aspect of education and often prevent open discussions about sex. Finally, the government does not always support the curriculum or other programmes in schools that aim to promote safer sex. For example, in 2006, Minister of Education Naledi Pandor prohibited the distribution of condoms in several schools. Her spokesperson was quoted saying that "condoms cannot be distributed in schools and children should not experiment in sexual activities."

In 2006, TAC members in the Eastern Cape visited 150 schools in all five health districts of the province. In the majority of these schools, teachers reported being ill-equipped to teach about HIV, sexuality and life-skills. This was despite the fact that parents, young people and the teachers themselves said there was no evidence to show that abstinence education (preferred by the Department of Health) was working.

"As a student living with HIV I struggle. We are not receiving any education and information about HIV. We are afraid to ask questions about HIV and pregnancy rates are high in our schools. The Nurses discriminate against us when we go to clinics after school. They shout at us for wanting condoms and contraceptives. There is no support for students infected or affected by HIV in our school."

- Asanda Mofu, Rubusana High school, Queenstown 2006

RESPECT

Recent data from a study done in Sub-Saharan Africa shows that young people who have sex education in their schools were significantly more likely to use condoms consistently than those who did not. Importantly, condoms were not accessible to many of the youths in the study.

A 2006 open letter to the Eastern Cape MEC of Education from TAC members concluded with a message that still rings true. "Schools present the most ideal entry-point for HIV prevention, care and support because thousands of young people and educators spend more than eight hours of their day as captive participants in learning. We urge the department [of education] to act with urgency and principle to capitalize on this ideal opportunity to greatly contribute to our country's national response to the epidemic and save lives."

Tips for talking and teaching about sex

- Be honest
- Encourage questions
- Give proper information
- Do not feel pressured to answer on the spot. You can take time to think about or research your answers
- Do not have just one big talk about sex – make it a lifelong discussion

HOUSING & YOUTH

Ronaldo on the streets in Muizenburg

Photo by Rachel Phillips

The South African constitution states that everyone has the right to adequate housing and that the government must take steps to realize that right. The National Housing Subsidy Scheme has built more than 2.4 million houses since 1994. Despite this progress over 7.5 million South Africans do not have adequate housing or secure tenure. To understand how homelessness can affect young people and their risk of getting HIV, ET talked to Ronaldo about his experience living on the streets.*

Ronaldo is a young man from the Southern Suburbs of Cape Town whose life so far has been tough. He is a friendly 17-year-old with a vivid imagination but without a home, education, job or support. When he was young Ronaldo moved from a fishing village to Mitchell's Plain. He was happy there until he was raped at the age of twelve. After the rape he ran away and began living on the streets in Cape Town.

Ronaldo has experimented with drugs, including tik. A rehabilitation centre helped him to overcome his drug addiction but he suffered abuse there and now dreams "to live in any place that is safe."

Ronaldo, like many other young people who are homeless, is at greater risk of experiencing sexual abuse, violence, drug addiction and HIV. Drugs are an especially big problem for youth living on the streets.

Support for youth who don't have a home should include a proper social grant system. The current disability grant encourages young people to engage in risky sexual behaviour because they think they are guaranteed a disability grant if they contract HIV. In fact, they are only entitled to the grant when their CD4 count falls below 200, when they are likely to be sick with life-threatening opportunistic infections. Housing and social support for young people like Ronaldo are key to reducing their risk of HIV.

Sources: Centre on Housing Rights and Evictions (COHRE)

*Not his real name

Photo by Andrew Warlick

Orphans and Youth-Headed Households

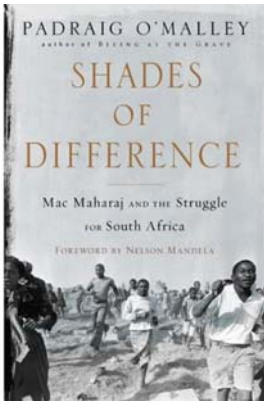
Over 1.5 million children in South Africa have lost their mother to HIV. Orphans are largely cared for by grandparents and extended families. A foster-care grant of R620 is available for people who look after orphans yet legal barriers and stigma often prevent this from happening. If there is no available extended family, a youth under 18 will often head a household. A youth-headed household is one where all members are younger than 18 years of age.

The number of orphans in South Africa is expected to reach nearly 2 million by 2010.

It is critical that parents with HIV have access to antiretroviral treatment.

Sources: ASSA, UKZN, Madhavan, S. 2004, Saloojee, H. 2005, Children's Institute: University of Cape Town, ASSA, South African National Health Review.

Recommended Reading



Must-read book on our history

A review of *Shades of Difference: Mac Maharaj and the Struggle for South Africa* by Padraig O'Malley

Reviewed by Eduard Grebe

In his foreword to *Shades of Difference*, former President Nelson Mandela says "Mac put the struggle for the freedom of South Africa above everything in his life." Whatever flaws Mac Maharaj may have, this certainly is true. For this reason, and because of the central role he played in it, a study of Maharaj's life is also a study of the struggle for freedom and justice in South Africa.

It is often argued that in order to build a better future it is necessary to come to terms with the past — particularly in a country with a history such as ours. Padraig O'Malley has produced a very important contribution to this task.

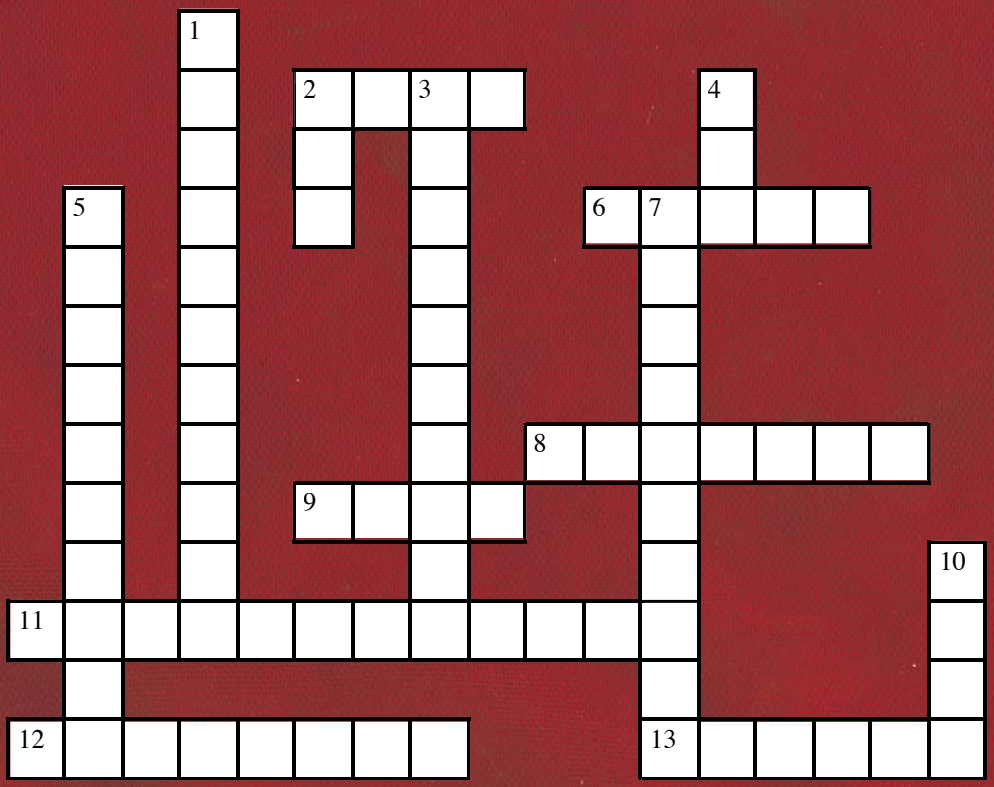
Mac Maharaj was imprisoned for thirteen years for his underground activities as a member of the SACP in the 1950s and early 1960s. After his arrest he was brutally tortured, but never betrayed his comrades. While incarcerated on Robben Island, he became close to Mandela and Walter Sisulu, and smuggled Madiba's autobiography out of prison. After his release, he went into exile and worked full time for the ANC, winning the trust of Oliver Tambo, largely because he was one of the most able and resourceful leaders in the ANC. In the 1980s he led the ANC's efforts to rebuild its underground organisation inside South Africa, often at great personal risk.

Shades of Difference has an unusual format. The first half of each chapter is introduced by O'Malley and the second half is in Maharaj's own words, based on extensive interviews. Mandela calls this "two brutal honesties clashing". The introductions describe the background to the events related by Maharaj. They also give an independent perspective.

O'Malley's sympathetic yet critical account does not spare Maharaj, other liberation leaders or the ANC itself from having their failings pointed out. For example, the almost exclusive reliance on a strategy of armed struggle in the 1970s and 80s resulted in very little progress until internal mobilisation not led by the ANC – but instead the Soweto uprisings and later the United Democratic Front and Mass Democratic Movement – started to shake the apartheid regime's hold on power.

Maharaj's account, on the other hand, gives one a clear impression of the immense odds against which they were working, as well as the tremendous personal sacrifices made by so many in the struggle. By honestly presenting the story of Mac Maharaj, *Shades of Difference* will do much to help us understand our history, and therefore also our present and future. This is a book that should be read by every South African.

Equal Treatment's Crossword Puzzle



We will give a R200 Pick n' Pay gift voucher to the first crossword drawn from a hat with at least 15 correct answers. All the answers can be found in this issue of *Equal Treatment*.

Fax or post your completed crossword, with your name, address and contact number.

Address: Equal Treatment, PO Box 2069, Cape Town 8001

Fax: 021 422 1720

The winner of last issue's crossword was Mrs. Hleziphi Ndlovu.

Across:

2. People below the age of 19 make up about of ____ the South African population
6. Only ____ to four percent of women become pregnant if they use a condom correctly everytime they have sex
8 Too few youths use these products despite the fact that they will prevent the transmission of HIV
9 This contraceptive prevents female ovulation ____
11 In what city was a church housing Zimbabwean refugees raided?
12 This test will detect early signs of HPV
13 The ____ -seven campaign was formed in response to the brutal murders of two young lesbians on 7 July 2007.

Down

1 This country has the most generous welfare system of any developing country
2 Having an STI increases your risk of getting this virus
3 What is the name of the school subject in which students learn about HIV
4 The name of the test that a baby should have at age six weeks to determine if he or she is HIV-positive
5 This STI causes women to have thick yellowish discharge
7 South Africa recognizes abortion as a _____ ____
10 If anyone forces you to have sex, this is a crime called _____

The TAC Songbook is a new feature of *Equal Treatment*. Each month we will ask a TAC member to choose their favourite TAC song. If you have a favourite song you want put in next month's issue, send it to:
Equal Treatment, PO Box 2069, Cape Town 8001

This month the song is ***Thuma Mina***, chosen by TAC comrade Millicent Hadi of the Nyanga-Phillipi Branch.

Thuma Mina

Thuma mina ndiya thumeka

Thuma mina we TAC

Kula ma Province won ke thuma

Mina we TAC

Photo collage from TAC archives

Government improves prevention of mother-to-child transmission programme

The Department of Health has finally released the new prevention of mother-to-child transmission protocol. Now clinics across the country may begin providing two antiretrovirals to pregnant women to reduce the risk of transmission to their babies: AZT from 28 weeks, nevirapine to the woman when she goes into labour and to the baby within 72 hours after birth. This will prevent many new infections.

There are two shortcomings in the new protocol: It does not include medicines to reduce the risk of women developing nevirapine resistance and it still only commits to giving the full antiretroviral treatment regimen (i.e three drugs taken daily for life) to pregnant women with CD4 counts below 200. Expert doctors asked for women with CD4 counts below 350 to be given treatment but the Department rejected this.

The improvements to the protocol came after extensive pressure from civil society, including concerned paediatricians and obstetricians, the Southern African HIV Clinicians Society, South African National AIDS Council (SANAC), Civil Society Sector, AIDS Law Project and TAC.

In April, please participate in the SANAC Civil Society month of action to inform pregnant women and their partners about the prevention of mother-to-child transmission programme.

Photo by Lesley Odendal

TAC Provincial Congresses select new representatives

All TAC's provinces held their provincial congresses from January to March. TAC's national congress was held from 14-16 March as *Equal Treatment* went to print.

TAC Training

Since November the Women's Rights Campaign, Treatment Literacy and Policy, Communications and Research programmes of TAC have all held training workshops in Cape Town.

Photo by Nomfundo Eland

Viva Women of TAC

On 8 November 2007 at about 3am in the morning one of TAC's Mfuleni branch members was raped by her husband. He also stabbed her several times and tried to kill her. The survivor went to her TAC comrades for help. Thanks to the support of these branch members the case proceeded to court quickly. Her husband was found guilty and received 18 years in prison.


Photo from TAC archives

Our Rights in Our Courts

The Sexual Offences Act

Compiled from texts by Doron Isaacs and Yoliswa Dwane

The Sexual Offences Act came into effect in December 2007. After seven years of negotiations it is supposed to be fully operational by June 2008. This legislation dramatically changes the laws that deal with sexual offences such as rape in South Africa. Here we explain some of the most important developments of the new Act.

Changed definitions of rape

In the new Act rape is defined as: *an unlawful and intentional sexual penetration with a complainant without his or her consent.*

There are two important things about the new definition of rape. Firstly, the word in the definition is gender neutral. This means the law now recognizes that both women and men can be raped. In our old laws only women could lay charges of rape. The second thing to note is the use of *sexual penetration* in the new law instead of *vaginal penetration*. Our old laws did not recognize forced anal penetration as rape, nor did it recognize that being penetrated with an object, such as a bottle or a knife, was rape. Now, according to the new definition, any object or body part that enters your anus or vagina without consent is an act of rape.

Act introduces new crimes

The Act makes it an offence for a person to force another person to rape or sexually assault someone. It also protects children and people living with mental disabilities from sexual offences.

New rules about procedures and evidence

- The Act scraps the *cautionary rules*. This means that any evidence given by the rape survivor cannot be treated with caution. As it used to be, evidence given by women or children who had reported a crime could be questioned on the basis of them being survivors of that very crime.
- It does not allow judges or magistrates to publicly consider the sexual history of the sexual abuse survivor.
- It does not allow the court to consider the cultural beliefs of the alleged rapist.
- It does not allow the court to consider the relationship between the sexual perpetrator and the survivor. This will have a strong effect on cases that involve married couples or people in relationships.
- It does not allow the court to draw any bad conclusions about the survivor because he or she did not report the crime to the police immediately after it happened.
- It imposes life imprisonment for sexual offences against children under 12 in the case of girls and under 14 in the case of boys.
- It creates a National Registry of sexual offenders once they are convicted.

Rights of the Rape Survivor

The new Act outlines a system of care for survivors of sexual assault. This includes post-exposure prophylaxis (PEP) and HIV testing of the alleged criminal.

Post-Exposure Prophylaxis (PEP)

The new law grants every rape survivor the right to receive PEP at a public health establishment. PEP prevents the transmission of HIV if taken within 72 hours after being raped. After the rape, the clinic or the police station must inform the survivor about PEP and where they can get it. There is no requirement to report a sexual offence to the police before receiving this treatment. You can go directly to the clinic.

Compulsory HIV Testing

The survivor of a sexual offence can now apply for compulsory HIV testing for his or her alleged offender. This includes accused spouses, life partners, parents, guardians, relatives and caregivers. The conditions that must be met to do this include: (1) The crime must be reported to the police. (2) There must be possible exposure to HIV. (3) The request must be made less than 90 days after the rape. If the HIV status is obtained from the alleged criminal it is confidential and must only be communicated to the rape survivor and relevant police and court officials.

Potential Problems with the Act

- The Act does not include all the services necessary for sexual assault survivors. While the provision of PEP is essential, a minimum care package should also include more medical attention, including antibiotics and the morning after pill as well as long-term trauma counselling.
- Section 11 of the Act criminalizes sex work (prostitution). Sex workers and their clients can be given fines and prison sentences. This part of the Act can be challenged because the Constitution guarantees access to health-care services, women's rights to dignity, right to equality, right to freedom of trade, occupation and profession and the right to free expression. All of these rights are probably infringed by criminalising sex-work. Also, this part of the Act contradicts the HIV National Strategic Plan.

Dealing with Drug-Resistant TB

Drug-Resistant Tuberculosis (TB) is a very serious problem in South Africa. Each month there are more cases reported. Drug resistance is when a person gets a strain of the TB germs that the main TB medicines do not work against. It is hard to treat drug resistant TB but not impossible.

As the crisis of drug resistant TB grows and current treatment policies fail, a debate has arisen: Should people with drug-resistant TB be detained in hospitals while they are treated? Here are two ideas from people who work closely with TAC.

Nathan Ford, head of the medical unit of MSF South Africa, believes at home care would be a more effective approach and more acceptable to patients.

The debate around the involuntary detention of people with drug-resistant TB is often presented as a human rights issue: individuals have a right to freedom but that is not as important as the right of communities to an environment free from infection. I believe there are more pressing and practical concerns we must deal with like knowing who is carrying drug-resistant TB and providing care that is adequate, effective and acceptable to patients.

Although reported TB cases are rising, it is difficult to know who is actually infected in communities. There is a strong need to encourage people to seek testing and care, so that we can provide treatment and prevent transmission. The involuntary detention of TB patients is not encouraging for people. The knowledge that people will be kept from their family and friends fuels stigma and drives people away from care.

What about providing care at home? This approach would respect individual rights and be more practical. It also follows the lessons we have learned from HIV about decentralizing services, using treatment literacy and focusing on community based support.

I believe at home care is good for these reasons:

- **Cost effective:** Erecting an additional room to the house of someone with drug-resistant TB will cost far less than building up new capacity in our hospitals and confining someone to a ward. TB patients can now wait up to four months for a hospital bed.
- **Practical:** Extremely drug-resistant TB is spreading rapidly, especially in Kwazulu-Natal. We need solutions now and at home care could be implemented immediately.
- **Reduces stigma and fear:** TB patients at home would be cared for near their families and community. This would reduce the fear of poor hospital living conditions and being isolated.
- **Could still provide good care:** With the right training and support, local clinics and communities could provide good care for patients.

Photo credit WHO

Jack Lewis, director of Community Health Media Trust (CHMT) which works closely with TAC, believes that energy should be focused on improving hospital care.

The shocking state of the isolation wards in most hospitals and the scary nature of being isolated makes it understandable that people resist long-term hospitalisation when they need treatment for drug-resistant TB. Our health system needs big changes, but while we are waiting for these an effective strategy against drug-resistant TB is needed. Although it is tempting because of poor services and conditions to dismiss hospitalization, I believe hospital services have a role to play. With improvements, hospitals could reduce the resistance people have to seeking treatment and reduce the burden placed on poor families. I believe failings in the current strategy do not justify placing the burden of care and risk of exposure onto households least able to cope with it.

These changes include:

- Implementing meaningful social grants to those who elect to stay in hospital. This will give patients peace of mind and their families support. The current policy stops social grants for people who accept long-term hospitalization.
- Increasing the number of beds available.
- Training more health workers.
- Training existing health workers to be able to better detect drug-resistant TB.
- Improving hospital care including food and the provision of occupational therapy.
- Increasing local laboratory facilities for drug-resistance testing.
- Public health education explaining why hospitalisation is necessary.
- Promoting TB infection control in communities.

These measures could be implemented quickly if there was political will from government. If there is lack of political will, it is up to us to create it.

TAC supports the campaign for a Basic Income Grant. This would be a grant of about R100 per month paid by government to every South African. Unlike other grants it would not be means tested and would therefore be easier to administer. The Minister of Finance has rejected this idea.

Problems with our Social Grants System

By Nicoli Natrass

One in four South Africans get a government grant. These grants cost us 4% of our national income, the highest percentage of any country in the world. Despite this we still need to extend our system to fight poverty and AIDS.

The roots of our system extend back to apartheid days when whites were the only ones eligible for government grants and were, for the most part, fully employed. This meant that there was only a need to support people who were too sick, too old or too young to work. Now our policies support everyone regardless of race but our welfare system is failing. This is because it has not adapted to the reality of high unemployment and our high HIV prevalence rate.

An estimated 12 million South Africans living in poverty receive no social assistance. The disability grant has ended up supporting many families who, according to the grant scheme, are not eligible for support. This is because the disability grant is the only grant available to people of a working age and because people with HIV who have a CD4 count of below 200 are generally allowed to access it. The number of disability grantees rose from about 600,000 in 2000 to over 1.4 million in 2007.

HIV counsellors are concerned that there is an incentive for HIV-positive people to remain sick so they can get the disability grant. Although we do not know how many people actually do this, it is a serious worry. The very success of the antiretroviral rollout could be undermined.

The challenge facing South Africa is to create more jobs more quickly and to provide some support for those who cannot find work. Regardless of how we do this, we will need to extend our already generous welfare system, even if that means raising taxation. If we do not, we will not be able to fight poverty or AIDS.

A Guide to Social Grants

The government provides social grants that can assist youth, adults and children who are affected or infected by HIV/AIDS.

To apply for a grant, visit your nearest Welfare office (Department of Social Development). If there is no office nearby, go to the nearest Magistrates' Court. Each grant has different eligibility criteria and will usually involve a means test. You need an ID document and medical certificates. A family member or friend can apply on your behalf if you are too old or sick to travel to the office. The person applying on your behalf will need a letter from you and/or a doctor's note explaining why you cannot visit the office. Home visits may also be arranged.

Disability Grants

The Disability Grant varies but the maximum amount that can be awarded is R940 a month. You can be paid a Disability Grant if you are over the age of 18 years and are not able to work because of mental or physical disability. The Disability Grant is usually given to people who are HIV-positive with a CD4 count under 200 although this is not official policy.

Foster Care Grants

The Foster Care Grant is currently R650 a month. You can be paid a Foster Care Grant if a child who is found in need of care by the Commissioner of the Child Welfare Court is placed in your care (and you are not the biological parent). The grant is usually issued for a period of two years, as the Court generally appoints foster parents for two years only.

Do not stop taking antiretroviral treatment in order to lower your CD4 count so that you can claim or continue to claim a disability grant. This is extremely dangerous and could result in your treatment failing. You could become extremely ill and die.

Care Dependency Grants

The Care Dependency Grant is currently R940 a month. You can be paid a Care Dependency Grant if you are the parent, guardian or foster parent of a child under the age of 18 years who needs full-time care because of a physical or mental disability.

Child Support Grants

The Child Support Grant is R210 a month per child. You can be paid a Child Support Grant if you are the primary caregiver of one or more children. You do not have to be related to the child or children, but you must be the person who looks after them and takes responsibility for their everyday needs such as food, clothing, schooling and health care. The primary caregiver can be a sister or brother, a grandparent, a friend or a neighbour. TAC supports the demand for child supports grants to be extended to age 18.

Information and Access to Social Grants:

- South African Social Security Agency (SASSA) Grant Hotline: 0800 601 011
- Social Change Assistance Trust (SCAT) Helpline: 021 418 2575
- Legal Aid (Head Office) Helpdesk: 086 1053 425

hamba uyohlolwa i-TB

i-TB isifo esingalapheka

Sonke singakwazi ukuzivikela ku-TB

Kunezinto ezisobala wonke umuntu angazenza ukuvimbela ukuzalana nokwanda kwegciwane le-TB

- Hamba uyohlolelwa i-TB uma ukhombisa izimpawu zokugula, ikakhulukazi uma ukhwehlela noma umzimba wakho wehlile kakhulu
- Uma unegciwane ie-HIV, hamba uye emtholampilo wangakini bakuhlole i-TB ngaso sonke isikhathi
- Vala umlomo uma uthimula noma ukhwehlela
- Uma umuntu oseduze kwakho ekhwehlela, fulathelisa ubuso bakho uvale umlomo wakho
- Uma une-TB, phuza imithi yakho ngendlela efanele
- Vula amafasitela, ikakhulukazi emagumbini noma emathekisini agcwele abantu

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