

4. CONCLUSIONS AND RECOMMENDATIONS



HIV prevalence

HIV prevalence was found to be high at 5.4 per cent for children aged 2 to 18 years of age. With no comparable data available for South Africa, it is difficult to interpret or verify these prevalence data. Further studies are underway to confirm the levels of HIV prevalence in children. Studies are also being conducted to validate testing serostatus using oral fluid from children.

Additional research is necessary to further examine the findings of this study. In particular, research will need to focus on the impact of sexual abuse, and on the extent of health service acquired infections. Sexual abuse is a critical issue since the findings in this study indicate that a large proportion of South African children is exposed to high-risk environments. Researchers will need to address both the difficulties and the ethical problems of research on sexual abuse, so that its contribution to HIV transmission can be accurately assessed and dealt with.

Orphanhood

Orphanhood, here defined as maternal orphans, was 3.3 per cent. This finding suggests that South Africa has not yet felt the full impact of AIDS on orphanhood and that there is still time to prepare for the full impact. Given the data demonstrating that African children, children in poor households, children living in informal settlements and older children are most affected, relevant institutions should focus on these groups and explore the most constructive ways of helping them. Developing community-based support for orphans should be the main focus given the negative impact of institutionalisation on children.

This study still needs to investigate data on children not living with a biological parent. Anderson *et al.*, (2002) show that fosterage increased from 6.7 per cent (OHS survey) to 15 per cent (SADHS survey) from 1995 to 1998. However, the reasons for this increase are not fully understood. More research needs to be done on child migration between families and other localities, on other adaptations to economic constraints on proper childcare, and on the burden of orphanhood. Further studies need to find ways of assessing orphanhood due to AIDS. Methods to ensure accurate reporting of parental deaths due to AIDS, without increasing the associated stigma for children, must be developed.

Child-headed households

Data on child-headed households suggests that additional research in this area is required. As with orphan status, South Africa may not yet have experienced the full impact of AIDS on the degree of child-headed households. There is still some time to anticipate and prepare for a substantial increase in the near future. Further research on reasons for child-headed households is required, particularly on the proportion attributable to AIDS.

Sexual debut and experience

In this study, children 11 years and younger were not asked about sexual debut and experience, and very few children aged 12 to 14 years reported having had sexual

experience. Improved methods in assessing sexual behaviour in children need to be developed because of the significant role it may play in HIV transmission in children.

Risk factors and risk environments for children

The present study identified three components of child vulnerability to HIV infection:

- Risk environments;
- Care and protection of children; and
- Knowledge and communication about sex and HIV/AIDS.

However, the numbers were too low to reliably measure child HIV prevalence against these three factors. More research is needed to establish the impact of risk, protection as well as knowledge on HIV transmission.

In terms of risk environments, this study shows that levels of poverty and exposure to alcohol and drugs are high for South African children. It also shows that care and protection of children in both homes and schools are not adequate, and that children are at risk for sexual abuse and possible HIV transmission in both situations. Interventions should focus on increasing both care and protection for children at home and at school and on making communities safer.

Correct knowledge about HIV/AIDS transmission and prevention is still deficient, and communication about sex, sexual abuse and HIV/AIDS between caregivers/parents and children is not adequate. Schools and families are shown to be the most important sources of information for children and correct knowledge about HIV/AIDS transmission and prevention correlates with good parent-child communication. Unfortunately, parental communication with boys is significantly lower than with girls on sex, sexual abuse and HIV/AIDS. Thus, specific interventions must focus on parental communication on these issues with boys. The role of schools and educators as sources of information on HIV/AIDS and their impact on behavioural responses must be examined in more detail. Particularly younger children need to be better informed. More support is needed for schools, educators and mothers as dominant sources for educating children about sex and related matters. More research is required to assess how children get their information and how they understand aspects of HIV/AIDS transmission and protection. Interventions can then better address the current low levels of correct information in these areas.

Significance and future research

This study has provided pioneering contributions to the study of HIV/AIDS in children. The researchers faced considerable challenges in studying children and valuable lessons have been learned. However, many challenges and questions still remain and more research, particularly on prevalence and the factors that contribute to transmission of HIV to children, is urgently required. We are in the process of further elucidating the data of this study. We hope that the lessons learned from this study will contribute to furthering research in the field of HIV/AIDS and children.

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