

The situation of the HIV and AIDS epidemic in South Africa: we can turn the tide

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Overview

- The magnitude and distribution of the HIV and AIDS epidemic
- Demographic impact of AIDS
- Factors fuelling HIV
- Response to the epidemic



“Of all diseases, AIDS provides the most dramatic and disturbing example of the capacity of a previously unknown pathogen to rapidly spread throughout the world... and cause social and economic upheaval on a scale that threatens to destabilize a large geographic area”

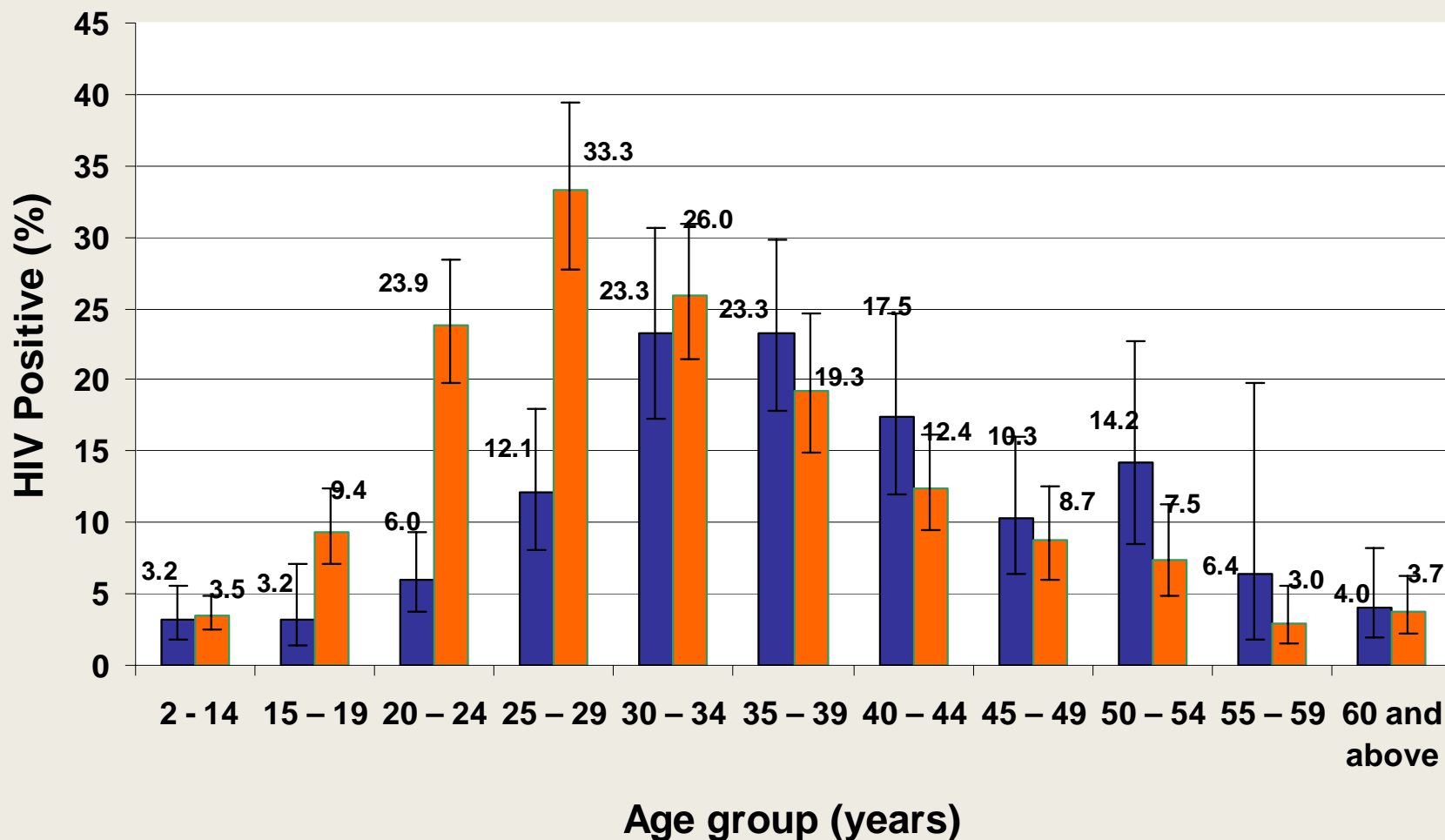
(WHO representative)

Heymann, D: Evolving infectious disease threats to national and global security. (Eds) Lincoln Chen, Jennifer Leaning and Vasanti Narasimhan, Harvard University Press. Cambridge, 2003



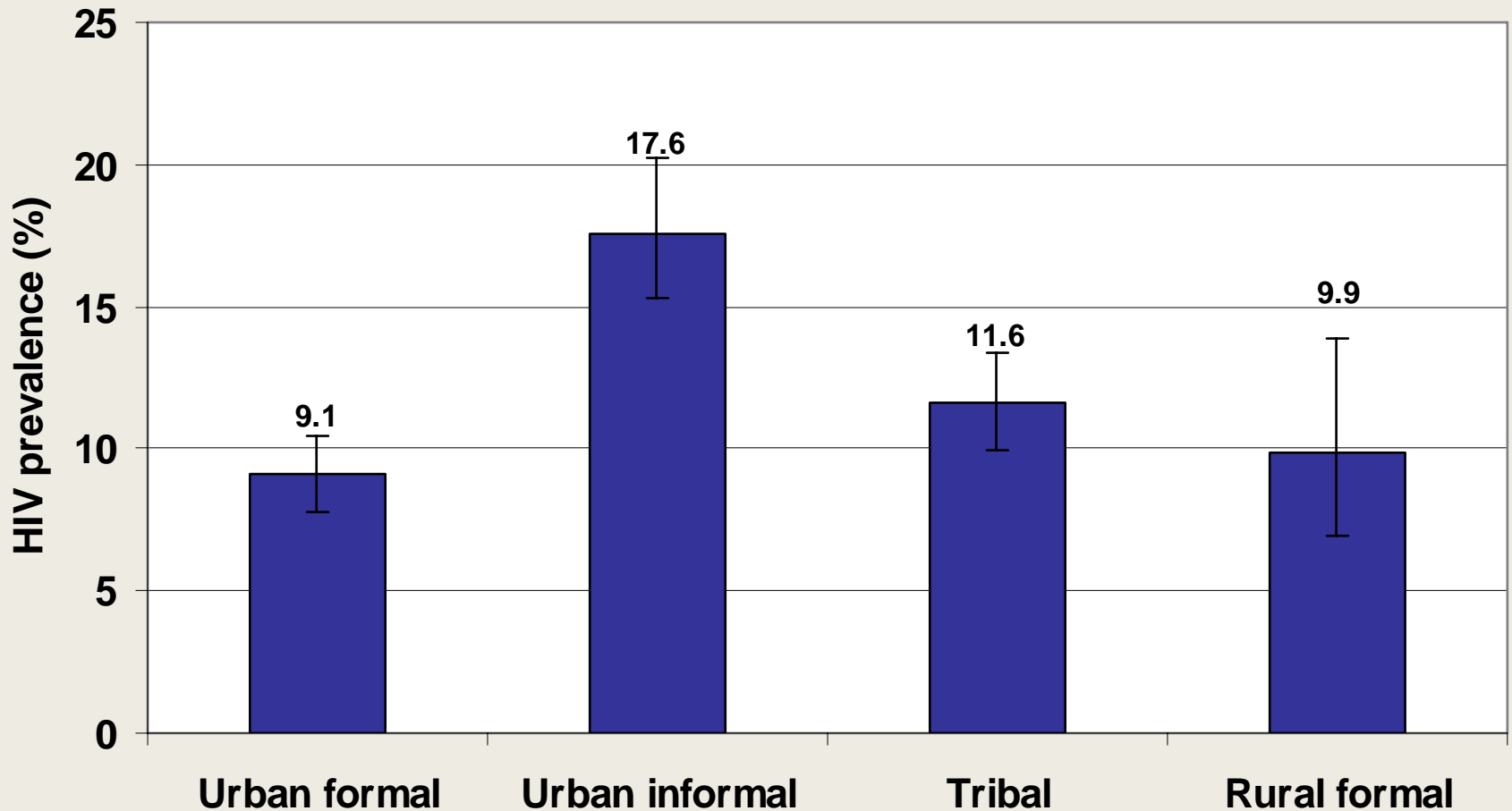
Prevalence of HIV by age and sex, South Africa 2005

■ Males ■ Females





HIV prevalence (2 years and older) by locality type, South Africa 2005



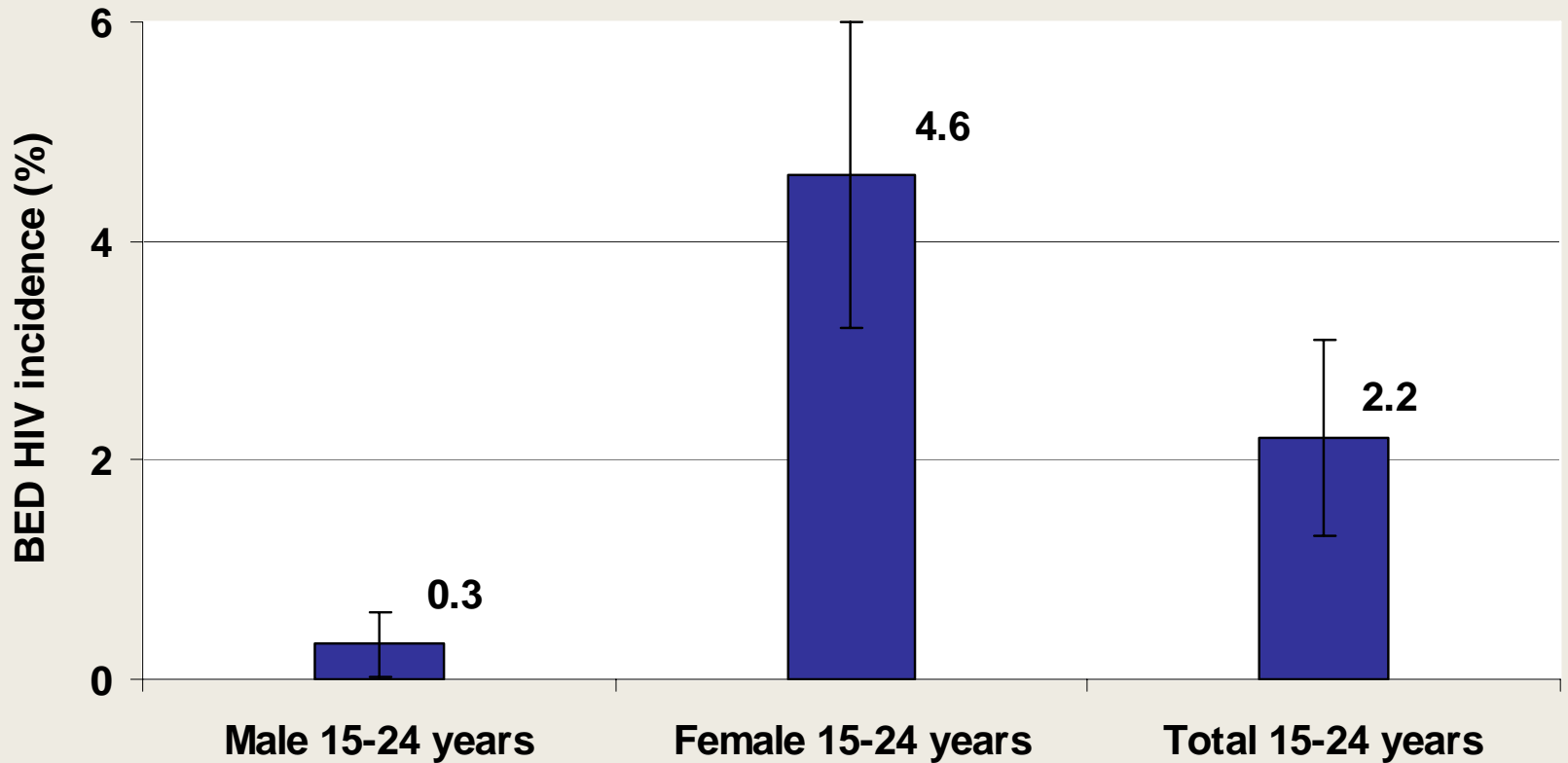


HIV incidence % and number of new infections by age group, South Africa 2005

Age group (years)	Weighted sample (n)	HIV incidence % per year [95%CI]	Estimated number of new infections per year (n)
≥ 2	44 513 000	1.4 [1.0 - 1.8]	571 000
2-14	13 253 000	0.5 [0.0 - 1.2]	69 000
15-24	9 616 000	2.2 [1.3 - 3.1]	192 000
≥25	21 645 000	1.7 [1.1 – 2.3]	310 000
15-49	24 572 000	2.4 [2.2 – 2.7]	500 000



HIV incidence in youth aged 15-24 years, South Africa 2005





AIDS morbidity at mid-2006

1. Stage 4 (not on ARVs)	511 000
Children <14 yrs	27 000
2. No. receiving ARVs	200 000
Children <14 yrs	25 300
3. AIDS sick	
New AIDS sick during 2006	479 000
Total AIDS Sick	599 000



Demographic impact of AIDS mortality and orphanhood

- 71% of all deaths in the 15-49 yr old were due to AIDS
- 300 000 children <18 yrs lost a mother
- 66% of orphans in SA are estimate due to AIDS
- Child mortality is increasing

NSP 2007



Factors fuelling the HIV & AIDS epidemic in South Africa

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Perceived vulnerability to HIV infection

False sense of security

- 66% of respondents thought they are probably or definitely not at risk for HIV
- 51% of the survey participants who tested positive for HIV thought they would probably or definitely not get infected with HIV



Factors fuelling the epidemic:

Lack of basic knowledge about prevention

- Nationally too many
 - Adolescents (18.7%) and older South Africans =>50yrs (11.2%) do not accept the fact that HIV can be transmitted through unprotected sex
 - Adolescents (18.1%) and older people (21.3%) disagree or unsure that HIV can be prevented by using condoms
 - That HIV can be reduced by having fewer multiple sexual partners: youth (32.8%), older South Africans (35%)
- This indicates that messages are not clear, not accepted and/or are untargeted.



HIV prevalence and age mixing in youth aged 15-19 years, South Africa



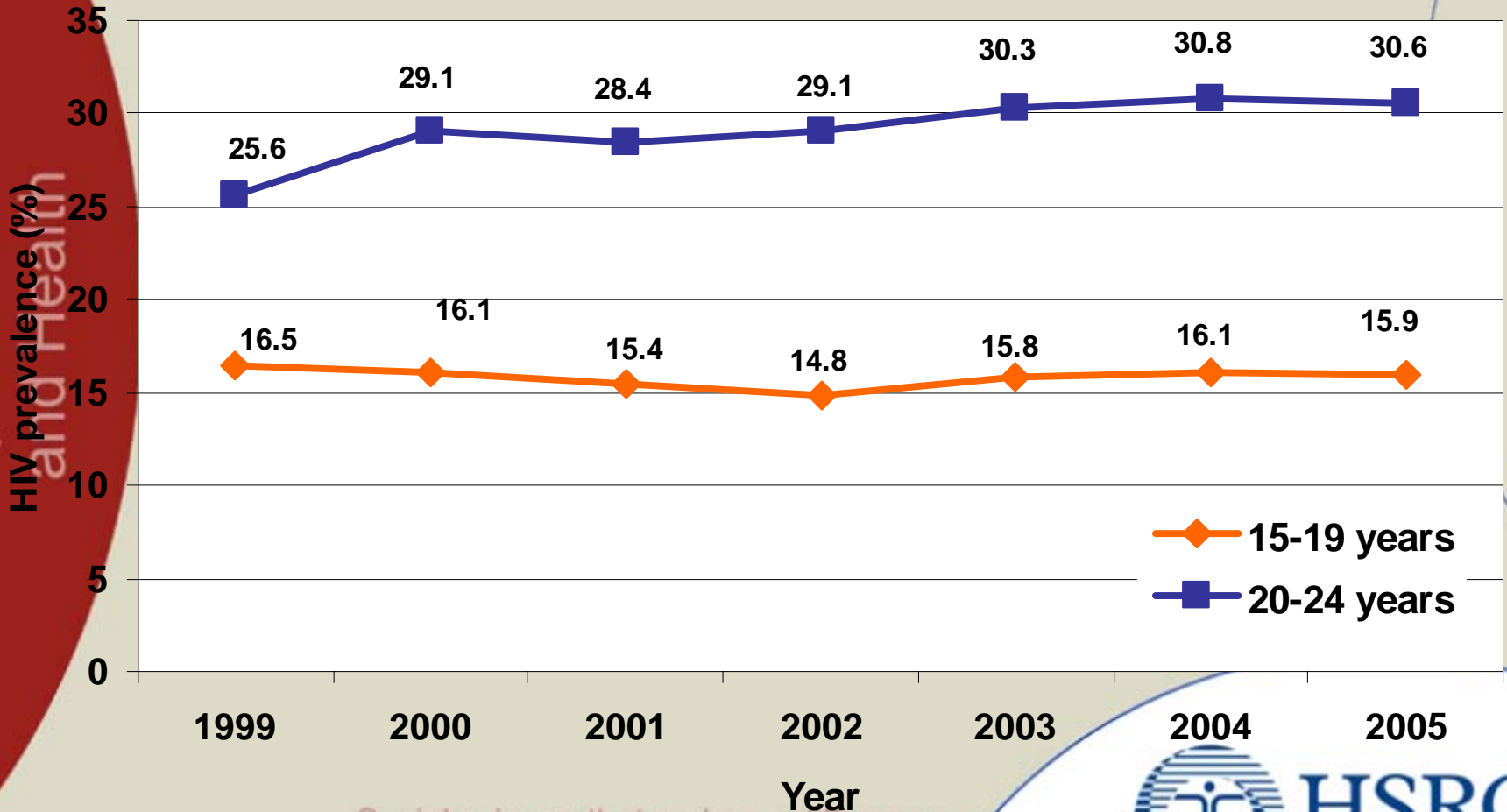


Factors fuelling the HIV/AIDS epidemic

“Again I can say may be it's a myth, a person says if I were to sleep with a younger somebody, I would get boosted sexually, that's another thing because you find out that when a person is at an age of forty and above, they would say I'm loosing it a little, and at home I'm not satisfied so it's better if I go outside and get a younger one, just like women, they think that they need the younger males because they are the stronger ones because when you get them you find that you are boosted. So, those are just myths that are there” –Nelson Mandela/HSRC study focus groups, 2002



Antenatal HIV prevalence trends among youth, South Africa 1999 - 2005

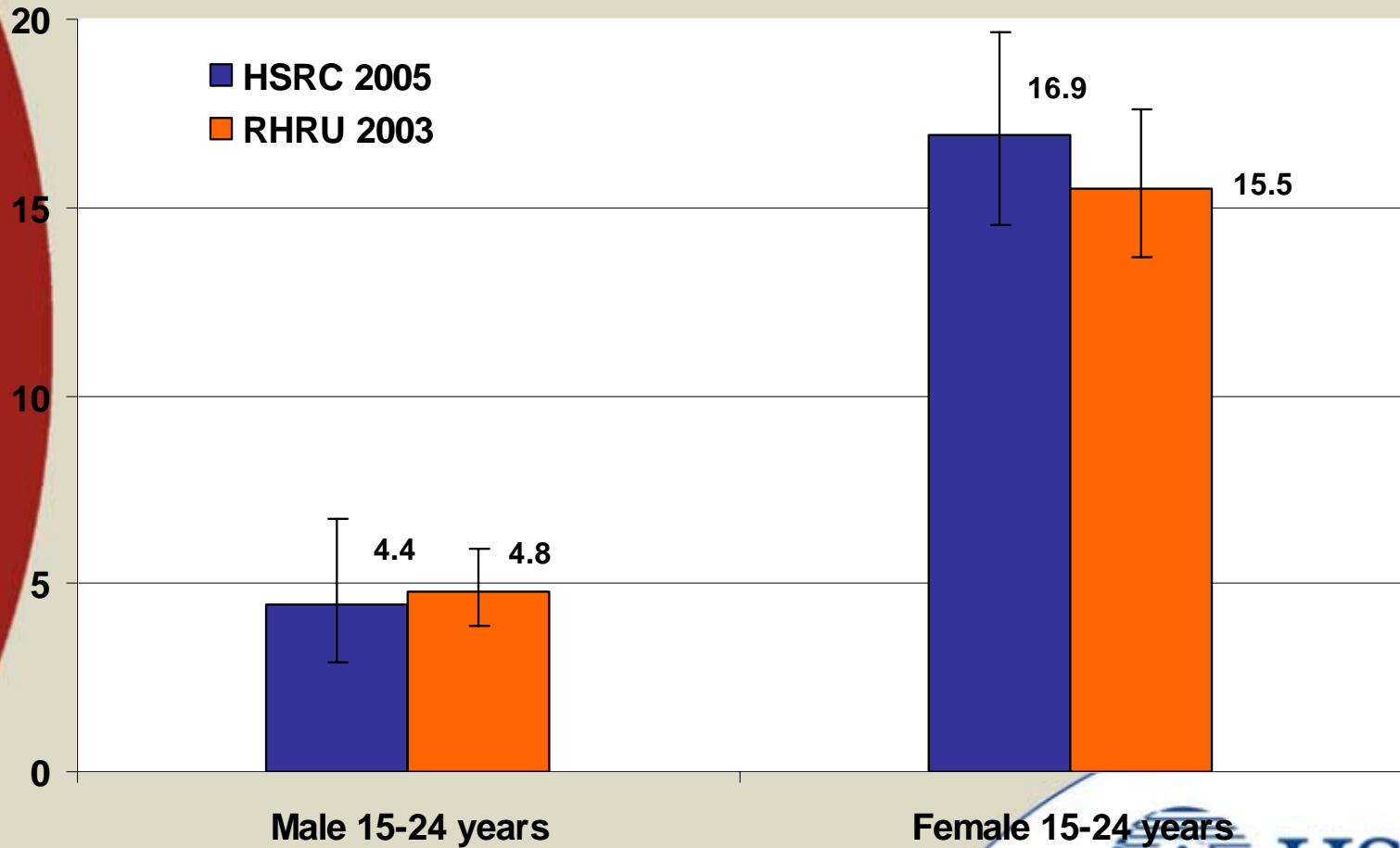


Department of Health, 2006

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HIV prevalence in youth: HSRC 2005 vs. RHRU 2003



Social Aspects of HIV/AIDS
and Health
HIV Prevalence (%)

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Multiple sexual partnerships over the past 12 months, South Africa 2005

	MALES		FEMALES	
Age	N	>partner %	N	> One partner %
15-24 years	972	27.2	1397	6.0
25-49 years	2059	14.4	3195	1.8
50+	799	9.8	726	0.3



Multiple sex partnership

- Men are **expected** to have extramarital affairs
“munna ndi ndou, hali muthihi fhedzi”
(man will never be satisfied by a single woman) -
Venda young male

“A man cannot be stabbed by one spear”
(a man must have more than one partner-rural
Ndebele)

(Nelson Mandela/HSRC study of HIV/AIDS- 2002 Focus groups)



Reported pregnancy among sexually active youth, South Africa 2007

	N	Among those who are sexually active: Percent who have ever been pregnant/made a girl pregnant
Total	2524	37%
Gender		
Female	1472	57
Male	1052	17
Age by gender		
Female, ages 15-19	590	39
Female, ages 20-24	882	66
Male, ages 15-19	469	7
Male, ages 20-24	583	23



Unprotected Sex, South Africa 2002 & 2005

Age	Male (%)		Female (%)	
	2002	2005	2002	2005
15-24 yrs	57.1	84.8	46.0	73.0
25-49 yrs	26.7	53.4	19.7	55.3
50 yrs+	8.2	25.2	5.6	18.7



Awareness of HIV status and condom use, South Africa 2002 & 2005

HIV status	Condom use HIV positive		Condom use HIV negative	
	2002	2005	2002	2005
Know status from test taken within 2 years	33%	66.2%	26%	50.8%



Not implementing PMTCT

- Only 14.6% of South African pregnant women received PMTCT services in 2005



Treatment Issues

- Approximately 230 000 HIV-infected individuals were receiving antiretroviral treatment, and a further 540 000 were eligible but not receiving antiretroviral treatment.



TB and HIV/AIDS

- TB is very prevalent in South Africa
- Emergence of XDR-TB in Kwazulu/Natal
- Since Sept 2006, 183 people, most HIV positive, have died from XDR-TB in SA.
- XDR-TB is likely to exacerbate the HIV & AIDS epidemic in SA

Bulletin of WHO, May 2007

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South Africa's response to the epidemic

- Life skills programmes for youth both in school and out of school
- Communication campaigns --condom promotion, abstinence, partner reduction, VCT promotion, promotion of care and support
- Legislative responses
- PMTCT
- Appropriate STI treatment
- ARV
- Integration of TB and HIV prevention and treatment in pilot districts.



We can beat the epidemic

- We have the means to access state-of-art knowledge prevention, treatment and care information
- We have world class HIV/AIDS scientists
- Very good national strategic plan
- We allocate funds to achieve the goals and objectives set and have partners who contribute to this
- We have a vigilant civil society



We can beat the epidemic, if...

- If each one of us find our space in implementing the NSP and make our contribution.
- Mobilise communities to adopt protective practices
- We work in unison, focused and “walk the talk”

*Singayinqoba ingculaza
Ons kan VIGS wen
Singamoyisa ugawulayo*



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Prof Thomas Rehle
Dr. Leickness Simbayi
Ms Mpumi Zungu

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Social Aspects of HIV/AIDS
and Health

THANK YOU

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