

Juxtaposing three educational places illustrated how South African schools subtly reproduce inequalities through the ways in which they sort students into hierarchies of worth.

I put this idea into practice by establishing a youth radio show at a local radio station, inviting students from this school and peers from three other schools, to attend on Saturday mornings. At the radio station, we watched documentaries, read Biko and interviewed the junior mayor of Cape Town, before each participant generated 10 questions. An hour-long discussion would follow, live on air.

During these sessions, the youth from the two well-resourced schools transported colonial-era ideas about standards and proper conduct, including linguistic ideologies, broadcasting these perspectives on the radio show and causing a fair amount of conflict.

Juxtaposing these three educational places, the school, hip-hop crew and radio show – sites that all involved young people from one neighbourhood – illustrated how South African schools subtly reproduce inequalities through the ways in which they sort students into hierarchies of worth.

**Educational transformation is more than ‘raising educational standards’**

As in schools elsewhere, this sorting process and young people’s learning endeavours are intimately linked to assessments of language use. Word and language choices, accents and pronunciations, give clues to people’s social status.

For poor young people in the global era many of their linguistic expressions are treated as evidence of cultural mixings that occurred during colonialism, slavery and, more recently, patterns of mass migration. While no way of speaking or language is inherently superior or more scholarly and sophisticated than another and all languages contain mixtures of words that originate from a variety of sources, some students’ linguistic and cultural resources are interpreted as evidence of inferiority.

These kinds of prejudices are particularly common at schools, as these formal educational sites usually only approve of standardised forms of language. Young people are experts at

creatively using a wide range of words from different sources to assert their identities and ideas, however these practices are validated differently in a range of contexts. The radio show illuminated how informal places may also be oppressive in certain instances, as places are made up of the people who inhabit them, individuals who move through other sites and carry with them dominant ideas that circulate in society.

Places of learning are constructed historically and are shaped by relationships that exist inside and beyond their borders. This has implications for educational transformation, a topic widely discussed globally.

Educational transformation is usually associated with calls for efficient and regular assessment practices and more sophisticated standardised tests. Time on task, teacher attendance and content knowledge, literacy, numeracy and matric results. While these are all crucial indicators of high-quality education, we cannot expect to produce an equitable social order through ‘raising educational standards’ if the prejudices, inequalities and social injustices that exist in the broader society remain unresolved. Educational sites are produced by and connected to these wider contexts. If we would like to use education to catalyse social justice it is crucial to understand how educational institutions, policies and personnel may contribute to the reproduction of existing power relations, as well as how they may arm students with powerful forms of knowledge.

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Young learners at school.  
Photo: Paul Weinberg, Africa Media Online

# STARTING EARLY: Innovations in HIV prevention

There is growing evidence that children uninfected by the HI-virus and living with HIV-positive parents may be at increased risk of psychological and social problems. *Tamsen Rochat* describes a pioneering intervention for such families with primary school-aged children.

South Africa has made tremendous strides in advancing access to HIV prevention and treatment. As a result, most children born to HIV-infected parents are HIV-uninfected themselves. At least a third of children are being raised by an HIV-infected parent, most often a mother, in sub-Saharan Africa; and this number is probably higher in areas with high prevalence.

In South Africa, given the success of our HIV treatment programmes, these HIV-positive parents have access to life-saving treatment and are surviving to nurture and care for their own children. But in this new treatment era, different challenges arise for these parents, their children and families.

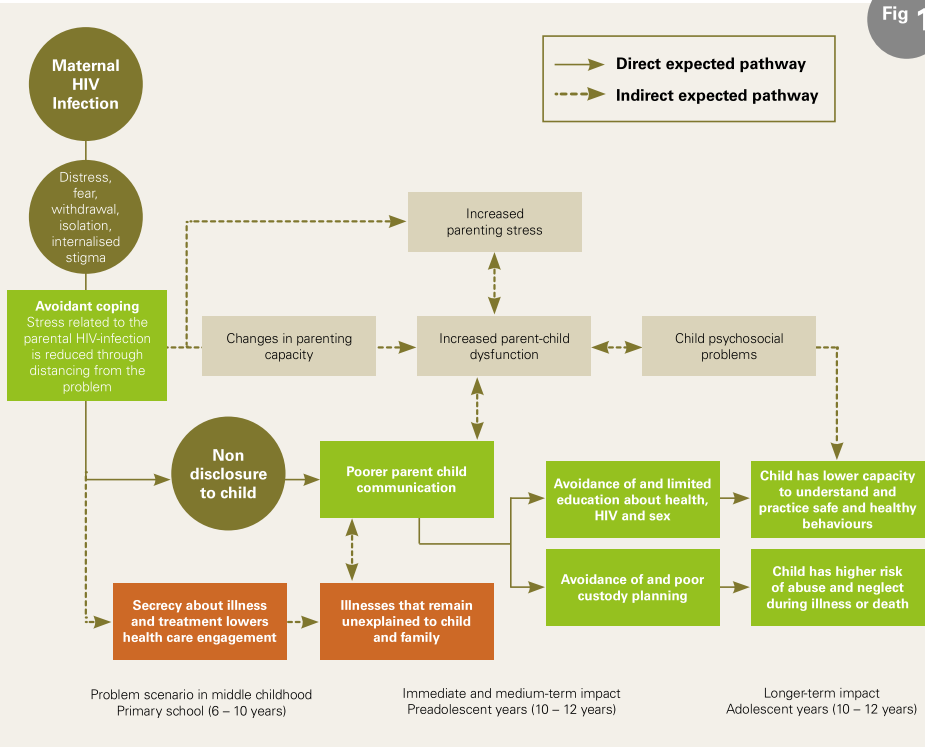
As HIV-exposed and affected children enter adolescence in poverty-stricken communities where violence is rife... these children are more at risk of abuse, early sexual debut and ultimately, HIV infection.

The literature identifies three groups of children as affected by parental HIV, including:

- *HIV-exposed* children who are exposed to HIV in utero or during breastfeeding, but who remain HIV-negative themselves;
- *HIV-affected* children, who are HIV-uninfected, and who were not directly exposed to the virus, but whose parents may have become HIV-infected during the course of their childhood. This latter group may also include children who have an HIV-infected father, or an HIV-infected caregiver who is not their biological parent; and
- *HIV-unexposed* children born to HIV-uninfected mothers, not

directly exposed to the virus, and whose mothers remain uninfected throughout their childhood. However, there is increasing concern that very few *HIV-unexposed* children remain *HIV-unaffected* at a familial or community level, in particular where HIV prevalence is high.

There is growing evidence that these HIV-exposed and affected children may be at increased risk of psychological and social problems. As they enter adolescence, in poverty-stricken communities where violence is rife, evidence shows that these children are more at risk of abuse, early sexual debut and ultimately, HIV infection. Some of the potential pathways to these risks are illustrated in Figure 1.





The *Amagugu* (meaning ‘treasure’) intervention is a six-session home-based intervention, delivered by lay counsellors.

The intervention focuses primarily on supporting disclosure of the mother’s HIV to her HIV-uninfected children, which has been shown to have benefits for mothers, children and families.

The intervention aims to strengthen the parent-child relationship and empower the parent to teach children aged 6-10 years about their health, about viral

infections and treatment processes, health promotion and ensuring that care and custody plans are in place for their children’s safety during periods of illness.

Although there is evidence suggesting that parent-led health and sex education is beneficial in reducing adolescent health and reproductive risks, most parents report concerns about how to approach this process with younger children. In response to this the intervention provides parents with

a developmentally sensitive storybook to help them begin the conversation about reproductive health with their children early.

In a peer-reviewed publication in *Frontiers in Public Health*, we outline the risk pathways HIV-exposed and affected children may face, the intervention conceptual model. We describe the intervention steps in detail, presenting evidence from our formative and evaluation work and the literature to support the proposed mechanisms by which the intervention aims to disrupt risk pathways and strengthen parenting skills and the parent-child relationship.

The intervention is designed to be used at the required scale in low-resource setting. Lay counsellors deliver training and counselling to mothers during the six sessions of home visits and mothers lead the intervention activities with children independent of the counsellor. This intervention is a fundamental principle as it encourages the parents (and not external home visitors) to be the hero in the child’s life. The parent is the consistent person in the child’s life and the child begins to learn that the parent is a reliable source of information on health.

Fathers and other family members can and are encouraged to become involved if they wish. A key part of the intervention is a user-friendly materials package which includes story books, board and card games, stickers and charts to help parents tackle discussion with young children in a child-friendly developmentally sensitive way.

The intervention is strongly informed by established psychological theory and child development research in the human and social sciences and brings this evidence to bear in the context of parenting with HIV.

The intervention proposes that HIV education and prevention should start at home, should be led by parents and should start in the pre-adolescent years. A good platform of parent-child communication is critical to achieving this and the focus of this

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middle childhood intervention is to establish and strengthen the parent-child relationship, so that as the child reaches adolescence, both children and parents have a good foundation to build on.

The intervention has been tested widely in a pilot study and in a large scale uncontrolled evaluation with 281 families in rural KwaZulu-Natal. The intervention resulted in increased HIV disclosure to children, improvements in mental health for mother and child and improved health-care engagement and custody planning for the child.

Discussing HIV, health and the possibility of illness or death had no immediate negative mental health effects for children. Longer-term follow-up of the evaluation study participants has also recently been completed. The HSRC is funding a two-year follow-up of the RCT participants.

The intervention model demonstrates the feasibility, acceptability and potential for disclosure interventions to include pre-adolescent HIV education and prevention for primary school-aged children. The researchers

hope to demonstrate over time that supporting parents to provide health education and health promotion in middle childhood has protective effects for children’s reproductive health as they enter adolescence.

 The full article is available on <http://journal.frontiersin.org/article/10.3389/fpubh.2016.00183/full>

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### Talk and play reminders

**Step 1: Being Prepared**

Have I chosen a quiet place?	
Have I chosen a good time?	
Have I got all my materials ready?	
Have I practised my activities?	

**Step 2:**  
Sharing our family story



**Step 3:**  
Learning about staying healthy



**Step 4:**  
Keeping our stories safe



**Step 5:**  
Reading together





