

**The Debt Crisis and its Impact on HIV/AIDS  
Orphaned Children in South Africa**

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## **TABLE OF CONTENT**

<b>ITEM</b>	<b>PAGE</b>
<b>ABSTRACT</b>	
<b>DECLARATION</b>	
<b>ACKNOWLEDGEMENT</b>	
<b>LIST OF ABBREVIATION</b>	
<b>CHAPTER ONE: INTRODUCTION</b>	
1.1 Background	1
1.2 Statement of the problem	6
1.3.Rationale of the study	6
1.4.Aim of the study	7
1.5 Objectives	7
1.6 Literature review and theoretical perspective	8
1.7 Theoretical perspectives	11
1.8 Hypothesis	12
1.9 Significance of the study	12
1.10. Methodology	13
1.10.1 Scope of the study	13
1.10.2 Subjects	14
1.10.3 Methods of data collection	14
1.10.4 Procedure	14
1.10.5 Data Analysis	15
1.10.6 Ethical consideration	15

1.10.7 Limitation of the study	16
1.11 Organisation of the final report	16

## **CHAPTER TWO**

### **PEOPLE WHO ARE MOST AFFECTED BY HIV/AIDS DUE TO DEBT CRISIS**

2.0 Process of Growth and strategy of Development	19
2.1 Occupational categories percentage distribution	21
2.2 Sanitation and safe water in Kanana and Diepsloot	22
2.3 Educational level and the Spread of HIV/AIDS in informal settlements due to Debt Crisis	24
2.4. Underdevelopment and dependence	27
2.5. Influence of social and economic factors and traditional beliefs on the spread of HIV/AIDS in Southern Africa	27
2.6. Effects of war in escalation of HIV/AIDS	29

## **CHAPTER THREE : THE IMPACT OF DEBT CRISIS AND HIV/AIDS ON DEVELOPMENT IN SOUTH AFRICA**

3.1 Education and social services for HIV/AIDS orphaned children	35
3.2 Continuity in support and care for HIV/AIDS orphaned children	37

## **CHAPTER FOUR : STRUCTURES IN PLACE TO REDUCE THE DEBT CRISIS AND TO HELP HIV/AIDS ORPHANED CHILDREN IN SOUTH AFRICA.**

4.1 Urban/Informal settlement problems	42
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4.2 The role of local government in HIV/AIDS orphans issues	43
4.3 Understanding the urban impact of HIV/AIDS associated orphan hood	45
4.4 War on HIV/AIDS a priority	47
4.5. Measures taken by government and NGO's to combat situations in South Africa	48
<b>CHAPTER FIVE : CONCLUSIONS AND RECOMMENDATIONS</b>	
5.1 Conclusions	51
5.2 Recommendations	52
<b>RESEARCH QUESTIONNAIRE</b>	55
<b>REFERENCES</b>	60

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I **Omphemetse David Dingoko** declare that the dissertation for the degree of Master of Arts in Peace Studies & International Relations at the North West University hereby submitted, has not previously been submitted by me for a degree at this or any other university, that it is my own work in design and execution and that all materials contained herein have been duly acknowledged.

Signature .....

## **ABSTRACT**

The Debt Crisis and its impact on HIV/AIDS orphaned children in South Africa was studied. The study revealed that most of the countries in Southern Africa have acknowledge the escalation of HIV/AIDS on woman and children, how ever, very few countries in the region have programmes and strategies in place to deal with the problem. The study revealed that the situation is worsened by the burden of debt repayment facing the majority of these countries. The debt crises in these countries has influence on the escalation of HIV/AIDS affecting children in two destructive ways, first governments with overwhelming foreign debt repayment obligations are forced to cut back on what they might otherwise allocate to basic social services including funds which could be used for HIV/AIDS advocacy and prevention.

The study further revealed that affected countries are unable to address the challenges of HIV/AIDS and its escalation among woman and Orphaned children. Secondly, export earnings that go to service foreign debts are not available to pay for imports, especially medical and other essential social services and welfare facilities. In the majority of these countries such as Zambia, Mozambique, Zimbabwe, South Africa the affected children and woman have no access to medical services and other forms of health care related to HIV/AIDS.

The study recommend that affected countries should strengthen and support the capacity of families to protect and care for their children. The theoretical concepts in this paper predict that governments with unchanged discount rates in the long run will respond to debt relief by running up new debts or by running down assets.

## **LIST OF ABBREVIATIONS**

HIV/AIDS Human Immuned Virus/Acquired Immuned Deficiency Syndrome

GDP - Gross Domestic Products

IMF - International Momentary Fund

UNAIDS – United Nations Aid

SADC – South African Development Community

AU - African Union

GNP - Gross National Products

WHO - Word Health Organisation

EU European Union

OAU – Organisation of African Unity

NAPWA – National Association For People Living with Aids

NEPAD – New Partnership for Africa’s Development

ARV’S – Antiretroviral

NGO’S – Non-Governmental Organisations

UN – United Nations

MRC – Medical Research Council

UNDP – United Nations Development Programme

WB – World Bank

WAC – World Aids Conference

DCCP - Department of Child Care protection

NCC – National Council For Children

NAHA – National Association of Health Authority

LDC s – Less Developed Countries

**CHAPTER ONE**  
**INTRODUCTION**

**1.1 Background**

Africa, once referred to as "the dark continent" by her proclaimed discoverers, has again been undergoing a partial eclipse as a result of the sudden emergence of retroviral infections, particularly the Human Immunodeficiency Viruses. The problem of HIV/AIDS will evidently increase the burden of health management costs and care for the governments and indigenes of all the African countries with relatively high infectivity rates and grossly inadequate budgets for their health sector (Williams 1992).

The experience of developing countries in managing national debt shows that there is some pervasive problem which left untackled, or tackled badly, have extremely under sizeable consequences. According to Malik (1999:16) there is a lack of data and proper mechanism for monitoring debt. This is a serious problem in many countries. These problems manifest themselves in a number of ways; often the stock of debt becomes unsustainable or so large that servicing it entails huge costs to the public sector, high inflation and a lack of resources for social spending.

Debt burden affect the social spending and result in slum condition, lack of health facilities, and education. The selected informal settlement in North West and Gauteng provinces are models to explain plight of people. The communities reject orphaned HIV positive children and rejected children turn to drugs, alcohol and to committing crime because they feel rejected. Debt crisis is when a country or countries are unable to

repay institutions or other countries. The inability to repay debts result in cutting down of budget which result in poor services.

Schneider (1998:98) argues that to reverse the economic decline that began in the 1970's, many Sub- Saharan African countries have undertaken structural adjustment programs. These programmes are designed to pave way for long-term development and prosperity by fundamentally restructuring African economies. The countries-wide growth of gross domestic product (GDP) per capital remains low however, leading to many questions the effectiveness of adjustment efforts. The question remains unanswered whether policies are failing to restore growth.

Africa has been highly affected by orphaned children and lack of facilities as compared to other continents of the World due to its economic system, structural adjustment, and natural disasters and high affected today by debt crises. Most of the countries in Africa have acknowledged the escalation of the HIV/AIDS as a problem affecting orphaned children. How ever, very few countries in the Region have programmes and strategies in place to deal with the problem. The situation is worsened by the burden of debt repayment facing the majority of these countries.

The debt crisis in these countries has affects on the HIV/AIDS orphaned children in two destructive ways: first the government with overwhelming foreign debt repayment obligations are forced to cut back on what they might otherwise allocate to basic social services including funds that could be used for HIV/AIDS prevention. They are, therefore utterly unable to address the challenges of HIV/AIDS. Second, export

earnings that go to service foreign debts are not available to pay for imports, especially medical and other essential social welfare facilities. In the majority of these countries such as Zambia, Mozambique, Zimbabwe, South Africa, etc. The affected children, most of them being orphans, have no access to medical services and other forms of health care related to HIV/AIDS Crewe, (2001: 12 – 28).

Recent estimates suggest that people are infected with HIV daily in South Africa. An estimated half of these cases could be a sexually active woman. Therefore one can thus expect a proportional increases in paediatric cases. There is to date a tentative evidence to suggest that infection via breast milk can occur, advice to HIV positive mothers is to not to continue breast feeding. (Crewe 1992). Meanwhile, the epidemic is claiming huge numbers of teachers, doctors, extension workers and other human resources. According to UNAIDS/ WHO (2001) in some countries, health- care systems are losing up to a quarter of their personnel to the epidemic. In Malawi and Zambia, for example, five to six –fold increases in health worker illness and death rates have reduced personnel, increasing stress levels and workload for maintaining employees.

Teachers and students are dying or leaving schools, reducing both the quality and efficiency of education system. It is estimated that that in 1999 alone 860000 children lost their teachers to AIDS in sub-Saharan Africa. In the Central African Republic, AIDS was the cause of 85% of the 300 teachers deaths that occurred in the year 2000. Countries that explore innovative ways of maintaining and the epidemic. Equally valuable are labour and social legislation changes that boost people's rights, more effective and equitable ways of delivering social services, and more extensive

programmes that benefit those worst hit by the epidemic, especially women and children ( Robinson,1999).

As more infants are born HIV-positive in badly affected countries, child mortality rates are also rising. Unequal access to affordable treatment and adequate health services is one of the main factors accounting for drastically different survival rates among those living with HIV/Aids in rich and poor countries and communities. Cheek, (2002:40) states that one of the main contributors to regional instability would be the dramatic increase in the number of orphans resulting from the HIV/AIDS death rate. HIV/Aids alters the traditional equilibrium between social structures and orphans, decreasing the ability of society to respond, while simultaneously producing over whelming numbers of orphans. Children are orphaned and exploited for the reasons other than Aids. However dramatically increasing the number of orphans, while at the same time decreasing the ability of society to respond, Aids is expanding the scope of the problem, as well as the potential threat to stability (Cose, 2000: 49).



According to Schneider (1998:30) AIDS projects are initiated, directed and controlled from overseas with little or no knowledge and consideration of the African point of views. AIDS to Africa is often channelled through multinational corporation that furnish, on the request of donor countries, costly items like vehicles. Aid- receiving countries lose millions of dollars because they are forced to take out long-term loans when buying such commodities as oil, steel and raw materials. Aid- receiving countries would be helped immensely if allowed to buy on the spot market instead of being tied to contractual agreements.

Harrison (2002: 31) urge that until there is more open discussion about sexual behaviour and HIV as a function of sex, high-risk sexual behaviour among adolescents will continue unchallenged with dire consequences. About 12 million South Africans are under the age of 15 years. At the current rate of infection about 50% of these teenagers could contract HIV. In conjunction with the spread of HIV/AIDS a campaign called the "love them enough campaign" is developed. Love life is also operating a special toll free parent help line to guide parents on how to initiate discussions with their teenagers and to ensure parents have accurate sexual health information. The numbers and age of affected children are linked to the debt crises. Parents with poor socio economic background, unemployed and indebted find it difficult to provide medicine and meals for HIV/AIDS orphaned children.

Informal Settlements in South Africa and its neighbours are experiencing serious problems of orphaned HIV/AIDS children. The problem is so serious that these informal settlements are developing into breeding houses for HIV and AIDS, high crime rate, drug abuse, child abuse and neglect. The affected children, most of them being orphans have no access to medical services and other forms of health care related to HIV/AIDS. South Africa, not forgetting about other indebted countries in Africa and the World must have the ability in terms of support, economic, political, social policies and programmes to deal with the monster. The problem of HIV/AIDS seems to be fairly attended and dealt with in countries with less and no debt from world financial institutions and Western countries. The rural poor and people staying in informal settlements are mostly affected. Debt crises make it difficult for the majority of people in South Africa who are unemployed, less educated, with no medical aids and no social

grants to help HIV/AIDS orphaned children. People lost jobs because of privatisation and globalisation and that resulted in a serious social problem regarding to HIV/AIDS orphaned children Department of health (2001:10).

### **1.2. Statement of the problem**

1. Who are most affected by HIV/AIDS in South Africa as a result of the debt crisis?
2. What are the impacts of the Debt crisis and HIV/AIDS on development in South Africa?
3. What structures are in place to reduce the debt crisis and to help HIV/AIDS Orphaned children in South Africa?
4. What measures does government take and NGO's to combat the HIV/AIDS pandemic in South Africa?

### **1.3. Rationale of the study**

The difficult situation of HIV/AIDS orphaned children is not the Problem of families, communities and affected countries but the world's problem, quarter of the world's population, absolute poverty remains the principle determinant of their health status exposure of HIV/AIDS and high fertility levels, Gilbert, (2002) On the basis of children's difficult situation and the government there is a need for all progressive forces in both the western and developing countries to rally global support for what is called "people's conditionality" (Camen 1999).

Privatisation of health services and huge amounts, which must be paid to doctors and hospitals, are the cases of concern and made it difficult for family members to care for HIV/Aids orphaned children. The families, government and non-governmental organisations are not supportive enough or lack commitment to help HIV/AIDS orphaned children. The problem of debts repayment is always mentioned as a reason behind poor infrastructures, and lack programmes that will help reduce plight of HIV/Aids orphaned children. HIV/AIDS orphaned children have no support and proper care, which result in children sleeping on pavements, abusing drugs, attracted in to gangs and doing crime at early stages as fourteen years and younger.

Kanana and Diepsloot residents do not have health, education and social services, which are provided in urban areas. The two informal settlements are densely populated, no education, and high unemployment rate. Most residents are young and middle aged with no proper houses, no running water and sanitation. The informal settlements have been selected to demonstrate the needs of the informal settlement dwellers and thus hope to influence public opinion and public policy.

#### **1.4. Aim of the study**

To investigate the effect of Debt crisis on HIV/AIDS Orphaned children and women, and development in South Africa.

#### **1.5. Objectives**

- An investigation into which is the most affected group by HIV/AIDS in South Africa.

- To analyse the effect of Debt crisis on HIV/AIDS Orphaned children and development in South Africa.
- To study the link between HIV/AIDS orphaned children and their socio- economic background.
- To scrutinise the role played by committees, NGO's and government on combating the problem in South Africa.
- To find strategies that could be put in place so that indebted countries should improve in social service delivery.

### **1.6.Literature Review and Theoretical Perspectives**

It is important to review literature related to this study so that as to find out what areas other researchers have explored in this discipline. Researchers work by others will also provide us with successes and loopholes of the current strategies put in place to help indebted countries related issues to Debt crisis will be known and measures to improve condition of indebted countries will be encouraged and implemented.

Du Plooy (1995) stated that in order to conceive the research topic in a way that permits a clear formulation of the problem and the hypothesis, some backgrounds information is necessary. This is obtained mainly by reading whatever has been published that appears relevant to the research topic.

This process is called literature review. Literature review is an important part of the research process. The main purpose of literature review is to sharpen the researchers theoretical

understanding of the research problem, to formalise him/herself with the latest theoretical development and decades in the area of research, and to acquaint him/herself with problems, hypothesis and the result obtained by previous research (Du Plooy, 1995).

According to Doyle, (2001) projection for South Africa HIV/AIDS death rate by Crewe (1992), the Debt crisis, poor economy, lack of resources, inability to provide basic health services are contributing to high death rate. According to Meer (2000), in South Africa, the 1975-1985 United Nations decade for women has in fact been a decade of increasing repression, unemployment, underdevelopment, land allocation per rural family has decline in sizes, livestock has diminished, and subsistence from the land has almost disappeared. The said decade plunders African states into worse economic and political dependency. Debt and loans from European countries increased Africa's problems rather than relief. Africa facing its priorities by Schneider examines what can be done and what should be done about the catastrophes, both natural and man made, that occur in large areas of Africa with what seems to be inevitable frequency, and what are the prospects for Africa for the remainder of this century.

In the electronic extracts the then and present minister of health and social welfare in the North West province said " In fact, given the macro-economic context set out and the challenges facing our province, we will have to keep investing in human capital and redoubled our efforts to protect it against the ravage of HIV/AIDS, crime and violence".

The impact of HIV/AIDS among orphaned children is beginning to make, bring a message of hope as found in government communications questions like "what is

happening with HIV prevention? What is happening with treatment? What about care, support and fighting discrimination? We can make greater progress as a nation if we all lend a hand in the partnership against AIDS. Our energies should be spent fighting against AIDS and socio economic challenges not one another.

Structural adjustment in Africa states that to reverse the economic decline that began in the 1970's many Sub-Saharan African countries have undertaken structural adjustment programs. The challenge for the future is to pursue policy reforms with stronger commitment and with a rethinking of the adjustment strategy in the areas that have met least success.

Crewe (1992) acknowledge the impact of HIV/AIDS on orphaned children by stating " In fact Aids is everybody's problem, unless all people heterosexual and homosexual, black and white – practise safer sex, conservative projections show that some 50 000 South Africans will have died of Aids by 1995 and 2.5 million a decade later".

The research findings reveals that HIV/AIDS orphaned children are victims of circumstances. Poverty, debt crises, lack of employment opportunities, bad socio economic background and informal settlements need to be researched further as contributing factors to HIV/AIDS orphaned children's plight and unbearable living conditions. History was made when the United Nations Assembly special session on HIV/AIDS in June 2001 set in place a framework for national and international accountability in the struggle against the epidemic. Each government pledged to pursue a series of many benchmark targets relating to prevention, care, support and treatment, impact alleviation and children orphaned and made vulnerable by HIV/AIDS

as part of a comprehensive AIDS response. Stronger commitments by head of states and their governments must be supported by improved socio economic status in Africa, improved budgets, improved GDP and fewer debts especially to financial institutions and European markets. Informal settlements of Kanana (North West province) and Diepsloot (Gauteng province) are used to reveal the problem of HIV/AIDS orphaned children in slum conditions, poor families and forgotten majorities.

### **1.7. Theoretical perspective**

Theories are set of ideas that seek to explain the structure and the nature of studies. International relationship is how state relates with each other for good or for worse and the relationship carries answers for the states behaviour towards others.

Idealism even though not receiving majority recognition as realism seem to answer many unanswered questions regarding developed and undeveloped states. Establishment of international institution like United Nations organisation, international court of justice, world health organization are borrowed ideas of idealists. International cooperation, recognition of their rights and existence when used properly would ensure balance of power, economy and military capabilities.

History of the twentieth century and causes of the first world war based on suspicions and the need to control smaller countries by economically powerful states. Expansion of their ideas over others and ability not only to control but also to dictate terms caused the outbreak of the War. Inevitability theorist's belief that international system was at fault and was thus inevitable cause of accident like a dangerous bend on a road.

Accidents had to happen because there were receipts for war, dominance and extension of power. The other concept of idealism is that of collapse of Soviet Union and which marked the end of cold war at the hands of Micheal Gorbachev (1985). It requires the creation of regional parliaments and the extension of authority of regional bodies like SADC, AU, EU and others. The process often begins by co-operation to solve technical problems like Debt crisis and spread of HIV/AIDS.

### **1.8. Hypotheses**

- The most affected people by HIV/AIDS could be linked to the Dept crisis.
- The impact of Debt crisis and HIV/AIDS could derail development in South Africa.
- Structures taken into account to reduce debt crisis and to help HIV/AIDS orphaned children in South Africa should improve the conditions of the most affected group.
- There should be strategies that could be put in place by government, communities and NGO's to combat the situation in South Africa.
- Communities in informal settlements may be most affected by Debt crisis and HIV/AIDS than those in urban areas.

### **1.9. Significance of the study**

The study will serve as reference to policy makers in different countries to make reference to it when formulating policies regarding debt crisis and HIV/AIDS orphaned children.

The study could also be utilised as reference in the field of international relations in analysing and research of the relationship between Debt crisis and HIV/AIDS orphaned children in South Africa. Non-governmental organisations with humanitarian projects in South Africa will have guidelines regarding the most affected groups and their immediate needs.

The government of South Africa, communities, and Non governmental organisation could be encouraged to work as a unit rather than entities to win the battle against Debt crisis and HIV/AIDS. International organisation like (WHO) will use the findings of the study to make informed decisions especially regarding Sub Saharan countries and South Africa in particular.

### **1.10. Methodology**

This is a case study of the debt crises and its impact on HIV/Aids orphaned children in informal settlement of Kanana and Diepsloot in South Africa. The researcher has the privilege of having friends and relatives and being nearer to both Kanana and Diepsloot. Information will be collected through questioners and from lifeline and health minister's offices. This is a case study because the researcher is making an in-depth study of how the debt crises are affecting orphaned HIV/AIDS children, their relatives, the community and the government in informal settlements, like Kanana and Diepsloot.

#### **1.10.1. Scope of the study**

The study focused on South Africa since the country could experience Debt crisis and HIV/AIDS orphaned children. The study put more emphasis on the role-played by

NGO's, communities and government on reduction and prevention of the worsening condition especially in informal settlement. The role played by WHO and UN since they are homogeneous.

### **1.10.2. Subjects**

- Key persons involved in the provision of information on Debt crisis and HIV/AIDS orphaned children. These include experts on health and economic growth.
- Minister of health and her officers.
- Information gathered from journals and books, regarding indebted countries and HIV/AIDS orphaned children
- Conclusions and advises were given based on the work covered.

### **1.10.3. Methods of Data Collection**



Different methods were used to collect data from particular key persons. Structured interviews were used to gather information from local clinics, health minister's office community leaders in informal settlement. The quickest method of extensive examination of secondary data was used since according to Arlene & Kosecoff (1995) is the cheapest.

### **1.10.4. Procedure**

A Letter of introduction was obtained from Department of Applied Science to enable the researcher to have access to information related to the research. I interviewed provincial ministers, ward councillors and local clinics, officials in the North West and

Gauteng province. The rest of the information was obtained from secondary data, which is literature review.

#### **1.10.5. Data Analysis**

Data analysis in qualitative research are done before or after data collection process. There are suggestions that in qualitative research we should never collect data without substantial analysis going on simultaneously. The study used qualitative method to analyse data from the field. Quantitative data were subjected to statistical analysis based on descriptive and inference statistics. The method made it possible to show the total percentage of the study.

However, most of the information concerning the current study are qualitative in that it was based on primary and secondary sources such as publications and key persons, journals and information from internet access. The information collected were analysed qualitatively quantitatively, therefore, data analysis was based on content analysis of viewpoints, thoughts, feelings, attitudes and opinions of different, attitudes and opinions of different people. Content analysis method is useful in historical studies because it provides a way to systematically organise and summarise both the manifest and latent content of communication.

#### **1.10.6. Ethical Consideration**

Respondents were not forced to be part of the study so that it does not affect their private and family affair. Respondents were not of a particular colour, religion, sex, or ethnic group. Confidentiality was assured to respondents and all elements that could

result in antagonism were avoided. All efforts were made to protect any potential harmful effects of those participating in the research. Breaches of ethics that could cause serious limitations in the ability of other future researchers to collect reliable and useful data was avoided at all costs. The full disclosure of the purpose of research was maintained.

#### **1.10.7. Limitations of the study**

Some key person's did not respond in time or take time to honour appointments. Not all respondents returned completed questionnaires. Funds were not readily available for travelling and accommodations. The process was delayed by protocol and procedure to insure that government was negatively affected by the outcome of research.

#### **1.11. Organisation of the final report**

**Chapter One** is the introduction. It includes the background, aims, objectives and methodology of the study.

**Chapter Two** Provides the historical background and the effect of Debt crisis in informal settlements in South Africa.

**Chapter Three** Examines the impact of Debt crisis and how it affects people in informal settlements.

**Chapter Four** Identifies and explains structures in place to reduce impact of Debt crisis in South Africa.

**Chapter Five** Explains measures in place by government and non-governmental organisations. Findings of the research are outlined.

**Chapter Six** are the conclusions and the recommendations from the findings.

## CHAPTER TWO

### PEOPLE WHO ARE MOST AFFECTED BY HIV/AIDS DUE TO DEBT CRISIS

Details of the affected people and why they are affected will be explained in the demographic profile of the respondents in terms of the occupational categories, age brackets, educational level, house hold income per month, social standard and social structure in place to deal with the problem.

According to Bellamy, (1999: 34) Sub-Saharan Africa contains over 90% of all Aids Orphans, children who have lost both parents and their mother to Aids. The population grouping in Kanana and Diepsloot revealed a 100% of Africans considering that these are informal settlements established by the apartheid system that intended to separate white and blacks.

Debt repayments are too high for many countries affecting their ability both to invest and to develop as well as to provide decent public services. Countries whose foreign debt exceeded their total GNP in 1997 were Sub-Saharan countries, similarly 20 of the 40 countries (World bank, 1999). 270, not surprisingly, debt remains a milestone for many poor countries and they have had to transfer to Northern creditors four times what they spend on the health of their people over last two decades (UNDP, 1997) 84.

The inability by a country or countries to repay its Debt to financial institutions or moneylenders. There is no simple definition of "Economic Development" which adequately reflects the experience of the countries, which are undergoing development. Economic Development is a complex process involving not only economic, but also many social, political, technological and cultural changes. It is generally agreed that the primary purpose facing development of a country is to increase the economic welfare of its inhabitants by mobilising its productive resources.

Economic development is defined as the process of increasing the degree of utilisation and improving the productivity of the available resources of a country, which leads to an increase of the economic welfare of the community by stimulating the growth of national income (ESHAG 1998).

### **2.1. Process of Growth and Strategy of Development**

The rate of growth of national income of a developing country will vary directly with the rates at which its idle resources are brought into production and the productivity of such resources is increased. Economic Resources of less developed countries (LDC) can, like those of developed countries be divided into three broad into categories. Land which include water and minerals, Labour and man-made means of production. The two most striking characteristics of LDC's which distinguish them from developed countries and which largely account for their low per capital production, are the relatively low degree of the utilisation and the inferior productivity of their land and labour resources.

According to the orthodox neo-classical theory the problem of development, like most important economic problems encountered by industrial countries, is best resolved by the market mechanism (ESHAG 1998). Contemporary debt problems of Third World, because of their complexity are very difficult to analyse applying any theoretical approach based on a single school of economic thought. The three main fields which determines the economic performance of a country are:

- The level of and economic development, measures, only by GNP per capita but also including indicators of quality of life.
- Financial Phenomena, which include institutions and instruments in the field of monetary, fixed and international finance.
- Characteristics of socio-economic system: type of ownership, characteristics of decision-making process, role of the market, role of the state, level of centralisation and decentralisation and others (SINGER and SHARMA 1995)

In discussion on Southern indebtedment the word 'Crisis' is almost exclusively used to characterise the allegedly risky position of international private banks. The huge amount of debts accumulated by peripheral countries (PCs) have given rise to the perception that the size might have changed international relation in favour of debtors, thus increasing the risk of lenders. According to SHARMA (1995) higher indebtedment has finally increased the dependence of the periphery, rather than created mutual dependence between lender and debtors.

Table 2.1 **Occupational categories percentage distribution**

Occupational Category	Males	Females
Unemployed	70	80
Other	19	5
Domestic worker	5	80
Professional	2	4
Self employed	4	9
Total	100%	100%

In table 2.1. Occupational categories percentage distribution unemployed females dominates the table of the sample at 80%, males unemployed at 70%, other forms of employment 19% males and 9% females, domestic workers at 5% and 5% women, and the least were professionals at 4% females and 2% males. Number of unemployment males and females percentages and males and females professionals' percentage in informal settlements are key elements that gave and an indication of the plight of residents of both informal settlements, namely Kanana and Deepslot.

Nutrition is vital to good health while malnutrition and under nutrition are central reasons for illness and disease .Low expenditure in health is translated into fewer doctors and nurses if not to non of those health services in both Kanana and Diepsloot informal settlement .The opposite was that most of the doctors, nurses and hospitals beds are located in the urban areas making the situation far worse in rural and informal settlements where the majority of the population live .In brief the level and distribution

of health resources does not fit the level or pattern of demand for health care . Recreation of health resources to immunization programmes would achieve better health standards.

## **2.2 Sanitation and safe water in Kanana and Diepsloot**

Most if not all people in informal settlement have no access to sanitation or to safe water. Residents from Kanana and Deepsloot informal settlement in South Africa use water from local perennial Kanana river and Jorskey river for both domestic and drinking purpose. Unsafe water and unsanitary conditions in both informal settlements are causes of illness and death , particularly in children. Opportunistic disease like cholera, diarrhoea, HIV/AIDS. Improvements in water supply and sanitation are an urgent problem for all informal and rural settlements particularly for the poor and those living in the urban slums like Diepsloot and Kanana residents.

The rate of HIV/AIDS in industrially developing countries was lower than in advanced industrially developing countries, in 1997 by 28.9%. What is more worrying is the speed in which HIV/AIDS is spreading is so rapid that is likely to make Africa the AIDS continent catastrophic effect on the economy and the welfare of its people. The gap between rich and very poor countries has not narrowed much in the case of life expectancy and has widened considerably in relation to infant mortality (UNDP, 1999) 168. Health provision in Sub-Saharan countries which included Zimbabwe, Botswana, Mozambique and South Africa as no exception is woefully inadequate. Public expenditure per annum of health during the period 1990-1998 was a mere 1.3% of

GDP for the lower income countries and 1.9% for all industrially developing countries compared to an average of 6.2% for the advanced industrially developing countries.

(World bank, 2000:286) low expenditure because a debt crisis is translated into fewer doctors and nurses, hospitals beds and other health services. What is more most of the doctors, nurses and hospitals are located in the urban areas making the situation far worse in the rural and informal settlements where the majority of the population live. The level and distribution of health resources does not fit of pattern of demand for health care in Kanana and Diepsloot. Redirection of health resources to immunization and antiretroviral medicines and health programmes would achieve better health standards in informal and rural settlements. The overall improvement in life expectancy in industrially developed countries is the opposite in Sub-Saharan countries. Life expectancy in 1997 was the same as in 1980 at 67 yrs, in Zambia, it declined from 50 to 43 yrs, in Uganda from 48 yrs to 42 ( World Bank, 1999) .

Finally, globalisation has also influenced the nature of health care in South Africa through the spread of western ideas on medicine. It has encouraged the belief that western medicine is always superior to traditional medicine; it has promoted the sale of western drugs in sometimes-unethical ways and at always-high prices, and it has created a situation where western and traditional medicines are used together in complex ways to partially reflect local cultures. Globalisation has influenced state of health in South Africa through its effects on economic growth and poverty. Poverty and debt crisis has facilitated the spread of AIDS within and between countries in Africa.

### **2.3 Education level and spread of HIV/AIDS in informal settlements due to Debt Crisis**

Education is of great importance because it influences the attitude of informal settlement residence towards health precaution and the spread of HIV/AIDS. The level of awareness among the residents of Kanana and Diepsloot sharply contradict the spread of the epidemic among informal settlements residents.

Percentage Distribution of Educational level of Respondents total Number of Respondents (Female = 12, Male = 18) In table 2.4 respondents were dominated by unemployed , non professionals domestic workers and others . The element gave an indication about the plight of informal settlements residents with regard to health, education , employment opportunities, and the general of living in Kanana and Diepsloot informal settlements .Access to health facilities , employment facilities , the slum conditions in informal settlements .Income has been widely used as the index for poverty and health in both rural and informal settlements because it affects and reflects, many other aspects of a person's life. This relationship, lower is never perfect and there have always been voices calling for a broader definition for poverty. As for back 1980, the World Bank argued that absolute poverty means more than income. Poverty includes debt crises, inability to access funds, malnutrition, poor health and lack of education.

Education level and employment opportunities in the Kanana and Diepsloot informal settlement further explain their plight and give reasons for the conditions in which they find themselves. Access to education, health facilities and employment opportunities are

some of the major reasons that contributed to the debt crises and the spread of HIV/AIDS among orphaned children in Kanana and Diepsloot. Education has always been acknowledged as essential for the economic advancement for both the individual and of society as a whole. In an increasingly globalised world, the value of education will become even more apparent. What is therefore important is to examine the educational standard of the children in informal settlements those of the rest of the population.

The gap narrowed even further in case of younger age groups who are orphaned and HIV positive in the Kanana and Diepsloot. The debt of industrially developing countries like South Africa and Sub-Saharan countries has contributed to the spread of AIDS and the slum conditions in informal settlements. Globalisation is associated not only with private and public financial flows but with the high indebtedness of many industrially developing countries that has resulted from these flows.



Falling prices of exports, lower exchange rates vis-à-vis the US dollar and political mismanagement are the major reasons for the growth of debt. The results is that throughout the 1980's and the 1990's many African countries has had to pay large sums of money to service their debts. Debt repayments are too high for many countries, affecting their ability both to invest and to develop as well as to provide decent public services. Not surprisingly, debt remains a milestone for many poor countries and they had have to transfer to northern creditors four times what they spend on the health of their people.

According (world bank, 1999, table 21, pp 270-272) eight of the eleven countries whose foreign debt exceeded their total GNP in 1997 were Sub-Saharan countries, similarly 20 of the 40 countries with foreign debts above 50% of the GNP were the Sub-Saharan countries.

Economists, some of them associate with the United Nations Economic Commission for third world countries revealed and agree that according to colonial rule, colonies must supply raw material while the colonizers specialised in manufactures. Modernization as a non-economic process originates when a culture embodies an attitude of inquiry and questioning about how men make choices, the problem of the choice is central for modern man to be modern means to see life as alternatives, preferences and choices (After 1975).

Globalisation without equity worsened the health situation in Africa. The health standard in Africa deteriorated along with economic depression. Structural adjustment introduced by international institutions like the World Bank and IMF did not help Africa but deprives and insured Africa's dependence on the western countries and international donors. Globalisation resulted in all the traditional methods of healing, healthy traditional food been ignored and marginalized. The world health organisation (WHO) was formed with an aim of helping Africa and which spread like a virus does not consider factors like infrastructure, availability of resources as well as Economic Capability of States. Globalisation caused mortality rate to increase due to dependence on the so-called modern. Methods of treatment and donors from western countries as well as neglecting cultural methods and ways of keeping healthy.

#### **2.4. Underdevelopment and Dependence**

Development and forces of development strategies were destroyed by Globalisation in Africa. Development used to be measured by enough food supply, good health conditions and good social behaviours. Globalisation in country can be measured by capitalism, Multi corporations, decentralised economy, high GDP and privatisation.

Africa stopped to produce for local market and began producing for outside markets. Africa "produced what they did not eat and eat what they did not produce". Marketable products like cotton and minerals replaced food staff like barley, Wheat and Sorghum. The new concepts of "import and export goods were popularised by Globalisation. "Although western consumers were paying and able to pay, much more for coffee or any other product than they had in the past, much of the increased price was due to the greater value added in processing, packaging and marketing them to raw material".

#### **2.5. Influence of social and economic factors and traditional beliefs on the spread of HIV/AIDS in Southern Africa.**

Residential concentration is as common feature of immigrant community though the degree of segregation varies both between countries and between immigrants groups. Immigrants prefer to be among their own people for economic and social support particularly during the early years of their settlement. The low wages and the discrimination they face in the housing market, force them to congregate in low cost housing districts. Although the WHO was also active in the developing of global AIDS prevention strategy from 1987. It won lots of support initially, and seemed to be working from a strong global consensus about what needed to be done when the

global programme on AIDS was launched , WHO never managed to create an effective global policy network. According to Husain and Diwan (1990 .15) the hope in the 1980's when the debt crises emerged was that it would be start-live, however renewed economic growth in the majority industrial would remove the potential threat to the stability of the international financial system .What exists is a rather messy pate work of policies .Certainly , there have been specific initiative in particular areas but it is the broad over view which has been locking .

There has been no real attempt to explore in depth what might be required by way of social policy development in a more global economy .There is a lock too of the institution required to make effective global social policies and to make sub policies effective .According to Erica Mc Ghee , the trauma of watching the parents slowly dying are the first stresses the orphans has to face .Statistics from department of health and social service in 2002 more than 15 000 children were newly orphans in the North west province, more than 10 000 of these as a result of HIV/AIDS . The province had an estimated 69 000 orphans, with about 29 000 as a result of HIV/AIDS by the end of 2001. The trauma of watching a parent dying may be followed by increased malnutrition, labour and sexual exploitation, lack of immunization and health care and lack of schooling. The affected children also face loss of inheritance though property grabbing an increased risk of HIV/AIDS . HIV/AIDS orphaned children is reluctant to disclose their health status also a number of parents and guardians from appointing or introducing them to extended family or care groups.

Children who lack potential guidance or any form of assistance through their crucial life stages of identity formation and socialization into adulthood, the impact on the ability of these children to eventually participate constructively in social and economic life is likely to be significant and will no doubt increase levels of juvenile crime. The orphaned children's psychosocial effects seem to be worsened by accompanying threats to the basic survival like food, housing, education, health care and security from exploitation and abuse which are frequently experienced by orphans. Alienated children from informal settlements of Kanana and Diepsloot are likely to become street children engaged in antisocial behaviours or prostitution.

## **2.6. Effects of War in the escalation of HIV/AIDS**

The war, which has spurred an increase in crimes of sexual violence against women in the eastern Congo, is the local manifestation of a complex regional conflict, which began in 1996 and has involved seven nations and many groups of armed combatants ([www.hrw.com](http://www.hrw.com)).

Women and girls who are raped suffer significant loss of status. Given their subordinate status, women find it difficult to protect themselves against sexually transmitted diseases, in particular HIV/AIDS. The very large families that are a norm in Congo, especially in rural areas, tend to limit women's options for independence from their husbands ([www.hrw.com](http://www.hrw.com)).

A lack of respect of the international norms of human rights and a lack of education among those fighting leads combatants in the DRC to attack civilians, to loot pillage,

and especially to rape women of any age and any status, old, adults, young, pregnant, religious or ill. To illustrate this, a group of 35 women of all ages who had been raped in Mweka, and some of them are infected presented themselves and the place of the people during protest demonstrations by women in Kinsasha from 27<sup>th</sup> to 29<sup>th</sup> December 1999. ([www.afrol.com](http://www.afrol.com))

Soldiers and combatants raped and otherwise abused women and girls as part of their effort to win maintain control over civilians and the territory they inhabited. They attacked women and girls as representatives of their communities, intending through their injury and humiliation to terrorize the women themselves and many others: One sixteen-year-old girl who was raped and infected told Human Rights Watch that; There is no way to protect girls from this rapes. I know that they don't target me, any (women) would have had the same thing happen, but this is unacceptable. There are many girls who live in thee conditions"(www.hrw.com).

In many instances, recruits are arbitrarily seized from the streets or even from schools and orphanages. This form or press-ganging was effective in DRC where rebels would roam the streets picking up everyone encountered. Children from poor sectors of society, women were taken as sex slaves. The children from wealthier families were released when their parents buy them out. Those whose parents have the means were sent of DRC to avoid possibility of forced conscription. (Makutu,2000).

**CHAPTER THREE****THE IMPACT OF DEBT CRISIS AND HIV/AIDS ON DEVELOPMENT IN SOUTH AFRICA**

The socio – economic status of HIV/AIDS orphaned children in Kanana and Diepsloot denies them not only the opportunity but also their right to education, medical care, information, protection and safety. The basics to the establishment and to protect the above – mentioned pillars of democracy are not in place in Kanan and Diepsloot. Lack of medical resources, education, houses and sanitation, poor roads and other basic needs of survival. Further promotes HIV/AIDS and sufferance to the people in informal settlements.

Africa is filled with fatherless, motherless families like the Daitons in which Esther Daiton begins her day early – vomiting bile into the toilet outside her shack at 04:30, just before the sun rises. Esther's father died of Aids in April 1997, her mother Nelia died of Aids in January 1998, and her sisters died in 1993 and 1995 Robinson (1999:17).

There are a number of factors that have influenced the pattern and severity of HIV/AIDS epidernic in South Africa and in particular the informal settlements. According to report by Abt Associates Including South Africa(2000) these includes among others established epidemics of other sexually transmitted diseases, disrupted family and

communal life. Due to apartheid, migrant labour patterns and high levels of poverty in the region. Good transport infrastructure and high mobility, allowing for rapid movement of the virus into new communities. Resistance to the use of condoms, based on social and cultural norms. The low status of women in society and within relationships. The social norms that accept or encourage high numbers of sexual partners, especially among men. Parallel norms that frown upon open discussion of sexual matters including sex education for children and teenagers. Gilbert and Walker (2002. 1099 – 1110).

In a society where most people continue to consider AIDS a “gay disease” and want nothing to do with it, it comes as a shock to learn that little children are also being stricken. It may even be a surprise to some that there are still many carriers who have yet to be diagnosed and therefore risk having terminally ill babies. KUBLER – ROSS (1993. 41).



The informal settlement resident in South Africa should be regarded as priority if the government and the nation wish to help the situation of orphaned children. The role of local government has not been sufficiently thought through and I support the idea that unless we take strong action, we're going to find ourselves in a serious situation. I don't think we have the time to sit back and debate the merits or demerits of various explanations of the causes of the epidemic. The country need a thorough plan that mobilizes whatever national resources we have, via all spheres of government, but more importantly, also mobilizes us as a continent.

The South African cabinet signalled in October 2002 its intention to provide universal access to anti-retroviral as it investigates the cost of providing HIV/AIDS therapy for patients attending public clinics and hospitals. The government announced plans to work with academic institutions to train more doctors and nurses – currently only 2000 of the 27 000 medical practitioners in South Africa has the skills to provide HIV/AIDS care ( Baleta ,2002).

Currently, 20 000 of the estimated six million HIV – positive people in South Africa have access to drug therapy through private medical aid schemes. Most if not all residents of Kanana and Diepsloot informal settlements in South Africa have medical aids. The basic human needs are rare commodities in informal settlements. Shelter, food and water do not only form basics for human survival but also human rights for all citizens in the world. The unfortunate situation in South Africa is that in April 2003 the government dramatically backtracked on its dissident view that anti – retroviral were toxic, when it acknowledged that such drugs were effective in prolonging life if administered correctly. The government argued that the only hurdle to a full therapeutic programme was the prohibitive costs and the lack of infrastructure.

According to MASLAWD & NORDLAND (2000) in the nations South of the Sahara, almost two decades of AIDS death stand at 2,2 million in 1998 alone and a still untitled but certainly greater number in 1999 is leaving a sea of orphans in its wake. The estimates are that by the end of 2000 10.4 million of children under 15 yrs will have lost their mothers or both parents to AIDS. Most orphans are taken in by their extended families, if they are taken in by anyone, but the sheer number of these lost children

feels orphanage too. Orphanage house like Ethembeni house run by Salvation Army in downtown Johannesburg has 38 children who are 5 yrs or younger and all have tested HIV positive and are all abandoned.

In Africa, war and famine made an orphan rate of 2 % 'normal'. AIDS pushed that percentage to 12 % in some countries. It is difficult to and hard to look after an AIDS victim, and also the children of that victim, when you know they will all die. Unless abandoned AIDS orphans reach an institution like Salvation Army in Johannesburg they risk getting sucked into what others refer to as vicious circle. According to Godfrey of UNAIDS, (2000) unless we prevent them from going into deeper poverty, will become prostitutes, the fortunate ones become child brides, or the plaything of a sugar – daddy. Orphaned children hope that the men will not be among the millions who believe that sex with virgin cures AIDS.

### **3.1 Education and Social services for HIV/AIDS Orphaned Children**

When an extended family cannot afford to educate all the children in its care virtually everywhere in Africa governments charge school fees. HIV/AIDS orphaned children are likely to be dropouts when school fee is charged because they have no source of income and are homeless. In Zambia the study cited by the UNAIDS report found that  $\frac{3}{4}$  of urban children with parents enrol in school, but only one quarter of orphans do. Compared to children with parents AIDS orphans are at far greater risk of malnutrition and of not receiving the health care they need. Government and Non-governmental organizations are doing their best for AIDS orphans like in Botswana, non-governmental and community – based organizations provide services ranging from day care to food,

clothing and bus fare to and from school. Villagers in Malawi have organized communal gardens. Charity groups and orphanages teach the older HIV/AIDS orphaned children Aids prevention, hoping that the cataclysm that befell parents will not be visited on the children. Relatives of HIV/AIDS orphans often deny them health care, education and other forms of assistance thinking that they are case hopeless. For children who have lost their parents to HIV/AIDS, grief is only the beginning of their troubles,( R O D NORDLAND, 2000).

It has to be recognized that schools are places filled with large numbers of lively, active children where it is not always easy to consider individuals with particular needs. The situation in schools represents a challenge to teachers to take account of an individual child's special circumstances, without making pupil feel too different. Skilful educators may succeed in educating children with life – threatening conditions within the normal environment of ordinary schools.

The question regarding HIV/AIDS orphaned children is not whether a child has serious illness but how much and in what way it affects his or her ability to benefit from the schooling provided. Government and Non – governmental organizations must develop a unified service links together with teachers in hospitals, at home, in ordinary and special schools, and should be able to pass on the benefit of accumulated experience to those who may be forced with this situation for the first time. The most reassuring thing to children with life – threatening diseases is to know that they are expected to live their lives as others do.

According to WOODWARD, (1990), the partnership between parents / extended relatives and professionals is at the core of caring for HIV/AIDS orphaned children and children with life – threatening conditions. Although there is infinite diversity among children with such conditions, they share features in common – like progression of the child's diseases, the emotional burdens on all the family of severe illness which are often long term and death. There must also be a balance between the child's need for technical and scientific medical and spiritual support.

### **3.2 Continuity in support and care for HIV/AIDS orphaned children**

One of the greatest weaknesses in South Africa and present system lies in inadequate communication at every level. Communication seems not coordinated between hospitals and community doctors, statutory and voluntary services, and the health and education services. If bereavement for parents starts at the time of diagnosis when does it affect the child remain a question not answered. When the illness lingers over months or years, families can suffer isolation, lonely struggle, and exhaustion, Learthard A, (1993).

A relationship with HIV/AIDS orphaned child must develop and build up at an early stage, it should be maintained, at varying intensities, through out the illness by extended relatives. The support structures must be formed with full support of agencies and organizations like (NAHA) National Association of Health Authorities. Key person to deal directly with the affected family and must make himself or herself well – known to all members of the caring team and should have special characteristics to direct relatives to sources of information and help, to serve as a liaison person, offering contacts and ensuring that the services actually materialize.

To be sympathetic, but not necessarily to have a counselling role, to direct the affected to appropriate counselling, as required, and to act as an enabler, endeavouring to make all relevant parts of the structure accessible and preventing recourse to confrontation.

The health authority's duty is to develop and implement policies of supportive community care, with aim of keeping families together and enabling parents and extended relatives to continue looking after their children at home. The domiciliary nurses would form the core of the service. The main duty of nurses will be to listen and enabling, advising on nursing matters and assisting when needed, sharing information and ensuring that the parents and relatives to solve problems arising from the illness. The nurses or support group must also liase with the key person or acting as an access point to other services. The continuing support by the group or nurse after death will reassure the affected and help them to accept what happened.

Voluntary organizations have been and still are, providing the major action and development. The organizations have realized the needs and seen gaps in provision of emotional support for individuals and their families, voluntary groups help in collection and dissemination of informal education and training of staff, provision of short term relief and help in the home of the affected. They also help in financial support of health services and social service personnel as well as fundraising power. Voluntary organizations are already part of the caring system. Organizations provide a combination of skills that are hard to find in official agencies. Good relationship with voluntary organizations needs to be developed so that their expertise and services are used to the full. Plans for comprehensive service will not materialize without co – operation between the voluntary and statutory services, (Woodward R. N. 1990. 168)

As the numbers of reported HIV/AIDS orphaned cases continue to climb, and this disease continues to take more and more lives, those who have to deal with the complexities of this problem remain hopeful. The unanswered question to people living in informal settlement is "how do we care for these terminally ill patients?" Kubler – Ross, E. (1993) used letters from patients, questions and answers between patient and doctor, other compassionate tools to comfort and teach others to comfort the seriously ill members of our communities. Ostracized and often rejected and alone, indigent and sick, many of them have resorted to suicide in the Sub – Saharan countries. It should be viewed as a privilege to help our fellow man, to serve, as we would like to be served if we should ever get sick. The communities and non- organizations should regard a privilege to take into our homes these pitiful children who are victims of a society that has lost much of its early pioneering spirit and willingness to love unconditionally and serve out of love and not expectation of reward.

The impact of HIV/AIDS on children has recently been the focus of increased international attention. While most concern has concentrated on the plight of children who have been orphaned as a result of AIDS, there have also been other result of the epidemic for children. In some households children who may not themselves be infected find themselves may have AIDS. The enormous physical and psychological burden that these responsibilities place on children is compounded by the emotional distress caused by watching their parent gradually weaken and die. The AIDS epidemic has had a profound impact on the lives of street children. To the extend that these children engage in unprotected sex-for many, commercial sex represents the only

means of survival-their already dangerous lives are made more precarious. This has a number of implications (Kelly, K 2001)These orphaned children become street children, as more street children become infected with HIV, they may suffer yet greater abuse and discrimination. In addition, the health risk faced by many children living on the streets can induce rapid deterioration of health once AIDS develops. Orphaned HIV/AIDS children rarely enjoy access to medical care because they lack identification papers, a permanent address, or the financial resources to pay for it. Even where contact with clinics and hospitals because they fear being questioned and harassed by doctors, nurses and police. (Kirn, W.2000)

**CHAPTER FOUR****STRUCTURES IN PLACE TO REDUCE THE DEBT CRISIS AND TO HELP HIV/AIDS ORPHANED CHILDREN IN SOUTH AFRICA**

HIV/AIDS is increasing the number of vulnerable, malnourished, poorly socialized and uneducated young people, which in turn heightens the prospect of social instability. The scares resources and the immediate needed action by the state, HIV/AIDS has been a source of intense controversy in South Africa and justifiably so. The impact of HIV/AIDS on children is complex and multifaceted, with the social costs both high and long term.

The 2000 HIV/AIDS forum held in Johannesburg in July marked the first step in the right direction by non – governmental organizations to persuade not only the South African government but the international world to consider AIDS orphans. The theme of the conference was "Break the Silence", the silence around HIV/AIDS orphans challenge the government, communities and NGO's, encouraging presentations about how community have dealt with orphans, about how extended families have coped and how it has been an enriching experience for lots of communities were all signs of a good start. There has not been silence around AIDS orphans; some of the projections on the numbers of HIV/AIDS orphans and their impact on family life has long been outlined, the education system, and other social sphere have been horrifying, ( Crewe 2001).

The deafening silence from local authorities and provincial government around HIV/AIDS orphans worrying. Although the crisis around HIV/AIDS orphans has been

discussed ten years ago, until 2001 no local authority has in place a comprehensive policy to deal with orphans, and no provincial department has spelled out a comprehensive policy ensuring orphan care in South Africa. If there were any policies by the year 2001 in South Africa regarding orphan care, those remain at the level of policies without being translated into action. Commitment at the level of local authorities are minimal to ensure that we are able to care for children and young people, to protect them from violence and abuse, and to ensure that they grow up in a safe and supportive environment.

#### **4.1 Urban / Informal settlement problems**

South Africa as the most economically stable country in the South has seen what has happened in other African countries and have been amazed by an envious of how other African countries have dealt with the problem. We however in South Africa seldom realize that that is what we need to do. Urban areas including Greater Johannesburg Metropolitan Council were previously advised by NGO's urging it to consider how it was going to cope with AIDS orphans. The HIV/AIDS epidemic is having a devastating effect on urban environment which equally affect the adjacent informal settlements like Diepsloot and Kanana.

If as it stand urban centres depend on ratepayers, particularly for their revenue, without a secure and growing tax base urban centres cannot continue to supply the infrastructure. The quality of life in urban centres is measured by supply of infrastructure, the roads, clinics, libraries and social centres. The government knew about the implication of HIV/AIDS long before the 200 AIDS conference and simply

ignored people who must advise it to think creatively and innovatively about orphans and to secure their prosperity and security. The challenge to people of South Africa and the government is a sense of unreality in how we talk about dealing with orphans, we must as well stimulate and strengthen the capacity of families, and community bases responses. Although the whole family suffers, it is the children who suffers most because they are removed from education, they have inadequate nutrition, and they don't have dedicated adult supervision, they face trauma of the death of their parents, and an uncertain future,( Michael Karen 2000)

According to one community health practitioner, the global capitalism is the bigger threat to health worldwide. Poverty is still a critical issue in Africa as most countries are paying debt from their nation budget. It looks like the 1994 democracy was introduced to South Africa in a political compromise, and that is why we still have the debts of up to 20% of the national budget. Compromises like abolishment of influx control in 1986 resulted in people rapidly moving to cities and development of informal settlements.

#### **4.2 The role of local government in HIVAIDS Orphans Issues**

The role of local governments in health delivery and childcare and protection is prescribed by a series of policy instruments. Countries like Uganda committed its government to preparing a national programme of action for children. The National Council for Children (NCC) oversee developments that deal with orphaned children issues like the enactment of children statute of 1996. In terms of that act, the department of child care and protection (DCCP) in the ministry of gender, labour and social development and responsible for protecting the welfare of children while there

are organized local government involvement on HIV/AIDS orphaned children in other countries little is in place for orphans in South Africa. It is estimated that 4.2 million people who makes 10% of the population live with HIV. In the midlands of Kwazulu – Natal about 6% of children younger than 16 have lost their mothers and the projection is that by end of the year 2000, 197 000 and 250 000 children would be orphaned in the province.

A projection by the Actuarial Society of South Africa shows 2 million HIV/AIDS orphans in the country by the year 2010. Municipal governments are responsible for clinics, centres and rural posts offering primary health care. Health services are responsible for and monitor technical aspects via their primary care divisions, but administratively these services fall under municipalities. Working class people of South Africa who are mostly professionals like policemen, nurses, teachers, soldiers and others use private health care. Good private health care for minority of people in South Africa is subsidized by the government while people who need government's assistance do not. Health is not the only questionable responsibilities of the state but equal distribution of funds and availability of resources for the "poorest of the poor". Regarding child protection in informal settlements like Kanana and Diepsloot the government has nothing in place. The projections and researches are either ignored or disregarded in Southern Africa. Zimbabwe used to forecast about 6000 000 orphans by the year 2000 but it already had 8000 000 of which only 3000 were catered for in the year 2000..



According to Abrahams S. (2000) projects in the Western Cape should be called community – based homes for HIV/AIDS – affected and infected children. The biggest

challenge in informal settlements like Langa and Khayelitsha notwithstanding Kanana and Deepslot is that families were often not prepared to take in orphans. The main problem for those who are sympathetic to take in HIV/AIDS orphans is that they did not even have food for themselves, school fees, school uniforms and both physical and mental health.

#### **4.3 Understanding the urban impact of HIV/AIDS associated orphan hood**

Street children are common in many cities in the developing countries in Africa, the areas are of working age and therefore able to support themselves. The opposite is true in rural and informal settlements, which consequently have higher dependency, ratios than urban areas. Child migration is another element related to HIV/AIDS orphaned children, which has long been observed in developing countries, and is becoming increasingly commercialised. The study in Ghana and Uganda show that girls in particular were increasingly being sent away to relatives in towns or given to agents who placed them as domestic workers. The projection in Southern Africa is that the numbers will increase as the epidemic escalates, ( Michael Karen, 2000. 25)

Rising violence against children seems to affect mostly the HIV/AIDS orphaned. Although there is no rural / urban breakdown of where violence against children is concentrated in 1999 it is reported that 138 683 rape cases against children under the age of 18 in South Africa was reported. The numbers dealt with by the child protection unit more than doubled from 7559 to 15 732 between 1994 and 1998. Orphaned children in informal settlements are exceptions and look more vulnerable since they have no families, homes, physical and mental health care.

Substantial policy work done on the impact of HIV/AIDS orphans on informal and urban settlements need to be informed and enhanced by empirical research. The experience we have is that HIV/AIDS in South Africa has struck with breathtaking ferocity at informal settlement HIV/AIDS orphaned children. The government and non – governmental organizations policy should be directed at retaining orphaned children in the best possible care settings, integration in the families and communities will yield better results than institutions.

Given the importance of good health, nutrition, mental and cognitive development in childhood, government and urban institutions will have to meet these needs by providing good quality services. HIV/AIDS orphaned children need provision of education, health, water, homes and sanitation to avert the worsening situation as the HIV/AIDS epidemic increases,( Mary Crave, 2000. 28). Drug abuse and drug trafficking are other life threatening activities by HIV/AIDS orphaned children. Drugs like alcohol, marijuana, sniffing glue and ecstasy are common commodities for street children. Drugs are used to replace hunger, fear, and disillusion and are used as form of identity.

According to Howe, (2000. 80) the future of HIV/AIDS orphans depends on the well being of their families. Howe's argument cannot be far from truth, considering that to date the family has provided the most sustainable safety not for people living with AIDS and as well as AIDS orphans. Behind HIV/AIDS orphans is a matrix of structural factors such as weak and inaccessible public services, high illiteracy rates, widespread poverty, migrant labour practices, refugees dislocated by both internal and external wars, and deep-rooted gender inequalities. The problems facing HIV/AIDS orphaned children will

remain unless these structural issues are addressed, yet a solution to those problems is overdue. A survey by (Odonkara, 1999) which was commissioned by the department of child care and protection of the gender ministry found that HIV/AIDS orphaned children features highest among children in need of care and protection. The question to local government is what role has they played to address orphan's issue? What capacity has local government have to address the problem in informal settlements like Kanana and Diepsloot?

#### **4.4 War on HIV/AIDS a priority**

HIV/AIDS activists who include among others the late Nkosi Johnson form part of the campaign which voiced out their dissatisfaction against the central government in South Africa during the World AIDS Conference in 2001. In his provincial address the Kwazulu – Natal premier on the 16 / 02 / 2004 urged members of his house who have different political persuasions to his own to look at the issue of HIV/AIDS and orphans through the hearts and sufferings of HIV/AIDS infected or affected population and not in terms of political allegiance. The sentiments echoed by the Premier are in line with the UN World Aids alert statement regarding the Sub – Saharan countries. The UN figures on South Africa coincided with a warning from Secretary General that the world might be losing the battle against the epidemic's lethal march around the world. The numbers are likely to add urgency in efforts by the government to make anti – Aids drugs available to the health system. Aids activists, who believe that 6000 people die each day in our country if this incurable disease, will undoubtedly use these figures to press their case for the rollout of the tablets that delay the onset of Aids. The drugs if taken properly, can prolong the lives of patients. The Speaker expressed his disappointment

that the national government seems to be dragging its feet when it comes to HIV/AIDS and orphaned children.

#### **4.5. Measures taken by government and NGO's in South Africa**

What measures are taken by government and NGO's to combat the situation in South Africa Communities, local government, department of social welfare and the national government seems to be doing very little to remedy the problem and support HIV/AIDS orphaned children. AIDS activists and Non – government organization including some extended family members are trying their best to rescue the situation but their failing because of lack of support from other stakeholders. Funds and health facilities are not made available to help HIV/AIDS orphaned children especially in informal settlements.

National government is delaying the rollout of anti – retroviral drugs to AIDS patients that worsened the situation in informal settlements Kanana, Diepsloot, Langa , Gugulethu and others in South Africa. Africa had 9 million children who have been orphaned by AIDS in the year 2001 , presenting policy-makers and others with major challenge . Challenge posed by the large number of HIV/AIDS orphans need co-operation of NGO's, Local government, communities and the National government. HIV/AIDS orphanage poses a serious threat to sustainable economy and development not only in South Africa. The survey data shows that HIV/AIDS instructions directed at children are poorly co-ordinates in most informal settlements .It identifies the projects for HIV/AIDS orphaned children.

- Limited resources and poor staff motivation and training to handle

the situation.

- Insecurity in informal settlements, which worries their neighbours in modern houses.
- Poor capacity for collecting and updating data in informal settlements.
- Advocacy of children is rights including those in informal settlements are poor.
- Inadequate funding.
- Negative attitude.
- Lack of community participation in implementing the children stature.
- House hold poverty and deprivation.

## CHAPTER FIVE

### CONCLUSION AND RECOMMENDATIONS

It has pointed out that the major problems are Debt crisis and its effects on HIV/AIDS orphaned children in developing countries especially in Africa. In order to alleviate the increasing problems in indebted countries, debts must be reviewed and cancelled to allow those countries to redirect their budgets on social welfare services. As reported by (Issa Sikiti dasilva 2004) forty one years after the foundations of the organisation of African Union OAU Africa is still the continent of victims and strive continues to tear most of the continent apart.

The study shows that HIV/AIDS instructions directed at communities are poorly coordinated in indebted countries because of number of factors. Tackling the courses of poverty is the most important means to reduce the impact of HIV/AIDS on orphaned children women in Africa. Limited resources, in security and lack of community participation are factors that need immediate attention. Challenges posed by debt crisis and the impact of HIV/AIDS among children and women need formulation and change of strategies and policies as a matter of urgency.

All areas of policy impact on debt, poverty and escalation of HIV/AIDS should be key issues in attempts to bring about economic growth and sustainability. Recommendations by NGO's like National Association for people living with AIDS,

NAPWA should be adhered to by National Government. HIV/AIDS Advocacy by NGO's which recommends safe sex, voluntary testing, HIV/AIDS orphaned children are problems not only their families, the rolling out of ARV's should be considered.

The rise in the number of children orphaned due to AIDS is a worldwide phenomenon, although most of the research on this subject has focused on Africa. Preble suggests that while there have always been relatively high number of orphans in Africa as well as South Africa the AIDS epidemic has added new dimensions to the problem. The small minority of orphans who are themselves HIV infected may encounter difficulties in finding families prepared to take them in because of fears of infection and the cost of treatment. Even orphans who are not infected may be unable to find homes, as they will be stigmatised by the association of AIDS with promiscuity, prostitution or other forms of behaviour, which are often the focus of discrimination.

Appropriate support system need to be developed or adapted in order to cope with the current and anticipated needs of these orphans. The manner in which their needs can best be met-including nutritional, educational, health, social welfare, and emotional needs will vary between communities and a number of approaches to achieving this have been advocated.

## **5.1 CONCLUSIONS**

After extensive review of the relationship between debt crisis and the impact of HIV/AIDS in orphaned children and women, it is clear that several issues deserve great attention.

1. Despite some economic improvement in other countries, those heavily indebted countries do not cope.
2. The impact of HIV/Aids children can no more be ignored or labelled a developing countries problem as it affects us all.
3. Co-operation and regional integration of developing and developed countries is necessary to deal effectively with global issues.
4. Market access of exports from developing countries to EU still face numerous tariffs, quotas and technical barriers to trade.

## **5.2 RECOMMENDATIONS**

Relaxation of trade laws within and outside the African continent will reduce debt burden in most of the affected countries. NEPAD and SADC policies regarding trade, security, promoting development of infrastructure, democracy, human rights and accountability could help to stabilise the imbalances. Corporation of regional structures with UN as suggested by structuralisms will help different structures to find a common ground regarding regional and global issues.

Research such as that by medical research council MRC to prevent the spread of HIV/AIDS through indigenous products should be encouraged and sponsored. Community members, business sectors and government must work together to educate people about HIV/AIDS and the support needed by those infected and affected. The study recommend that governments develop appropriate policies, including legal and programmatic frameworks, as well as essential services for the most vulnerable children and woman. There is a need to raise awareness within societies to create an

environment that enables support for children affected by HIV/AIDS. Affected countries must strengthen the capacity of the children and young people to meet their own needs. The total debt relief is necessary since indebted countries are poor countries while the debtors are rich, wealthy and progressive countries of the world.

The social spending by the government must be directed to the people in informal settlements and rural areas, because they are mostly affected by poverty, hunger, and lack of resources. Informal settlements in South Africa are fast developing into breeding areas for contagious diseases such as HIV/AIDS. Conditions in Kanana and Diepsloot serves as example of bad health and education conditions that are not only national, but global concern. Lack of education helps to perpetuate poverty and underdevelopment, while health facilities and its provision is a global issue. According to Bellamy, (1998: 9) the power of mass media and the modern world of televisions, radio's and newspapers can bring news to every corner of the globe within minutes and thus influence public opinion and public policy. Kanana and Diepsloot settlements seem to be ignored by mass media and thus give little public opinion and public policy. In informal settlements the extended family is not always able to care for orphans, however, and as the number of HIV/AIDS cases within a household rises – and with it the associated financial and other burden this will undoubtedly be the case more and more frequently.

Thus, in addition to providing support to families that are looking after orphans, there is a need to improving existing institutional arrangements and to develop new ones to supplement the care for orphans provided by families and local communities. Whether

though family and community networks, institutional care or outreach, or a combination of all three programmes must address orphans needs for food, shelter, education, clothing, and emotional and psychological well-being. However, experience has shown that it is essential that children who have been orphaned as a result of AIDS are treated in the same manner as other orphans neither-stigmatised by their association with AIDS , nor given elite "AIDS orphaned treatment-Not only would this offend the principle of equity, it could also be counter-productive, by leading to resentment and further discrimination.



LIBRARY

**RESEARCH QUESTIONNAIRE**

Make crosses in the relevant block

A. Demographic information

**1.1**     **SEX**

Male	
Female	

**1.2**     **AGE**

Between 2 yrs – 5 yrs	
Between 6 yrs – 9 yrs	
Between 10 yrs – 13 yrs	
Between 15 yrs – 18 yrs	
Above 19	

**1.3**     **ETHNIC GROUP**

Tswana	
Zulu	
Xhosa	
S. Sotho	
N. Sotho	
Other, specify	

**1.4 LITERACY LEVEL**

No – education	
Primary education	
High school education	
Tertiary	
Other, specify	

**FACTORS AFFECTING HIV/AIDS ORPHANED CHILDREN**

The following factors are believed to be contributing factors to the plight of HIV/AIDS orphaned children

Tick with an (X) on the block

2.1 What is the source of living or income for these HIV/AIDS children?

a. Social grant	
b. Extended family member	
c. Community	
d. Non – governmental organization	
e. Other, specify	

**2.2 Where do most of the HIV/AIDS orphaned children live?**

a. Own home	
b. Relatives home	
c. Orphanage house	
d. Church centres / community shelter	
e. Other forms, specify	

**2.3 Where is health services provided these HIV/AIDS orphaned children?**

a. Clinic	
b. Hospital	
c. Special Doctors	
d. Traditional Doctors	
e. Other, specify	

## 2.4 Where else do HIV/AIDS orphaned children get support?

a. Government	
b. Non – government organization	
c. Community members	
d. Action support group	
e. Extended family members	
f. Specify if other	

**C. EFFECTS OF HIV/AIDS ORPHANED CHILDREN**

1.1 Tick with (X) in one block that affect development as economy.

a. Poverty	
b. High crime rate	
c. Unemployment	
d. Diseases	
e. Non of the above mentioned	

## 1.2 Inaccessible health services

Which of following will cause inaccessibility health service to HIV/AIDS orphaned children?

a. Expensive medicine	
b. Lack of health facilities	
c. All above are catered for	

## 1.3 How is relationship between HIV/AIDS orphaned children and community?

a. Bad relationship	
b. Improving relationship	
c. Unacceptable	

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