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



Florence Martin and Garazi Zulaika 2-4 September 2015, Cape Town, South Africa

Research on Children's Care (LMICs and HICs)

- 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

- 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
 - 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 & Ableidinger, 2004)
 - Analysis of *living arrangements* and *changes in child care patterns* in low HIV/AIDS prevalence countries needed (Beegle, Filmer, Stokes & Tiererova, 2010)

Redefining Childhood Vulnerability

- 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;

International policy and standards

→ 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

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 <u>'care vulnerable situations'/ at risk</u> 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

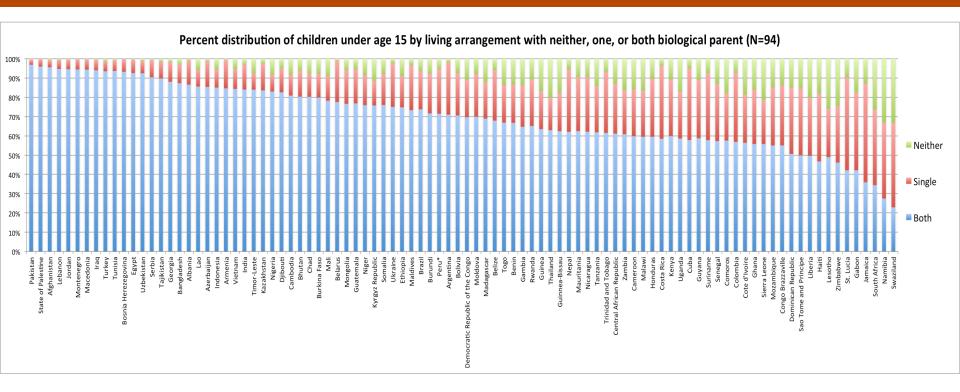
DHS: Demographic and Health Survey (USAID)—Now in Phase 7 (2013-2018)

- 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.

Children under 15 by living arrangementwith both parents, one parent, or none

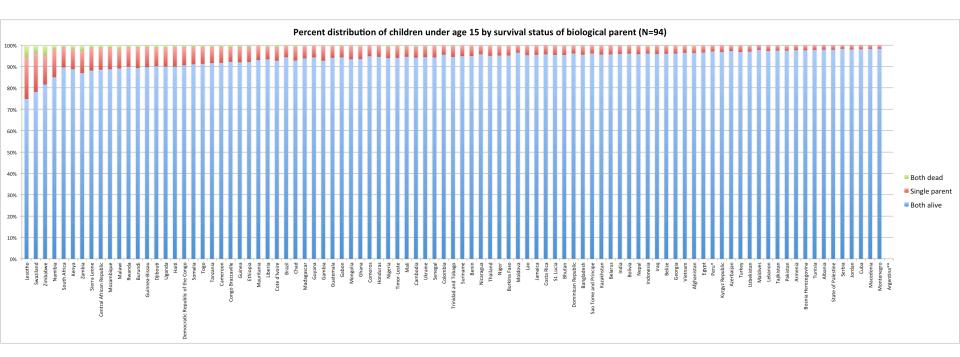


Prevalence of children under 15 living with both parents:

- Afghanistan 95.5%
- Lebanon 94.7%
- Jordan 94.5%
- Macedonia 94.3%
- Egypt 94.2%

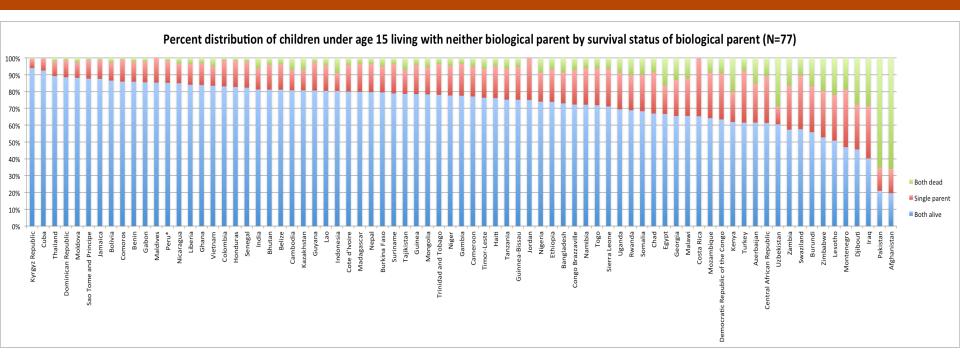
- Swaziland: 22.5%
- Namibia: 27%
- South Africa: 35% (under 18)
- Jamaica: 35.8%
- Zimbabwe: 44.6%
- Haiti: 46.5%

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?

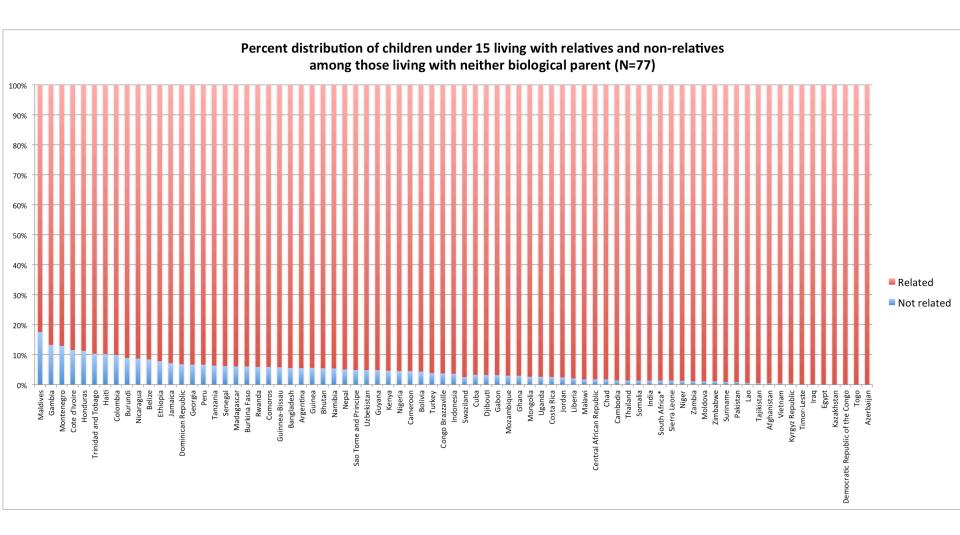
Children under 15 not living with a biological parent

- Montenegro 0.3%
- Egypt 0.4%
- Jordan 0.4%
- Kazakhstan 0.4%
- Pakistan 0.6%
- Afghanistan 0.8%

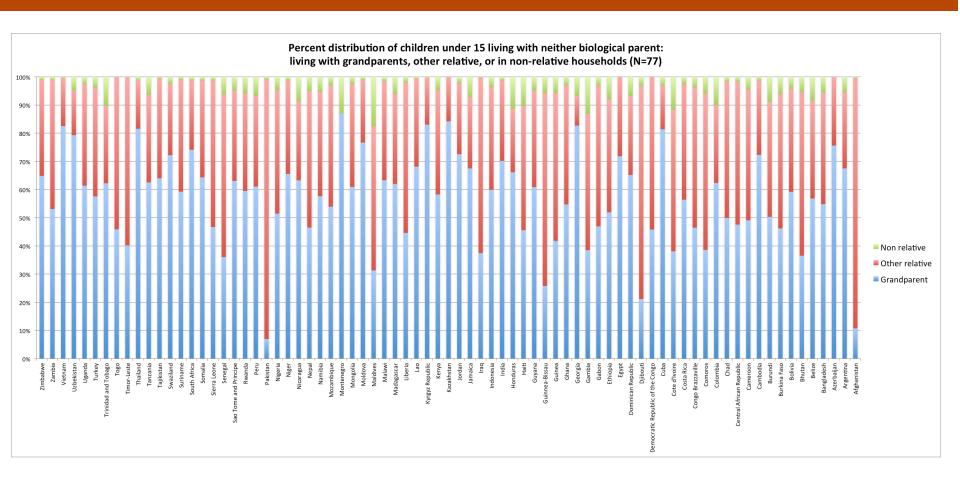
- Namibia 35.6%
- Swaziland 31.9%
- Lesotho 24.6%
- Zimbabwe 23.7%
- Sierra Leone 22.1%
- Thailand 20.3%

- 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



Living arrangements for children under 15 not living with a biological parent

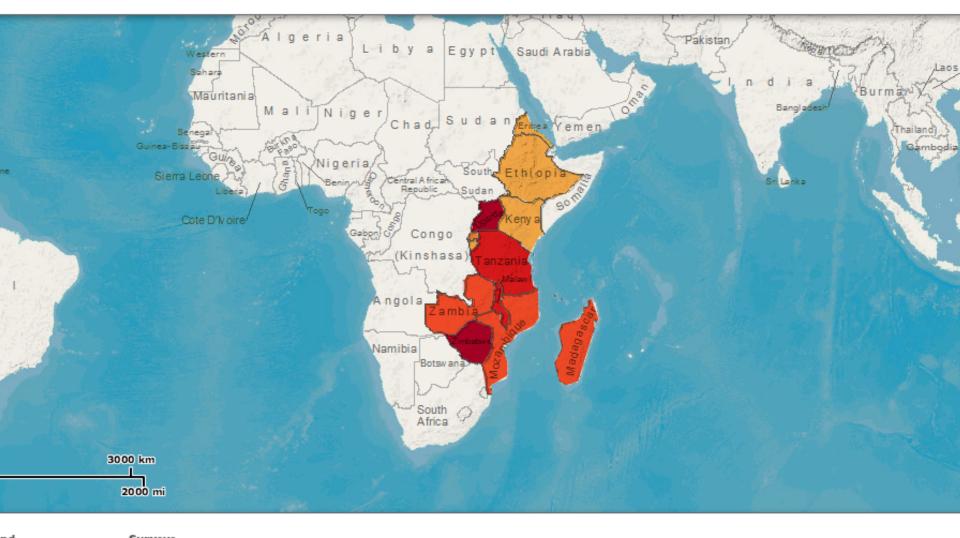


40% of children under 15 not living with a parent in Guinea-Bissau were reported as the "niece/nephew" of the head of the household

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.

Fosterhood and orphanhood
Residence and survival status of parents: Living with neither, both alive



na	Surveys					
Up to 7.1	Burundi 2010 DHS	4.3	Madagascar 2008-09 DHS	9.5	Uganda 2011 DHS	
7.2 to 9.3	Comoros 2012 DHS	12.8	Malawi 2010 DHS	10.8	Zambia 2013-14 DHS	
9.4 to 9.9	Eritrea 2002 DHS	2.8	Mozambique 2011 DHS	9.5	Zimbabwe 2010-11 DHS	
	Ethiopia 2011 DHS	6.5	Rwanda 2010 DHS	7.3		
10.0 to 11.7	Kenya 2003 DHS	6.5	Tanzania 2010 DHS	10.6		
II 8 and higher	•			'		

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 <u>only</u> 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



Better Care Network

Thank you! www.bettercarenetwork.org