



Children's Rights Centre

June 2010

Briefs & Bytes on Children's Rights

World Cup—what legacy for children?

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**OUR 2010
THEME:
CHILD SAFETY
&
PROTECTION**

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'KEEP AN EYE ON THE BALL – KEEP AN EYE ON THE CHILD!'

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This message provides a focus to take forward in the months and years to come! Children's safety is primarily the responsibility of the adults in their lives.

Tips for keeping children safe in crowded events:

1. Children of different ages need different safety plans. The younger the child, the more responsibility there is on adults to anticipate and protect against harm.
2. Keep them in tow—holding hands or linking arms or holding onto a belt, especially younger children.
3. Give older children a check-point where you will meet if separated.
4. Practise in role-play with younger children how they would ask for help if lost—note that the safest person to ask for help is a 'granny' figure—but point out safety-patrols if they are present. Do they know their full name and telephone number?
5. Cell-phones can be useful for tracking children, but should not be flaunted!
6. If there is a stampede or crush, lift children onto your shoulders so that they will not be trampled. Ask other adults to help keep them safely off the ground.
7. Practise with children, in role play, what to do if someone grabs at you—drop onto the ground and kick and scream! Make this fun so as not to raise anxiety in a child.

COPING WITH DISAPPOINTMENT

Writing this the day after South Africa lost to Uruguay, it comes to me that one of the lessons to be learnt and carried forward, is how to cope with disappointment! Talking to children about feeling sad can help them to build resilience, and they can learn to be loyal to their team, family, friends even when they 'fail'!

CELEBRATE DIVERSITY—IT'S A SMALL WORLD, AFTER ALL

Encourage children to continue to be interested in the soccer teams and the countries they represent. Use the World Cup to help break down xenophobia and racism. Learn more about the country the teams represent. Go to the library and find out about the lives of the children in that country.

ENCOURAGE FITNESS AND ACTIVE PLAY

Did you know that there are more OBESE children in South Africa than there are severely malnourished? Being overweight brings with it a legacy of ill-health in adulthood that we can well do without! Use the World Cup to encourage healthy eating and plenty of exercise in children (and adults, too, for that matter!)

Give children a chance to play! Have 2 to 3 days a week with NO TELEVISION OR ELECTRONIC GAMES! Rather play games as a family.

CONTINUE WITH HOLIDAY PROGRAMMES

Please let us know of your experiences with holiday programmes this June and July. Will you continue to run them during other school holidays?

Briefs & Bytes on Children's Rights

A CHILD'S RIGHT TO PROTECTION IN THE HOME – no spanking!

It is a sad fact that most cases of child abuse occur at home and the perpetrator is known to the child. While we most often think of abuse as sexual, but – more prevalently – abuse takes the form of physical violence against children, masked as discipline. These violations of children's rights are linked with a general tolerance of violence against children – and women too!

A new study on effects of physical punishment in the home should make parents and caregivers sit up and take notice!

Professor Catherine Taylor, of Tulane University, led a research team in a study of nearly 2,500 children, looking at factors that might lead them to be aggressive by age 5. They looked at a large number of issues affecting the mother, such as depression, alcohol and drug use, spousal abuse and whether the pregnancy was planned or not. All of these can contribute to a child's level of aggression, but spanking stood out from the rest as a clear predictor of aggression in the child concerned. A child who had been spanked more than twice in the month before the test was 50% as likely to be more aggressive than a child of similar temperament, in similar circumstances, who had not been spanked.

The study: Long-Term Effects of Spanking provides the strongest evidence yet that children's short-term response to spanking may make them act out more in the long run.

Of the nearly 2,500 youngsters in the study, those who were spanked more frequently at age 3 were much more likely to be aggressive by age 5. Spanking was a strong predictor of violent behaviour. "The odds of a child being more aggressive at age 5 increased by 50% if he had been spanked more than twice in the month before the study began," says Taylor, and "it's not just that children who are more aggressive are more likely to be spanked." 'As 5-year-olds, the children who had been spanked were more likely than the non-spanked to be defiant, demand immediate satisfaction of their wants and needs, become frustrated easily, have temper tantrums and lash out physically against other people or animals. The reason for this is likely to be that physical punishment instils fear rather than understanding. A spanking may stop a child's tantrum but it does not teach the child WHY the behaviour is unacceptable. What's more, spanking sets a bad example, teaching children that aggressive behaviour is a solution to a problem. "There is now some nice hard data that can back up clinicians when they share their caution with parents against using corporal punishment," says Dr. Jayne Singer, clinical director of the child and parent program at Children's Hospital Boston, who was not involved with the Tulane study. The American Academy of Pediatrics (AAP) does not endorse spanking under any circumstance. It's a form of punishment that becomes less effective with repeated use, according to the AAP; it also makes discipline more difficult as the child outgrows it.

Instead of spanking, the AAP recommends time-outs, which typically involve denying the child any interaction, positive or negative, for a specified period of time. These quiet moments provide children with a context to calm down and think about their emotions rather than acting on them reflexively.

After all, the goal of punishment is to get children to understand not just that they did something wrong but also what motivated them to do it. '

(Adapted from an article by Alice Park, Time Magazine, 3 May 2010)

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JOIN the KICK TB 2010 Campaign—the child's right to health

Fact: Thousands of children are dying from TB every year – and many of these deaths can be avoided by prompt diagnosis and treatment. In this country, 75,000 children die before the age of five, and health experts believe that about six percent of these deaths are due to TB—over 4,000 unnecessary deaths! In 2008 across the world, there were about 42,900 new TB cases in children under 4 years of age. (www.GlobalHealthFacts.org).

'Kick TB 2010' uses the soccer ball with health messages to raise awareness about TB/HIV particularly among school children. It was launched internationally in Cancun, Mexico and South Africa has joined the international team with an initiative by the Department of Health with the distribution of TB/HIV awareness raising soccer balls to 115,000 learners across all 9 provinces. (www.dev.tbsouthafrica.org/). You can promote play rights by making soccer balls with children.

We all need to

Tell everyone that co-infections of HIV and TB can be cured!

Prevent spread of TB

- Open windows in homes, clinics, buses, offices, classrooms to allow fresh air to circulate
- Wash hands often with soap and water
- Protect other people from getting infected by covering your mouth and nose when you cough or sneeze – and don't spit in public places!

Treat TB/HIV

- Be aware of TB symptoms and get treatment yourself – encourage others to get treatment – take children for treatment
- If infected with TB, take medication daily and ***complete the whole treatment course***

Learn the signs and symptoms of TB in Adults

- A cough for longer than 2 weeks
- Chest pains
- Tiredness and weakness of the body
- Loss of appetite and weight
- Night sweats, even when it is cold
- Coughing up blood

Learn the symptoms of TB in children?

Children may have the usual symptoms of TB such as coughing and night sweats. Many will also have trouble gaining weight. Failure to gain weight is a good reason to suspect TB. Children with TB may also wheeze or have enlarged lymph glands that are not painful. Another sign is a fever, especially if it lasts for more than seven days.

When children develop extra-pulmonary TB (this is TB outside the lungs), they may have symptoms such as swollen lymph glands and skin rashes.

TB meningitis

TB meningitis is a very serious form of TB that often affects children and HIV-positive adults. If not diagnosed and treated right away, it can develop quickly and have very serious effects like blindness, delayed development or even death. Signs of TB meningitis include headache, enlarged liver and spleen, convulsions, drowsiness, irritability, neck pain and trouble breathing.

Children are especially vulnerable to TB, because their immune systems are still developing, and if they are living with HIV they are extremely vulnerable to infections such as TB.

TB and HIV

TB and HIV are two different infections, but together they are the leading cause of death in South Africa. If children are living with HIV, they often have TB as well – 40-50% of children with HIV also have had a TB infection at least once in their lives. This makes TB diagnosis even more difficult, because other opportunistic infections may confuse the diagnosis.

TB treatment and anti-retroviral treatment (ART)

It is important that children with suspected TB be taken for treatment immediately, and that the treatment is carefully managed. Patients infected with both HIV and TB need special care because treatment can become complicated by drug-interactions between ARVs and Rifampicin – the usual TB antibiotic. There can also be problems because of the large number of pills to be taken, because of doubled adherence problems and also the drug toxicity (bad side effects).

Children with TB are usually given the same TB treatment regimen as adults. The drugs are safe for children and usually well tolerated. Most TB drugs are not available as syrups, so tablets are usually divided according to a child's weight. The tablets are crushed and added to the child's food.

TB is treated with antibiotics, and patients soon feel much better. But unless the treatment is continued for the full period – 180 days, usually – there are still bacteria in their bodies and the TB can start up again. This can lead to the emergence of drug-resistant forms of TB (MDR = multi-drug resistant and X-DR = extremely drug resistant).

Prevention of TB in children

Children usually get TB from adults who have active TB and are contagious. Children should be tested for TB if they are in the care of an adult who has been diagnosed and treated for TB, or live with an adult who has tested positive for TB.

A child has a very high risk of getting TB if he or she is less than five years old and living with an adult who has TB. Any child in this situation should be given medicine that stop TB developing (Isoniazid treatment). This is especially important for HIV-positive children, as they have an even greater risk of becoming infected with TB. Health workers need to follow up on TB patients to see if children are at risk in the households where they live.

Tracking infection: if a child younger than five years old has TB, it is likely that that child lives with someone who has active TB. It is important to find out where a child's infection came from so that the adult can also be treated for TB and other children kept safe.

What needs to be done to improve diagnosis, care and treatment?

- Primary health workers in all hospitals and clinics need to be trained to diagnose and treat childhood TB.
- A patient-centred approach to TB is needed so that all patients are helped and supported in their homes by health workers and by family members. This helps them to take their medicines regularly and for as long as necessary, even if there are unpleasant side effects.
- A decentralised approach is also needed so that caregivers outside urban areas do not have to take children to a hospital for treatment and care, but can access medical help at their local clinic.
- Communities need to encourage members to know their HIV status and get treated.