

Grandmothers and HIV/AIDS

One of the rarely told stories from sub-Saharan Africa is that of the grandparents who care for children orphaned by AIDS. Research in seven countries (Burkina Faso, Cameroon, Ghana, Kenya, Mozambique, Nigeria and the United Republic of Tanzania) with recent data reveals the enormous burden that orphaning is exerting on the extended family in general and grandparents – often grandmothers – in particular. By the end of 2005, 12 million children across sub-Saharan Africa had been orphaned by AIDS.

Children who have lost their fathers (paternal orphans) usually stay with their mothers; over 50 per cent of children in each of the seven countries assessed did so. However, fewer than half of the children who lost their mothers (maternal orphans) continued to live with their fathers. Women are therefore more likely to take care of orphaned children, irrespective of whether they have lost their mothers, fathers or both parents.

The strain of caring for orphans is telling on female-headed households, which have among the highest dependency ratios. Many of these households are headed by elderly women, often grandmothers, who step in to raise orphans and vulnerable children when their own children sicken and die. Grandparents – particularly grandmothers – care for around 40 per cent of all orphans in the United

Republic of Tanzania, 45 per cent in Uganda, more than 50 per cent in Kenya and around 60 per cent in Namibia and Zimbabwe.

In many poor countries, elderly women are among the most vulnerable and marginalized members of society. Unequal employment opportunities and discriminatory inheritance and property laws force many women to continue working well into old age. Following the deaths of husbands, many elderly women subsist on low wages earned in physically arduous jobs in the informal sector. For instance, in Uganda, a study by the UN Food and Agricultural Organization found that widows were working two to four hours more each day to make up for reduced income following their husbands' deaths.

HIV/AIDS is straining elderly people already struggling to make ends meet. Evidence shows that poverty rates in households with elderly people are up to 29 per cent higher than in households without. Elderly women who assume responsibility for family members affected by HIV/AIDS are often forced to work longer hours and sell personal possessions and household assets in order to pay for medicines, health care and funeral costs. Household studies conducted in Côte d'Ivoire found that families where one member was living with HIV/AIDS had roughly double the health spending

but only half the income of households in a control group where no one was living with HIV/AIDS. Funerals can absorb a large share of income; in four provinces in South Africa, a study showed that households with an AIDS-related death in the previous year spent an average of one third of their annual income on funerals.

The financial burden of caring for orphans can threaten household food security. A study in Dar es Salaam, United Republic of Tanzania, found that orphans are more likely to go to bed hungry than non-orphans. In Malawi, moderate to severe hunger is also more prevalent among households with more than one orphan. The latter study has suggested that although extended family members may be able to care for one orphan, the demands of caring for any additional orphans undermine their food security and, by extension, the nutritional well-being of all children in the household.

Against the odds, grandparents and single mothers make enormous efforts to send children to school. Research from 10 sub-Saharan African countries has found a strong positive correlation between school enrolment and biological ties between the child and the head of household. But the financial strain may prove too great if the household has to accommodate more than one orphan. While there is no conclusive evidence to suggest

that orphaning per se increases the risk of children missing school, research from Uganda suggests that double-orphans – children who have lost both parents – are most likely to miss out on an education.

A deepening crisis for orphans and caregivers

UNICEF predicts that the number of children who have lost one or both parents due to AIDS will rise to 15.7 million by 2010. At that point, around 12 per cent of all children in sub-Saharan African countries will be orphans due to all causes, with one quarter of these orphaned by AIDS. Disaggregated data provide an even bleaker panorama: Roughly one in every five children aged 12–17, and one in every six children aged 6–11 were orphans in 2005. At the same time, the number of widows is rising. HelpAge International estimates that the highest growth rate of any age group will be among those aged 80 and over, most of whom are women.

Programmes designed to provide cash and other forms of assistance to elderly household heads can help ease the burden of caring for young orphans. In Zambia, a pilot cash transfer scheme for older people caring for orphans has resulted in improved school attendance rates among children. In South Africa, girls living in households with older women in receipt of a pension have

been found to be 3–4 centimetres taller than girls in households with older women who do not receive a pension. Despite these successes, these programmes represent a short-term solution at best.

Addressing the crisis facing orphans and elderly women in sub-Saharan Africa, and elsewhere, requires a long-term strategy aimed at reversing the discriminatory social attitudes and customs that keep women and children mired in poverty. Many countries in sub-Saharan Africa, and in other regions, are developing national plans to address these challenges based on the five core principles of *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. This framework, endorsed by international agencies and non-governmental organization partners in 2004, is based on five key principles:

- Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support.
- Mobilize and support community-based responses.
- Ensure access for orphans and vulnerable children to essential

services, including health care and birth registration.

- Ensure that governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities.
- Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV and AIDS.

Across sub-Saharan Africa, initiatives are transforming the five principles into action. These include abolishing school fees in Kenya and Uganda; community-level interventions to support households in Malawi, Rwanda, Swaziland and the United Republic of Tanzania; and improved data collection through large population-based surveys. UNICEF is providing support and advocacy through the Global Campaign on Children and AIDS – *Unite for Children. Unite against AIDS*. Despite these efforts, however, coverage remains limited in all areas. With research revealing the disproportionate burden on female-headed households, there is an urgent need to provide them with assistance as part of broader actions to support orphans and vulnerable children and their families.

See References, page 88.