

APPENDICES

APPENDIX 1:

LETTER TO MPEKI: “LEARNING ABOUT CARING AND SURVIVAL”

Dear Mpeki,

I would like to thank you for being a co-researcher in this project and for the difference you are making through the caring you so freely give to the community of Atteridgeville.

As I was reading your story last night, I pondered on a few things. I wonder if I understand you correctly. It seems as if you were scared and afraid of AIDS and Care at the beginning, but that Care became your friend after a while. You wrote: “ ... being involved made me helpful to others, I feel so strong of helping people to know about the virus.” Did “learning of caring” for D and her family make you stronger than before you knew them?

Do you think you were trusted because the family needed someone to talk to and there was no one? What about the home-based care programs and the church that visited the family? Why do you think couldn't the family talk to them? You said, and I remember, that Dikelede didn't like Stola because “she sound very harsh.” Do you think perhaps the church and the people from the home-based care program were also harsh or what else did they do that frightened Dikelede and her family?

You were surprised by the fact that D talked to you about AIDS and was not quiet about it like other people. Do you think she talked to you because you didn't reject her? It seemed as if you treated her with respect (is that the right word) because you realized “it could happen to everyone even myself”.

You were also surprised that the family started treating you like a sister and you never realized how helpful you were? What qualities do you think made you helpful to the family? Was it because you were involved? How were you involved? You wrote about the time “where family members were making gossips about D and it really did get into them,” and “I helped them through to the police and

they felt neglected by the family.” I think you mean you were involved in this way. In what other ways were you involved?

In your story, I read a lot about the importance of family caring. It seems that D’s family didn’t care. Which family members didn’t care? Why do you think family is so important to someone living with AIDS and why do you think did her family did not care?

Your story is a story about learning about care and survival. What did you learn about survival from you experience of caring for D and her family?

Yesterday you shared with me that MaDikelede told you about another family living with a PWA and that she asked you to go and help her. This caring experience seems to have changed you. You say that you are now strong. “Learning of caring and survival” seems to have made you strong. You also talked to N about “the abuses, which she must never let anyone to take advantage of her.” Do you think that you would have been able to talk to Nora about the abuses before the caring experience with Dikelede and her family?

Do you think now, after you have learned about caring and survival, that you have the power to visit this newly identified family and to use your newly acquired caring skills to help them?

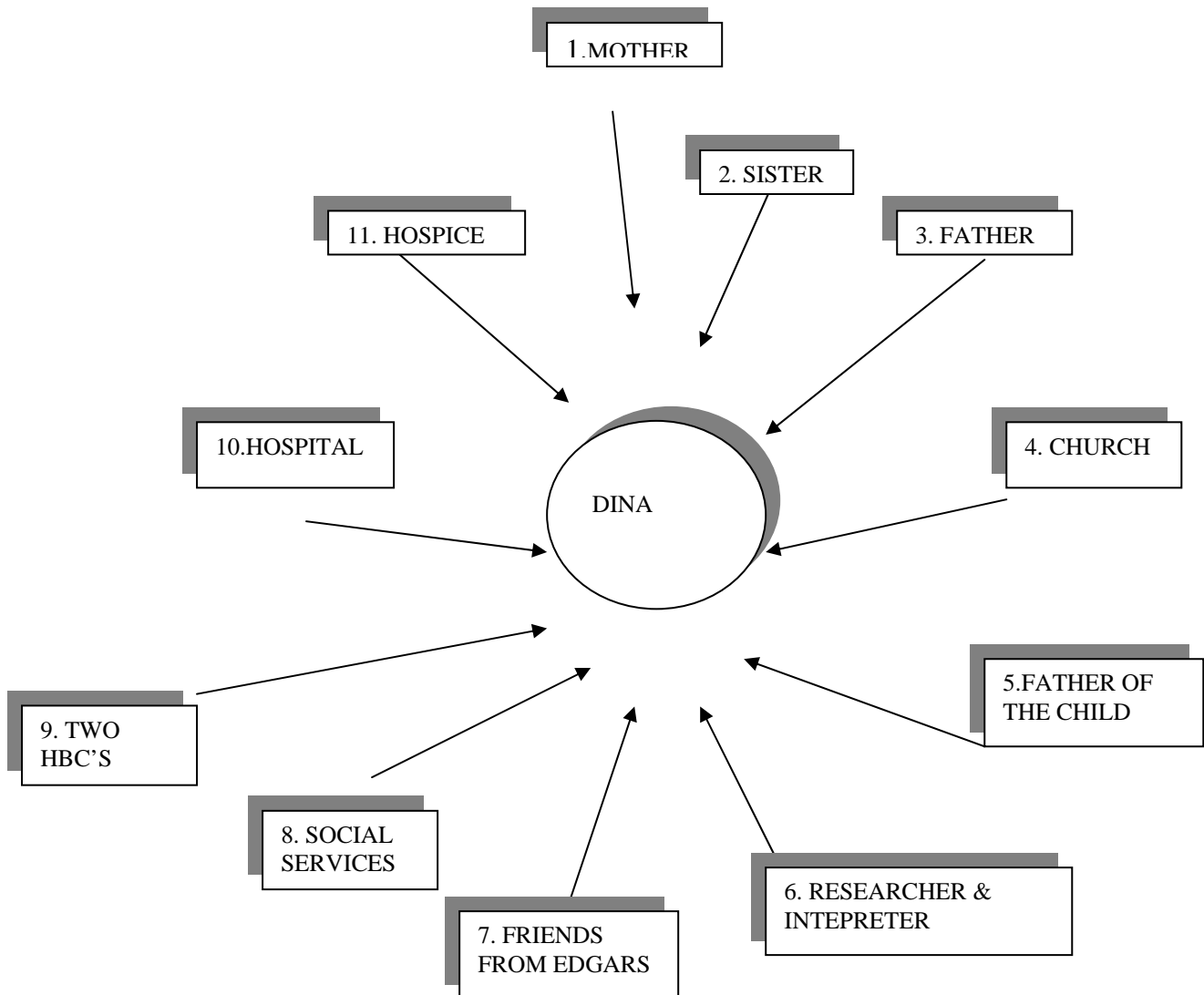
I hope that you wouldn’t mind clarifying all these questions. If you want to add anything that you remember in your answer to me, please do so.

Yours in care

Sunette

APPENDIX 2:

PEOPLE CARING FOR DINA



* Rated in order of meaning contributed ('meaning' constituted as interpreted by sister and mother = primary caregivers)

APPENDIX 3:

TYPE OF CARE PROVIDED, BODY RESPONSIBLE AND FREQUENCY OF CARE

| BODY RESPONSIBLE | TYPE OF CARE | FREQUENCY |
|-----------------------------|---|--|
| 1. MOTHER | Emotional support, washing, cleaning of room, sitting upright; <i>caring for six year old granddaughter</i> | Once every day, <i>full-time</i> |
| 2. SISTER | Cleaning of soiling, feeding, administering medication | 24 hours |
| 3. FATHER | Purchasing of ZCC medication, food security, <i>visitation</i> | Monthly <i>Holidays</i> |
| 4. ZCC CHURCH | Prayer, singing | Once a week |
| 5. FATHER OF CHILD | Visitation, money for child for shoes | Quarterly |
| 6. RESEARCHER & INTERPRETER | Visitation, presence, emotional support, <i>transport to access grant, food security</i> | Once a week for 7 weeks until death <i>Once off</i> |
| 7. FRIENDS FROM EDGARS | Visitation, emotional support | Monthly |
| 8. SOCIAL SERVICES | Child support grant | Monthly |
| 9. 2 HBC PROGRAMS | Visitation, administering of medication, palliative care | 2-3 times p/week, sporadic after a while |
| 10. KALAFONG HOSPITAL | Provision of Medication | Monthly? |
| 11. HOSPICE | Hospice Care | 3 days |

APPENDIX 4:

EXTRACTS FROM MY RESEARCH DIARY

I Finding Co-researchers

I phoned Mpeki, the childcare team leader of Heartbeat, early in January to establish if she knew women living with HIV/Aids. She confirmed that she did. I therefore made an appointment to meet with her on the 16th of January as to discuss the project...

Mpeki phoned on the 20th explaining that she wanted my advice. The husbands of the women were also interested in the project. I explained to her again that the project was only for women and she said that she understood, but what would we do with the men? Also I would not be able to conduct group sessions as planned, as the women living with the virus were too ill to walk to the church from where I wanted to conduct the focus groups... I brought the Heartbeat orphan care coordinator with as to identify their needs [the men's] to see if we could perhaps facilitate a support group [for them].

I asked Constance how she would like me to address her as she is much older than myself. She wanted me to call her Mama Constance... Her husband, Albert, leaned over to read the information on the consent form...

We discussed the details of my next visit on the 31st of January. She explained that it would be difficult for her to reach the centre, because she doesn't have money for a taxi to travel from the informal settlement where she stays to the church where she had our meeting ...

Mpeki and I went to visit Mama Constance. However, after being chased by two stray dogs and driving around for close to an hour, we gave up on ever finding her home. The street numbers are mixed up with more than one street named eight street. Back at the church where her husband was engaged with other activities, we asked him to meet with us next week (the 7th) at the church as to take us to his home. This of course could mean that I would not be provided with the opportunity to talk to her [Mama Constance] alone. I felt should I ask him that permission he would feel

threatened and I didn't want to take the risk at such an early stage ... I was exhausted and only wanted to go home to swim in my pool and to enjoy my lush garden...

We went in search of MamaConstance again ... Sonnyboy [MamaConstance's husband] was nowhere to be found. We turned around and I reached a decision as not to include her. It seemed that her husband thought we would provide him with money and when that didn't happen, he lost his interest. He was also the one reaching decisions on MamaConstance's behalf and I knew this could cause problems. Mpeki said she knew another PWA [a person living with Aids] who was up and walking around. Perhaps we should rather try her ...

II Meeting Dina

Together with Mpeki, we then walked from the church to the home of Dina. It is about 200 metres from the church where we had our meeting. I enquired from Mpeki how she knew Dina. She said it was a friend of one of her friends. So, she is young, I said. It must be very difficult to be young and terminally ill. I wondered out loud how I would react on the news should I be diagnosed as terminally ill. I noticed some men sitting on the sidewalk on their hind's, watching us. We arrived at a very small house ... we entered through the door ... Mpeki went in first and we waited in the room with the brightly covered duvet covers. I heard Mpeki calling Dina softly. She whispered to us that she was asleep... I was not prepared for what I saw. I saw the tiny frame of a body on a double bed. A towel covered half of her legs and her body. The mattress was bare, except for the towel and the diaper on which she laid ... the room smelt different from the pretty one.

... As she tried to make herself comfortable, Mpeki picked up the towel to cover her legs and I noticed that she was naked from the waist down. I realised that she could either not reach the toilet because she was too weak or she had no control of her bowels. Her body was covered with a rash which she constantly scratched while we were talking... She started talking ... she was scared to be alone... she did not stop scratching once ... she was just lying there – she was such a lonely figure, so small on the empty bed ... I have a friend who is living with HIV/Aids for seventeen years now ... he uses antiretroviral treatment because he can afford to buy them. This

young woman, I thought, should also have the opportunity to live. I felt angry when I left Atteridgeville and being late for the meeting, just wasn't so much of a problem ...

III Caring for Dina

I was anxious, to say the least, about the interviews now that the introductions were over – the easy part – scared for long silences, no knowing what to say. I brought Dina the yogurt and the chocolate I promised. She was very pleased ... The two young ones were quite noisy and I struggled to talk to Dina... I was also stressed about the tape recorder, hoping it would work ... I turned it on what I thought was full volume. However, I could hear everything and that was a consolation. A few things surprised me. I assumed she had no visitors and found out her mother who stays in the informal settlement visits her every day to wash her ... I found her dad buys her medicine ... in the last three months she estimated he bought her one thousand rand of medicine.

Dina said the clinic nurse said she had scabies ...for the first time it dawned on me that I was exposed to disease ...

The nurse said that one that doesn't use her medicines, because she belongs to the ZCC ...I was quite surprised ... I wouldn't have thought that her religious affiliation had anything to do with her not using the medicine.

Her mom gave me the medication she was using - some pills I recognised as panado – the pills were all mixed in a small medical plastic bag. I wrote down the names and decided to enquire from my nurse friend about the nature and effects of the medicines. Perhaps it was not scabies but a rash?

One thing that stood out from the interview was Dina's question whether she would be able to walk again. She said she would like that and she would also like to be able to care for herself – to do things for herself.

When I saw Dina today ... her room smelled very badly. I started feeling nauseas but tried to put my mind on Dina and our conversation. I didn't want to touch anything as I was afraid for infections myself ... this was a difficult conversation and the translator talked a lot ...

We talked about the picture in her room above the bed. In the room adjacent was a picture of the ZCC leader, pastor Lekganyane.

Dina said she hated sister Nana. Apparently, when she saw the mixture she was drinking, which the church gave her, she walked out. Why was she so angry, Dina asked. I enquired about the mixture ... it could cure you if you believed in it.

She asked us to leave and I could sense her unease about the many questions. Next time, I would ask less and listen to whatever she wants to talk about, I decided...

Today, Dina wanted me to see her bedsores. I explained that I did see it when her mother was washing her (I couldn't stand the thought of looking at it again). I said I liked it when the window was open because I like the fresh air. We talked about sunglasses and laughed at Mpeki's glasses.

IV The Visit to the Grants Offices

First, Dina had to be dressed by her mom, before we could take her. Mpeki and I went outside to give her mom chance to dress her. They I saw the uncle. He had the same features as Dina and Dina's mother – the same big eyes. His Opel which seemed to be in a good shape was parked in the driveway. I asked Noluthando why he didn't take Dina to collect her grant and she replied that he doesn't allow AIDS in his car. I was shocked to say the least.

He had to remove his car so that I could get in mine (I sensed the hostility from his side as he did not even attempt to greet either Mpeki or myself.) He removed the car. Dina's mom came out and told Noluthando to fetch the uncle. Noluthando walked up the street and when I peeped round the gate to see where she was going, I saw that the uncle was way up in the street. He came back with Noluthando. MamaDina gave me a towel to put on the back seat. I assumed it was because she had no control over her bladder and bowels anymore. Noluthando and the uncle lifted Dina into the car. She seemed heavy. So off we went to the offices.

A market was operating from across the offices and everyone seemed to be eating something. I stopped in front of the gate where a heavily armed guard was standing. I

notices that there were only three cars parked in the parking lot inside the fenced of building and took my chance trying to get in. The guard stuttered a little bit when I asked why I cannot part inside because, I explained, I had a very sick lady in the car. He told me that I could park outside the gate and then take a wheelchair with her inside. I thought of the humiliation of lifting Dina in front of this busy market place into a wheelchair. A man appeared with a wheelchair (he must be wheeling people in and out the whole day) and lifted her roughly (but I suppose it is difficult because she seems so heavy despite her slight frame) into the wheelchair. Noluthando helped.

I walked with Noluthando and Dina. Eyes pierced our backs. The workers at the payout point explained that the people at the Welfare Offices had a backlog and therefore Dina's fingerprints has not yet been cleared so that her sister can access the grant on her behalf. She will have to come back again next month. I felt terribly frustrated ... So back we journeyed again to the car parked in front of the market place – again eyes staring at us. Someone even tried to sell me refuse bags – I felt like strangling him. Other people were eating while staring at the open sores on Dina's legs. How could you possibly just carry on with life as normal?

When I opened the back door, I noticed that the towel had spots of blood and puss on it. The man who assisted us the first time appeared again. He seemed in a hurry and grabbed Dina. The next moment she was screaming. Now everyone left whatever they were doing and stared at us. I rushed to the door and opened it as well as she was half in and half out of the car. I realised she must be in terrible pain. The man managed her legs into the car and she curled into a foetus position. There were tears on her cheek. Noluthando didn't show any emotions. I started crying ...

V The Reflective Group

I visited a home-based care group ... they agreed to participate in group discussions every second week ...

Although the caregiver agreed to talk to me today, no one turned up. I was disappointed and have really looked forward to the session. I planned to reflect on a theme identified through my conversations with Dina ... the influence of religious beliefs on care and/or the lack of care.

Nine people attended today's meeting. They were representative of two home-based care organisations. I introduced myself once more to the group and explained the aim of my research. I asked whether they had any questions on which I did not receive any answers ... Maria was caring for four women living with HIV/AIDS. She told the group about one woman who realised that she was HIV positive after giving birth. Her family is drunkards. She is very sick and in Kalafong hospital. Her baby is with her grandmother. When Maria started visiting her, she was already bedridden. Maria said she got hope with the visits but then she got sick again. The patient hasn't told the family of her status, because the family is always fighting ...

Mieliescent said the doctors gave her sister money for transport to the hospital and back and they gave her food parcels. Maria tells another story. You have to pay R13 at the hospital before they give you medicine. Maria said the way they hand over results and approach patients were not acceptable. They don't do counselling. They tell you your blood is filthy and direct you to Immunology where you receive counselling. When Mieliescent's sister was diagnosed as HIV positive, she did post test counselling at the centre, but she started drinking and smoking and having more boyfriends. She was angry and she didn't want to die alone. She carried her secret with her and didn't tell anyone ...

I then asked the second question: Does people's religious beliefs have an effect on the way they are being cared for. I gave the example of the person I was visiting, telling the group about the mixtures of teas and coffees that she was drinking and that she believes that it helps.

Sonnyboy said the coffees heal. He said he is the perfect example and he was drinking the coffees. Although I was aching to ask him when was the last time he went for a blood test, I refrained from asking. Maria said she didn't believe the coffees heal. She says there are similar beliefs about fish oil. You drink it when you have the flue and it is supposed to heal you. She said the coffee is too strong for your immune system. Mpeki told the group about a priest at the Watchtower Church that tells the story of someone he prayed for that was HIV positive and that person is now negative through praying ... Mpeki wants to know why God punishes children that they are born HIV positive. Someone in the group said God was punishing the kids for the sins of their fathers. Maria said God never wanted sex and HIV is a way of punishment ... The group asked me how to I feel since I was a dominee. I told them that I believe God is a God of love and doesn't want to see us sick. We live in a world

of germs and viruses that can kill us, such as the HI virus. Maria says God is taking us one by one. HIV is like any other illness. One day it will be cured like leprosy and TB, after a treatment of three months ...

The group says that married women's husbands don't use condoms. Other husbands sleep with their wives knowing they are HIV positive.

I asked the group how they experienced the sessions and they replied that it was good and that they enjoyed it. I thanked them and told them that they were very helpful. I made another appointment for Friday at 10 o'clock on which everyone agreed ...

Today, two additional members joined the group. They both added valuable contributions to the group and I was pleased that they had joined. This was an interesting session. Maria, one of the childcare workers of Heartbeat joined in the discussions and although a bit overpowering in the group, was very helpful – also with the translations.

From the workshops with the other students in the SANPAD group on the 19th and 20th of February, I realised that I would have to get continuous consent from the participants as they can only understand the process as it unfolds. I just wished I didn't have to start explaining all over again at each session because of new members ...

VI Trials and Tribulations

I ... phoned my doctor friend about Dina's condition and especially about the rash and to ask her to give Dina a penicillin injection as my nurse friend suggested ... I was disappointed that my friend did not even suggest to visit Dina as to determine whether she could assist in any way ... This friend of mine does not currently practice medicine but is caring full time for her four year old daughter. Her husband is a radiologist and she feels he earns enough money and therefore she doesn't need to work. They are currently building a house in ... one of the posh estates in the east of Pretoria for a few million. I experienced both anger and frustration.

Next to Dina's home is always a group of men washing and working on a car with loud music playing. I try to ignore them but today I could see the one guy openly

staring at Mpeki and undressing her shamelessly with his eyes. This was quite disturbing to me ... they certainly frightened me. I tried to blend in as much as I could for a white person in a black township ...

APPENDIX 5:**CONSENT FORM FOR PARTICIPANTS/CO-RESEARCHERS**

I have read the Information Sheet concerning the project and understand what this project is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

1. My participation in the project is entirely voluntary;
2. I am free to withdraw from the project at any time without any disadvantage;
3. I am aware of what will happen to all my personal information (including audiotapes) at the conclusion of the project;
4. I will receive no payment or compensation for participating in the study;
5. I am aware that all personal information supplied by me will remain confidential throughout this project.

I am willing to participate in this research project.

(Signature of participant)

(Date)

APPENDIX 6:**INFORMATION SHEET FOR THE CHILD CARE TEAM LEADER: HEARTBEAT*****THE UNTOLD STORIES OF DISADVANTAGED WOMEN INFECTED
AND/OR AFFECTED BY HIV/AIDS ABOUT CARE AND/OR THE LACK OF
CARE***

Thank you for your interest in this research project. The research project will be used to fulfil the requirements for a PhD dissertation in Practical Theology. This letter is designed to provide you with information on the nature and purpose of this project.

WHAT ARE THE AIMS OF THE PROJECT?

The main aim of the project is to reach a holistic understanding of the stories of women in previously disadvantaged communities, infected and affected by HIV/Aids, about their experiences of care and/or the lack of care.

The two secondary aims are (a) to research alternative ways and means of making the unheard stories known in South African society and (b) to disseminate research findings on the stories of women in such a way that developmental policies could be influenced to enhance alternative, holistic stories of care in the South African society.

WHAT IS YOUR ROLE IN THE PROJECT?

Firstly, you indicated to me during our telephonic conversation on the 15th of January that you know some women who might fit the description of the 'research participants'. You would be of tremendous help to the project, should you approach the potential participants with the information sheets provided to you and explain the content in their language of origin.

As I would like to answer any questions that the research participants might have in person, it would be tremendous if you could convene an information session with them within the next week and notify me of the date, time and venue.

Secondly, I wish to 'listen' to the stories of these women as they narrate them in their own language. Therefore, I am in need of a translator to assist me. This will encompass attending all the group sessions, narrating stories into English, and also the translation of written documents from the African language into English.

WHAT TYPE OF PARTICIPANTS ARE BEING SOUGHT?

A group of six to eight women infected/affected by HIV/AIDS above 18 years of age will be included in this research project. These women might either be living with HIV/AIDS, they might be caring for a relative infected/affected by HIV/AIDS or they might fit both criteria. No specific criteria regarding religion will be applied.

WHAT WILL PARTICIPANTS BE ASKED TO DO?

The participants will be asked to give consent for participating in the project and to use the information obtained during our group sessions in the research project. Should they decide to take part in the project they will be asked to participate in the group sessions over a period of six months (January 2003 – June 2003), read summaries of the group sessions or listen to summaries being read of the group sessions, and make comments, corrections and/or provide feedback regarding the summary.

Storytelling will be used, as meaning-creating and also as method of reporting the issues identified by them.

Should they decide not to take part in this project after reading the information sheet they will not be disadvantaged in any way.

CAN THE PARTICIPANTS CHANGE THEIR MIND AND WITHDRAW FROM THE PROJECT?

The participants are free to withdraw from the research project. There will be no prejudicial consequences at all for them.

WHAT INFORMATION WILL BE COLLECTED AND WHAT USE WILL BE MADE OF IT?

The information obtained during the group sessions will be discussed with my supervisor and used in the project to describe the process and development. With their prior consent, these sessions may be audiotaped. A summary of our sessions will be made available at the conclusion of the group sessions for their review. Their comments, corrections and/or feedback will be included in the final report.

Results of this project may be published but any data included will in no way be linked to any specific participant.

You are most welcome to request a copy of the results of the project should you wish.

The information collected will be securely stored and only my supervisor and myself will have access to it. At the end of the project any personal information will be destroyed immediately.

WHAT IF YOU HAVE ANY QUESTIONS?

Should you have any questions or concerns regarding this project, please do not hesitate to contact:

Sunette Pienaar
Phone: (012) 807 4528

or

Prof Julian Müller
Phone: (012) 420 2669

APPENDIX 7:**INFORMATION SHEET FOR THE PARTICIPANTS/CO-RESEARCHERS*****THE UNTOLD STORIES OF DISADVANTAGED WOMEN INFECTED
AND/OR AFFECTED BY HIV/AIDS STUDY ABOUT CARE AND/OR THE
LACK OF CARE***

Thank you for your interest in this research project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part there will be no disadvantage to you of any kind. Thank you for considering our request.

WHAT ARE THE AIMS OF THIS PROJECT?

This project is being undertaken to fulfil the requirements for a PhD in Practical Theology at the University of Pretoria. The main aim of this project is to reach a holistic understanding of the unheard stories of women in previously disadvantaged communities, infected and/or affected by HIV/AIDS, about their experiences of care and/or the lack of care.

The two secondary aims are (a) to explore alternative ways and means of making the unheard stories known in South African society and (b) to disseminate findings on the untold stories of women in such a way that developmental policies could be influenced to enhance alternative, holistic stories of care in South Africa.

WHAT TYPE OF PARTICIPANTS ARE BEING SOUGHT?

A group of six to eight women infected/affected by HIV/Aids above 18 years of age will be included in this research project. No specific criteria regarding religion will be applied.

WHAT WILL PARTICIPANTS BE ASKED TO DO?

Should you agree to take part in this project, you will be asked to give consent for the information obtained during our group sessions to be used in the research project. If you decide to take part in the project you will be asked to participate in the group sessions over a period of six months (January 2003 – June 2003) , read summaries of the group sessions or listen to summaries being read of the group sessions, and make comments, corrections and/or provide feedback regarding the summary.

Storytelling will be used, as meaning-creating and also as method of reporting the issues identified by you.

Please be aware that you may decide not to take part in this project without disadvantage to yourself of any kind.

CAN PARTICIPANTS CHANGE THEIR MIND AND WITHDRAW FROM THE PROJECT?

You are free to withdraw from the research project. There will be no prejudicial consequences at all for you.

WHAT INFORMATION WILL BE COLLECTED AND WHAT USE WILL BE MADE OF IT?

The information obtained during group sessions will be discussed with my supervisor and used in the project to describe the process and development. With your prior consent, these sessions may be audiotaped. A summary of our sessions will be made available at the conclusion of the group sessions for your review. Your comments, corrections and/or feedback will be included in the final report.

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APPENDIX 8:**TALK AT THE SOWETAN WOMEN'S CLUB – OCTOBER 2003****I AM AN AFRICAN WOMAN**

Do you know me? Do you know where I come from and what I have become? Do you know my tears and my laughter? Do you know my mother and my father, my brother, my sister, my husband, my children?

Do I know you? Do I have any idea who you are and where you come from? Do I understand anything of your tears and your laughter? What do I know about your family and your friends, about your husband and your children? About your sadness and your joy? About your hope and your struggles?

Nothing. You are right, you don't know me and I don't know you. Most of us don't know each other. You could greet the woman next to you. She could greet you back, but you still don't know her? You still don't know what goes on in her life?

But you and me, we have something in common. Something astonishing. Something wonderful. Close your eyes ... and feel the spirit ... Do you see the African sun rising in the east and setting in the west? Do you feel the African wind blowing through your face? Do you hear the African rain dancing on your rooftop? Do you feel the fear when the African lion roars? Do you see the mountains? Do you hear the African sea? What do you feel? Is there something alive in you, is something moving ... beating ...?

You know what that something is? That beat, that rhythm, that passion, that something that we all have in common? It is Africa. Africa runs in our veins. Africa can never be pulled out of our bodies, out of our hearts, because we are Africa. We are alive with Africa. Africa beats in our bodies and in our hearts.

My heart and your heart are eternally African. Everything we know comes from Africa. Everything we love. This continent gave birth to you and me. But we are not only Africans. We are also all women. We are African women. Although we don't look alike, Africa gave birth to all of us, and therefore we are her daughters and that

makes us sisters. We are strong, we are powerful. We are one of the strongest people in the world, among the most powerful in the world, we are African women, and nothing bows us.

But we are not only African women, we are South African women. We have survived against all odds. I honour my sisters and my mothers who fought for freedom in this country. Women are the unsung heroes of many a liberation struggle that rid South Africa of the galling yoke of colonialism and oppression. Without such women, victory would have been impossible (Mark Mathabane: Women:Three generations).

Thank you to all the gogo's and mamas of this country, thank you. Because of your pain, I have the opportunity to live in a free, democratic country.

But wait, how free are we really? What is that figure hiding in the dark. Show your face! O but wait, there's more than one figure ... Now I see them: Poverty, Crime and Aids. Hiding away, silently killing our people. It creeps out of the shade, and grabs you by the neck or stabs you in the back. Just when we were celebrating our little baby democracy, the ugly triplets appear, trying to kill the baby that South Africa gave birth to. Will they succeed?

Who are those women that I see standing tall. They are still strong, they are still fighting ... Now they are not fighting against the old oppressions anymore, they are fighting against the ugly triplets: Poverty, Crime and Aids. They are protecting their children. "Mme utsoxa tipa kabo kgali", which means, "A mother holds the knife even on the sharp side". They are us.

We, African women can't let go. Not now. We have come too long a way. Africa has rewarded us with a passion found in few other places, a never-ending sense of hope and a spirit that is prepared to acknowledge wrongs and change ... Let us put this passion to work. Let us fight the triplets: Poverty, Crime and Aids. Let us stand up and speak out against injustice. Let us overcome our differences and fight together with our African spirit to rid South Africa once and for all from this new oppression!

The United Nations says that although women are more than 50% of the world's population, they perform two thirds of the world's work, receive one-tenth of the world's income, and own one-hundredth of the world's property. We will have to put a stop to this. We must fight for the education of our girlchildren.

No longer should we keep quiet. Our Constitution protects our right to freedom of speech. You are a vital part of this country called South Africa. This is your land! Land of your birth, land of your children's children. This is your land – claim it.

Let us not give up. There is hope. Because African women are strong. Let us get educated, let us stop abuse and fight Aids, let us feed our hungry children. I will not give up. This is my country and I will not give up, because the spirit of God will always be with us. I want to send you out with hope, love and peace to fight the spirits of Poverty, Aids and Crime.

I send you out with this creed written by Cathy Makhene:

We believe in God

Who created women and men in God's image,

Who created the world and gave both sexes the care of the earth;

We believe in Jesus,

Child of God, chosen by God, born of a woman, Mary

Who listened to women and stayed in their homes

Who looked for the Kingdom with them,

Who was followed and supported by women disciples;

Who believed in Jesus,

Who discussed theology with a woman at a well,

Who received anointment from a woman at Simon's house

And rebuked the man's guests who scorned her;

We believe in Jesus,

Who healed a woman on the Sabbath

Who spoke of God as a woman seeking a lost coin,

As a woman who swept, seeking the lost;

We believe in Jesus,

Who thought of pregnancy and birth with reverence;

We believe in Jesus

Who appeared first to Mary Magdalene

And sent her with the message “Go and tell”

We believe in the wholeness of God,
In whom there is neither Jew nor Greek, slave nor free,
Female nor male, for we are one in God;

We believe in the Holy Spirit,
As she moves over the waters of creation and over the earth,
The woman Spirit of God, who created us and gave us birth
And covers us with her wings. Amen.