Who Cares For Children and Why We Should Care

5th International Conference of the International Society for Child Indicators

From Welfare to Well-being: Child Indicators in Research, Policy & Practice

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Critical importance of family and a family environment for child development and well-being (Ainsworth and Bowlby, 1965; Bowlby, 1982; Schoenmaker et al, 2014).

Empirical research in psychology, neuroscience, social work, and other disciplines: Investing in children’s early years (From Neurons to Neighborhoods: The Science of Early Childhood Development, 2000; Does Family Matter? Juffer et al., 2014)

Negative impact of emotional deprivation and institutionalization for younger children in Central and Eastern Europe (Fox et al., 2011; Johnson and Gunnar, 2011; Nelson et al., 2012, Berens & Nelson, 2015).

Growth in use of residential care for children in LMICS but also HICS in Europe (Carter, 2005; Browne, 2009; Williamson and Greenberg, 2009; www.bettercarenetwork.org)
The ‘Orphanhood’ Literature

  - Estimated 43 million orphaned children in sub-Saharan Africa, 12.3 million because of AIDS
  - Need for ‘True orphan’ prevalence (paternal, maternal and double) (Belsey & Sherr, 2011)

- 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
  - 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 and gender 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)
  - Some evidence that outcomes for orphans depend on the relatedness of orphans to their household heads “Hamilton Rule” (Case, Paxson & Ableiding, 2004)
  - Analysis of living arrangements and changes in child care patterns in low HIV/AIDS prevalence countries needed (Beegle, Filmer, Stokes & Tiererova, 2010)
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)

- “household wealth, a child’s living arrangements, and household adult education emerged as the most powerful and consistent factors associated with key health and social outcomes of child vulnerability” p.3

- 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 (schooling, child labor and birth registration); Effect is distinct from living arrangements;
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.


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.

Focus of international and national interventions on care

- Strengthening the capacity of parents and families to care
- Preventing child-family separation
- Reintegrating children into safe and nurturing families
- Providing a continuum of appropriate alternative care options
We need better data on children’s living and care arrangements

- **Strengthening data collection systems on children outside of family care** (children in residential care; living or working on the streets; children in domestic work/bonded labour; children in other forms of alternative care inc. foster care; guardianship; detention)

- **Strengthening data collection systems on children in ‘care vulnerable situations’/ at risk of separation, including trends and patterns in living arrangements and child care.**

- **Making better use of existing national household surveys, in particular DHS and MICS, but also other relevant data sets (i.e. census data etc.)**
Making Better Use of DHS and MICS Data on Children’s Living Arrangements

Data extracted by BCN for Round Table Meeting and Country Briefs
DHS and MICS

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 Indicators 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.
Prevalence of children under 15 living with both parents:

- Afghanistan 95.5%
- Lebanon 94.7%
- Jordan 94.5%
- Macedonia 94.3%
- Egypt 94.2%
- Swaziland: 22.5%
- Namibia: 27%
- South Africa: 35% (under 18)
- Jamaica: 35.8%
- Zimbabwe: 44.6%
- Haiti: 46.5%
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%
- Lesotho (5.4%), Zimbabwe (4.7%), Swaziland (3.6%), Malawi (2%), South Africa (4% -under 18); Botswana (1.4%???),
Survival status of biological parents among children under 15 living with neither parent

- Vast majority of children under 15 not living with their parents, **have both parents alive**.
- “Orphanhood” not main factor. Others factors?
Children under 15 not living with a biological parent

- Montenegro 0.3%
- Egypt 0.4%
- Jordan 0.4%
- Kazakhstan 0.4%
- Pakistan 0.6%
- Afghanistan 0.8%
- Namibia 35.6%
- Swaziland 31.9%
- Lesotho 24.6%
- Zimbabwe 23.7%
- Sierra Leone 22.1%
- Thailand 20.3%
• 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?**

• **Data on relationship to the head of the household not extracted**
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 among those living with neither biological parent (N=77)
40% of children under 15 not living with a parent in Guinea-Bissau were reported as the “niece/nephew” of the head of the household
Key findings?

• **Huge diversity** in children’s living arrangements across countries and **within countries**

• **Age, wealth, rural-urban**, and to a lesser extent, **gender** matter.

• **Significant percentage of children DO NOT live with parents** **even though their parents are alive**

• **Kinship care plays a major role in children’s care.**
Kinship Care in East Africa

- **12 countries in East Africa** (Burundi, Comoros, Ethiopia, Kenya, Madagascar, Malawi, Mozambique, Rwanda, Tanzania, Uganda, Zambia, Zimbabwe)

- **Total 19.2 million children under 15 are in kinship care.**

- **90% have at least one parent alive.**

  (99% Comoros to 73% in Kenya)

- **Implications for strengthening family care, preventing separation?**
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