Better Care Network

Burundi DHS 2010:
Children's Care and Living Arrangements

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This report was written by Garazi Zulaika and Florence Martin.

This series of country briefs aim to provide an analysis of children's living and care arrangements according to the latest available data from ***Demographic and Health Surveys (DHS)*** *or* ***Multiple Indicators Cluster Surveys (MICS)*** *at the time of publication.*

Better Care Network is working with partner organizations to support more systematic use of existing household level data sets, particularly ***Demographic and Health Surveys (DHS)*** *and* ***Multiple Indicators Cluster Surveys (MICS)****, to provide a better picture of the patterns and trends relating to children in households and their living and care arrangements. It does not seek at this stage to show how these various arrangements relate to particular outcomes for child well-being, although work is being carried out, to be able to do so as part of the Technical Working Group on Children and Care under the Child Protection Monitoring and Evaluation Reference Group (CP MERG). The content of these papers will evolve as a result, and feedback and suggestions are welcome on the content of the briefs as well as how they can be improved. Communications should be sent to Florence.martin@bettercarenetwork.org*

The briefs are targeted to policy makers, researchers, and practitioners working to inform policy and programs for children's care and protection at country and international levels. In order to enable researchers and policy makers in the countries and regions to conduct further analysis, tables with the data extracted for the purpose of this brief have been included at the end of this report.

Source of data, unless otherwise noted is DHS implementing partners and ICF International. (2000-2015). Demographic and Health Surveys 2000-2015. Data extract from DHS Recode files. Integrated Demographic and Health Series (IDHS), version 2.0, Minnesota Population Center and ICF International [Distributors]. Accessed from http://www.dhsprogram.com/.

Front cover map from Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU), Ministère de la Santé Publique et de la Lutte contre le Sida [Burundi] (MSPLS), et ICF International. 2012. Enquête Démographique et de Santé Burundi 2010. Bujumbura, Burundi : ISTEEBU, MSPLS, et ICF International.

O**ther maps** are produced through ICF International. (2012). The DHS Program STATcompiler. Retrieved from http://www.statcompiler.com.

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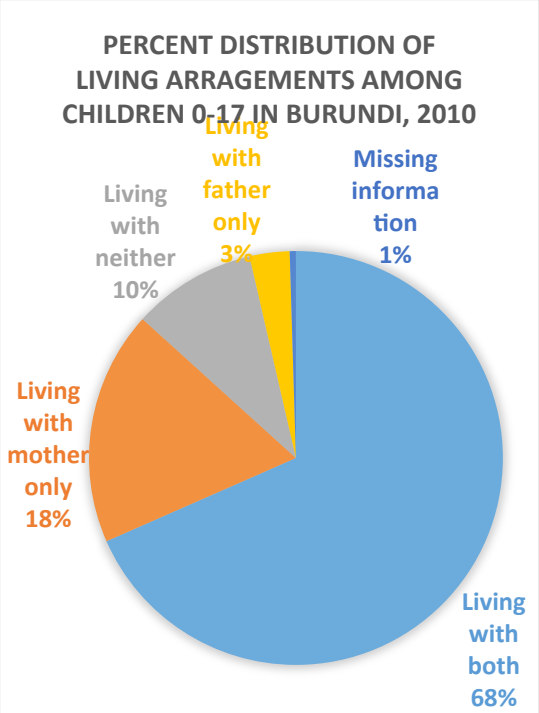
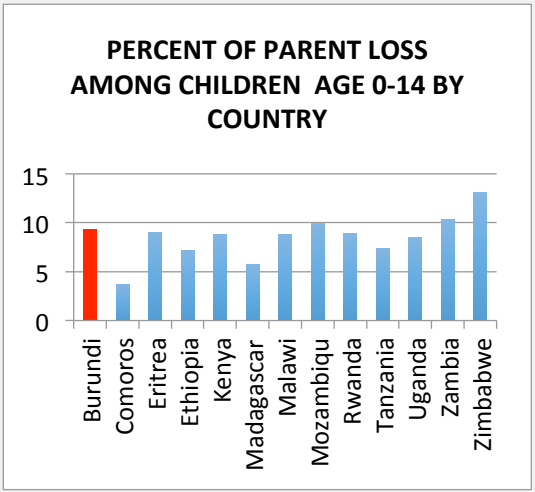
EXECUTIVE SUMMARY:

Children's Living Arrangements:



- Nearly 70% of children under the age of 18 in Burundi live with both biological parents. Another 18% live with their biological mother and 3% with their biological father. One in every ten children (10%) do not live with either biological parent.
- Large variations in living arrangement are seen according to gender, age group, rural-urban, and regional background characteristics.
  - Boys have a slightly higher likelihood of living with both biological parents when compared to girls age 0-17; girls, on the other hand, are more likely to live with neither biological parent: 11% of girls live without either biological parent while 8% of boys do the same.
  - Wealth quintile does not appear to be associated with children's living arrangements in Burundi.
  - Significant urban-rural variations are found in children's living arrangements in Burundi. Children living in households located in urban areas are nearly twice as likely to live with neither biological parents compared to children living in rural households (17% vs. 9%).
  - Bujumbura stands apart with its prevalence of children 0-17 not living with a biological parent. While the rest of Burundi sees approximately 1 in every 10 children living with neither biological parent, Bujumbura sees 17% of all children 0-17 living without either their mother or their father.
- In the East Africa regional context, Burundi has one of the lowest rates of living with neither biological parent at 8.1% for children under 15, and the second highest rates of children living in households with both biological parents at 72%. Only Ethiopia sees a higher prevalence of children living with both biological parents at 75%.

Parent Survivorship:



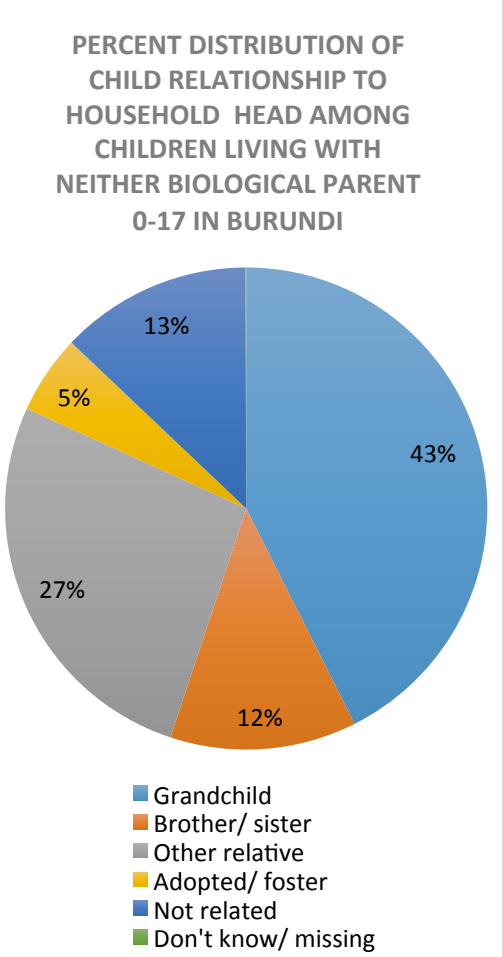
- Loss of both biological parents happens to approximately 2% of all children ages 0-17 in Burundi. Another 11% of children have lost one parent by age 18 and 9% of children have lost a mother or a father before reaching 15 years of age.
  - Great regional diversity is seen in parent death for children under the age of 18 in Burundi. For instance the Bujumbura (3.4%) region sees over twice the prevalence of children who have lost

both biological parents compared to the Center-East (1.6%) and South (1.4%) regions.

- Wealth quintile of the household is strongly related the living arrangements for children living in Burundi. Households in the poorest quintile house children who have lost a biological parent nearly twice as often as households belonging to the richest two wealth quintiles.

- Regionally, Burundi has comparable rates of parental loss among eastern African countries. Prevalence rates of single parent loss range from a low of 3.7% on the islands of Comoros to a high of 13% in Zimbabwe.

Living Arrangements of Children Living with Neither Biological Parent:



- Nearly one in ten children age 0-17 in Burundi live with neither biological parent (9.7%). Of these, 51% have two living biological parents and another 26% have one. A significant proportion of these children - 20% - do not have a surviving biological parent.

- The large majority of these children - 86% - live in households headed by a relative.
  - Burundi's prevalence of children 0-14 who live in households in which they are related to the household head is low compared to other eastern African countries. In Burundi, 13% of children live outside of family care while in neighboring Kenya, fewer than 5% of children do so. Uganda sees 99% of children under 15 living in a household headed by a related family member.

- Among children living with neither biological parent, age is a clear determinant of who children are most likely to live with. In the youngest age groups the prevalence of living in households headed by a grandparent is high at 72% for children 2-4, but only 21% for the oldest age group of 15-17. Conversely, these younger age groups have very low rates of living in households headed by non-relatives (between 3-4%), while in the older age groups the likelihood of living with these individuals becomes much more common (23%).

- Thirteen percent of surveyed households report hosting a child 0-17 unrelated to the head of the household. The prevalence is 9% among children 0-14
  - Burundi has the highest rate of children living out of family care in the region (13%). Only Ethiopia has a comparable prevalence at 8% of children ages 0-14.
- Urban households host three times as many unrelated children as rural households, and households in wealthier quintiles have a higher likelihood of hosting children unrelated to the household head. These children more frequently fall into the older age groups.

"The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members."

– The Guidelines for the Alternative Care of Children (2009) II.A.3

Over the last 30 years there has been a growing understanding of the critical importance of the family and a family environment for children in terms of their development and well-being. This realization is at the core of the *United Nations Convention on the Rights of the Child* adopted in 1989, and more recently, of the *Guidelines for the Alternative Care of Children* welcomed by the United Nations General Assembly in 2009.[1]

A major body of empirical research in psychology, neuroscience, social work, and other disciplines has demonstrated the importance of investing in children's early years to support this critical period of child development.[2] Findings about the negative impact of emotional deprivation and institutionalization for younger children have further reinforced the critical importance of parental care and a family environment.[3] As a result, reforms of child protection and alternative care systems for children deprived of parental care, or at risk of being so, have been ongoing in virtually all regions of the world, with a particular focus on moving away from the use of residential care and strengthening the capacity of parents and families to care for their children.[4]

These reforms have also been informed by research that has shown that the vast majority of children in residential care are not placed there because care is genuinely needed or that they are without parental or family care, but rather because their families are facing a range of challenges in their capacity to care, including poverty, lack of access to social services, discrimination and social exclusion, as well as a result of personal or social crises and emergencies.[5] As a result, governments and other stakeholders in these reform processes have recognized that a major focus of this shift away from the use of residential care for children is not simply about reducing the numbers of institutions and removing children from there, but also about establishing better preventive and family support services to reduce child-family separation and stop children going into alternative care in the first place.

Understanding better the situation of children in 'care vulnerable situations', including those outside of parental care, has become crucial not only for HIV prevalent countries but for all countries seeking to strengthen their responses and systems for children facing a range of care and protection risks.

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[1] UN General Assembly, Guidelines for the Alternative Care of Children: resolution adopted by the General Assembly, 24 February 2010, (A/RES/64/142). Available at: http://www.bettercarenetwork.org/docs/Guidelines-English.pdf

[2] National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.

[3] For a review of the evidence, see for example Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from http://www.bettercarenetwork.org/docs/Families%20Not%20Orphanages.pdf; Browne, K. (2009). The Risk of Harm to Young Children in Institutional Care. Better Care Network and Save the Children Working Paper). Retrieved from http://www.bettercarenetwork.org/docs/The_Risk_of_Harm.pdf; Csaky (2009) Keeping Children Out of harmful institutions, Save the Children UK. Retrieved from http://www.bettercarenetwork.org/BCN/details.asp?id=21471&themeID=1003&topicID=1023

[4] For documentation of these reforms, go to Better Care Network online Library of Documents at: www.bettercarenetwork.org

[5] Williamson, J, & Greenberg, A. (2010). Families, not orphanages. (Better Care Network, working paper). Retrieved from http://www.bettercarenetwork.org/BCN/details.asp?id=23328&themeID=1003&topicID=1023;

A number of organizations and initiatives have drawn attention to the need for more systematic data on children's care situations, including family arrangements, parental status, care practices, and their impact on child well-being. [6]

National household surveys provide critical data to monitor population-level patterns and trends in relation to key socio-demographic indicators at national and sub-national levels that can also be used to draw important comparisons between countries at both regional and international levels. These surveys provide particularly rich data sets through which changing household compositions and living arrangements, fertility and marriage, health and nutrition, literacy and access to education, poverty and deprivation, and other key indicators of child and family well-being are being gathered on a five yearly basis for a nationally representative sample of households. Initial analysis of this data for a small number of countries has shown how critical this data can be to understand the care situations of these children but also to highlight potential indicators of vulnerability associated with different care and living arrangements. [7]

Demographic and Health Surveys (DHS) have been conducted in middle to low income countries by national statistical agencies with support from USAID since the mid-1980s in over 90 countries. The DHS has now entered its Phase 7 (2013-2018). The survey includes 3 main questionnaires (Household, woman and man's questionnaires) and provides nationally representative data on health and population, including fertility, maternal and child survival, immunization, water and sanitation, education, living arrangements among others. In addition, the DHS has included questionnaire modules on a range of topics such as domestic violence, Female Genital Mutilation, Fistula, out of pocket expenditures.

Multiple Indicators Cluster Surveys (MICS) have been conducted with support from UNICEF since the mid-1990s in more than 100 countries, tracking progress and trends on more than 20 indictors relating to the Millennium Development Goals (MDGs) and other major international commitments relevant to the situation of women and children. MICS has entered in its fifth phase, MICS 5 (2012-2014). The survey includes a household questionnaire, a questionnaire for women 15-49 years of age with or without birth history, a questionnaire on children under 5 years of age administered to the mothers or caretaker of these children and a questionnaire for men 15-49 years of age. The questionnaires cover a wide range of issues, including education, child labor, child discipline, water and sanitation, maternal and new born health, marriage and union, FGM, birth registration, early childhood development, breastfeeding, sexual behavior, fertility and Tobacco and alcohol use among others.

Both DHS and MICs have also increasingly gathered data on attitudes and beliefs on some critical social issues such as child care practices, attitudes towards HIV AIDS, domestic violence and child discipline.

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[6] See for examples, Family For Every Child and INTRAC (2012) Context for Children and Policy situation paper, Roby (2011) Children in Informal Alternative Care, UNICEF; Child Frontiers (2012) Family support services and alternative care in Sub-Saharan Africa: Background paper; Better Care Network (2013) Analysis of DHS data (Ghana, Liberia, Rwanda, Jordan, Sierra Leone); Save the Children (2013). Save the Children Research Initiative: Understanding and Improving Informal Alternative Care Mechanisms to increase the care and protection of children, with a focus on Kinship care in West Central Africa.

[7] Better Care Network (2013) Analysis of DHS data (Ghana, Liberia, Rwanda, Jordan, Sierra Leone); Better Care Network (2014) Who Cares for Children and why we should Care. Presentation at The State of the Evidence on Children's Care Symposium at McSilver Institute for Poverty Policy and Research, New York University, September 24th 2014. Retrieved at http://bettercarenetwork.org/bcn-in-action/key-initiatives/the-state-of-the-evidence-on-children%E2%80%99s-care-a-better-care-network-and-cpc-learning-network

The DHS and MICS core questionnaires contain a number of indicators in relation to children's living arrangements, survivorship of parents, and relationship to the head of the household. This data in some countries is collected for all children under 15 years of age in a household and in others for children under 18 years of age. The data on survival status of parents is collected under the HIV AIDS section of the questionnaire and whilst it is collected systematically in countries with high HIV prevalence, other countries do not always collect it. This data is key to understanding the extent of parental loss (single/double orphans) but also the extent to which parental loss is a significant factor in children's living arrangement as well as a number of outcome indicators.

A core question asked by all DHS/MICS questionnaires relates to the relationship between children in a particular household to the head of the household. Although there are slight variations in the range of possible relationships provided, there is general consistency as far as the key categories are concerned (grandchild, niece and nephews, foster child, unrelated, for example). This data is systematically collected but rarely extracted and analyzed in the national reports, despite its clear relevance to children's care situations. Although that data is not a perfect proxy indicator for caregiving arrangements, as it does not provide actual information as to who the legal or de facto caregiver for a particular child is in that household, it is nonetheless a clear indicator of whether a child is living within or outside of family care. This information is key to understanding the extent and patterns of informal alternative care, particularly kinship care, in a given country and this, in turn is critical to inform policies seeking to strengthen parental care, prevent harmful separation but also support adequate family care and family based alternative care.

The DHS and MICS data has huge potential to inform child protection policy and programming, however currently this potential is not being realized. A key barrier is that in most cases the data that would be useful, such as on children's care and different living arrangements, is not extracted and presented in national reports. Furthermore, awareness of this potentially useful DHS and MICS data amongst child protection practitioners is very low. Given the scarcity of national monitoring data on child protection issues in many contexts, it is important that the sector explores the potential of the DHS and MICS data and also is better informed of what it could offer and how it could be used to support better policies and interventions targeting at risk children and families. It is hoped that these country briefs can contribute to this.

BURUNDI DHS 2010:

The data presented in this report come from the 2010 Burundi Demographic and Health Survey (DHS) that was carried out by the Burundian Institute of Statistics and Economic Studies (ISTEEBU) and the National Public Health Institute (INSP) of Burundi[8]. MEASURE DHS is a USAID-funded project that provides technical support in the implementation country-wide surveys across the world. Funding for this effort came from the Government of Burundi, the United Kingdom for International Development (DFID), USAID, the World Health Organization, United Nations Children's Fund (UNICEF), and the United Nations Population Fund (UNFPA).

The primary objective for this data collection effort is to provide country-wide information on demographic characteristics, health conditions and behaviors, and indicators around mortality. The child well-being indicators reported here come from the DHS Household Questionnaire. This questionnaire is used to list all individuals who spent the previous night in a selected household. It collects basic information of each member listed: name, sex, age, education, relationship to head of the household, and disability status. Additionally, for children under the age of 18 survival status of parents is also recorded.

During the 2010 Burundi DHS data collection effort, a total of 8,596 households were interviewed and 40,159 household members were listed. Of these, 22,274 individuals were under the age of 18 and 19,382 children were under the age of 15. The household questionnaire retained a response rate of 99.1%. All figures reported here have accounted for sample weights, none are unweighted. No exclusion criteria has been applied – the data presented below represent the entire sample of individuals present in the dataset. As a result, the total counts used are slightly larger than the figures reported in the 2010 Burundi DHS country report. Data were analyzed using the statistical software package SAS 9.4. To measure statistically significant levels of association chi-squared tests and t-tests were run using a 5% alpha level.

To understand Burundi in its regional context and compare across other eastern African states, data was pulled from nationally representative Demographic and Health Surveys (DHS) that were most recently run in these neighboring countries. The East African Region is defined by the DHS as including the following countries: Burundi[9], Comoros[10], Eritrea[11], Ethiopia[7], Kenya[12], Madagascar[13], Malawi[14],

[8] Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU), Ministère de la Santé Publique et de la Lutte contre le Sida [Burundi] (MSPLS), et ICF International. 2012. *Enquête Démographique et de Santé Burundi 2010*. Bujumbura, Burundi : ISTEEBU, MSPLS, et ICF International.

[9] Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU), Ministère de la Santé Publique et de la Lutte contre le Sida [Burundi] (MSPLS), et ICF International. 2012. *Enquête Démographique et de Santé Burundi 2010*. Bujumbura, Burundi : ISTEEBU, MSPLS, et ICF International.

[10] Direction Générale de la Statistique et de la Prospective (DGSP) et ICF International. 2014. *Enquête Démographique et de Santé et à Indicateurs Multiples aux Comores 2012*. Rockville, MD 20850, USA : DGSP et ICF International.

[11] National Statistics and Evaluation Office (NSEO) [Eritrea] and ORC Macro. 2003. *Eritrea Demographic and Health Survey 2002*. Calverton, Maryland, USA: National Statistics and Evaluation Office and ORC Macro.

[12] Central Bureau of Statistics (CBS) [Kenya], Ministry of Health (MOH) [Kenya], and ORC Macro. 2004. *Kenya Demographic and Health Survey 2003.* Calverton, Maryland: CBS, MOH, and ORC Macro.

[13] Institut National de la Statistique (INSTAT) et ICF Macro. 2010. *Enquête Démographique et de Santé de Madagascar 2008-2009*. Antananarivo, Madagascar : INSTAT et ICF Macro.

[14] Cellule de Planification et de Statistique du Ministère de la Santé (CPS/MS), Direction Nationale de la Statistique et de l'Informatique du Ministère de l'Économie, de l'Industrie et du Commerce (DNSI/MEIC) et Macro International Inc. 2007. *Enquête Démographique et de Santé du Mali 2006*. Calverton, Maryland, USA : CPS/DNSI et Macro International Inc.

Mozambique[15], Rwanda[16], Tanzania[17], Uganda[18], Zambia[19], and Zimbabwe[20]. Given that many of these countries collected data for the 0-15 age range until recently, for cross country comparisons under 15 age groups will be used. All country level development statistics were pulled from the Human Development Report 2014[21].

[15] Ministerio da Saude (MISAU), Instituto Nacional de Estatística (INE) e ICF International (ICFI). *Moçambique Inquérito Demográfico e de Saúde 2011*. Calverton, Maryland, USA: MISAU, INE e ICFI.

[16] National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2012. *Rwanda Demographic and Health Survey 2010.* Calverton, Maryland, USA: NISR, MOH, and ICF International.

[17] National Bureau of Statistics (NBS) [Tanzania] and ICF Macro. 2011. Tanzania Demographic and Health Survey 2010. Dar es Salaam, Tanzania: NBS and ICF Macro

[18] Uganda Bureau of Statistics (UBOS) and ICF International Inc. 2012. *Uganda Demographic and Health Survey 2011.* Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.

[19] Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, and Macro International Inc. 2009. *Zambia Demographic and Health Survey 2007.* Calverton, Maryland, USA: CSO and Macro International Inc.

[20] Zimbabwe National Statistics Agency (ZIMSTAT) and ICF International. 2012. *Zimbabwe Demographic and Health Survey 2010-11.* Calverton, Maryland: ZIMSTAT and ICF International Inc.

[21] United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

BASIC STATISTICS:[21,22]

Country

- Total population: 10,160,000
- Gross Domestic Product per capita: $736.84
- HDI: .389 (Rank – 180)
- Population living below $1.25/day: 81.32%
- Life expectancy at birth: 54.1 years
- Median age: 17.56 years
- Urban vs. rural distribution: 11.5% of the population is urban, 89.5% rural
- U5MR: 104 per 1,000 live births.
- HIV/AIDS prevalence: 1.3%
- Birth registration of children (% under age 5): 75.2%
- Child labor (age 5-14): 26.3%

Households

- Mean household composition: 4.8 members
  - This is elevated in urban regions (5.2) when compared to rural (4.7).
  - The likelihood of finding a large household (9+ members) is nearly twice as high in urban areas (11%) compared to rural areas (6%).
- 47% of the population is under age 15
- Female headed households: 27%
  - There are more female headed households in rural regions of Burundi than urban (27% vs. 22%).
- Urban vs. rural distribution: 9% of sampled households were urban; 91% rural
- Dependency composition per age group as a percent of the population:
  47% age 0-14; 50% age 15-64; 3% age 65+

Fertility

- Total Fertility Rate: 6.4 children
  - There appears to be no overall decline in fertility over the past 25 years.
- Fertility for women living in rural households is on average nearly 2 children higher than for women living in urban areas (6.6 vs 4.8).
- Significant regional variation is found in Burundi from a low TFR of 4.2 in Bujumbura to a high of 7.1 in the West region of Burundi.
  - Wealth quintile and education level also play a significant role in fertility.
- Median age at first birth: 21.5 years
  - The number of women reporting giving birth before age 15 has decreased in Burundi from 3% among those 45-49 to 1% among those 20-24
- 20% of births occur within 24 months of a previous birth.

Marriage:

- Median age at first marriage: 20.3 years for women; 24.1 years among men age 25-49
  - Burundi is experiencing a slight generational aging with younger girls marrying a bit later than what their mothers experienced. Marriage by age 18, was experienced by 30% of women currently aged 45-49, significantly more than the 23% of women who experienced it and are currently between 25 and 29 years of age.
  - While 5% of women currently between ages 45-49 were married before 15, only 3% of women currently between 20-24 and 1% or girls 15-19 were married by 15.
  - Wealth and region significantly influence early marriage in Burundi, with individuals in urban areas and richer households entering union later.
- Polygamy is uncommon in Burundi with only 5% of girls reporting having a co-spouse, and 3% of boys reporting having more than one wife. However, this practice becomes more common with age with the prevalence increasing to 10% among those 35-39 years of age.

[22] *Enquête Démographique et de Santé Burundi 2010*. Bujumbura, Burundi : ISTEEBU, MSPLS, et ICF International.
[23] United Nations Development Program 2014. *Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. Human Development Report 2014. Tokyo.

CHILDREN'S LIVING ARRANGEMENTS:

In Burundi, 68% of children under the age of 18 live in households with both biological parents. They represent the great majority of children living in households in the country. Another 21% of children 0-17 live with one biological parent, of which six times as many children living with their mothers versus with their biological fathers. The remaining tenth of children live with neither biological parent.

When disaggregated by background characteristics, factors such as gender, age, and geographic region appear to significantly influence living arrangements among children in Burundi. Male children have a slightly improved likelihood of living with both biological parents – 70% of male children and 67% of female children live with both their mother and their father. Conversely, female children in Burundi are more likely to live with neither biological parent when both are alive (11%) as compared to their male counterparts (8%). Moreover, among children who live with a single biological parent, a slightly higher proportion of male children live with their fathers only and slightly more girls live with their mothers only.

Variations in living arrangements across age group are also evident in Burundi. At an early age the large majority of children still live with both biological parent; this proportion declines in a linear fashion with age, ranging from 82% among those under 2 years of age to 51% for those between 15 and 17 years of age.

FIGURE 1: PERCENT DISTRIBUTION OF LIVING ARRAGEMENTS AMONG CHILDREN 0-17 IN BURUNDI, 2010

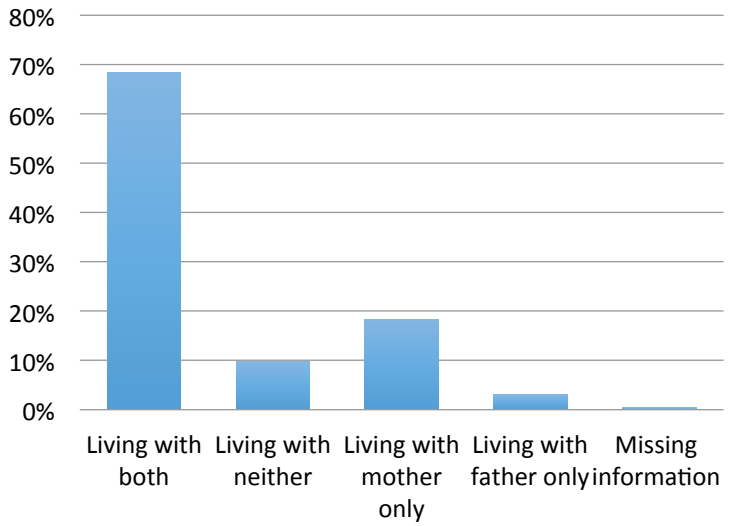
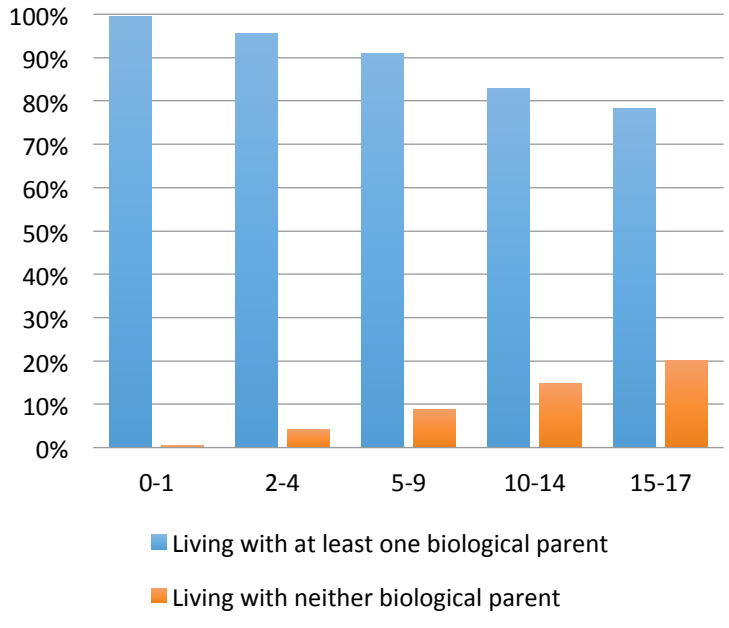


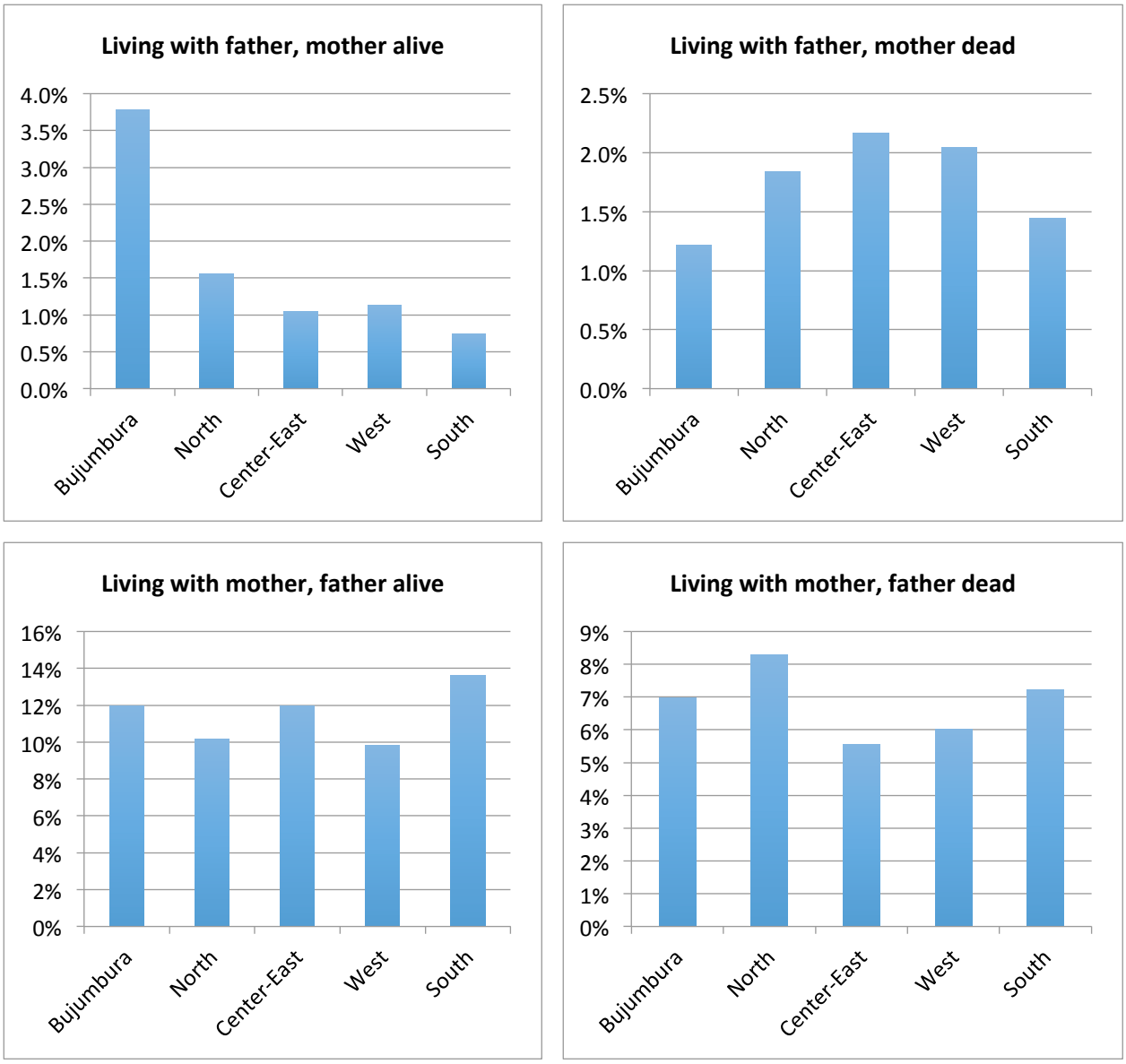
FIGURE 2: PERCENT DISTRIBUTION OF CHILDREN LIVING WITH AT LEAST ONE BIOLOGICAL PARENT VS NEITHER BIOLOGICAL PARENT AMONG CHILDREN 0-17 IN BURUNDI, ACCORDING TO AGE GROUP



While the proportion of children living with their mother only when their father is alive declines with age, overall the proportion of children living with a single biological parent increases as children get older in Burundi, largely due to the fact that a substantial proportion of children experience the loss of a parent as they go through adolescence. While 18% of children under two live with only their biological mother and under 1% live with their biological father, for children older than 14, 22% live with only their biological mother and an additional 6% with their father only. In the same way, the likelihood that a child will live with neither biological parent increases with age. While fewer than 1% of children under 2 live with neither biological parent, there is an large increase in this group as children get older, reaching 15% for children age 10-14 and 20% for children age 15-17 (as seen in Figure 2 above).

Children living in rural regions of Burundi more commonly live with both biological parents when compared to children in urban households (69% vs. 60%). During the 2011 DHS survey, Burundi's 17 administrative provinces were split into 5 regions: North, Center-East, West, and South as well as Bujumbura, separately, to account for its heavily urbanized population. Bujumbura, while significantly smaller in geographic area, contains Burundi's largest city and capital. Each region was split into urban and rural regions for sampling purposes, except the metropolitan area of Bujumbura, which captures no rural areas. Regional data is presented here to understand the regional diversity found within the country. Children in the Center-East (71%) and West (70%) are the most likely to live with both biological parents, followed by children living in the North (68%) and South (67%). Children living in the capital and areas immediately surrounding the urban center are significantly less likely to live with both biological parents at 58%. When one looks at the prevalence of children living with at least one biological parent in Burundi, a fairly homogenous landscape is seen across the four geographic regions excluding the capital with approximately 90% of all children 0-17 living with either their biological mother, father, or both. In looking at children living with a single biological parent, a slightly more varied landscape emerges (as seen in Figure 3 below).

FIGURE 3: REGIONAL VARIATIONS IN LIVING ARRANGEMENTS AMONG CHILDREN 0-17 LIVING WITH A SINGLE BIOLOGICAL PARENT IN BURUNDI



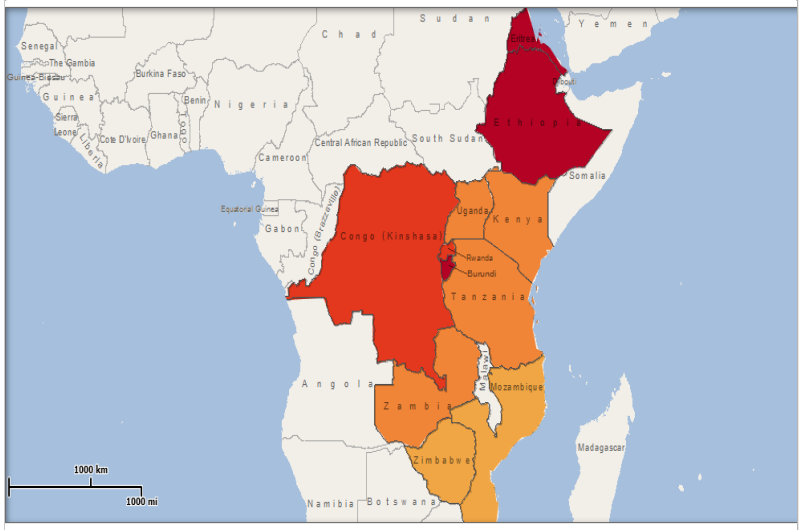
In Burundi, fewer children who have experienced the death of a parent live in rural areas as compared to urban areas. However, this does not fully explain the disproportionate amount of children found living with neither biological parent in urban areas (17%) compared to rural areas (9%). Interestingly, household wealth quintile seems to have a mixed relationship on children's living arrangements. On the one hand, in the poorest households, proportionally more children were living without their biological parents, suggesting that poorer households were more likely to host children relative to households in wealthier quintiles. On the other hand, households belonging to the richest wealth quintile housed the lowest proportion of children living with at least one biological parent (85%) compared to households in

all other wealth quintiles across Burundi. This may be partly explained by households in wealthier quintiles using additional resources to send children to school etc. Nonetheless, wealth does not appear to be a clear indicator determining children's living arrangements in Burundi and further research is needed to explain the underlying drivers at play.

Regionally, Burundi is an outlier when it comes to children's living arrangements. Compared to other eastern African countries Burundi maintains one of the lowest rates of living with neither biological parent at 7.7% for children under 15. The prevalence of living with neither biological parent is only comparable in Ethiopia at 8.8% and in Eritrea at 5.6%. However, DHS data on Eritrea is over a decade old and may be out of date. Burundi also stands apart when it comes to the prevalence of children living with both biological parents in the region. With 72% of all children 0-14 living in households together with both biological parents, Burundi has one of the highest rates along with Ethiopia (75%). Other countries in the region have significantly lower prevalence rates of children living with both biological parents. For example, neighboring Rwanda reports 65%, Tanzania reports 62% and Uganda finds 58% of children under the age of 15 living with both biological parents.

Among other eastern and southern African countries Burundi also has the second lowest proportion of children living in households with only a single biological parent. The prevalence – one in five children 0-14 live with only their mother or their father – is much lower than what is found in Kenya and Zimbabwe (28%), or Mozambique (30%).

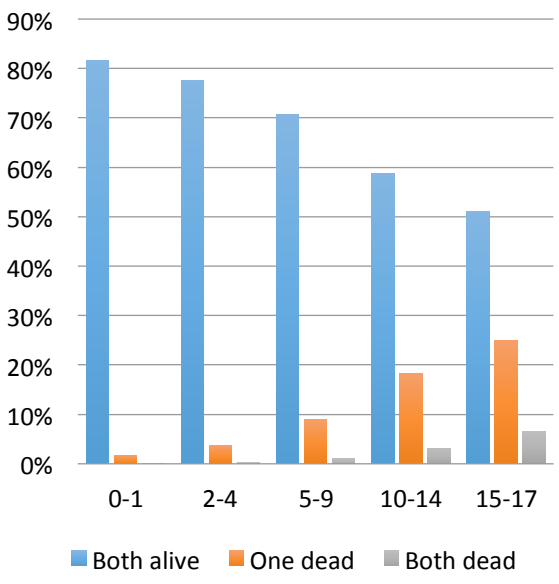
FIGURE 4: PERCENT OF CHILDREN 0-14 LIVING WITH BOTH BIOLOGICAL PARENTS BY COUNTRY



DEATH OF A PARENT (SINGLE AND DOUBLE "ORPHANHOOD"):

Two percent of children under the age of 18 experience the loss of both biological parents before the age of 18 in Burundi. Loss of a single parent happens more frequently - 9% of children lose one parent before the age of 15 and over one in ten (11%) children lose a mother or a father by age 18. Parental loss is positively associated with age: Almost all children living in households (98%+) under the age of two have two living parents, while 25% of children age 15-17 have lost one biological parent and 7% have lost both as seen in Figure 5.

FIGURE 5: PERCENT DISTRIBUTION OF PARENTAL SURVIVAL STATUS ACCORDING TO AGE GROUP OF CHILD, BURUNDI 2010



Wealth quintile of the household seems to be related to the likelihood of having lost a parent for children in Burundi. Children ages 0-17 who have lost both biological parents twice as often live in households situated in the poorest wealth quintile of Burundi when compared to children living in households in the richest two wealth quintiles. The effect is not clearly seen when looking at double parent loss – approximately 2% of children 0-17 have lost both biological parents in Burundi irrespective of wealth quintile.

A higher percentage of children who have experienced the death of a biological parent were living in urban areas in Burundi than in rural areas, although this relationship is not very pronounced. While more urban areas such as Bujumbura have slightly higher proportions of children who have experienced the death of a mother or a father (13%), the variability found across Burundi is limited: north (13%), west (11%), south (11%), and center-east (10%). The variability in double parent death found across Burundi is more pronounced, with Bujumbura housing over twice as many orphans as the Center-East region and South regions.

Regionally, Burundi's rates of parental death are comparable to its neighbors. Among children under the age of 15, 9.3% of Burundi's children experience the death of one parent and 1.3% experience the death of both biological parents. Neighboring Rwanda sees similar figures with 8.9% of children 0-14 losing one biological parent, Uganda maintains a slightly lower prevalence at 8.5%, as does Tanzania at 7.4%. Further south, Mozambique has a slightly elevated prevalence at 9.9%, Zambia at 10.3% and Zimbabwe shows the highest rate of single parent loss in the area at 13.1%. Similarly, when it comes to orphanhood, Burundi's prevalence is a bit higher than Rwanda and Tanzania, but still lower than Uganda and Kenya. How Burundi compares to countries in the region can be seen in Figure 6.

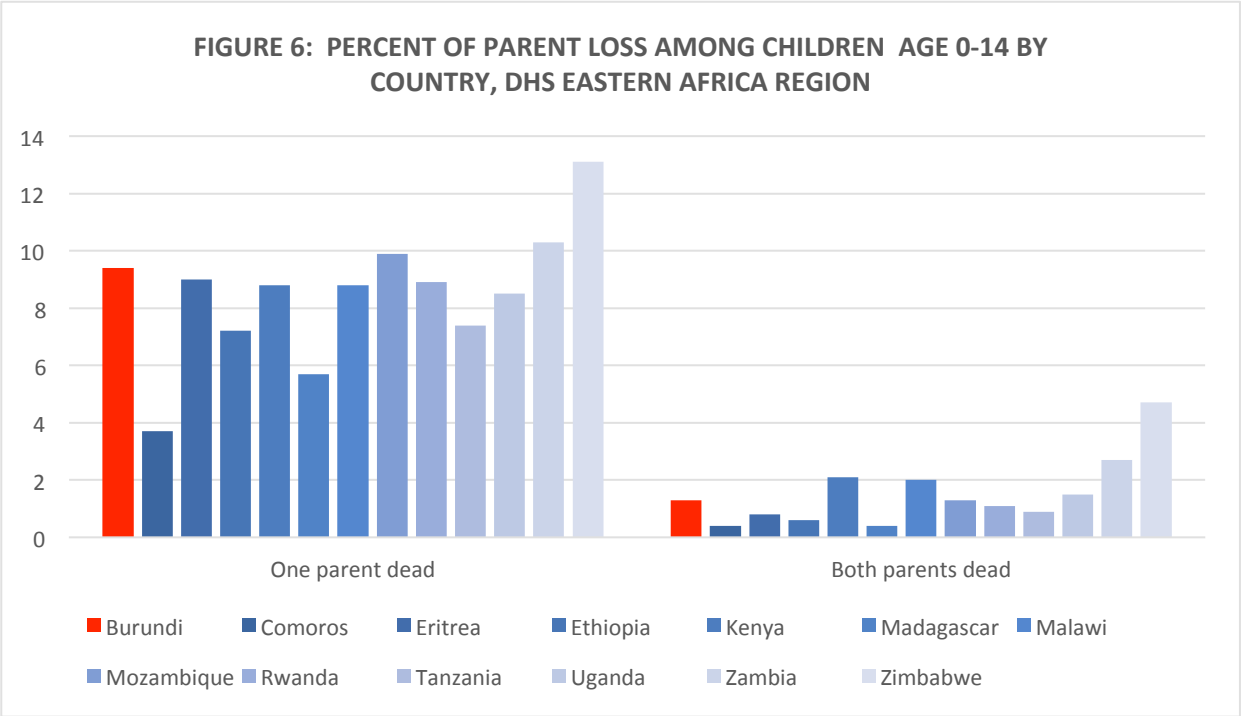


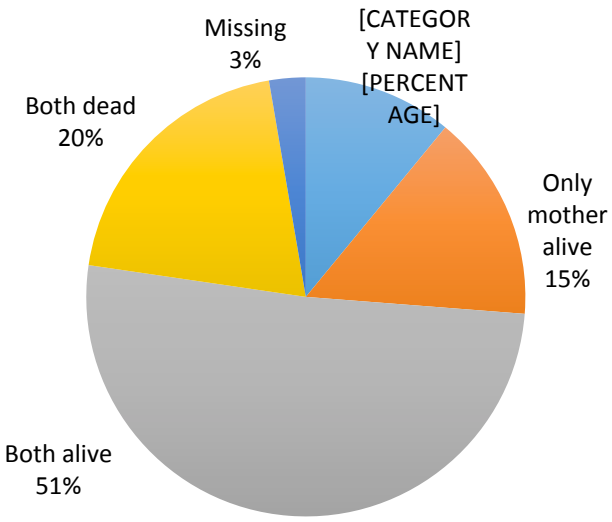
FIGURE 6: PERCENT OF PARENT LOSS AMONG CHILDREN AGE 0-14 BY COUNTRY, DHS EASTERN AFRICA REGION
14
12
10
8
6
4
2
0
One parent dead
Both parents dead
Burundi
Comoros
Eritrea
Ethiopia
Kenya
Madagascar
Malawi
Mozambique
Rwanda
Tanzania
Uganda
Zambia
Zimbabwe

Children Living with Neither Biological Parent:

Almost one in every ten children under the age of 18 lives with neither biological parent in Burundi.

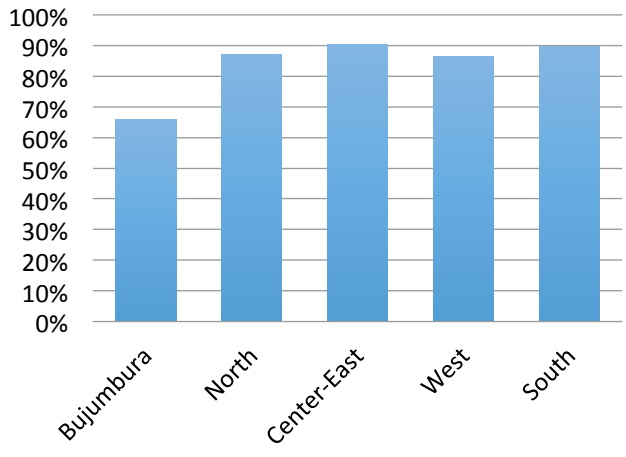
In 2010, 20% of these children did not have a living biological parent to live with, 11% had a living biological father, 15% have a living mother, and just over half – 51% - had both living biological parents. Three-fourths of all children living with neither biological parent have a surviving mother and/or father[24]. This reality supports the idea that orphanhood is not the primary reason for family separation and begs the question –who are these children living with?

FIGURE 7: PERCENT DISTRIBUTION OF CHILDREN 0-17 NOT LIVING WITH A BIOLOGICAL PARENT, ACCORDING TO SURVIVAL STATUS OF PARENT



The majority of children in Burundi under the age of 18 who are living with neither biological parent still live in family care, residing instead in households with their grandparents, aunts, uncles, siblings, and other relatives. Nationwide, 86% of children aged 0-17 live in family care, and approximately 13% of surveyed households report hosting a child who is unrelated to the head of the household. The likelihood of living in family care is slightly higher for female children (88% vs. 84%), potentially reflecting gender differences in child migration for education or work opportunities. Living in family care seems to be negatively associated with age, with the oldest age group having a higher likelihood of living in non-related care; however, given the small sample size in the youngest age categories, caution must be employed in interpreting these findings.

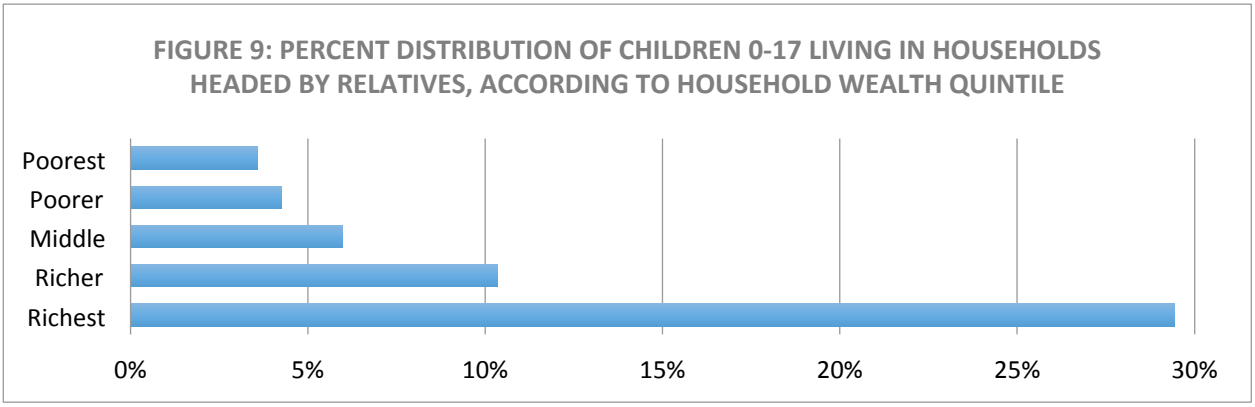
FIGURE 8: PERCENT OF CHILDREN 0-17 LIVING IN RELATED HOUSEHOLDS, ACCORDING TO REGION



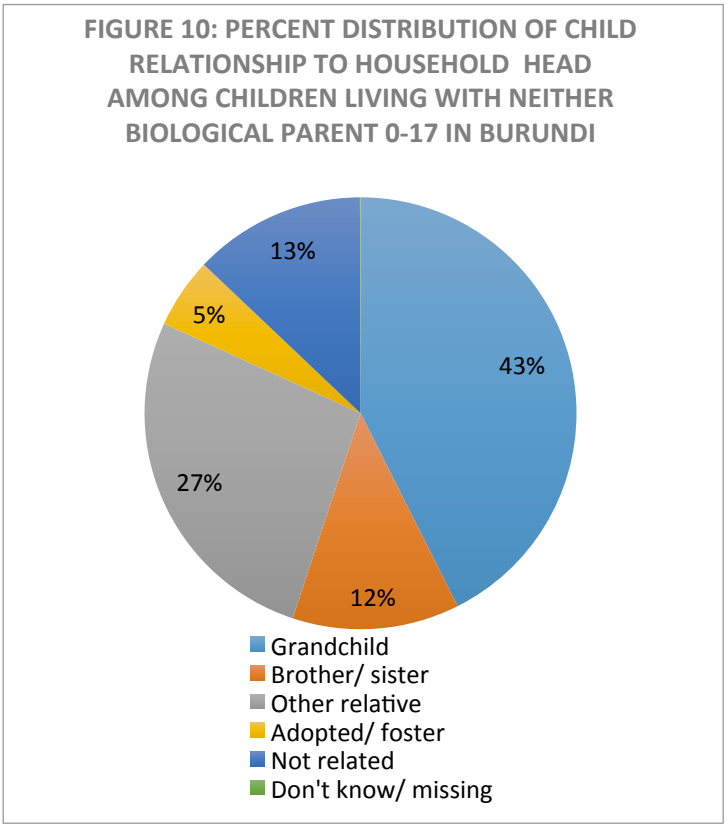
In Burundi, children in rural households are significantly more likely to live in family care as compared to children living in urban households. While 90% of children living with neither parent in rural households live in households where they are related to the household head, only 66% of children living in urban households do the same. This relationship holds true for Burundi's main

[24] According to the World Bank, in 2010 44% of the total population in Ethiopia was between the ages of 0-14. Therefore, nearly 450,000 children under the age of 15 live with neither biological parent, of which approximately 53,000 children have lost both biological parents.

urban center – Bujumbura, its capital. In Bujumbura, among children living with neither biological parent, 33% of children live in households where they are unrelated to the household head. At 66%, the proportion of children who live with relatives is markedly lower than what is found throughout the rest of the country. As seen in Figure 8 below, all other regions sit above a prevalence rate of 85% of children living in households where they are related to the household head. This finding may be explained by child migration flows into cities due to improved educational opportunities in the capital, or more domestic work or child labor options in the urban center.



Additionally, households hosting unrelated children are also more likely to belong to the richest wealth quintile. While only 4% of children living in households in the poorest wealth quintile report being unrelated to the household head, nearly 30% of children age 0-17 living in the richest quintile live in households where they are not related to the head of the household. It is possible that wealthier households managing more resources are both concentrated in urban centers and more likely to provide opportunities like domestic work or boarding for schooling to unrelated youth. Further research is needed in this area to better tease apart the dynamics at play.

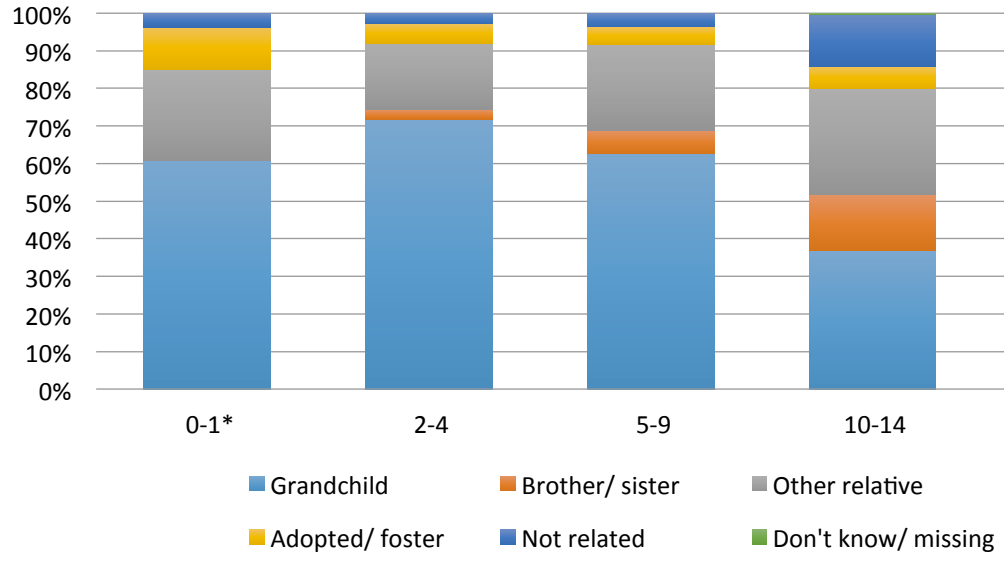


In Burundi, 42% of children 0-17 living with neither biological parent live with their grandparents, 26% live with other relatives such as their aunts or uncles, 13% live in households headed by unrelated individuals, and 12% live with siblings, as shown in Figure 11.

Children ages 0-14 have a higher likelihood of living with their grandparents at 50%. In fact, living with grandparents seems to be negatively associated with age of the child, while living with other relatives and with unrelated household heads is positively associated with age of the child. Children under the age of four have the highest likelihood of living with their grandparents, with 72% of all children ages 2-4 who live with neither biological parent living in households headed by their grandmother or grandfather. The sample of children 0-1* is not large enough to infer any relationships to this age group alone[25]. An incremental decrease is seen in the proportion of children living with grandparents as children age, coming to a low prevalence of 21% for children 15-17. In fact in the oldest age cohort, it is more likely that a child who is living with neither biological parent live in a household where they are unrelated to the household head (23%) or in a households headed by a child's other relative (30%) – such as their aunt or uncle or parent-in-law (shown in Figure 12 below).

Gender also seems to play a role in determining who children live with when living outside of the care of their biological parents. While boys and girls are approximately equally distributed in households headed by grandparents, significantly more male children age 0-17 live with their siblings than do female children (16% vs. 10%). Conversely, more female children live with other relatives as compared to boys (29% vs 21%). Possible explanations might include the different reproductive and economic life phases of older and younger generation family members and how these realities intersect with the need for assistance in the house, for example with childcare or manual labor. Boys have a higher likelihood of living in households in which he is unrelated to the head (15%) as compared to girls (5%). Additionally, only girls report living with their spouse or spouse's family – with 1.6% of girls age 15-17 reporting living with their husband or their husband's parents.

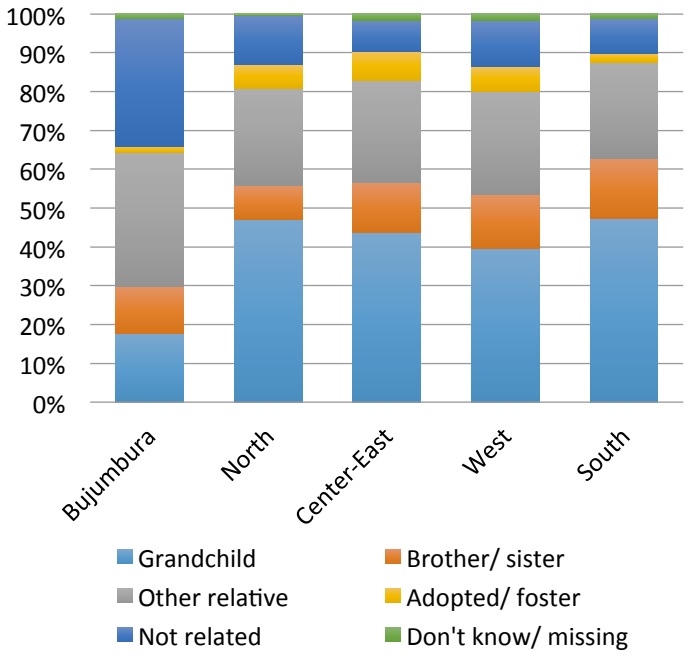
FIGURE 11: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT IN BURUNDI, ACCORDING TO AGE



[25] Percentages in brackets reflect 25-49 unweighted cases. Caution should be employed when generalizing to the entire population given the small sample found in these sub-cohorts. Additionally, sub-cohorts with fewer than 24 unweighted cases are identified in the report with an asterisk (*); these percentages are not reported. To note, the population of children in the 0-1 age group is based on an unweighted denominator of 17, therefore caution must be employed when interpreting Figure 11.

When disaggregated by geographical characteristics, it appears that significantly more children 0-17 in rural areas live in households headed by their grandparents than among children living in urban centers (46% vs 18%). This is also true for children living with siblings: 13% of children in rural areas live with their brother or sister compared to 10% in urban centers. The opposite is true for children living with other relatives wherein 35% of children in urban areas live in households headed by these family members versus 24% of children in rural areas. This later association where more children live in urban areas is striking for children living in households headed by an unrelated individual – while 9% of children living in rural households are not related to the head of the household, over three times as many children in urban settings living with neither biological parent live in unrelated care (32%).

FIGURE 12: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN 0-17 LIVING WITH NEITHER BIOLOGICAL PARENT IN BURUNDI, ACCORDING TO ADMINISTRATIVE REGION

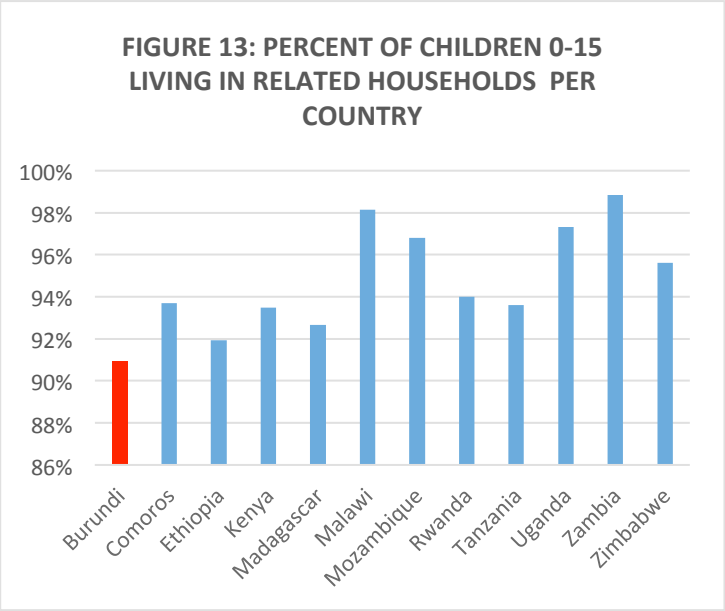


Similarly, clear differences are seen between any two regions of the country, with the most marked differences existing in the region immediately surrounding the nation's capital. As seen in Figure 13, Bujumbura maintains the lowest proportion of children living with neither biological parent in households headed by that child's grandparents at 18% and highest proportion of children living in households with unrelated household heads (33%). Meanwhile, the North and South regions have an equally high prevalence of children 0-17 living in grandparent headed households at 47%, but the north has more children living with unrelated household heads than the South (12% vs. 9%). The Center-East region of Burundi see the highest proportions of children under 18 being adopted and fostered at nearly 8%.

Adoption and fostering seem to not be strongly associated with gender or age in Burundi. Male children may be slightly more likely to be adopted or fostered. More noticeably, rural children in Burundi appear to have a higher likelihood of living in this care structure, while children in the capital have the lowest prevalence rate in the country (1.5%) – a fifth of what is found in the Center-East region. However, small sample sizes do not allow for any conclusive findings in this subcohort. Additionally, caution must be employed when analyzing figures in these categories given the ambiguous definition around fostering within the DHS program. The DHS program defines fostering as "children under age 18 living in households with neither their mother nor their father present." However, as seen throughout this report, most children living with neither biological parent are not categorized as "fostered." Therefore, it is difficult to ascertain which children would be classified as "fostered" in the field. Additionally, in many

of these settings formal adoption is quite limited. As a result, the data might be a significant underestimate of the total population of children being fostered and adopted.

Regionally, Burundi's prevalence of children 0-17 who live in households in which they are related to the household head is the lowest among all other eastern African countries. With 8.9% of all children living with neither biological parent age 0-14 living in households headed by an unrelated person, no other country has as many children living in households outside of family care. This may be in part due to Burundi's recent history of civil war and the general instability the country has suffered over the past few decades.



LIMITATIONS:

The data presented here represent children who were residing in households at the time of data collection. It does not include the most vulnerable cohort of children ages 0-17 who are not living in households. These data look at the relationship between the child and the head of the household. They do not provide information on the primary caregiver of the child. Moreover, it does not capture multigenerational households; therefore, it is possible that a child who is reported as the grandchild of the household head is also cohabitating with an aunt or uncle, sibling, or other relative. Also to note, the available questionnaire categories that capture relationships to household head do not distinguish between maternal and paternal relatives, an area that may warrant closer attention in further data collection efforts.

Another limitation found in this report is the inflexibility of the structured household. Flows of communication, individuals, and funding that build the networks of each individual household remain hidden. The data cannot uncover whether children living with neither biological parent who have living biological parents communicate with them, are visited by them, or are supported financially by them. It does not capture the stability of the household composition, leaving unknown the timing of when a parent left or whether the parent comes and goes routinely. These limitations highlight areas of study that require additional data in order to uncover children's care structures in Burundi.