The Impact of HIV/AIDS on the Zambian Population: The Case of Old People

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Abstract
The national adult HIV prevalence for Zambia is estimated at 16% with proportions of 18% for women and 13% for men. HIV prevalence ranges between 8% and 22%, with urban rates being about two times higher than the rural rates. About 1,000,000 Zambians are living with HIV/AIDS and an estimated 1.1 million orphans have either lost both or one parent largely due to AIDS mortality. Less than 5% of the Zambian population survives to old age (65 years and above).

Current statistics show that HIV has spread to all parts of Zambia and very high prevalence levels of HIV are found in urban areas, and effects mostly adults in their prime productive and reproductive age groups of 25-39 years and all sectors of the Zambian society. As a consequence,grandparents and children are caring for the sick adults and orphans instead of being cared for.

Background

Zambia, like many other developing countries, is faced with a number of challenges that include among others poverty, environmental degradation, corruption, crime, and most recently, the socio-economic impact of HIV/AIDS. According to the 2001/2 Zambia Demographic and Health Survey (CSO, 2003b:234-6), about one in six (16%) of the adult population is infected with HIV, the AIDS causing virus. The HIV prevalence levels are higher for women (18%) compared to men (13%) and urban levels being about two times higher than the rural levels. As a result of this, Zambia has seen an increased number of AIDS related deaths and consequently a surge a number of orphans and widows. Africa's OrphanedGeneration report (UNICEF, 2004:2) observes that the number of orphans in sub-Saharan Africa will continue to rise in the years ahead, due to the high proportion of sub-Saharan African adults already living with HIV/AIDS.

According to recent national HIV/AIDS epidemiological projections, about one million Zambians are living with HIV; and annual AIDS deaths are estimated to have grown nine-fold in the last 17yrs, rising from 10,594 in 1990 to 96,340 in 2007. Consequently, the number of orphans, either those that have lost one or both parents, has grown nearly three-fold between 1990 (416,525) and 2007 (1,276,140). In 1990, the proportion of AIDS orphans was estimated at 5.7% of the total compared to 69% in 2007 (CSO, 2005b:68;89).

Further, the Census statistics reveal that the adult population has lost about 10-15 years of life due to the impact of AIDS-related mortality resulting into very few adults surving to old age (65+). The proportion of adults aged 65years and older compared to the country's total population has consistently remained below 3% between 1980 and 2007. In 1980, 1990 and 2000, the proportion of the old population stood at 2.8%, 2.6%, and 2.7%, respectively (CSO, 2003a). In 2007, it is estimated at 2.5%. Globally, the proportion of the population aged 65 years and older stands at 7.5%, 15.5% for the More developed regions, 5.7% for the less developed regions and notably, 3.3% for the least developed countries. Africa's old population constitute 3.4% compared to Asia's 6.6%, Europe's 16.1%, Oceania's 10.3% and North

America's 12.5% (UN, 2007:433).

With the disruption of family structures and living arrangements due to increased adult mortality, a number of models of care for the orphans have emerged. The Situation Analysis of Orphans and Vulnerable in Zambia report (GRZ, 2005) identifies four different types of care for orphaned children. These are family care through extended family system; institutional (orphanage or transit home); community based care (material, financial, psychosocial and spiritual support) and government social safety nets through the public welfare assistance scheme (PWAS). However, it is noted in the same report and the Africa's Orphaned Generation report that extended families, especially grandparents, have assumed responsibility for more than 90 per cent of orphaned children and that this traditional support system is under severe pressure – and in many instances has already been overwhelmed, increasingly impoverished and rendered unable to provide adequate care for children.

This paper, therefore, explores the demographic impact of HIV/AIDS on the population and the models of care for orphans, particularly the extended family system for the periods under review.

Methodology

The data sources for analysis is based on the 1980, 1990 and 2000 Census of Population and Housing Reports; 2000-2025 Population Projections Report, Zambia HIV/AIDS Epidemiological Projections (1985-2010) Report, 1999 and 2004 Situation Analysis of Orphans and Vulnerable Children's Reports, and the 1992, 1996 and 2002 Zambia Demographic and Health Survey (ZDHS) secondary analysis tables. In addition, UN statistics and other national and international reports have extensively been utilized.

The focus of analysis is at national level and mainly uses the population pyramids and basic bivariate tables for trend analysis. Variables that have been used in the analysis include broad population age groups, dependency ratios, types of orphan, and relationship to household head with respect to caring for the orphans. The numbers of households examined in the 1992, 1996 and 2002 ZDHS datasets are 16,061; 18,322 and 16,039, respectively. The ZDHS datasets uses standard variable names across years for easy comparison and analysis.

Analysis and Discussion

Zambia's Age-Sex structure

According to the population pyramid below in Figure 1 and Table 1, Zambia has a youning population becuase nearly half of the total population is below the age of 15, about half belonging to the economically productive and reproductive age groups (15-64 years), and less than 3% survive to old age. Using the Dependancy ratio as the a measure of the number of dependants (<15 years and 65+) that the economically productive population (15-64 years) can support, we observe that between 1990 and 2000 the population that is economically able to support children and the aged is now supporting few of them.

Table 1: Population Distribution by Broad Age Groups and Dependancy Ratios for Zambia, 1980-2000

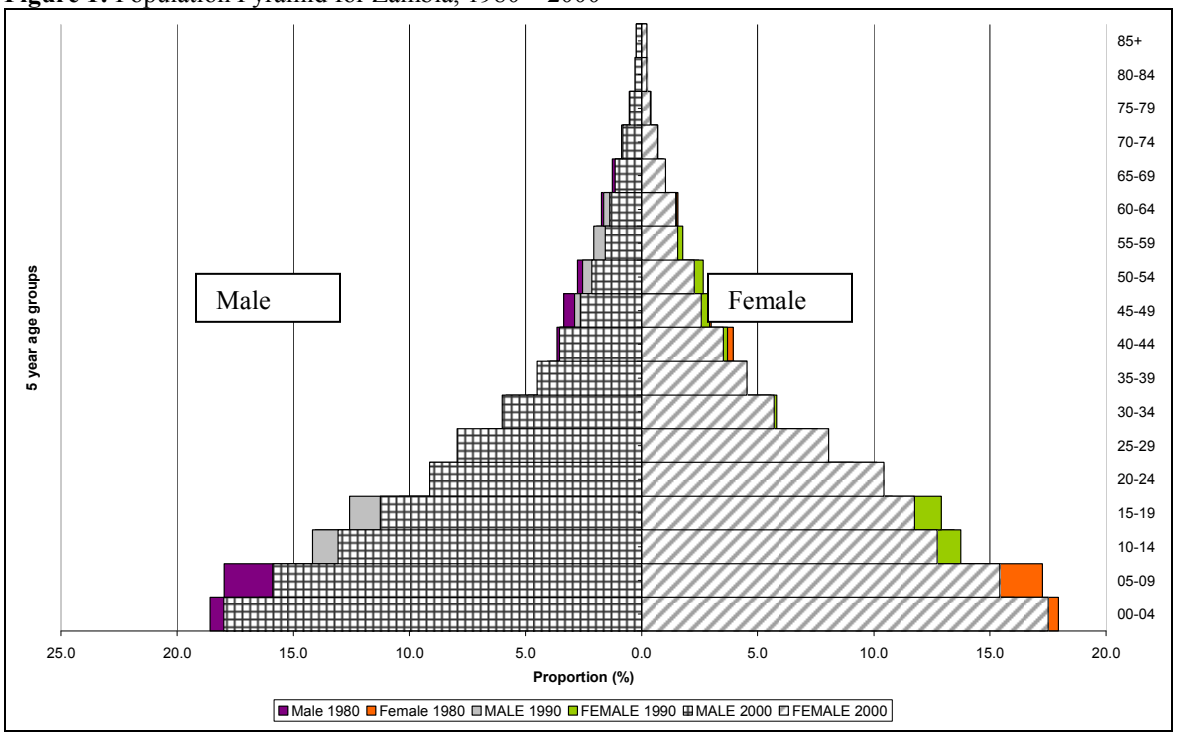
Population Indicators	1980	1990	2000
Proportion of Age Groups to Total Population	%	%	%
0-14 years	49.6	45.4	46.5
15-64 years	47.6	52.0	51.0
65+ years	2.8	2.6	2.7
Dependency Ratio[§]			
Overall Dependency Ratio	110.2	92.1	96.2
Child Dependency Ratio	104.5	84.2	90.9
Aged dependency Ratio	5.9	5.0	5.4

Source: Adapted from 2000 Census of Population and Housing, page 9 & 10

[§]Note: Dependancy Ratio is defined as a measure of the number of dependents, young (less than 15 years) and old (65+ years), that each 100 people in their economically productive years (15-64 years) must support.

The plausible reasons are that the poverty levels in Zambia have remaind relatively high, with with 68% of the households unable to meet their daily needs (CSO, 2005a:114), and the increasing number of orphans. In addition, AIDS-related mortality affects the most productive and economically active population. This is also evident from the attrition of the population in their prime ages, according to the Population Pyramid in Figure 1 below.

Figure 1: Population Pyramid for Zambia, 1980 – 2000



Source: Adapted from the1980, 1990, 2000 Zambia Census of Population and Housing Reports

The UN report (UNFPA, 2003:ii-iii) also conquers with the observation that HIV/AIDS has caused significant change in the demographics of Zambia's population. The dependency ratio has also increased in relation to those in their mid-adult years. And this has led to the old

people to look after the sick adults and their orphaned grand children. The report also observes that the extent of poverty prevailing in Zambia magnifies the burden for the aged instead of being cared for.

Orphanhood

According to the 2004 Situation Analysis of Orphan and Vulnerable Children Data Review report (GRZ, 2004:15) and Table 2 below, the proportion of orphans has almost doubled between 1992 and 2002. In 1992, the figure stood at 7.8%, 11.9% in 1996 and 15.1% in 2002. The trend is similar by rural and urban residence. In urban areas, orphanhood has more than doubled whereas in rural areas it has increased by more than one and half times. This clearly shows that adult mortality has had an impact on the growth of orphanhood situation in Zambia in the decade under review, irrespective of of residence. This has phenomenon has implications on the absorptive capacity of orphans by different models of care – the extended family, community, institutional homes (orphanages or transit-homes) and government social safety nets. It is also worth noting that paternal orphans or those children that have lost their fathers is the most common type of orphanhood and has contributed significantly to the overall proportions of orphans in the country.

Table 2: Percentage of different types of Orphans by Type of Residence and Survey Year

Type of Residence	Type of Orphan											
	Maternal Orphan			Paternal Orphan			Double Orphan			Any Orphan*		
	1992	1996	2002	1992	1996	2002	1992	1996	2002	1992	1996	2002
Urban	2.8	5.2	6.5	5	10.5	14.3	0.5	2.1	3.5	7.3	13.6	17.3
Rural	2.8	4	5.8	6.2	8.1	10.8	0.7	1.2	2.6	8.4	10.9	14.0
Total	**2.8**	**4.5**	**6.0**	**5.6**	**9.0**	**12.0**	**0.6**	**1.5**	**2.9**	**7.8**	**11.9**	**15.1**

Source: Adapted from the 2004 Situation Analysis of Orphans and Vulnerable Children Report, Page 15

Note: An Orphan is defined as any child less than 15 years who has lost one or both parents; paternal orphan is an child less than 15 years who has lost one of the parents, the father; maternal orphan is an child less than 15 years who has lost one of the parents, the mother; double orphan is a child less than 15 years who has lost both parents.

*This category is not mutually exclusive and therefore the row totals are not additive

The implications of this is that the proportions of widows and female headed housedholds will also increase. This Situation Analysis Report notes that female-headed households were looking after most orphans. Worse still, poverty levels for female headed households in Zambia stand at 71% compared to male- headed households (CSO, 2005a:115). In addition, according to Table 3, female-headed households take in more orphans than male headed housedholds despite their disadvantaged economic status. Therefore, orphans found in female-headed households are more likely to be deprived of good nutriotion, eduction, proper shelter and other basic needs of life.

Table 3: Percentage of Households looking after Orphans by Sex and Survey Year

Number of Orphans in Household	1992		1996		2002	
	Male	Female	Male	Female	Male	Female
0	14	86	19.5	80.5	18	82
1	26.1	73.9	32.6	67.4	30.4	69.6
2	38.8	61.2	43.6	56.4	44.8	55.2
3	42.1	57.9	52.2	47.8	56.4	43.6
4+	48.2	51.8	67.3	32.7	61	39
Total	**16.2**	**83.8**	**23.1**	**76.9**	**22.6**	**77.4**

Source: Adapted from unpublished tables of the 2004 Situation Analysis of Orphans and Vulnerable Children Report

Caregivers of Orphans

Living arrangement of orphans play an important role in their lives. Table 4 below presents results of caregivers to orphans in relationship to household head. Results show that orphans are more likely to be looked after by the surving parent followed by grandparents and lastly by other older relatives such uncles and aunties. Orphans are less likely to be adopted, fostered or kept in orphanages or transit homes. It is also worth noting that grandparents than uncles, aunties, siblings are increasingly taking care of orphans. Nearly two-thirds (32.7%) of all orphans are being kept by grandparents whose economic status is not good. Accoding to the 2004 Living Conditions Monitoring Survey (CSO, 2005a:115), 78% of the older population is poor and unable to meet minimum basic needs of life. This implies that childen that being looked after by grandparents are more likely to be deprived of education, good health, proper shelter and generally a better quality of life.

Table 4: Percent of Type of Orphan by Relationship to Household Head and Survey Year

Relationship to Household Head	Type of Orphan											
	Paternal Orphan (%)			Maternal Orphan (%)			Double Orphan (%)			Any Orphan*		
	1992	1996	2002	1992	1996	2002	1992	1996	2002	1992	1996	2002
Son/daughter	36.84	43.76	43.4	38.92	37.84	33.36	0	0	0	34.7	36.8	32.9
Grandchild	*19.63*	*24.54*	*27.5*	*18.8*	*29.62*	*35.56*	*29.39*	*31.78*	*45.78*	*20.1*	*26.7*	*32.7*
Brother/sister	6.26	4.57	2.23	3.71	3.51	4.34	16.53	13.41	8.85	6.3	5.4	4.0
Other relative	22.79	20.19	17.85	36.33	25.47	25.76	50.73	51.15	*40.04*	28.7	25.4	*23.8*
Adopted/foster child	12.72	6.37	7.63	1.74	2.8	0.16	1.16	2.42	1.81	8.7	5.0	5.0
Not related	1.76	0.58	1.39	0.5	0.75	0.81	2.19	1.24	3.51	1.4	0.7	1.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: Adapted from unpublished tables of the 2004 Situation Analysis of Orphans and Vulnerable Children Report

Government is in the process of formulating a national policy for the aged, to restore dignity. Unfortunately, the absence of a well functioning Government social welfare assistance for the aged makes them even more vulnerable. According to an article from the Zambia press, the Government of Zambia notes that the social welfare for the aged needs improvement because it has signed the Madrid Plan of Action on Aging which demands that aging should be part of global development , it was finding it difficult to implement because of lack of resources and disease burden. In the same article, the aged observe that the number of younger generation was decreasing due to HIV/AIDS while the number of orphans in the hands of their grand parents was increasing. They further observed that lack of social security fund, access to free

medical care, free or subsidised transport, and lack of economic empowerment has not improved their general living welfare. (Time of Zambia, September 26 2007). However, this does not conform to the Madrid Plan of Action on Aging which focuses and stresses on older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. (UN, 2007:XXV)

Conclusion and Recommendations

Undoubtedly, HIV/AIDS has caused major demographic change to the population structure of the Zambian population. Fewer adults are surving to old age and later on enjoying the fruits of life. Adult mortality has also brought about increased levels and number of orphans that need to be looked after. Although surving parents, other extended family structurers, siblings, the community and institutions take-in orphans, grandparents are increasingly taking the responsibility of looking after orphans despite their poverty status. There is great need to economically empower and improve the living standards for the old people as they continue to bear the increasing burden of caring for orphans rather than being looked after by both the socitey and government at large.

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