Numbers of AIDS-related children in a West Kenyan orphanage, ‘Double Joy’, are expected to fall over ten to twenty years

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BACKGROUND

‘Double Joy’, an orphanage for children whose parents have died of AIDS, was initiated in 1994 by Mary Hinde, originally from Lancaster, and is funded almost entirely by UK donors in this area.

As a sexually transmitted disease, HIV infection was earlier passed by long-distance lorry drivers and fishermen of Lake Victoria whose transient lifestyles led to a ‘wife in every port’, but later it expanded to nearby communities. During the early nineties, Mary was head teacher of a secondary school half of whose young teachers died of AIDS, some leaving children parentless.

In Kenya, HIV infection peaked at a serological prevalence of 13.4% in 2000 and fell to 6.3% of 15-45 year olds in 2009.⁽¹⁾ This was partly due to the deaths of the HIV carriers, but numbers that became infected also fell due to aggressive action taken by national and international groups through teaching, condom supply and many other factors. Like in the UK, however, the overall prevalence of HIV will not fall to zero because treatment is starting to prevent patients’ death.

Figure 1 2011 survey of ‘Double Joy’ children born in specific years

In 2009, 1.2 million orphans were attending school in Kenya,⁽¹⁾ and this figure is expected to fall.

‘Double Joy’ is in the West of Kenya, near Kisumu, where infection is continuing. HIV is more easily transferred and exacerbated by three factors: high promiscuity; the tribal custom for men to be uncircumcised; and a genetic predisposition to immunity from malaria – all of which increase the possibility of infection.^(2,3) The local HIV prevalence (as found from serology) is still 28%, and some young adults’ attitude is ‘HIV is nothing to fear’ as they have carried it for a long period with no effect. Hospitals are associated with death and though ante-natal clinics tell mothers to avoid starvation, the local belief is that a woman should ease birth by fasting to decrease the size of the unborn child. As a result, the Kenyan government’s push towards treatment of pregnant mothers with antiretroviral drugs to prevent offspring infection is only spreading gradually.

Current distribution of child ages in ‘Double Joy’

This data is derived from the orphanage directly in July 2011. The distribution as shown in figure 1 has remained similar over five years despite the fall in the Kenyan shilling value, and the increase in orphanage costs.

ASSESSED LONGTERM OUTCOME

Figure 1 shows the year of birth of the children in the orphanage to peak currently at approximately 12 years. The children tended to join it at a point after the birth when the mother and other family members died or were not able to care for them. Often siblings arrive together: eg one at ten years, sister at six years and brother at four years. The cleverer 15-year-olds will aim for four years at boarding secondary schools and the best can hope to go on to university. The less academic leavers go to boarding polytechnics for two years. The cost, per leaver of the orphanage, is less than staying at ‘Double Joy’ itself. As such the cost of running ‘Double Joy’, as a whole, may look, from the graph, as if it will drop as the 12-year-olds go on to further education, but in fact the

demand for new places will continue until AIDS in the community falls locally, as it has in the capital of Kenya, Nairobi.

Claims from UNICEF and AVERT are of success elsewhere, and so the gradual spread of anti-HIV activity and treatment has brought down the number of orphans. What can be expected is that, if indeed the aggressive campaign against HIV spreads to western Kenya, then the number of new orphans might drop rapidly, but a fall in demand by those already

without parents may not be apparent for ten to 20 years. Mary Hinde sees the problem continuing but, if she can hold on despite rising food and equipment prices, it is expected that the impact of Kenyan media, international determination and improving technology of antiretroviral drugs will bring light at the end of a long dark tunnel as orphan numbers fall.

REFERENCES

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3. Dembo EG, Mwapasa V, Montgomery J, et al. Impact of human immunodeficiency virus infection in pregnant women on variant-specific immunity to malaria. Clin Vaccine Immunol 2008;15(4):617-21

Contact details for anyone who wants to contribute financially: Double Joy, 22 Standen Park House, Lancaster, LA1 3FF. Cheques payable to Double Joy.

As a UK charity, if the donor includes their address then Gift Aid can increase the donation. The charity is organising a system to allow direct payment on the internet which should be available from November.

<http://www.double-joy.org.uk/default.htm>

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