

# Psychosocial Distress in Orphans & Vulnerable Children in Zimbabwe

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## Presentation Format

Study Setting

Study Design

Results

Conclusions

The presentation helps highlight problems faced by children affected by HIV/AIDS which can impact on children's normal development and enjoyment of life.

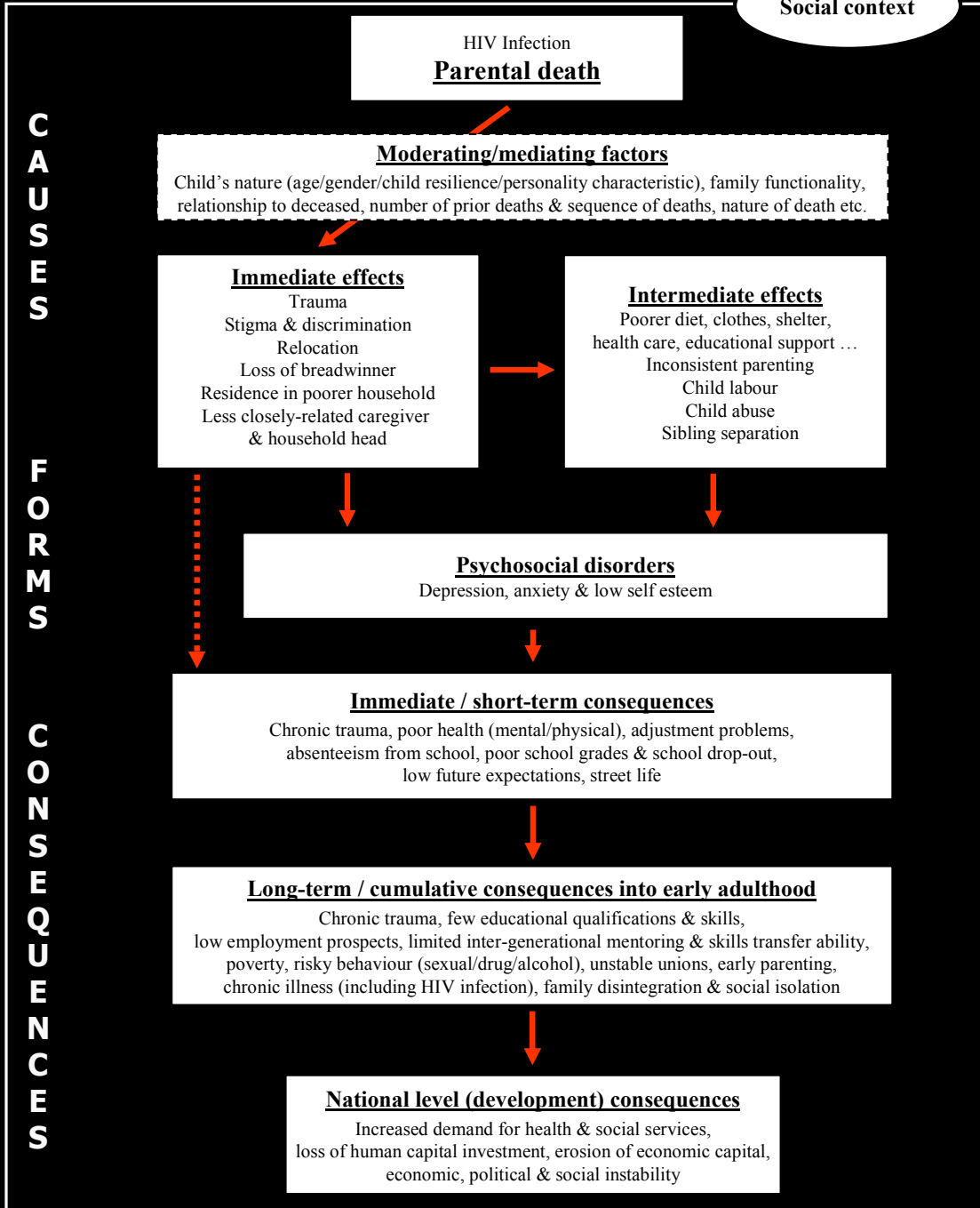
## Study Objectives

- **Develop theoretical framework for understanding relationships between orphan experience, unmet psychosocial needs**
- **Compare & contrast psychosocial well-being by orphan status in Zimbabwe to establish unmet needs in children**
- **Evaluate the effectiveness of extended family systems in meeting children's psychosocial needs**
- **Describe & evaluate some forms of external assistance for appropriateness in meeting children's psychosocial needs**



# Psychosocial Effects of Orphanhood Theoretical Framework

Social context



# National Data



# Zimbabwe OVC Baseline Survey 2004/2005

- National survey – 21 districts



- Data collected November to December 2004
- 5,321 children aged 12-17 yrs interviewed

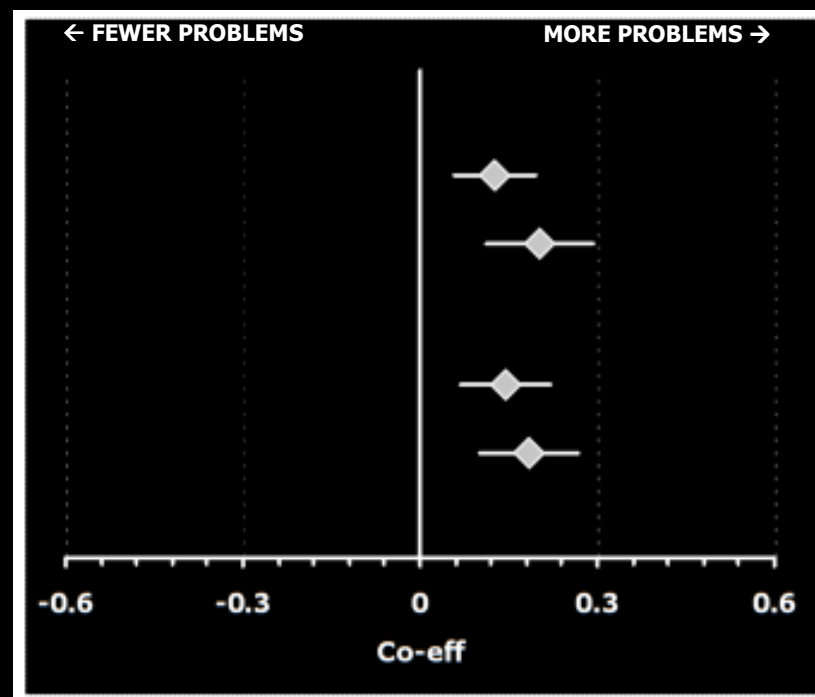


## Zimbabwe OVC Baseline Survey 2004

### Orphans experience more psychosocial distress?

Sex           **Males**  
                   **Females**

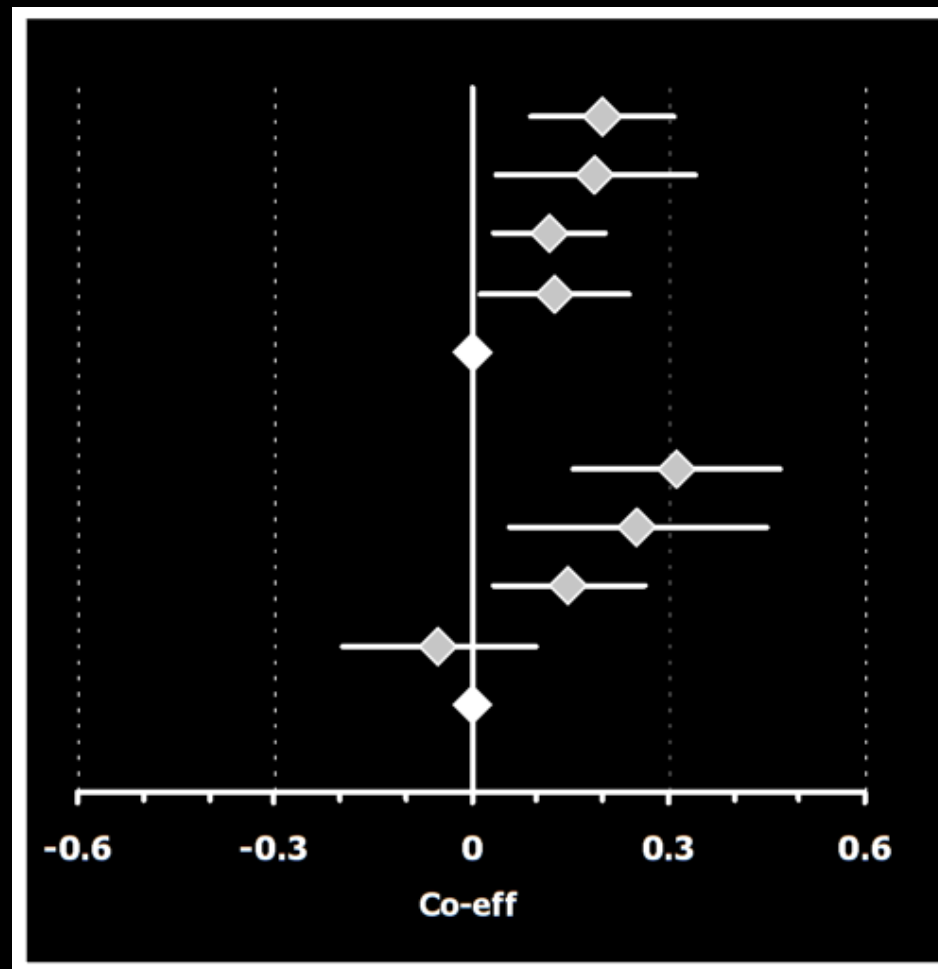
Age-group   **12-14 yrs**  
                   **15-17 yrs**



# Zimbabwe OVC Baseline Survey 2004

## Do orphans experience more psychosocial distress?

- |         |   |
|---------|---|
| Males   | <p><b>Double orphans</b></p> <p><b>Maternal orphans</b></p> <p><b>Paternal orphans</b></p> <p><b>Other vulnerables</b></p> <p><b>Non-OVCs</b></p> |
| Females | <p><b>Double orphans</b></p> <p><b>Maternal orphans</b></p> <p><b>Paternal orphans</b></p> <p><b>Other vulnerables</b></p> <p><b>Non-OVCs</b></p> |





## Why do orphans experience more psychosocial distress?

### Conditions that can increase psychosocial distress:

Poverty

Town or estate

Not related to household head

Out of school

Male-headed household

Not related to closest adult

Lack of support from closest adult

### Most common in:

Double & paternal orphans

Maternal orphans

Double & maternal orphans

All orphans

Maternal orphans

All orphans

Double orphans



Zimbabwe OVC Baseline Survey 2004

# Does psychosocial distress increase risky sexual behaviour?

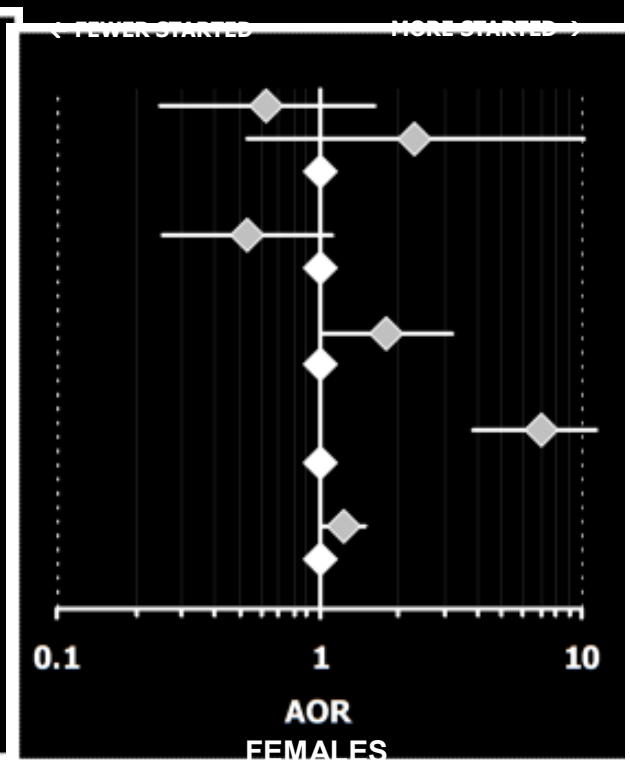
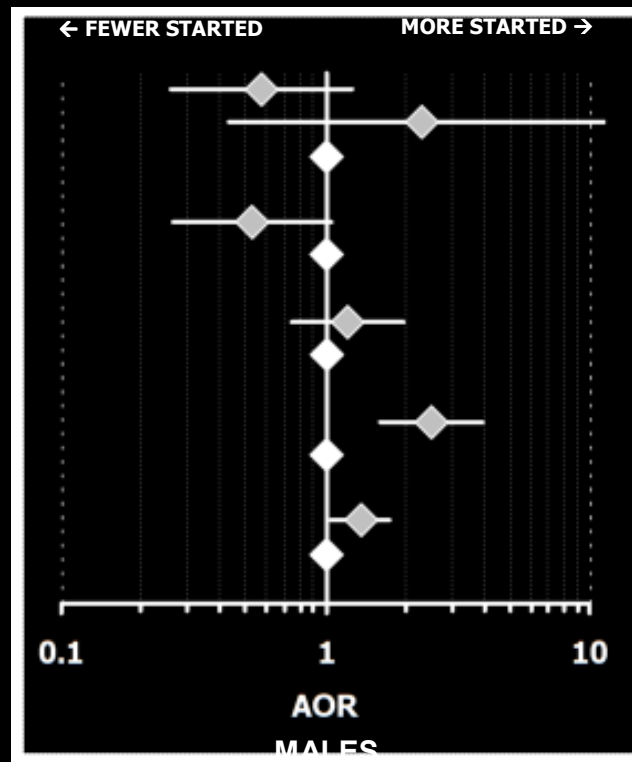
Location      **Urban**  
                   **Commercial farms**  
                   **Subsistence**

Poverty        **Poorest household**  
                   **Other household**

Sex of household head    **Female**  
                                       **Male**

School enrolment        **No**  
                                       **Yes**

Psychosocial disorders    **Zero**  
                                       **Index**

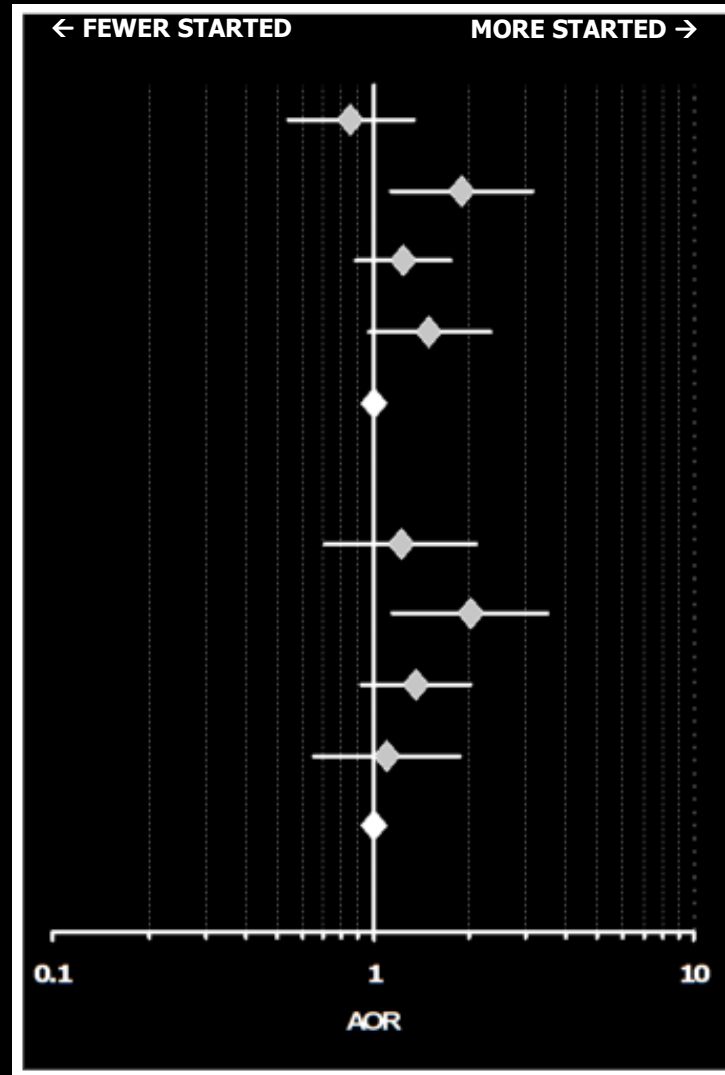


# Zimbabwe OVC Baseline Survey 2004

## Does psychosocial distress contribute to risky sexual behaviour?

Males **Double orphans**  
**Maternal orphans**  
**Paternal orphans**  
**Other vulnerables**  
**Non-OVCs**

Females **Double orphans**  
**Maternal orphans**  
**Paternal orphans**  
**Other vulnerables**  
**Non-OVCs**



# Findings from Manicaland Study

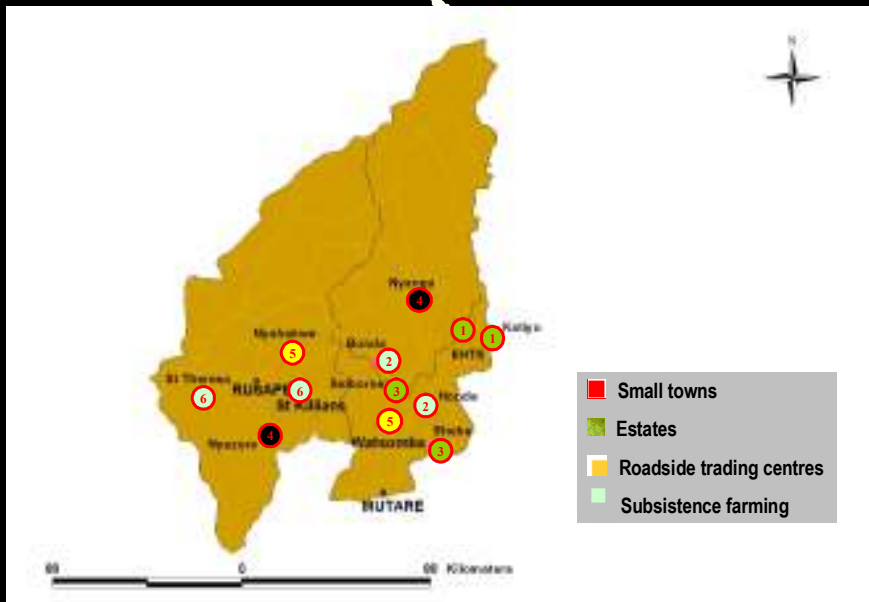
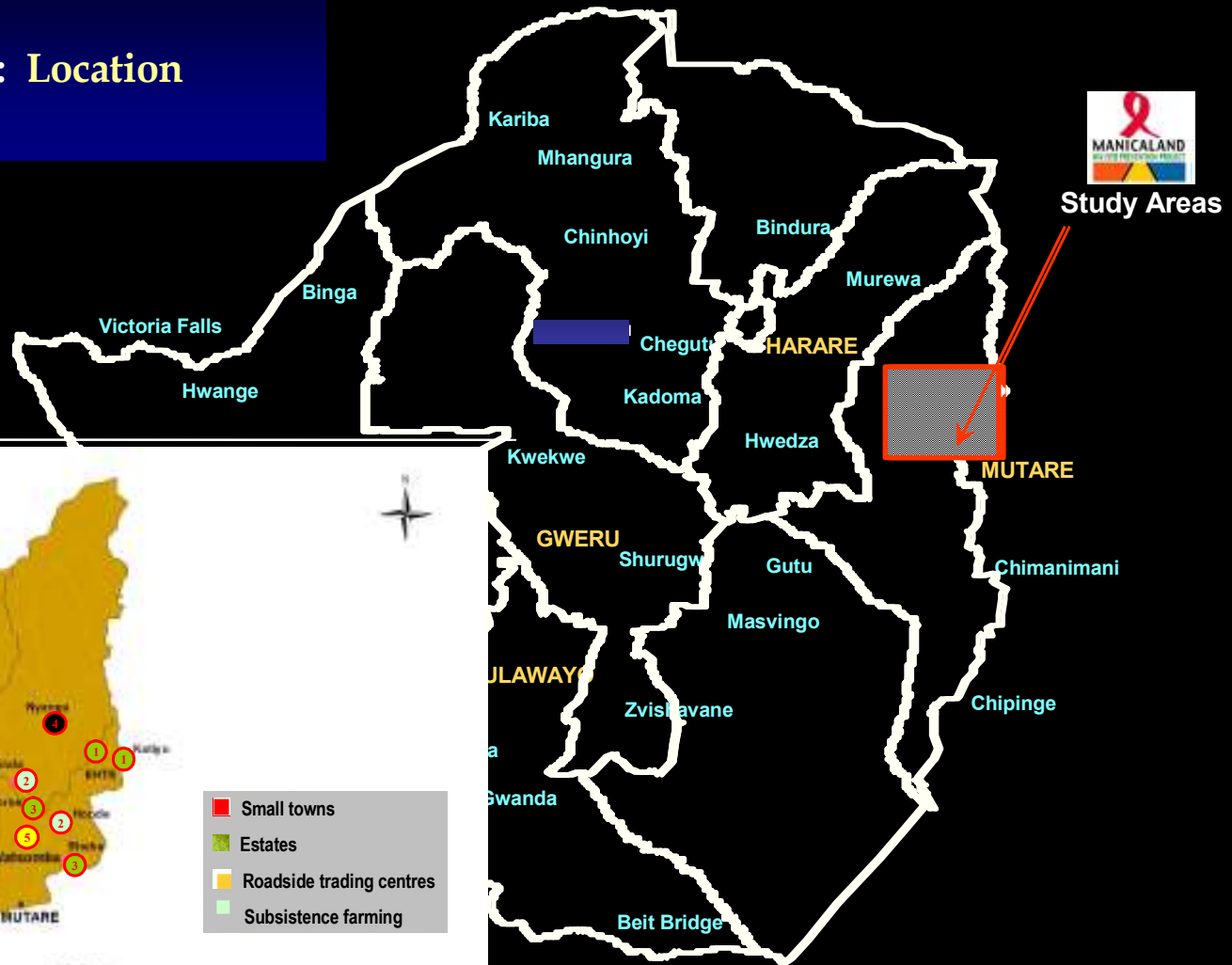


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# Study Location

Research Design: Location



# Study Design

- **Manicaland HIV/STD Prevention Project used as sampling frame: household census & verbal autopsy**
- **Closed child cohort sample purposively selected after a pilot study in 2002**
- **1,430 children aged 0-18 yrs selected for study:**
  - VAs - all newly orphaned children**
  - HH census – 1/3 paternal orphans, all maternal & double orphans & 1/5 non-orphans**
  - 348 paternal, 370 maternal, 434 double & 278 non-orphans**
- **After 1 year, 1,003 (70%) selected children & their caregivers interviewed – 254 (73%) paternal orphans, 248 (67%) maternal orphans, 279 (64%) double orphans & 222 non-orphans (80%)**
- **Data collected from December 2002 to March 2004**



# Data Collection

- **Children & caregivers interviewed on:**  
extended family survival status, household socio-economic status, social capital, child care arrangements, child life experiences, general child health & psychological health issues, work & lifestyle, education enrolment, forms of family support
- **Psychosocial well-being questions:**
  - Children age  $\geq 12$
  - Caregiver for all children (0-18 yrs)
  - Risky behaviour questions ( $\geq 15$  only)
- **WHO Self Report questionnaire- selected questions used to formulate the psychosocial well-being variable**
- **X Family (genogram) tree drawn with help of child, caregiver & other family members to identify possible sources of support**



# Manicaland Child Cohort Study

## Do girls experience more psychosocial distress than boys?

H: Girls are more likely than boys to exhibit psychosocial well-being imbalance

Sex	N	Caregivers' responses		N	Children's responses	
		Test for difference			Test for difference	
		Co-eff†	P-value		Co-eff†	P-value
Females	500	0.158	0.017	273	0.285	0.001
Males	491	-	-	291	-	-

\*Adjusted for age





# Manicaland Child Cohort Study

## Do orphans have more psychosocial distress?

Orphans are more likely than non-orphans to experience psychosocial well-being imbalance

Orphan status	N	Caregivers' responses		N	Children's responses	
		Test for difference			Test for difference	
		Co-eff†	P-value		Co-eff†	P-value
Non-orphans	202	-	-	100	-	-
Orphans	706	-0.121	0.137	464	<b>0.218</b>	<b>0.048</b>
Paternal orphans	240	0.122	0.199	154	<b>0.336</b>	<b>0.009</b>
Maternal orphans	217	<b>-0.329</b>	<b>0.001</b>	137	0.150	0.255
Double orphans	249	-0.170	0.074	173	0.168	0.180

† Adjusted for age and gender



# Manicaland Child Cohort Study

## Orphan caregivers less close to children?

### Caregiver relationship to child by form of orphanhood

Relationship	Orphan status				
	Non-Orphans	Paternal	Maternal	Double	
Total	<b>907</b>	212	232	220	243
		%	%	%	%
Parent	74	<b>65</b>	<b>16</b>	3	
Father's new/co-wife	1	1	<b>12</b>	1	
Sibling	2	4	6	<b>15</b>	
Aunt/uncle	7	8	<b>22</b>	<b>33</b>	
Grandparents	15	19	<b>36</b>	<b>40</b>	
Other relation	1	3	8	5	
Not related	1	0	1	2	

Figures based on data available



# Manicaland Child Cohort Study

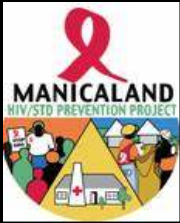
## Orphan caregivers less close to children in their care?

Children under the care of less closely related caregivers are more likely to exhibit psychosocial well-being imbalance than those in the care of close relatives.

Caregiver	Caregivers' responses			Children's responses		
	Number	Test for difference		Number	Test for difference	
		Co-eff	P-value		Co-eff†	P-value
Parent	326	<b>0.110</b>	0.226	174	0.091	0.226
Grandparent	234	-0.293	<b>0.001</b>	124	-0.152	0.194
Other	291	-0.311	<b>0.000</b>	224	-0.069	0.493
Unknown	57	-0.414	<b>0.000</b>	42	-0.225	0.187

\*Adjusted for age & sex

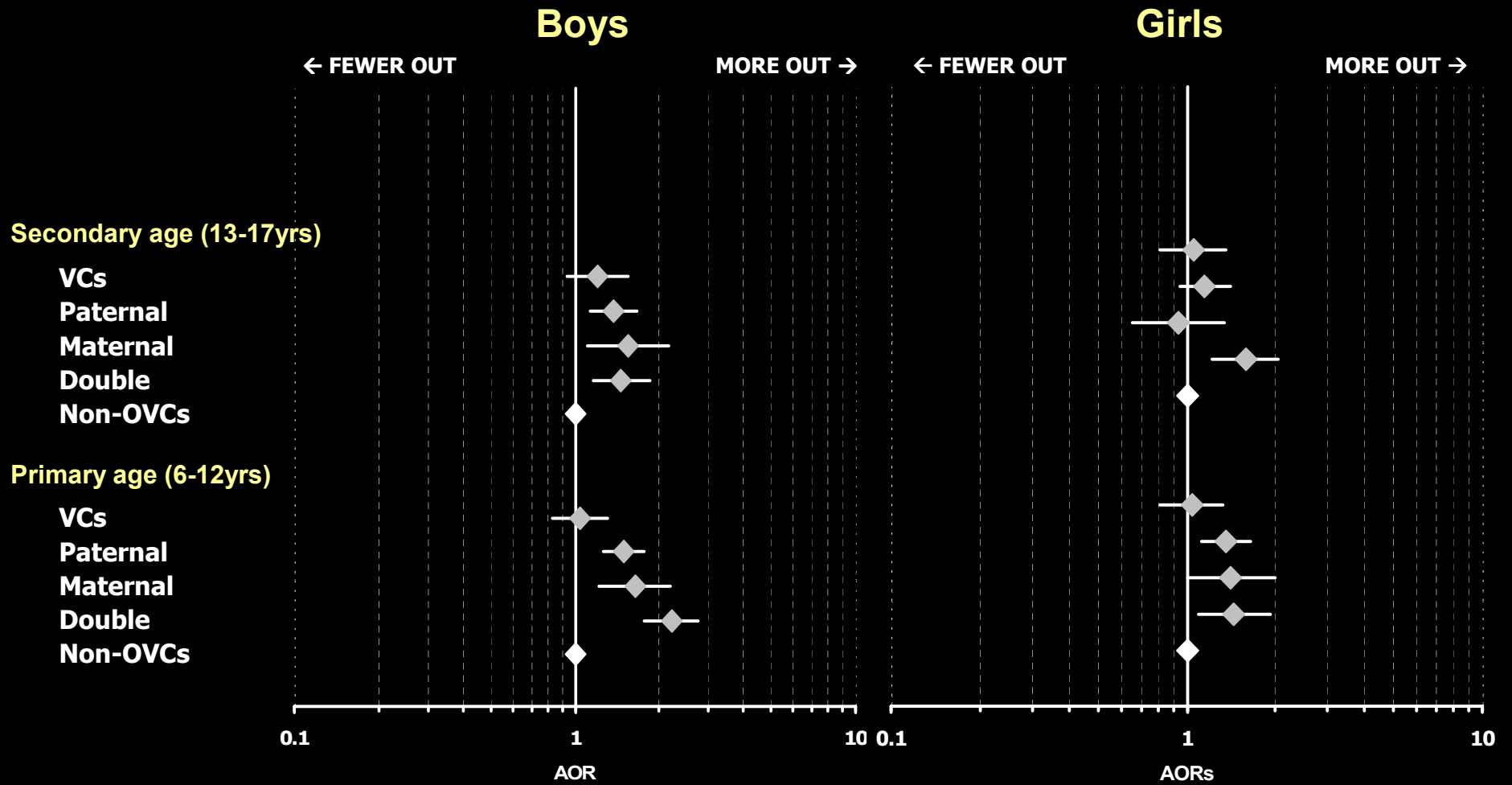


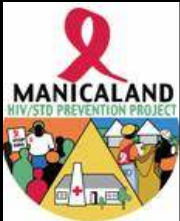


# TRENDS & IMPACT OF AIDS-ASSOCIATED ORPHANHOOD

## SCHOOL EDUCATION

### Odds ratios for being out of school





# TRENDS & IMPACT OF AIDS-ASSOCIATED ORPHANHOOD

## SCHOOL EDUCATION

### Absence from school: 6-17 year-olds

16% overall (M: 17%, F: 15%) – missed 2 weeks

Educational assistance

Yes

No

Sex

Male

Female

OVC status

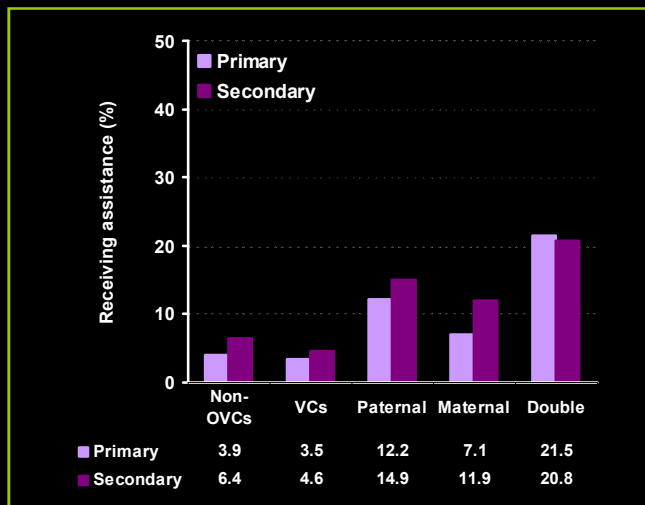
Double

Maternal

Paternal

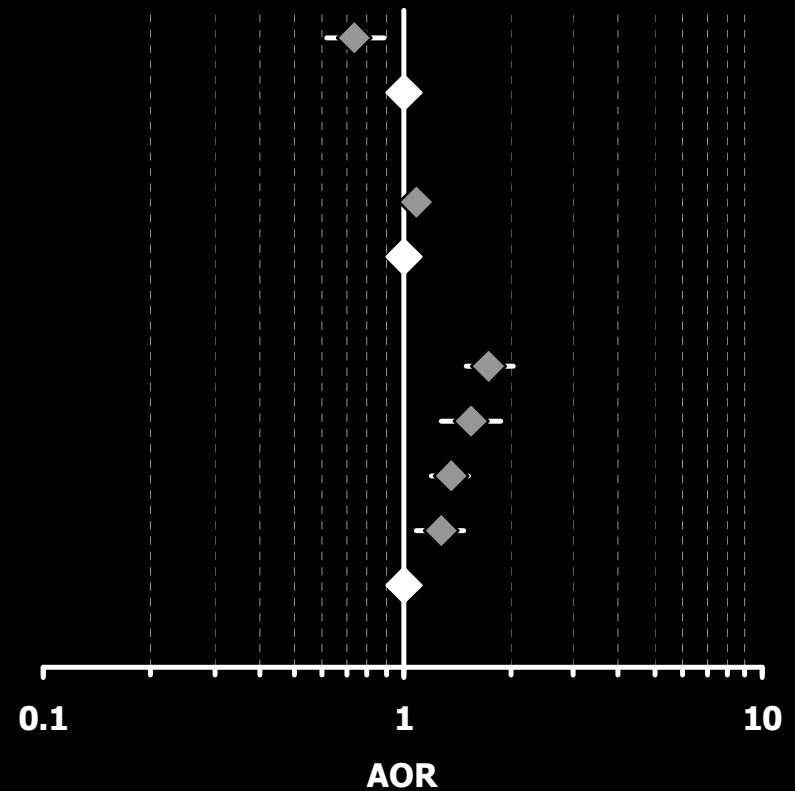
VCs

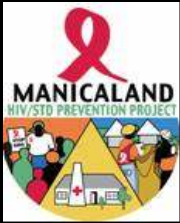
Non-OVCs



← FEWER ABSENT

MORE ABSENT →

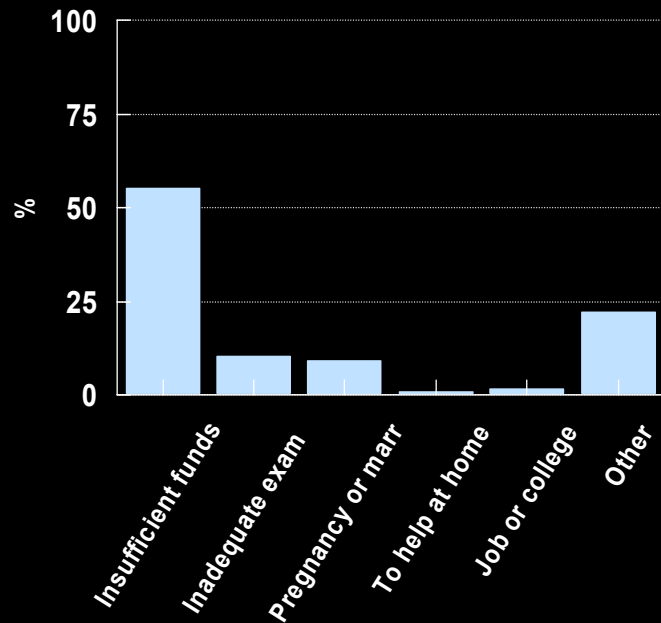




# TRENDS & IMPACT OF AIDS-ASSOCIATED ORPHANHOOD

## SCHOOL EDUCATION

### Reasons for leaving school Females aged 15-18 yrs



### HIV prevalence by school enrolment

Age-group	Students		Out-of-School		All	
	%	n	%	n	%	n
<b>Males</b>						
15-16	0.0	14	0.0	8	0.0	22
17-18	0.4	282	0.8	392	0.6	674
15-18	0.3	296	0.8	400	0.6	696
<b>Females</b>						
15-16	1.3	300	4.8	188	2.7	488
17-18	1.4	145	8.4	371	6.4	516
15-18	1.3	445	7.2	559	4.6	1004

Source: Manicaland Study



## TRENDS & IMPACT OF AIDS-ASSOCIATED ORPHANHOOD REPRODUCTIVE HEALTH

OUTCOME	OVC				NON-OVC	
	N	%	OR	p-value	N	%
HIV Positive	472	3.2	-	0.002	271	0.0
STI Symptoms	472	5.9	1.75	0.159	271	3.3
Teenage Pregnancy	470	8.3	4.25	0.004	269	1.9
Commenced Sexual Activity	472	15.7	2.91	0.001	271	5.5
Married	472	10.6	9.79	<0.001	271	1.1
Lifetime Sexual Partners > 1	72	25.0	1.16	0.850	15	20.0

**Girls, 15-18 yrs, Manicaland, 2001-2003**

# Manicaland Child Cohort Study

## Summary

- **Girls are more likely than boys to exhibit psychosocial distress (caregivers & children's responses)**
- **Orphans experience more problems than non-orphans according to the children's responses but not according to caregiver responses**
- **Psychosocial distress were more common among children living in extreme poverty – but this was only one of the reasons why orphans had more distress**
- **Maternal orphans are amongst those with the most severe psychosocial distress – but are missing out on services**
- **Orphans are more likely to engage in risk behaviour partly because of their psychosocial distress & being out of school**





- Children mostly being cared for by aunts and uncles/grandparents-extended family has not collapsed but need help to cope
- Double orphans at increased risk of being in child-headed/sibling household
- Orphans were more likely to be out of school-appropriate support-relaxing of school fees vs high school materials costs
- Lack of funds was the cited most reason for children to miss school-HIV/AIDS worsening socio-economic situations of most affected households.
- Being out of school associated with early sexual debut/ HIV/AIDS/STI infection, risky sex among OVC-out of school missing out on the extensive HIV/AIDS information launched in schools

The million dollar question is how best can help children and their caregivers: what programs best suit their situation without upsetting the community efforts or and resilience?.

AGE-GROUP	CONDITIONS	IMPACT	INDICATOR
< 0 yrs	Attend PMTCT pre-test counselling in pregnancy	Reduced pediatric HIV	% of children HIV positive at age 1 yr (requires PCR)
0-1 yrs	Birth registration	Improved identity & access to services	% of children aged 1-4 yrs with birth certificate†
1-5 yrs	Vaccinations		% of children aged 0-3 yrs with up-to-date vaccinations†
1-5 yrs	Growth monitoring	Improved nutrition & health	% of children aged 1-3 yrs not stunted†
	Vitamin A supplementation		
6-17 yrs	Attend basic school institutions	Improved school attendance	%s of children aged 6-12 yrs & 13-17 yrs enrolled & attending school 80% of days in last month†
		Improved psychosocial well-being	% of children aged 12-17 yrs suffering psychosocial distress
		Improved skills & qualifications	% of children aged 17 yrs with ≥ 5 'O' level passes
		Improved reproductive health	%s of girls aged 15-17 yrs: (a) experienced a pregnancy (b) HIV (HSV-2?) positive
HoH / guardian	Attend classes in parenting skills & responsibilities	Improved parenting (diet, attention, homework ... )	

†Primary impact indicators (overall improvement & improvement in orphans)



## **IDEAS FOR THE FUTURE**

# **SCIENTIFIC TRIAL CCT TO IMPROVE CHILD HEALTH**

### **Evaluation options**

- **Randomised (or Cluster-Randomised) Controlled Trial**
- **Controlled Before-and-After Study**
- **Interrupted Time Series**

### **Sample size / timetable difficulties / solutions**

- **Collect baseline data in sites 7-12 in current 4<sup>th</sup> round?**
- **Start 5<sup>th</sup> round in July 2008?**