RESEARCH

Children experiencing orphanhood: The role of the health sector
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Introduction

South Africa has a population of over 50 million, of whom 6.6 million are estimated to be HIV-positive. Of direct significance to children is the fact that an estimated 3.2 million women of childbearing age (15-49) were living with HIV/AIDS in 2001. As a result, between 1 January and 31 December 2002, 210 000 children (around 7.5% of the total number of children born during this period) were infected with HIV, either at birth or through breastfeeding, and 160 000 children lost a mother to AIDS (Dentinger, Boshuizen, & Bucchinell, 2002).

In August 2001 the Children’s Institute was awarded a tender from the National Department of Health to conduct research to inform an intersectoral and co-ordinated national response to children experiencing orphanhood (i.e. children who had been orphaned or who were living in the care of a temporarily caregiver). The research was designed as a multi-site, qualitative research project, based on a model in 9 Provinces.

Information was collected through a combination of child participatory research activities, interviews, focus group discussions and observation. Research participants included children and caregivers from 1 143 households, a range of service providers who contributed to the household well-being and vulnerability, and a number of other people identified as playing an important role in children’s lives in the research sites.

The article presents some of the findings of the research and is an adaptation of the chapter on Health in the full research report (Gregg, Maitzis, Coker & Chambasian, 2003).

Health-related needs of children and their caregivers

Mum pullin is first and foremost on the list of health needs experienced and expressed by children and observed by health workers participating in this study. In every one of the 1 143 households surveyed, hunger was relayed as a primary concern. Health workers substantiated children’s experiences with descriptions of increasing numbers of children presenting with persistent and recurrent, and with accounts of children begging or stealing, and of caregivers pleading with health staff for food.

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The orphaned and vulnerable health needs of children who are surrounded by illness and death are largely unrecognized in the health sector responses. While voluntary counselling and testing and support services for adults were available to varying degrees at the level of the health facility, the research revealed a distinct lack of health services and support for children within the household.

At most of the sites the only palliative care available to terminally ill children was hospital care, and hospital care was limited, with the capacity to accommodate the number of people seeking these services. The responsibility of care for many children was in HIV/AIDS-affected households, we argue that palliative care services for sick adults and children constitute an essential component of a service response to children experiencing orphanhood.

In addition to the need for facility-based palliative care, home-based care and home-based care services are also required. Of the 21 health facilities that participated in the research, health workers at every one expressed the importance of health outreach services, yet less than 10% of the facilities were able to do outreach work. The main reasons cited for the services’ staff capacity and transport. A key component of Government’s response to the impact of HIV/AIDS on children is the provision of financial and professional support and medical supplies to non-governmental organisations operating home-based and community-based care services. In reality, however, the research found very few instances where facility-based health workers were able to make or support the provision of supplies to home-based care, in contrast to other organisations operating home-based care services who commented about the difficulties they experienced in accessing state funding to ensure accessibility, quality and continuity of care. Health facilities need to be more integrated into organisations delivering home- and community-based care services, and financially and professionally support these efforts.

Barriers to health service access

Access to health facilities and within the site. The research found several barriers to health care access more pronounced among children and caregivers living in rural areas. The overcrowding of clinics and hospitals was evident in accounts of people dying while attempting to get to hospital, of children entering clinics with advanced tuberculosis, and of large numbers of children who were not immunized. Surveyed focus groups access and delivery of health services. All health sector health workers said that there had been an increase in the need for health services at primary facilities, with the need for primary health care staff to be better trained, resourced and sensitized to address the health needs of the particular vulnerable group of children.

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