

**INTRODUCTION TO THE SOUTH AFRICAN HUMAN
SCIENCES RESEARCH COUNCIL'S (HSRC) SOCIAL
ASPECTS OF HIV/AIDS AND HEALTH (SAHA) RESEARCH
PROGRAMME
AND**

**THE SOUTH AFRICAN HIV PREVALENCE, INCIDENCE,
BEHAVIOUR AND COMMUNICATION SURVEY 2005**

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**Presentation to the Australian Research Centre on Sex,
Health and Society at**

LaTrobe University, Melbourne on 27 July 2007

HSRC RESEARCH OUTPUTS

5307

THE SOUTH AFRICAN HUMAN SCIENCES RESEARCH COUNCIL (HSRC)

- **What we do: vision and mission**
- **The HSRC Council**
- **The structure of the HSRC**
- **The PAITECS Performance Indicators**
- **Thumbnail stats: HSRC 2005**

What we do: vision and mission

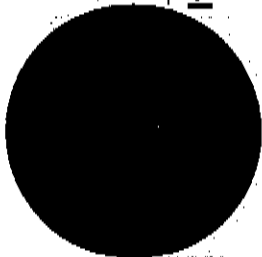
- The HSRC intends to become
 - a human and social sciences research council serving as a knowledge hub
 - where public policy and discourse on current and future challenges for South Africa and the African continent are independently researched, analysed and informed, and
 - where research-based solutions to human and social problems are developed

What we do: vision and mission

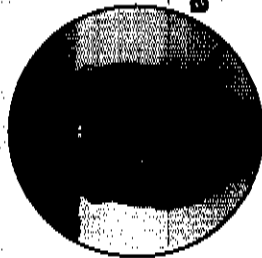
- The HSRC is
 - a non-partisan organisation
 - that generates scientific knowledge through its research and analytical work in the social and human sciences,
 - to provide critical and independent information to different role players, whether in policy development, media analysis, advocacy or in debates so that they can make informed decisions

The HSRC Council

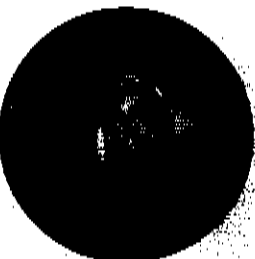
Prof. Jakes Gerwel
Chair



Dr Olive Shisana
CEO



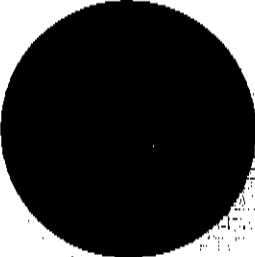
**Dr Pumla Gobodo-
Madikizela**



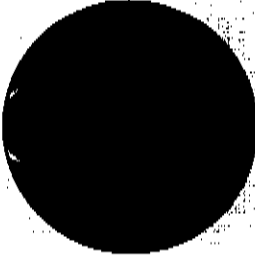
Mr Kimi Makwetu



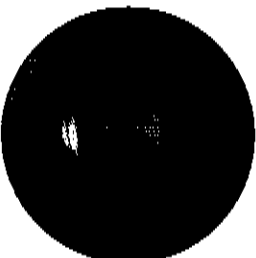
Prof. Wally Morrow



Mr Enver Motala



**Ms Phumelele
Ntombela-Nzimande**



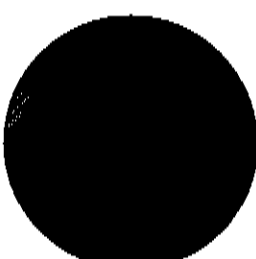
Mr Siphoh Pityana



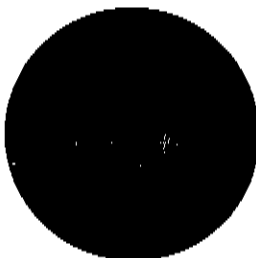
Mr Max Sisulu



Dr Eddie Webster



Ms Nomboniso Gasa



The PAITECS

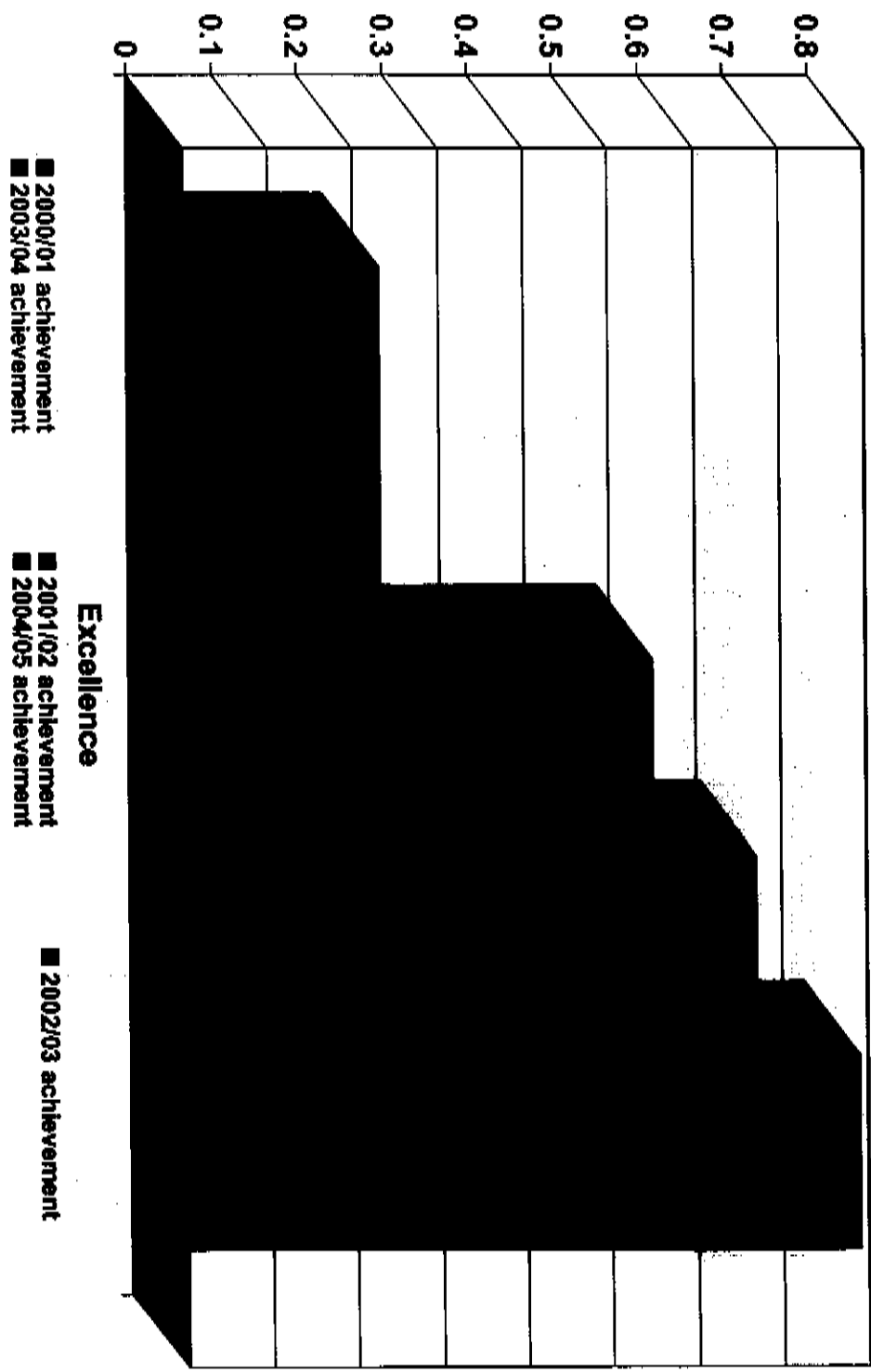
Performance Indicators

- Public purpose
- Africa focus
- Implementation networking
- Transformation: Equity and Representativeness
- Excellence
- Capacity building
- Sustainability: Contracts or Grants obtained

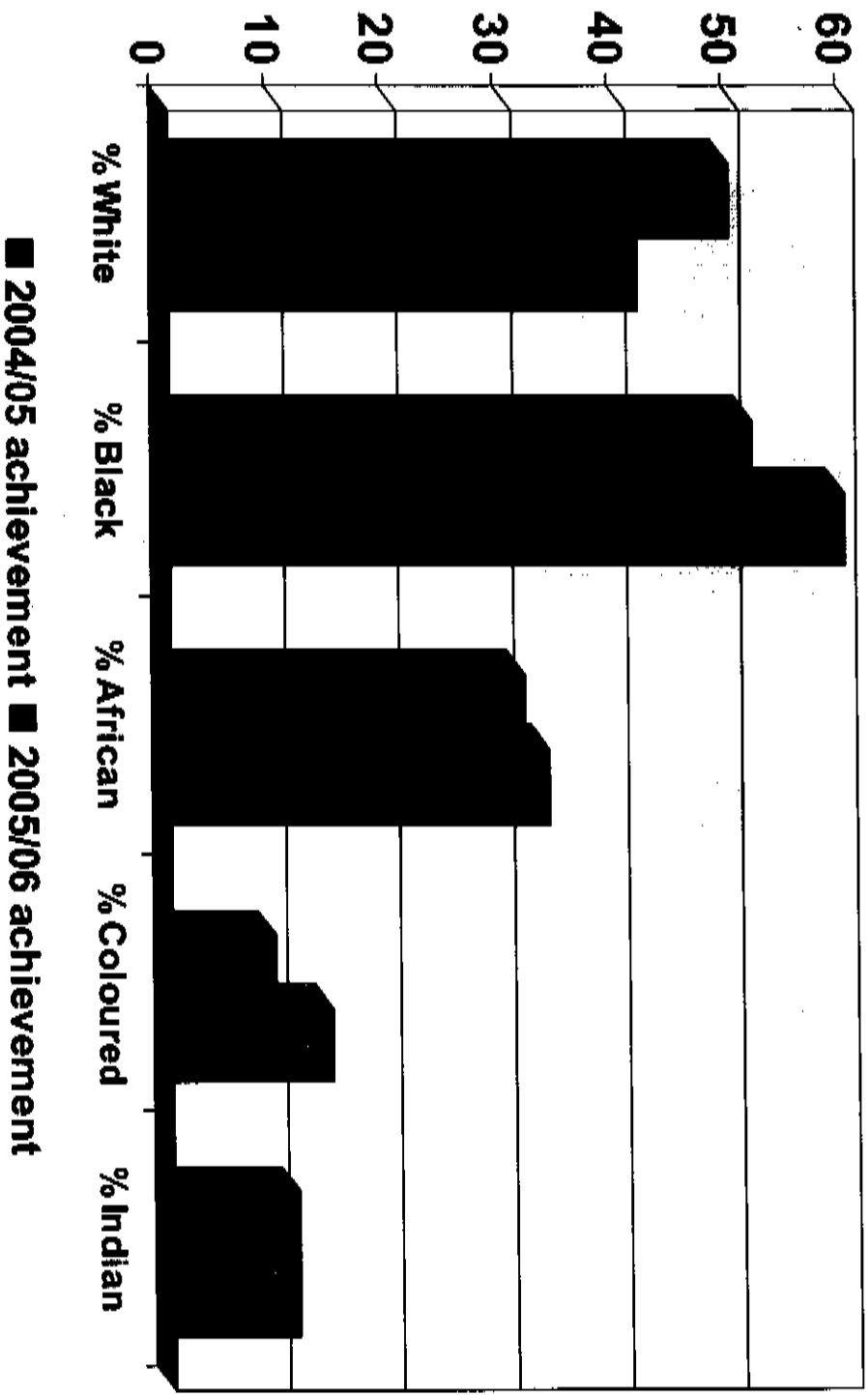
Excellence

(Peer-reviewed articles per researcher)

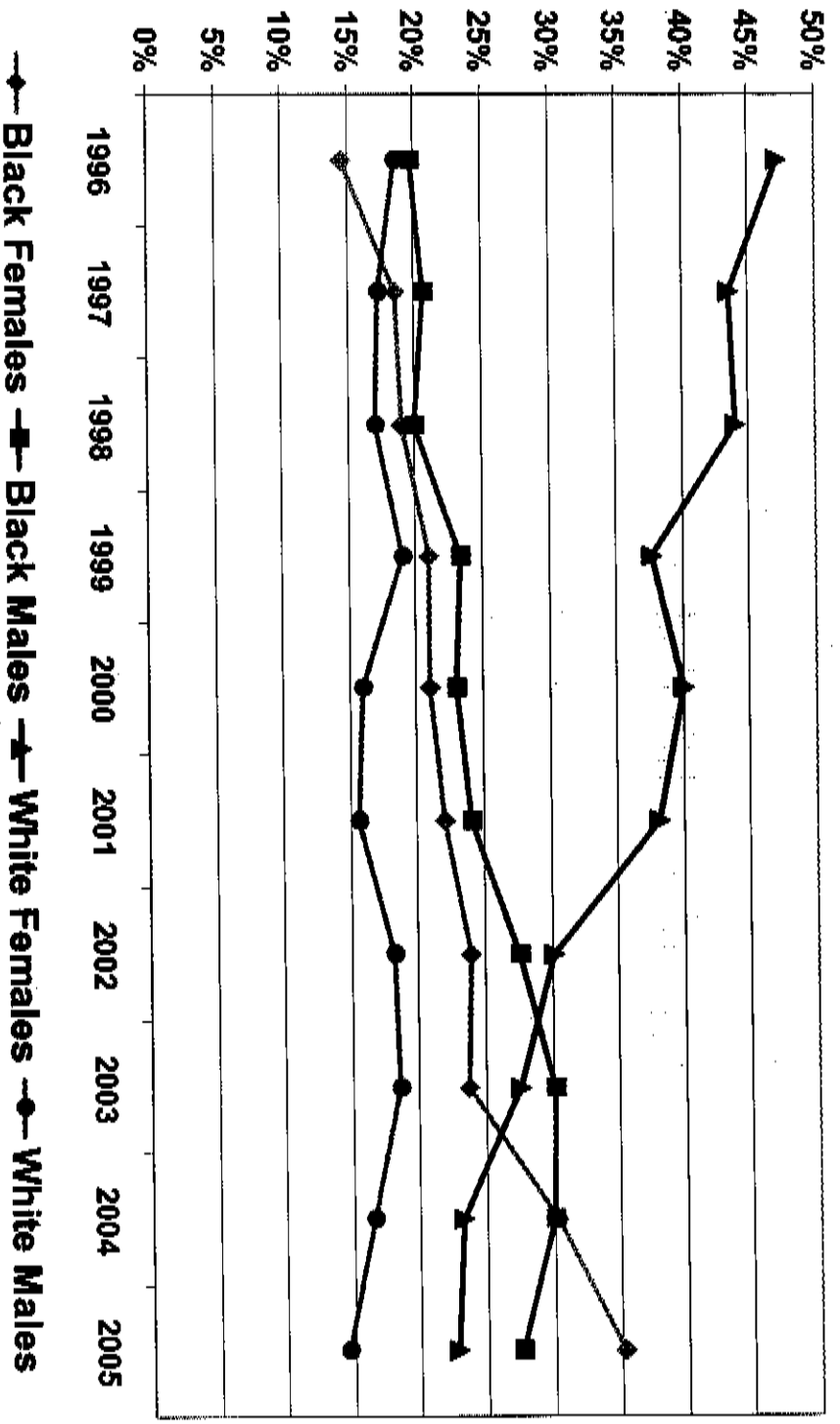
2000/01 to 2004/05



Equity (researchers)



HSRC broad representivity trends, 1996 to 2005



Thumbnail stats: HSRC 2005

- Staffing (63% Black, 58% female)
 - 129 researchers, mainly senior, 90% with Masters or PhD, spread across three centres, 0.79 refereed journal articles per senior researcher
 - 25 interns, mostly doing Masters, some PhD
 - 136 support services staff

Thumbnail stats: HSRC 2005

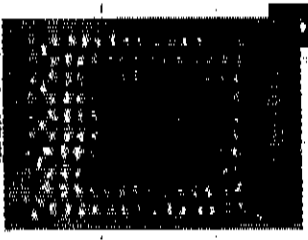
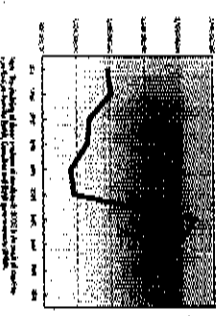
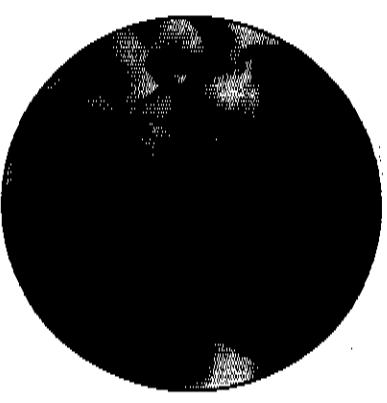
- Earnings from foundation grants (half international) and tenders of R137m exceeded R79m Parliamentary grant
- Half of projects conducted collaboratively
- Project collaborations in some 30 other African countries
- "Blue chip" list of users especially in national, provincial and local government and public entities
- Some 350 outputs, many disseminated free on the web and widely publicised in the media; 144 journal articles

SOCIAL ASPECTS OF HIV/AIDS AND HEALTH (SAHA)

- **What we do: vision and mission**
- **Focus areas**
- **Organogram of SAHA**
- **SAHA areas of expertise**
- **Staffing: Thumbnail statistics**
- **2007/8 research areas**
- **Key Stakeholders**

What we do: vision and mission

- SAHA is a multi-disciplinary research programme
- Strives to undertake scientifically sound and innovative research
- Pioneered research on the social determinants of health
 - Best known for HIV/AIDS work
 - Also focus on public health in general and going beyond bio-medical paradigm



Mission statement

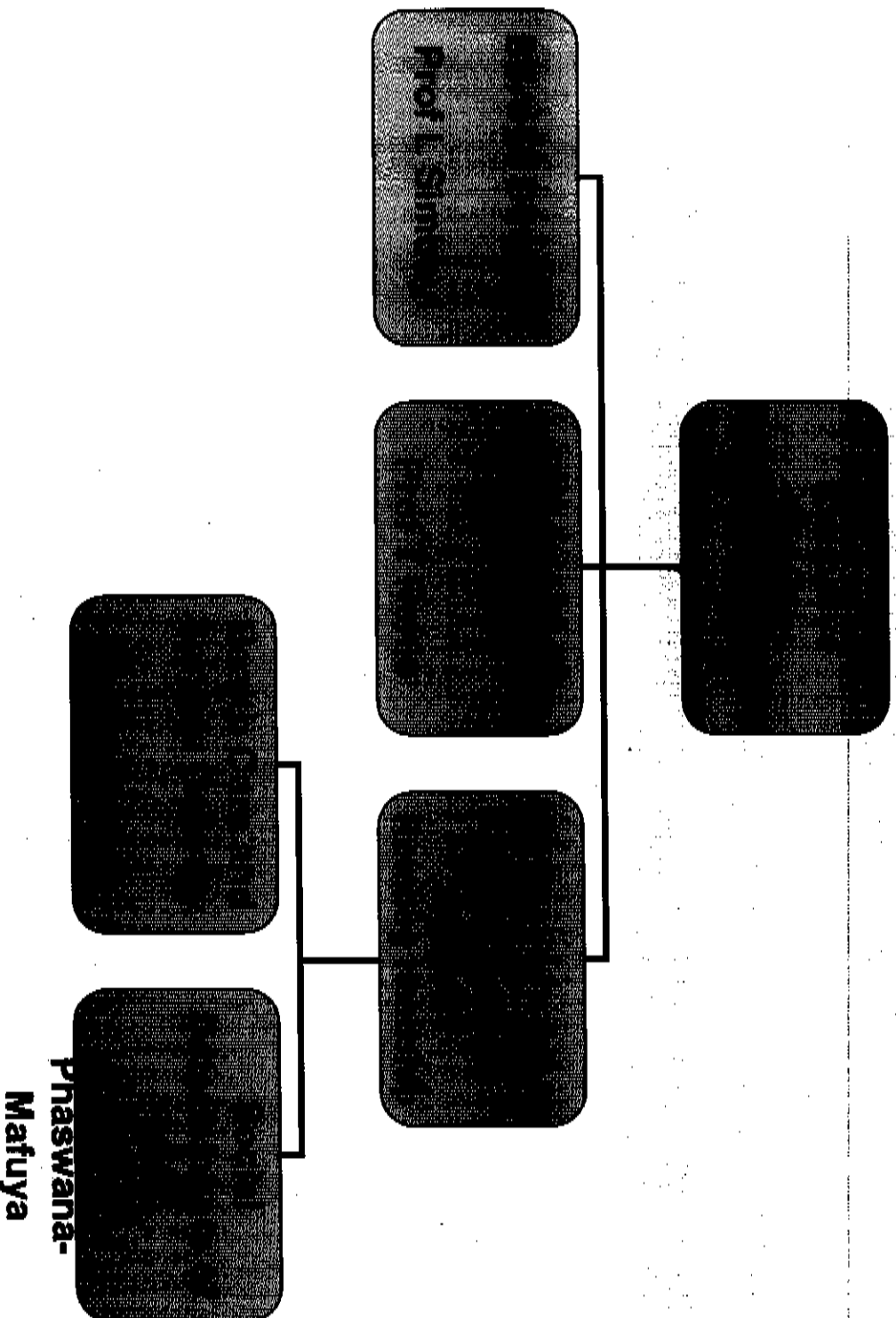
Social Aspects of HIV/AIDS and

PHI 111



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Organogram of SAHA



Focus areas

- **Behavioural and Social Aspects of HIV/AIDS**
- **Epidemiology, strategic and health policy research**
- **Health system research**
 - **Evidence-based health care provision**
 - **Demography**
 - **Social determinants of health**
- **Capacity building through research training programme**
- **Other aspects e.g. consultancies, expert advice and support, etc**

Behavioural and Social Aspects of HIV/AIDS

Understanding social and behavioural factors driving the HIV/AIDS epidemic in South Africa as well as in other African countries as part of the SAHARA initiative.

THEMATIC THRUSTS

- **Determinants of vulnerability to HIV infection, risky behaviour and factors influencing care**
- **Behavioural risk reduction interventions in different settings**
- **Orphans and vulnerable children (OVC)**
- **HIV/AIDS impact assessments**
- **Understanding stigma and discrimination**
- **Positive prevention**

CURRENT PROJECTS

- ✓ **OVC**
- ✓ **HIV/AIDS Impact Assessment in the private security and legal services industry**
- ✓ **Capacity Building for Research on HIV Stigma**
- ✓ **HIV/AIDS-related stigma in Anglican Church**
- ✓ **Alcohol and HIV/AIDS Intervention in both clinic and community settings**
- ✓ **Gender and behavioural risk reduction intervention**
- ✓ **Positive prevention (x2)**
- ✓ **Preparation for 2008 national survey**

Epidemiology, Strategic Research and Health Policy
Infectious disease epidemiology with focus on
HIV/AIDS survey methodology and epidemiological
modelling

THEMATIC THRUSTS

- Infectious Disease Epidemiology
- Monitoring and Evaluation
- National programme impact assessment.
- Epidemiological support and expertise (including biostatistics)
- Applied epidemiological and strategic research that address the needs and challenges facing South Africa and other African partner countries.

CURRENT PROJECTS

- ✓ Comparing Oral Fluid to Dried Blood Spots for HIV Testing among Children
- ✓ HIV/AIDS programme impact assessment
- ✓ Technical support in Eastern Cape on Prevention of mother to child transmission of HIV transmission
- ✓ Medical transmission (infection control practices) in health facility and traditional settings
- ✓ Preparation for 2008 national survey

Health systems development

Research which facilitates or promotes evidence-based health care provision in both formal and traditional health sectors and examines social and demographic determinants of health

THEMATIC THRUSTS

- Evaluation of national health policy interventions
- Access to health services
- Indigenous health practices
- Various aspects of health systems transformation
- Social determinants of health
- Nuptiality and mortality
- Population projections
- Models the demographic impact of HIV/AIDS

CURRENT PROJECTS

- ✓ Controlled study of an HIV / AIDS/ STI/ TB intervention with traditional healers
- ✓ Ageing study
- ✓ WHO Social exclusion
- ✓ EU PHC partnership evaluation
- ✓ Marriage and divorce series evaluation
- ✓ Development of simple tool for PHC professionals to identify people at risk of alcohol abuse and apply a brief intervention

SAHA areas of expertise

- **Large scale community based surveys**
- **Applied, social and behavioural, health services and health systems research**
- **Operations research (descriptive and intervention)**

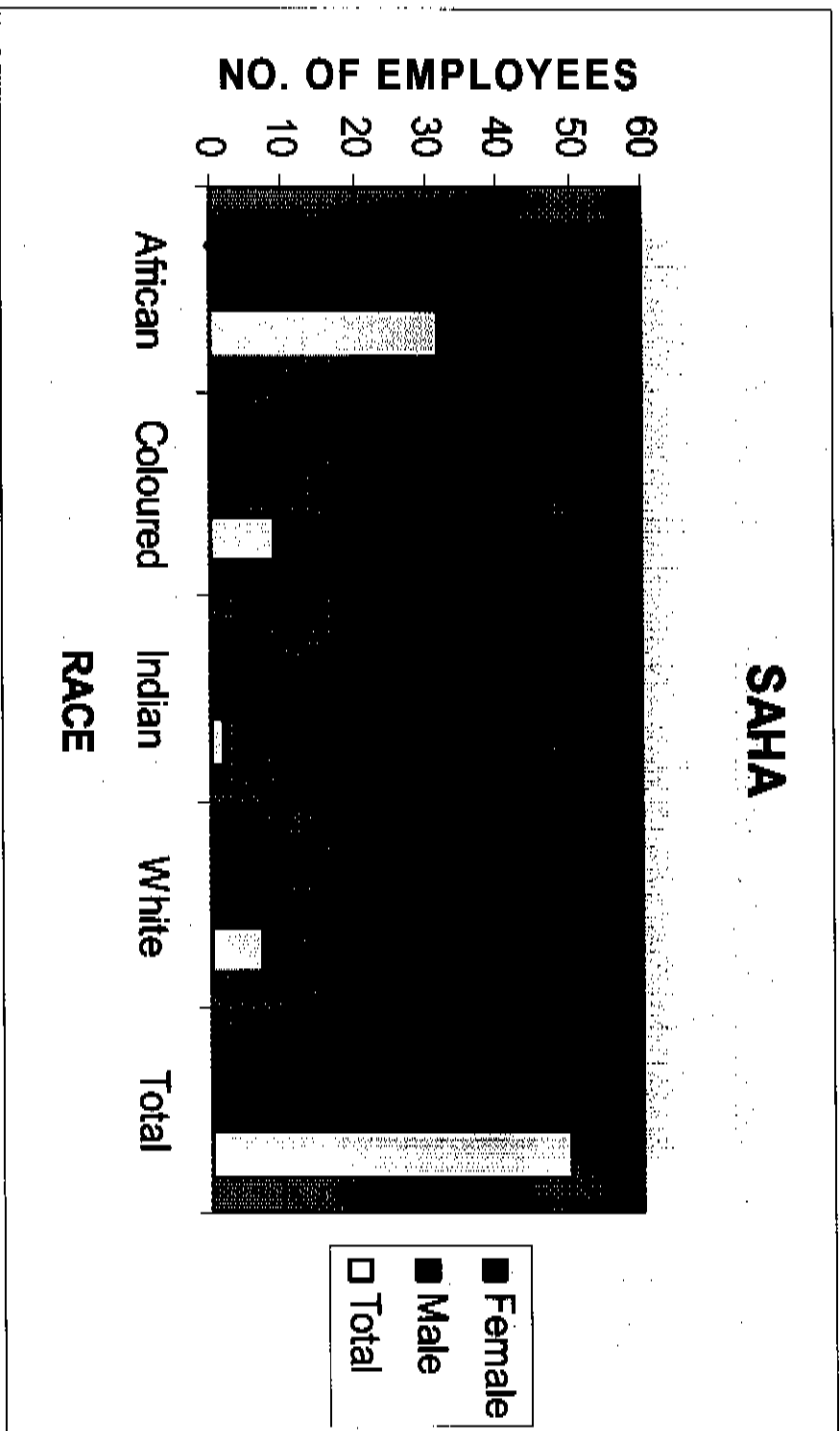
SAHA areas of expertise

- **Programme evaluation**
- **Qualitative research (Ethnographic, focus-groups)**
- **Surveillance and analysis of epidemiologic trends**
- **Extensive networks and networking**
 - **Nationally (researchers & other stakeholders)**
 - **Continental Africa (SAHARA)**
 - **Internationally (bilateral)**

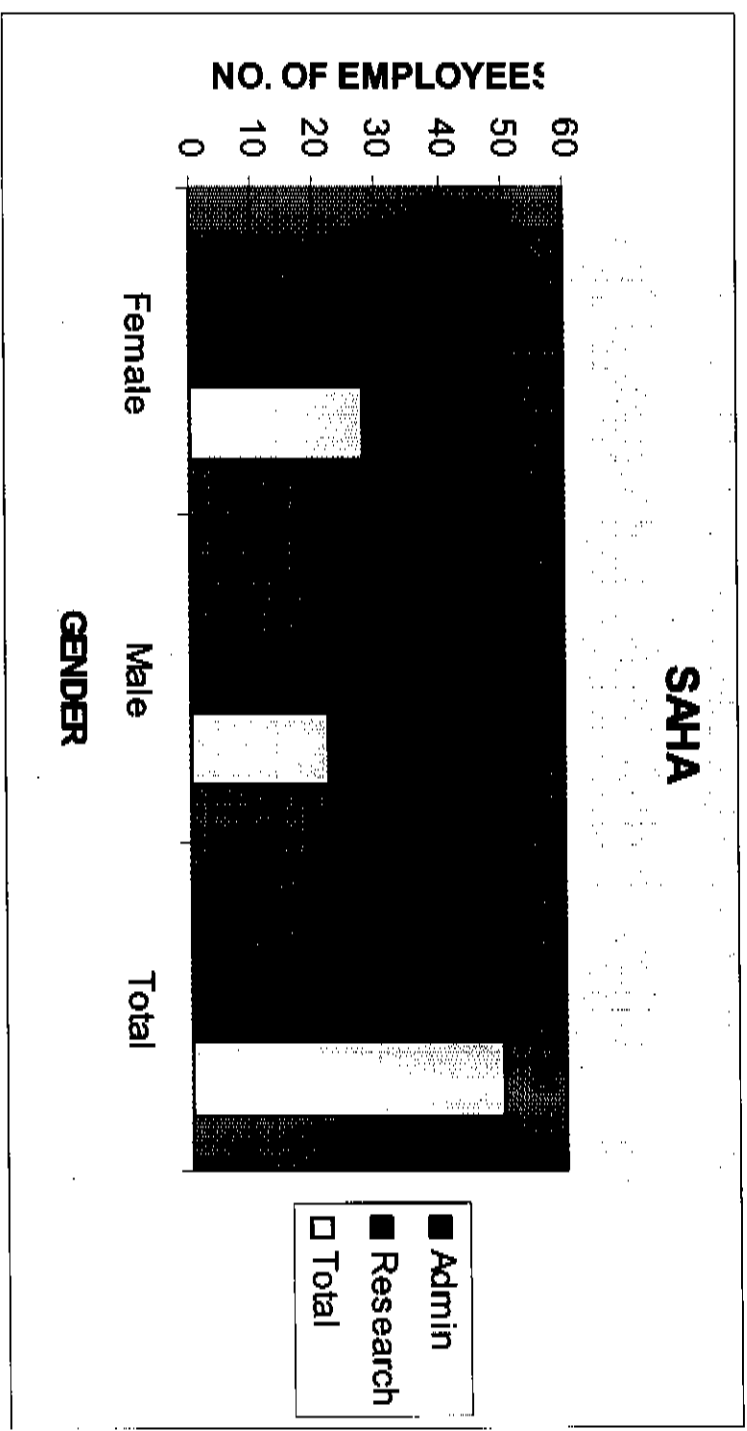
Staffing: Thumbnail statistics

- At end of December 2006, 50 FTEs (both permanent and contract), but excluding fieldworkers
- 86% Black (EEA)
- 56% women
- 8% admin

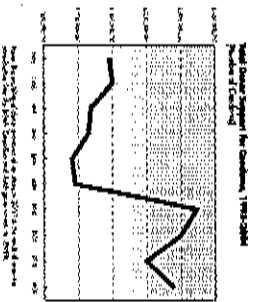
SAHA Head count: December 06



SAHA Research vs Administration



FOCUS 2007/8



2007/8 research areas

- **HIV and AIDS**
 - Behavioural and Social Aspects of HIV and AIDS (BSAHA)
 - Epidemiology, strategic and health policy of HIV and AIDS
 - Demography ('Cross Cutter')
- **Determinants of Health**
 - General Health, including possibly collaborative work on burden of disease
 - Ageing: health of people over 50 years
 - Mental Health
 - Substance abuse
 - Demography
- **Health Systems**
 - Traditional Health settings
 - Tuberculosis (collaboration)
 - Reproductive Health
 - Health Service Delivery and Impact
- **'Cross-cutters'**
 - Demography
 - Methodological expertise

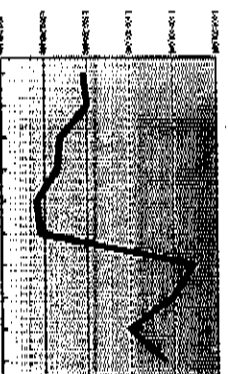
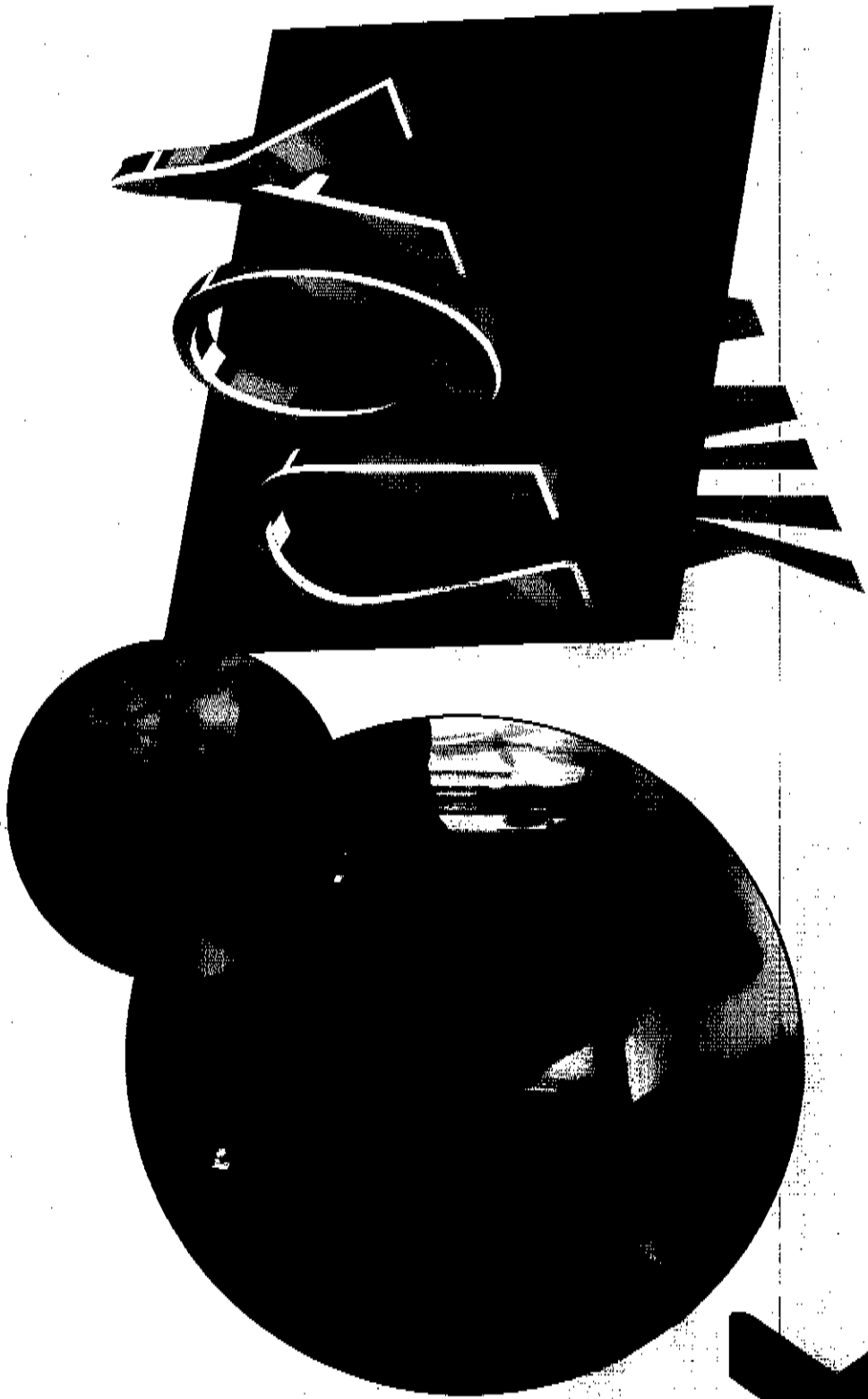


Figure 1: The prevalence of HIV infection in South Africa, 1990-2005. Data from the National Demographic and Health Survey (NHDS) 1998, 2002, and 2005.

Key Stakeholders



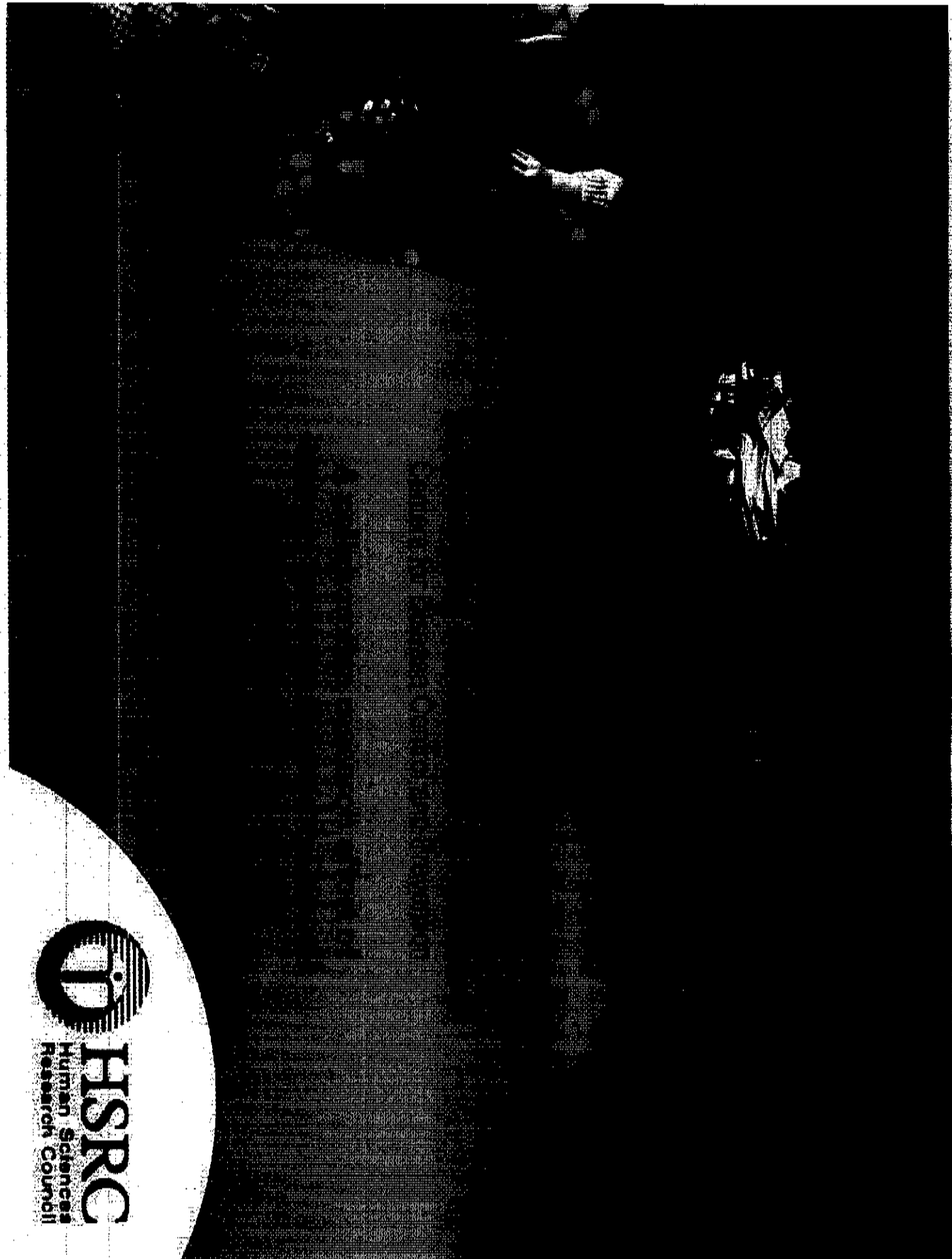
- Government at national, provincial and local levels (Health, Education, Social Development)
- Private and parastatal companies (Eskom, SPTA, etc.)
- NGOs and IAOs (e.g. Nelson Mandela Child Health Campaign, SADC and West of Africa through SAHARA International, e.g. WK Kellogg Foundation, PEPFAR, CDC, University of Connecticut, Penn State University, NDRI, etc)
- Other (South African science councils; private research companies)



R



HSRC
Human Sciences
Research Council



Outline of presentation

- **Background to the study**
- **Comparison of main HIV study types**
- **HSRC's Survey design**
- **Findings**
- **Conclusions**
- **Recommendations**

Background to the study

- **The present study is a follow-on from a study conducted in 2002 using the same methodology**
- **Population-based studies are increasingly used to understand the broader aspects of HIV prevalence and complement findings of annual antenatal surveys**
- **Population-based studies have been conducted in a number of countries including Botswana, Burundi, Guinea, Kenya, Mali, Niger, Uganda, Zambia, Zimbabwe**
- **This is the first national population-based repeat survey**

Comparison of two main HIV study types

A. Population-based studies:

- **Provide direct measures of HIV for the overall population including by sex, province, residence geotype, age, race, etc.**
- **Provide insights into underlying factors and vulnerabilities that influence HIV infection, but also trends in relation to response including knowledge, condom use uptake of VCT, attitudes to people living with HIV/AIDS, provision of care and support, etc**

Comparison of main HIV study types (contd)

B. Antenatal studies

- Gather information from pregnant women only
- Estimate prevalence in other groups through modelling
- Provide trends of HIV prevalence over time

Limitations of each of the two methods:

- Antenatal data limited by over-representation of poorer African females as baseline population
- Population-based limited by response rates

HSRC's Survey design

- **A cross-sectional survey of the entire South African population aged two years and older living in households**
- **Sample included people living in hostels, but excluded prisoners, military and police barracks, university residences, patients in hospitals and children under 2 years of age**
- **Sampling is based on a master sample of households developed by the HSRC based on the 2001 census**

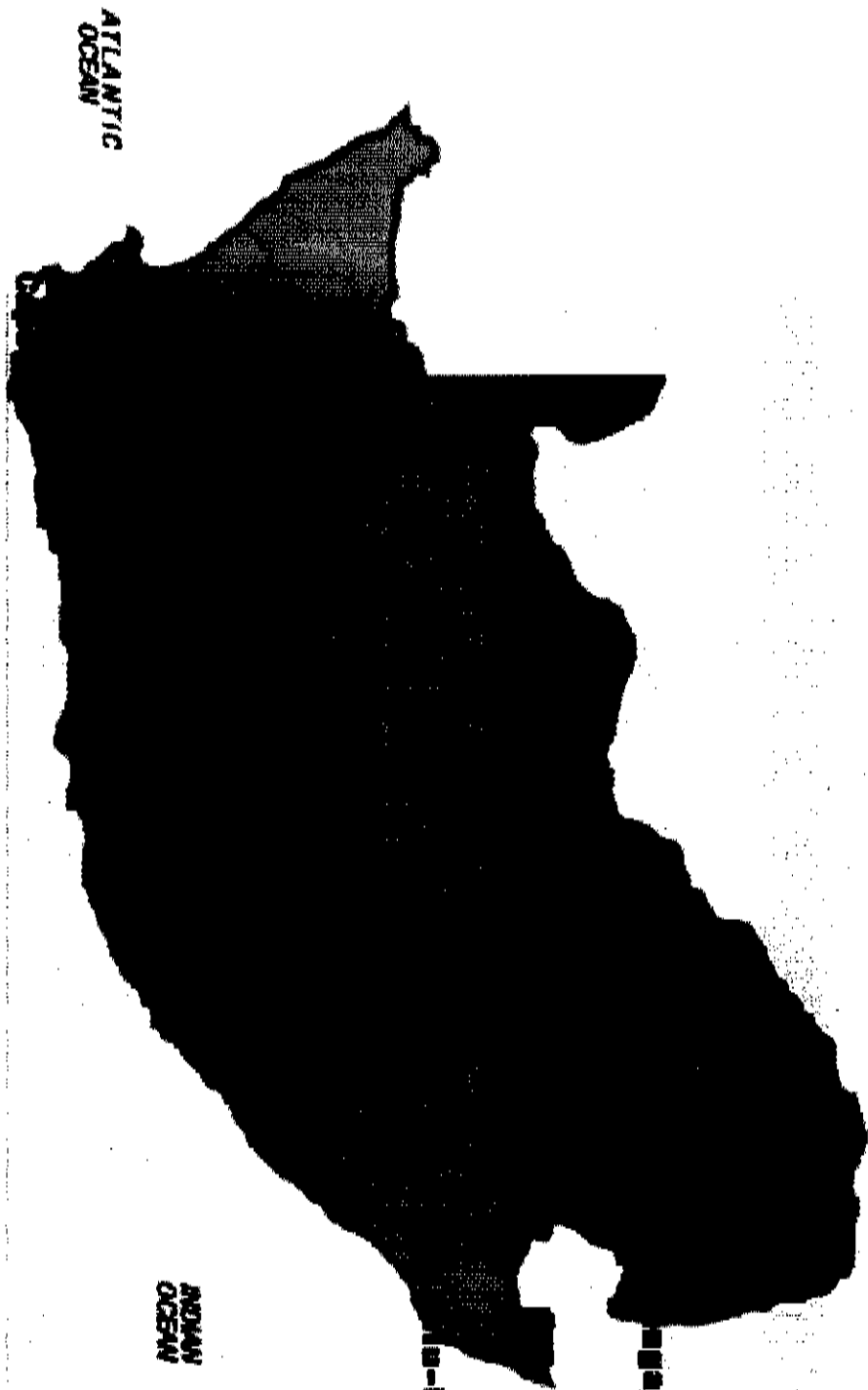
HSRC's Survey design (contd)

- **This sample is stratified by province and geotype of EA**
- **In 2002 an oral specimen collection device was used, whereas in 2005 blood spots were taken through finger-pricks**
- **Blood spots allowed for incidence testing**
- **Similar questionnaires used in both surveys**

ANNEXURE B

ANNEXURE B: MAP OF SOUTH AFRICA

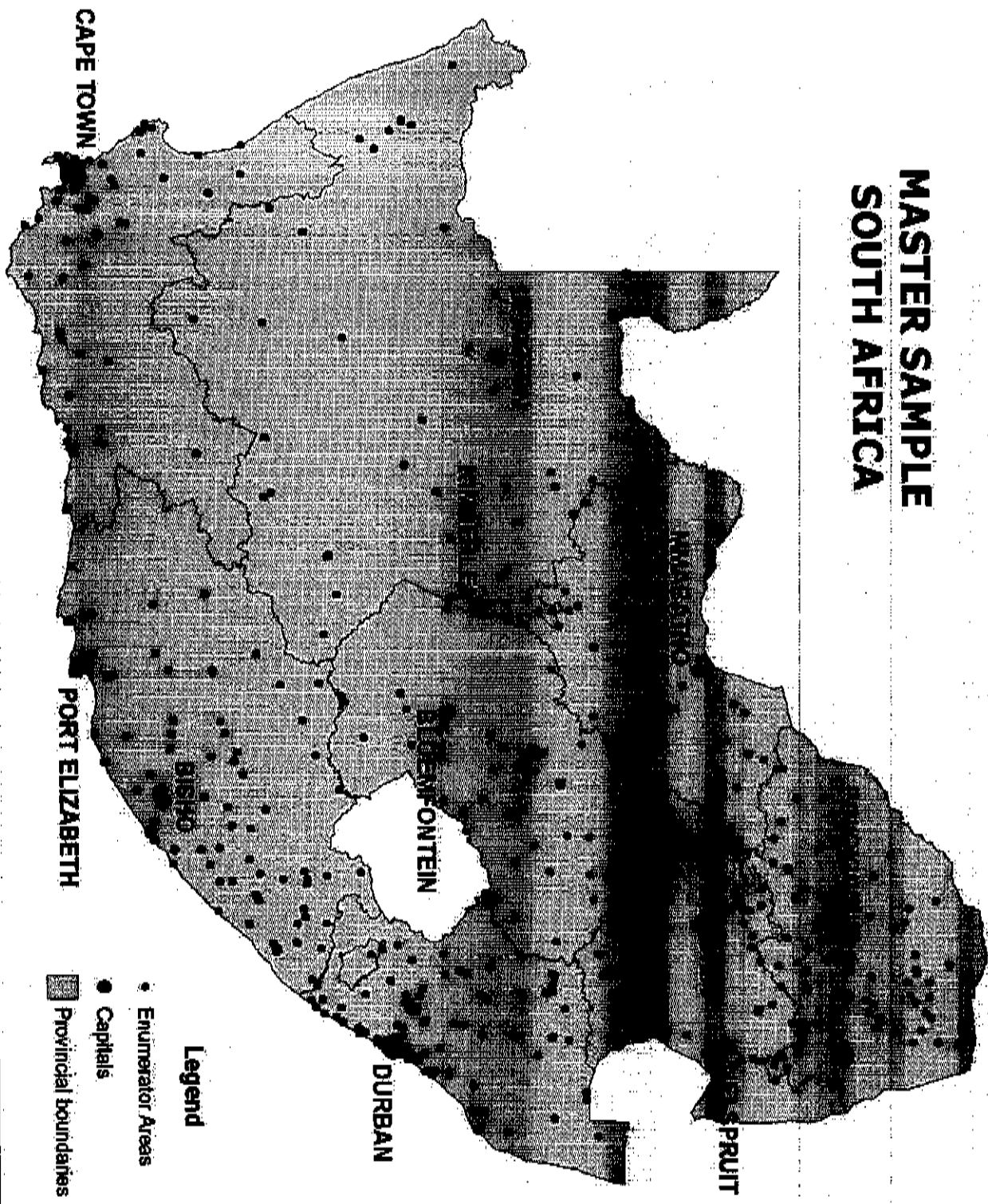
The following map represents the nine provinces that make up South Africa:



ATLANTIC OCEAN

INDIAN OCEAN

MASTER SAMPLE SOUTH AFRICA



Response rates in 2005 vs. 2002

HSRC Surveys

<u>Aspect of the survey</u>	<u>2005</u>	<u>2002</u>
Household level response	84.1%	71.1%
Individuals interviewed	96.0%	73.7%
Sample of respondents tested	15,851	8,428
Interviewed and tested for HIV	65.4%	62.3%
African interviewed and tested	69.8%	64.8%
White interviewed and tested	45.3%	46.4%
Coloured interviewed and tested	72.3%	68.0%
Indian interviewed and tested	51.3%	56.1%

Integrity and generalisability

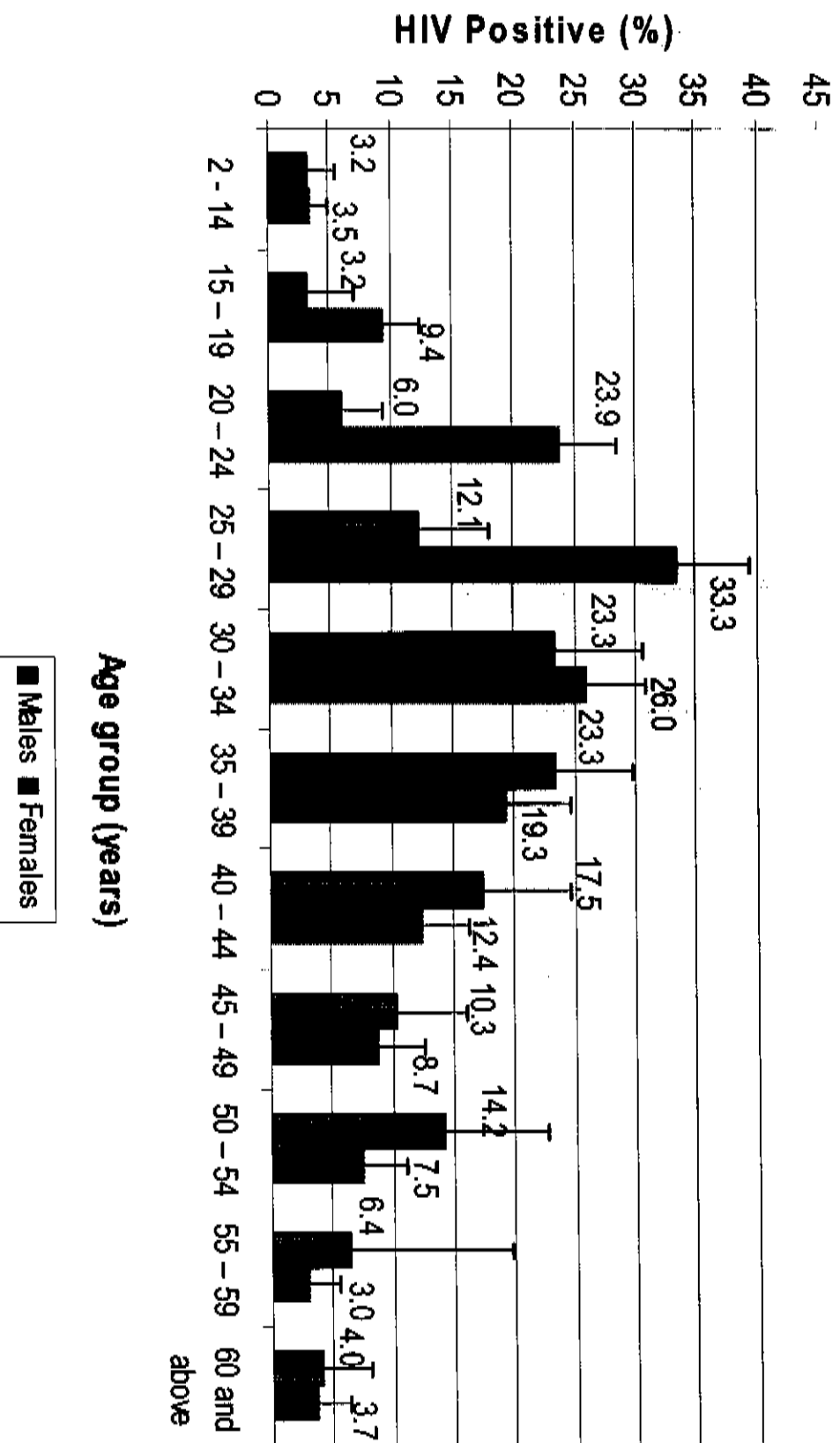
- **2005 findings have been compared with antenatal data and there is close correspondence between HIV rates of pregnant women in this survey and antenatal survey data**
- **Findings consistent with the population-based survey of youth aged 15-24 conducted by the Reproductive Health Research Unit in 2003/4**
- **Distribution of HIV by key demographic variables are similar to those of other studies**

Integrity and generalisability

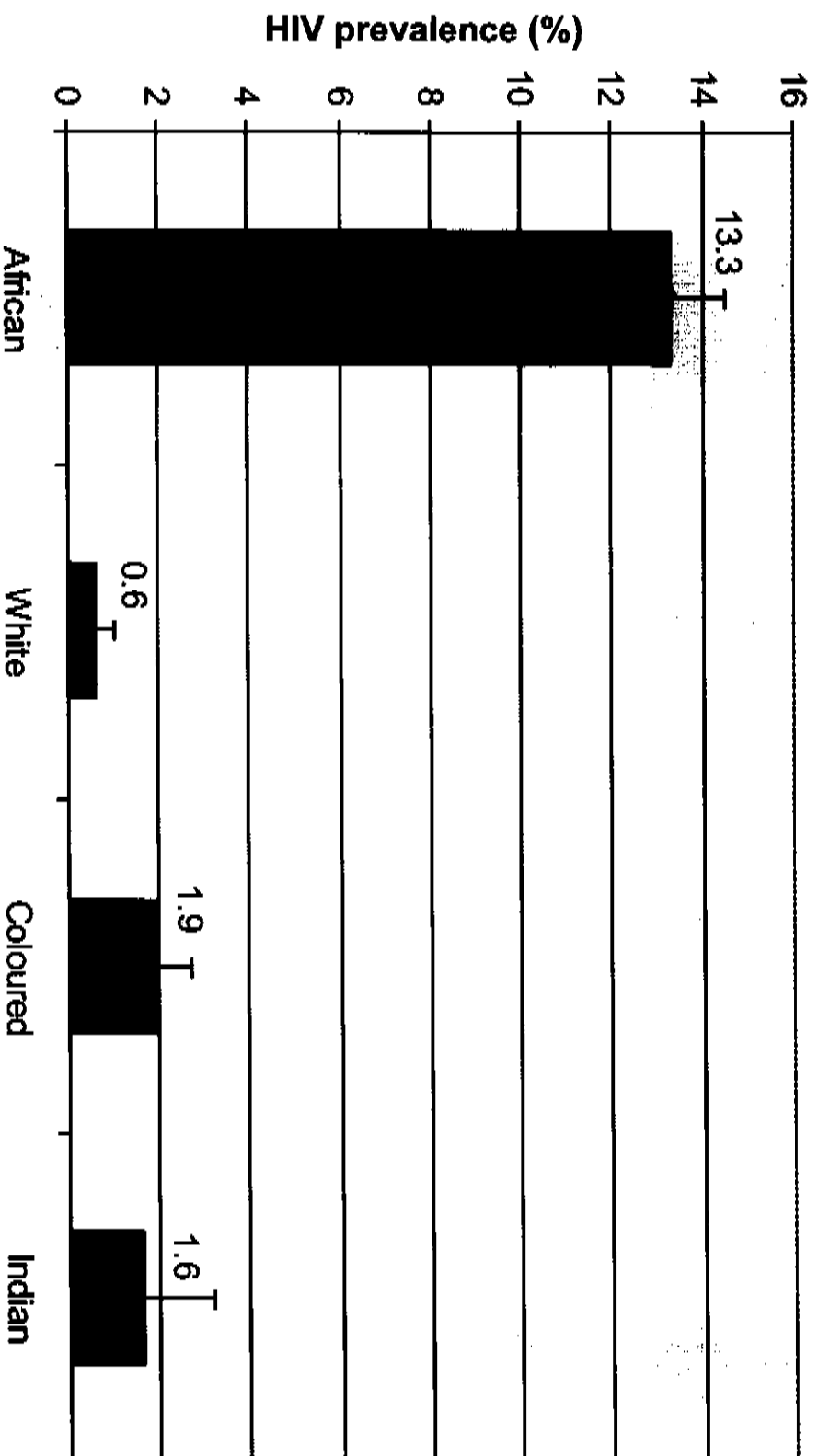
- **Behavioural and communication data consistent with previous findings, and contributes new knowledge in key areas**
- **Response rates of Whites and Indians make it difficult to provide a definitive understanding of HIV in these groups**
- **Data for Western Cape need more analysis**

Main Findings

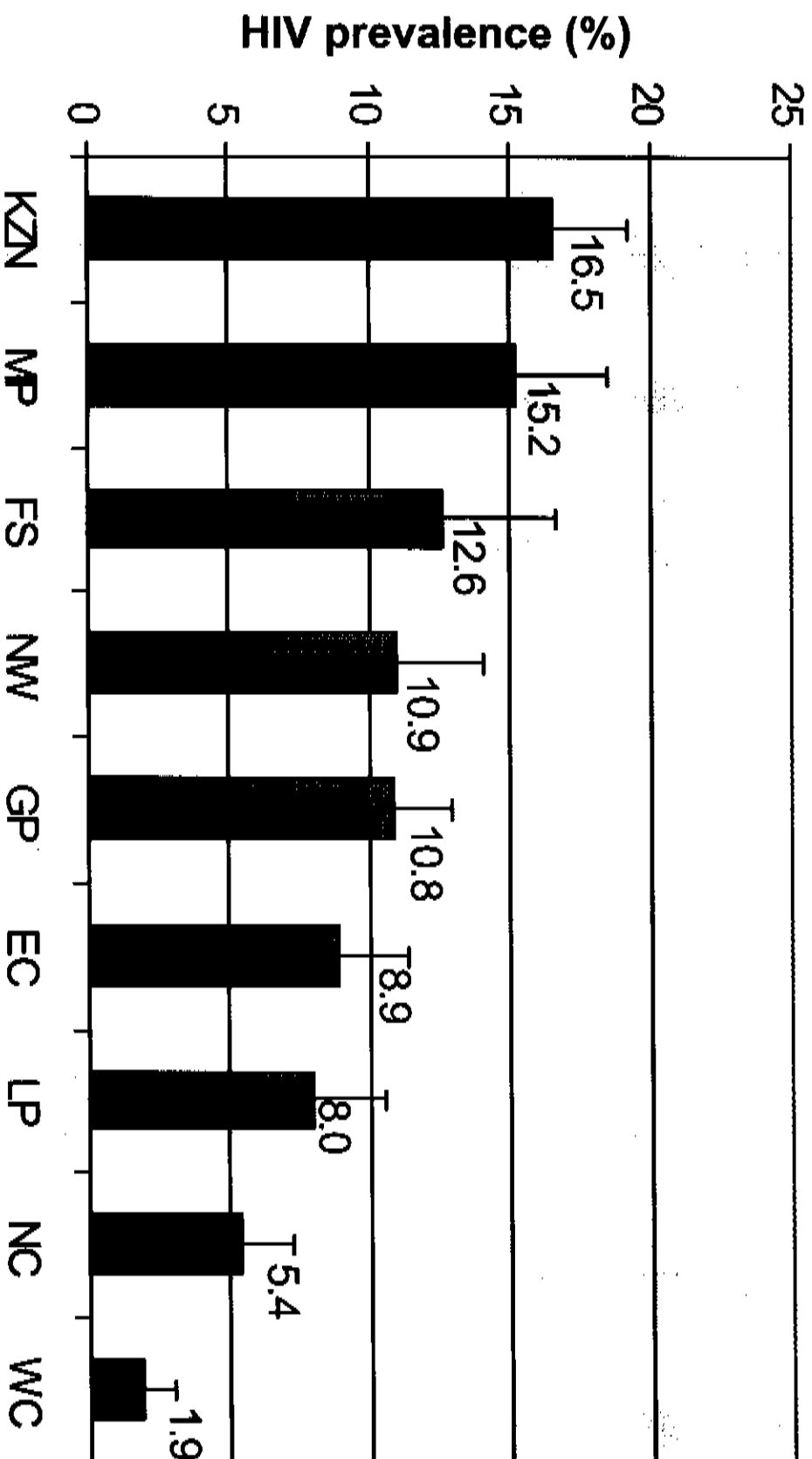
HIV prevalence by sex and age: 2005



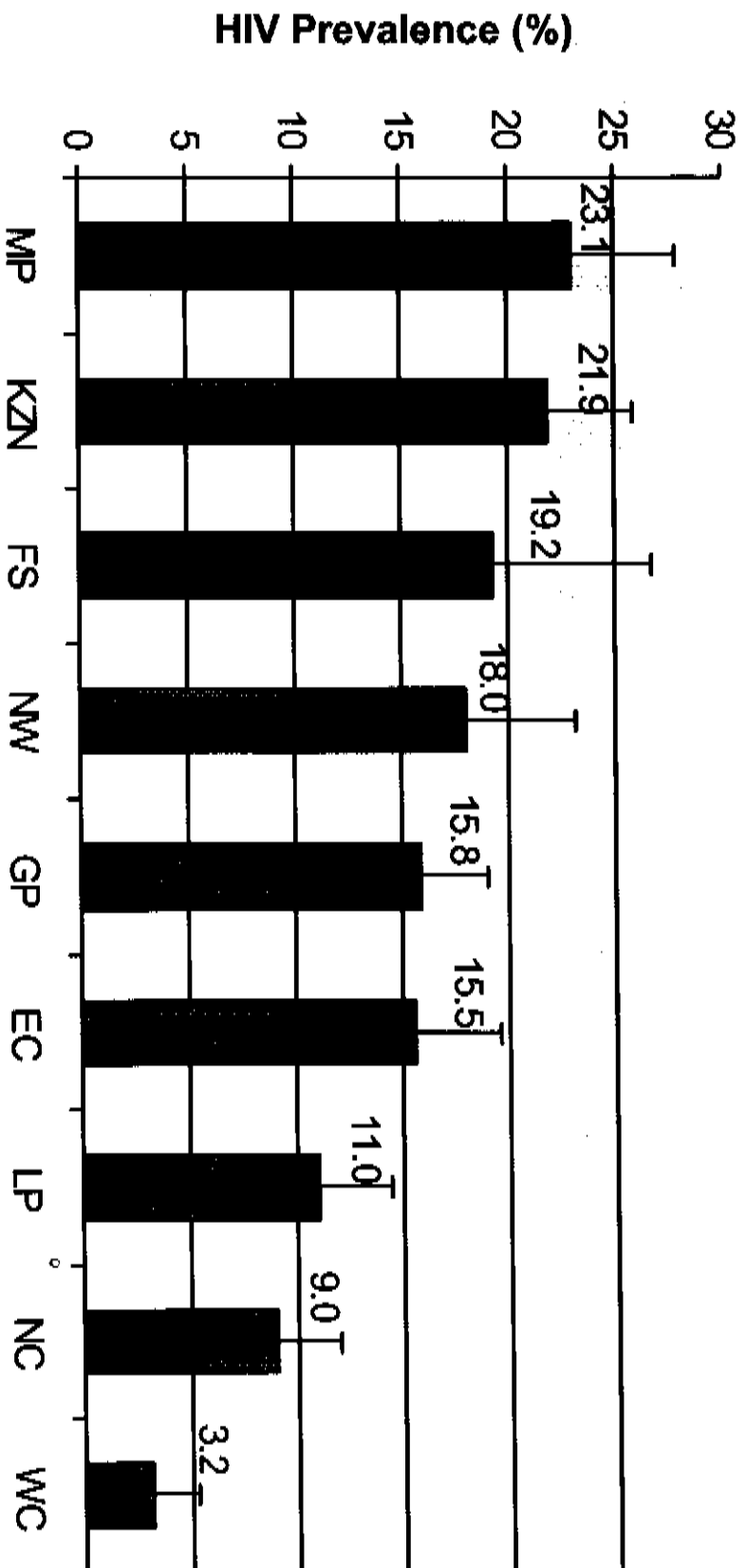
HIV prevalence by race, ≥ 2 years : 2005



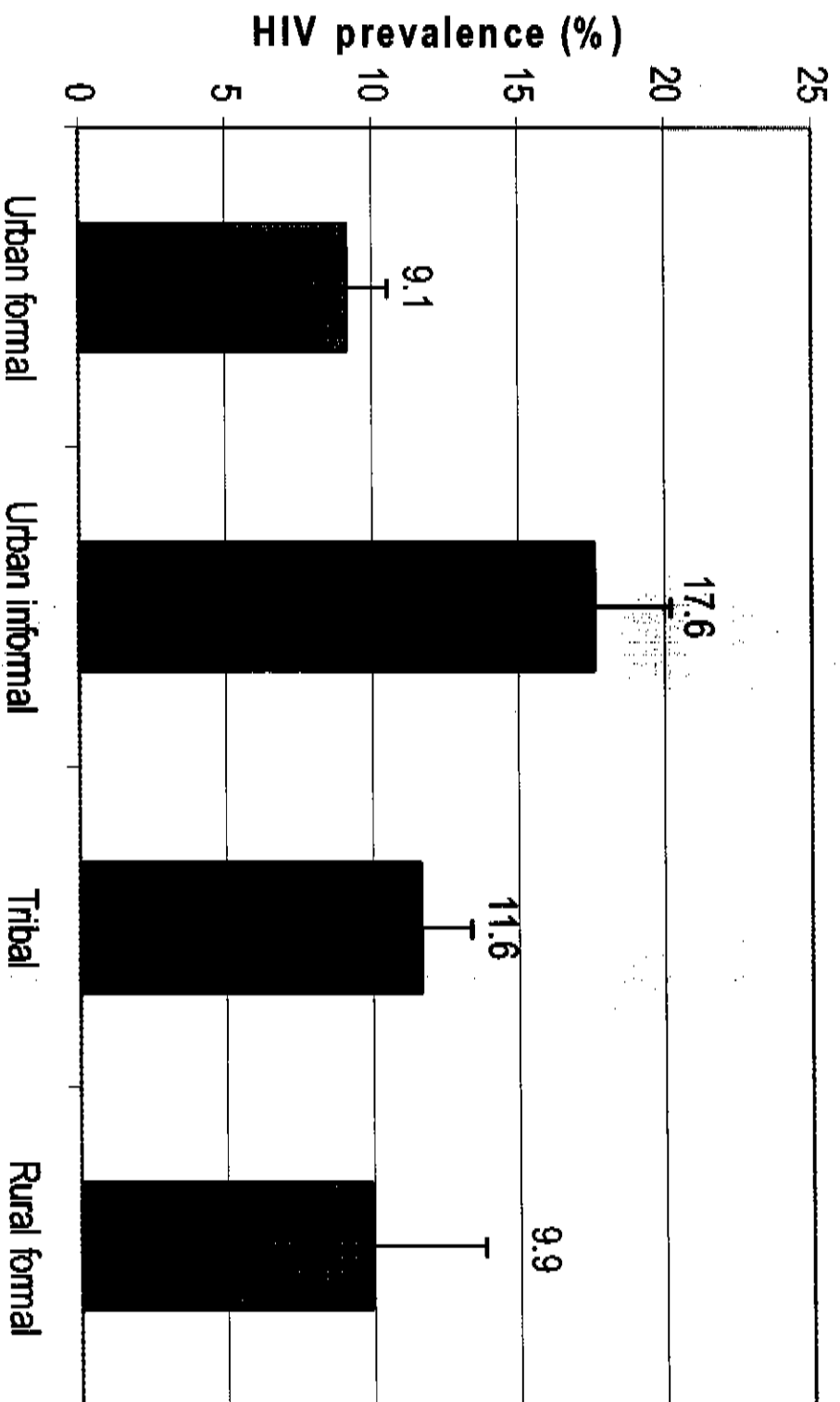
HIV prevalence by province, ≥ 2 years: 2005



HIV prevalence by province, 15-49 years: 2005



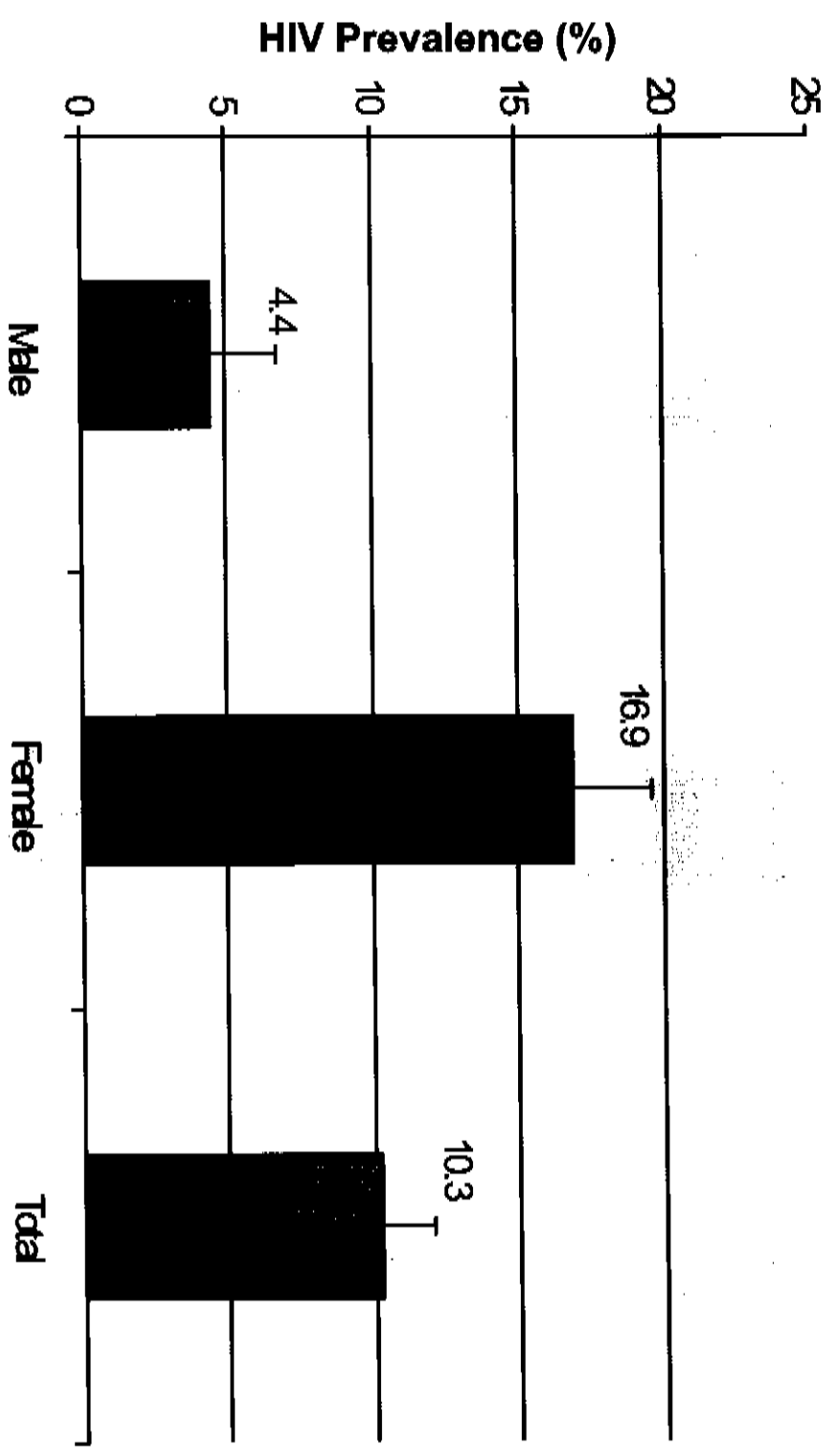
HIV prevalence by geotype, ≥ 2 years : 2005



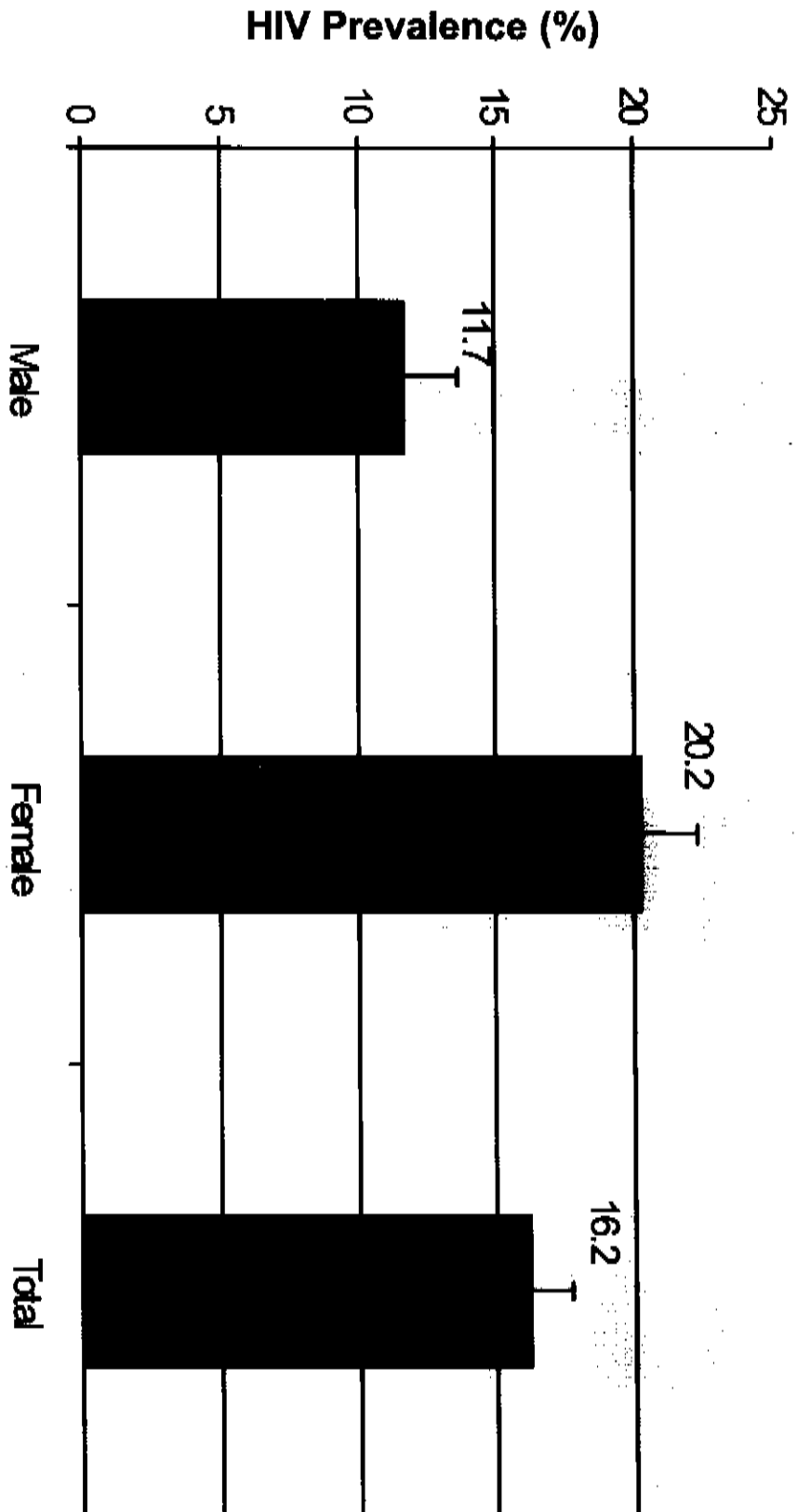
Child HIV prevalence : 2005

<u>Age</u> <u>(Years)</u>	<u>n</u>	<u>HIV prevalence</u>	<u>95% CI</u>
2-4	729	5.1	2.8-9.1
5-9	1341	4.4	3.0-6.6
10-14	1745	1.7	1.0-2.8

HIV prevalence – youth 15-24 years : 2005



HIV prevalence – adults 15-49 years : 2005



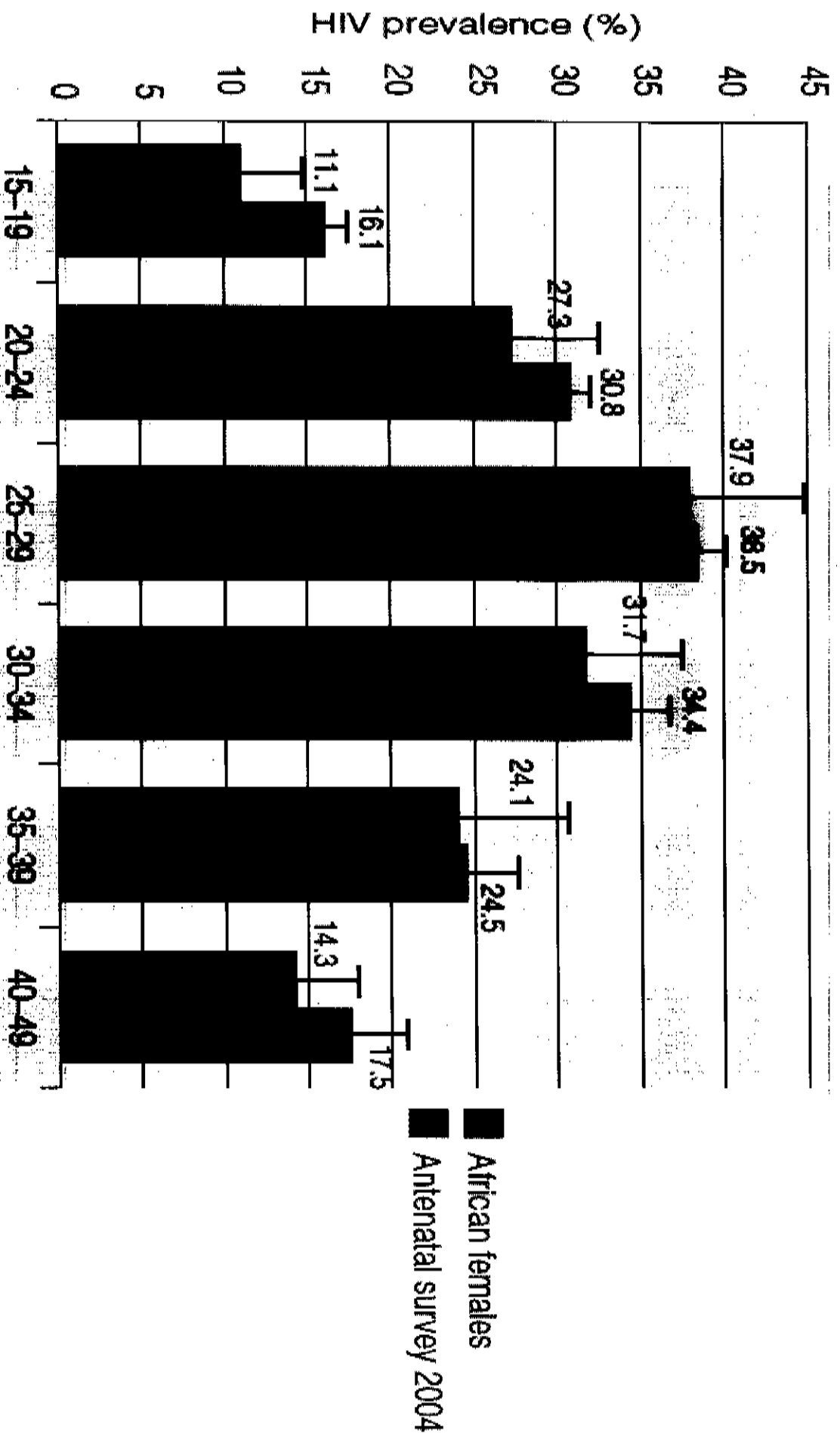
HIV prevalence – adults ≥ 50 years: 2005



Females 15-49 years in 2005, compared to antenatal study 2004

Age group (Years)	African females 2005 (n=3,699)	African females pregnant in the last 24 months 2005 (n=630)	Antenatal survey 2004 (n=15,976)
	HIV+ % (n)	HIV+ % (n)	HIV+ % (n)
15 to 19	11.1 (766)	21.8 (58)	16.1 (3,130)
20 to 24	27.3 (819)	27.8 (215)	30.8 (4,991)
25 to 29	37.9 (435)	37.2 (126)	38.5 (3,702)
30 to 34	31.7 (454)	25.1 (98)	34.4 (2,510)
35 to 39	24.1 (458)	18.7 (84)	24.5 (1,261)
40 to 49	14.3 (767)	12.9 (49)	17.5 (382)
Total	24.4	26.8	29.5

Figure 3.11: HIV prevalence among African females aged 15-49 years surveyed in the 2005 household survey compared to females surveyed in the 2004 antenatal survey



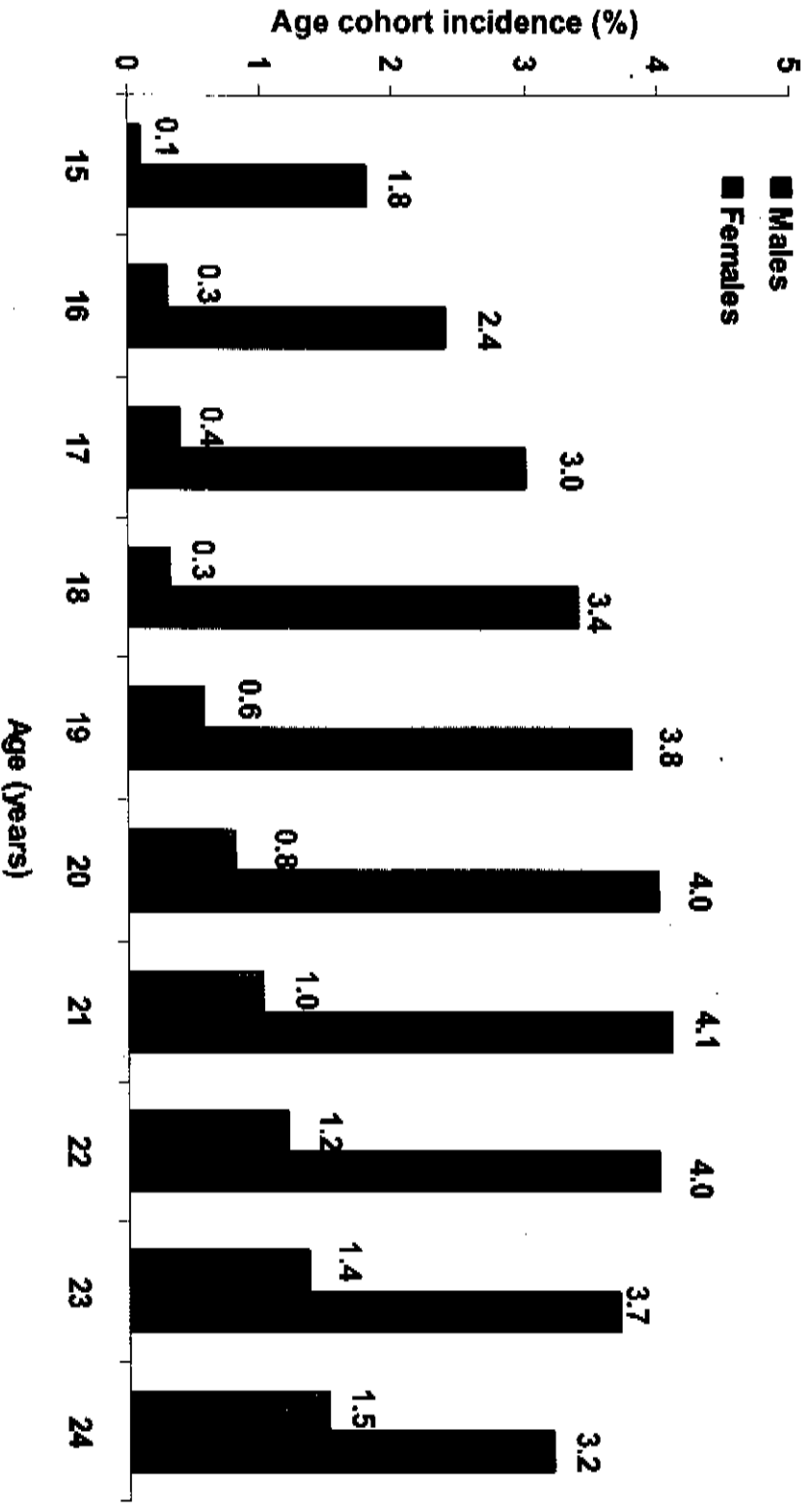
Estimation of HIV incidence

- **New tests allow for identification of recent infection using blood samples (including from blood spots)**
 - **BED capture EIA**
- **Developed by USA's Centers for Disease Control and Prevention (CDC)**
- **Technology is still new, still need validation**
- **Almost 16,000 specimens in survey allowed for identification of recent infection - ie. Past 180 days**
- **181 samples with recent infection identified**

Comparison of adjusted HIV incidence estimates, South Africa 2005

	BED ODn=0.8	BED ODn=0.4	BED Hargrove	BED McDougal	ASSA 2003
Overall (≥ 2 years)	2.7	1.3	1.5	1.4	1.3
<i>Male</i>	1.5	0.7	0.5	0.5	1.2
<i>Female</i>	3.9	1.9	2.5	2.4	1.5
Youth (15-24 years)	3.3	1.9	2.3	2.2	2.9
<i>Male</i>	0.8	0.3	0.3	0.3	1.8
<i>Female</i>	6.5	3.8	4.9	4.6	4.1
Adult (15-49 years)	4.4	1.9	2.6	2.4	2.2
<i>Male</i>	2.4	1.1	1.1	1.0	1.9
<i>Female</i>	6.3	2.8	4.0	3.8	2.5

HIV incidence estimates by sex from single year age cohort prevalence in 15-24 year olds



Behavioural determinants

Sexual debut

- **Delayed onset of sexual activity (sexual debut) reduces incidence and prevalence of HIV in younger age groups**
- **Very few 12-14 year olds reported having had sex (<2%)**
- **Amongst 15 year olds surveyed, 11.7% of males and 7.9% of females had previously had sex**
- **Amongst 20 year olds surveyed, 74.8% of males and 80.0% of females had previously had sex**
- **Of those who had not had sex before, 71% said they were not ready, and 22.9% said they were not interested in sex**
- **The current trend identified is that the average age of first sex is becoming younger with each generation**

Secondary abstinence

- **Secondary abstinence refers to those individuals who have had sex before, but who have not had sex in the past year**
- **Secondary abstinence reduces HIV infection risk**
- **Secondary abstinence levels:**
 - **23.0% of males & 20.0% of females aged 15-24 years**
 - **9.8% of males & 21.3% of females aged 25-49 years**
 - **30.3% of males & 71.3% of females aged \geq 50 years**

Multiple sexual partnerships

- **Having frequent sexual partner turnover, even if one is faithful to one's partner, increases HIV risk**
- **More than one partner in past year amongst those sexually active in past year:**
 - **27% for males & 6% for females aged 15-24**
 - **14.4% for males & 1.8% for females aged 25-49**
 - **9.8% for males & 0.3% for females aged ≥ 50**
- **Overall rates were higher for informal settlements**
 - **20.0% for males and 3.5% for females**
- **HIV prevalence for those with more than 1 partner in past year was higher**
 - **20.6% for >1 partner, 16.3% for 1 partner**

Age mixing

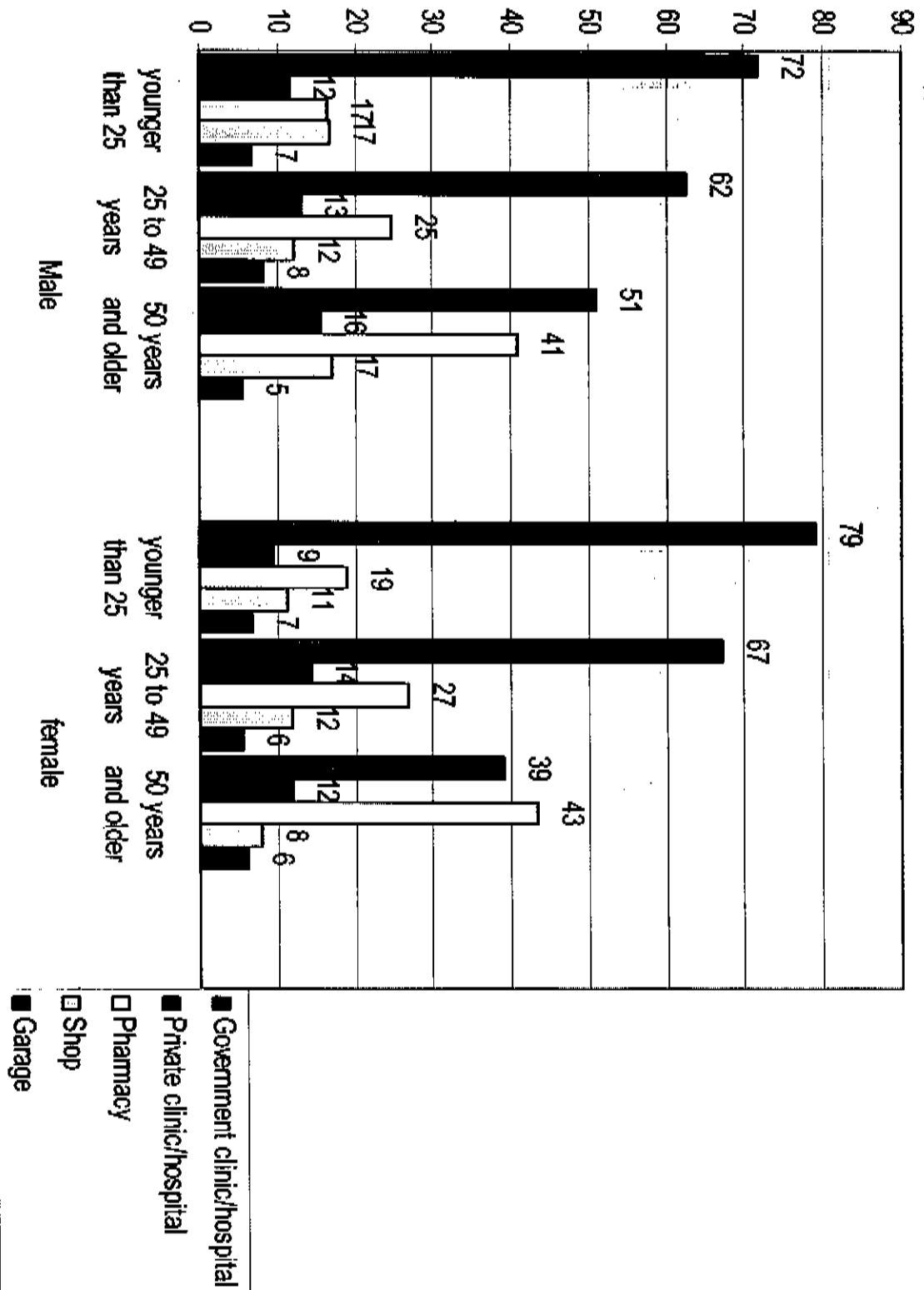
- **Having a partner 5 years or older poses high HIV infection risk for youth, as it exposes them to a higher prevalence age group**
- **Only 2.0% of sexually active males aged 15-19 had female partners 5 or more years older**
- **18.5% of sexually active females aged 15-19 had male partners 5 or more years older**
- **HIV prevalence of 15-19 year olds**
 - **29.5% for females with partner ≥ 5 years older**
 - **17.2% for females with partner within 5 years of own age**
 - **19.0% for males with partner ≥ 5 years older**
 - **3.0% for males with partner within 5 years of own age**

Condom access and use

- Main source of condoms is the Department of Health's public sector condom programme
- Condom distribution has increased from 267 million in 2001 to 346 million in 2004

<u>Condom Brand most recently used</u>	<u>%</u>
Choice condom (government brand)	25.8%
Red ribbon (previous government brand)	17.9%
Lovers Plus (social marketing brand)	17.6%
Durex (commercial brand)	8.2%
Trust (social marketing brand)	3.4%
Other or don't know	27.2%

Source of condoms



Condom use at last sex

- **Consistent condom use protects against HIV infection**
- **Condom use at last sex is used to measure uptake and impact of condom promotion programmes**
- **Reported condom use at last sex is high in South Africa**
 - **38% of males & 32.8% of females ≥ 15 years used a condom at last sex**
 - **72.8% of males & 55.7% of females 15-24 years used a condom at last sex**

Condom use at last sex

- **Condom use rates are highest amongst Africans ≥ 15 years**
 - **43.6% for males & 38.1% for females**
- **Rates for males were lowest amongst whites – 16.7%**
- **Rates were higher for those with >1 partner in last year – 62.3%**

Contraceptive Use

- More than half (57%) of sexually active females 15-24 have never used contraceptives
- HIV prevalence amongst 25-49 year old females is high amongst non contraceptive users and injectable contraceptive users

<u>Method used by 25-49 year old females</u>	<u>n</u>	<u>HIV+ %</u>
Never used any contraceptive	934	22.6%
Not currently using any method	865	21.5%
Contraceptive pill	303	16.0%
Contraceptive injection	564	21.1%
Female sterilisation	287	13.3%

Perceived vulnerability to HIV infection

- **66% of respondents think they are at not at risk for HIV**
- **20.8% of those who thought they were at high risk were found to be HIV positive**
- **51% of HIV positive respondents thought they would probably or definitely not get infected with HIV**

HIV testing

- **Most people aware of VCT services nearby (78.8%)**
- **Of those who have never been tested for HIV, 12.8% are HIV positive**
- **Of those ever tested, over one third were tested in the past year**
- **Only 4.6% of those tested in government facilities were neutral or unsatisfied with the service**
- **Most people were tested because they wanted to know their HIV status, but other reasons included applying for insurance, being pregnant, or feeling ill**
- **The main reason for not testing was a perception of low risk to HIV infection**

HIV/AIDS knowledge and awareness

- **Overall basic HIV/AIDS knowledge is high, and levels of condom use and VCT service uptake are also an indication of good awareness**
- **There are however gaps in knowledge:**
 - **Uncertainty about HIV causing AIDS**
 - **Uncertainty about a cure for AIDS**
 - **Uncertainty about condoms preventing HIV infection**
 - **Uncertainty about HIV transmission from mother to child**

HIV/AIDS knowledge and awareness (contd)

- **High degree of uncertainty that having fewer sexual partners reduces HIV risk**
- **Awareness of Antiretrovirals is high, beliefs that AIDS can be cured persist**
- **Knowledge of research on vaccines low**

HIV/AIDS attitudes

- **Overall positive perceptions towards people living with HIV/AIDS**
- **90.7% are willing to care for a family member with AIDS**
- **79.8% feel HIV+ children should not be kept separate from other children to prevent infection**
- **74.7% believe it is not a waste of money to train or promote an HIV+ person**
- **46.5% say it is not foolish to marry a person with HIV/AIDS**
- **35.3% would not have a problem having protected sex with an HIV+ person**

HIV/AIDS Communication

- **Overall access to mass media is high – but only 83% of households had a working radio and 70% had a working television**
- **Radio and television access a few days a week or more is high >60%**
- **Newspaper and magazine access is low <40%**
- **Internet access is very low**
- **Radio and television emphasised in relation to taking HIV/AIDS seriously**
- **Knowing people who have died of AIDS, talking to friends and AIDS statistics also stimulate sense of seriousness**

National HIV/AIDS Campaigns

- Campaigns and programmes contribute to overall knowledge and awareness and impact in some areas (e.g. Condoms, VCT)
- Measured awareness of campaigns, *not* impact
- Differ in terms of goals, scale and budgets
- Khomanani found to have lower reach than others
- Soul City highest overall, followed by loveLife and Soul Buddyz
- TV series, Takalani Sesame, Gazlam and Tsha Tsha had high awareness relative to budget
- All interventions have poor awareness amongst ≥ 50 age group
- Overall, most interventions have low reach into rural areas

Other sources of HIV/AIDS information

- **Health facilities most important overall for all age ranges and locales**
- **Schools perceived as useful for youth audiences**
- **Friends and other family important**
- **Workplaces useful over half of employed persons**
- **Parents important to around a third of youth age groups**
- **Faith-based organisations important for more than a third of all age groups**
- **Traditional healers rated relatively low**


Mental health and HIV/AIDS

- Mental health of PLHA is an under-explored area
- Problems include depression, anxiety and fear of stigma
- **Questions compared perceptions of HIV positive and negative respondents who knew their status**
- Amongst HIV+, 41% felt sad empty or depressed, compared to 29.6% of HIV-
- Overall higher rates of sleeping, eating and anxiety problems

Orphans

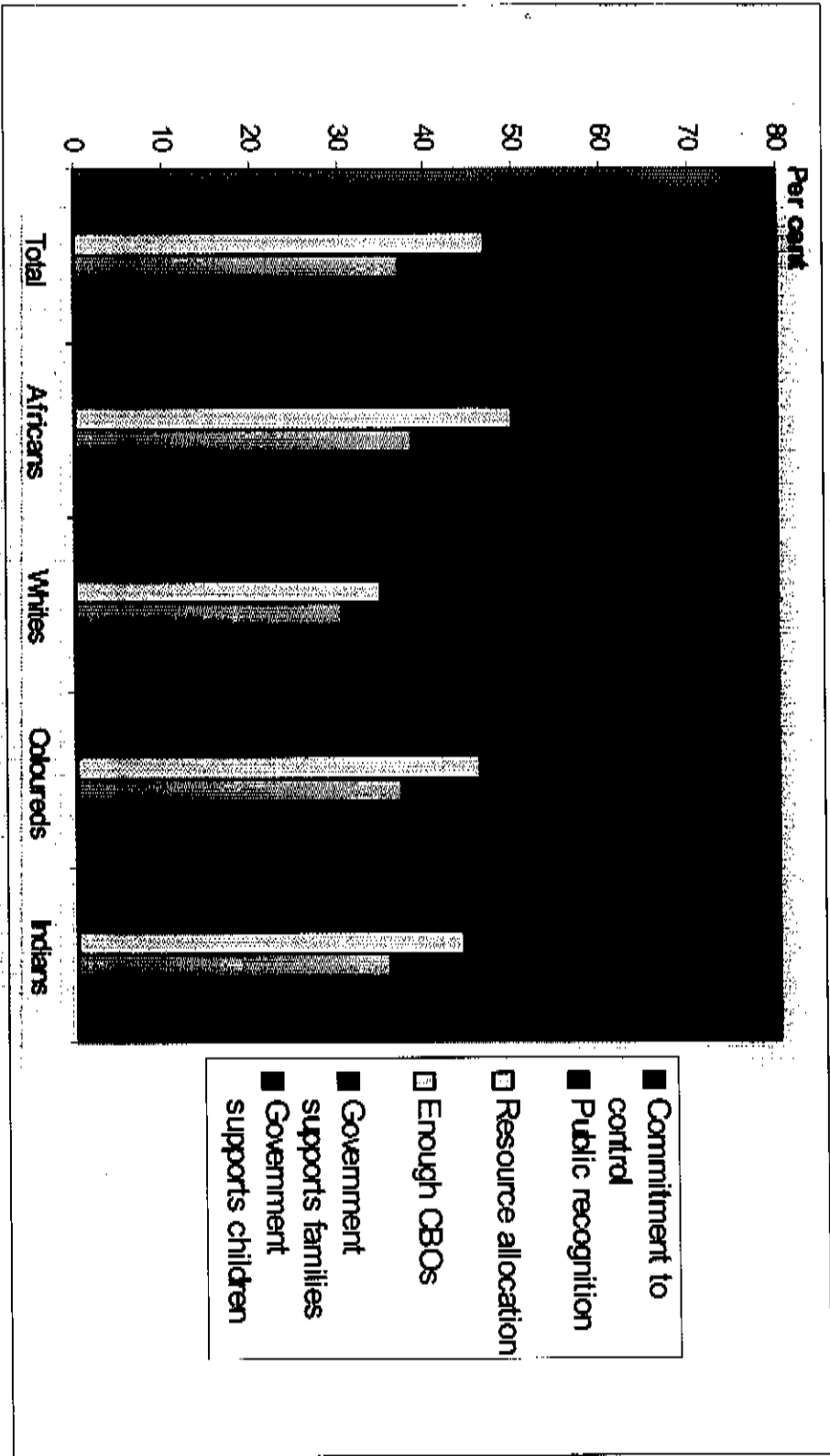
- **Orphaning exacerbated by HIV/AIDS**
- **2005 Estimate of Orphans in SA: 2.5 million**
- **Estimates are that there are 455,970 maternal orphans and that there are 330,125 double orphans**
- **2.6% of children 12-18 identified themselves as heads of households**

Orphans



Total	14.4 (1 217)	2.6 (244)	10.0 (841)	2.0 (132)
Males	15.0 (557)	2.8 (114)	10.2 (377)	2.0 (66)
Females	15.3 (660)	2.6 (130)	10.8 (464)	2.0 (66)

Perceptions of government



Perceptions of hypothetical AIDS tax

- Some degree of willingness amongst employed persons to pay and AIDS tax

<u>Race</u>	<u>n</u>	<u>%</u>
African	4,594	51.4%
Coloured	1,636	53.1%
Indian	1,096	36.4%
White	1,312	30.0%

Conclusions

- **HIV prevalence has levelled off**
- **Females significantly more vulnerable to infection and incidence levels are high amongst, women, youth, and younger adults and pregnant women**
- **High infections among children 5-9 are of concern**
- **HIV prevalence amongst children 2-9 and people ≥ 50 confirmed**

Conclusions (contd)

- **Behavioural response is positive and increasing in relation to condoms and VCT**
- **Partner turnover is high and not perceived as a major risk**
- **Early sexual debut and sex with older partners are major risk factors for youth**
- **Good response in relation to non-stigmatising attitudes and involvement in community-level activities**

Recommendations

- **Still a false sense of security needs to be addressed**
- **Reduction in stigma provides opportunity for HIV disclosure and community action**
- **Integration of family planning and HIV/AIDS**
- **Women encouraged to increase condom use**
- **Periodic HIV testing is crucial**

Recommendations (contd)

- **Young people should be encouraged to delay sexual debut**
- **Sexually active youth should avoid older partners**
- **Avoid high partner turnover and concurrent sexual partnerships**
- **Getting treated for STIs and never having sex when one has STIs**
- **Warn older South Africans that they too are at risk of HIV**

Recommendations (contd)

- **HIV infection among children is real and needs emphasis**
- **Include children and older people in surveillance and modelling the HIV/AIDS epidemic**
- **Positive Prevention is an important tool for HIV prevention**
- **Refocus communication strategy to expand areas of focus**
- **Study implications of ARVs**
- **Investigate dedicated tax for HIV/AIDS**

Full reference of the main research report

Shisana, O., Rehle, T., Simbayi, L., Parker, W., Bhana, A., Zuma, K., Connolly, C., Jooste, S., Pillay, V. et al. (2005). *South African National HIV Prevalence, Incidence, Behaviour and Communication Survey 2005*. Cape Town: Human Sciences Research Council Press.

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