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The Impact of HIV/AIDS on Orphans in a South African Context

Meghan Burkholder

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## **An Introduction into HIV/AIDS and Orphans in a South African Context**

The HIV/AIDS epidemic has vastly impacted the lives of many. According to statistics reported by UNICEF, it is estimated that 36.9 million people were living with HIV worldwide in 2017. Of these, 19.1 million were women and girls while 3 million were children and adolescents under the age of 20. Every single day another 4,900 people were newly infected with HIV and about 2,580 people died from AIDS related causes (“Key Demographic Indicators: South Africa”, 2017). This horrific epidemic has heavily impacted South Africa in particular; this country contains more people suffering from HIV than any other African country, and 16 percent of the world’s HIV/AIDS infected population lives there (Johnson & Dorrington, 2001) (“Overview: Child and Maternal Health”). Even more shocking is the fact that HIV prevalence in the population of ages 15-49 is either stable or declining in Sub-Saharan Africa, yet in South Africa the rate of infection is still increasing (“South Africa- Prevalence of HIV”, 2017). In fact, HIV/AIDS is the leading cause of death for South Africa. South Africa’s Medical Research Council estimated 30 percent of all deaths are attributed to HIV/AIDS. Life expectancy is predicted to decline to 41.5 years by 2020-25 and the total population to be 44 percent smaller than what it would have been without the epidemic by 2045-50 (Johnson & Dorrington, 2001).

The HIV/AIDS epidemic has had immense effects on the children in South Africa. South Africa is assumed to have more AIDS orphans than any other African country (Johnson & Dorrington, 2001). HIV/AIDS- related diseases are a leading contributor to child mortality and about 300,000 children per year are born to mothers infected with HIV. Even though mother-to-child transmission prevention methods are becoming more widely available, UNICEF estimates that about 50,000 infant and child mortalities could be saved each year if healthcare interventions were more accessible. Additionally, nearly half of all orphans in South Africa lost their parents

from HIV/AIDS related diseases (“Overview: Child and Maternal Health”). In addition to the trauma of losing their parents, orphans face many obstacles that can be attributed to the effects of the epidemic. For example, HIV/AIDS has caused too many children to face poor levels of healthcare, poor nutrition and overall health, increased risk of infection, difficulties receiving an education, as well as psychosocial hardships including abuse, broken household structures, and overall poor mental health (Johnson & Dorrington, 2001).

### **The Environmental Impact of HIV/AIDS on the Health of Orphans**

Becoming an orphan, especially due to HIV/AIDS, can have adverse effects on a child’s physical, or somatic health. One concern for a child born to mothers infected with HIV is the possibility of transmission. The two main ways that HIV positive orphans typically become infected is either becoming infected perinatally, at the time of birth, or through the process of breastfeeding. Children who are infected with HIV usually do not survive long enough to make up a significant portion of the orphan population, but evidence suggests that HIV positive children who became infected from breast milk have a significantly better chance of surviving longer than those who are infected perinatally. While it is definitely possible to receive the virus from an HIV positive mother, about two thirds of babies will not become affected from their mothers (Johnson & Dorrington, 2001). However, even if a child does not become HIV positive themselves, the death of their parents due to the virus can still have implications for the child’s future physical health. One area that commonly affects orphans’ health is nutrition. Orphans tend to have a low level of food security, which can likely cause malnutrition (Richter, 2004). Often an orphan living in a vulnerable household will face a shortage of food. A national survey conducted in South Africa revealed that within the past 12 months, around 20 percent of these vulnerable households reported a child being hungry due to lack of food (Richter & Desmond,

2008). A child's access to education is also likely to be compromised when they are orphaned. In addition to suffering from physical affects and nutritional deficiencies, HIV/AIDS orphans continually face reduced access to schooling (Mutri, 2012). According to research done at the University of Cape Town, "It is predicted that South African school enrollment levels will fall dramatically in the areas worst hit by the epidemic. Orphans therefore tend to grow up poor and uneducated, in circumstances that make them vulnerable to HIV infection" (Johnson & Dorrington, 2001) A lack of education is a contributing factor when considering what the orphan's future will entail. With limited education access, chances of an orphan living in an impoverished environment as an adult are high. This inhibits many orphans from becoming productive, healthy members of society and even subjects them to possible HIV infection as an adult.

### **The Impact of HIV/AIDS on the Psychological Health of Orphans**

Psychological trauma for an HIV/AIDS orphan begins the moment when the parents develop the debilitating symptoms of AIDS. Before they actually become orphans, many children are exposed to the painful and slow death of their parent. As if this is not traumatic enough, the stigma surrounding this particular disease amplifies the psychological distress for an orphan. Children orphaned by AIDS expressed greater levels of stigma than other groups, even other children who were orphaned due to factors other than AIDS. A study published in the *Journal of Adolescent Health* reported a high association between AIDS orphans and poor psychological health due to experiencing stigma. This stigma surrounding HIV also affects orphans' relationships with others. This study reported that 97 percent of orphans claimed they did not have even one close friend (Cluver, Gardner, & Operario, 2008).

The trauma of losing a parent to AIDS in a society that shames people infected with the disease is likely to greatly influence a child's mental and emotional health. Some common psychological issues that a vast number of orphans encounter include low self-esteem, increased aggression, attention deficiency, anxiety, feelings of hopelessness, and suicidal ideation (Atwine, Cantor-Graae, & Bajunirwe, 2005). Additional factors that negatively influence the psychological health of AIDS orphans include bullying, community violence, loss of identity, and rejection (Cluver, Gardner, & Operario, 2008) (Mturi, 2012). Many children become alienated from their community or are abandoned by extended family, which increases the likelihood that they will become street children, display antisocial behavior, and become involved in prostitution (Johnson & Dorrington, 2001). This leads many to believe that without adequate orphan care, there will be a major increase juvenile crime (Asanbe et al., 2016). Unfortunately, there is little being done to ensure that AIDS orphans receive adequate psychosocial support.

A major psychological health issue affecting children orphaned by HIV/AIDS that has been reported in numerous studies is Post-Traumatic Stress Disorder (PTSD). The American Psychiatric Association defines PTSD as, "a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event" ("What Is Posttraumatic Stress Disorder?", 2018). A study published in the *Journal of Child Psychology and Psychiatry* found that children who became orphans due to AIDS in 2005 developed significant levels of PTSD. This study compared results between orphans not related to AIDS and children who were not orphans. The results of this comparison showed that the high levels of PTSD seen in AIDS orphans were not seen in the other two studied populations. These results revealed that levels psychological distress in AIDS-orphaned children are retained and exacerbated throughout a period of four

years (Cluver, Orkin, Gardner, & Boyes, 2011). When surveyed on levels of PTSD, 73 percent of AIDS orphans scored above the marker for PTSD (Asanbe et al., 2016). The psychosocial health of a child whose parents have died from HIV/AIDS is extremely fragile and is unfortunately often overlooked in this particular population.

### **The Impact of HIV/AIDS on Family Structure and Living Situations**

It is clear that losing a parent to HIV/AIDS will alter the child's family structure, however the way in which it is altered can expose orphans to a multitude of stressful and unsafe living situations. Children in South Africa are more likely to lose their paternal parent, with a one to four ratio of paternal orphans to maternal orphans. This ratio is higher than any other country in the continent of Africa (Johnson & Dorrington, 2001). A South African National Survey reported that the level of paternal orphaning has remained fairly consistent over a ten-year period, while maternal orphaning has doubled. Additionally, the percentage of orphans who have lost both parents has also doubled (Richter & Desmond, 2008).

For orphans who have lost both parents, African tradition leads the extended family to typically assume responsibility of the children. While in some cases this may turn out to be a good situation for an orphan, others are not so lucky. Often children who are passed on to extended families are exploited. For example, many are forced to trade their education for work in order to help ease the financial burdens of the extended family. This may be the only option for the entire extended family's survival due to the burden of another child when the family was already struggling with poverty before the arrival of an orphan (Foster, Levine, & Williamson, 2005). The orphans are also commonly treated differently than the caregiver's own children in ways such as excessive household chores or suffering from physical and/or sexual abuse. It is even common for the extended family to sell young female orphans into marriage (Johnson &

Dorrington, 2001). This would provide a monetary incentive for the extended family members, as well as a way to release the burden of caring for another child.

There are multiple types of family structures that exist for children orphaned by HIV/AIDS in South Africa, with the two main structures being skip-generation households and child-headed households. Skip-generation households refer to those in which “children are in the care of a person, usually a grandparent over the age of 60, with no younger adults in the household” (Richter & Desmond, 2008). These households contain members either below 18 or over 59 and at least one child. On the other hand, a child-headed household is when a child takes the role of a caregiver due to the death or terminal sickness of the primary caregiver, and no other adult is able or willing to fill the role. The child cares for all other younger children living in the household and becomes responsible for providing the necessities to survive (Richter & Desmond, 2008). A fairly small percentage of South African households are classified as skip-generation households. Only about one third of double orphans, those who have lost both parents, live in a skip-generation household. Despite this, the rate of this type of household is increasing along with other vulnerable households. This increase can be attributed to the growing number of orphans as a result of the HIV/AIDS epidemic (Richter & Desmond, 2008). These household structures struggle to gain financial stability as well as access to forms social assistance. Each of South Africa’s nine provinces contains these varying types of vulnerable households (Mturi, 2012).

In regard to child-headed households specifically, many challenges can arise for the orphans in this living situation. *Development Southern Africa* journal presents a sample of these challenges which include:

- i. Poverty negatively impacts a child’s access to education



- ii. Access to food and shelter becomes more difficult to obtain
- iii. Increased risk sexual abuse by neighbors and/or relatives
- iv. A higher risk for child prostitution and child labor
- v. Lack of healthcare due to the inability to obtain birth registration, a mandatory requirement for healthcare and social security benefits
- vi. High prevalence of property grabbing by families and communities

Even though child-headed households are faced with these catastrophic risks, they are still continuing to grow in South Africa. The number of child-headed households in 2005 was six times the number just ten years earlier in 1995. The family structure within the household contributes to the children's well-being immensely. A study published in *Development Southern Africa* compared adult-headed and child-headed households that were in comparable impoverished, vulnerable communities. The results found that "those in child-headed households were more vulnerable than their counterparts in adult-headed households to such problems as failure to access social services, inability to generate resources, unresolved grief, lack of attainable long-term goals, poor self-worth and poor internal locus of control" (Mturi, 2012). A child-headed household also has the potential to lack a sense of belonging, safety and security. The other form of living situation that correlates with the orphan population is adoption. The original policies for adoption in South Africa were established for white people desiring to adopt white children. However, the population with the greatest number of orphans is the black African population (Johnson & Dorrington, 2001). Luckily, adoption within the black population has been promoted by various agencies concerned with the startling number of orphans due to the epidemic of HIV/AIDS. Yet adoption is also not always the best scenario for the orphan population. Families and communities have subjugated these vulnerable children to abuse and

exploitation by cause of the overwhelming number of children becoming orphans as a result of HIV/AIDS. Another issue facing the adoption process is the mindset of many adoption agencies that only work to place very young children with adoptive families. It is also assumed by some fostering agencies that older children cannot be successfully fostered, and so the upper age population of children is cast aside and forgotten. This only enhances these orphan's state of vulnerability and allows for the risk of exploitation to become even more substantial (Foster et al., 2005).

### **Concluding Remarks**

The impact that the HIV/AIDS epidemic has had on humanity is immeasurable and its consequences run rampant throughout South Africa. Overall population vulnerability has reached unimaginable heights, especially pertaining to the youth population. The number of children who have lost parents or loved ones to HIV/AIDS is overwhelming. Within South Africa, children orphaned by AIDS-related deaths have become increasingly susceptible to a variety of hardships. The physical health in children becomes significantly more compromised once they lose parental figures to the epidemic. Not only is physical health impacted, but a child's emotional and psychosocial health also becomes all the more vulnerable. HIV/AIDS has drastically changed the structure of households and living conditions in a way that allows for all kinds of abuse, violence and exploitation to happen so often that it has become the norm for many children. The South African HIV/AIDS crisis has created unprecedented problems affecting all levels of society and has prematurely stripped away the innocence of young children, an already too vulnerable population.

**Reflection**

I chose the research topic of how HIV/AIDS has influenced the lives of orphans in South Africa because of personal experiences I have had with this particular population group. I have travelled to South Africa on four different occasions with an organization called Horizon International, whose mission is “creating a world of hope through African orphans.” During these trips I was able to spend a great deal of time building relationships with people of all ages orphaned by AIDS, especially children. I sponsor a girl, Selda, through this organization and have been able to spend time with her in South Africa and hear about how HIV/AIDS has taken away her parents and so many other members of her community. Seeing first-hand the detrimental impact the epidemic has had on so many aspects of life inspired me to research this topic in order to grasp a deeper understanding of the issue.

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