

Caring for Orphans and Vulnerable Children

Excerpted from: *A Guide to Acting on AIDS: Understanding the Global AIDS Pandemic and Responding through Faith in Action*

Children orphaned or vulnerable due to AIDS are less likely to be educated than other children. They are more likely to be malnourished, more vulnerable to abuse and exploitation, and more likely to suffer from depression. An orphan is defined as a child who has lost one or both parents. Vulnerable children are those living with chronically ill parents, children living in households fostering orphans, or any other children who meet the definition of extreme poverty in their communities.

Orphans and vulnerable children (OVC) are less likely to be educated, often because they are unable to pay school fees, must work to survive, or are discriminated against in a foster household.¹ Data from Demographic and Health Surveys from 20 countries in Africa, Latin America, and the Caribbean found that among children aged 10 to 14, 77 percent of non-orphaned children attended school, while only 56 percent of orphaned children were enrolled.² Another study found that children who had lost both parents dropped out of school at nearly twice the rate (17.1 percent) as children whose parents are living (9.5 percent).³

Orphans and vulnerable children are more likely than other children to be malnourished or hungry. Households affected by HIV and AIDS have been shown in some contexts to experience a drop in food consumption of more than 40 percent. Data from Lesotho found that the proportion of underweight orphaned children aged 0 to 4 years is almost double that of non-orphaned children.⁴ Furthermore, OVC are often subject to physical, sexual, and emotional abuse at the hands of foster families, community members, and even other children.

The trauma of watching parents grow ill and die, being separated from siblings, and possibly being abused or neglected can cause deep emotional scarring in children. One study in Uganda found that the average score for orphans on the Childhood Depression Index was 19.0, above the 18.0 cut-off for clinical depression, while the average score for non-orphans was 12.0.⁵

These circumstances—all of which also make OVC more likely to live in poverty as adults—can seriously limit their ability to make healthy decisions to avoid contracting HIV themselves. Orphaned adolescents in Zambia are much more likely—23.1 percent versus 15.7 percent—to engage in risky sexual behavior than other children.⁶ Orphans and children living with chronically ill caregivers are more likely than other children to consume alcohol—a major risk factor for unsafe sexual behavior. In other words, orphans and vulnerable children may, as a group, be more likely to contract HIV, further perpetuating the problem.

¹ Anne Case, et. al, *Orphans in Africa* (Princeton: Princeton University Center for Health and Wellbeing, Research Program in Development Studies, 2003).

² Klaus Deininger, et. al, *AIDS-Induced Orphanhood as a Systemic Shock: Magnitude, Impact and Program Interventions in Africa* (Washington, D.C.: World Bank, 2003).

³ C. Coombe, "Mitigating the Impact of HIV and AIDS on Education Supply, Demand, and Quality," *AIDS, Policy, and Child Well-Being*, ed. by A. Cornia. (New York: UNICEF, 2002).

⁴ Mbulawa Mugabe, et. al, *Future Imperfect: Protecting Children on the Brink* (Johannesburg: Africa Leadership Consultation, 2002).

⁵ James Sengendo and Janet Nambi, "The Psychological Effect of Orphanhood: A Study of Orphans in the Rakai District." *Health Transition Review*, 7 (sup.), (1997), 105–124.

⁶ Minki Chatterji, et. al, *The Well-Being of Children Affected by HIV and AIDS in Lusaka, Zambia, and Gitarama Province, Rwanda: Findings from a Study* (Washington, D.C.: USAID, 2005).

