

EarthTrends: Featured Topic

Title: **A Generation of Orphans**
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With the staggering death toll that HIV/AIDS takes, it's easy to overlook the challenges faced by the people the disease leaves behind. These survivors include children who will become a generation of orphans as the pandemic stretches into the first three decades of the 21st century. This is especially true in some sub-Saharan African countries, where AIDS will kill one-fifth to one-third of all adults over the next 7-10 years unless massive efforts are made to provide antiretroviral treatment (Hunter 2000:9-10). These orphans, the vast majority of whom are HIV-negative, are at enormous risk of growing up without adequate health care, food, education, or emotional support.

By 2000, the HIV/AIDS crisis had created more than 13 million orphans worldwide, children who before the age of 15 lost either their mother or both parents to AIDS. More than 90 percent of these children live in sub-Saharan Africa (UNAIDS 2000a:27) (see Figure 1). Before AIDS,

Children Orphaned by AIDS Worldwide	
Figure 1: Cumulative number of HIV-negative children who have lost their mother or both parents to AIDS prior to age 15, as of the end of 1999.	
Sub-Saharan Africa	12,100,000
South and Southeast Asia	850,000
Latin America	110,000
Caribbean	85,000
North America	70,000
North Africa & Middle East	15,000
East Asia and Pacific	5,600
Eastern Europe & Central Asia	500
Australia and New Zealand	less than 500
TOTAL	13,236,100

Source: UNAIDS 2000c.

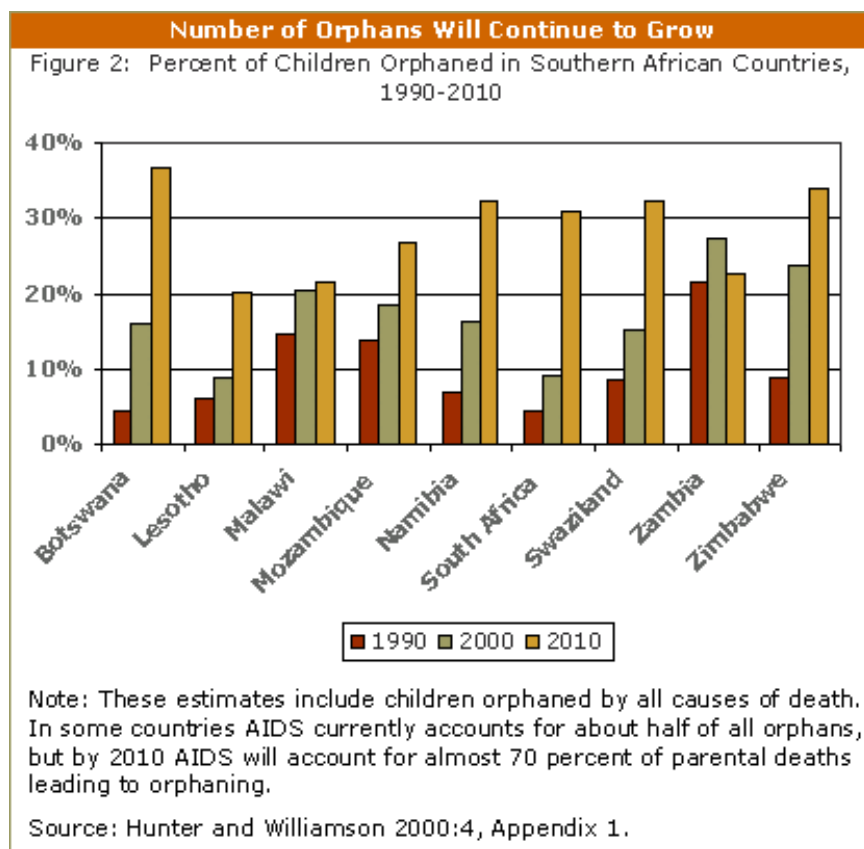
about 2 percent of children living in developing countries were orphans (UNAIDS 2000a:27-28). Today, in eight sub-Saharan countries, more than 20 percent of all children under 15 are orphans of AIDS or other causes of death, a situation that will prevail in 11 countries by 2010 (Hunter 2000:164).

By 2010, the total orphan population in 34 African, Asian, and Latin American countries with severe HIV/AIDS epidemics is projected to reach 44 million—25 percent more than today—with two-thirds orphaned as a result of parental deaths caused

by AIDS (Hunter and Williamson 2000:Appendix 1). This will create a child-care crisis never before seen in any war, famine, or other tragedy. Botswana, Namibia, Swaziland, Zimbabwe, Central African Republic, and South Africa are expected to have the highest proportion of children orphaned—about one-third or more—while Ethiopia and Nigeria have the largest number of orphans under age 15

(Hunter and Williamson 2000:Appendix 1) (see Figure 2.)

The enormity of the AIDS orphan problem in Africa derives from the fact that HIV/AIDS in this region is most prevalent in heterosexual populations, and more sub-Saharan African women than men are now infected (Hunter 2000:26, 33, 40). By comparison, worldwide more men than women are infected with HIV/AIDS. Also, in some other regions of the world AIDS is concentrated among gay men and intravenous drug users, who are not as likely to father or



bear children (Altman 2001:15).

The Impact of Orphans on the African Society

Before the AIDS epidemic in the 1970s, there were, effectively, no orphans in Africa. African marriage commonly links not only two individuals, but two families and their financial resources; extended family groups typically pool economic resources and pull together in times of crisis or tension. Normally, with the loss of parents, orphans might be cared for by grandparents, aunts or uncles. However, the AIDS epidemic has frayed that traditional safety net, forcing

the creation of an alternate safety net of more distant relatives. Although families have been found to be enormously resilient in terms of coping with a shrinking number of adults and a growing number of orphans, family resources may be stretched to the limit as they absorb orphaned relatives. In countries with severe epidemics, 30-70 percent of households are accommodating an orphan (Hunter 2000:213). Sometimes, however, even the alternate safety net of distant relatives is not available, and orphans care for themselves and their siblings (Hunter 2000:192).

Without a traditional family support system, the problems

for orphans mount quickly. In some countries, children in AIDS-affected households may be more likely to drop out of school because remaining family members cannot afford to pay fees or buy books, or the child may be needed to care for other relatives, or to work. Studies in Uganda suggest that after the death of one or both parents, the chance of orphans going to school is halved, and those who still attend school spend less time there (UNAIDS 2000a:27). In Zambia, nearly one out of three urban orphans and two out of three rural orphans don't attend school, which is significantly worse than attendance rates for nonorphans (UNICEF/UNAIDS 1999:17).

Orphans face an increased risk of stunted growth and malnourishment (UNICEF/UNAIDS 1999:4; World Bank 1997:223-224). In communities where adult deaths are high, food supplies often dwindle. When families can no longer absorb more orphaned relatives, orphans may end up on the streets. Many suffer social isolation, and some are pressured by poverty into prostitution (UNICEF/UNAIDS 1999:5; Hunter 2000:191).

The Response to the Orphan Crisis

The hardships faced by AIDS orphans have been documented for more than a decade, and African

governments are trying to develop and implement solutions. Some have created new laws and policies to protect children and to help women and children defend their inheritance and rights to property, and provided child advocates to help children redress exploitation. While governments also try to offer adoption and fostering stipends, public welfare assistance, and access to education and health services for poor children and families, perhaps only 2 percent of needy families have access to such government safety nets (Hunter 2000:215-216, 236-237). Governments still generally rely on communities and volunteers to provide the bulk of social services for AIDS orphans and families (Hunter 2000:236-237). Orphanages, hospices, and other institutions in a developing country have the estimated capacity to take in perhaps 5 percent of AIDS and non-AIDs orphans (Hunter 2000:262).

In Africa, increases in orphanages or other forms of institutional care would be economically impossible, given the degree of national debt and poverty that governments already face. In Ethiopia, for example, caring for a child in an orphanage costs between US\$300-500 per year—more than three times the nation's average per capita income (UNAIDS 2000b:13). In Zimbabwe, the cost per child for care in an orphanage is

\$1,600 annually, compared to about \$4 annually for family-based child care programs (Sternberg 2000:8A).

Furthermore, institutional care is not a socially acceptable solution in the African culture. Many African countries depend on a subsistence economy, and children sent from their village may lose rights to their parent's land. In addition, an institutionalized orphan would be removed from the companionship of any remaining siblings and their community. In Zimbabwe, where AIDS has orphaned 7 percent of all children under the age of 15, the National Policy on the Care and Protection of Orphans advocates that orphans be cared for by the community whenever possible and only placed in institutions as a last resort (UNAIDS 2000a:28). Most surrounding eastern and southern African countries have also taken a stance against building more orphanages because it drains resources needed to support family and community-based programs (Hunter 2001).

Accordingly, governments and NGOs focus on helping local communities care for families, children, and orphans affected by HIV/AIDS, and direct donors and NGOs to work with community projects. In Malawi, for example, Save the Children mobilizes and helps more than 200 village committees that care for about 23,000 orphans and others in AIDS-stricken areas; the

program is serving as a model for similar efforts in Ethiopia, Mali, and Mozambique (Save the Children 2001).

Studies suggest that local systems in sub-Saharan Africa provide 95-98 percent of care to HIV/AIDS families, victims, and orphans (Hunter 2000:206). Examples of community-based support projects for orphans include a Ugandan project launched by Janet Museveni, wife of President Yoweri Museveni, in 1986 that assists orphans in resettlement camps and returns them to their extended families. Museveni's organization also helps fund education and training for the children and provides credit to caretakers to start small businesses and trading activities (UNAIDS 2000a:28). In Zimbabwe, church groups recruit community members to visit orphans who live with foster parents, grandparents, or in child-headed households, as a way to help the children get the financial and emotional support they need and to keep the household together. The group regularly provides clothing, blankets, school fees, seeds, and fertilizer (UNAIDS 2000b:13). In Malawi, district AIDS committees supply funds and resources to village committees; these communities, in turn, develop community gardens and distribute improved sweet potato and cassava varieties to AIDS-affected households and try to educate the community about HIV/AIDS prevention

(Hunter and Williamson 2000:8).

The AIDS orphan crisis stands to become yet another complex issue affecting some of the world's poorest countries. Raising adequate financial resources—some estimate more than \$1-\$2.3 billion is needed to mount an effective prevention campaign in sub-Saharan Africa alone—is only part of the challenge (Hunter and Williamson 2000:6). Programs to help AIDS orphans must be able to be implemented quickly, given the speed with which the

orphan problem is growing, be sustainable for several decades, and be able to adapt to the epidemic's growing and changing impacts (Hunter and Williamson 2000:2).

Many of the AIDS orphans live where poverty, malnutrition, and a lack of safe water, sanitation, and basic health and education services already make children's lives risky; solutions to orphan problems must address a broad range of community needs. Where AIDS-stricken communities have easy access to water or to fuel-efficient

stoves, for example, households can spend more time undertaking income generating activities, and less time collecting firewood (Hunter and Williamson 2000:7). And where families have better economic opportunities, they can better care for orphans. Even the availability of savings and credit mechanisms can make a difference to AIDS orphans; in Uganda, three out of four members of a successful village banking program are caring for orphans (Hunter and Williamson 2000:7).

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