



Global crisis - Global action

Fact Sheet

Orphans and Children in a World of AIDS

The AIDS epidemic has orphaned millions of children. Even if prevention campaigns become hugely successful and HIV infections drop dramatically, most people already infected with HIV are expected to succumb to AIDS-related illnesses. Millions more children will lose one or both parents over the next ten years.

The statistics that measure the plight of children and orphans affected by the AIDS epidemic are chilling.

- AIDS has orphaned at least 10.4 million children currently under 15 (that is, they have lost their mother or both parents to the epidemic). The total number of children orphaned by the epidemic since it began—13.2 million—is forecast to more than double by 2010.
- AIDS-related deaths caused some 2.3 million children to become orphans (at the rate of 1 every 14 seconds) in 2000. UNICEF estimates that up to a third of those children were less than five years old.
- Before the onset of AIDS, about 2% of all children in developing countries were orphans. By 1999, 10% and more were orphans in some African countries.
- At the end of 1999, the estimated number of orphans living in some of the worst affected countries were: 211 000 in Burkina Faso, 900 000 in Ethiopia, 53 000 in Namibia, 970 000 in Nigeria, 371 000 in South Africa, 447 000 in Zambia, and 623 000 in Zimbabwe.
- Although the orphan crisis is located mainly in Africa at the moment, countries in other regions (especially the Caribbean and Asia) are expected to experience large increases in the number of children orphaned by AIDS.

Caught in a vicious cycle

- Typically, half of all those with HIV become infected before they celebrate their 25th birthday. Many of them die from AIDS before they turn 35, leaving behind a generation of children to be raised by grandparents or siblings.
- The epidemic has forced vast numbers of children into precarious circumstances, exposing them to exploitation and abuse, and putting them at high risk of also becoming infected with HIV.
- Research shows that orphans living with extended families or in foster care are prone to discrimination, which includes limited access to health, education, and social services.
- Children in households with a HIV-positive member suffer the trauma of caring for ill family members. Seeing their parents or caregivers become ill and die can lead to psychosocial stress, which is aggravated by the stigma so often associated with HIV/AIDS.
- Many children are struggling to survive on their own in child-headed households. Others have been forced to fend for themselves on the streets. Consequently, there is an increasing number of unprotected, poorly socialized and under-educated young people.

- Studies in 20 countries—most of them in Africa—show that children whose parents have died are less likely to attend school than those who have not lost a parent.

Making a difference

- HIV/AIDS will continue to affect the lives of several generations of children. The impact will mark their communities for decades as the numbers of impoverished children rise, their insecurity worsens, education and work opportunities decline, nurturing and support systems erode, and mortality rises. Wide-scale, long-term efforts are needed to cope with these harsh new realities.
- Governments, organizations and communities are faced with the acute need to devise ways of assisting AIDS-affected children, equal to the enormous scale of the crisis. Too often, such efforts lag behind, fragmented and short-sighted.
- Institutionalized care for the majority of orphans and other vulnerable children is neither a developmentally ideal nor a financially appropriate option. It is better to devote

resources towards strengthening the abilities of families and communities to care for orphans and other vulnerable children. More support should go to extended families that care for orphaned children, to improve income-generating opportunities as well as their access to credit and health care services.

- Orphanages and similar institutions often fail to provide consistent and adequate care, especially for younger children. Strict measures are needed to ensure that such institutions meet specific standards of care and comply with the law. Limits should be placed on the length of time children spend in these institutions, and programmes must be developed to integrate the children back into the community.
- Importantly, programmes should not single out AIDS orphans. Rather, they should direct services and community mobilization efforts at the communities in which children and adolescents are made more vulnerable due to HIV/AIDS. Generally, the people living in these communities are best placed to judge who is at greatest risk and what factors should be used to guide appropriate responses and assistance.