

AIDS PANDEMIC — STILL TIME TO PREPARE FOR THE ORPHAN TIDE

South Africa's first household sampling of HIV/AIDS prevalence among children shows that 45% of the children surveyed live in homes where there is not enough money for food and clothing.

Between 0.5% and 1.5% of the households are likely to be headed by children between 12 and 18 years old, while 10% of all the country's children are likely to have lost at least one parent by the time they are 9.

These are among the sobering findings made by researchers who

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interviewed 3 988 children and teenagers in a sample taken across all 9 provinces representative of racial diversity and settlement type.

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Presenting the findings at the 2nd African Conference on Social Aspects of HIV/AIDS Research in Cape Town on 12 May 2004, Dr Olive Shisana, the HSRC's executive director of the social aspects of HIV/AIDS and health research programme said the worst was yet to come. This was because the mortality curve of the pandemic had yet to peak. The data show that 3.3% of the children were orphans who lost a mother.

One of Shisana's co-researchers, Dr Heather Brookes, said that although there was much anecdotal reportage of

orphans in need and at risk, there was as yet no statistical confirmation of this.

This indicated that there was still time to anticipate and prepare for a substantial increase in orphans in the near future.

'There's not much time, but we're not seeing the full brunt of it yet and so we can do something about it,' she said.

Community-based support for orphans should be the main focus, given the negative impact of institutionalisation on children.

The study still needed to probe data on children not living with a biological parent.



*HSRC researcher,
Dr Heather Brookes.*



By the time they are nine years old, 10% of South Africa's children will have lost at least one parent to HIV/AIDS.

Previous studies had shown fostering to have more than doubled from 6.7% to 15% between 1995 and 1998.

Shisana said children ran a much greater risk of contracting the disease than they had suspected.

The survey revealed an HIV-positive prevalence of 6.7% among children in the 2 - 9 age group and a figure of 4.7% in the 10 - 14 age group, the former described by Brookes as 'raising more questions than it answers'.

Brookes said there were 3 possible reasons for such a high prevalence among such young children. The first was that HIV-positive-born children might be surviving longer than expected, the second was nosocomial infections and the third sexual abuse.

Children 11 years and younger were not asked about sexual debut and experience and very few children aged

12 - 14 years reported having had sexual experience.

The researchers freely admit that improved methods of assessing sexual behaviour in children need to be developed because of the significant role it might play in HIV transmission.

One of the bigger red flags waved by the survey is that 32% of the children (or their guardians) interviewed reported being exposed to someone in their home and neighbourhood who was drunk at least once a month.

Another key finding was that parental communication with boys on sex, sexual abuse and HIV/AIDS was significantly lower than with girls.

Brookes said the difficulty in quantifying sexual abuse was that

researchers could not ask about it for ethical reasons and had a legal duty to report it.

'One of our recommendations is to make schools, families and communities aware of protecting kids from sexual abuse. It's very obvious that children are not being adequately monitored,' she observed.

The survey found that 12.7% of households with at least 1 child in the 2 - 14 age group ran businesses from home — such as spaza shops and taverns.

The vital importance of parents educating their children emerged as one of the team's key recommendations to their commissioners, the Nelson Mandela Children's Fund and the Nelson Mandela Foundation.

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sex, sexual abuse and HIV/AIDS was significantly lower than with girls.

Children whose parents talked to them about HIV/AIDS had more accurate knowledge about the disease than those children whose parents had not.

The objective of the study was to determine the HIV prevalence among South African children and identify social and community risk factors that predisposed children to HIV infection.

It also sought to determine the number of orphans and child-headed households to assist in proper planning and intervention and to

assess children's knowledge of HIV/AIDS prevention.

Besides mother-to-child infections of HIV/AIDS, the study identified three components that make children vulnerable to HIV infection: unsafe environments, a lack of care and protection of children, and a lack of knowledge and communication about sex and HIV/AIDS.

Of the total sample, 3 294 individuals (82.6%) provided an oral fluid specimen for HIV testing. Caregivers answered questionnaires on behalf of the 2 138 children in the 2 - 11 age group. In the 12 - 14 age group, 740 children answered a separate questionnaire, and in the 15 - 18 age group, 1 110 teenagers answered a youth questionnaire.

Unsurprisingly, the survey showed that children who have a higher risk of getting HIV/AIDS are black.

Five per cent of children had lost a parent by the time they were 14.

Chris Bateman