

A policy framework to support older persons affected by HIV and AIDS

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Outline

- Background
- The study, its objectives and methodology
- Study population
- Key findings
- Policy framework

Background

- South Africa is experiencing the largest HIV and AIDS epidemic in the world
- In 2008 an estimated 5.7 million people were living with HIV and AIDS
- More than 250,000 people died from AIDS

- Data on infection rates do not include over 50s, even though older men and women continue to engage in sexual relations
- The risk of infection and spread of HIV among older age groups largely goes undetected and untreated

- A consequence of South Africa's high HIV prevalence rate is that the public health system is not coping with the burden of care the epidemic presents
- Older persons are increasingly at risk of infection
- Community structures and individuals, older persons in particular, share the care management of the epidemic

Aim of the study

To identify challenges and support needs experienced by older caregivers in their contribution to the management of the epidemic at the household level

Objectives

- To determine the nature and burden of care on older caregivers in households affected by HIV/AIDS in three provinces of South Africa;
- To identify factors facilitating and hindering caregiving;
- To construct a policy framework to inform policy makers, planners and NGOs in the design and implementation of appropriate policy and intervention for older caregivers

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Methodology

- A mixed-methods approach was employed, which included quantitative and qualitative research techniques;
- A DoSD database of NGOs involved in HIV/AIDS management was used to randomly select 305 older participants in 3 provinces (EC, KZN, WC)

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In addition:

- Case studies were conducted with ten of the 305 respondents
- Nine key informants from government and NGOs were interviewed

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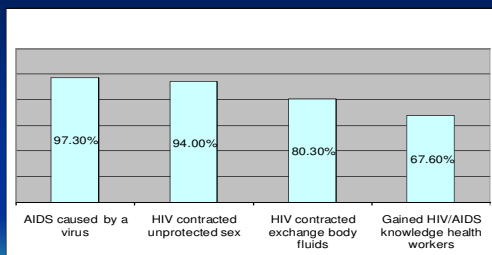
Sample profile

- The majority of caregivers were female (91.1%) and primary caregivers to both PLWHA and OVC;
- Mean age of the sample was 65.9 years (males 63.4 yrs, females 66.1 yrs)
- 86.2% headed their household
- 66% depended on a social old age grant
- 33% were widowed

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Knowledge of HIV/AIDS

(Multiple responses permitted)



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Caregiving to PLWHA

- Carers administered medication to the PLWHA
- Prepared meals for the PLWHA daily
- Bathed and dressed the PLWHA's sores
- Hired transport and took the PLWHA to a health centre for treatment
- Supported the PLWHA emotionally
- Asked for training on how to better care for the PLWHA and OVC
- Lost out on income generating opportunities

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Caregiving to OVC

- Must ensure OVC are fed, clothed, schooling expenses paid
- Must support OVC emotionally
- Have inordinate difficulty in accessing child support grants

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Caregiving situation

- Render care under conditions of extreme deprivation
- Lack formal support; only limited support from NGOs
- Often have limited access to vital services such as potable water and sanitation
- Few caregivers benefit from child support grants for bureaucratic reasons and lack of information

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Consequences of caregiving

- Caregivers develop ailments from stress of caregiving and inadequate access to health care services
- Existing health conditions are aggravated
- Because of stigma they often render care in isolation and forego a social life

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Selected key informant responses

- *This [older caregivers' vulnerability] is a Social Development [ministry] function. Our department's role is to implement the national strategic plan and policy on HIV and AIDS. I cannot say much on this.*
- *My department knows nothing about the problems faced by older caregivers ... our department has [only] recently become aware of this problemthere are no strategies nor policies that have been conceptualised to date to address this issue.*

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Government responses to HIV/AIDS

- Government does not provide any support for older persons affected by HIV/AIDS
- Government personnel are ageist in relation to HIV infection. Older persons are excluded from counselling, testing and treatment

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A policy framework towards supporting older caregivers to inform policy makers, planners and NGOs in appropriate policy development and intervention

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Desired outcome #1

Strengthened capacity of caregivers to care for infected and affected persons and to protect themselves against HIV infection

Recommendations:

- Review current policy and programme intervention on HIV, to ensure older carers' inclusion and make provision to address their specific needs
- Provide carers with information, counselling support and life skills training to empower them and enhance their caregiving

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Desired outcome #2

Improved access for caregivers to essential services (water, sanitation) and health care

Recommendations:

- Government at district level must ensure older persons have access to HIV prevention and management;
- Government assess older persons' dwelling infrastructure, and improve access to safe water and sanitation to facilitate caregiving;
- Government provide grants to older caregivers to support food cultivation for their household

Desired outcome #3

Involvement of older caregivers/or their NGOs in HIV/AIDS policy development

Recommendations:

- Government at provincial level review and reformulate policy and programmes to ensure non-discrimination and inclusivity of older carers and their NGOs;
- NGOs identify and help affected households to access social grants;
- Government departments put systems in place to expedite applications for child support grants

Desired outcome #4

Co-ordination of activities to support older caregivers at the district level

Recommendations:

- NGOs and government at district level build strong working partnerships in which the government assists NGOs to support older caregivers;
- NGOs establish co-ordinating mechanisms at district level to ensure the exchange of information and address caregivers' support needs jointly

Desired outcome #5

Avoidance of ageism, stigma and discrimination

Recommendations:

- NGOs and religious bodies encourage community leaders to talk openly about HIV/AIDS and its impact on older persons;
- Ageist attitudes of government personnel relating to HIV/AIDS must be changed at provincial and district levels to stamp out discrimination against older caregivers who need help

Desired outcome #6

Engagement and dialogue with traditional healers and religious bodies on the impact of HIV and AIDS on older caregivers

Recommendations:

- Government and NGOs capacitate traditional healers on the cause and spread of HIV;
- Government at district level involve traditional healers in mainstream public health awareness and management of the epidemic, and discourage futile ministrations to PLWHA
- NGOs and government encourage religious leaders to talk openly about HIV/AIDS, and refute beliefs that the disease is punishment from God

Thank you Enkosi
Dankie



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