



Averting 'New Variant Famine'

Briefing Notes No 5

Updated May 2009

Indirect impacts of AIDS on young people

AIDS impacts on young people in various interrelated ways.

Orphanhood

In 2003, between 13 and 20% of children in southern African countries had lost at least one parent and as many as 8% had lost both parents, in most cases due to AIDS.

Such children often face problems associated with orphanhood. The worst affected go hungry and some are left homeless. Some find themselves heading households of siblings, while others are

required to move to a new home, in an environment that is unfamiliar. Many move into households that are already impoverished and resentful at having to feed and attend to another child: a situation that breeds discrimination. Furthermore, children affected by AIDS commonly experience stigma.

However, there are a number of misconceptions about orphanhood. The typical orphan is not an infant: levels of orphanhood rise steeply as children grow older. Further-

more, the great majority of orphans have a surviving parent (although with AIDS the proportion of double orphaned children is unprecedented).

Research has demonstrated that in many cases orphans are not the poorest or most needy children in a community, and many of the problems they face are also confronted by other children who live with a single parent or are affected by poverty or unemployment. Furthermore, AIDS impacts children's lives in many other ways besides orphanhood.

Other household level impacts

AIDS impacts on households in a variety of ways, and can affect any household member (which will in turn affect children resident in the household in diverse ways). AIDS causes sickness, which can persist for months or years. Those who become sick may be unable to work—and it is not unknown for those who are diagnosed HIV positive to be dismissed from their employment. Thus unemployment often characterises AIDS-affected house-

holds. It is not only when it affects parents that sickness, unemployment and death impinge on young people's lives: there can be indirect consequences for children whoever is affected, particularly where the individual concerned is a key carer or breadwinner.

The effects on young people are wide ranging and affect young people differently depending on their situations. Loss of income and increased expenditure requirements can result in poverty and the withdrawal of children

from school. Many children are withdrawn from school, not simply to save costs, but to assist directly with caring for the sick, or to work within or outside the home, substituting for adults who are unable to work or raising additional required income. Some children are required to help, not in their own household, but are sent to live with relatives elsewhere.

Wider impacts

Not only are young people affected by the impoverishment of their own households, however;

AIDS is exacerbating poverty more generally, especially among the rural poor. Rural families, often with larger families to start with, find their households swollen by large numbers of children from urban backgrounds who are sent to be cared for when their parents fall sick or die. This can increase the burden on youth within the receiving households who have taken on caring responsibilities. Youth may also have to find work outside the household as a means of supporting the larger family.

Key Points:

- There are a growing number of single and double orphaned children in southern Africa due to AIDS
- AIDS also impacts on young people in other ways—associated with sickness, unemployment and death among household members
- AIDS is also impoverishing communities more widely, with impacts on diverse young people
- Many young people themselves contract HIV, either at birth or during adolescence
- A number of initiatives have been adopted to address the impacts of AIDS on young people



Averting 'New Variant Famine'

CENTRE FOR HUMAN GEOGRAPHY, BRUNEL UNIVERSITY

Direct impacts of AIDS on young people



University of Malawi



National University of Lesotho

Early infection

It is not unusual for babies to be infected at birth or through breast-feeding, although with the increased provision of antiretrovirals to pregnant women and new mothers transmission is diminishing. Until recently, few children infected in infancy lived beyond their fifth birthday. Once again, the rising availability of antiretrovirals is enabling young people to survive into adolescence. These young people are confronted with health problems associated with the virus, as

well as social challenges, not least affecting their own sexual identities.

Risks to youth

Youth, and in particular female youth, have high HIV prevalence rates: among 15-24 year olds in southern African countries, as many as 23% of women and 6% of men are infected. This is due to relatively high numbers of sexual partners among unmarried youth, some traditional rites of passage involving unprotected sex, lack of access to condoms, and taboos inhibiting discussion of sex across

generations. The much higher infection rates for girls is due to easier male to female transmission coupled with cultural factors. These include the conventional expectation that male sexual partners will be older, the practice of younger females forming relationships with older men who will support them financially if they engage in, sometimes intermittent, and often transactional, sex. Further, men, fearful of contracting the virus, seek younger female partners, and the myth persists that sex with a virgin is a cure for AIDS.

Measures to address the impacts of AIDS on young people

Responses to AIDS by governments, NGOs and international organisations divide broadly into two types of interventions: those focused around preventing transmission, such as sex and relationship education (or broader 'life skills education') in schools, publicity campaigns, voluntary counselling and

testing and the provision of low cost or free condoms; and those aimed at mitigating the impacts that are currently experienced. Many of the latter focus on the particular needs of children affected by AIDS, and in particular those who are orphaned. These include feeding schemes and grants to those who

are orphaned or their carers, bursaries for school attendance and the training of teachers in lay counselling. Broader strategies that avoid the specific focus on orphans include free primary education, child grants and other social protection policies that target the poor in general.

Averting 'New Variant Famine' – Building Food Secure Rural Livelihoods with Aids-affected Young People is funded through the ESRC/DFID joint scheme (RES-167-25-0167).

Project website: www.brunel.ac.uk/about/acad/sse/chg/projects/nvf

Research team:

- Dr Nicola Ansell nicola.ansell@brunel.ac.uk
- Dr Elsbeth Robson e.robson@africa-online.net
- Dr Lorraine van Blerk l.c.vanblerk@reading.ac.uk
- Dr Flora Hajdu flora.hajdu@gmail.com
- Lucy Chipeta lkchipeta@chanco.unima.mw