



# **OLDER PEOPLE, CHILDREN AND THE HIV/AIDS NEXUS: THE AFRICAN SITUATION**

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# OLDER PEOPLE, CHILDREN AND THE HIV/AIDS NEXUS: THE AFRICAN SITUATION

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## Summary

HIV/AIDS is rendering an enormous burden on society worldwide. In sub-Saharan Africa, the combined effects of depleted human capital, low productivity, decreased economic support, increased care-giving responsibilities places new burden on the family often headed by older women. Due to lack of information and understanding in this area of AIDS support, the Health Promotion/Non Communicable Disease Prevention and Surveillance Department (HPS) of WHO is initiating a project to address the problem of HIV/AIDS and its effect on older people and children in Africa. The project will produce evidence on the problem and facilitate grass roots and macro-level partnerships that would ensure the support of older people as assets in all areas of care related to HIV/ AIDS.

## Introduction

The world is experiencing a growing number of orphans resulting from HIV/AIDS deaths especially in economically disadvantaged societies. For example, while sub-Saharan Africa makes up only 10 % of the world's population, 13.7 million of the 16.3 million (84%) of the estimated adult and child deaths, caused by the end of 1999, have occurred in the region<sup>1</sup>.

In less than 20 years from now, AIDS deaths are projected to total more than the current entire population of Zimbabwe (11 million). Sadly, these deaths are occurring mostly within the active and the economically productive age group (15-49) leading to expected falls in rates of economic growth between 15 to 25 per cent, over a 20-year period. The loss of the bread winner(s) leaves no reserves for the family to cope with; this directly affects the "risk management capacity" of the other persons involved<sup>2</sup>.

The legacy of the increasing number of AIDS orphans worldwide is having far-reaching social, economic and psychological implications on society. The combined effect of increased care-giving responsibilities and decreased economic support due to depleted human capital and low productivity has created a "new situation" for older persons. No longer can they "retire" in their old age, but are forced into "skip generation parenting".

### **⚔ Looking beyond the figures: AIDS and the its sequalae on children and older people**

In spite of the heavy burden placed on older people by the AIDS epidemic in the provision of health related care to affected children and the care of children orphaned by AIDS, older people are marginalised in interventions aimed at ensuring the survival of this next generation of human capital-the orphans.

In view of the devastation caused by this virus and the poor health of older people, a comprehensive plan for social support and health care provision is needed. In most households in Africa, older people are the last bastion holding together the under resourced and dilapidated home.

Heslop (1999) identified that the majority of these older people live in labour intensive environments and are amongst the poorest because of their diminished capacity for labour due to disability resulting years of hardship and lack of access to basic services, such as adequate health care, potable water, energy and proper sanitation. Their lives are made up of continuous ill health, hazardous work and high levels of anxiety and stress<sup>3</sup>.

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<sup>1</sup> UNAIDS/WHO fact sheet, 1999

<sup>2</sup> ILO Geneva, 2000, HIV/AIDS: A threat to decent work, productivity and development

<sup>3</sup> HESLOP M, Ageing and Development, 1999, Social Development ah working paper no. 3 (DFID)

For example, in South Africa, specific access problems to health care services faced by older persons and their dependants include:

- Inadequate medicine for common illnesses at health centres
- Inability to afford cost of prescriptions
- Shortage of staff, in particular the lack of doctors in rural areas
- The negative attitude of health care staff in attending to the needs of older people
- Inadequate equipment for the treatment of different ailments<sup>4</sup>.

In spite of these hardships, older people especially women, provide not only health care and support for the infected, but are also responsible for financial support, emotional support and child rearing of the orphaned grandchildren (both HIV+ and HIV-)<sup>5</sup>.

The magnitude of the burden is manifest by the following facts. By the end of 2000, 10.4 million African children under age 15 will have lost their mothers or both parents to AIDS, this makes up 90 percent of the global total of AIDS orphans<sup>6</sup>. In Zambia between 1990 and 2000 the number of AIDS orphans is expected to more than triple and in Zimbabwe maternal orphanhood, resulting mainly from AIDS, is expected to increase to over 40%<sup>7</sup>. Due to poor health systems, and limited resources for prevention and care, it is expected that this proportion will rise further.

The few longitudinal studies carried out on household structures have revealed that the extended family is taking on the responsibility of adopting these children. For example, in Uganda there has been a 47% increase in this type of support by extended families<sup>8</sup>. The safety net provided by the extended family is identified as the most effective community response to the AIDS crisis<sup>9</sup>, and older women are increasingly heading these extended families<sup>10</sup>, but their capacity is stretched due to lack of resources, breakdown of traditional support mechanisms, migration and AIDS. Studies by HelpAge International (HAI) in South Africa<sup>11</sup>, in rural Uganda<sup>12</sup> report the lack of recognition and support given to older women to sustain this care and support role.

For example, in Cote d'ivoire, in urban households where there is an AIDS patient, the average household income has dropped between 52-67%, expenditure on children has halved, and food consumption has dropped by as much as 41%<sup>13</sup>, older people are coping with the physical, social, economic and psychological burden of caring for their dying children and raising orphans. The demise of their support base coupled with the absence of any formal social pension, results in a situation where older people are orphaned in reverse.

The role of older people and the burden resulting from this role, have not received much attention in policy discussions, programme development and projects to support orphans. The failure to recognise and enhance the role that older people are playing in the fight against AIDS incapacitates the potential of orphans.

### **Conclusion and the Future.**

Emerging evidence from WHO, HAI UNAIDS amongst others support the claim to consider older people as assets in the reduction and prevention of poverty and to support their key role in supporting children orphaned by AIDS. The loss of both emotional and financial support has caused a further deterioration in the wellbeing of older people, especially in the poorest areas of sub-Saharan Africa.

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<sup>4</sup> Mohatle, T., Agyarko R. (1999) Contributions of Older people to Development: The South African Study.

<sup>5</sup> UNICEF, Children Orphaned by AIDS, Front line response from Eastern and Southern Africa 1999.

<sup>6</sup> JEFFREY BARTHOLET, The Plague Years, Special report pp. 18. Newsweek, January 17, 2000

<sup>7</sup> FYLKESNES, BRUNBORG AND MSIKA in Southern African Journal Of Gerontology 1997; 6 (2): pp.6 1995

<sup>8</sup> NAKIYINGI, MALAMBA, KAMALI et al., Household composition and the HIV-1 epidemic in a rural Ugandan population 1997; pp.6

<sup>9</sup> ILO Geneva, 2000, HIV/AIDS: A threat to decent work, productivity and development

<sup>10</sup> GREGSON et al., in Southern African Journal Of Gerontology 1997; 6 (2): pp.6 1997

<sup>11</sup> MOHATLE, T and AGYARKO R, (1999) Contributions of Older people to Development: The South African Study, HelpAge International, UK.

<sup>12</sup> WILLIAMS A, TUMWEKWASE, G. "We will be alone when we die": HIV/AIDS and the aged in rural Uganda. London, 1998, HelpAge International and Medical Research Council (UK) (unpublished document-available on request).

<sup>13</sup> UNAIDS report A joint response to Aids in action pp. 50, 1999

A pragmatic approach identified by the Health Promotion/Non Communicable Disease Prevention and Surveillance Department (HPS) of WHO involves producing evidence that identifies the extent and nature of the burden on older people, as well as documenting the current contributions they make for policy advocacy and programme development.

Specifically this will involve:

- Meeting with local NGOs, government sectors and other relevant stakeholders to establish plans of action for data collection, directed at older Africans who are providing AIDS related care.
- Evaluate national policies and support directed at older Africans providing care for AIDS-orphaned children in project countries.
- Plan and execute survey instruments (qualitative and quantitative) to document the impact of HIV/AIDS on older persons and their families and identify effective care practices.
- Facilitate national and community based dissemination of the research results to invoke broader stakeholder participation.
- Integrate data collected through field studies into a WHO Minimum Data Set (Qualitative and Quantitative) for use in country and on the WHO/UNAIDS Internet WebPages and data projections.
- Enhance the capacity of universities and researchers to provide the information needed by governmental departments and civil society organisations to develop and implement interventions for the provision of relevant primary health care for older women and their dependants.

These activities would establish the baseline to inform the development of models of support and care that are sustainable and accepted by the community and complimentary to the National health and welfare policies. Armed with this evidence and working in close partnership at the country and community level, through the WHO African regional office and HelpAge International, interventions will facilitate grass roots and macro-level partnerships that:

- 1) Promote the maintenance of older people's physical, psychological, social and financial wellbeing through the formation of co-operatives and community support groups.
- 2) Support this population as assets in the care and support of HIV/AIDS patients and their orphans; through small scale income generation activities, and most importantly,
- 3) Increase their capabilities through the above, to ensure that orphans are not further deprived of access to resources and services in these economically deprived environments.

Due to the special services they offer, older people must not be forgotten, as they have lost their social and economic support base. Therefore, schemes to promote their social and economic security to sustain these new roles must be supported. Poverty is one of the fundamental catalysts in hastening the problem and actions to redress the situation must target at reducing it. Broad health promotion and poverty alleviation interventions, based on evidence of the impact of the epidemic on the family and older people, would ensure the survival of the next generation of human capital in sub-Saharan Africa and in the rest of the world.

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