

International Research

Human Sciences Research Council, Cape Town

Presentation to a Panel Discussion on 'What are the

Challenges of a Globalized World? The Role of the

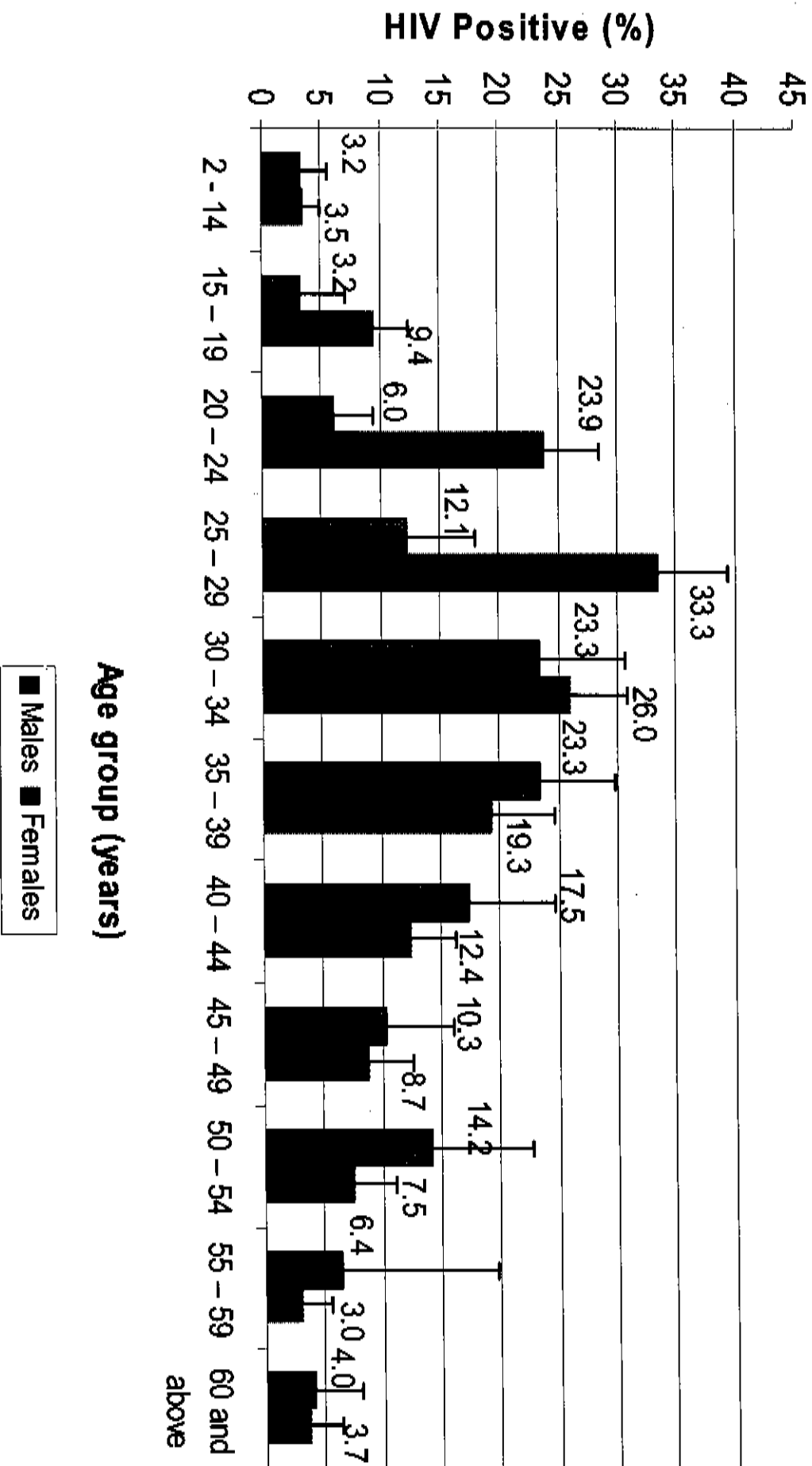
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Outline of the presentation

- **Background**
- **The WK Kellogg foundation's OVC Care Interventions Project**
- **Some of the major findings**
- **Conclusions**
- **Acknowledgements**

Prevalence of HIV by age and sex South Africa 2005



HIV/AIDS Statistics in South Africa in 2005 (UNAIDS, 2006)

II. HIV AND AIDS ESTIMATES

Number of people living with HIV	5 500 000 [4 900 000 - 6 100 000]
Adults aged 15 to 49 HIV prevalence rate	18.8 [16.8 - 20.7%]
Adults aged 15 and over living with HIV	5 300 000 [4 800 000 - 5 800 000]
Women aged 15 and over living with HIV	3 100 000 [2 800 000 - 3 400 000]
Deaths due to AIDS	320 000 [270 000 - 380 000]

GENERALIZED EPIDEMICS

Children aged 0 to 14 living with HIV	240 000 [93 000 - 500 000]
Orphans aged 0 to 17 due to AIDS	1 200 000 [970 000 - 1 400 000]

The WK Kellogg foundation's OVC Care Interventions Project

- **Over the past 5 years our team has been conducting some research on the issue of orphans and vulnerable children (OVC) in several communities in four areas of South Africa:**
 - **Rusterenburg**
 - **Kanana Township in Klerksdorp**
 - **Welkom and Virginia and**
 - **Kopanong Municipality**
- **Both qualitative research and surveys were conducted among OVC aged 6-18 years and their parents/guardians**

Some of the major findings

- **There was a pervasively high level of poverty among the majority of the people living in previously disadvantaged communities which made many children including those who are not orphans vulnerable.**
- **Grandparents especially grandmothers and older children especially girls were taking care of their sick and dying parents with the latter often missing school.**
- **Sick parents and/or guardians rarely discussed the parents health condition with children to prepare them emotionally for their long illness and death.**

Some of the major findings - contd

- **Once the parents die many relatives especially grandmothers many of whom who depend on social grants still continue to absorb a majority of orphans into their families.**
- **Many orphans felt welcome and happy with their newly adoptive families when they were displaced.**
- **They did not receive much help with homework as a substantial proportion of the parents/guardians had had no formal schooling at all thus impacting negatively on the children's school performance.**
- **They also did not communicate much about sexuality, HIV/AIDS and sexual abuse issues thus putting them at risk for HIV infection.**

Some of the major findings - contd

- **Sometimes relatives move in with them in their original households and took care of them there.**
- **A relatively few households were led by older children especially girls who looked after their siblings and whose own school attendance suffered as a result.**
- **There were large numbers of paternal orphans compared to maternal and double orphans in all four areas.**
- **Many children did not know if their fathers were dead or alive.**

Some of the major findings - contd

- Many orphans reported that they often and sometimes had trouble sleeping.
- There is little psychological support provided to orphans.
 - Many reported being still bothered by their parent(s) or guardian(s) death
 - Some reported sometimes/often feeling like killing themselves
- The large majority of OVC felt hopeful about the future especially education.
- The overwhelming majority of OVC were very staunch members of their religious groups

Conclusions

- *Interventions* should begin during the guardian's illness.
 - Preparing parents and guardians to deal with their illness is also important, and should include emotional issues and practical issues (writing a will, and leaving instructions on their children's future welfare).
- *Material support* is a second support tier as young children need the stability of a daily routine of physical containment and nurturance.
- *Legal support* for children not to lose their inheritance and assets is critical.

Conclusions - contd

- ***Micro-finance programmes should target poor communities and OVC caregivers.***
- ***Home-based carers need training in emotional and child development issues, the impact of a terminal illness on children's psyche to assist households to cope with their situation.***
- ***Religious institutions have a large role to play in the protection of children given high levels of religiosity.***

Conclusions - contd

- *Male role models* should be used in training, counseling, mentoring and related programmes to make up for the glaring absent father gap in the OVC lives.
- *Other departments and services* are also essential to assist with developmental infrastructure needed to ensure that suggested programmes are sustained within a supportive community-based environment. Important departments include Sports and recreation, Agriculture, Housing, and local government services, in particular basic amenities, such as the provision of water and sanitation.
- *NGOs, CBOs and FBOs* are central partners to government initiatives to implement its programmes in communities and should be a key means of facilitating transfer of resources to these local communities.

Acknowledgements

- **Dr Olive Shisana and Prof Linda Richter of the HSRC for conceptualising the project and obtaining funding from the WK Kellogg Foundation**
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- **Dr Donald Skinner for his help is co-managing the project over the past 5 years.**
- **The relevant provincial, district, municipality and ward authorities as well as the communities of Rusterburg, Kanana Township in Klerksdorp, Welkom and Virginia and Kopanong Municipality where the project was carried out.**

Reference

- **Simbayi, L.C., Kleintjies, S., Ngomane, T., Tabane, E.M.C., Mfecane, S., & Davids, A. (2006). *Baseline surveys of psychosocial issues affecting orphaned and vulnerable children in two South African municipalities.* Cape Town: HSRC Press.**
- **Institutional affiliations of co-authors:**
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 - **Dr Cilly EM Tabane of the HSRC,**
 - **Mr Sakhumzi Mfecane of Wits University**
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Research Proposal

Human Sciences Research Council, Cape Town

Proposal on the Impact of Migration on Women and the

Environment in the Western Cape

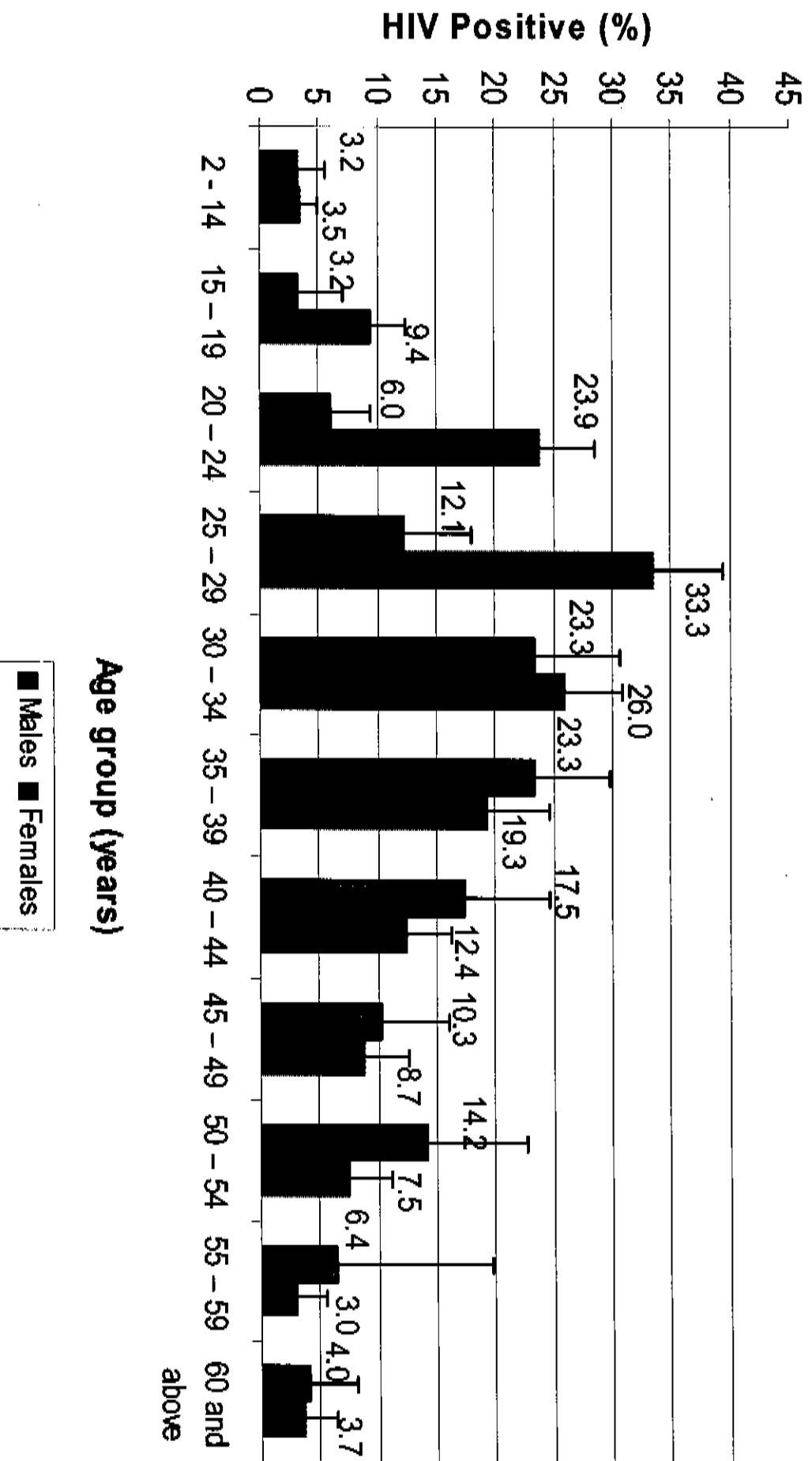


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