In 2018, there were 2.7 million orphans in South Africa. Research has shown that bereaved children, i.e., children who have experienced the death of someone close to them, are at risk for developing depression, problems at school, behavioural problems and substance abuse. Poverty, and its subsequent lack of access to services, add to this risk. The poorest households carry the greatest burden of care for orphans – close to half (48%) of all orphans are resident in the poorest 20% of households.

Moreover, multiple studies show that sexual risk behaviours are more prevalent among orphans and vulnerable children. Research shows that bereaved children are more likely to engage in risky behaviours, which increases their risk of HIV infection.

In 2016, the global number of adolescents aged 10-19 living with HIV rose to 2.1 million, a 30% increase since 2005. Three in four new HIV infections among adolescents occur in sub-Saharan Africa, and adolescent girls are especially burdened. Adolescent Girls and Young Women (AGYW) are the most critical to South Africa's HIV epidemic. It is estimated that a third of all new HIV infections in the country occur in AGYW age 15-24 years.

The most common method of HIV transmission worldwide, at almost 70% of infections, is unprotected heterosexual intercourse. However, given limited success in reducing HIV incidence, there is increasing recognition of the critical need to address upstream factors that shape risky behaviours.

---

A study examining the association of depressive symptoms with HIV incidence among AGYW in South Africa, found prevalence of depressive symptoms of 18.2% in this young adolescent population, which was almost twice the prevalence recorded in a nationally-representative survey of adults in South Africa⁶.

The findings of this study suggest that having depressive symptoms in adolescence may also increase risk of HIV infection. This demonstrates that depression is longitudinally related to HIV acquisition among AGYW in sub-Saharan Africa. The results are especially important given the high burden of depression among adolescents and point to areas for prevention strategies⁶.

This study suggests that interventions that improve mental health among AGYW may also improve HIV prevention efforts⁶. While depression is a modifiable public health problem, access to mental healthcare services in South Africa is currently quite poor⁶. In spite of South Africa’s internationally renowned legislative framework for human rights, there is a marked lack of capacity in several government departments at the coalface of service delivery⁸, there are insufficient numbers in the social work workforce and the existing workforce is poorly prepared to work in child care and protection⁹.

Non-Profit Organisation staff working in disadvantaged communities are typically working for small Community Based Organisations (CBOs) and medium sized Non-Governmental Organisations (NGOs) servicing children in communities characterised by a lack of safety, high levels of violence, and a lack of services. Nevertheless, relatively low-cost interventions, delivered by lay workers in the community, have been shown to be effective in low and middle-income countries, such as the rural South African context⁶.

The Abangane programme is one of these locally developed, evidence based, interventions. Teen girls who were part of this 8 x 100 minute, scripted, grief support programme showed less depression and improved social behaviour.

Because of the heightened risk for psychological problems among bereaved children and teens, and the clear links between psychological health and sexual risk behaviour for teen girls, training and mentoring on effective bereavement support interventions are especially needed.

---
