Highlights on HIV and AIDS statistics among 10 to 19 year olds in South Africa

Prof Khangelani Zuma, PhD
Executive Director: Social Aspects of Public Health research programme
Human Sciences Research Council, Pretoria
kzuma@hsrc.ac.za
RESEARCH METHODS
Sampling Frame || SABSSM V - National + 16 District / Metro-level estimates

**Survey Design**
- Cross-sectional
- Population-based
- Multi-stage stratified
- Random-sampling approach
- Linked anonymous testing with informed consent

**Survey Population**
- Person of all ages
- Living in South Africa
- Members of selected households invited to participate in the survey including those living in hostels

---

Northern Cape
Total SALs: 78
5.4%

North West
Total SALs: 96
6.6%

Free State
Total SALs: 75
5.1%

Eastern Cape
Total SALs: 149
10.2%

Western Cape

KwaZulu-Natal
Total SALs: 378
25.9%

Gauteng
Total SALs: 297
20.4%

Limpopo
Total SALs: 104
7.1%

Mpumalanga
Total SALs: 151
10.4%
HIV prevalence among adolescents aged 10 to 19 year olds, South Africa, 2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Males</th>
<th>Females</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-12 year olds</td>
<td>2.6</td>
<td>2.2</td>
<td>2.4</td>
</tr>
<tr>
<td>13-15 year olds</td>
<td>3.1</td>
<td>2.5</td>
<td>2.8</td>
</tr>
<tr>
<td>16-19 year olds</td>
<td>4.3</td>
<td>6.7</td>
<td>5.6</td>
</tr>
</tbody>
</table>
Exposure to ARVs, 2017

- More than 350 000 children of school going age are living with HIV.
- Only half of these are on life saving ARVs in South Africa.
- Majority of these children on ARVs are aged 10 to 12.
- Less than half of the 16 to 19 years olds in need of ARVs (test and treat policy) are on treatment.

<table>
<thead>
<tr>
<th>Age</th>
<th>HIV+</th>
<th>ART</th>
<th>ART%</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 to 12</td>
<td>77 000</td>
<td>33 812</td>
<td>79.9</td>
</tr>
<tr>
<td>13 to 15</td>
<td>80 000</td>
<td>28 991</td>
<td>57.7</td>
</tr>
<tr>
<td>16 to 19</td>
<td>202 000</td>
<td>78 899</td>
<td>42.3</td>
</tr>
<tr>
<td>Total</td>
<td>359 000</td>
<td>142 692</td>
<td>50.7</td>
</tr>
</tbody>
</table>
## Population Viral Load Suppression, 2017

<table>
<thead>
<tr>
<th>Age</th>
<th>ART Exposure (%)</th>
<th>Viral Suppression (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Males</td>
</tr>
<tr>
<td>10 to 12</td>
<td>79.9</td>
<td>100</td>
</tr>
<tr>
<td>13 to 15</td>
<td>57.7</td>
<td>57.2</td>
</tr>
<tr>
<td>16 to 19</td>
<td>42.3</td>
<td>41.0</td>
</tr>
<tr>
<td>Total</td>
<td>50.7</td>
<td>53.9</td>
</tr>
</tbody>
</table>

- Viral load suppression threshold of $<1\,000$ copies of HIV per ml in DBS samples
- High exposure to ARVs consistently translated to high viral suppression for both males and females
- 16 to 19 year olds show lowest levels of viral suppression
What does this mean for 10 to 19 year olds

• Half of this urn is red for 10 to 19 year olds

• Just less than half (48.9%) of this urn is made up of children with high viral load

• This urn has a lot more children that if they had unprotected sexual intercourse with their peers they are more likely to pass the virus on to them

• If for example the 13 to 15 years olds that are currently not on treatment (42.3%) remain out of treatment when they are 16 to 19 as their chance to be on treatment is only 42.3%, it will not be surprising to see an increase in mortality in this age group or immediately thereafter
**Ever had sex and condom use at sexual debut**

<table>
<thead>
<tr>
<th>Age</th>
<th>Ever had sex (%)</th>
<th>Condom use at sexual debut? (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 to 12</td>
<td>0.2</td>
<td>0.0</td>
</tr>
<tr>
<td>13 to 15</td>
<td>5.7</td>
<td>69.3</td>
</tr>
<tr>
<td>16 to 19</td>
<td>41.2</td>
<td>75.1</td>
</tr>
<tr>
<td>Total</td>
<td>21.8</td>
<td>74.4</td>
</tr>
</tbody>
</table>

- 21.8% of 10 to 19 year olds ever had sexual intercourse
- At least 74.4% used condom at sexual debut
**Age-disparate sexual relationships in 15-19 years age group by sex, South Africa, 2002-2017**

*Numbers reported for males with a partner 5 or more years older than them are few and should be interpreted with caution*
Concluding Remarks

• Need to strengthen HIV prevention among 10 to 19 year olds
• Improve access to treatment but more importantly those on treatment must be kept on treatment.
• It is concerning that 10 to 19 year olds engage in sex without condoms, more so since their peers are also risky given low viral suppression levels.
• Age disparate sexual partnerships especially among young women needs to be addressed
U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through the U.S. CDC (Cooperative Agreement #GH001629)
Department of Science and Technology, South African National AIDS Council, Global Fund, Right to Care, UNICEF, Centre for Communication Impact, Soul City, LoveLife

The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the official position of the CDC. The mark “CDC” is owned by the US Dept. of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise.
THANK YOU