

# **South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2008: A turning tide among teenagers?**

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SANAC PIC meeting

28 July 2009



Setswe

# Overview

- Objectives of the report
- Methods
- Ethics
- Results
- Conclusions
- Recommendations

# Objectives of the report

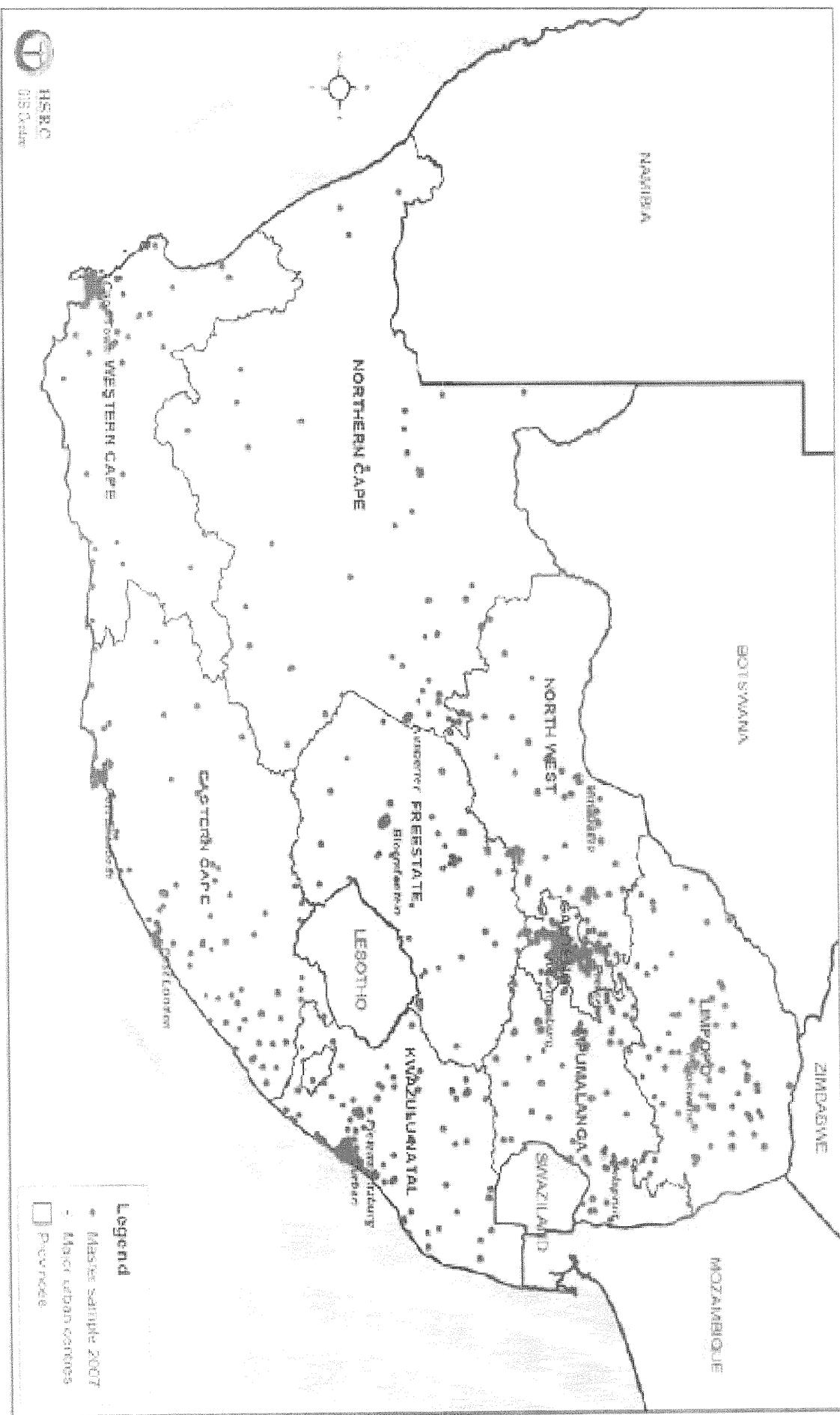
- To present data for mid-term review of SA NSP  
2007-2011

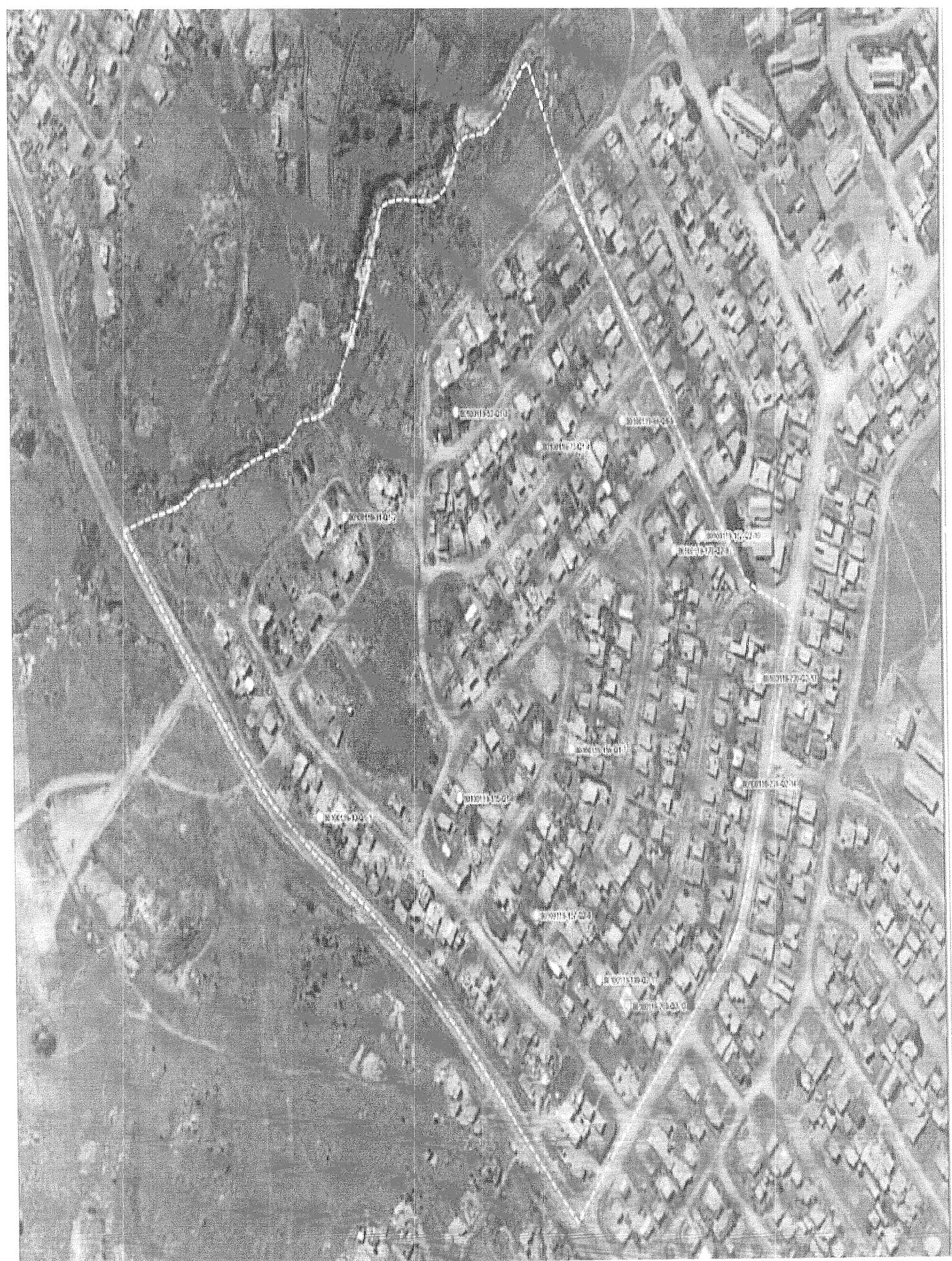
- To describe trends in HIV prevalence, HIV incidence, and risk behaviour in SA 2002-2008
- To assess exposure to major national HIV communication programmes
- To propose indicators to be used to monitor the South African HIV & AIDS epidemic and its management

# Method

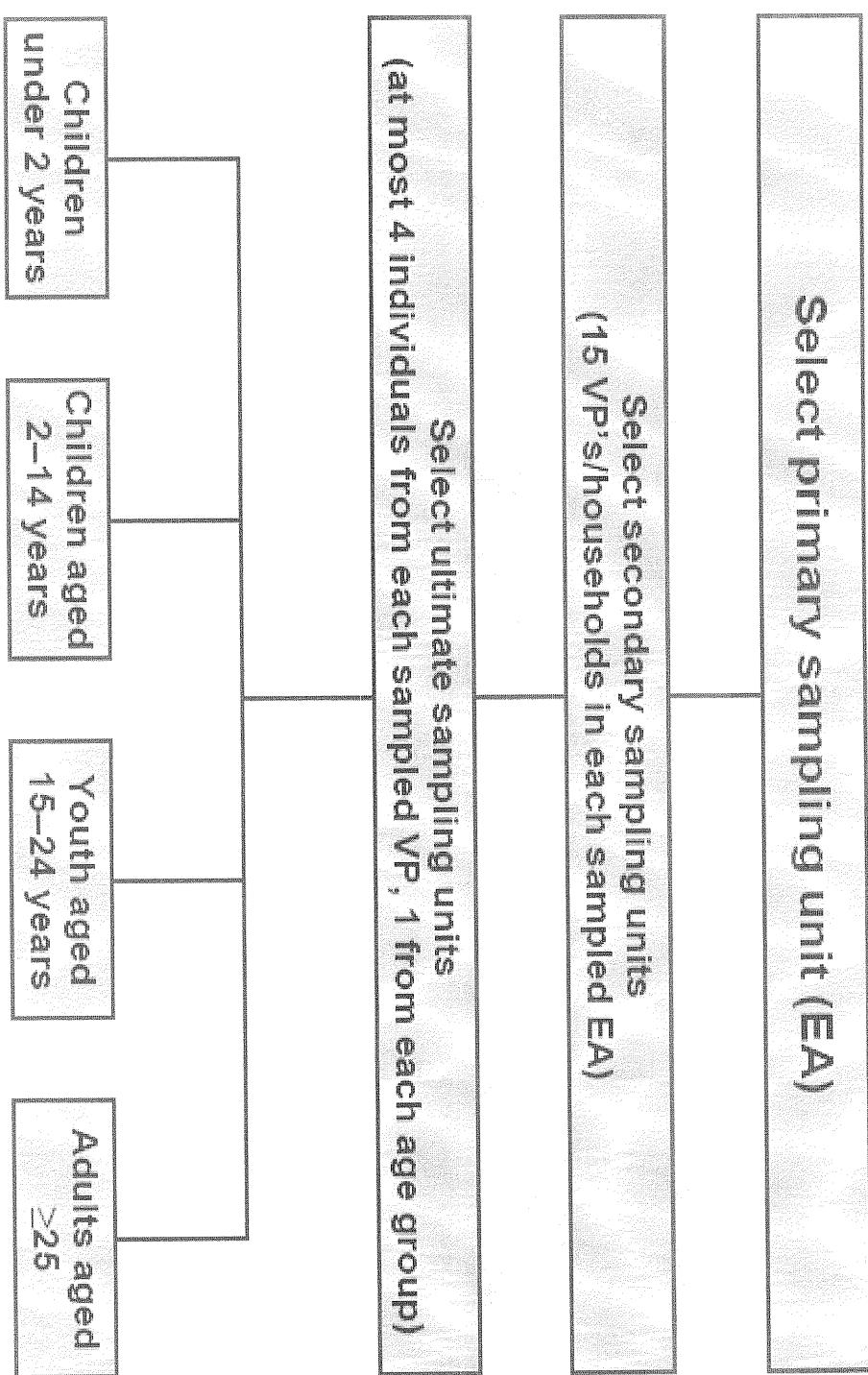
- Study design: Cross-sectional national population survey
- Population: All in 2008; 2002 & 2005:  $\geq 2$  years
- Sampling: a multi-stage disproportionate, stratified sampling approach, 1000/86 000 EA
- Mapped the Enumeration Areas (EAs)

# Master Sample used in 2008



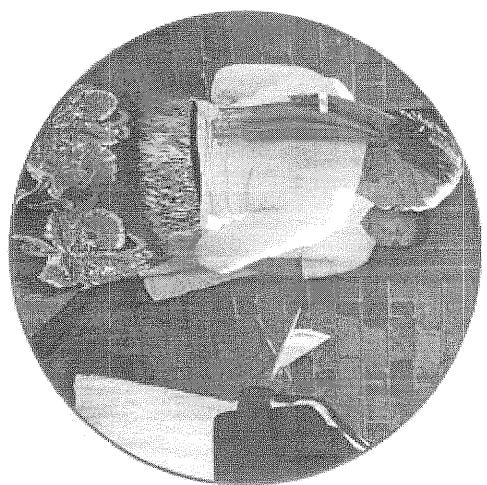


# Sampling participants



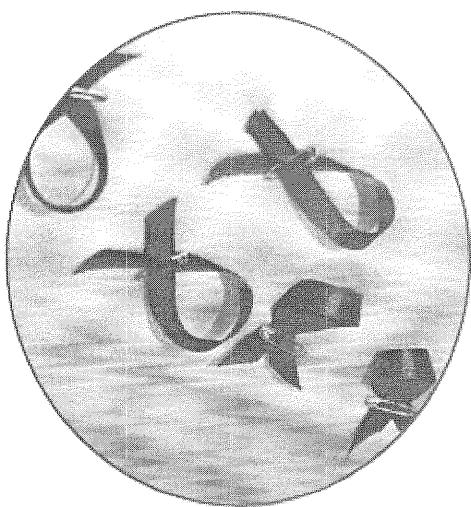
# Questionnaires

1. Visiting Point Questionnaire
2. Questionnaire for parent/guardian of children aged under 2 years
3. Questionnaire for parent/guardian of children aged 2-11 years
4. Questionnaire for children aged 12-14 years
5. Youth Questionnaire for persons aged 15-24 years
6. Adult Questionnaire for persons aged  $\geq 25$  years



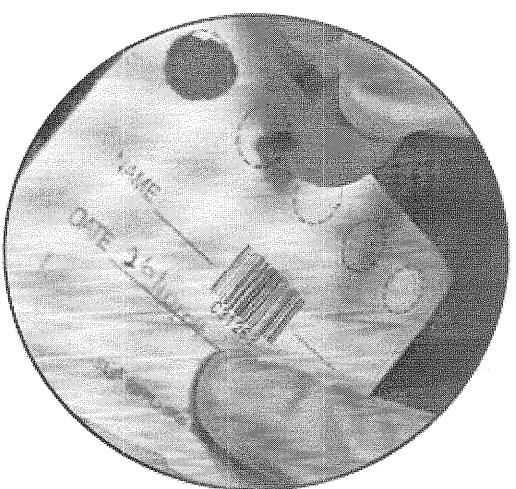
## Data collection

- 23,369 eligible individuals participated in the survey
- 192 nurse fieldworkers
- 40 field editors
- 14 HSRC provincial coordinators



# Blood specimens

- DBS specimens taken
- Tested for HIV antibodies – prevalence
- Confirm all positives
- Confirm 10% of negatives
- Used BED for incidence (not reported in this study)
- Detected ARVs (also not reported in this presentation)



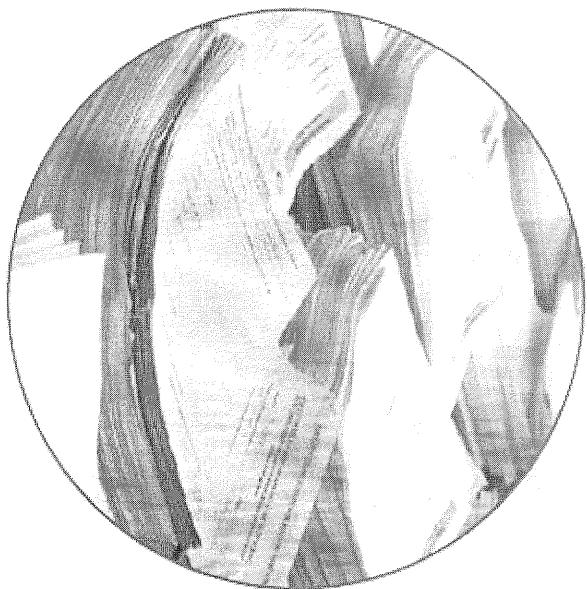
# Ethics

- Ethics approval
- HSRC's Research Ethics Committee (REC 2/23/10/07)
- CDC's Institutional Review Board (IRB)
- Global AIDS Programme
- Informed consent and child assent
- Linked anonymous HIV testing



# Results

- Prevalence and incidence (15-20 year olds)
- Behaviour
- Knowledge
- Communication

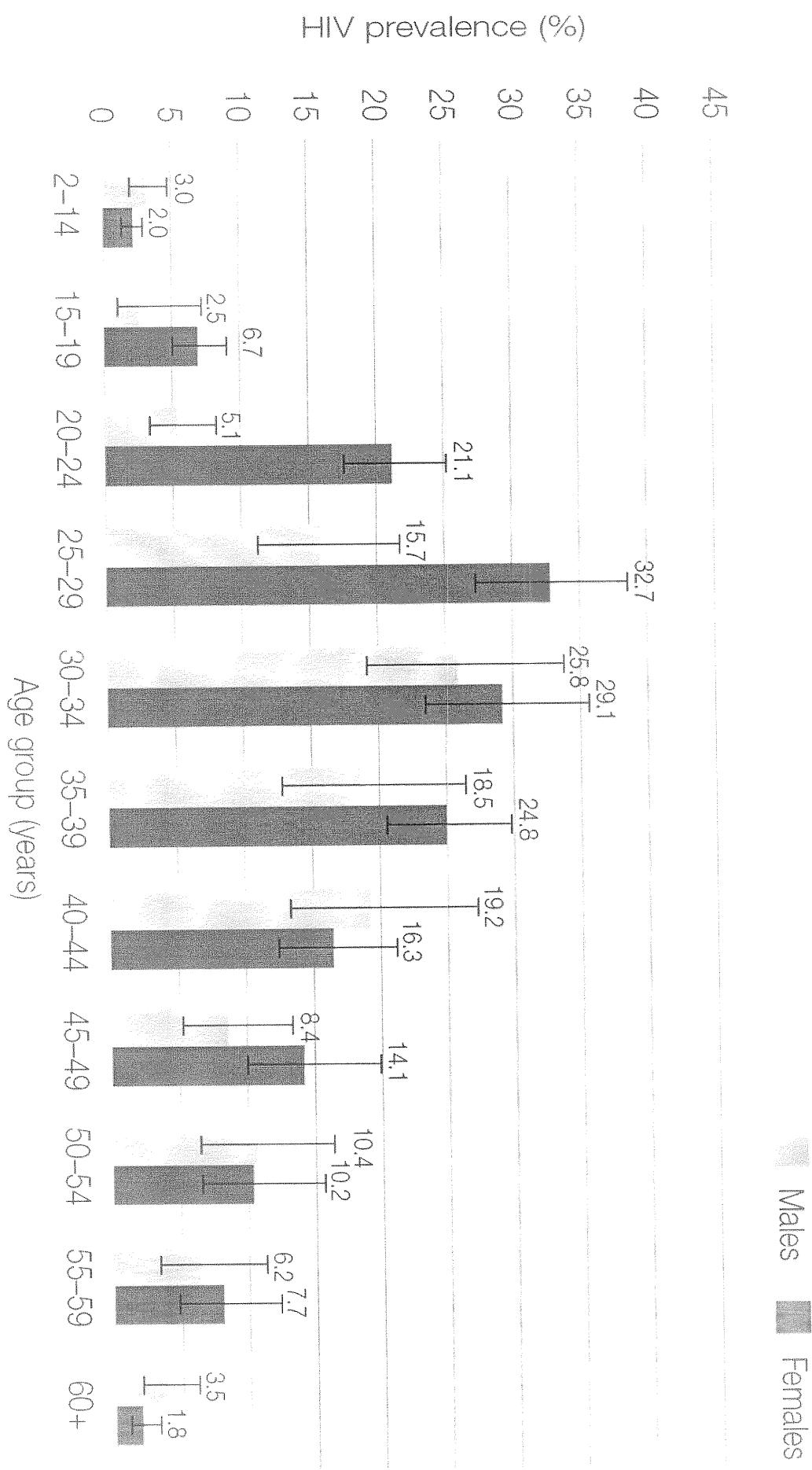


# HIV Prevalence and Incidence Results

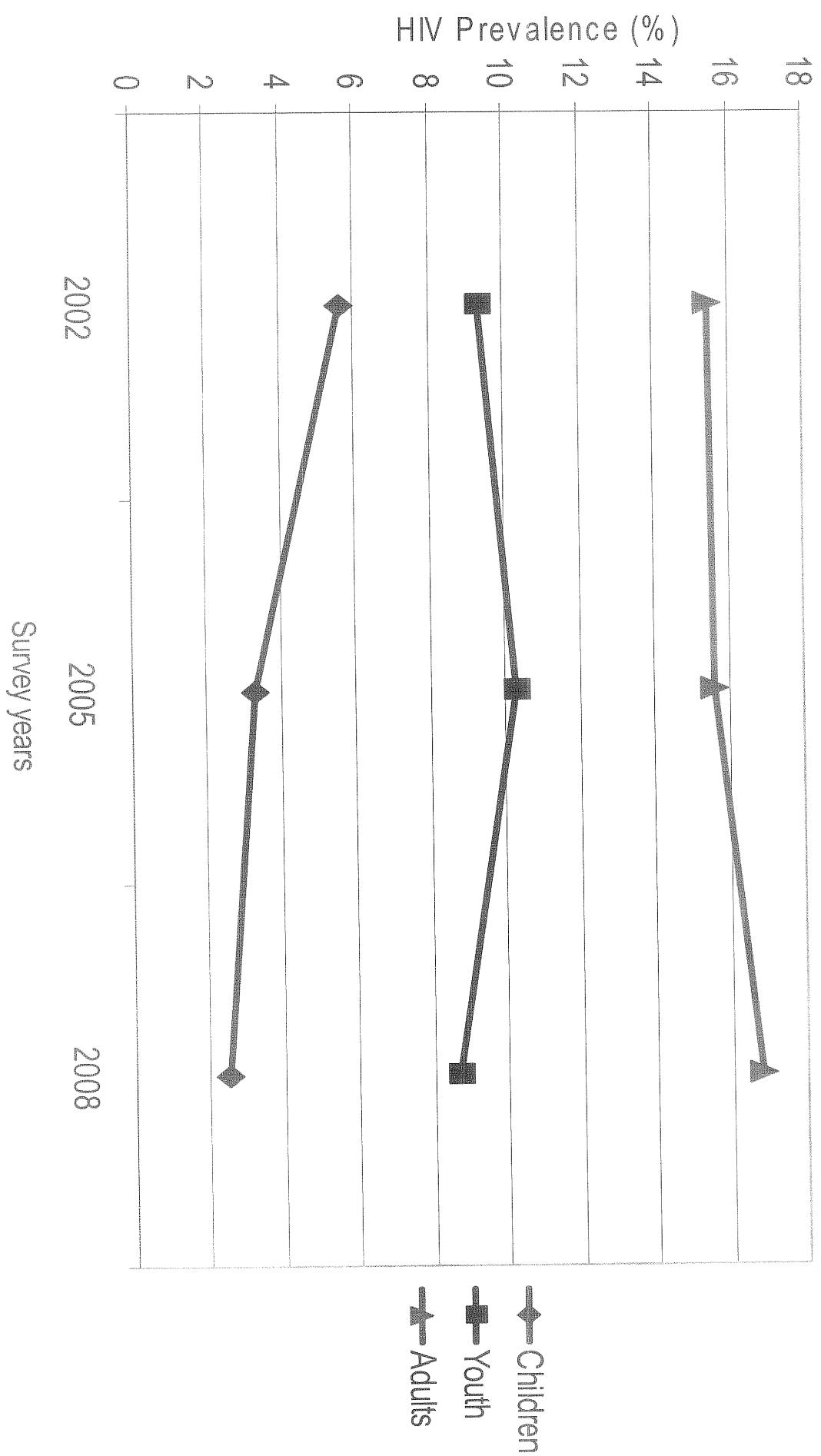
## HIV prevalence trend

Year	HIV prevalence %	95% CI
2002	11.4	10.0-12.7
2005	10.8	9.9-11.8
2008	10.9	10.0-11.9

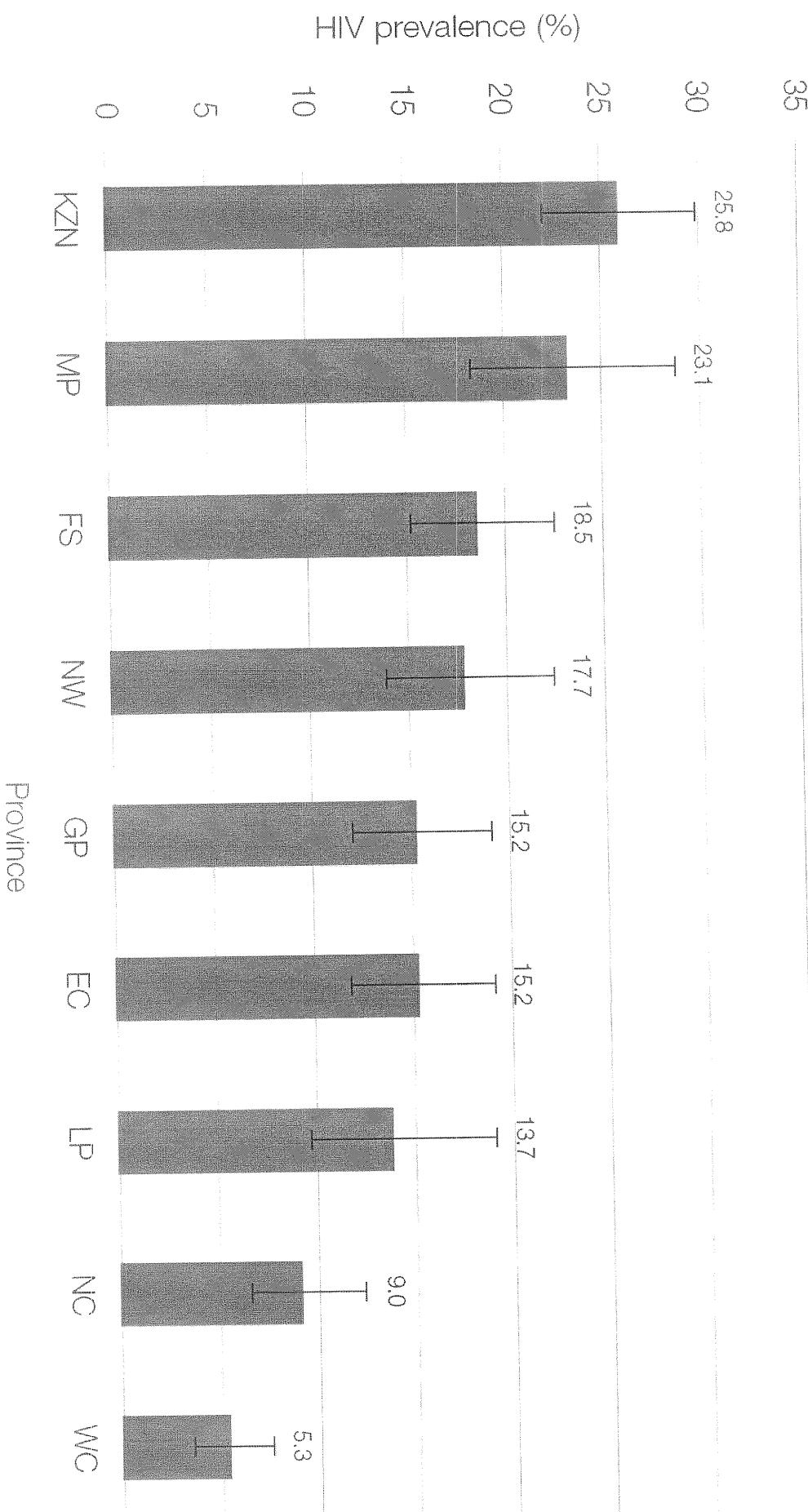
# HIV prevalence, by sex and age, South Africa, 2008



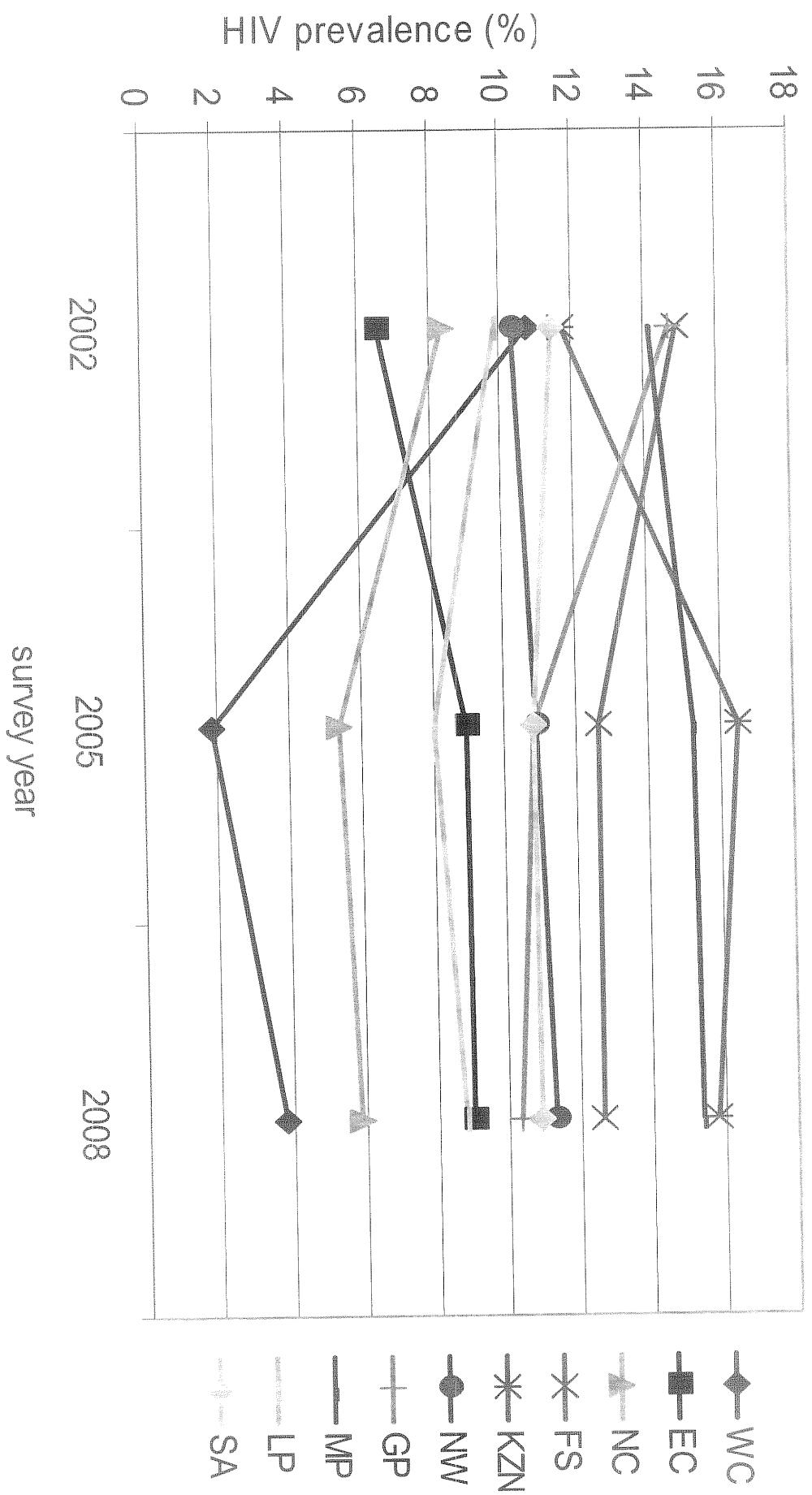
# Trends in HIV prevalence (%) by age, 2002-2008



# HIV prevalence among 15 - 49 year olds by province, South Africa 2008



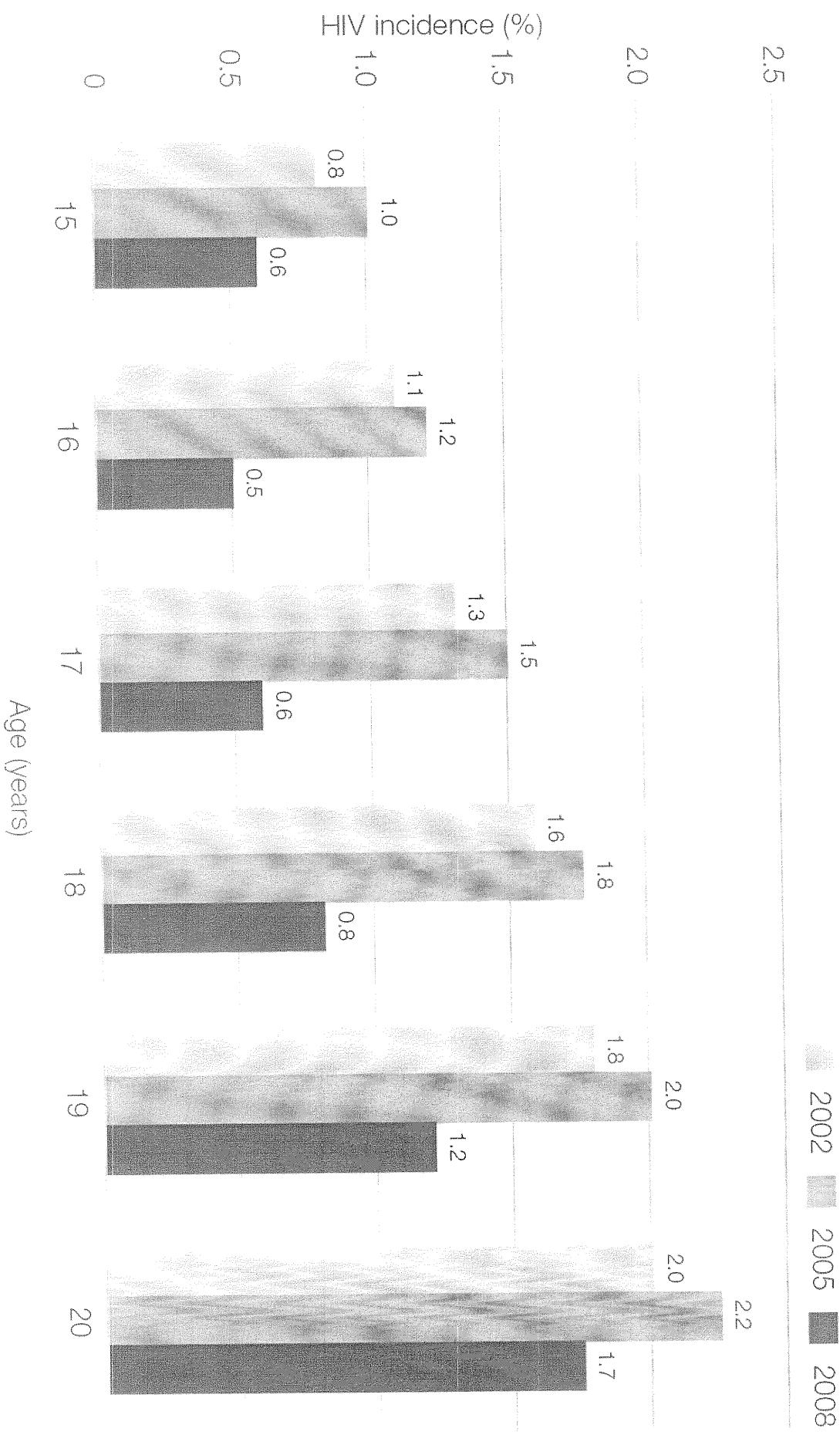
# HIV prevalence by province, South Africa 2002-2008



# HIV prevalence among the most-at-risk populations, South Africa 2008

Most-at -risk population	n	HIV + %	95% CI
African females 20-34	1395	32.7	29.7-36.0
African males 25- 49	944	23.7	20.1-27.7
Males 50 years and older	946	6.0	4.4-8.1
Men who have sex with men	86	9.9	4.6-20.2
People who are high-risk drinkers	965	13.9	10.4-18.2
Persons who use drugs for recreational purposes	490	10.8	7.2-15.8
People with disabilities	458	14.1	9.9-19.6

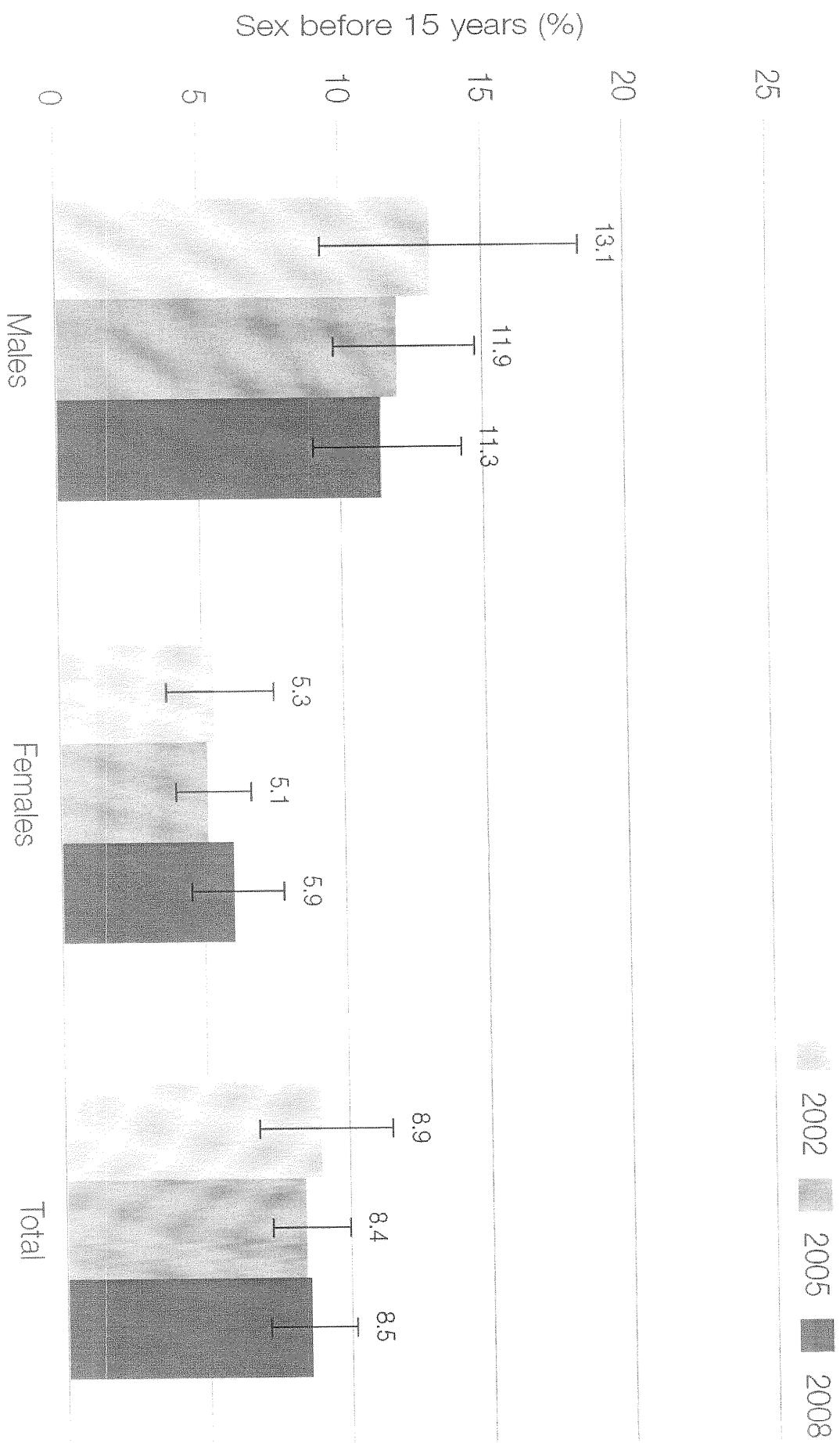
# Comparison of HIV incidence among 15 - 20 year olds, South Africa 2002, 2005 and 2008



# Behavioural Results



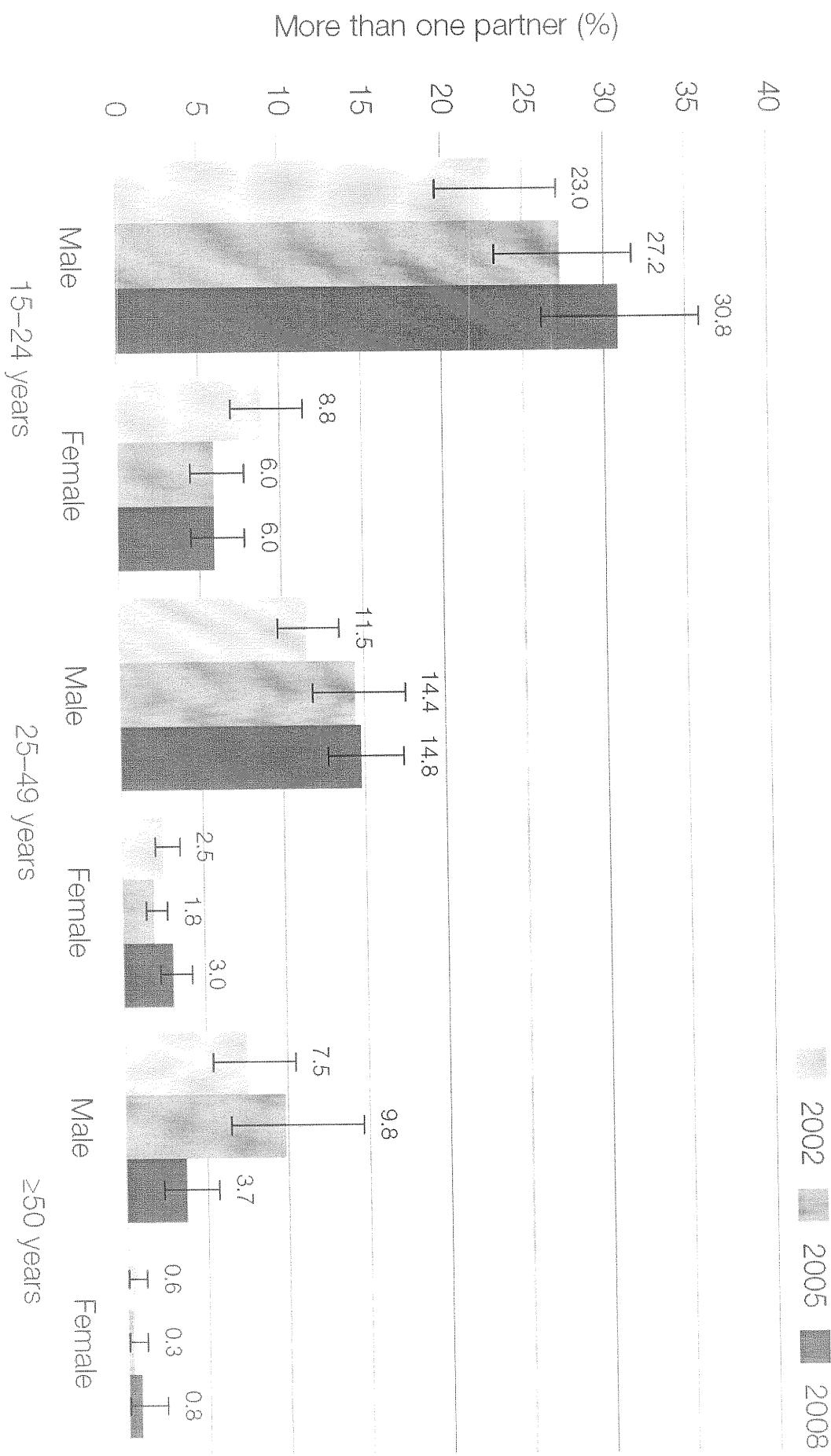
# Sexual debut by sex among 15-24 year olds, South Africa 2002, 2005 and 2008



# Intergenerational sex among 15-19 year olds, South Africa 2005 and 2008

	Within 5 years of own age (%)	Partner is 5+ years older (%)
<b>2005</b>		
Male	98.0	2.0
Female	81.4	18.5
Total	90.4	9.6
<b>2008</b>		
Male	98.5	0.7
Female	72.4	27.6
Total	85.1	14.5

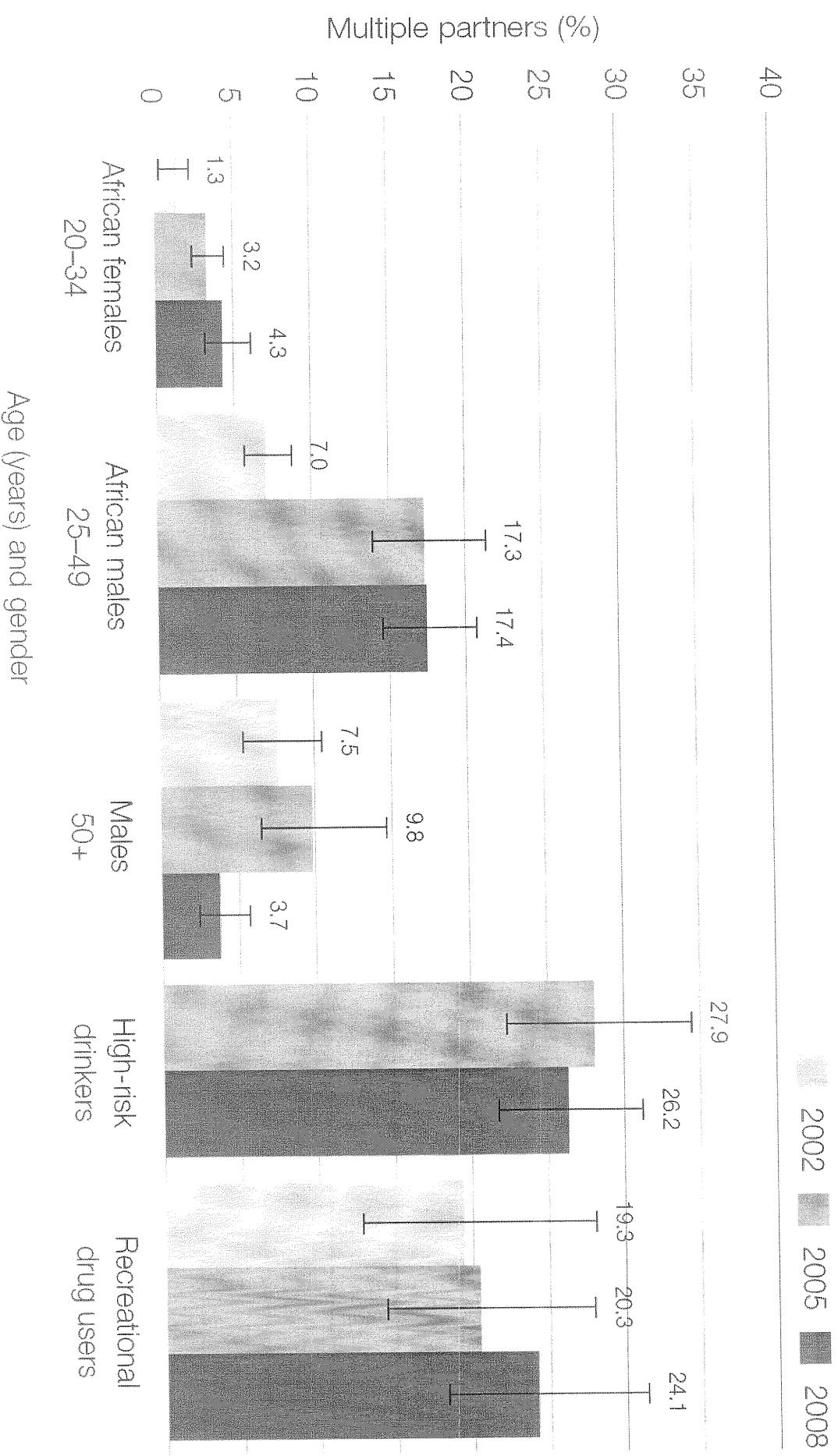
# Multiple sexual partners, South Africa 2002, 2005 and 2008



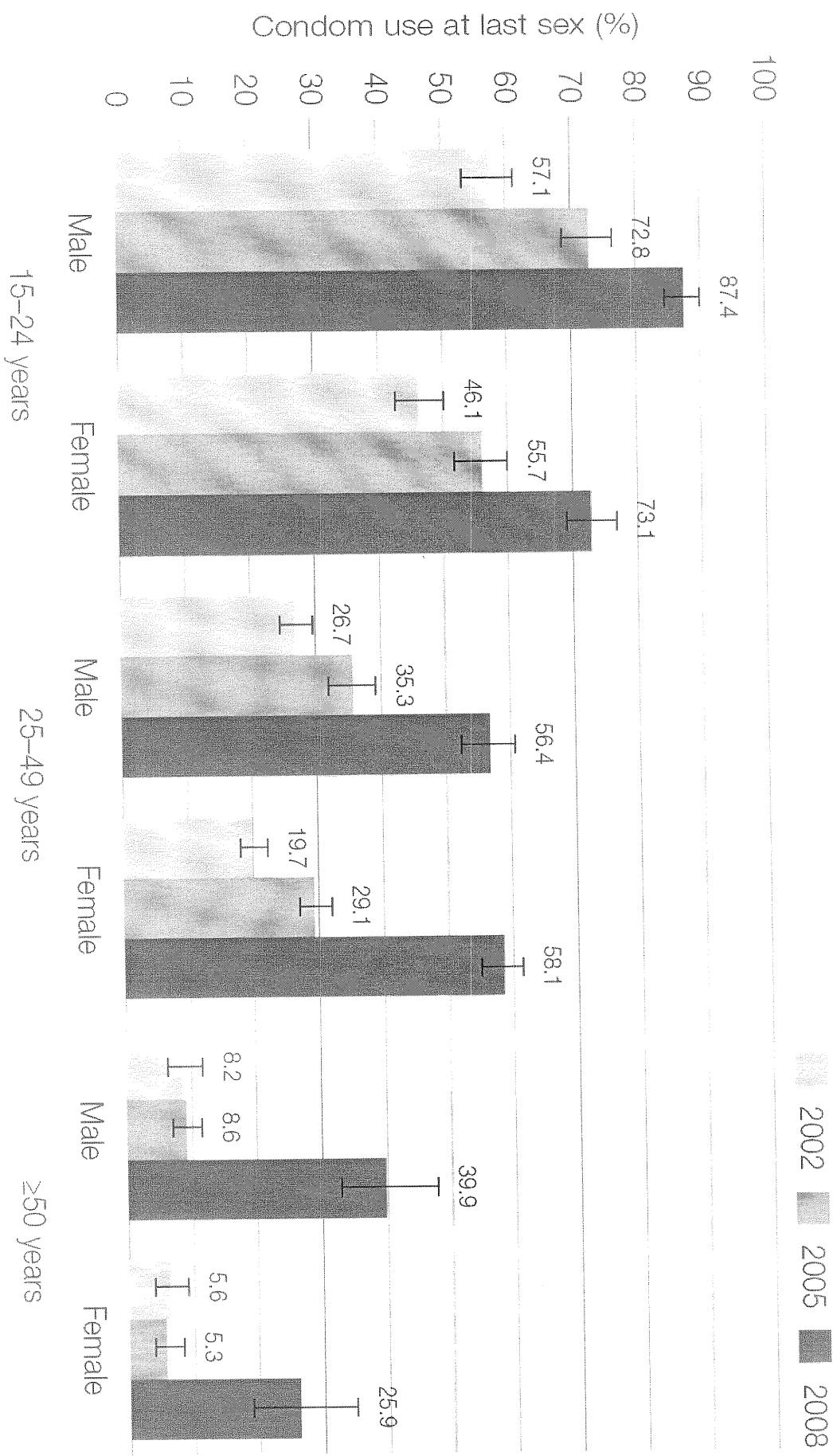
# Multiple sexual partners among 15 -49 year olds by province, South Africa, 2002, 2005 and 2008

Province	2002 (%)	2005(%)	2008(%)
Western Cape	10.9	11.3	9.9
Eastern Cape	12.1	8.1	13.1
Northern Cape	5.6	7.5	8.8
Free State	5.7	5.4	14.6
KwaZulu-Natal	9.3	10.6	10.2
North West	10.7	11.4	12.9
Gauteng	9.6	11.3	8.6
Mpumalanga	10.5	7.2	9.4
Limpopo	6.9	9.5	10.8
National	9.4	9.8	10.6

# Most-at-risk population with multiple sexual partners, South Africa 2002, 2005 and 2008



# Condom use by age group and sex, South Africa 2002, 2005 and 2008

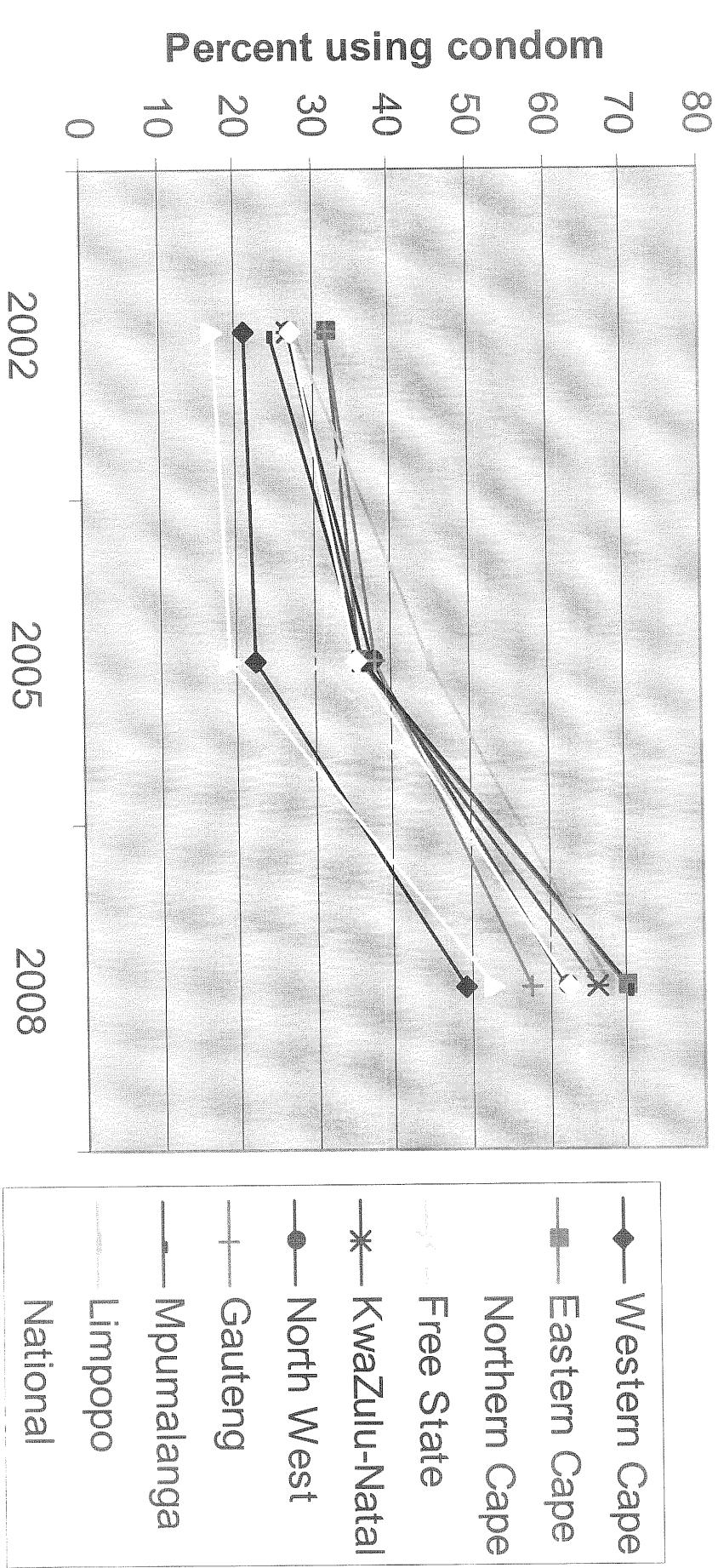


15-24 years

25-49 years

≥50 years

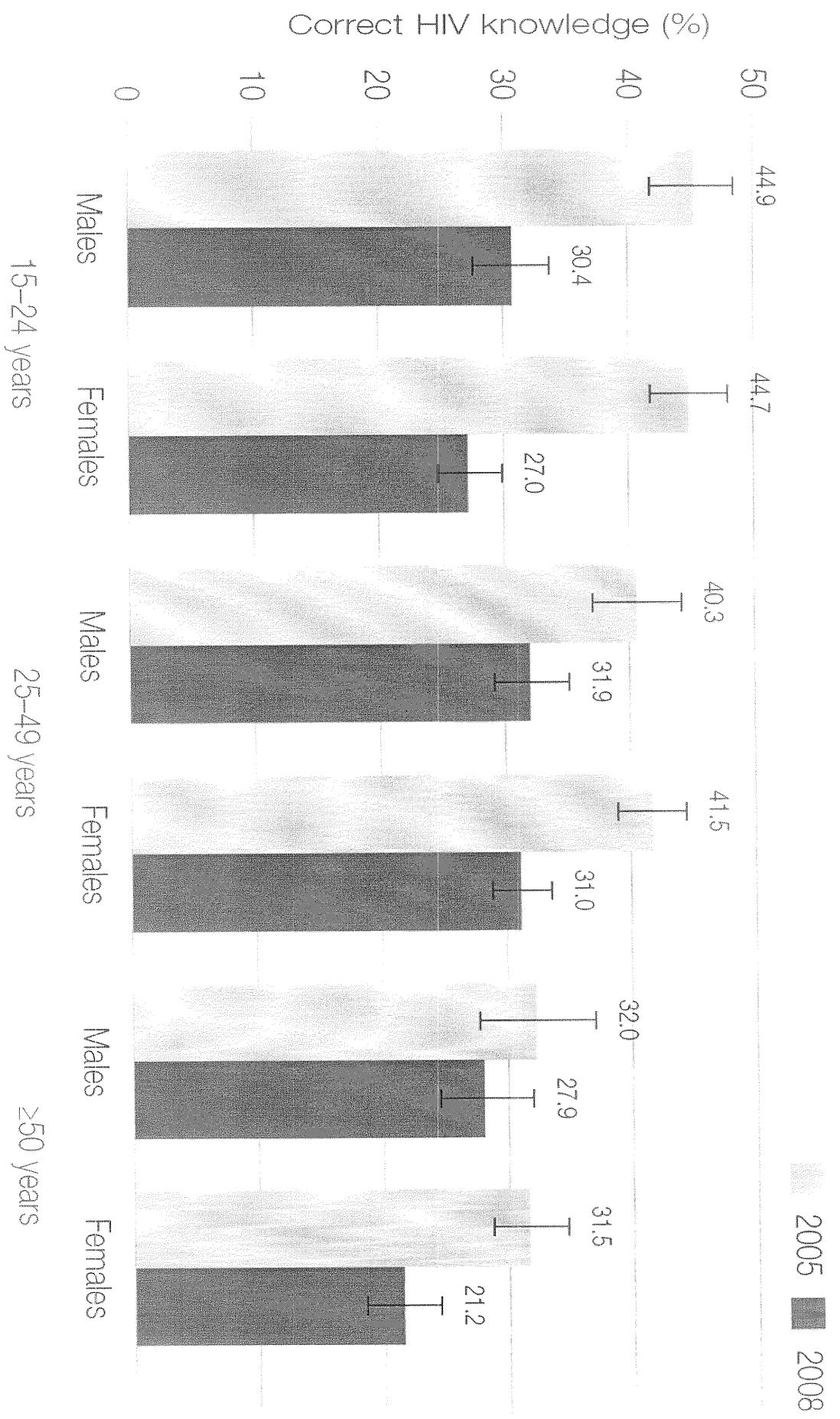
# Condom use at last sex, by province, South Africa 2002, 2005 and 2008



**Respondents aged 15 years and older who  
ever had an HIV test, South Africa, 2002,  
2005 and 2008**

	Yes %
<b>2002</b>	
Male	21.4
Female	21.4
Total	21.4
<b>2005</b>	
Male	27.6
Female	32.9
Total	30.5
<b>2008</b>	
Male	43.0
Female	56.7
Total	50.8

# HIV knowledge by sex and age group, South Africa 2005 and 2008



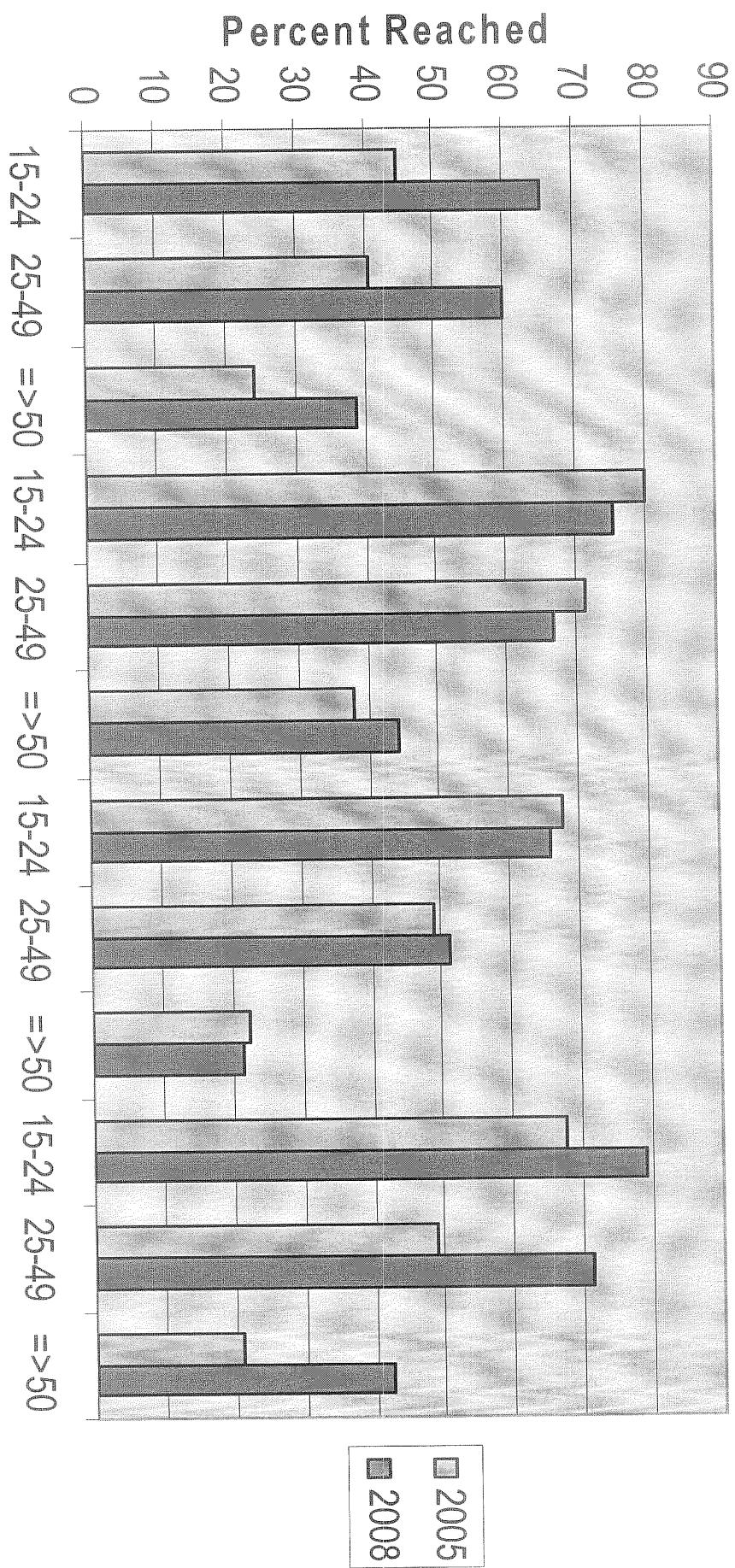
# Exposure to HIV Communication Programmes



# Reach of HIV/AIDS communication by age, South Africa, 2005 and 2008

Age	2005(%)	2008(%)
Youth (15-24 years)	86.3	90.2
Adults (25-49 years)	77.8	83.6
Adults ( $\geq 50$ years)	47.2	62.2
Total	74.0	80.9

# Reach of HIV/AIDS communication by programme and age, South Africa 2005 and 2008



Khomanani

Soul City

Soul BuddyZ

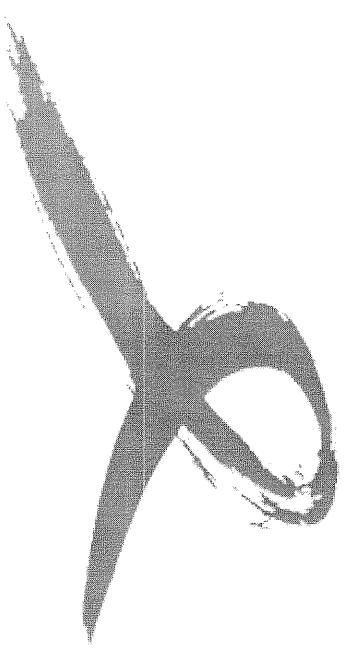
LoveLife

# Conclusions: successes

- Reduction in HIV prevalence among children
- Reduction in the new infections among teenagers aged 15 to 19 years
- Slight reduction of HIV in the youth
- Increased awareness of HIV sero-status
- Substantial increase of condom use among youth and all other age groups
- Increase in the population reached by communication programmes

# Conclusions: Challenges

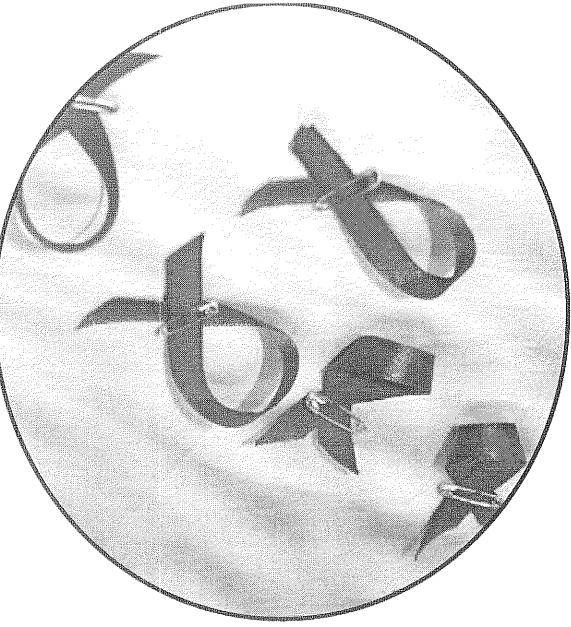
- Continued rise in HIV prevalence among adults in KwaZulu-Natal and Eastern Cape
- HIV prevention knowledge has declined- Multiple sexual partners
- Khomanani campaign has a low reach compared to the other programmes



# Recommendations

1. Need for targeted interventions programmes, particularly in KZN, Mpumalanga and Eastern Cape
2. Need for programmes to help people to have pregnancy without risking HIV
3. Implement anti-multiple and intergenerational sexual partnerships like community driven anti-smoking campaigns
4. Address high sexual partner turnover and intergenerational sex by changing community norms

# Recommendations

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6. Implement provider-initiated routine HIV testing in all health care facilities
  7. Increase communication programme reach
  8. Define country specific indicators including MARPs

# Research consortium

- Human Sciences Research Council (HSRC)
- Medical Research Council (MRC)
- Centre for AIDS Development, Research and Evaluation (CADRE)
- National Institute for Communicable Diseases (NICD)

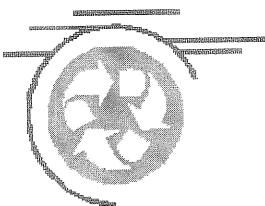
# Funding by

- President's Emergency Program for AIDS Relief (PEPFAR) through US Centers for Disease Control and Prevention (CDC)



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Nico Jacobs

South African national HIV survey 2008.ppt



Regards,

I attach Prof Setswane's for the above mentioned meeting.

Hanlie

For Follow Up:  Urgent Priority

Subject: Prof Setswane's presentation to SANAC PIC meeting

bcc

To: Hanlie Rossninger/Hsrc@HSRC  
cc: Yolande Shean/Hsrc, Chilla De Kock/Hsrc@HSRC  
2009/07/27 04:24 PM



Nico Jacobs/Hsrc