



## **CHILD PROTECTION WEEK 2003: FACT SHEET NR 3: CHILDREN AND HIV/AIDS**

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One of the greatest threats to the realisation of child rights in South Africa and, more broadly, in Sub Saharan Africa, is the HIV/AIDS pandemic. According to a report released by the Centre for Actuarial Research at the University of Cape Town<sup>1</sup>:

- Approximately 6.5 million people in South Africa are estimated to be HIV-positive, including 3.2 million women of childbearing age (15 to 49).
- For every young man between the ages of 15 and 24 years who is infected with HIV, 4 young women are infected.
- Approximately 75% of HIV-infected people in South Africa are in stages 1 and 2 of disease progression i.e. they have not yet developed symptoms and many do not know their status.
- As of July 2002, around 700 000 people in South Africa had died of AIDS, with about 1 out of 3 of these deaths occurring in Kwazulu-Natal.

*The illness and death of adults as a result of HIV/AIDS has a profound impact on the survival, development and protection of children in South Africa.*

### **Children infected with HIV**

- Between 1 January 2002 and 31 December 2002, 89 000 children (around 7.5% of the total number of children born during this period) were infected with HIV as a result of being born to an HIV-positive mother<sup>1</sup>.
- Without access to health care services that can prevent the transmission of HIV/AIDS from mother to child, the cumulative number of HIV-infected children in South Africa will continue to grow.
- Without access to the necessary basic health care services and support, most of these children will require repeated and prolonged hospital admissions (placing a massive burden on health facilities) and will die before their 5<sup>th</sup> birthday.

*Improved health service delivery to HIV-positive children is urgently needed as part of a comprehensive national treatment plan.*

### **Children experiencing orphanhood**

Last year alone, about 150 000 children lost a mother to AIDS. In the absence of any major new health intervention, close to 2 million children in South Africa will lose a mother by 2010 (the vast majority of them to AIDS)<sup>1</sup>. These figures do not take into account those children who will lose their fathers or the hundreds of thousands of children living with sick and dying adults.

Research recently completed by the Children's Institute<sup>2</sup> demonstrates some of the multiple vulnerabilities faced by children prior to the death of their caregivers, including the fact that

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<sup>1</sup> Dorrington, R., Bradshaw, D., & Budlender, D. (2002). *HIV/AIDS Profile In The Provinces Of South Africa: Indicators For 2002*. Cape Town: Centre for Actuarial Research, University of Cape Town.

children frequently take on responsibility for caring for sick adults (without access to even the most basic health care supplies), and are unable to concentrate at or attend school because of the difficulties experienced at home. *In short, in the case of HIV/AIDS related illness, children's experiences of orphanhood and their compounded vulnerabilities begin long before the death of a significant adult.*

Furthermore, as a result of the illness or death of adults in HIV-affected households, the earning capacity of the affected household diminishes while at the same time, costs related to health care and funerals escalate. Not surprisingly is that many of the experiences of children who have been orphaned are poverty related – such as an inability to afford school fees and school uniforms, repeated and prolonged experiences of hunger, inadequate housing and poor access to water.

*The Children's Institute therefore supports the call for urgently improved and accessible poverty alleviation mechanisms as part of a comprehensive package of care and support for all children in South Africa.*

### **The young and the very old as caregivers**

Much of the burden of care for children experiencing orphanhood falls on the elderly. A grandmother in northern Kwazulu-Natal describes how she has lost 11 of her 12 adult offspring, most of them to AIDS, “My children were working good jobs! Two of them were teachers, the other one was a nurse...They had gowns [degrees]”, she adds proudly, “I was not struggling at all”. Along with the pension contribution of her two elderly sisters-in-law, she now finds herself responsible for supporting a large household that includes her grandchildren and great-grandchildren, and is also assisting with the financial support of grandchildren who live elsewhere. Research conducted by the Children's Institute shows this to be a typical pattern in heavily HIV/AIDS-affected communities<sup>23</sup>.

The research illustrates further how children frequently assume increased responsibility for providing care and income in households where adult caregivers or breadwinners have died or are dying. *As a result, many children are exposed to exploitative labour practices, increased health risks and reduced opportunities for their own education and development.*

### **The collective impact of HIV/AIDS on communities**

In heavily HIV-affected communities – the majority of which are poor – the impact of HIV/AIDS is felt collectively, placing enormous strain on community structures and formal and informal support systems. Households that previously supported one another, through the sharing of resources and responsibility for care, are now unable to do so as household members fall ill or die as a result of HIV/AIDS. As increasing numbers of households are affected by illness and death, it is inevitable that informal networks of inter-household support – often referred to as the “social safety net” – will be weakened.

*This has an impact on all children, not just those directly affected by HIV/AIDS.*

### **A national response**

Importantly, even in the absence of programmes to prevent the transmission of HIV from mother to child, most children (around 70%) born to HIV-positive mothers are not HIV-positive. Most children who have been orphaned by AIDS are **NOT** HIV-positive.

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2 Giese, S., Meintjes, H., Croke, R., Chamberlain, R., (2003). Health and social services to address the needs of orphans and other vulnerable children in the context of HIV/AIDS in South Africa – Research Report and Recommendations. Cape Town, Children's Institute, University of Cape Town.

<sup>3</sup> Giese, S., Meintjes, H., Proudlock, P. (2002). National Children's Forum on HIV/AIDS –workshop report. Cape Town. Children's Institute, University of Cape Town.

*It is therefore important to move away from the use of terms such as “AIDS orphans” which give the impression that all orphans have AIDS and which increase children’s experiences of stigma and discrimination.*

The staggering figures of AIDS related illness, death and orphanhood are not an inevitability. While there remains no cure for AIDS, there are effective interventions, in the form of:

- Highly Active Antiretroviral Therapy (HAART) to reduce the number of children who are likely to be orphaned,
- And by maintaining the health of HIV-positive adults and enabling them to provide care and guidance to their children for as long as possible.

*The provision of ART in the public sector is a crucial step towards decreasing the number of children who will be made vulnerable as a result of HIV/AIDS.*

The stage of the pandemic in South Africa in 2003 is such that the country is 12 years away from experiencing the peak in the number of orphans. We currently face an equally large and more immediate service need that is often neglected: supporting the large numbers of children currently living with, and often caring for, terminally ill adults and other children.

*Well-grounded strategies and interventions put in place now will lay the foundation for a response that can grow with the size of the orphan population and should strive to appropriately address the needs of children currently living with sick adults.*

The one common denominator among service providers who appear to be most effective in rallying resources and in addressing the needs of vulnerable children is their success in establishing and maintaining collaborative partnerships with other service providers.

*We therefore strongly support the government’s commitment to collaboration and urge the state to learn from positive examples and seek mechanisms, through programme design and resource allocation, to facilitate, encourage and reward approaches to service delivery that foster true collaboration.*

The reliance on the poor (in particular poor women), the very young and the very old to care for and support each other, while at the same time nursing the sick, is increasing and is unsustainable. There is an urgent need for a response that:

- *Makes substantially more financial and professional resources available to ensure the sustainability of the “social safety net” over the full course of the pandemic and its impact on children, the worst of which remains to be felt;*
- *Strengthens and supplements the support systems that are already in place, and makes optimum use of opportunities for the identification and support of vulnerable children through existing formal and informal service delivery; and*
- *Is integrated into a service response to the needs of all vulnerable children in South Africa and grounded within a comprehensive national poverty reduction strategy.*

The Children’s Institute, in collaboration with the National HIV/AIDS Directorate of the Department of Health, has developed a comprehensive set of recommendations for health, education and social development services for addressing the needs of orphans and other vulnerable children in the context of HIV/AIDS in South Africa. To request a copy, please email [sonja@rmh.uct.ac.za](mailto:sonja@rmh.uct.ac.za) or [helenm@rmh.uct.ac.za](mailto:helenm@rmh.uct.ac.za)

**TOMORROW: FACT SHEET NR. 4: CHILD ABUSE AND VIOLENCE**