
**THE NATIONAL
HOUSEHOLD
HIV PREVALENCE
AND RISK SURVEY
OF SOUTH AFRICAN
CHILDREN**

THE NATIONAL HOUSEHOLD HIV PREVALENCE AND RISK SURVEY OF SOUTH AFRICAN CHILDREN

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FOREWORD



This study is dedicated to all the children of South Africa and to those organisations that work towards alleviating the plight of children – in South Africa and worldwide.

On behalf of the Nelson Mandela Children's Fund, I would like to comment on the importance of *The National Household HIV Prevalence and Risk Survey of South African Children*. The study was commissioned by the Nelson Mandela Children's Fund and the Nelson Mandela Foundation as part of the larger Nelson Mandela/HSRC Study of HIV/AIDS 2002. The aim was to give us, and all other organisations involved with children, a better understanding of what is actually happening to children in South Africa today, particularly in relation to HIV/AIDS.

HIV/AIDS has worsened the plight of many and South African children are experiencing the impact of the epidemic in alarming ways. Particularly worrying is an expected increase in child-headed households where children have lost either one or both parents/caregivers to the disease. These children are then thrust into adult roles, often do not have access to food, education, love or care and yet have to provide this for younger siblings in their care.

More and more children are being orphaned or made vulnerable by the disease. Little is known about the exact levels of prevalence among children and what predisposes them to the infection. On the whole, children in the 2 to 14 age group are not fully included in much of the research currently underway. This makes this new report especially valuable.

Organisations working with children need information in order to plan their responses to the epidemic. We hope that this report will provide some of this information and assist all involved organisations and departments to effectively address the needs of our children.

A great thank you to all the researchers from the HSRC, MRC and CADRE for their commitment to this study! And special thanks to Drs Olive Shisana, Linda Richter and Leickness Simbayi for the role they played as chief investigators in managing this project.

Sibongile Mkhabela

Chief Executive Officer
Nelson Mandela Children's Fund

PREFACE



South Africa, like all of Africa, is dealing with the effects of the HIV/AIDS epidemic, particularly with what is called the third wave of the epidemic – its social impact. Children bear a considerable part of the brunt of the social impact of HIV and AIDS. It is thus imperative to have well-researched information that can underpin our responses to the plight of children.

The HSRC recognises that very little is known about HIV prevalence rates among children or about the risk factors that predispose them to becoming infected. Therefore we place great importance on investigating these factors with the hope that the impact of HIV/AIDS on children is firmly placed on the region's research and programme agenda. *The National Household HIV Prevalence and Risk Survey of South African Children* confirms our commitment to investigating not only HIV prevalence among children and what predisposes them to HIV infection, but also the effects of the epidemic on their care and support.

This study forms part of the larger *Nelson Mandela/HSRC Study of HIV/AIDS: South African National HIV Prevalence, Behavioural Risks and Mass Media Household Survey 2002*. The HSRC undertook the study in collaboration with several other research institutions. The results highlight three key issues:

- Prevalence;
- The socio-cultural context; and
- Interventions in relation to sexual behaviour and HIV infection.

As with the larger survey, the children's study was motivated by the need to monitor the national response to the HIV/AIDS epidemic. The study also serves as a baseline for monitoring future changes.

The main objective of the study was to determine HIV prevalence amongst South African children from 2 to 14 years of age. We also sought to identify social and community risk factors that predispose children to HIV infection, as well as the impact of the epidemic on children in terms of orphan status and child-headed households. Finally, the study examined children's knowledge of HIV and HIV prevention, their knowledge about sexual behaviour and HIV as well as their own patterns of sexual behaviour and changes in that behaviour.

As a research team we made sure that the children participating in the study were treated with the utmost respect, and that all field workers received ethical guidelines and training pertaining to the inclusion of children. Our findings show clearly that risk environments, levels of care and protection, as well as of knowledge and communication about sex and HIV influence a child's vulnerability to HIV infection.

We hope that this report will open the debate about how best to deal with the particular vulnerability of children and that organisations working with and for children will benefit from this information. We hope that the knowledge and recommendations made in this study will help prevent new infections among children.

We are therefore very pleased to present this report to the Nelson Mandela Children's Fund. We gratefully acknowledge the caregivers as well as the children whose participation in the study made this report possible.

We also take this opportunity to thank Dr Heather Brookes, who carried many of the responsibilities for the study.

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- The social epidemiological and data analysis management section of the French Agency for AIDS Research (ANRS); and
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EXECUTIVE SUMMARY



1. *The National Household HIV Prevalence and Risk Survey of South African Children* forms part of the *Nelson Mandela/HSRC Study of HIV/AIDS: South African National HIV Prevalence, Behavioural Risks and Mass Media Household Survey 2002*. This report provides information on HIV prevalence, orphanhood, risk factors for HIV infection and knowledge of HIV/AIDS among South African children.
2. A total of 3 988 children aged 2 to 18 years participated in the survey. Caregivers of 2 138 children 2 to 11 years of age answered a questionnaire on the child's behalf. A total of 740 children 12 to 14 years of age directly answered a separate questionnaire. An additional 1 110 children between 15 and 18 years of age answered a youth questionnaire. Of the 3 988 children, 3 294 (82.6 per cent) provided a saliva specimen for HIV testing.
3. The results show HIV prevalence among children 2 to 18 years of age to be 5.4 per cent. Prevalence was nearly constant across age groups and did not vary significantly. There were insufficient numbers to compare prevalence across race groups. The prevalence was higher than expected. Further studies are necessary to verify this finding.
4. Maternal orphan rate is 3.3 per cent for children 2 to 18 years of age. One tenth of children have lost a parent/caregiver by 9 years of age and 15 per cent have lost a parent/caregiver by the age of 14 years. Among children 15 to 18 years, almost 25 per cent have lost at least one parent/caregiver. Children of African descent, children in poor households, and children living in informal settlements are most affected. Comparison with previous surveys on orphanhood show that orphanhood has not substantially increased since 1995. This finding suggests that South Africa has not yet experienced the full impact of HIV/AIDS on orphanhood and that there is still time to anticipate and prepare for an increase in orphanhood.
5. Three per cent of children 12 to 18 years of age said they were the head of the household. Overall, 0.5 per cent of households claimed to be headed by a child between 14 and 18 years of age. This finding is higher than the 0.25 per cent of households headed by children from the 1999 October Household Survey. However, South Africa may not yet have experienced the full impact of HIV/AIDS resulting in child-headed households.
6. Children under 12 years of age were not asked about sexual debut and experience. Very few children 12 to 14 years reported sexual activity. Sexual debut and experience among children 15 to 18 years of age can be found in the main report (Nelson Mandela/HSRC Study of HIV/AIDS, 2002).
7. This study identified three components of child vulnerability to HIV infection over and above vertical transmission. These were: risk environments, care and protection of children and knowledge and communication about sex and HIV/AIDS. For ethical and legal reasons, the study did not ask children about sexual abuse. Numbers were insufficient to compare HIV prevalence with these three components of child vulnerability.

8. Risk environments included levels of poverty, settlement type, businesses at home and exposure to alcohol/drug use.
 - Forty-five per cent of children live in homes where there is not enough money for food and clothes.
 - Of the households surveyed with at least one child 2 to 14 years of age, 12.7 per cent run businesses from home, mainly spaza shops and taverns.
 - Almost 32 per cent of children are exposed to someone in their home and neighbourhood who gets drunk once a month.

9. Measurement of care and protection of children in homes found that:
 - 1.3 per cent of children 2 to 11 years and 4.2 per cent of children 12 to 14 years had a caregiver younger than 18 years of age.
 - At least 5 per cent of children 2 to 11 years of age and over 10 per cent of children 12 to 14 years of age are not adequately monitored.
 - Examination of high risk practices where children are unprotected showed that almost 50 per cent of children 2 to 11 years of age and 75 per cent of children 12 to 14 years are sent out of the home alone on errands.
 - At least a third of children aged 2 to 11 and two thirds of children aged 12 to 14 years are allowed outside the home yard without adult supervision.
 - 15 per cent of children 2 to 11 years and almost 50 percent of children 12 to 14 years are left at home alone.
 - Almost a third of children 2 to 14 years of age are left at home in the care of a person 15 years or younger.

10. Measurement of care and protection in schools found that:
 - Travelling to and from school is a risk with the majority of children travelling to school on foot mostly accompanied by their peers with little adult protection.
 - Under half of children surveyed say educators watch children arrive and leave school.
 - A third of children say educators watch children during breaks and monitor toilets.
 - Two thirds of children report that educators ensure that no unauthorised person enters their school.
 - Two fifths of children report boys sexually harass girls.
 - 15 per cent of children report that male educators propose relationships with learners.

11. Investigation of knowledge and communication about HIV/AIDS found that:
 - About one tenth of caregivers of children 2 to 11 have discussed sex and HIV/AIDS with them. Almost a third have talked about sexual abuse. Caregivers are significantly more likely to discuss these topics with girls than with boys in their care. Two thirds of caregivers say they are comfortable talking about sex and HIV/AIDS with children in their care.
 - Just over 40 per cent of children 12 to 14 years of age report that their parents/caregivers have spoken to them about sex and HIV/AIDS. Half of all children in this age group report that their parents/caregivers have discussed sexual abuse with them. Again parents/caregivers are significantly more likely to have discussed these topics with girls. Seventy per cent of children 12 and over feel comfortable talking with a family member about sex and HIV/AIDS.

- Schools and educators are the most important source of information on HIV/AIDS for children 12 to 14 years of age followed by family, the main source being their mothers. Only 1.5 per cent and 1.2 per cent of children have learned about sex and sexual abuse from their fathers.
 - Among children 12 to 14 years of age, only half agree that HIV can be transmitted through unprotected vaginal sex.
 - Just over two thirds of children said that condoms protected a person from getting HIV/AIDS.
 - Correct knowledge of how HIV is transmitted and how to protect against contracting this disease was higher among children whose parents/caregivers had spoken to them about HIV/AIDS.
12. The study's conclusions and recommendations are as follows:
- Further prevalence studies of children should be conducted to verify the 5.6 per cent prevalence rate found in the main study.
 - South Africa has not yet felt the full impact of HIV/AIDS on orphanhood and child-headed households. There is still time to prepare for this impact.
 - Further work should find ways of assessing orphanhood and child-headed households due to HIV/AIDS.
 - Poverty and exposure to alcohol are high for South African children and create an environment where children may be at considerable risk of sexual abuse and consequently of HIV infection.
 - Care and protection of children at home and at school is not adequate and interventions where communities and schools work together to protect children are needed.
 - Correct knowledge on HIV/AIDS is deficient and communication on sexual matters is still inadequate particularly for boys and by fathers. More support and interventions to improve knowledge and communication are needed.
13. This study is the first national HIV prevalence study of children. The findings presented here are an important contribution to establishing the current status and conditions of children relating to the impact of HIV/AIDS. However, more work is needed to establish the proportion of HIV infection due to vertical transmission, nosomical factors, sexual abuse and sexual behaviour in children.



ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANRS	Agence Nationale de Recherche sur la Sida
CI	Confidence Interval
DOH	Department of Health
EA	Enumerator Area
FCS	Family Violence, Child Protection and Sexual Offences Unit
FDA	Food and Drug Administration
FHI	Family Health International
FS	Free State Province
GP	Gauteng Province
GPS	Global Positioning System
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
KZN	KwaZulu-Natal Province
LP	Limpopo Province
MEDUNSA	Medical University of South Africa
MP	Mpumalanga Province
MRC	Medical Research Council
NC	Northern Cape Province
NMCF	The Nelson Mandela Children's Fund
NMF	The Nelson Mandela Foundation
NW	North West Province
OHS	October Household Survey
PCR	Polymerase Chain Reaction
PSU	Primary Sampling Unit
SADHS	South African Demographic and Health Survey
SOP	Standard Operating Procedure
SPSS	Statistical Package for the Social Sciences
Stats SA	Statistics South Africa
VCT	Voluntary Counselling and Testing
VP	Visiting Point
WC	Western Cape Province
WHO	World Health Organisation