

Wellbeing and knowledge, attitudes and practices on HIV/AIDS among orphans and vulnerable children in a rural Tanzanian district

Background



The Tanzania Red Cross Society (TRCS) / American Red Cross (ARC) "Tujenge Jamii Bora" ("Let's build our community together") program's long term goal is to reduce the incidence of HIV and to reduce HIV/AIDS associated morbidity and mortality of the chronically ill and orphans and vulnerable children (OVC) in the Shinyanga region of Tanzania.

Information about OVC's wellbeing, stigma perceptions and sexual risk behavior is not measured in national surveys, hampering effective design and evaluation of program reduction and impact mitigation programs for OVCs like the Tujenge Jamii Bora program.

A survey was therefore done to assess the current status and needs of program beneficiaries, and to provide the basis against which any future measurements of the impact of the program can be compared. As part of the survey the field practicability and outcomes of two different tools for measuring wellbeing status were compared for the older OVC age group (13-17 years), i.e. the Child Status Index (CSI)¹ and the Orphan Wellbeing Tool (OWT).²

Objectives

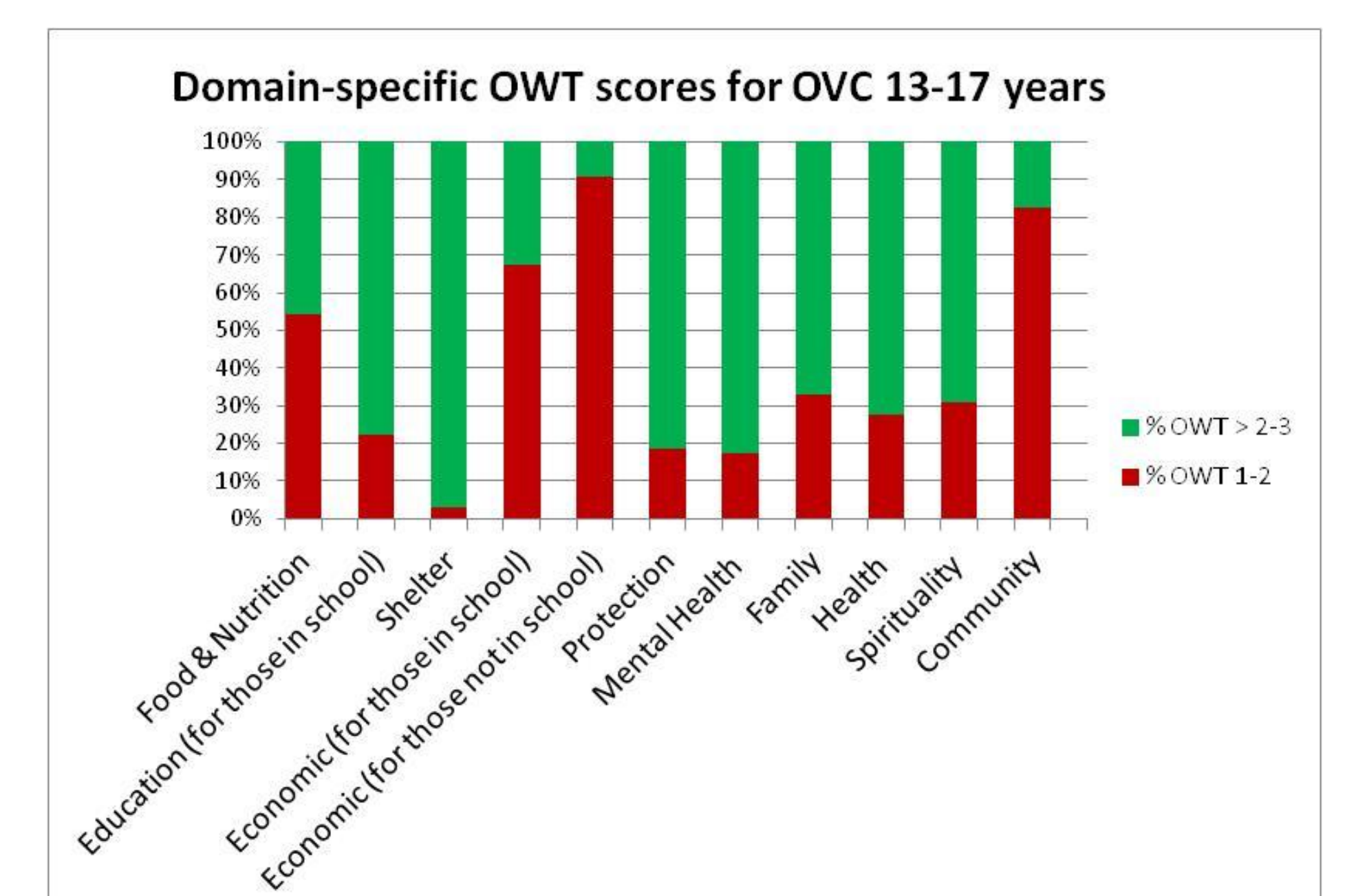
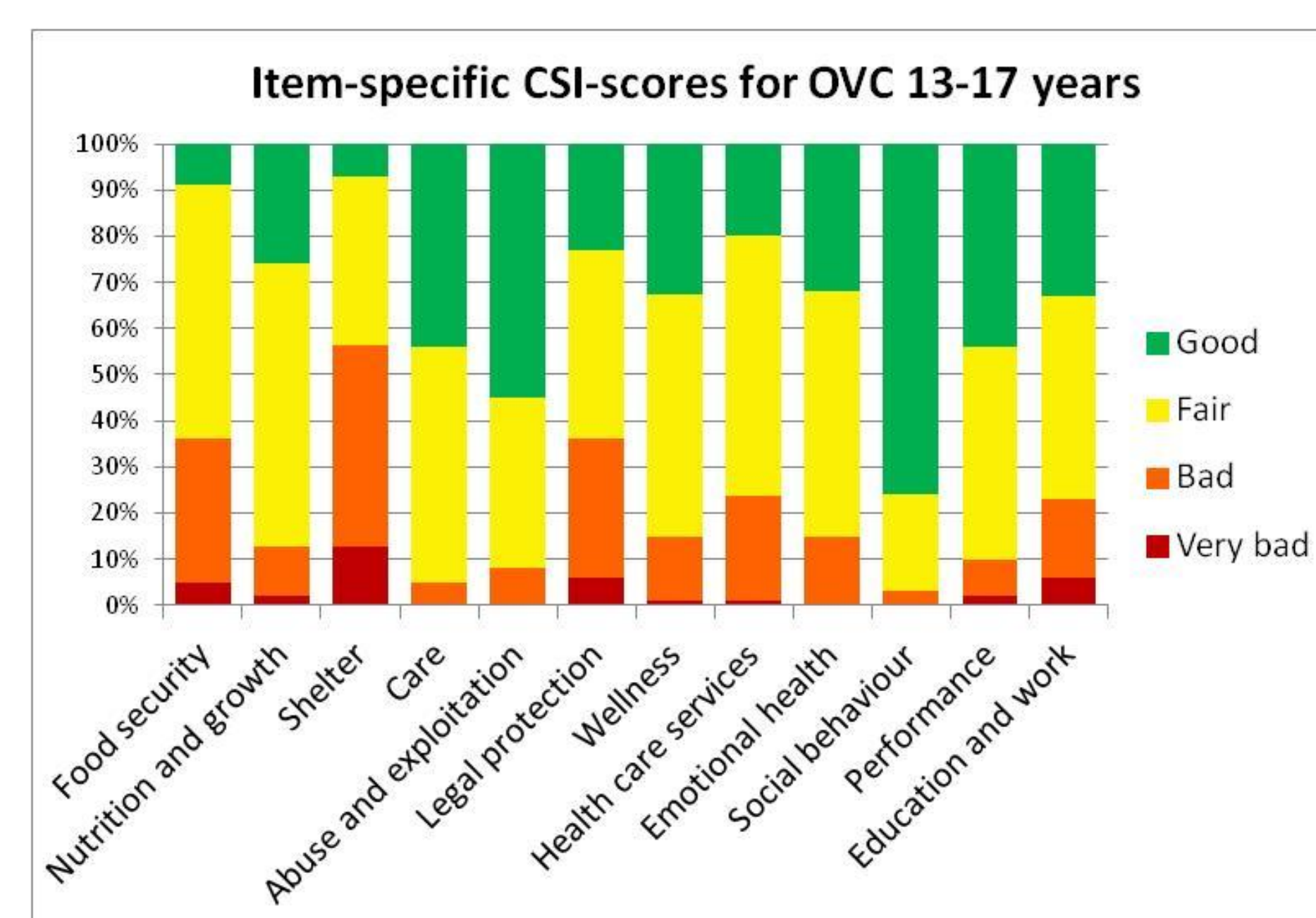
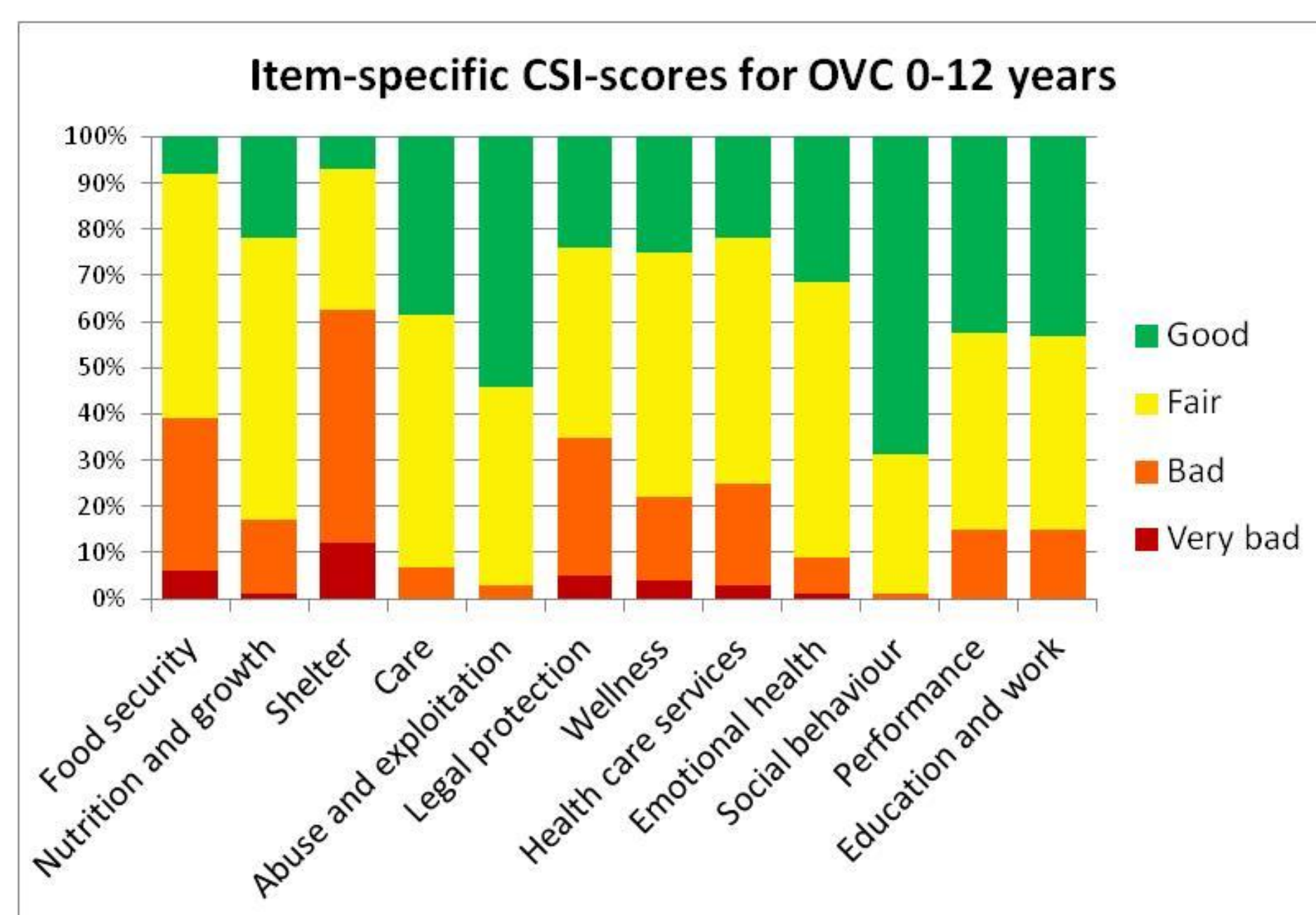
1. To assess the wellbeing of OVC in a rural district in Tanzania
2. To understand determinants of wellbeing
3. To compare wellbeing measurement tools for adolescent OVC.
4. To analyze OVC's knowledge, attitudes and practices (KAP) on HIV/AIDS

Methodology

- Cross-sectional study done in Bukombe district, Shinyanga region, which has a high and rising adult HIV prevalence (7.6% in 2007/8).³
- Location - sex - age- stratified sampling of 377 OVC from among the future beneficiaries of an integrated HIV community support program.
- OVC defined as children who lost one or both parents and/or who lived with chronically ill parent(s), or in a child / grandparent-headed household.
- In April-May 2010, trained interviewers observed and interviewed OVC and their caretakers. Adolescents interviewed by same-sex young adult interviewers
- Measurement tools were CSI (for all OVC), OWT and standard KAP questionnaires for HIV/AIDS (only for OVC 13-17 years). HIV Knowledge and accepting attitudes were measured as in the Tanzania DHS 2010,⁴ extended stigma indicators were measured using questions validated in Tanzania.⁵
- CSI measures 12 items across 6 domains: Food & Nutrition, Shelter & Care, Abuse & Protection, Wellness & Health care services, Emotional Health & Social behaviour, Performance & Education or Skills Training. Data collected through child observation and caretaker interview. Domain specific scores range from 1 (very bad) to 4 (good). No composite score can be calculated.
- OWT measures 36 items across 10 domains: Food & Nutrition, Shelter, Protection, Family, Health, Spirituality, Mental Health, Education, Economic Opportunities, Community Cohesion. Data collected through child interview. Domain specific scores range from 1 (wellbeing never there) to 2 (wellbeing sometimes there) to 3 (wellbeing always there). Composite score of <22 for in-school youth and <20 for out-of-school youth signifies deficits.²
- Un-weighted analysis presented because survey analysis in Stata 11.0 using design- and selection-specific non-response weights yielded similar results.

Results - Wellbeing

281 OVC and their caretakers were observed and interviewed (response rate 76%). Most common reason for non-response was having moved out of the area.



Determinants of low wellbeing

Multivariate analysis of determinants for 'Very Bad' or 'Bad' score on each of the 12 CSI domains, OVC 0-17 years (n=281).^{*}

	Non-adult headed household versus adult headed household [†]	Ill parent / caretaker versus non-ill parent / caretaker [†]	HIV in household versus no HIV in household [†]
	RR (95% CI)	RR (95% CI)	RR (95% CI)
Food security	1.0 (0.6-1.7)	1.5 (0.9-2.5)	1.3 (0.8-2.2)
Nutrition & Growth	0.9 (0.4-1.8)	1.2 (0.6-2.3)	0.6 (0.3-1.3)
Shelter	1.6 (0.9-2.6)	1.5 (0.9-2.4)	0.7 (0.4-1.2)
Care	1.8 (0.6-5.0)	0.8 (0.3-2.3)	0.8 (0.2-2.3)
Abuse & exploitation	0.3 (0.1-1.2)	2.1 (0.7-6.4)	1.0 (0.3-3.0)
Legal protection	2.4 (1.4-4.0) [‡]	1.0 (0.6-1.7)	1.2 (0.7-2.0)
Wellness	0.7 (0.4-1.4)	3.1 (1.5-6.2) [‡]	0.4 (0.2-0.9) [‡]
Health care services	0.6 (0.3-1.1)	1.0 (0.6-1.7)	0.4 (0.2-0.7) [‡]
Emotional health	0.6 (0.2-1.2)	2.1 (1.0-4.5)	1.2 (0.5-2.4)
Social behavior	0.4 (0.0-3.3)	1.8 (0.3-10.2)	1.3 (0.3-7.0)
Performance	0.7 (0.3-1.6)	2.3 (1.1-4.8) [‡]	0.8 (0.4-1.8)
Education or Skills training	1.4 (0.8-2.5)	1.0 (0.6-1.8)	1.1 (0.6-1.9)

^{*} All models are adjusted for age
[†] reference category
[‡] p < .05

Multivariate analysis of determinants for a low total OWT score, OVC 13-17 years (n=133).

	Non-adult headed household versus adult headed household	Ill parent / caretaker versus non-ill parent / caretaker	HIV in household versus no HIV in household
	RR (95% CI)	RR (95% CI)	RR (95% CI)
In-school OVCs (n=89)	0.3 (0.1-1.1)	1.3 (0.4-3.8)	0.3 (0.1-1.0) [†]
Out-of-school OVCs (n=44)	1.2 (0.2-6.7)	6.4 (0.7-58.3)	1.1 (0.2-5.7)

[†] reference category
[‡] p < .05

- OVC in grandparent-headed or child-headed households had worse access to legal protection services in comparison with OVC in adult-headed households.
- OVC whose parent or caretaker was ill in the past 6 months had worse physical health and their development or performance in school lagged behind.
- OVC who live in a household in which someone has HIV had better physical health and better access to health care services than those in households without HIV.
- In-school OVC who live in a household in which someone has HIV had better overall wellbeing than those who lived in a household without HIV.

Comparison of CSI and OWT

Agreement between CSI and OWT scores, in-school OVC 13-17 years (n=89).

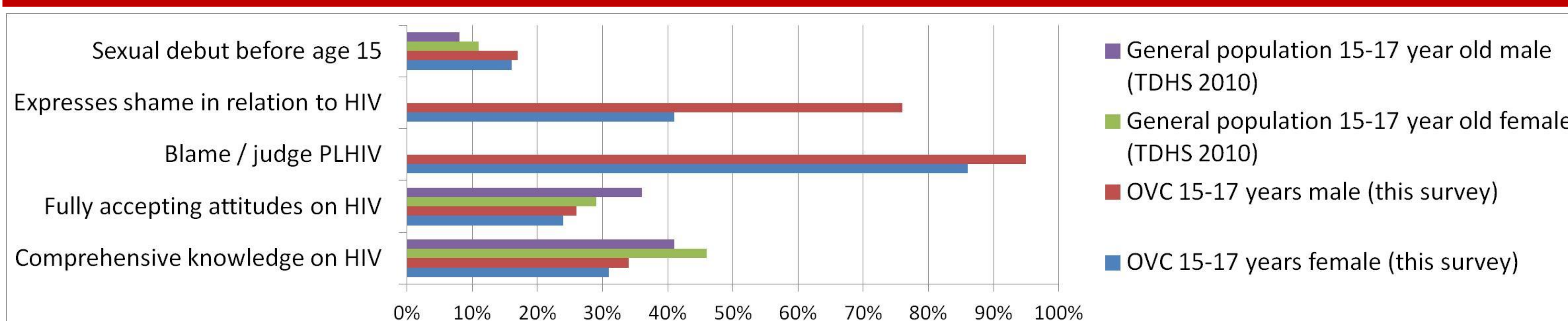
Number of CSI domains with 'Very bad' or 'Bad' score	OWT total score	
	Above cutoff	Below cutoff
0	83% (59/71)	17% (12/71)
1	64% (7/11)	36% (4/11)
2 or more	57% (4/7)	43% (3/7)

Agreement between CSI and OWT scores, out-of-school OVC 13-17 years (n=44).

Number of CSI domains with 'Very bad' or 'Bad' score	OWT total score	
	Above cutoff	Below cutoff
0	23% (6/26)	77% (20/26)
1	20% (2/10)	80% (8/10)
2 or more	0% (0/8)	100% (8/8)

- Three quarters of out-of-school OVC who self-reported low wellbeing (OWT) experienced no serious wellbeing problems according to caretakers (CSI).
- Tools measure different facets even if domain names are the same, hampering domain specific comparison.
- The exception are the domains for food security / food & nutrition and for mental / emotional health. Scores in these were slightly worse in the OWT.

Results - HIV Knowledge, Attitudes, Practices



Among adolescents OVCs in this survey:

- Comprehensive knowledge about HIV and accepting attitudes towards PLHIV were lower than in general population.⁴
- Blaming / judging attitudes were very common, as was shame in relation to HIV, especially for boys.
- Sexual debut before age 15 years was more common than among adolescents in the general Tanzanian population.⁴

Conclusion

Wellbeing of this rural Tanzanian OVC population is especially low on the domains measuring basic needs. Better wellbeing for children in HIV affected households for some domains / subgroups may be an indication of already established support. Social desirability bias and the context dependent interpretation may lead to overestimation of OVC wellbeing with the CSI tool, and where possible, self-reported wellbeing estimates should be used to complement caretaker-reported measurement. Low HIV/AIDS knowledge and high stigma levels puts this OVC population at risk for HIV acquisition.

References

1. O'Donnell K, Nyangara F, Murphy R, Nyberg B. Child Status Index. (2009). A Tool for Assessing the Well-Being of Orphans and Vulnerable Children — MANUAL. Chapel Hill, USA: PEPFAR, USAID, MEASURE Evaluation. Also available at <http://www.cpc.unc.edu/measure/csi>
2. Senefeld S, Strasser S, Campbell J. (2009) Orphans and vulnerable children wellbeing tool. User's guide. Baltimore USA: Catholic Relief Services. Also available at <http://www.crsprogramquality.org/ovcwt/ovcwt.html>
3. Tanzania HIV/AIDS and Malaria Indicator Survey 2007-08. (2008). Dar es Salaam, Tanzania: Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and Macro International Inc
4. Tanzania Demographic and Health Survey 2010. (2011). National Bureau of Statistics (NBS) [Tanzania] and ICF Macro. Dar es Salaam, Tanzania: NBS and ICF Macro.
5. Nyblade L, MacQuarrie K. (2006). Can we measure HIV/AIDS related stigma and discrimination? Current knowledge about quantifying stigma in developing countries. Washington, USA: USAID.