# Orphanhood, Poverty, and HIV Risk Behaviors among Young People in KwaZulu-Natal, South Africa

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## Motivation

Although a body of research is beginning to emerge on the effects of household-level poverty on HIV risk and preventive behaviors (see for example Wojcick, 2005), few studies have examined the effects of orphanhood *and* poverty status on such behaviors. Most studies analyzing the impacts of orphanhood on health focus on younger children. While orphaned infants may be at risk for HIV through vertical transmission from their mothers, and orphaned children may be at risk because of increased vulnerability to sexual abuse, the effects of having an ill or deceased parent (due to AIDS or otherwise) on young people as they begin to make their transition to adulthood and debut sexually is severely understudied. A number of organizations (UNICEF, 2003; UNAIDS, UNICEF, USAID, 2004; UNFPA, 2002) point to orphanhood as a potential risk factor for unsafe sexual behaviors and experiences, particularly for girls, and there is a plethora of anecdotal evidence, but there are few studies that actually document the relationship.

Orphan status combined with poverty may increase young people's HIV risk through a number of mechanisms including reduced access to the protective effects of attending school, higher chances of non-consensual sex, and increased likelihood of unprotected transactional sex and other potentially exploitive and unsafe livelihoods activities. In the absence of one or both parents, positive role modeling and effective communication about sexuality and safe sexual behaviors may be missing, and orphaned adolescents may also have less supervision and monitoring of their activities with peers (Perrino et al. 2000).

The painful process of experiencing a parent die from AIDS may lead to a sense of helplessness and is likely to result in low-self esteem and low perceived self-efficacy among young people. Such low-self efficacy has been associated with feeling a lack of control over ones sexual health and may lead to higher risk-taking behaviors (Gregson et al., 2004). The risks from these negative psychosocial outcomes can continue after orphans move to foster families, as they may experience loneliness (Gilborn et al., 2001), hopelessness (Sengendo and Nambi, 1997), and be discriminated against for school attendance (Case et al., 2004), in the distribution of labor and household chores (Guarcello et al, 2004), or in the allocation of food (Bledsoe et al. 1998).

The effects of stigma, illness, and death due to HIV/AIDS exacerbate the immense challenges already faced by many young people in South Africa who are socially and economically disadvantaged. The effects on young women are of particular interest since a recent national population-based survey of young people indicates that for every *one* 15–24-year-old male there are more than *three* females the same age living with HIV (prevalence rates of 4.8 and 15.5, respectively) (Pettifor et al., 2004). Hallman (2004, 2005) shows that young women residing in lower wealth households in South Africa are at high risk for unsafe sexual behaviors.

## Data

The effects of orphanhood and poverty will be examined using representative longitudinal data from KwaZulu-Natal, South Africa, collected in 1999 and 2001 (Rutenberg et al. 2001; Magnani et al. 2003; Hallman, 2004). Two areas within KwaZulu-Natal province were purposively chosen for the study site, Durban Metro and Mtunzini Magisterial District, as they represented urban, peri-urban, and rural areas of the province. A modified stratified, multi-stage cluster sampling method (Turner et al. 1996) was used with census enumeration areas from the 1996 census serving as the primary sampling unit. In 1999 interviews were conducted with all willing young people aged 14–22 years within each census enumeration area. In 2001 these young people were interviewed, plus all other willing 14-24 year-olds residing in sample CEAs. Both waves of the survey were also therefore refreshed cross-sections. The sample size for the first wave was 3,037; the second wave interviewed 4,174 young people.

KwaZulu-Natal has the largest population in South Africa, about one-half of whom reside in urban areas (as classified by the South African Census Bureau). KwaZulu-Natal is the home of the Zulu nation, and Zulu speakers comprise the majority of the population of the province (82 percent), with Indians making up another 9 percent, and whites and coloreds together comprising the final 9 percent. KwaZulu-Natal's largest city, the seaport of Durban, is located on the Indian Ocean along the eastern coast of the country. This a major hub for goods shipped in and out of southern Africa and this transportation activity is believed to contribute to the province's high rate of HIV/AIDS (36.5 percent of antenatal clinic attendees in 2003, versus 26.5 percent nationally).

Many aspects of transitions to adulthood were covered in the survey, including schooling, paid and unpaid work, sexual and reproductive health behavior, HIV/AIDS knowledge and attitudes, childbearing, marriage, and perceptions of safety. The study also includes interviews with heads of households, mainly parents, about household demographic composition, living conditions, economic status and shocks, and HIV/AIDS attitudes. Being among the first panel study of young people in South Africa, the survey is serving to fill gaps in knowledge about transitions to adulthood in an environment characterized by both high HIV prevalence and unequal access to opportunities and services, including schooling, employment, and health care.

## Preliminary results

Using the second wave of data collected in 2001, Hallman (2004) examined in the cross-section the effects of gender, wealth, and orphanhood on HIV risk behaviors of young people. This is a population in which loss of parents is very common: 29 percent of 14-24 year-olds in the 2001 sample had lost one or both parents. The multivariate findings indicated that low wealth significantly increased the likelihood of a number of unsafe sexual behaviors and experiences, and it affected them in diverse and multi-faceted ways. Not only did female youth residing in lower wealth households have increased odds of exchanging sex, they also had higher chances of experiencing coerced sex and of having multiple sexual partners in the year before the survey. Low wealth also reduced female chances of condom use at last sex. For both sexes, low wealth reduced age at sexual debut and reduced the chances of discussing safe sex practices with the most recent sexual partner. Controlling for wealth and other factors, orphanhood conferred added

risk for unsafe sexual behaviors. Female and male paternal orphans debuted earlier sexually; female paternal orphans had older sex partners; male paternal orphans had lower odds of practicing secondary abstinence. All maternal orphans had lower chances of discussing safe sex practices with their most recent sexual partner.

For the current analysis, the effects of orphanhood will be examined more closely and the panel nature of the data will be exploited to examine the effects of parental residence and death and household poverty on HIV risk behaviors for female and male young people in KwaZulu-Natal, South Africa.

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