

AIDS orphans “17 times more likely to die”

please keep quote marks in title.

If you are under 18 and live in Kilifi, coastal Kenya, in West Africa, there's a one in ten chance that you'll be an orphan, largely because of HIV/AIDS. But worse than that – as an orphan you will be *seventeen times* more likely to die than if your parents survived.

These are the preliminary results of a study conducted by Evasius Bauni and four colleagues on an INDEPTH demographic surveillance site in Kilifi, said Bauni at an EAGLES/INDEPTH* meeting on HIV/AIDS research in Ouagadougou, Burkina Faso today.

The global INDEPTH project looks with incomparable detail - for poor countries – at a few focused, representative sites, collecting pregnancy, birth, death, migration and other statistics such as relative wealth and poverty every few months. Throughout Africa HIV/AIDS is decimating young, working parents, and “In Kilifi, I suddenly thought that we could use our site and data to study AIDS orphans, and the impact of losing one's parent or parents on one's health and mortality” said Bauni.

With 230 000 residents in 25 000 homes on the Kilifi site, Bauni and colleagues had rich statistics, and they identified first that children under 18 were three times more likely to have lost a father than a mother “probably because the fathers are older”. Some 2.6% of under 18s had lost a mother, 7.5% a father, and 0.9% had lost both – so overall 9.2%, nearly one in ten, of the children were orphaned.

But there were gasps in the dusty Ougadougou hall when Bauni showed his slide showing hospital admission and mortality ratios. A total of 58 orphans in his survey had died, and compared to the general population of children, orphaned children were 2.7 times more likely to be hospitalised – but 16.7 times more likely to die.

Bauni speculated that orphaned children might be less able to request and gain help when they are ill, but said the issue needs further research. Immediately there are policy implications, he said – health resources need to be targeted at orphans, existing orphan care

structures need strengthening, and orphans should be tracked to ensure that they are cared for.

Statistically, Bauni's figures seem strong, with 95% confidence limits of 2.3-3.1 for hospitalization and 13.5 – 19.6 for death (in other words if the study is perfect, there is only a 5% statistical chance of the true values being outside these limits).

But other public health experts at the meeting showed some concern about the strength of the figures. Orphan deaths are high in Kilifi, but there can be medical correlations with parental death, some pointed out – for example if the infant is HIV-infected at birth, or from an HIV+ve mother's milk.

Peter Aaby, an careful public health anthropologist working in Guinea-Bissau, said his work had shown a four-fold increase in mortality in orphaned infants under two years old, and no difference for older orphans. He attributed the early mortality rise to lack of breast feeding, and now encouraging wet-nursing for such infants.

Nevertheless there can be great health differences among countries in Africa, there are several HIV strains, the Kilifi deaths are certainly very high, and Aaby agrees increased attention must be given to caring for the orphans – and expanding the research

Report by Robert Walgate, Editor of *RealHealthNews*, for EAGLES.

contacts:

Evasius Bauni
Office: +254 41 522063
Mobile: +254 724 – 793750
E-mail: ebauni@kilifi.mimcom.net

Peter Aaby
p.aaby@bandim.org

Jens Degett, Director, EAGLES
jdegett@jubii.dk

Robert Walgate
walgate@realhealthnews.net
+44 771 315 8913
<http://www.globalforumhealth.org/realhealthnews/RealHealth.php>

Indepth network:

<http://www.indepth-network.org>

EAGLES:

<http://www.efb-central.org/eagles/index.htm>