#### Who cares for children and why we should care- Making Better Use of Data from DHS and MICS

Florence Martin and Garazi Zulaika



Child Protection Monitoring and Evaluation Reference Group 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 State should ensure that families have access to forms of support in the caregiving role.

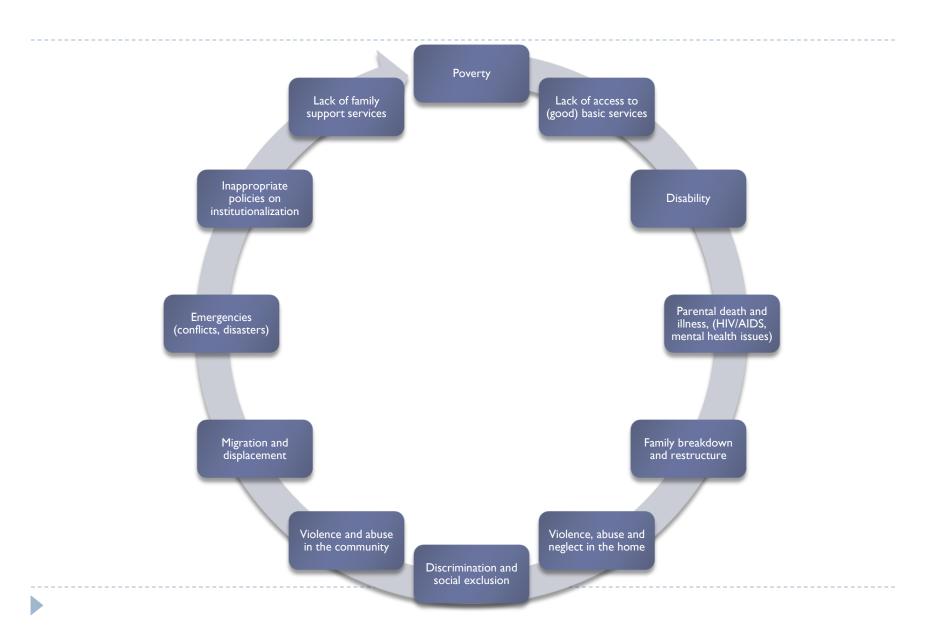
The UN Convention on the Rights of the Child and the Guidelines for the Alternative Care of Children (2009) II. A.3.

#### ♦ Principal Objective 2- Put family care first:

U.S. Government assistance will *support and enable families to care* for their children; *prevent unnecessary family-child separation*; and promote *appropriate*, *protective*, *and permanent family care*.

The U.S. Government Action Plan on Children in Adversity (2012) A Framework for International Assistance

### What do we know about factors that impact family care?



# Focus of international and national policies and interventions on care

Strengthening the capacity of parents and families to care

Preventing child-family separation

Providing a continuum of appropriate alternative care options Reintegrating children into safe and nurturing families

### Who cares for children?

Parental and family care in LMICs

## DHS and MICS

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- DHS: Demographic and Health Survey (USAID)—Now in Phase 7 (2013-2018)
  - Since 1984, conducted in over 90 countries in Africa, Asia, Latin America and Caribbean, North Africa/Eastern Europe/West Asia
  - Fertility, health, survival, immunization, safe water, education, living arrangements, etc.
  - Household, woman's, man's questionnaires
  - Questionnaire modules: Domestic violence, FGM, Fistula, out of pocket expenditures etc.
- MICS: Multiple Indicator Cluster Survey (UNICEF)- Now MICS 5 (2012-2014)
  - ▶ Since 1995, conducted in more than 100 countries, includes 20 MDG indicators
  - Household Questionnaire (Living arrangements, education, child labor, child discipline, etc.); Questionnaire for Individual Women 15-49 years (with or without birth history); Questionnaire for Individual Men 15-49 years; Questionnaire for Children Under Five (Mother or caretaker live with child)
  - Child mortality, nutrition, child health, water and sanitation, reproductive health, child development, child protection, literacy and education, Tobacco and alcohol use, subjective well-being etc.

### The 'Orphanhood' Literature

- Children on the Brink (UNAIDS, USAID, UNICEF, 1997, 2000, 2004)
  - Estimated 43 million orphaned children in sub-Saharan Africa, 12.3 million because of AIDS
- Number of studies looked at 'orphanhood' and relationship to certain well-being indicators (schooling, health care, poverty) using national household surveys, including DHS and MICS
  - Need for 'True orphan prevalence' (paternal, maternal and double) (Belsey & Sherr, 2011)
  - A number of studies found children who are orphaned are less likely to be enrolled in school (Bicego, Rustein & Johnson, 2003), but others showed poverty more closely linked, separate from orphan status (Campbell et al 2010)
  - Others found little evidence that OVC are disadvantaged in health, nutritional status, and health care compared to non-OVC (Mishra & Bignami-Van Assche, 2008 DHS Analytical Studies 15)
  - Some evidence that outcomes for orphans depend on the relatedness of orphans to their household heads "Hamilton Rule" (Case, Paxson & Ableidinger, 2004)
  - Analysis of *living arrangements* and *changes in child care patterns* in both low and high HIV/AIDS prevalence countries needed (Beegle, Filmer, Stokes & Tiererova, 2010)

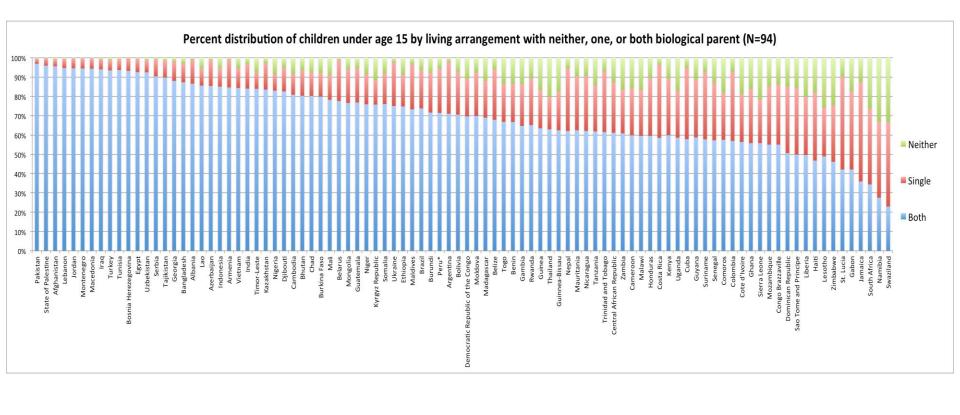
# Children's living arrangements and care patterns

- UNICEF: Measuring the determinants of childhood vulnerability (Idele, Suzuki et al, April 2014)
  - Explored the utility of existing markers of child vulnerability based on UNICEF and UNAIDS definition of a child made vulnerable by HIV and AIDS (11 countries, DHS and MICS)
  - Living arrangement is a strong marker of wellbeing, independent of orphanhood status; Children living with those other than their parents fare worse on almost every outcome
  - **Orphanhood status** is independently associated with some key outcomes; Effect is distinct from living arrangements
- BCN /CP MERG TWG initiative: We need better use of DHS and MICS data on children's care and living arrangements> Round Table of Experts, 9-10 Sept.2014

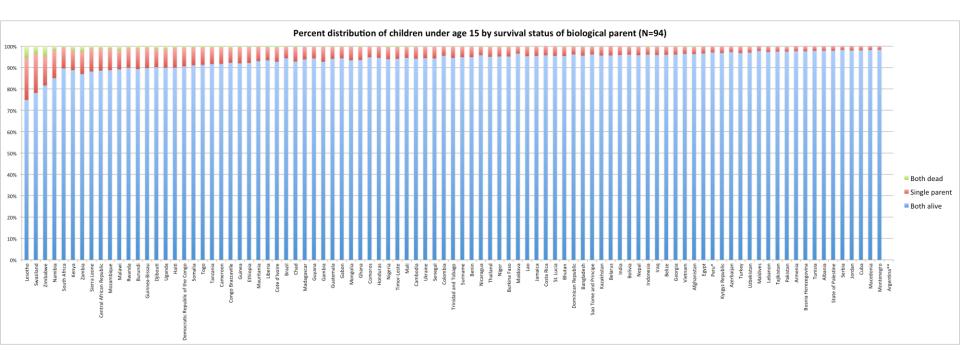
# Children's Living Arrangements- Data available from DHS and MICS

Data extracted by BCN for Round Table

## Children under 15 by living arrangement- with both parents, one parent, or none

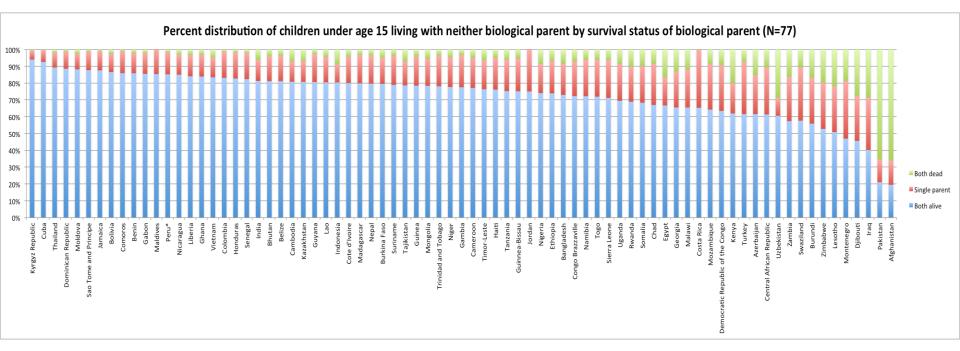


### Survival status of biological parents among all children under 15 (Single, double orphans and both parents alive)



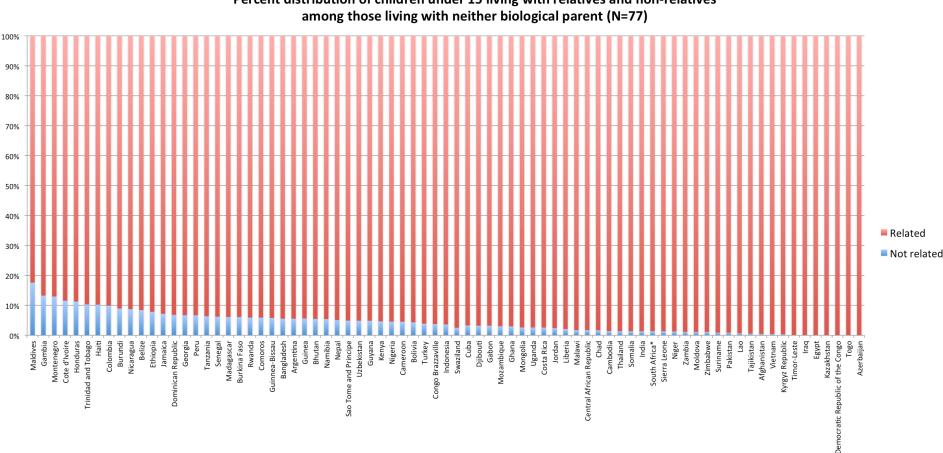
- 62 of 94 countries have a prevalence of double orphanhood under 0.5%
- 77 of 94 countries have a prevalence of double orphanhood under 1.0%

### Survival status of biological parents among children under 15 living with neither parent



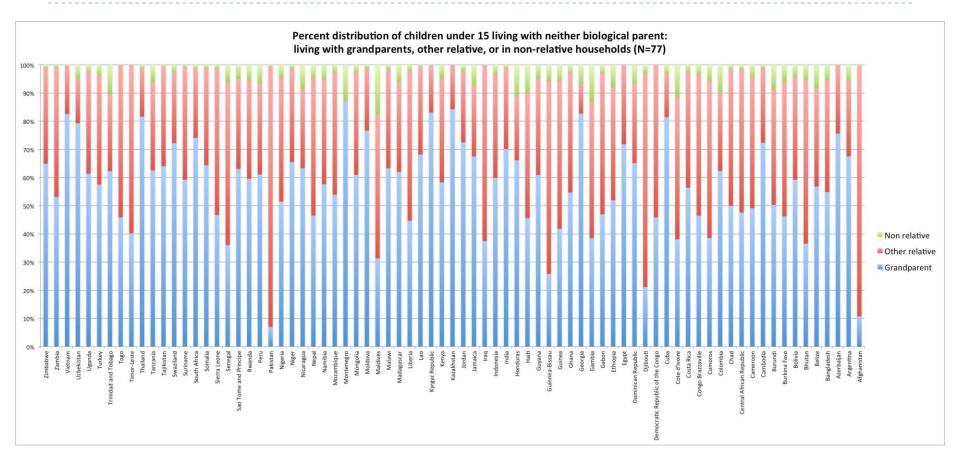
- Right now the data being analyzed stops here!
- Even that data is being used primarily in HIV/AIDS high prevalence countries only and particularly Sub-Saharan Africa
- Who are children not living with a biological parent living with?

#### Living arrangements for children under 15 not living with a biological parent- related or unrelated



Percent distribution of children under 15 living with relatives and non-relatives

### Living arrangements for children under 15 living with neither biological parent

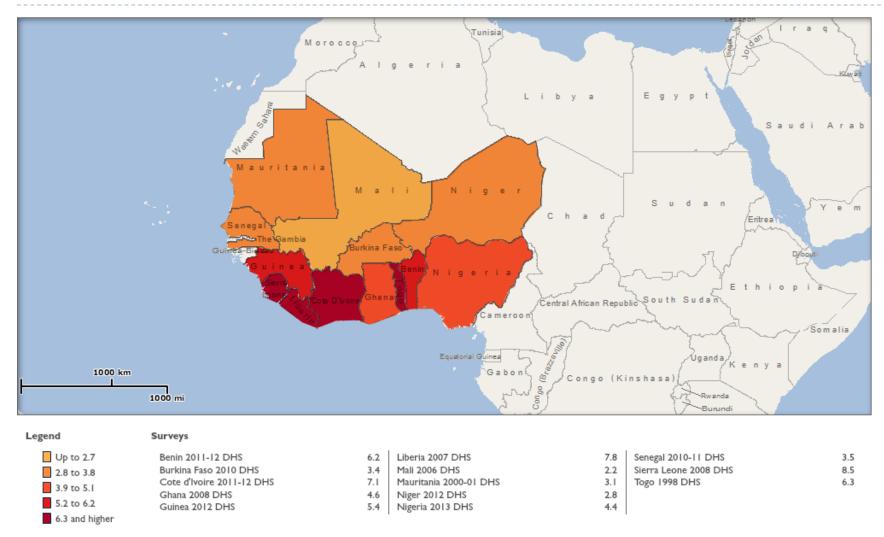


40% of children under 15 in Guinea-Bissau were reported as the "niece/nephew" of the head of the household

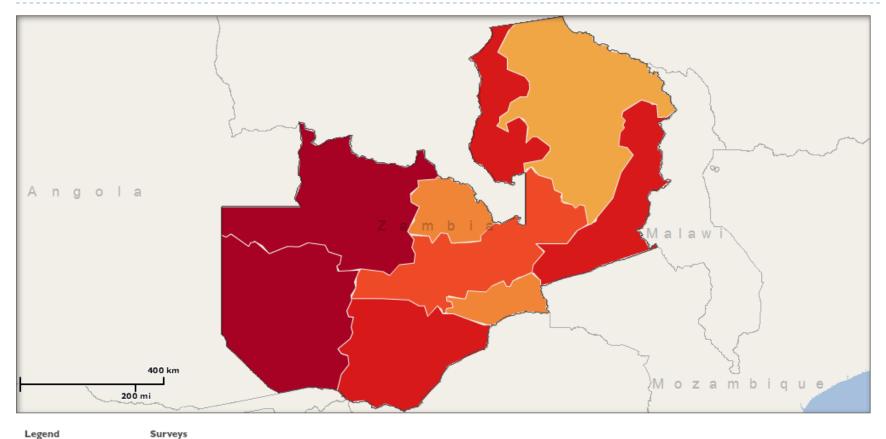
# Understanding the diversity of children's living and care arrangements

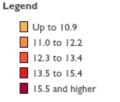
Global, regional, national, and subnational levels

### Children under 15 living with father only, mother alive- West Africa Region



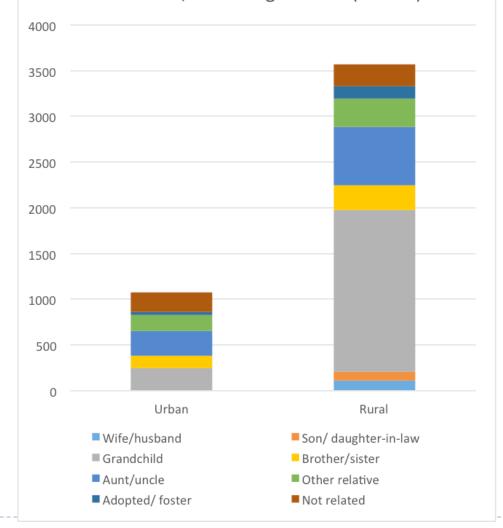
# Children under 15 living with mother, father alive by subnational regions- Zambia





- Western Zambia: 29%
- North Western Zambia: 16%
- Northern Zambia: 10%

Distribution of children under 18 in Ethiopia in 2011 living with neither biological parent by relationship to head of household, according to area (counts)

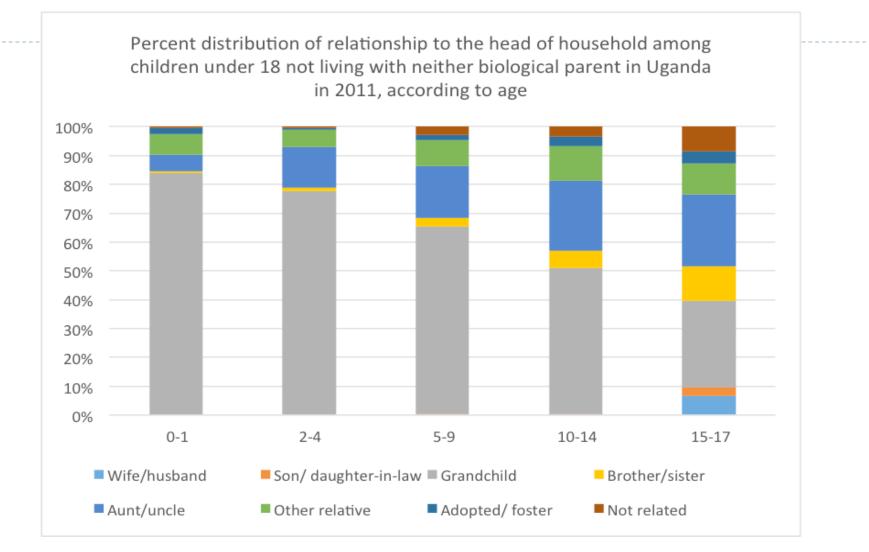


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Rural-Urban matters: Ethiopia

In actual numbers three times as many children live with neither biological parent in rural areas compared to urban areas.

#### Age matters: Uganda



Shows how the living (care?) arrangement is different depending on which age group you fall into!

## Challenges with the DHS/MICS data

- Covers only children in households
- Data does not tell us who the caregiver is, just relationship to household head (MICS primary caretaker for under 5 if mother not present)
- Non-uniform reporting of indicators:
  - Some countries do not report on living arrangement and survivorship of biological parent indicators
    - Ex: MICS Argentina, DHS Angola, Bangladesh
  - Some countries previously included and have subsequently dropped questions on living arrangement and survivorship of biological parent
    - Ex: DHS Indonesia, Kenya, Morocco, Philippines
  - Relationship categories not consistent

## Next?

- CP MERG TWG and BCN Round Table Expert Meeting (9-10<sup>th</sup> September 2014)
  - Consensus on the need to make *better use of existing data* and identify *other indicators relevant to children's care* to be tested at country level and included in the DHS/MICS.
  - May include data about children in the household but also children who are no longer in the household
  - Development of *inter-agency technical brief* to encourage governments, donors and practitioners at country level to better use DHS/MICS
- DHS just received approval from USAID for *new report* on how *household composition and relationships* affect child outcomes (using DHS and MICS data)
- Publish data and encourage academic research!

## Thank you!

