Better Care Network

# Zambia DHS 2013-14:
# 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 Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014. Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and 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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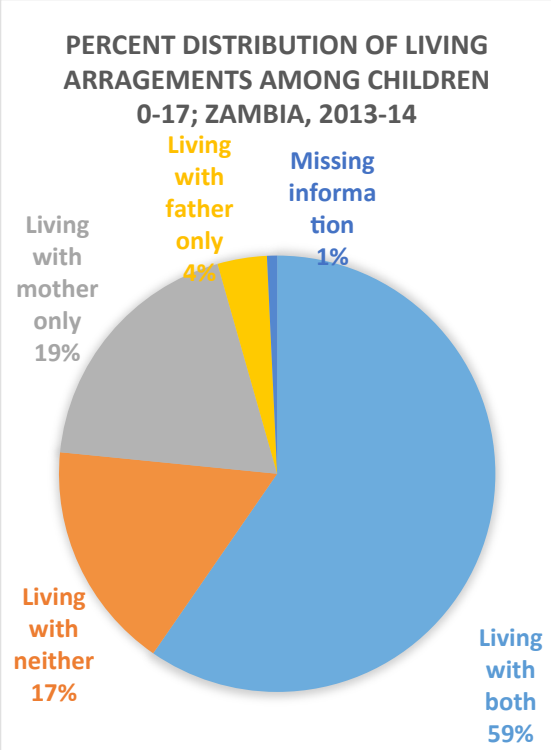
*The views expressed in this document do not necessarily reflect the views of the GHR Foundation.*

## EXECUTIVE SUMMARY:

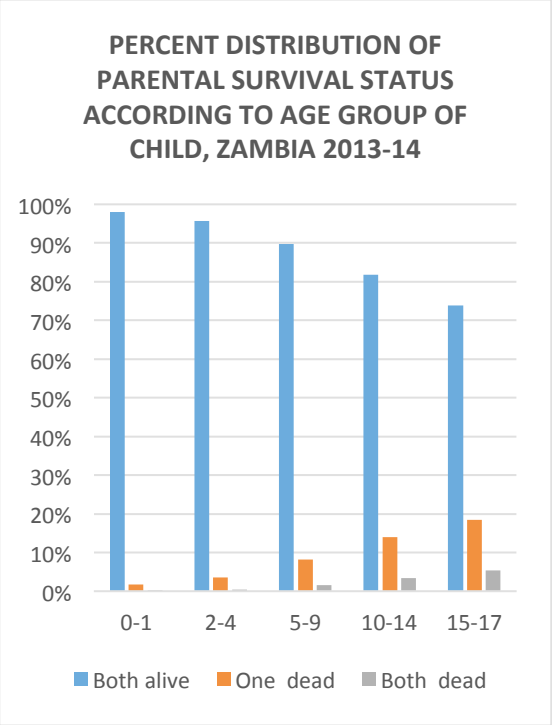
### Children's Living Arrangements:



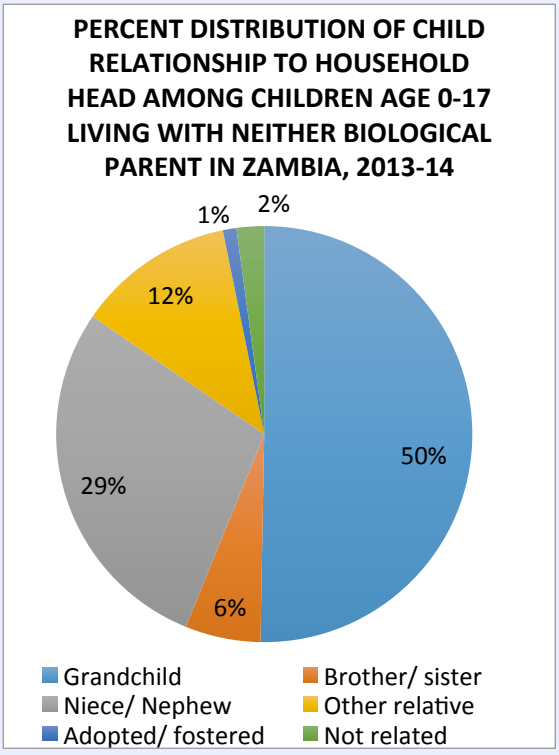

- Nearly 3 out of every 5 children (age 0-17) in Zambia live with both biological parents (59%). Another 19% live with their biological mother only and 4% with only their biological father. A significant percentage of children (17%) do not live with either biological parent with another 1% of children unaware of whether their mother or father is still alive.
- Large variations in living arrangement are seen according to age group, wealth quintile, rural-urban, and regional background characteristics and slight variations are seen according to gender.
  - Boys have a slightly higher likelihood of living with both biological parents and are more likely to live with their biological father when compared to girls; girls, on the other hand, are more likely to live with neither biological parent relative to boys, even when both parents are still alive. While 10% of boys under the age of 18 live with neither biological parent when both parents are still living, 12% lives outside of the household of their living parents.
  - At an early age the large majority of children still live with both biological parents; this declines with age for children 0-17 (73% to 44%). Living with neither biological parent becomes more common as children get older (1.5% to 31%).
  - Interestingly, for children 0-17 in Zambia, the proportion of children living with their mother only declines as children age, with 25% of newborns living with their biological mother only and 17% of teenagers doing the same. Meanwhile, the proportion of children living with their biological father only increases as children get older (from under 1% in the youngest age group to 6% in the oldest age cohorts).
  - Wealth quintile is strongly associated with living with neither biological parent. Households in the richest quintile more frequently house children who are living with neither biological parent than households in the poorest wealth quintiles (24% of households in the richest quintile compared to 17% of households in all wealth quintiles nationwide).
- Significant regional variations are found in children's living arrangements in Zambia. This is partly driven by urban-rural differences: more children live with both biological parents in rural areas. This does not account for outliers such as the Western province that only sees under half of its children (49%) living in households with both parents, nearly a third (32%) living in households with a single parent, and 18% of children living with neither biological parent. However, the Copperbelt region (21%) and Lusaka region (19%) house more children living with neither biological parent in Zambia, partly due to these two regions being predominantly urban while all the other regions are predominantly rural.

- In the East Africa regional context, Zambia has one of the highest rates of children living with neither biological parent at 15% for children ages 0-14, only Zimbabwe (24%) and Malawi (17%) have higher rates of children under the age of 15 who do not live with a biological parent.

## Parent Survivorship:




- Two percent of all children ages 0-17 in Zambia experience being orphaned in the country (the loss of both biological parents). However 9% of children have lost one parent by age 18 and 8% of children have lost a mother or a father before reaching 15 years of age.
  - There is a much higher percentage of children living in urban areas who have lost at least one biological parent compared to those living in rural areas.
  - Great diversity is seen in the regional distribution of parental death for children under the age of 18 in Zambia ranging from 12% of children in the Copperbelt region who have lost a mother or a father to 8% in the North Western region who have experienced the same.
- Regionally, Zambia has comparable rates of single and double parent death among eastern African countries. While some regional neighbors see slightly elevated rates of parent death (Kenya, Malawi, Zimbabwe) others have a slightly lower prevalence.




## Living Arrangements of Children Living with Neither Biological Parent:

- In Zambia, over 17% of children age 0-17 live with neither biological parent. Of these, 62% have two living biological parents and another 23% have one. In Zambia, 12% of these children do not have a surviving biological parent. This underlines the reality in Zambia that most children living out of parental care have at least one parent alive (85%).
- The large majority of these children living with neither biological parent - 98% - live in households headed by a relative.
  - In the regional context, Zambia's prevalence of children 0-14 who live in households in which they are related to the household head is high compared to some other eastern African countries. In Ethiopia, 8% of children live outside of family care and, in neighboring Kenya, nearly 5% of children do the same. However, Uganda sees 99% of children under 15 living in a

household headed by a related family member, slightly higher than Zambia's 98% in this age group.

- 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 85% for children aged 0-1 and 79% for children aged 2-4, but only 27% for the oldest age group of 15-17. Conversely, these younger age groups have low rates of living in households headed by aunts, uncles, siblings, or other relatives, while in the older age groups the likelihood of living with these relative becomes much more common. In fact, for the oldest age group of years 15-17, more children live with their aunts or uncles than with their grandparents (35% vs. 27%).
- Differences across gender are seen when looking at living arrangements in Zambia. Boys are more likely to live with their grandparents and siblings. Girls, on the other hand, more commonly live with their aunts and uncles or other relatives.
- Only 2% of surveyed households report hosting a child 0-17 unrelated to the head of the household.
    - In the region, Zambia has a low rate of children living out of family care. A few neighbors such as Burundi (9%) and Ethiopia (8%) see proportionally many more children 0-14 living out of family care.
- Households in wealthier quintiles have a higher likelihood of hosting unrelated children and these children are generally in the older age groups.
- The Eastern province sees a strikingly high number of children living in unrelated care compared to the rest of the country with 5% of all children living with neither biological parent living in households with an unrelated household head.

*"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. A

[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.

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.

[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] See for examples, Martin & Sudrajat (2007) Someone that Matters, Save the Children; 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.

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 and the content of these papers will evolve as a result. The brief is targeted to policy makers, researchers, and practitioners working to inform policy and programs for children's care and protection at country and international levels.

The DHS and MICS core questionnaires contain a number of questions 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.

## ZAMBIA DHS 2013-14:

The data presented in this report come from the 2013-14 Zambia Demographic and Health Survey (DHS) that was carried out by the Central Statistical Office (CSO)8 in partnership with the Ministry of Health, the University Teaching Hospital (UTH)-Virology Laboratory, the Tropical Diseases Research Centre (TDRC), and the Department of Population Studies at the University of Zambia (UNZA), and under the guidance of the National Steering Committee. 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 ICF International, United States Agency for International Development (USAID), the Centers for Disease Control and Prevention (CDC), the United Nations Population Fund (UNFPA), and the United Nations Children's Fund (UNICEF).

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 2013-14 Zambia DHS data collection effort, a total of 15,920 households were interviewed and 81,675 household members were listed. Of these, 44,861 individuals were under the age of 18 and 40,093 children were under the age of 15. The household questionnaire retained a response rate of 97.9%. 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 numbers below are slightly larger than the figures reported in the 2013-14 Zambia 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 Zambia 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] Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014. Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and 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.

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. The 2005 and 2000 DHS survey conducted in Ethiopia is also represented in this report to look at any significant changes that have occurred within country over the last decade. Lastly, all country level development statistics were pulled from the Human Development Report 2014[21].

[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.

[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: 14,540,000
- Gross Domestic Product per capita: $2,990.05
- Human Development Index: .561 (Rank – 141)
- Population living below $1.25 a day: 74.5%
- Life expectancy at birth: 58 years
- Median age: 16.68 years
- Urban vs. rural distribution: 40% of the population is urban, 60% rural
- Sex ratio at birth (male to female): 1.02
- Under-5 MR: 89 per 1,000 live births.
- Maternal MR: 440 per 100,000 live births
- HIV/AIDS prevalence: 12.7%
- Birth registration of children (% under age 5): 14%
- Child labor (age 5-14): 40.6%

**Households**

- Mean household composition: 5.1 members
  - This is up from 4.9 members in 2007
  - Rural households are bigger than urban ones (5.4 vs 4.8 persons)
- 50% of the population is under age 15
- Female headed households: 27%
  - This is a slight increase from 24% found in 2007.
- Urban vs. rural distribution: 39.5% of sampled households were urban; 60.5% rural

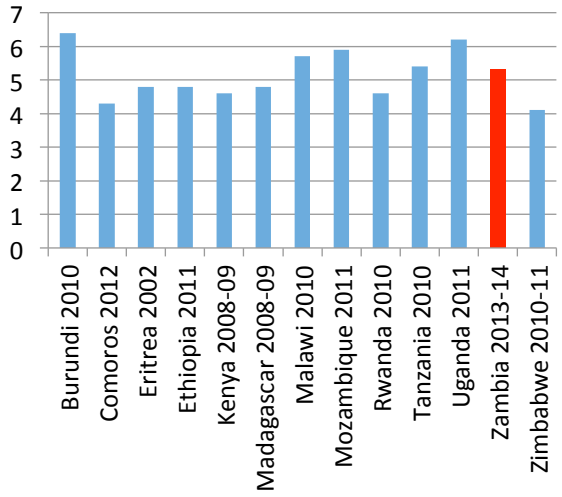
**Fertility**

- Total Fertility Rate: 5.3 children
  - Fertility declined significantly from 6.5 children in 1992 to 5.3 in 2013-14.
- Women in rural areas on average have three more children than women in urban areas.
- Adolescent fertility: 125.4 births per 1,000 girls age 15-19.
  - Twenty-nine percent of women age 15-19 are already mothers or currently pregnant with their first child.
  - One third of all Zambian women age 20-49 report having given birth prior to age 18 and more than half of all women by age 20.
  - 16% of births occur within 24 months of a previous birth.

**Marriage:**

- Median age at first marriage: 18.4 years for women; 23.9 years for men
- Early marriage: 45% of women are married by age 18, 65% by age 20.
  - The proportion of women married by 15 has significantly declined over the last decades from 13% among women currently 45-49 to 2% among girls 15-19.
  - Among children 15-19, 17% of girls are married while the same is true for only 1% of boys.
- Twelve percent of married women and 7% of married men are in polygynous unions.
  - Education and wealth are negatively associated with polygyny

**FIGURE 1: TOTAL FERTILITY RATE IN EASTERN AFRICA, DHS SURVEYS**

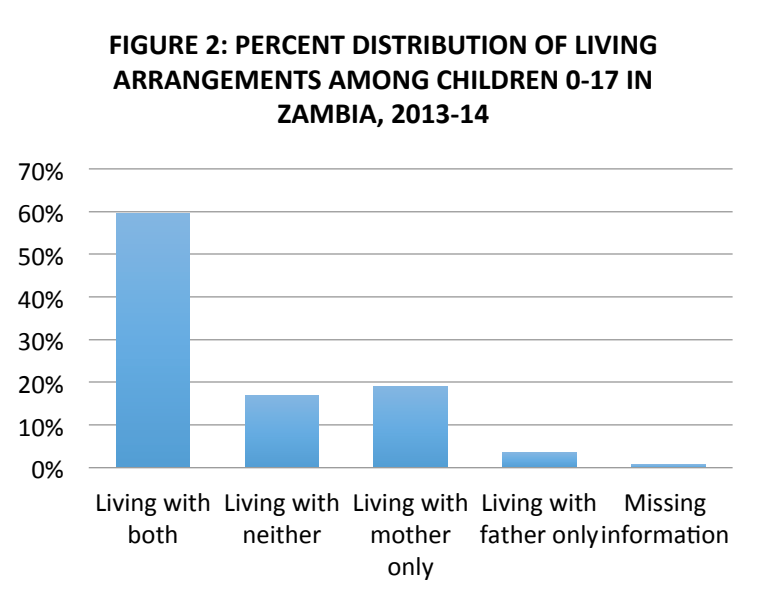



[22] Central Statistical Office (CSO) [Zambia], Ministry of Health (MOH) [Zambia], and ICF International. 2014. Zambia Demographic and Health Survey 2013-14. Rockville, Maryland, USA: Central Statistical Office, Ministry of Health, and ICF International.

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

## CHILDREN'S LIVING ARRANGEMENTS:

In Zambia, 60% of children under the age of 18 live in households with both biological parents. They represent the majority of children living in households in the country. Another 23% of children 0-17 live with one biological parent, with nearly five times as many children living with their biological mothers than with their biological fathers. Seventeen percent 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 Zambia. Girls in Zambia are slightly more likely to live with neither biological parents (18%) as compared to boys (16%). However, gender does not appear to play a strong role in living arrangements among children who live with both or a single biological parent in Zambia.

Variations in living arrangements across age groups are evident in Zambia. At an early age the large majority of children still live with both biological parents; this proportion declines in a linear fashion with age. Where only 44% of children in the oldest age group live with both of their biological parents, 69% of children ages two to four and 73% of children under two live with both biological parents. Overall, the proportion of children living with a single biological parent stays fairly constant as children age in Zambia. However, as children age proportionally fewer children live with their mother only, while more live with only their biological father. Part of this can be explained by the death of a biological parent. Since more children experience the loss of a parent as they get older, the proportion of children living with their only surviving parent increases with age – only 1.4% of children in the youngest age group live with their mother only after their father has survived while 8.5% of children 15-17 do the same. A similar but less pronounced trend is seen for children living with only their biological father after their mother has passed. However, among children living with a single biological parent when their other parent is still living, the proportion living with their mother only decreases with age while the proportion who live only with their father increases during this same time. While under 1% of children under 2 live with only their biological father, 3.2% of children 5-9 and 4.6% of children 15-17 live only with their father when their mother is still living. Conversely, while 24% of children under two years of age live with only their mother when they have a living biological father, 13% of children 5-9 and 9% of children 15-17 maintain this living arrangement. More research is needed to understand why this decreasing trend occurs.

Simultaneously, the likelihood that a child will live with neither biological parent increases with age. While 1.5% of children under 2 live with neither biological parent, there is an exponential increase in children living with neither biological parent, reaching 25% for children age 10-14 and 31% for children age 15-17 (as seen in Figure 3).

Children in rural regions of Zambia more commonly live with both biological parents when compared to children living in urban households (62% vs. 55%). During the 2013-14 DHS data collection Zambia was subdivided into 10 administrative provinces made up of 74 provinces: Central, Copperbelt, Eastern, Luapula, Lusaka, Muchinga, Northern, North Western, Southern, and Western. Two provices – Copperbelt and Lusaka (which houses the capital) – are predominantly urban while the rest are predominantly rural. Regional data is presented here to understand the regional diversity found within the country. As Figure 4 shows, children in the Northern (68%), Muchinga (67%), Eastern (63%) and Southern (63%) provinces are much more likely to live with both biological parents as compared to the more urban Copperbelt (53%) province, capital of Zambia, Lusaka (58%). The Western province bordering Angola sees the lowest rates of children living with both biological parents at a low 49% - less than half of the children living in this province live with both biological parents.

Zambia is still predominantly rural with 40% of the population residing in city centers as of the 2010 census. However, over the past decade

**FIGURE 3: PERCENT DISTRIBUTION OF CHILDREN LIVING WITH AT LEAST ONE BIOLOGICAL PARENT VS NEITHER BIOLOGICAL PARENT AMONG CHILDREN 0-17 IN ZAMBIA, ACCORDING TO AGE GROUP**

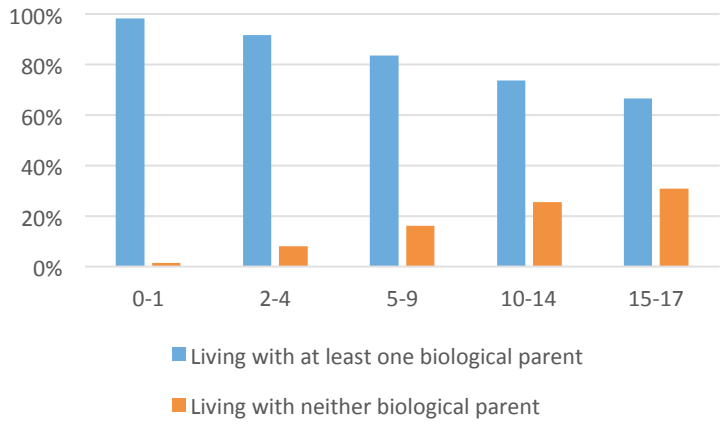
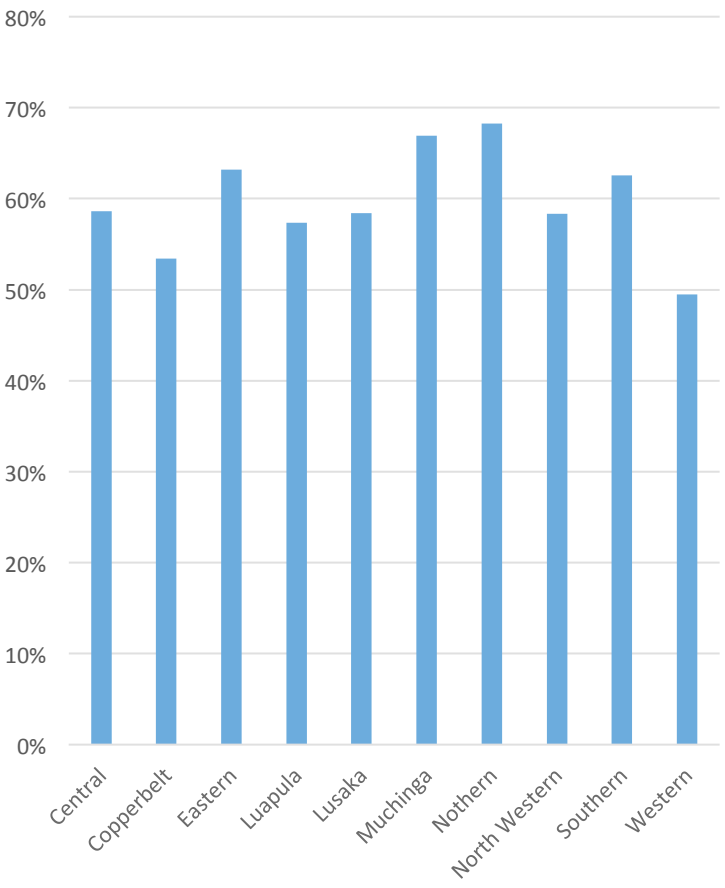



**FIGURE 4: PERCENT OF CHILDREN 0-17 LIVING WITH BOTH BIOLOGICAL PARENTS BY REGION**



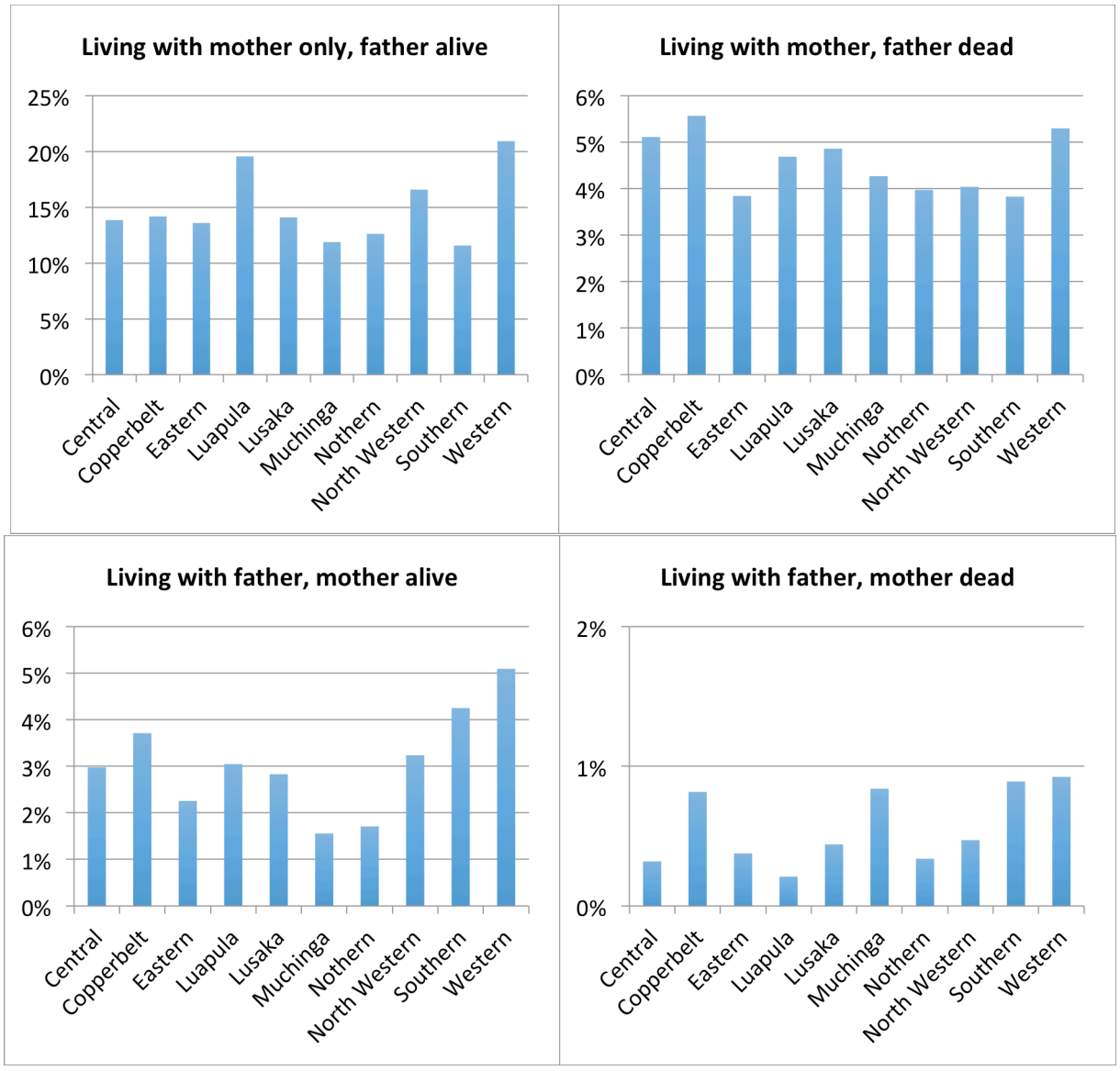
steady urbanization has increased this prevalence from 35% in 2000. Large regional differences are seen in urbanization with only 13% of the population in the Eastern and Western provinces living in urban centers while 85% of Lusaka does the same. Among children living in households, proportionally more children living in rural areas live with both biological parents than among children living in urban areas (62% vs 55%). Conversely, among those under 18 years of age, more children living in urban areas (20%) live with neither biological parent compared to rural households (15%) – one in every five children living in urban centers lives without either biological parent.

Household wealth quintile appears to be positively associated with likelihood of children living with neither biological parent. This may be due to richer households wielding more resources to support unrelated children or being more likely to employ domestic workers. In the poorest households, proportionally more children were found to live with at least one biological parent (86%) when compared to households in the richest quintile (76%). An incremental increase was seen for every quintile ranging from 14% of children living with neither biological parent in the poorest households to 24% of children in the richest households in the same category. This association with to wealth is likely conflated with rural-urban and regional characteristics. As of the 2010 census, wealth was concentrated in urban centers and poverty continued to persist mainly in rural areas. The 2013-14 Zambia DHS reported that in rural areas 78% of households lacked access to income, employment opportunities and other basic needs. Only 28% of urban residents reported the same level of poverty.

When it comes to children living with at least one biological parent, however, varied regional landscape is seen across Zambia. The more urban centers see lower rates of children living with at least one biological parent than their more rural counterparts. While 87% of children 0-17 living in the Northern province, 86% in Muchinga and 85% in the Luapula province live with at least one biological parent, in the two most urban provinces 81% of children living near the capital in the province of Lusaka live with at least one biological parent and 78% of children in the Copperbelt region do the same.

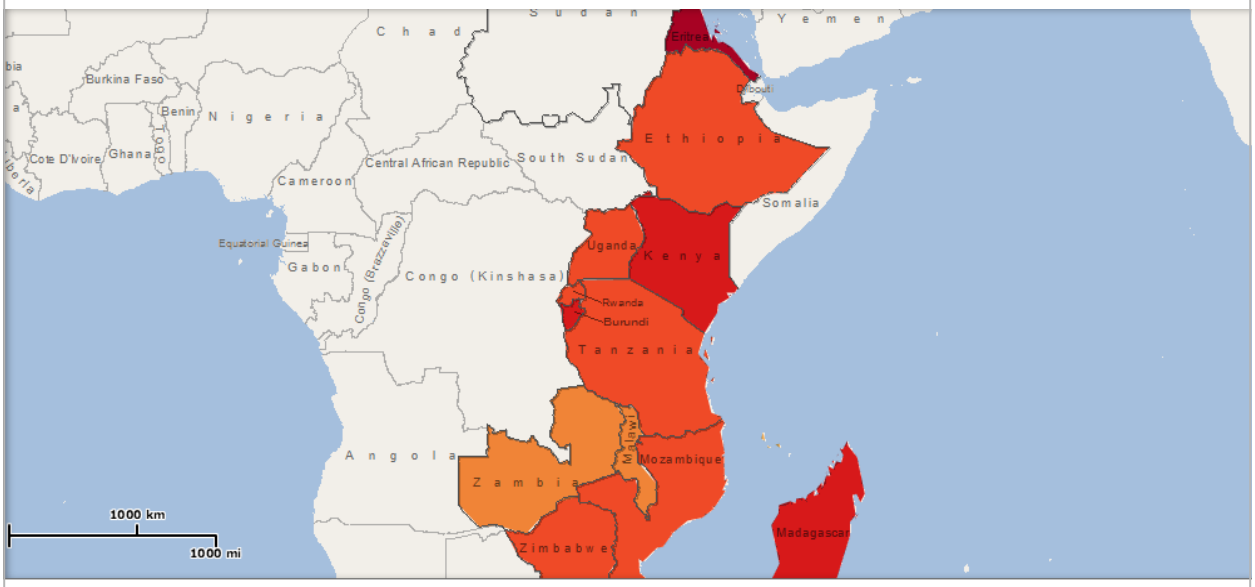
When it comes to living with a single biological parent the Western province stands as an outlier in the country with over 32% of children 0-17 living with only their mother or their father. In the country, this province maintains the highest number of children living with only their biological mother (26%) as well as with their biological father only (6%). As seen in Figure 5, these rates are nearly double the rates that are found in other regions of Zambia.

**FIGURE 5: REGIONAL VARIATIONS IN LIVING ARRANGEMENTS AMONG CHILDREN 0-17 LIVING WITH A SINGLE BIOLOGICAL PARENT IN ZAMBIA**




Regionally, Zambia sits in the middle of Eastern African countries when it comes to children's living arrangements. Of the thirteen countries with data in the region, Zambia ranks seventh in the lowest percentage of children living with both biological parents, fourth highest in percentage of children living with neither biological parent, and eighth highest in proportion of children 0-14 living with a single biological parent. As seen in Figure 6, Zambia ranks near the bottom in the percentage of children living with their biological father when their mother is not living. While only 0.5% of children in Zambia live in this arrangement, countries in the region like Eritrea (1.8%) and Burundi (1.5%) see over three times the rate of children living with their biological father only when having no surviving biological mother.

**FIGURE 6: PERCENT OF CHILDREN 0-14 LIVING WITH THEIR BIOLOGICAL FATHER WHEN THEIR MOTHER IS DEAD BY COUNTRY, DHS EASTERN AFRICA REGION**



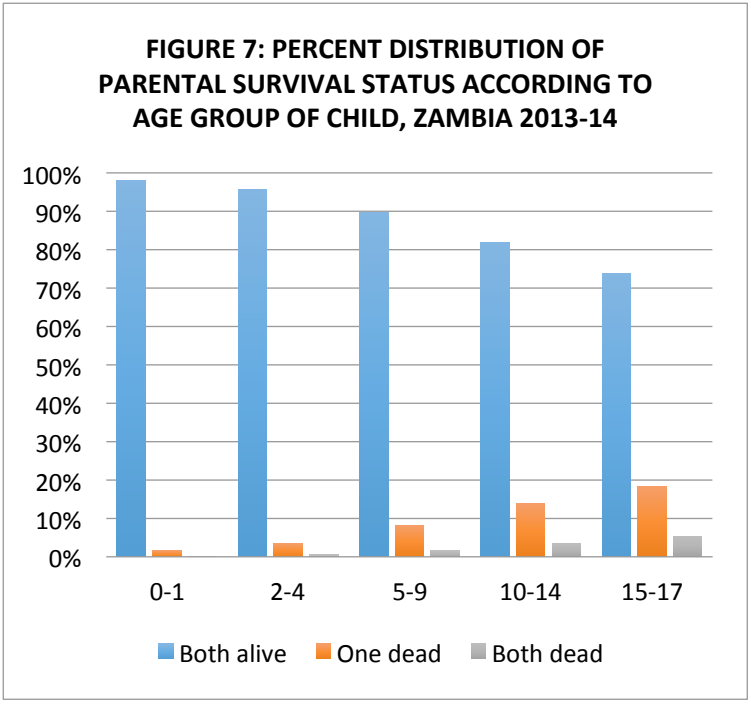

**Legend**

- 0.0
- 0.1 to 0.5
- 0.6 to 1.0
- 1.1 to 1.6
- 1.7 and higher
- n/a

**Surveys**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Burundi 2010 DHS | 1.5 | Madagascar 2008-09 DHS | 1.1 | Uganda 2011 DHS | 0.7 |
| Comoros 2012 DHS | 0.0 | Malawi 2010 DHS | 0.5 | Zambia 2013-14 DHS | 0.5 |
| Eritrea 2002 DHS | 1.8 | Mozambique 2011 DHS | 0.8 | Zimbabwe 2010-11 DHS | 0.9 |
| Ethiopia 2011 DHS | 1.0 | Rwanda 2010 DHS | 0.9 | | |
| Kenya 2003 DHS | 1.1 | Tanzania 2010 DHS | 1.0 | | |

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




In Zambia, orphanhood is experienced by 2.1% of all children 0-17. Among children 0-14 1.7% have experienced the death of both parents. As can be expected, loss of a single parent is more frequent – 8.1% of children lose one parent before the age of 15 and 9.2% of 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 18% of children age 15-17 have lost one biological parent and 5.3% have lost both as seen in Figure 7. The overall rate of parental death (single and double parent death combined) has declined over the last two decades in Zambia. In 1996 the total rate of parental loss for children 0-14 reached 12% reaching a peak of 15% in 2001 and then dropping to 13% in the 2007 DHS survey and 10% in the 2013-14 data collection.

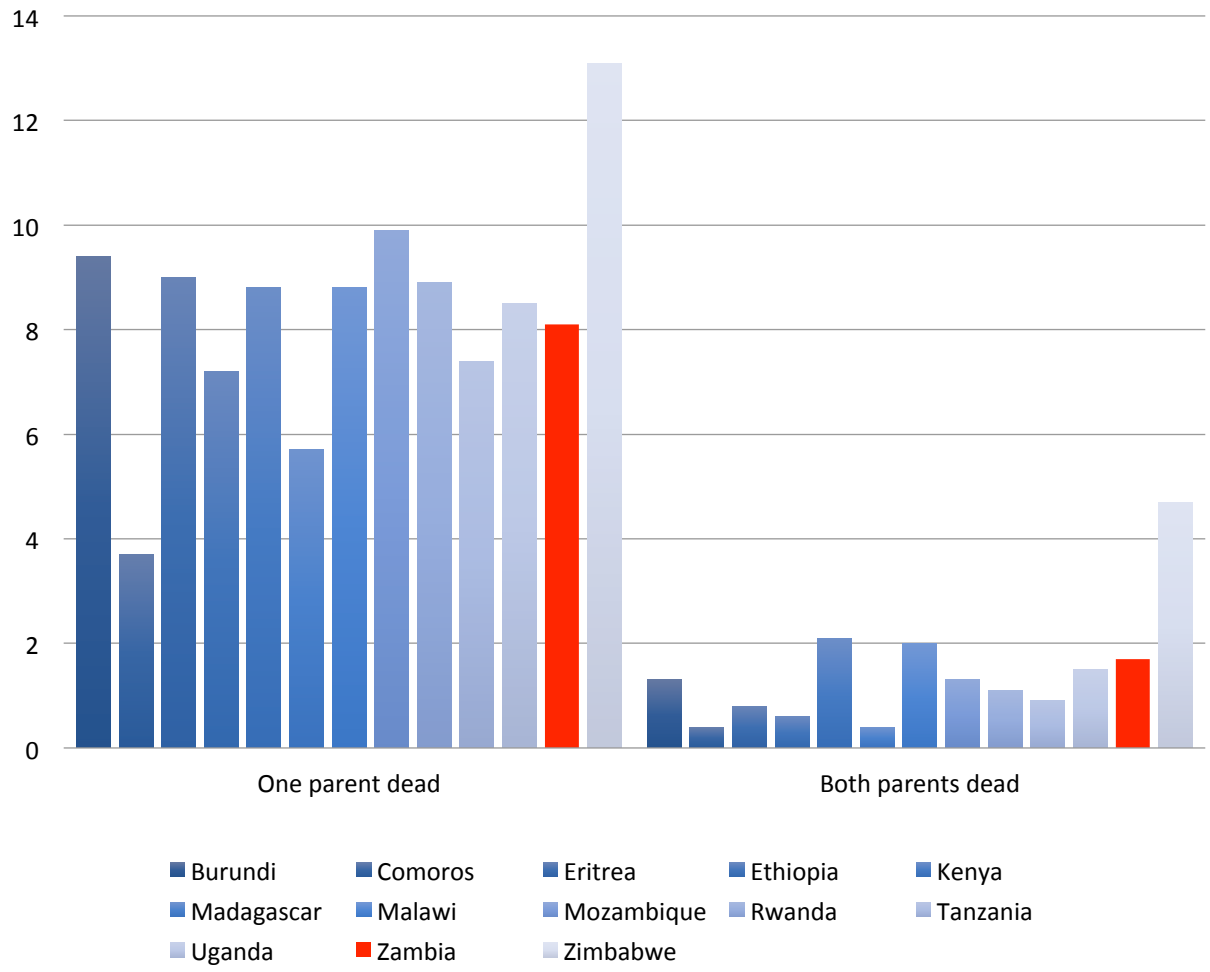
Wealth quintile of the household does not clearly correlate with the likelihood of losing a parent for children in Zambia. While the rates of single parent death remain fairly unchanged across children 0-17 living in all five wealth quintiles, it appears that children living in the richest wealth quintiles have experienced orphaning at a slightly higher rate. While approximately 1.8% of children in the poorest three wealth quintiles has suffered the loss of both their mother and their father, for children in the richest two wealth quintiles the rate is closer to 2.6%. This may indicate that households in the wealthier quintiles have a higher capacity for hosting orphaned children compared to households situated in the less affluent three wealth quintiles. Conversely, this could also be the result of wealthier households having a higher likelihood of employ domestic workers.

A higher percentage of children who have experienced the death of a biological parent were living in urban areas in Zambia than in rural areas: 11% of children in urban areas had one parent die before they turned 18 and these children were more likely to have lost both biological parents compared to children living in rural areas (2.8% and 1.7% respectively). Further research is needed to ascertain whether these children lived in urban areas prior to the death of their parents, or whether they migrated into urban centers after the death(s). This relationship is also seen when disaggregated by administrative region in Zambia. More urban areas such as Copperbelt see higher rates of children who have lost both parents, with 3% of children living in this part of the country having lost both biological parents, and 12% having lost one before the age of 18. Regions like North Western, which are predominantly rural, record fewer children who have lost a parent, with only 1.8% of children age 0-17 having lost both parents and 7.7% experiencing the loss of a mother or a father. Nonethless, regional outliers such as the Western region register high rates of parental death even though they are predominantly rural (11% single parent

death, 1.2% orphaning among children 0-17). Therefore, these regional trends and overall urban-rural differences characterizing the distribution of parent survival in Ethiopia do not fully explain the large diversity in children's living arrangements found across regions nor the disproportionate amount of children found living with neither biological parent in urban areas (20%) compared to rural areas (15%), as discussed in the following section.

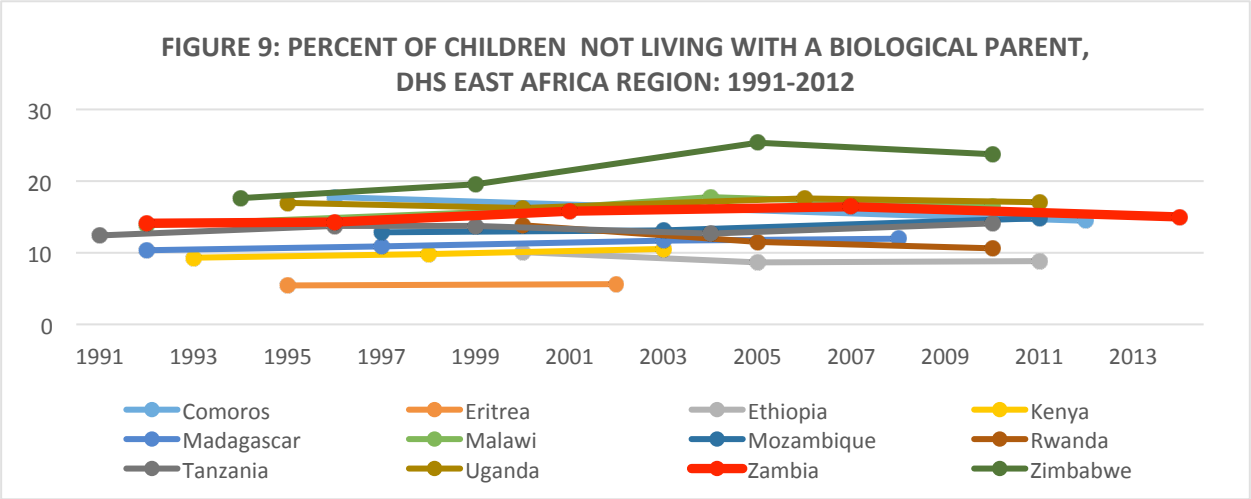
Regionally, Zambia ranks ninth in the Eastern Africa region for most single parent loss and fourth for the highest rate of orphaning. Neighboring Zimbabwe sees the highest rates in the region with 13% of children losing one parent before the age of 15 and nearly 5% losing both.

**FIGURE 8: PERCENT OF PARENT LOSS AMONG CHILDREN AGE 0-14 BY COUNTRY, DHS EASTERN AFRICA REGION**

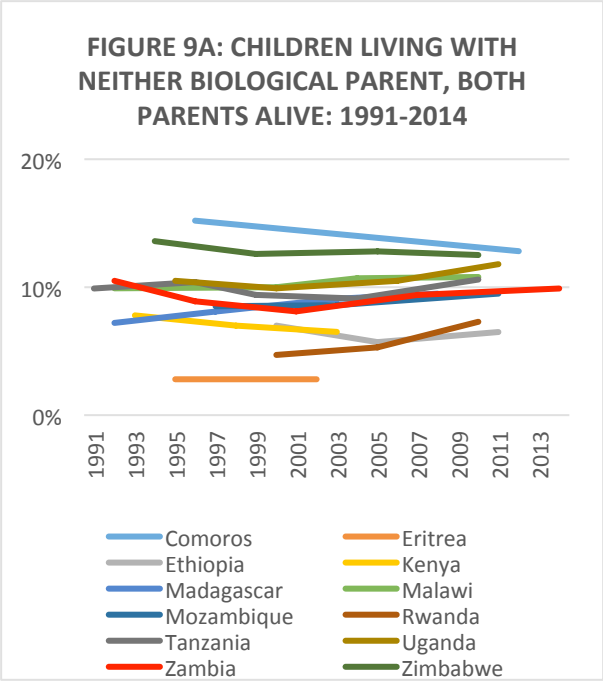


## CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT:

One in every six children under the age of 18 in Zambia lives with neither biological parent (17%). In the last two decades the prevalence of children living with neither biological parent in Zambia has remained largely unchanged, oscillating slightly from a low of 14% recorded in the 1992 and 1996 DHS surveys to a high of 16% in 2001 and 2007 and dropping again slightly in the 2013-14 DHS data collection to 15% for children 0-14. the As shown in Figure 9, this has been the norm in East African countries, with a few exceptions such as Zimbabwe which saw a sharp increase in the proportion of children living without either biological parent or Rwanda, which saw a decline in the number of children living without their mother and their father in last decade.




However, as seen in Figures 9A and 9B, while the overall number of children living with neither biological parent has remained largely unchanged in the region, some countries have seen rates of children living with neither biological parent when both parents are dead skyrocket or dramatically decline. Because the vast majority of children living with neither biological parent still have both parents alive, the effect of events such as civil war, the HIV/AIDS epidemic, and access to anti-retro viral therapy become hidden. Therefore, variations in the proportions of children who have lost both biological parents are largely unseen because of the large number of children living outside of parental care who continue to have living biological parents.



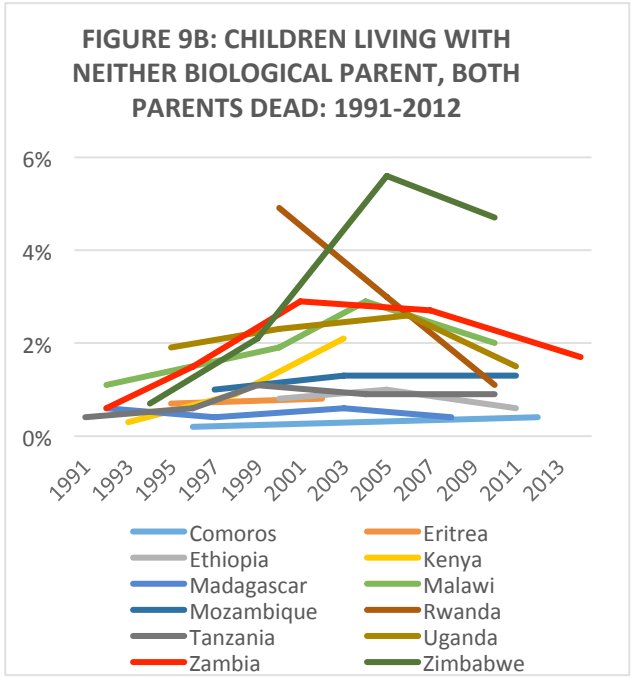



**FIGURE 10: PERCENT DISTRIBUTION OF CHILDREN 0-17 NOT LIVING WITH A BIOLOGICAL PARENT, ACCORDING TO SURVIVAL STATUS OF PARENT**

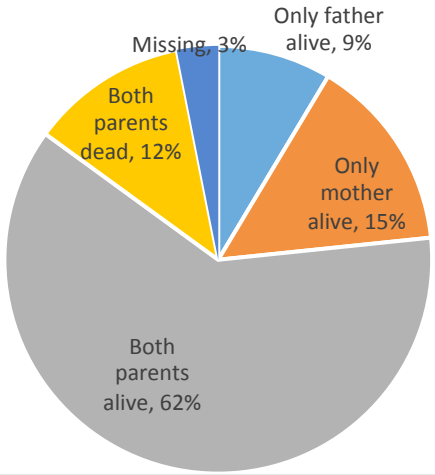
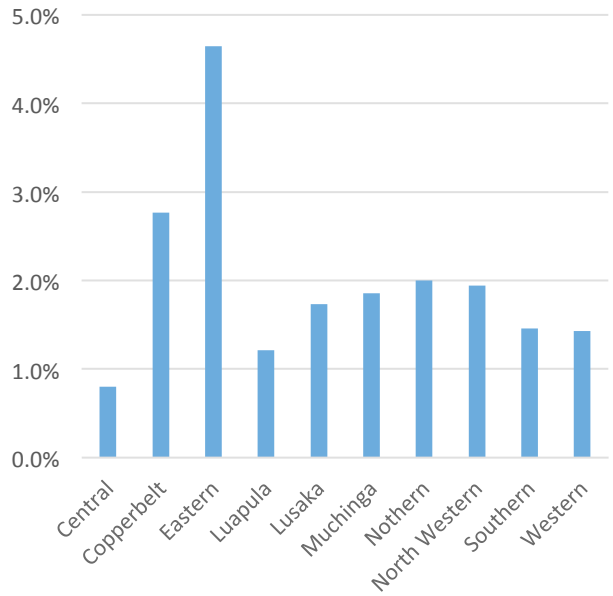



**FIGURE 11: PERCENT OF CHILDREN 0-17 LIVING IN UNRELATED HOUSEHOLDS, ACCORDING TO REGION**




According to the 2013-14 DHS, the vast majority of these children – 62% - had both biological parents still living, while 15% had a living mother, 9% had a living father and 12% of these children had lost both parents[24]. Another 3% of children were living outside of parental care but reported not knowing whether their biological parent was still living at the time of the data collection. These realities underline that orphanhood is not the primary factor for children not living with their parents and highlights the need to better understand the true drivers behind children not living with their parents.

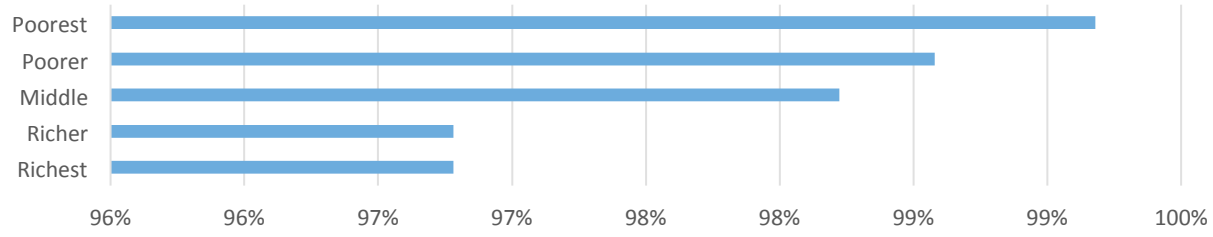
The overwhelming majority of children in Zambia under the age of 18 who are not living with a biological parent remain in family care, residing instead in households with their grandparents, aunts, uncles, siblings, and other relatives. Nationwide, 98% of children aged 0-17 live in family care, with only 2% of children living in households headed by an unrelated person. The likelihood of living in family care does not seem to be significantly related to gender or urban-rural differences. As can be imagined, differences in household work contribution, child migration for education, or work opportunities impact the age at which children move out of living in family care. Living in family care seems to be negatively associated with age, with the oldest age group having a higher likelihood of living in a household headed by a non-relative; however, given the small sample size in the youngest age categories, caution must be employed in interpreting these findings.

In Zambia, most regions see fewer than 2% of children living outside of related care. Nonetheless, the urban Copperbelt region sees a higher rate of children living in households where they are unrelated to the household head (2.8%), which may be explained by child migration flows into cities due to greater access to improved educational opportunities, or more domestic work or child labor options in the urban centers. However, most

[24] According to the World Bank, in 2013 47% of the total population in Zambia was between the ages of 0-14. Therefore, nearly 1.1million children under the age of 15 live with neither biological parent, of which approximately 145,000 children have lost both biological parents.

strikingly, the Eastern region of Zambia has nearly double the rate of children living in unrelated care with 4.6% of children 0-17 living in this region living in households where they are unrelated to the household head. More research is needed to disentangle this regional difference.

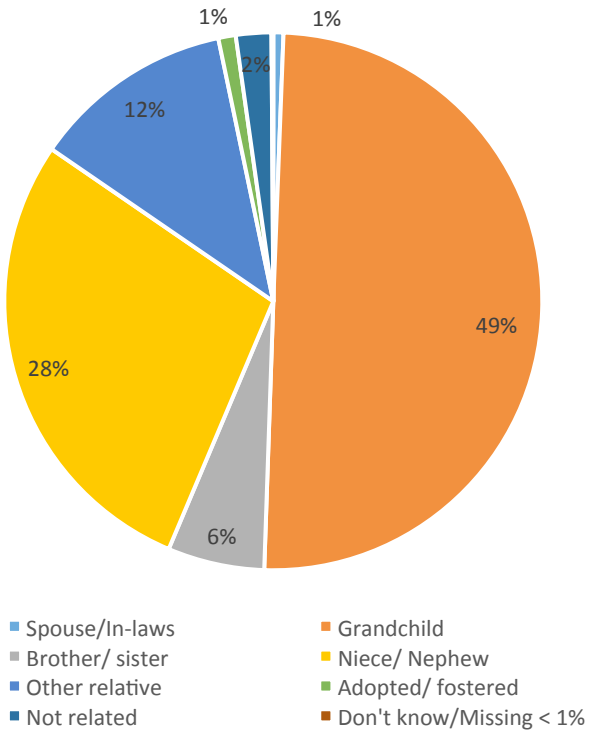
**FIGURE 12: PERCENT DISTRIBUTION OF CHILDREN 0-17 LIVING IN HOUSEHOLDS HEADED BY RELATIVES, ACCORDING TO HOUSEHOLD WEALTH QUINTILE**




As highlighted earlier, households, hosting unrelated children are also more likely to be in the richest wealth quintile. While only 0.6% of children living in households in the poorest wealth quintile report being unrelated to the household head, in households belonging to the richest quintile, 3.1% of children age 0-17 living live in households where they are not related to the head of the household, among children living with neither biological parent. It is possible that wealthier households managing more resources are both concentrated in urban centers and more likely to provide opportunities like boarding for schooling or employment for domestic work to unrelated youth. Further research is needed in this area to better tease apart the dynamics at play.

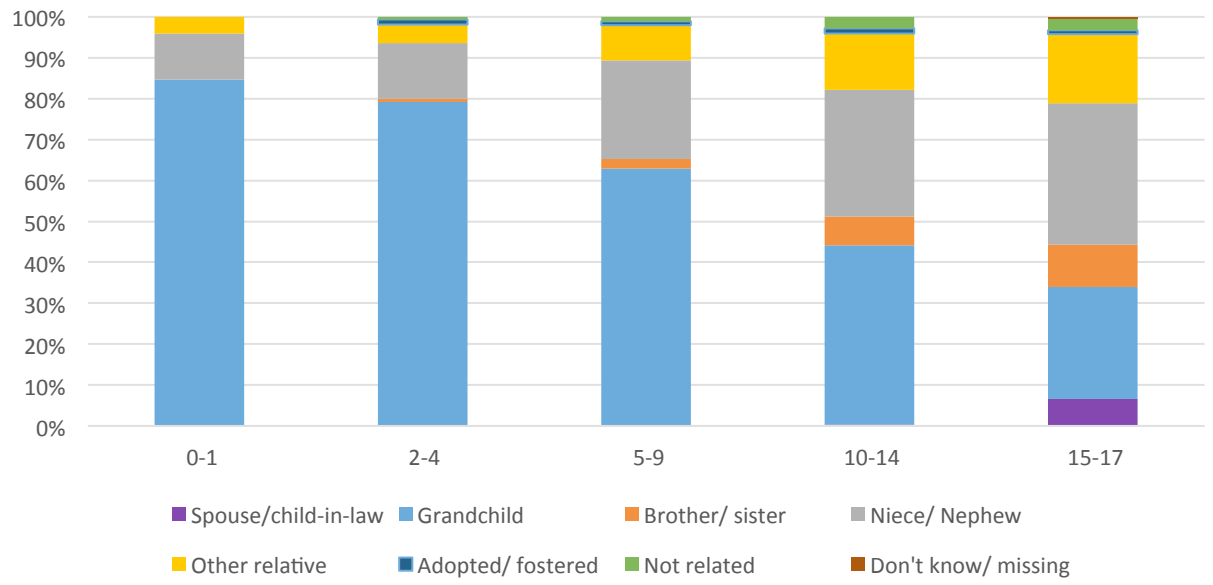
In Zambia, 49% of children 0-17 living with neither biological parent live with their grandparents, 28% live with their aunts or uncles, 12% live in households headed by other relatives, and 6% live with siblings. The full break down can be found in Figure 13.

**FIGURE 13: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT 0-17 IN ZAMBIA**



Children ages 0-14 have a higher likelihood of living with their grandparents at 55%. In fact, living with grandparents seems to be negatively associated with the age of the child – becoming less likely as children get older, while living with other relatives and with unrelated household heads seems to become more common as children age. Children under the age of two have the highest likelihood of living with their grandparents, with 85% of all children under 2 who live with neither biological parent living in households headed by their grandmother or grandfather. An incremental decrease is seen in this proportion as children age, coming to a low prevalence of 27% for children 15-17. In fact in the oldest age cohort, there is a higher likelihood that a child live in a household headed by their aunt or uncle among children living with neither biological parent. In this oldest age group, 27% live with a grandparent, 35% live with an aunt or uncle, and 17% live in a household headed by some other relative. One thing to note, early marriage occurs in Zambia, with 7% of children age 15-17 reporting living with their spouse or parents-in-law (as shown in Figure 14).

**FIGURE 14: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN LIVING WITH NEITHER BIOLOGICAL PARENT IN ZAMBIA, ACCORDING TO AGE**

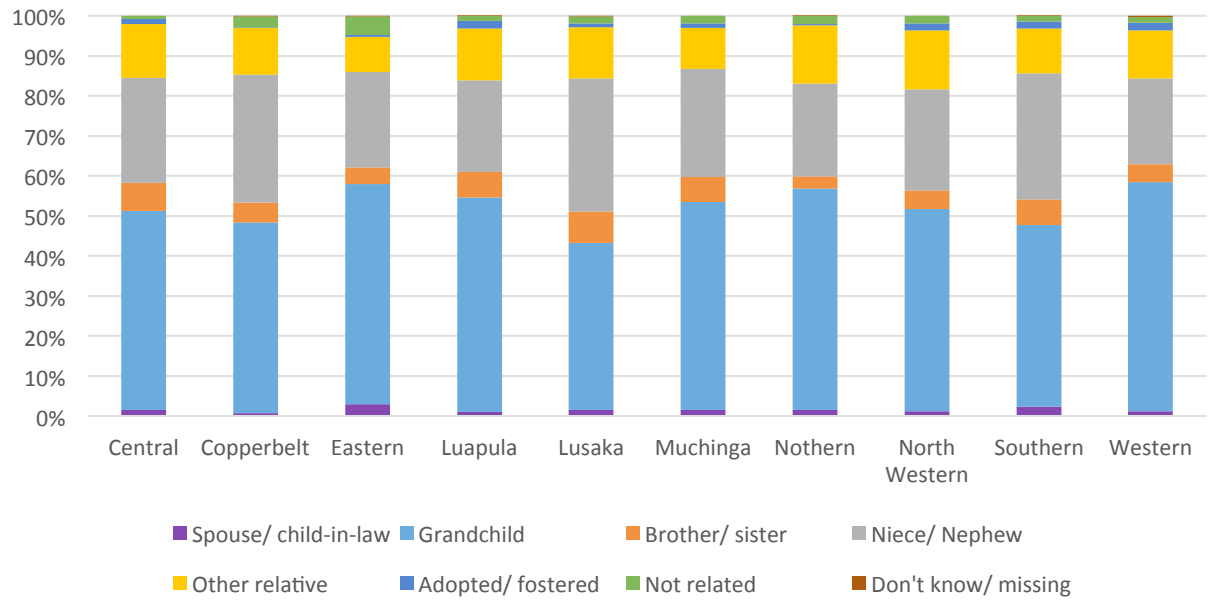



Gender also seems to play a role in determining who children live with when living outside of the care of their biological parents. Significantly more boys age 0-17 live with their grandparents than do girls (53% vs. 46%). Conversely, more girls live with other relatives as compared to boys (14% vs 10%). Possible explanations might include 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. The likelihood of living in households in which they are unrelated to the head appears to be equal for girls and boys (2.1%). However, among girls 0-17 not living with a biological parent, 1.7% of girls are living with their husband and 1.0% living with their husband's parents. This is congruent with the differences seen in the median age at marriage between girls and boys where, on average, girls marry approximately six years earlier than boys do.

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 (54% vs 43%). The opposite is true for children living with their aunts and uncles wherein 34% 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 also true for children living in households headed by unrelated individuals, albeit very slight (2.2% vs 2%), "other relatives" (13% vs 11%), and siblings (7% vs 5%). Given that children living with aunts and uncles and other relatives also tend to be older, as stated previously, it is possible that these children move to live with their relatives in urban centers in order to access education, work or better services. More research is needed to understand fully the mechanisms behind these living arrangements and their implications in terms of child well-being.

Clear differences are again seen between different regions of the country. As seen in Figure 15, the province housing the capital – Lusaka – has the lowest proportion of children not living with a parent who are in households headed by that child's grandparents at 42%, and the highest proportion of children living with their aunts or uncles (33%) or a sibling at 8%. Conversely, the Western province has the highest prevalence of children 0-17 living in grandparent headed households at 57%. Meanwhile, the Luapula region see the highest proportions of children under 18 being adopted and fostered (2.0%).

**FIGURE 15: PERCENT DISTRIBUTION OF CHILD RELATIONSHIP TO HOUSEHOLD HEAD AMONG CHILDREN 0-17 LIVING WITH NEITHER BIOLOGICAL PARENT IN ZAMBIA, ACCORDING TO ADMINISTRATIVE REGION**

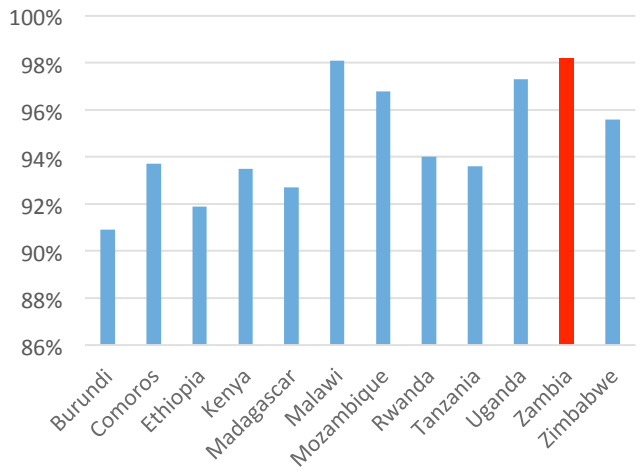



Adoption and fostering seems to be unrelated to gender or age in Zambia. However, sample size limitations do not allow for any significant findings in this sub cohort. Additionally, caution must be employed when analyzing figures in these categories given the ambiguous definition around fostering within 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 and fostering is quite limited; therefore, these categories may capture some children in informal foster care and adoption arrangements, but the data might be a significant underestimation of the total population of children in those care situations.

Regionally, Zambia’s prevalence of children 0-17 who are not living with their parent but live in households in which they are related to the household head (family household) is high compared to other eastern African countries. With only 1.8% of all children age 0-14 living in households headed by an unrelated person, only Malawi sees comparably a comparatively high prevalence of children living in related households (98%) and low proportions of children living out of family care at 1.7% among children not living with a biological parent under the age of 15.

**FIGURE 14: PERCENT OF CHILDREN 0-14 LIVING IN RELATED HOUSEHOLDS PER COUNTRY**



## 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 across children not living with a biological parent; 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 Zambia.