Comparative economic positions of orphan, non-orphan and mixed households in the Amajuba District of KwaZulu-Natal, South Africa

Gavin George, Kaymarlin Govender, Shaneel Bachoo, Susan Penning & Tim Quinlan

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Background

- In 2009 an estimated 1.9 million children in South Africa were orphaned by HIV and AIDS (UNICEF, 2012).

- Orphaning in Africa most often leaves the extended family responsible for the care of orphaned children.

- Foster (2000) noted that apart from the enumeration of orphans, it is important to monitor the capacity of the extended family to care for orphans.

- While there are various factors (social, cultural, intrafamilial, interpersonal and situational) that have a bearing on a family's ability to provide care for an orphaned child, one of the more overt factors is their financial condition.

- Evidence suggests that AIDS-affected households in South Africa rely heavily on government grants, which appear to serve as an economic safety net for such households (Booysen, 2004).

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Study Rationale

While evidence has suggested that AIDS orphans in sub-Saharan Africa are particularly vulnerable to poor outcomes (Monasch and Boerma, 2004), and that South Africa's social grants system have served as a safety net for children in AIDS-affected households (Booysen, 2004), little has been done to compare the circumstances of orphans that are taken into households which already care for non-orphaned children (mixed households) and those that do not (orphan households).

Study Question

This paper examines the dynamics of poverty in relation to child care in the context of HIV and AIDS, and asks the question, "*Are households that care for both orphaned and non-orphaned children worse off (materially) than those that care for only orphaned or only non-orphaned children?*"

Methodology
Study site

- The study was conducted in Amajuba District of the KwaZulu-Natal province in South Africa.

- This incorporates the municipalities of Newcastle, Dannhauser and eMadlangeni with a population of just under half a million inhabitants (Statistics South Africa, 2001).

- The population of the district are challenged by high levels of poverty, with both urban and rural areas experiencing high levels of unemployment due to the decline in the coal industry (Amajuba District Municipality, 2010).

- HIV and AIDS prevalence in the Amajuba district has fallen from 46% in 2006 (15 to 49 year old pregnant women being tested positive for HIV in antenatal clinics) to 37.3% in 2009 (Department of Health, 2009).

- The study population consisted of Zulu and English speaking school-going children (aged 9-15 years) and their caregivers and/or heads of household.

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Methodology
Sampling

- Random stratified cluster sampling, based on age and on school registration was used in 2004 to construct a cohort of "recent" orphans and non-orphans and their households, from a random selection of 60 schools from the 252 schools in the Amajuba District.

- Orphans were those who had lost one or both parents to any cause at the point of initial data collection in 2004 and subsequently during the three survey rounds.

- Comparison (non-orphan) children were selected from the same school by grade and age group.

- Selection consisted of interactive exercises involving the researchers, teachers and children in the relevant classes, to "recruit" "orphans" and "non-orphans" of comparable age and gender.

Methodology
Sampling (Cont.)

- The primary caregiver generally served as the household respondent.

- The survey had four components: a household and demographic information questionnaire administered to the household respondent (most often the child's primary caregiver), a questionnaire for the primary caregiver of the study child, and two questionnaires administered to the study child.

- This paper utilises data from the final round of data collection of a longitudinal study (the Amajuba Child Health and Wellbeing Project, ACHWRP), which was collected during 2006/2007.

- During this phase a total of 623 households were visited, each containing an orphaned (n=226) or non-orphaned (n=397) study child and their primary caregiver.

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Methodology
Analysis

- The primary unit of analysis is the household type (orphan, non-orphan and mixed).

- All incomes are reflected in American dollars (USD) and were calculated based on an exchange rate of one USD equals to seven South African Rands (ZAR).

- Analysis was conducted using the Statistical Package for the Social Sciences (SPSS, version 18).

- All cases were included in the analysis.

- Bivariate analysis was used to compare household types on a number of demographic and other variables.

- Chi square tests were conducted to detect levels of significance in demographic and categorical variables (e.g. type of dwelling).

- One-way ANOVA (F-test) was done to test for levels of significance in continuous (numerical) variables, such as per capita income and number of household inhabitants.

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Results

- Mixed households had an average of 9.37 inhabitants (SD=3.57), which was significantly more than orphan (M=7.13; SD=3.63) and non-orphan (M=6.99; SD=3.15) households ($F(619)=25.577$; $p<.001$).

- Mixed households (M=5.61; SD=2.46) had a significantly greater burden in terms of child care, compared to orphan (M=4.11; SD=2.42) and non-orphan (M=3.85; SD=2.03) households ($F(619)=30.911$; $p<.001$).

- Mixed households also had a higher ratio of children to adults (M=1.98; SD=1.65) than orphan (M=1.65; SD=1.06) and non-orphan (M=1.52; SD=1.10).

Results cont.

- Mean income for all households was USD278.93 per month, with a high variance of incomes (*SD*=313.58).

- While the mean income of USD255.38 (SD=223.34) in orphan households was lower than the mean income in both non-orphan (M=282.76; SD=361.23) and mixed households (M=296.83; SD=268.57) the difference was not significant (F(600)=.649; p=.523).

- When compared to non-orphan (M=48.20; SD=75.95) and orphan (M=46.18; SD=76.93) households, the income per capita of USD32.53 (SD=32.39) was the lowest in mixed households, but this difference was not statistically significant (F(598)=2.383; p=.093).

- With the exclusion of grants, orphan households had the lowest mean income of USD113.91 (SD=222.70) when compared to non-orphan (M=178.59; SD=323.63) and mixed (M=133.05; SD=274.04) households, however the difference was also not statistically significant (F(620)=2.989; p=.051).

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Results cont..

- Using the World Bank poverty threshold (USD1.25 per day which equals to USD37.5 per capita per month) 64% (n=384) of the sample households fell below this poverty threshold, and of these, 23% (n=89) were orphan households, 53% (n=203) were non-orphan households and 24% (n=92) were mixed households.

- When compared only with orphan households, significantly more mixed households fell below the poverty line (χ^2=5.036; p<.05). Also, poverty appeared to be related to household size, regardless of household type, with larger households (7 inhabitants or more) (75%, n=254) having significantly more households below the poverty line than smaller households (6 inhabitants or less) (50%, n=130) (χ^2=38.342; p<.001).

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Results cont…

- Twenty six percent of the sample was entirely reliant on government grants. The highest portion of household income (43.36%) for this sample came from government grants.

- There was a significant difference in the claiming of old age pensions, with mixed (M=USD76.55; SD=85.87) and orphan (M=USD57.37; SD=75.89) households claiming significantly more than non-orphan households (M=USD34.52; SD=62.84) (F(598)=17.088; p<.001).

- A comparison of household type revealed that mixed households (M=0.256; SD=0.141), compared to orphan (M=0.343; SD=0.217) and non-orphan (M=0.366; SD=0.218) households received fewer old age grants per child in the household (F(205)=5.920; p<.01).

- Of the 50 double orphans who were entitled to a foster care grant, only 36 claimed this grant. In addition, of all the 607 (98.2%) children who were attending school only 18 (2.96%) received a waiver of school fees.

- Based on the number of children per household and income received (excluding government grants) we estimated that only 48.54 % (n=961) of the children eligible for child support grants (n=1980) received them.

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Discussion

- Our data revealed that lower per capita income was significantly associated with poorer living conditions, supporting the obvious notion that poverty reduction is key to improving the living conditions of people in this community.

- Despite the dependency on government grants within this community, our data revealed a poor uptake of the child support grant. Based on the number of children per household and income received (excluding government grants), we estimated that less than half of the children eligible for child support grants received them.

- Considering the fact that these grants play a vital role in poverty alleviation, especially in scarce-resource communities such as this one, efforts must be made to increase the up-take of child support grants in this area and other similar areas in South Africa.

- Mixed households appeared to be worse off but this had nothing to do with household type but rather its average size. These households had an average number of 9.37 inhabitants and 5.61 children, compared to non-orphaned households, which had 6.99 and 3.85, and orphaned households, which has 7.13 and 4.11 respectively. It is therefore more appropriate to say that *larger* households in this context (regardless of household type) appear to be in greater need.

Recommendation

- We are not of the opinion that South Africa's application-based approach to cash transfers should be changed, since there is evidence to suggest that it targets poor and AIDS-affected households quite well (see Adato and Bassett, 2008).

- We are suggesting that the allocation of cash transfers and other resources in this context be more HIV-sensitive and take into consideration household size, dependency ratio and poverty status.

- For instance, in analysing social cash transfers in Zambia, Schüring (2011) enumerates several potential appropriate eligibility criteria that characterise HIV-affected households, such as "skip-generation households" or "child-headed households" (ibid). These categories do not focus exclusively on HIV-affected households, and may therefore be less stigmatising than tying the transfer to the HIV status of household members.

- Akwara et al., 2010, found that vulnerability is more complex than simply orphanhood and that household wealth is a good predictor of child vulnerability.

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Conclusion

- In a context of widespread poverty and orphaning as a result of HIV and AIDS children in larger households appear to be the worst off on a number of indicators. Mixed households were on average the largest household type and carried the greatest burden of childcare, and appear to be the most "in-need" household type. We recommend that the allocation of government grants and resources be more HIV-sensitive and take into consideration household size, dependency ratio and poverty status.

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