

Rural angels of mercy soften Aids trauma

Volunteers try to visit HIV-positive people, the terminally ill and orphans three times a week

Angels of mercy. Those are the words used to describe voluntary workers who look after the terminal, lonely, orphans and people living with HIV/Aids in rural South Africa.

As the government continues to increase its antiretroviral rollout, many HIV-positive people do not have access to counsellors or mental health professionals to help them deal with the trauma of being diagnosed HIV-positive and living with it. But the largely unpaid angels are helping to fill the gap.

At Phuti clinic in Phomolong, for example, 17 volunteers from the Boikutshong home-based care organisation look after 12 childheaded families, 269 orphans and vulnerable children, and 180 adults.

Only four of the women receive a stipend of between R500 and R800 from the government. The other women, all unemployed, rely on their childcare and social grants to see them through a month. All the women walk between two and 15km a day to get to patients.

Every morning the volunteers gather at the clinic, before heading out into the dusty streets of Phomolong and Laastehoop villages to see their patients.

In this poverty-stricken area, less than an hour's drive from Polokwane, where children play among rocky outcrops, hardly anyone is employed, very few houses have running water or electricity and the streets heading into the settlements in the surrounding rocky hills have not been graded in months.

Despite these harsh realities, this group of dedicated women, some of whom are themselves ill, try to visit each of their patients at least three times a week. During these visits the caregivers check whether their charges have taken their medicine; help those who are bedridden to wash; clean their houses; ensure their children are fed; and that food parcels are delivered.

One of these women is Phfllipine Mafokoane, who cares for a childheaded family of five, two other orphans, 13 families and nine adults. This mother of three young boys says the volunteer work is taxing. It affects me. There is one person who I dress every day but he doesn't get cured. It has been going on for over a year. My mother helps me when I get stressed, she says.

Kedibone Molema says she started doing volunteer work because she likes socialising. Molema helps 10 families.

Emily Maake cares not only for adults but also for 22 orphans, while Selina Mokgala cares for 11 orphans. Both ensure that the children are properly cared for by their foster parents; that they receive food parcels; that they are exempted from paying school fees; have access to health care when needed; and are able to access social grants they are entitled to.

While none of the women knows how the parents of the children they care for died, most believe their deaths were Aids-related.

The women say they are concerned about the stigma HIV/Aids still carries because it affects the level of assistance they can provide.

Molema says she had a patient who at first denied he could be HIV-positive. After months of counselling, he finally went for a blood test, diagnosing him as being HIV-positive. But because of the stigma attached to the disease, he has still not told his children about his condition.

He told his mother first. and after I explained to her what HIV is, she is supporting him. He told his children indirectly that he is sick, but not that he has HIV. Molema says it is difficult for home-based care workers to force patients they suspect are HIV-positive to go for a blood test. When I suspect the patient has the disease, it hurts me, because we are supposed to help them. But we cannot tell anyone about it. All we can do is refer them to the clinic where they can get treatment, but even the nurses can't force them to have a test. The most difficult people to convince to have a test and to counsel are the men. The women are more accepting, says Molema.

Maake says one of the Aids orphans she cares for is an 11-year-old boy whose mother and sisters died. Because the child was ill, family members had taken him to a traditional healer, which did not help. He was diagnosed HIV-positive during a visit to a local hospital. I counselled the family for a week on what HIV is and how to treat a child. He is getting ARVs [antiretroviral drugs] and I make sure he takes his medicine. At Laastehoop, Mokgala visits a family caring for a five-year-old boy whose mother died of an Aids-related illness three months after his birth.

The child lives with his grandmother in a compound housing his extended family. During this week's visit the little boy hugged Mokgala, reciting English rhymes he had learnt at school.

Meanwhile, the South African Depression and Anxiety Group (Sadag) has been distributing a book that has made a positive impact in the rural communities where literacy rates are high.

The book explains how to recognise signs of isolation and depression, where to get help and medical care and how to continue living a normal life. It helps counsellors and caregivers identify mental illnesses such as depression, anxiety and suicidal tendencies among themselves and their patients.

~During our rural outreach work, we found that 89 percent of home-based care workers working with HIV-positive and Aids patients were depressed. Because of that we were losing them very quickly to stress and burnout, says Zane Wilson, the Sadag founder.

Wilson says Sadag's role is to help volunteers to be empathetic and to understand that their patients could also have mental problems and that they can receive help.

Onica Motsabitsbi, the Sadag co-ordinator, says the stigma of HIV and Aids remains in rural areas. If we can destigmatise it, patients and caregivers will be able to talk more freely about their emotions and feelings. Talking helps them to deal with it. Many of the homebased care workers we work with end up ill themselves, she says.

Home-based careworker Emily Maake, with Henrietta, one of the HIV-positive women she cares for in Laastehoop village near Polokwane PHOTOGRAPH: TJ LEMON