

Human Sciences Research Council

KwaZulu-Natal reports second-highest HIV prevalence rate in South Africa

For immediate release

Durban, Monday, 23 September 2024

The Human Sciences Research Council (HSRC) released the key findings of the Sixth South African HIV Prevalence, Incidence, and Behaviour Survey (SABSSM VI) for KwaZulu-Natal Province on Monday, 23 September 2024, at a provincial dialogue held at The Edward Hotel, Durban.

The survey found that compared to other provinces, KwaZulu-Natal had the second-highest HIV prevalence at 16.0% in 2022, down from 18.0% in 2017. This translates to 1,980,000 people living with HIV (PLHIV) in KwaZulu-Natal, which was a decline from 1,990,000 PLHIV in 2017.

According to the overall principal investigator of the study, the HSRC's Professor Khangelani Zuma, the survey showed that, in 2022, HIV prevalence in the province was higher among those aged 25–49 years (31.1%), for both females (38.4%), and males (21.5%). HIV prevalence was also higher among those residing in rural formal or farm areas (20.0%).

“HIV prevalence peaked at 44.5% among those aged 45–49 years in 2022 from 39.7% in 2017 among those aged 35–39 years, indicating a possibility of continuing infections among older people. HIV prevalence had decreased by 2022 among all age groups younger than 40 years compared to 2017,” Professor Zuma said.

By District, in 2022, HIV prevalence was highest in uMgungundlovu (19.5%). The data presented are for eight priority districts within KwaZulu-Natal namely; eThekweni, Harry Gwala, King Cetshwayo, Ugu, uMgungundlovu, uThukela, Zululand and uMkhanyakude districts as per the study protocol. Data for Amajuba, uMzinyathi and iLembe are not presented because these districts were not oversampled to allow for reliable estimates.

Antiretroviral treatment (ART)

Antiretroviral treatment (ART) coverage in KwaZulu-Natal increased to 87.3% in 2022 from 71.2% in 2017. The ART coverage estimate translates to an estimated 1,609,000 PLHIV in the province receiving treatment in 2022.

In 2022, ART use among all PLHIV in the province was lowest among adolescents and youth aged 15–24 years (62.8%) compared to other age groups. ART use was also lower among both males (58.8%) and females (64.0%) in this age group compared to other age groups. In addition, ART use was lower among those who reside in urban areas (83.1%), compared to other localities, and these findings were consistent for both males and females in the rural localities (>90%).

ART use in the province was consistently lower among males compared to females. Two exceptions were, firstly, among children aged 0–14 years where ART use among males was 83.5% compared to females (65.9%), and secondly, among rural formal areas, where ART use among males (93.3%) was similar to females (93.6%). By district, ART use was lowest in eThekweni (83.4%) and King Cetshwayo (85.5%)

The SABSSM VI survey, conducted between 2022 and 2023, aimed to maintain surveillance of HIV infection and behaviours in South Africa, evaluate the progress of the South African national HIV and AIDS, STI and TB Strategic Plan, and monitor HIV indicators for national and international reporting.

The survey's key objectives included estimating HIV prevalence and incidence, viral load suppression, and exposure to HIV-related services among adults and children. It also assessed progress towards the 2030 UNAIDS 95-95-95 targets, HIV drug resistance, and the relationship between social and behavioural factors, intimate partner violence, and HIV infection.

UNAIDS 95–95–95 targets

The data reveals that, in terms of progress towards the 95-95-95 UNAIDS targets, in KwaZulu-Natal, 94.0% of PLHIV aged 15 years and older were aware of their HIV status, 93.4% of those were on ART and 95.3% of those on ART were virally suppressed. Nationally, 89.6% of PLHIV aged 15 years and older were aware of their HIV status, 90.7% of those who knew their HIV status were on ART, and 93.9% of those on ART were virally suppressed.

The survey shows that by demographic characteristics, KwaZulu-Natal is on track towards achieving the UNAIDS 95–95–95 targets. However, adolescents and youth aged 15–24 years (73.9%) were far from achieving these targets for the first 95, and urban areas (90.1%) lagged behind compared to other localities (>95%) on the second 95 target.

South Africa has adopted the UNAIDS 95–95–95 treatment targets in its National Strategic Plan 2023–2028, aiming to achieve the following goals: 95% of all PLHIV knowing their HIV status (first 95); 95% of those who know their status being on ART (second 95); and 95% of those on ART achieving viral suppression (third 95).

Viral load suppression (VLS)

The survey further revealed that, in 2022, among all provinces, KwaZulu-Natal had the highest proportion of all PLHIV with VLS (86.8%), having increased from 2017 (67.8%). VLS was lower among the youth compared to other age groups, and those residing in urban areas compared to the other locality types. The patterns in VLS by age and locality type mirror those for ART coverage.

The survey also shows that district-level patterns in VLS largely reflect patterns in ART coverage, except in uThukela, where ART coverage was considerably higher (93.5%) than VLS suppression (85.4%).

Knowledge of HIV status

Professor Zuma expressed concern that PLHIV aged 25–49 years accounted for the majority of PLHIV in the province (68.3%) who were unaware of their HIV status (54.5%), aware but not on ART (63.5%), and on ART but not virally suppressed (66.4%). However, adolescents and youth aged 15–24 years contribute disproportionately to gaps in treatment, accounting for just 8.5% of all PLHIV, but 28.4% of those unaware of their HIV status, 19.1% of those aware but not on ART and 15.7% of those

on ART but not virally suppressed.

People residing in urban areas account for the majority of PLHIV overall and the majority of those in gaps along the clinical cascade. PLHIV with HIV in urban areas are also over-represented in each of the gaps along the clinical cascade, particularly ART. Whereas PLHIV in urban areas account for about 60% of all PLHIV, they account for 70.8% of those who are not on ART.

KEY DRIVERS OF THE HIV EPIDEMIC

Sexual debut before the age of 15 years

Regarding the key drivers of the HIV pandemic, Professor Zuma noted that, in KwaZulu-Natal, there was no change in the proportion of adolescents and youth aged 15–24 years who reported having sex before the age of 15 years in 2017 (8.2%) compared to 2022 (8.6%).

However, sexual debut before the age of 15 years among adolescents and youth aged 15–24 years in 2022 was higher among males (12.3%) than females (4.8%). It was lowest in uMkhanyakude (4.1%) and highest in uMgungundlovu (9.4%) followed by eThekweni (8.8%).

Multiple sexual partners

The survey revealed that, in KwaZulu-Natal, 11.0% of people aged 15 years and older reported having multiple sexual partners in 2022 compared to 9.4% in 2017. The proportion of people aged 15 years and older who reported having multiple sexual partners was 5-fold higher among males (18.6%), compared to females (3.5%), and 1.5-fold higher among those aged 15–24 years (16.3%) compared to those aged 25–49 years (10.9%). The proportion of people who reported having multiple sexual partners was highest in Harry Gwala (14.1%) and lowest in uThukela (7.6%).

Condom use with the most recent sexual partner

Regarding condom use, the survey revealed that 32.8% reported using a condom with the most recent sexual partner in 2022 compared to 44.9% in 2017, representing a 12.1% decline.

Nationally, more than 70% of individuals aged 15 years and older have never or sometimes used condom with the most recent sexual partner. In KwaZulu-Natal, a higher proportion also reported that they never (45.2%) used a condom with the most recent sexual partner. Only 9.3% reported that they used condoms almost everytime.

Consistency of condom use with the most recent sexual partner among people aged 15 years and older in the province was higher among adolescents and youth aged 15–24 years (26.7%) compared to those aged 25–49 years (16.5%). However, nearly 60% of youth reported only using a condom sometimes or never. Consistency of condom use with the most recent sexual partner among people aged 15 years and older was highest in Harry Gwala (20.8%) and lowest in King Cetshwayo (15.3%) and eThekweni (15.3%), respectively.

Male circumcision

In KwaZulu-Natal, self-reported circumcision increased from 38.3% in 2017 to 54.6% in 2022. In 2022, self-reported male circumcision in the province was lower among those aged 25–49 years (57.6%) and in those residing in rural informal or farm areas (51.5%), and highest among those aged 25–34 years (62.8%).

Self-reported circumcision among males aged 15–24 years ranged from 51.6% in uGu to 79.5% in uThukela, and among 25–34 years from 60.9% in uMkhanyankude to 69.3% in Harry Gwala and among older males 25–49 years, from 54.8% in uThukela to 69.7% in Harry Gwala.

The province had the highest proportion of medical circumcisions in the country at 87.6%. Self-reported medical circumcision was lower among those aged 25–49 years (86.8%) and similar across locality types. Medical circumcision ranged from 58.9% in Harry Gwala to 93.2% in uThukela.

Among circumcised males, self-reported medical circumcision was lower among those aged 25–49 years (86.8%) as compared to younger males aged 15–24 years (95.3%) and males residing in rural formal/farm areas (85.7%).

HIV testing

HIV testing is a gateway to counseling on HIV prevention and linkage to care among people diagnosed with HIV. The survey shows that among female adolescents and youth (15–24 years), 19.8% never tested. It further shows that among male adolescents and youth (15–24 years), 25.5% had never been tested.

Awareness and uptake of Pre-exposure Prophylaxis (PrEP)

Overall in 2022, 44.8% of sexually active adults aged 15 years and older had heard of PrEP, of whom 6.7% had taken PrEP. Of those who had taken PrEP, 2.5% were taking PrEP at the time of the survey.

Overall, about 63.2% of respondents who had heard of PrEP but had never taken PrEP reported they would consider taking it to prevent HIV infection. Current use of PrEP was highest in Harry Gwala District (4.7%).

Key recommendations

The survey recommends key actions to address the HIV epidemic as a public health threat in South Africa by 2030. These include targeted interventions for age groups most affected by HIV, particularly adolescent girls and young women, who require intensified prevention efforts.

Professor Zuma recommends a long-term strategy to care for individuals in an ageing HIV epidemic as well as tailored interventions to address gaps in the clinical cascade by district, locality and subpopulation.

“We also recommend a continued focus on increasing coverage and demand for medical male circumcision among males aged 15 years and older. We must also enhance public awareness and uptake of effective HIV prevention measures, such as regular HIV testing, condoms and PrEP,” concluded Professor Zuma.

The HSRC conducted the survey in partnership with the US Centers for Disease Control and Prevention (CDC), the South African Medical Research Council (SAMRC), the University of Cape Town (UCT), and the National Institute for Communicable Diseases (NICD).

The council has launched a provincial results dissemination roadshow, dubbed the Provincial Dialogue, which has already been successfully completed in the Eastern Cape, Limpopo, Gauteng North West and Mpumalanga provinces. The next provinces in line for this initiative are Free State, KwaZulu-Natal, Western Cape, and Northern Cape.

Click on the link below to download the full provincial report, presentation, and a 20-year SABSSM anniversary video:

<https://hsrc.ac.za/special-projects/sabssm-survey-series/sabssm-vi-provincial-dialogue-kwazulu-natal-media-pack/>

Ends.

For media enquiries:

Dr Lucky Ditaunyane

Cell: +27 83 227 6074

Email: lditaunyane@hsrc.ac.za

Adziliwi Nematandani

Cell: +27 82 765 9191

Email: anematandani@hsrc.ac.za

Join the conversation:

#SABSSMVI

#HIV

#AIDS

Notes to the editor

About the Human Sciences Research Council (HSRC)

The HSRC was established in 1968 as South Africa's statutory research agency and has grown to become the largest dedicated research institute in the social sciences and humanities on the African continent, doing cutting-edge public research in areas that are crucial to development.

Our mandate is to inform the effective formulation and monitoring of government policy; to evaluate policy implementation; to stimulate public debate through the effective dissemination of research-based data and fact-based research results; to foster research collaboration; and to help build research capacity and infrastructure for the human sciences.

The Council conducts large-scale, policy-relevant, social-scientific research for public sector users, non-governmental organisations and international development agencies. Its research activities and structures are closely aligned with South Africa's national development priorities.

Join the conversation at:



www.hsrc.ac.za



<https://twitter.com/HSRCza>



<http://www.facebook.com/HumanSciencesResearchCouncil>

