



Prevalence of orphans and vulnerable children and child-headed households in South Africa in 2008

PRESENTER:

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Presentation to the Satellite Session on “The position of children infected and affected by HIV/AIDS in Southern Africa” to be held at the AIDS 2010 in Vienna on Sunday 18 July 2010 in Mini Room 1 from 11:15-13:15.

Social science that makes a difference



Full reference

- **Shisana. O., Simbayi, L.C., Rehle, T., Zungu, N.P., Zuma, K., Ngogo, N., Jooste, S., Pillay-van-Wyk, V., Parker, W., Pezi, S., Davids, A., Nwanyanwu, O., Dinh, T.H. and SABSSM III Implementation Team (2009). *South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2008: The health of our children*. Cape Town: HSRC Press.**



Outline of the presentation

- **Background**
- **Objectives of study**
- **Methods**
- **Ethics**
- **Results**
- **Conclusions**
- **Recommendations**

Background

- **One of the main impacts of HIV/AIDS is the premature deaths of young parents who leave their children behind without one or both parents.**
 - **Paternal orphans do not have fathers**
 - **Maternal orphans do not have mothers**
 - **Double orphans do not have both parents**
- **In 2007, about 12.1 million children in Southern Africa were estimated to have lost one or both parents to AIDS (UNAIDS/UNICEF/WHO, 2008).**
- **In South Africa alone, there are close to three million orphans, including orphans who have lost parents to AIDS.**

Background (contd)

- **There are also growing numbers of child-headed households:**
 - **2.6% of children aged 12-18 years identified themselves as heads of the households in 2005 compared to 1.5% in 2002 (Brookes, Shisana & Richter, 2004), and**
 - **overall 0.6% of all households are headed by children younger than 18 years of age (General Household Survey, 2007).**
- **In South Africa, more than 60% of children live in poverty, and AIDS deepens poverty at the household level as it causes families to cut back in areas of consumption that particularly affect children – food and costs associated with schooling and health care (Collins and Leibrandt, 2007).**

Background (contd)

- **The scaling up of ARV treatment over the past few years has been a positive development in South Africa.**
 - **The country boasts the largest ARV treatment programme in the world with an estimated 1 million PLWHA receiving treatment.**
 - **This has led to a further expansion in the number of HIV-positive parents who are on ARV treatment resulting in fewer deaths and consequently also hopefully fewer OVC and child-headed households.**
- **As it is difficult to attribute cause of death of parents, this analysis focuses on estimating the magnitude of the orphanhood problem in the general population of South Africa in 2008.**



Objectives of study

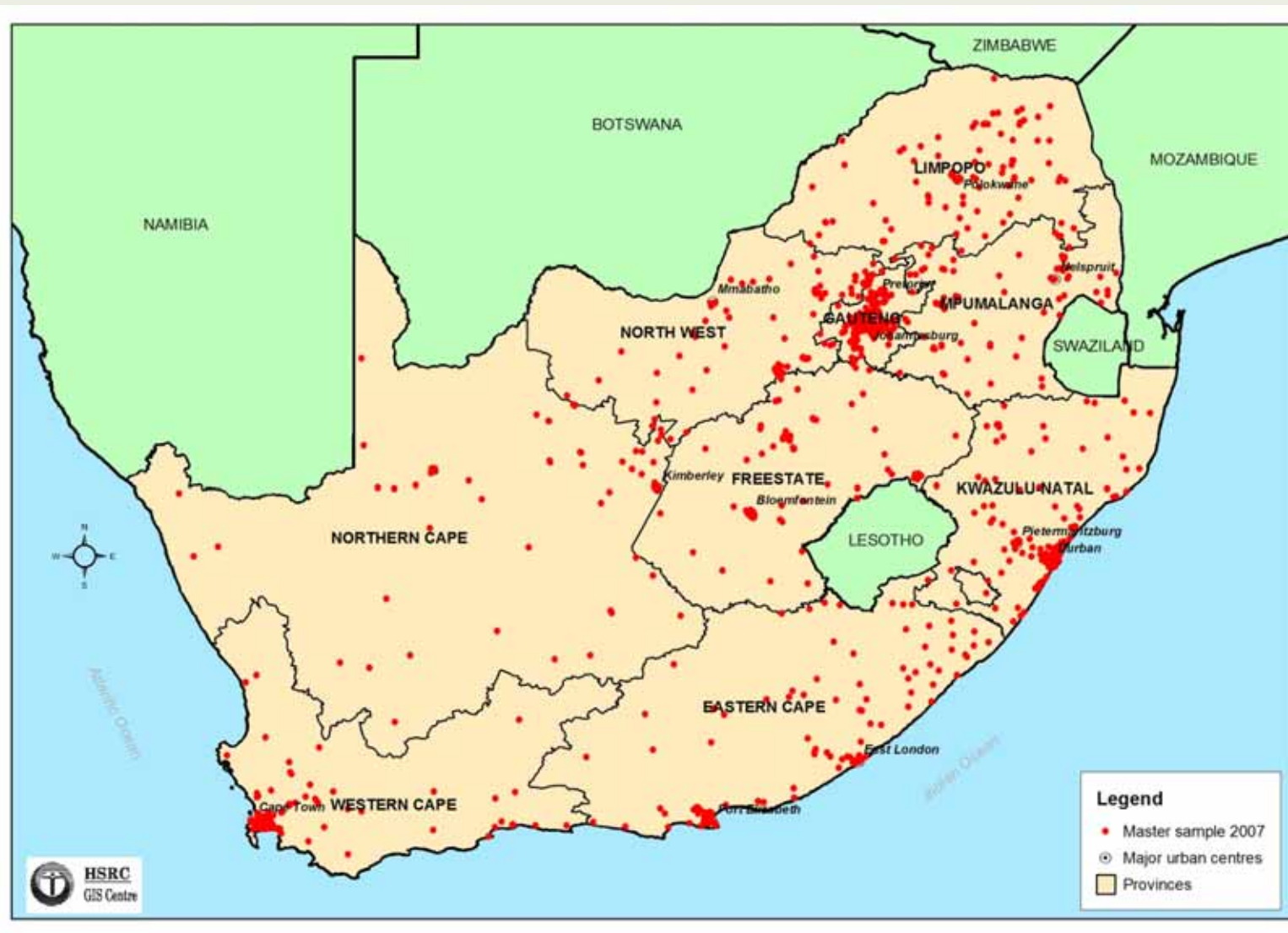
The objectives were to determine the following:

- **the prevalence of orphans and vulnerable children in South Africa**
- **the prevalence of child-headed households in South Africa**

Method

- **Study Design:** Cross-sectional national population survey
- **Population:** All in 2008; 2002 & 2005: ≥ 2 years
- **Sampling:** a multi-stage disproportionate, stratified sampling approach, 1000/86 000 EA
- Mapped the EAs

2007 Master Sample used in 2008





00100119-32-Q1-1

00100119-34-Q1-3

00100119-73-Q1-4

00100119-31-Q1-7

00100119-12-Q2-10

00100119-13-Q2-9

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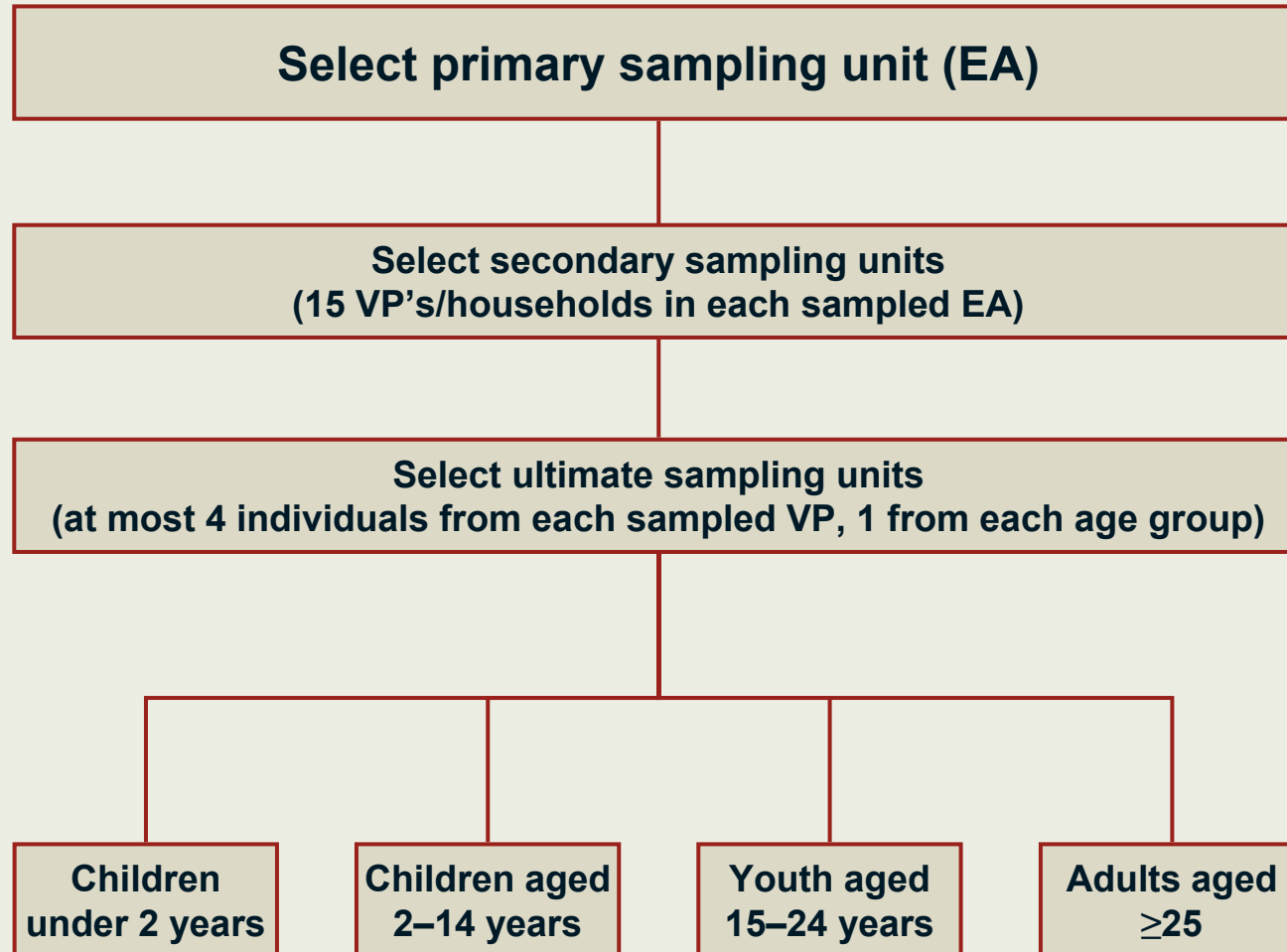
00100119-115-Q1-4

00100119-157-Q2-3

00100119-199-Q2-11

00100119-203-Q2-12

Sampling participants



Questionnaires

- 1. Visiting Point Questionnaire**
- 2. Questionnaire for parent/guardian of children aged under 2 years**
- 3. Questionnaire for parent/guardian of children aged 2-11 years**
- 4. Questionnaire for children aged 12-14 years**
- 5. Youth Questionnaire for persons aged 15-24 years**
- 6. Adult Questionnaire for persons aged ≥ 25 years**



Blood specimens



- **DBS specimens taken**
- **Tested for HIV antibodies – prevalence**
 - **Confirm all positives**
 - **Confirm 10% of negatives**
- **Polymerase chain reaction (PCR) to confirm HIV in children 24 months and younger**

Ethics



- **Ethics approval**
 - **HSRC's Research Ethics Committee (REC 2/23/10/07)**
 - **CDC's / Global AIDS Programme's Human Subjects Review**
- **Informed consent and child assent**
- **Linked anonymous HIV testing**

Results

- **Sample size**
- **Prevalence of orphans and vulnerable children**
- **Prevalence of child-headed households**





Sample Size

Individual interview response rates for children 0 to 18 years, South Africa 2008

- **9 786 individuals 0–18 years of age were eligible to be interviewed.**
- **A total of 8 966 individuals (91.6%) completed the interview**
- **5 756 (58.8%) agreed to provide blood specimens for HIV testing**



Prevalence of orphans and vulnerable children

Orphanhood status by sex among respondents aged 0–18 years, South Africa 2008

Variable	Level (<i>n</i>)	Orphans (%)	Maternal orphans (%)	Paternal orphans (%)	Double orphans (%)	Not orphan (%)
Total	8 203	16.8 [15.3–18.3]	3.9 [3.3–4.7]	10.5 [9.4–11.7]	2.3 [1.9–2.9]	83.2 [81.7–84.7]
Gender						
Male	4 146	17.6 [15.7–19.7]	4.9 [3.9–6.3]	10.4 [9.0–12.1]	2.3 [1.6–3.2]	82.4 [80.3–84.3]
Female	4 057	15.9 [14.1–17.8]	2.9 [2.2–3.9]	10.6 [9.1–12.2]	2.4 [1.8–3.2]	84.1 [82.2–85.9]

Estimates of orphanhood for respondents aged 0–18 years, South Africa 2008

Figure 4.12: The number and proportion of male and female orphans, South Africa 2008

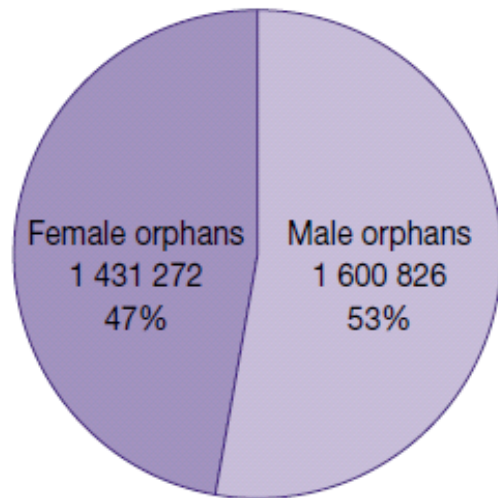
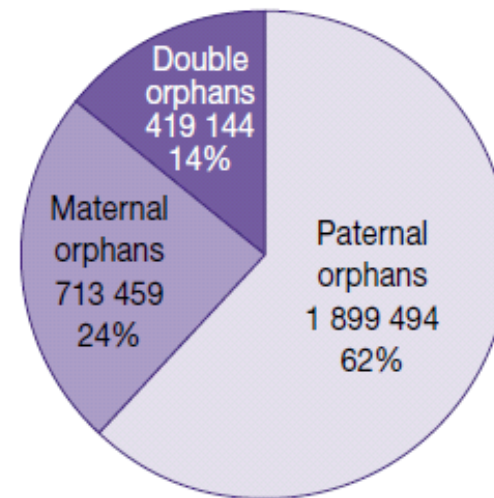


Figure 4.13: The number and proportion of paternal, maternal and double orphans, South Africa 2008



Orphanhood status by race among respondents aged 0–18 years, South Africa 2008

Variable	Level (<i>n</i>)	Orphans (%)	Maternal orphans (%)	Paternal orphans (%)	Double orphans (%)	Not orphan (%)
Total	8 203	16.8 [15.3–18.3]	3.9 [3.3–4.7]	10.5 [9.4–11.7]	2.3 [1.9–2.9]	83.2 [81.7–84.7]
Race						
African	5 271	18.7 [17.1–20.5]	4.4 [3.6–5.3]	11.7 [10.5–13.1]	2.6 [2.1–3.3]	81.3 [79.5–82.9]
White	617	3.2 [1.5–6.9]	1.8 [0.5–6.4]	1.3 [0.6–2.6]	0.2 [0.0–0.7]	96.8 [93.1–98.5]
Coloured	1 588	9.0 [7.2–11.2]	2.0 [1.2–3.2]	5.7 [4.4–7.3]	1.3 [0.5–3.4]	91.0 [88.8–92.8]
Indian	706	4.3 [2.8–6.7]	0.6 [0.3–1.6]	3.6 [2.1–6.1]	0.1 [0.0–1.0]	95.7 [93.3–97.2]

Orphanhood status by age among respondents aged 0–18 years, South Africa 2008

Variable	Level (<i>n</i>)	Orphans (%)	Maternal orphans (%)	Paternal orphans (%)	Double orphans (%)	Not orphan (%)
Total	8 203	16.8 [15.3–18.3]	3.9 [3.3–4.7]	10.5 [9.4–11.7]	2.3 [1.9–2.9]	83.2 [81.7–84.7]
Age						
0–4	2 854	3.3 [2.5–4.3]	0.8 [0.5–1.3]	2.4 [1.8–3.3]	0.1 [0.0–0.2]	96.7 [95.7–97.5]
5–9	1 684	14.2 [11.7–17.2]	3.3 [2.1–5.1]	9.2 [7.4–11.5]	1.7 [1.0–3.0]	85.8 [82.8–88.3]
10–14	1 918	20.9 [18.3–23.7]	4.2 [3.1–5.7]	13.5 [11.4–15.8]	3.2 [2.1–4.8]	79.1 [76.3–81.7]
15–18	1 747	32.7 [29.3–36.2]	8.6 [6.6–11.2]	19.1 [16.5–21.9]	5.0 [3.8–6.5]	67.3 [63.8–70.7]

Orphanhood status by province among respondents aged 0–18 years, South Africa 2008

Variable	Level (<i>n</i>)	Orphans (%)	Maternal orphans (%)	Paternal orphans (%)	Double orphans (%)	Not orphan (%)
Total	8 203	16.8 [15.3–18.3]	3.9 [3.3–4.7]	10.5 [9.4–11.7]	2.3 [1.9–2.9]	83.2 [81.7–84.7]
Province						
Western Cape	1 098	11.0 [8.2–14.6]	4.2 [2.2–7.9]	6.4 [4.9–8.2]	0.4 [0.2–0.9]	89.0 [85.4–91.8]
Eastern Cape	1 157	23.2 [18.9–28.1]	4.5 [3.0–6.7]	17.2 [14.0–20.9]	1.5 [0.8–2.9]	76.8 [71.9–81.1]
Northern Cape	559	10.5 [7.3–14.7]	2.9 [1.5–5.6]	6.0 [3.8–9.3]	1.5 [0.7–3.3]	89.5 [85.3–92.7]
Free State	522	18.2 [14.4–22.7]	2.3 [1.3–4.0]	8.9 [6.9–11.4]	6.9 [4.4–10.7]	81.8 [77.3–85.6]
KwaZulu-Natal	1 563	19.4 [16.2–23.2]	3.5 [2.3–5.3]	13.3 [10.8–16.3]	2.7 [1.5–4.6]	80.6 [76.8–83.8]
North West	678	13.2 [10.0–17.1]	3.2 [1.8–5.4]	7.5 [5.2–10.5]	2.5 [1.2–5.3]	86.8 [82.9–90.0]
Gauteng	1 199	14.2 [10.9–18.3]	5.3 [3.5–7.9]	6.8 [4.9–9.3]	2.1 [1.3–3.4]	85.8 [81.7–89.1]
Mpumalanga	661	15.3 [11.4–20.3]	4.7 [3.0–7.4]	7.2 [5.0–10.4]	3.4 [1.8–6.1]	84.7 [79.7–88.6]
Limpopo	766	16.0 [12.1–20.9]	2.4 [1.3–4.7]	12.0 [8.4–16.9]	1.5 [0.7–3.2]	84.0 [79.1–87.9]

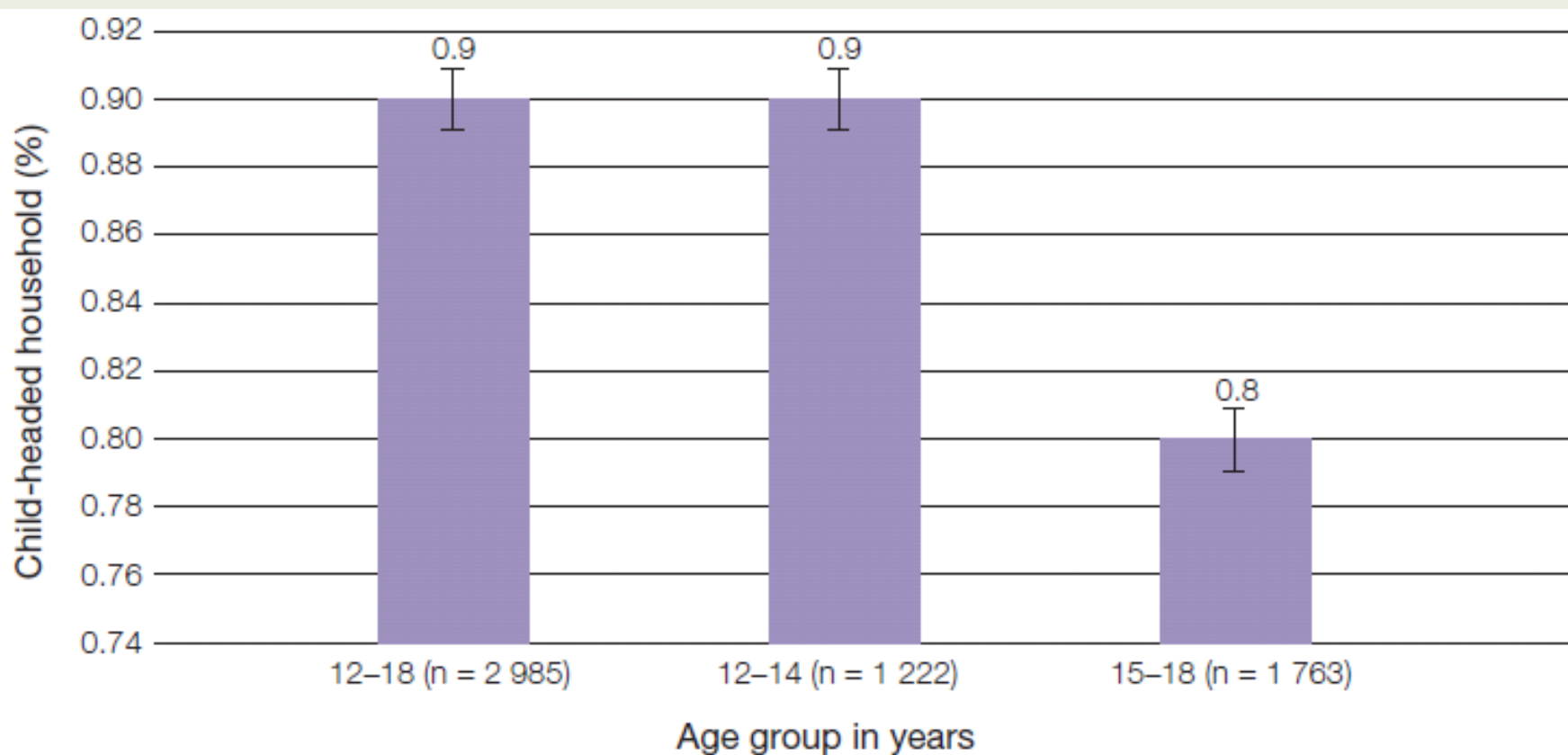
Orphanhood status by settlement type among respondents aged 0–18 years, South Africa 2008

Variable	Level (<i>n</i>)	Orphans (%)	Maternal orphans (%)	Paternal orphans (%)	Double orphans (%)	Not orphan (%)
Total	8 203	16.8 [15.3–18.3]	3.9 [3.3–4.7]	10.5 [9.4–11.7]	2.3 [1.9–2.9]	83.2 [81.7–84.7]
Locality type						
Urban formal	4 668	14.9 [13.0–17.2]	4.1 [3.1–5.5]	8.5 [7.2–10.0]	2.3 [1.7–3.1]	85.1 [82.8–87.0]
Urban informal	980	15.6 [12.2–19.8]	2.8 [2.0–3.9]	10.2 [7.4–14.0]	2.6 [1.4–4.7]	84.4 [80.2–87.8]
Rural informal area	2 073	20.0 [17.4–22.8]	3.9 [2.9–5.1]	13.9 [11.8–16.3]	2.2 [1.5–3.3]	80.0 [77.2–82.6]
Rural formal	482	12.5 [8.5–17.9]	5.0 [2.8–8.9]	5.0 [3.2–7.6]	2.5 [0.9–6.6]	87.5 [82.1–91.5]



Prevalence of child-headed households

Child-headed households (12 –18 years), South Africa 2008



Recommendations

- **It is recommended that programmes for OVC be further strengthened so that both the infected and affected children are supported adequately.**
 - **All provinces with the largest proportions of orphans, especially Eastern Cape, KwaZulu-Natal and Free State (the last two also have among the highest HIV prevalence rates in the country), should develop a response for orphans that are holistic and multidisciplinary.**
 - **The response should take into account that all three provinces have rural areas that are more likely not to be reached by services and development thus impacting negatively on orphaned children who might not have any means to go to where the services are without adult assistance.**

Recommendations (contd)

- **The strengthening of both ARV treatment and PMTCT programmes also ensures that fewer young parents die and leave their children orphaned and in a position where they have to head households.**
 - **Indeed both programmes are expected to further expand following the decision to increase the threshold for treatment to a CD cell count of 350 from 1 April of this year instead of 200 as used previously. This should also be achieved due to the recent implementation of a new HIV counselling and testing (HCT) campaign to test 15 million South African during the next 20 months.**

Research consortium

- **Human Sciences Research Council (HSRC)**
- **Medical Research Council (MRC)**
- **Centre for AIDS Development, Research and Evaluation (CADRE)**
- **National Institute for Communicable Diseases (NICD)**
- **Centers for Disease Control and Prevention (CDC)**
- **United Nations Children's Fund (UNICEF)**





Funded by

- **Human Sciences Research Council (HSRC)**
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- **United Nations Children's Fund (UNICEF)**

Thank you for your attention

