HIV ANTENATAL SURVEY REPORT FOR 2000

1. INTRODUCTION:

HIV/ Aids is the most serious and devastating disease that faces the world today. People ask themselves why the epidemic presents itself in a more devastating way in poorer countries and prejudicially think that this is due to improper or irresponsible behaviour attributed to individuals and communities. In reality we are confronted with much more complex problems which irreversible are referred to and collapsing of public and health services, the communities have no access to confidential and trustful services, molded to their necessities of information prevention and STD care, counselling, treatment and sexual reproductive health.

In 1990 the National Department of Health instituted a mechanism to monitor the HIV epidemic in South Africa and since then a series of anonymous unlinked surveys of HIV have been conducted yearly amongst women attending antenatal clinics in public facilities as a mechanism of monitoring the progressions of HIV epidemic in South Africa. These annual surveys are the cornerstone of the HIV epidemic in the country and have become an important planning tool.

2. AIMS AND OBJECTIVES OF THE HIV SURVEY:

The aim of the survey is to obtain data/ statistics that will help health personnel in planning, decision making, implementing and evaluating programmes that are aiming at the prevention and control of the HIV/ Aids epidemic.

Specific objectives of the HIV/ Antenatal survey:

- To determine the prevalence of HIV in women attending antenatal care clinics.
- To monitor trends of HIV infection in women attending antenatal clinics.
- To determine the prevalence of HIV in each region and in different age categories.

3. SURVEY METHODOLOGY:

3.1 Sample size and sentinel sites:

A systematic cluster random sample was used in which weighing is conducted using the probability proportional to size technique. 58 sites were selected in the Free State province and the sample size of the Free State was 1200 but due to problems only 1087 (90%) blood specimen were taken. The clinics were selected on the basis of high first antenatal visits. At each selected site/ clinic all first time antenatal clinic attendants were selected. As only public sector are sampled there is an inherent under representation of race groups e.g. number of White and Indian women are typically small.

3.2 Data collection:

Data was collected by the health personnel in the selected sites over a period of one month e.g. the survey started on the 1 October to 30 October 2000. Every consecutive woman attending antenatal clinics for the first time during the current pregnancy was included in the sample. Before withdrawing the blood from the clients, permission, consent and information on the reasons for taking blood was given to clients.

3.3 Quality control:

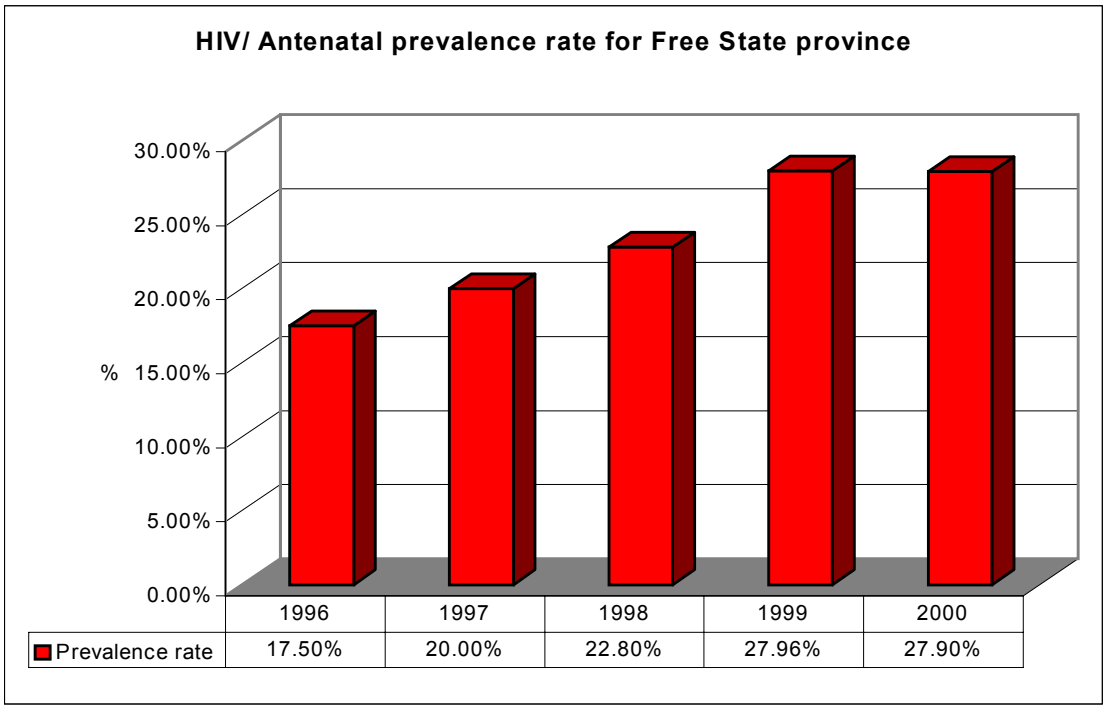
Quality control was done by managers, coordinators and statistical advisors from the provincial office. Of the total clinics (58), 41 (70%) were visited for quality control.

4. SURVEY RESULTS:

4.1 HIV prevalence rates for Free State province 1996 – 2000

The HIV prevalence rate for the Free State province is reflected in the line diagram below.

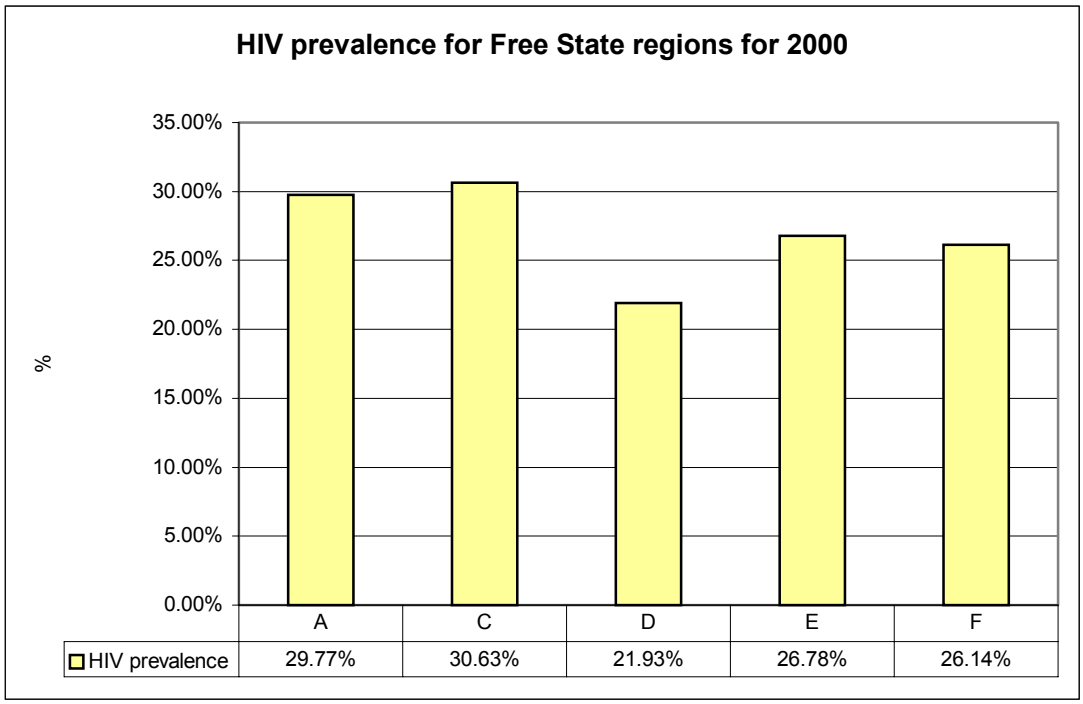
Diagram 1: ***HIV/ Antenatal prevalence rates for Free State for 1996 – 2000***



4.2 HIV prevalence rate for regions of the Free State

4.2.1 HIV prevalence rate for Free State regions

Diagram 2: *HIV prevalence rate for regions for 2000*



Region B was excluded from the survey due to the small number of first antenatal visits. Region C (30.63%) is having the highest prevalence rate, followed by region A (29.77%) and Region E (26.78%).

4.2.2 HIV prevalence rate for regions of Free State for 1997 – 2000

Table 1: *HIV prevalence rate for regions of Free State for 1997 – 2000*

Region	1997	1998	1999	2000
A	17.61	23.98	26.88	29.77
C	26.60	25.75	31.68	30.63
D	17.70	21.03	28.16	21.93
E	18.87	21.34	27.52	26.78
F	17.50	21.26	27.66	26.14

When looking at the above table, Region C is having high prevalence rate for all the years. See the table above. There has been a decrease in the percentage of HIV clients in regions C, D, E and F with the exception of region A where the increase was 2.89% in 2000.

4.2.3 HIV prevalence rate for Region A clinics

Table 2: HIV prevalence for Region A for 2000

Clinic	# Positive	Total tests done	% Positive
Botshabelo B	6	15	40
Bainsvlei	2	9	22
Batho	18	50	36
Botshabelo C	9	20	45
Chris de Wet	4	20	20
Dinaane	1	10	10
Botshabelo E	4	20	20
Botshabelo F	2	10	20
Gaongalelwe	4	20	20
Botshabelo H	1	7	14
Heidedal CHC	22	70	31
Botshabelo Industrial	4	10	40
Botshabelo J	6	37	16
Botshabelo L	1	10	10
Botshabelo M	1	10	10
MUCPP	29	70	41
Thaba Bosiu	2	10	20
Thaba Nchu	4	10	40
Botshabelo U&S	4	19	21
Botshabelo W	2	2	100
Mafane	4	10	40

In region A 21 clinics were selected for HIV antenatal survey. The clinic with the highest HIV prevalence rate is Botshabelo W clinic 2 (100%), followed by Botshabelo C clinic 9 (45%) and MUCPP 29 (41%).

4.2.4 HIV prevalence rate for Region C clinics

Table 3: HIV prevalence for Region C for 2000

Clinic	# Positive	Total tests done	% Positive
Bronville	17	35	49.0
Kgotsong (Bronville)	11	20	55.0
Kgotsong (Welkom)	1	20	5.0
Meloding	4	10	40.0
Monyakeng	4	25	16.0
Welkom PHC	12	20	60.0

The clinics in region C with high HIV prevalence rate are Welkom PHC 12 (60%), Kgotsong (Bothaville) 11 (55%), Bronville 17 (49%) and Meloding 4 (20%).

4.2.5 HIV prevalence rate for Region D clinics

***Table 4:** HIV prevalence for Region D for 2000*

Clinic	# Positive	Total tests done	% Positive
Phahameng	1	15	7.0
Rammulotsi	9	40	23.0
Relebohile	5	15	33.0
Vredefort	2	10	20.0
Zamdela	5	20	25.0
Edenville	2	10	20.0

In Region D Relebohile clinic 5 (33%) had the highest HIV prevalence rate, followed by Zamdella 5 (25%) and Rammulotsi 9 (23%).

4.2.6 HIV prevalence rate for Region E clinics

***Table 5:** HIV prevalence for Region E for 2000*

Clinic	# Positive	Total tests done	% Positive
Bolata	3	10	30
Ma-Haig	9	20	45
Makwane	3	20	15
Malesoana	2	10	20
Marokong	0	10	0
Matsieng	2	20	10
Monontsha	4	20	20
Namahali	2	15	13
Nthabiseng	1	10	10
Nthubise Choana	9	25	36
Paballong	5	15	33
Phomolong	5	25	20
Phuthaditjhaba	5	20	25
Riverside	3	20	15
Seka Mota	3	20	15
Tebang	9	30	30
Tina Moloi	5	15	33
Tshiame	4	10	40
Tshirela	3	20	15

In Region E the clinic with the highest HIV prevalence rate is Ma-Haig 9 (45%), followed by Tshiame 4 (40%), Nthubise Choane 9 (36%), Paballong 5 (33%) and Tina Moloi 5 (33%).

4.2.7 HIV prevalence rate for Region F clinics

Table 6: HIV prevalence for Region F for 2000

Clinic	# Positive	Total tests done	% Positive
Bohlokong	11	40	28
Ladybrand	3	15	20
Masebabatso	3	15	20
Mphohadi	7	25	28

The clinics in Region F with the highest HIV prevalence rate are Bohlokong 11 (28%) and Mphohadi 7 (28%).

4.3 HIV prevalence rate by age group

4.3.1. HIV prevalence rate by age group for Free State province 2000

Table 7: HIV prevalence by age for the Free State province for 2000

Age group	Number positive	% Positive
< 20 years	171	15.75
20 – 24 years	316	29.09
25 – 29 years	303	27.90
30 – 34 years	188	17.31
35 – 39 years	82	7.55
40 – 44 years	23	2.12
45 and older	3	0.28
Total	**1086**	**100.00**

4.3.2 Age group per region (Free State province) for 2000:

Table 8: Age group per region for 2000

Age group	A		C		D		E		F	
	# Pos	% Pos	# Pos	% Pos	# Pos	% Pos	# Pos	% Pos	# Pos	% Pos
< 20 years	54	12.56	9	11.95	27	23.68	56	18.98	15	17.05
20 – 24 years	127	29.53	42	26.42	31	27.19	88	29.83	28	31.82
25 – 29 years	141	32.79	37	23.27	32	28.07	67	22.71	26	29.55
30 –34 years	73	16.98	37	23.27	17	14.91	50	16.95	11	12.50
35 – 39 years	27	6.28	17	10.69	6	5.26	26	8.81	6	6.82
40 – 44 years	7	1.63	6	3.77	1	0.88	8	2.71	1	1.14
45 – 49 years	1	0.23	1	0.63	0	0.00	0	0.00	1	1.14
Total	**430**	**100.0**	**159**	**100.0**	**114**	**100.0**	**295**	**100.0**	**88**	**100.0**

In region C, E and F HIV is most prevalent in the age group 20 – 24 years and in region A and D it is most prevalent in 25 – 29 years.

4.3.3 Comparison of 1999 and 2000 HIV prevalence for the Free State province

***Table 9:** Comparison of HIV prevalence per age group for 1999 and 2000*

Age group	% Positive		% Increase/ Decrease
	1999	2000	
< 20 years	17.65	15.75	-1.9
20 – 24 years	29.87	29.09	-0.78
25 – 29 years	35.79	27.90	-7.89
30 – 34 years	27.23	17.31	-9.92
35 – 39 years	21.41	7.55	-13.86
40 – 44 years	18.52	2.12	-16.4
45 and older	0.00	0.28	+0.28

In all the years the age group mostly affected is 20 – 24 years, followed by 25 – 29 years.

The above figures shows that HIV/ Aids is more common in the 20 – 24 years. This may be due to the fact that the young people tend not to perceive their own actions as affecting their health. They hold traditional beliefs of disease causation or they discount the risk of becoming ill or dying in the future against the value of satisfying their immediate needs including excitements. Girls are less likely to know about HIV infection and Aids, and how to protect themselves from HIV infection because of the cultural norms that girls and young women should not know about sexual health.

Sexual and reproductive health information and services are generally not available to young unmarried people. Providers of services for older, married people can be judgmental and critical of sexually active youngsters. Services are not designed to meet adolescents needs and even the provision of family life education in schools has provoked serious conflict in the society.

Certain leaders and parents often mistakenly believe that sexual health education leads to earlier or increased sexual activity. There is an urgent need to reach out to children and young people using effective methods that empower them to be the agents for their own and their communities good health and development.

4.4 HIV prevalence by province

4.4.1 HIV prevalence by province for 2000:

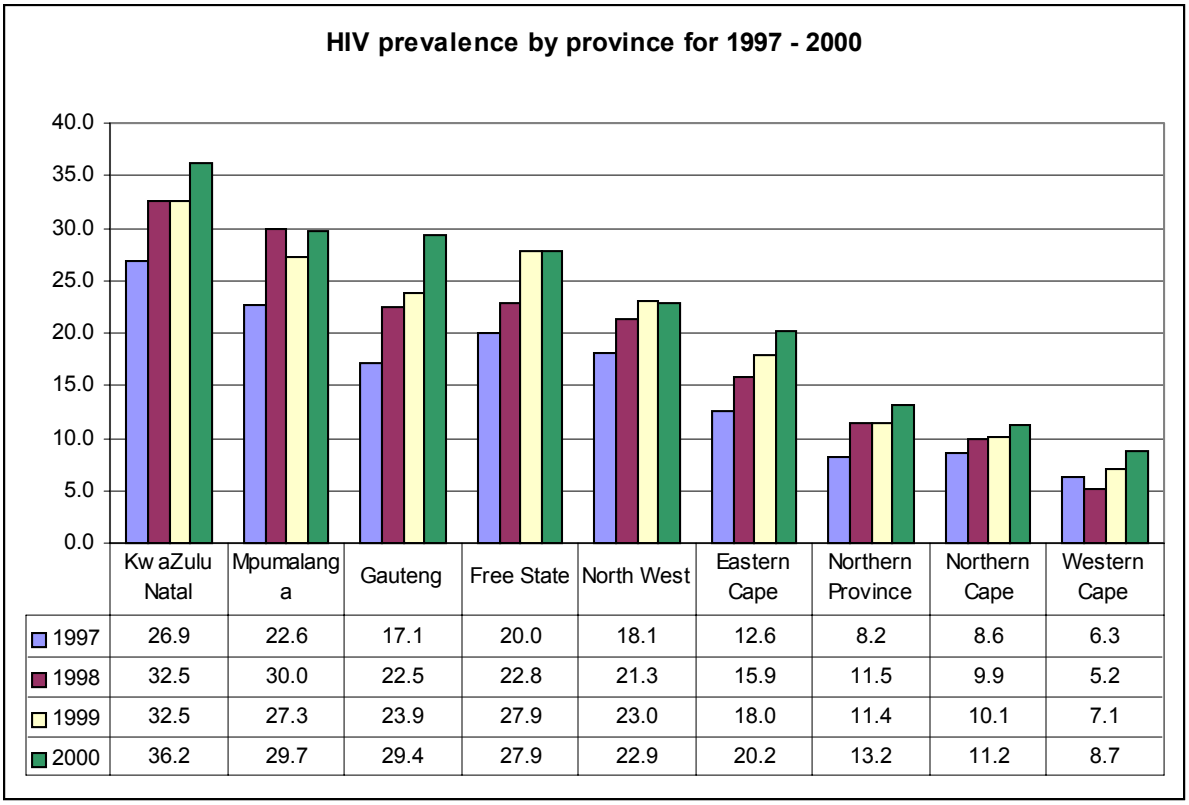
Table 10: HIV prevalence by province for the year 2000

Province	%
KwaZulu Natal	36.20
Mpumalanga	29.70
Gauteng	29.40
Free State	27.90
North West	22.90
Eastern Cape	20.20
Northern Province	13.20
Northern Cape	11.20
Western Cape	8.70

The province with the highest HIV prevalence rate is KwaZulu Natal (36.20%), followed by Mpumalanga (29.70%), Gauteng (29.40%) and Free State (27.90%).

4.4.2 HIV prevalence by province comparing rates for 1997 – 2000

Diagram 3: HIV prevalence by province for 1997 - 2000

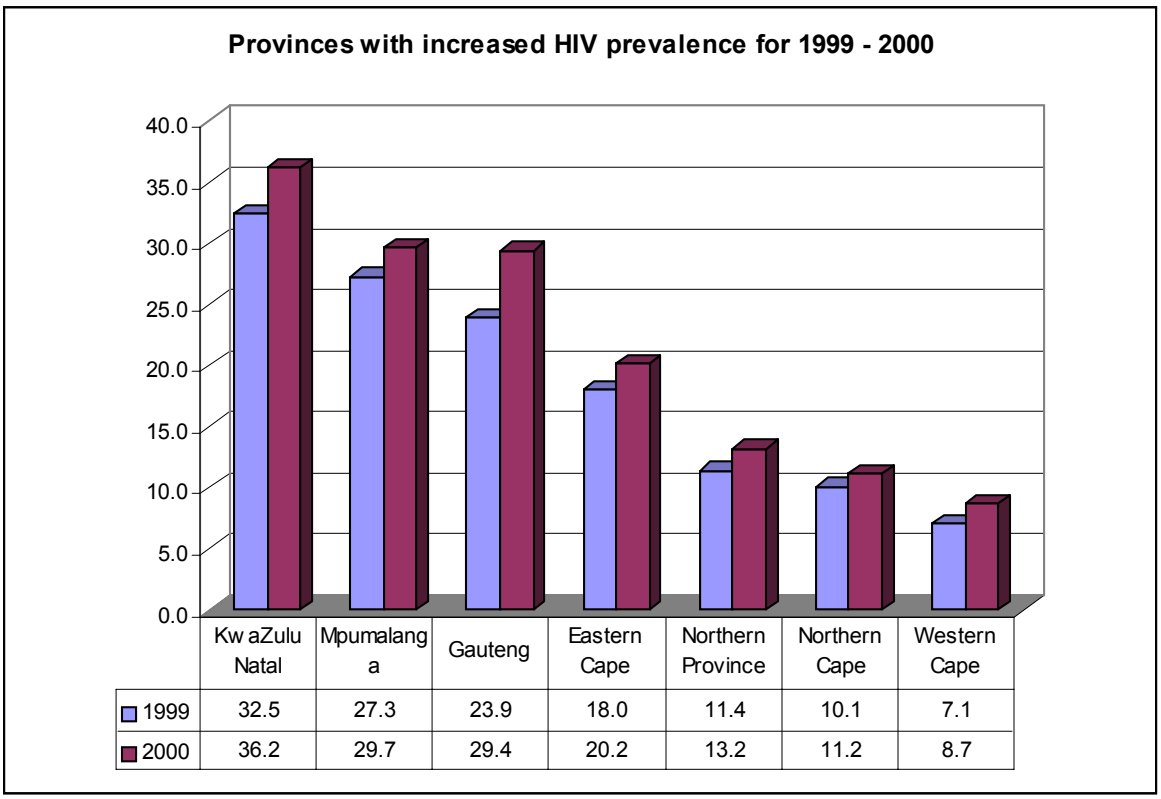


	Kw aZulu Natal	Mpumalang a	Gauteng	Free State	North West	Eastern Cape	Northern Province	Northern Cape	Western Cape
1997	26.9	22.6	17.1	20.0	18.1	12.6	8.2	8.6	6.3
1998	32.5	30.0	22.5	22.8	21.3	15.9	11.5	9.9	5.2
1999	32.5	27.3	23.9	27.9	23.0	18.0	11.4	10.1	7.1
2000	36.2	29.7	29.4	27.9	22.9	20.2	13.2	11.2	8.7

A continuous increase in HIV prevalence rates is observed in the seven provinces i.e. KwaZulu Natal, Mpumalanga, Gauteng, Eastern Cape, Northern Cape, Western Cape and Northern Province. Refer to the diagram 4 below.

4.4.3 Provinces with increased prevalence of HIV

Diagram 4: ***Provinces with increased prevalence of HIV for 1999 - 2000***



	Kw aZulu Natal	Mpumalang a	Gauteng	Eastern Cape	Northern Province	Northern Cape	Western Cape
1999	32.5	27.3	23.9	18.0	11.4	10.1	7.1
2000	36.2	29.7	29.4	20.2	13.2	11.2	8.7

5. CONCLUSION:

The Free State province have a decrease of 0.06% in 2000 which means that a greater effort to reduce the HIV/ Aids in the province have been done. Though effort have been made in the province, we need to look at the pre-existing social conditions to the HIV/ Aids epidemic that have been contributing to increased vulnerability of men, women and children to infection with HIV. We are obliged to formulate strategies based on these social conditions in order to reduce social vulnerability and obtain positive results within the areas of prevention and assistance. There is a need for implementing strong and decisive strategies for the most vulnerable and affected groups. At the same time measures need to be taken to diminish attitudes prejudice and disrespect of human rights to these citizens in the belief that they accelerate HIV transmission to other population groups.

6. ACKNOWLEDGEMENTS:

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