Who cares for children and why we should care- Making Better Use of Data from DHS and MICS

Florence Martin and Garazi Zulaika
✧ 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.


✧ 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.

What do we know about factors that impact family care?

- Poverty
- Lack of access to (good) basic services
- Disability
- Parental death and illness, (HIV/AIDS, mental health issues)
- Family breakdown and restructure
- Violence, abuse and neglect in the home
- Violence and abuse in the community
- Discrimination and social exclusion
- Migration and displacement
- Emergencies (conflicts, disasters)
- Inappropriate policies on institutionalization
- Lack of family support services
Focus of international and national policies and interventions on care

- Strengthening the capacity of parents and families to care
- Preventing child-family separation
- Providing a continuum of appropriate alternative care options
- Reintegrating children into safe and nurturing families
Who cares for children?

Parental and family care in LMICs
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 Indicator 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.
The ‘Orphanhood’ Literature

  - Estimated 43 million orphaned children in sub-Saharan Africa, 12.3 million because of AIDS

- **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**
  - Need for ‘*True orphan prevalence*’ (paternal, maternal and double) (Belsey & Sherr, 2011)
  - 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 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 DHS Analytical Studies 15)
  - Some evidence that outcomes for orphans depend on the relatedness of orphans to their household heads “*Hamilton Rule*” (Case, Paxson & Ableidingier, 2004)
  - Analysis of *living arrangements* and *changes in child care patterns* in both low and high HIV/AIDS prevalence countries needed (Beegle, Filmer, Stokes & Tiererova, 2010)
Children’s living arrangements and care patterns

- 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)
  - **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; Effect is distinct from living arrangements

- BCN /CP MERG TWG initiative: We need better use of DHS and MICS data on children’s care and living arrangements > Round Table of Experts, 9-10 Sept. 2014
Children’s Living Arrangements- Data available from DHS and MICS

Data extracted by BCN for Round Table
Children under 15 by living arrangement- with both parents, one parent, or none
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%
Survival status of biological parents among children under 15 living with neither parent
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?
Living arrangements for children under 15 not living with a biological parent - related or unrelated
Living arrangements for children under 15 living with neither biological parent

40% of children under 15 in Guinea-Bissau were reported as the “niece/nephew” of the head of the household
Understanding the diversity of children’s living and care arrangements

Global, regional, national, and subnational levels
Children under 15 living with father only, mother alive - West Africa Region

Legend
- Up to 2.7
- 2.8 to 3.8
- 3.9 to 5.1
- 5.2 to 6.2
- 6.3 and higher

Surveys
- Benin 2011-12 DHS
- Burkina Faso 2010 DHS
- Côte d'Ivoire 2011-12 DHS
- Ghana 2008 DHS
- Guinea 2012 DHS
- Liberia 2007 DHS
- Mali 2006 DHS
- Mauritania 2000-01 DHS
- Niger 2012 DHS
- Nigeria 2013 DHS
- Senegal 2010-11 DHS
- Sierra Leone 2008 DHS
- Togo 1998 DHS
Children under 15 living with mother, father alive by subnational regions - Zambia

- Western Zambia: 29%
- North Western Zambia: 16%
- Northern Zambia: 10%
In actual numbers three times as many children live with neither biological parent in rural areas compared to urban areas.
Age matters: Uganda

Shows how the living (care?) arrangement is different depending on which age group you fall into!
Challenges with the DHS/MICS data

- Covers only 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
CP MERG TWG and BCN Round Table Expert Meeting (9-10th September 2014)

- Consensus on the need to make better use of existing data and identify other indicators relevant to children’s care to be tested at country level and included in the DHS/MICS.
- May include data about children in the household but also children who are no longer in the household.
- Development of inter-agency technical brief to encourage governments, donors and practitioners at country level to better use DHS/MICS.

DHS just received approval from USAID for new report on how household composition and relationships affect child outcomes (using DHS and MICS data).

- Publish data and encourage academic research!
Thank you!