

# **Orphans, Schooling and Medical Aid Coverage in the Era of HIV/AIDS in South Africa**

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## **Extended Abstract**

### **INTRODUCTION**

The escalating HIV/AIDS prevalence in sub Saharan Africa (hereafter SSA) has got negative consequences on socio-economic development and household dynamics. A huge proportion of people are infected with HIV and most of these are adults, leaving majority of children infected and affected. South Africa continues to have the highest number of HIV infected people with over five million people estimated to be living with HIV/AIDS at the end of 2003. Of those people living with HIV/AIDS, about three million were women (UNAIDS, 2004). Overall, sentinel surveillance data show that HIV prevalence in South Africa was estimated at 28 per cent in 2003 - a one percentage increase from 2002. Most recent estimates show that prevalence levels are still increasing in all age groups, except for pregnant women older than 40 years of age. Provincial variation in sentinel HIV prevalence are pronounced with more than 30 per cent of women infected in three provinces (Free State, Mpumalanga and KwaZulu-Natal, reaching 38 per cent in the latter) while the prevalence in Western Cape, Northern Cape and Limpopo ranges between 13 per cent and 18 per cent. Since 2001, HIV prevalence has risen in all provinces excluding Free State and Gauteng (UNAIDS, 2004). Due to the high HIV prevalence in SSA countries such as Botswana, Malawi, South Africa, Uganda, Zambia, and Zimbabwe, more than 15 per cent of children under the age of 18 have lost one or both parents (Doctor, 2004). In this paper, we examine the level of orphanhood, school enrolment, and medical aid coverage among children by socioeconomic status (SES) in South Africa. We use data from the 2003 General Household Survey (GHS) collected by Statistics South Africa (Stats SA).

The increasing HIV prevalence in SSA and elsewhere poses a challenge to government efforts in tackling issues related to the welfare of infected and affected people. In South Africa, the government is still facing some challenges in setting up mechanisms aimed at addressing the needs of orphans and other vulnerable children (OVC). For example, Kelly (2002) cited in (Giese et al., 2003) stated the need for the South African Government to ensure that children of school-going age in communities hit hard by HIV/AIDS have the opportunity and financial resources to receive education of good quality. In addition, the education sector was called upon to provide support and assistance needed in addressing the social and psychological effects experienced by children affected or infected with HIV/AIDS. Although in 2000 the gross school enrolment rate for South Africa was estimated at 94 per cent, making it one of the highest enrolment rates in SSA, the prevalence of non-school attendance among children of school-going age remains high. For example, in 1996, 16 per cent of children aged 6–14 years were out of school with the highest prevalence of non-schooling observed in rural areas at 19 per cent and among Black Africans and boys. The

Eastern Cape, Northern Province, and North West had the highest prevalence of non-school attendance (Giese et al., 2003).

Recent studies have documented the negative effects of orphanhood on children's school enrolment in SSA such as delayed enrolment, poor performance, and dropping out. However, there is no clear evidence suggesting that the risk of delayed enrolment or poor performance among orphans is higher than non-orphans (Doctor, 2004; Kinghorn et al., 2002). In South Africa, Ainsworth and Filmer (2002) using data from 1998, found out that there is no significant difference between enrolment of orphans and non-orphans. The study by Ainsworth and Filmer (2002) was based on household surveys from 28 African countries in SSA, Latin America, the Caribbean and south-east Asia. In their study, further evidence of the non-significant relationship between orphans and non-orphans and the extent to which orphans and non-orphans differ in school enrolment is country-specific. Other factors influencing school attendance among orphans include huge loads of domestic work and caregiving responsibilities particularly for older orphans. The challenges faced by orphans irrespective of the outcome of interest are comparable across SSA and other less developed countries.

Another challenge faced by the Government of South Africa lies in the provision of health services to orphans and OVC. The current health system in South Africa attempts to respond to the needs of orphans by providing a strong political commitment to children and a basic health service infrastructure in all parts of the country. Despite these efforts, good quality and equitable implementation of health services for children throughout the country is still modest. Medical aid coverage among orphans and OVC is imperative in ensuring that children have access to advanced health care services. Although a number of medical aid schemes are available on the market that claims to offer cheap monthly premiums, they are often expensive for the average household with orphans and OVC. This has implications on access to advanced or specialist health services particularly in situations where the public health services and manpower are too stretched.

## **DATA AND METHODS**

### **Data**

The data for this study come from the second round of the GHS conducted in July 2003 by Stats SA. The data are archived by the National Research Foundation South African Data Archive (<http://www.nrf.ac.za/sada/>). The main purpose of the GHS is to measure the level of development and performance of various government programmes and projects (Stats SA, 2004). Information collected in the 2003 GHS include individual socio-demographic characteristics, survival status of parents, access to health services, employment characteristics, quality of housing, ownership of durable goods, sources of roofing and wall materials, and sources of energy/fuel for cooking, heating and lighting.

### **Methods**

We follow the conventional approaches to defining the categories of orphans by dividing the children into four mutually exclusive categories for our analysis. 'Paternal orphans' are children whose fathers are dead and whose mothers are alive. About 1.4 per cent of children in the 2003 GHS had the vital status of their fathers reported as 'unknown.' 'Maternal orphans' are children whose mothers are dead and whose fathers are alive. The proportion of children with the survival status of their mothers reported as 'unknown' was 0.12. We exclude children whose survival status of their parents was unknown from our analysis. 'Double orphans' are children whose parents are deceased. 'Non-orphans' are children whose parents are alive.

A proxy measure for SES in our study is derived from principal components analysis (PCA) (Filmer and Pritchett, 2001) which is used to create an index of household assets and housing quality used as a proxy for SES. According to Filmer and Pritchett (2001), the index of household assets is obtained as the first principal component of forty one items in the following categories: source of water (two items), type of toilet (five items), source of heating (five items), source of cooking (four items), source of lighting (three items), housing structure (five items), roofing material (four items), livestock (three items), ownership of household durables (ten items).

Current school enrolment for children aged six to eighteen is measured by the following question: 'Is (name) currently attending school or any other educational institution?' Responses to this question were a simple dichotomy, yes or no. Although the reported qualifications varied, the interest in this question was to find out the number of people who were currently attending any educational institution. This included distance or correspondence education.

Medical aid coverage in the survey was sought by the following question: 'Is (name) covered by a medical aid or medical benefit scheme or other private health insurance?' This question is applicable to all children. Possible responses to this question were in three categories: 'yes', 'no', and 'don't know.' The medical aid schemes were supposed to be operational at the time of the survey. Enumerators were instructed to inform the respondents that these schemes can cover the medical expenses partially or fully (Stats SA, 2004).

## **RESULTS**

Preliminary results show that the proportion of orphanhood increases fast after the age of 12 and decreases at the age of 15 before it increases again at the age of 18. These results show that the proportion of orphans increases with age, a finding that is consistent across many countries in SSA (e.g., Foster et al., 1995). These results demonstrate the challenges faced by school-going children: they are at a higher risk of being orphans than younger children. Specifically, more orphans are found in KwaZulu-Natal and the Eastern Cape and less of them are found in the North West. These results are to a large extent influenced by the large proportion of households that are infected and affected with HIV/AIDS. Compared to orphans, being a non-orphan increases the odds of being in school by 42 per cent. However, the sex of the child does not matter in school enrolment suggesting that girls and boys receive equal treatment with respect to school enrolment. Compared to orphans, the odds of being covered by medical aid for non-orphans increases by about four-fold (OR = 4.13).

## **CONCLUSION**

The findings reported here are very important in that they help the government gauge the progress made towards achieving one of the United Nations Millennium Development Goals (MDGs) of reducing the world's poverty by half. Considering that majority of orphans are poor, and if poverty and the general welfare of the orphans remain unchecked, it is very unlikely that the MDGs will be met. The results in this study also call for researchers to continuously take advantage of the available data to assess issues that are related to the socio-economic development of South Africa. Stats SA collects massive data on various socio-economic aspects of the South African community and it is imperative that researchers make use of these data to continuously assess cross-cutting issues relevant to the 21<sup>st</sup> century.

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