YouthNet

number **18** in a series

YouthLens

on Reproductive Health and HIV/AIDS

Adolescents: Orphaned and Vulnerable in the Time of HIV and AIDS

Orphaned adolescents have needs that are often neglected by programs working with orphans and vulnerable children.

Adolescents who are orphaned and made vulnerable by HIV/AIDS are a large and growing population with unmet needs. More than half of all orphans are adolescents ages 12 to 17.¹ Data from the Demographic and Health Surveys show that the prevalence of orphanhood increases with the age of youth.²

Orphaned children in general have less access to education and health care, have more indicators of psychosocial distress, and face greater degrees of child neglect, abandonment, and abuse when compared to non-orphans.³ Adding to these disadvantages, orphaned adolescents often lose one of the key protective factors associated with positive outcomes related to sexual behaviors, alcohol and tobacco use, and violence: being connected to parents or other family members.⁴ Without this protective factor, adolescent orphans become more vulnerable to many risks, including HIV infection, other sexually transmitted infections, and unintended pregnancy.

Adolescent orphans have different needs than children and require different kinds of assistance. Of particular importance are secondary education, livelihood training, sexual and reproductive health education and services, psychosocial and social support for the difficult transition to independence and adulthood, and adult mentors as role models. Young people themselves, working with adults, can provide a useful resource in addressing many of these needs.

Promoting Strategies for Education

Increased funding for programs that keep adolescent orphans in school is urgently needed. These orphans often lack funds to pay fees for secondary school and are forced to drop out and work to support siblings. A study in Zimbabwe based on a household survey involving more than 14,000 children younger than age 16 found that the "greater the number of years it is since the mother died, the smaller is the chance that a young man or woman will have completed school." Thus, as orphans age through adolescence, the more likely they are to drop out of school.⁵ A national household survey in Tanzania found that 71 percent of non-orphans who live with at least one parent attended school compared with 52 percent of double orphans. The study probably underestimated the difference since it did not include those living on the street or in institutions.6

Some projects are working to keep adolescent orphans in school. For example, an outreach project in Namibia uses an instructional storybook called *Kauna's Birthday Wish*, supported by FHI and Catholic AIDS Action. It relates how Kauna, a double orphan, relies on her grandmother and a local pastor to arrange for the free education guaranteed in her country. The storybook seeks to increase awareness of advocating on behalf of orphans for continued education. In another Namibia project called "Schooled for Success," Catholic AIDS Action used volunteers and homebased care programs to identify orphaned and





other vulnerable adolescents and assess their educational needs. The project advocates for acceptance in selected schools, has paid hostel fees for secondary school students, uses a voucher system, and has developed systems of periodic supervision for successful school attendance. developed partnerships with Barclays Bank of Kenya and Citigroup to support a livelihood training project involving orphaned youth ages 15 to 21, who learn carpentry, tailoring, and other skills from adults with these skills and are guided to jobs and resources such as credit unions.

RESOURCES FOR WORKING WITH ORPHANS AND VULNERABLE YOUTH

- The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS. The United Nations framework of action developed with a wide range of organizations, which includes five key strategies. Available: http://www.unicef.org/aids/files/Framework_English.pdf.
- Orphans and Other Vulnerable Children Support Toolkit. An online collection of materials on program development and other issues, developed by the International HIV/AIDS Alliance and Family Health International. Available: http://www.ovcsupport.net.
- An online discussion forum on Children Affected by AIDS (CABA), hosted on behalf of the U.S. Agency for International Development by the Synergy Project. Available: http://www.synergyaids.com/Caba/cabaindex.asp.
- Conducting a Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS: Guidelines and Tools.
 Available: http://www.fhi.org/en/HIVAIDS/pub/guide/ovcguide.htm.

Conducting a Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS. Available: http://www.phnip.com/portfolio/pub_examples/ hivorphansaffected.pdf. These tools help involve stakeholders, including adolescents, and mobilize influential leaders.

Providing Livelihood Training

Various projects are addressing the critical need of orphaned adolescents for vocational and livelihood training. Monks of the Kien Kes Temple in Cambodia provide vocational training and small income-generation funds to improve the standard of living for people living with HIV/AIDS, orphans, and vulnerable children. With support from FHI, the project helps youth such as 13-year-old Keng Lina, who has managed to stay in school and live with her family after her father died of AIDS. Their rent is linked to selling the vegetables they grow.⁷ A United Nations-supported project in four African countries works with Junior Farmer Field and Life Schools, which teach agricultural knowledge, business skills, life skills, HIV/AIDS prevention, and other topics to orphans and other vulnerable children ages 12 to 18.8 In Kenya, Pathfinder International has

Addressing Reproductive Health and HIV

Integrating reproductive health and HIV/AIDS into education projects is also critical, as adolescent orphans are particularly vulnerable to risky sexual behaviors. A study among youth ages 10 to 19 in Rwanda and Zambia found that orphans experience earlier sexual debut than non-orphans and those orphaned near adolescence are more likely to have early sexual debut than those orphaned in childhood.⁹ In Zambia, the Tizenge Youth Orphans project addresses this issue by educating orphans and vulnerable youth while raising awareness about HIV/AIDS and other sexually transmitted infections. About 15 villages have worked together to build three schools, while nine teachers and 30 caregivers have been trained to teach literacy classes.¹⁰

Meeting Psychosocial Needs

Adolescents often experience emotions of anger, resentment, hopelessness, and depression, feelings intensified by losing a parent or close family member. A study of psychological issues among 193 orphans ages six to 20 in the Rakai district of Uganda found that about half of the orphans fell in the depressed range, measured with in-depth interviews and a depression index. Adolescents were more likely to "experience a special case of identity loss" than younger children.¹¹ Another Ugandan study compared 123 orphaned youth ages 11 to 15 years to 110 children of similar age and sex living in intact households in the same community. Orphans had greater risk for anxiety, depression, and anger. The study concluded that high levels of psychological distress among youth orphaned due to AIDS indicate that material support alone is not sufficient.12

Projects have used camps and outdoor activities as ways to help address the psychosocial issues of orphans. In Zimbabwe, where almost one of every five children has lost one or both parents to HIV/AIDS,¹³ the Zimbabwean branch of the Salvation Army, through the Masiye Camp, helps adolescents deal with grief and stigma through outdoor challenges and sharing feelings with peers and counselors, many of them ex-campers. At a camp in Zambia, Dongo, a 15-year-old orphan, says he changed from being "moody, short-tempered, and with a lot of fears" to a "different person" after the games, singing, dancing, praise, and worship. This camp was supported at start-up by a large-scale community mobilization project called Strengthening Community Partnerships for the **Empowerment of Orphans and Vulnerable Children** (SCOPE-OVC), implemented by CARE/Zambia and FHI and funded by the U.S. Agency for International Development.¹⁴ In a project in Namibia called the Philippi Trust, peer counselors assist orphaned and vulnerable adolescents to overcome difficulties and fears through experiential learning at youth camps. Group leaders ages 16 to 21 are trained in listening and responding skills.15

Assisting Child-headed Households

Orphaned adolescents often have to become household caretakers or income earners, lacking clear role models for healthy adulthood. In the Rakai, Uganda, study on psychosocial issues, the highest depression scores were among those living in child-headed households. Two different studies in Zimbabwe of child- and adolescent-headed households found a high risk of school dropouts.¹⁶ In one study, one-third of the school-aged children had dropped out of school, especially those in secondary school. The strongest hope expressed by many of the children was for a good job, returning to school, or attending vocational education. Some were optimistic, but most felt pessimistic about the future after the death of the parent. The studies emphasized the importance of community members working with these households, including volunteer-based visiting programs.

Involving Adolescents

In several projects, youth involvement has been an important component. A study in Zambia found that youth who helped with household chores for neighbors who were dying with AIDS benefited personally, and they also identified vulnerable adolescents whose parents were infected and dying.¹⁷ Many of the volunteers are orphans themselves. The youth caregivers became significantly more aware that they are potentially at risk of HIV infection themselves. Also, reported condom use among sexually active youth increased at the intervention but not the control site, although it was already high in both study sites.

A project on the Cambodia-Thailand border, which has very high HIV infection rates, involves youth advocates as part of the regular process of visiting families to assess and address their needs. The team leads playgroups in villages, works with dying parents to plan where the children will live, and helps negotiate school fees. The project has reached about 5,000 orphans and other vulnerable children with services, about one-third of them ages 12 or older.

RECOMMENDATIONS FOR ACTION

YouthNet has produced a working paper: *Adolescents: Orphaned and Vulnerable in the Time of HIV/AIDS. Youth Issues Paper No. 6.* It includes an expanded discussion of the themes in this YouthLens and the following nine conclusions and recommendations, based on the analysis in the paper. Available: *http://www.fhi.org/en/Youth/YouthNet/Publications/YouthIssuesPapers.htm.*

- Programs working with adolescents orphaned and vulnerable due to HIV/AIDS should address age-appropriate needs among adolescents, paying particular attention to the different needs of girls and boys.
- Particular attention should be given to providing reproductive health and HIV information and prevention services for adolescents who are orphaned and vulnerable due to HIV/AIDS.
- More psychosocial services are needed for programs working with adolescents who are orphaned and vulnerable due to HIV/AIDS.
- 4. Programs should recognize that youth including those who are orphans or in a vulnerable situation due to HIV/AIDS can assist in concrete ways in providing services.
- More efforts are needed to assist orphaned adolescents to attend secondary school or obtain livelihood training.
- Given the scope of this problem, large-scale partnerships among organizations are needed to fund and develop broad-reaching program strategies.
- 7. In meeting the needs of adolescents, programs should work with faith-based organizations, which offer an important resource.
- Program tools, technical assistance, and other resources for orphaned and vulnerable children need to focus more on adolescents.
- Programs need to address priorities for adolescents already identified by international experts, including providing opportunities to connect with adults, protecting against abusive labor and sexual exploitation, and providing adult support in decision-making.

Conclusion

Internationally, there is a growing recognition of the needs of orphans and other vulnerable children and an increase in funding for programs that target them. At national levels, a growing number of policies, laws, and plans of action for orphans and other vulnerable children have been developed. However, more progress is needed in developing and funding programs that specifically address the needs of orphaned and vulnerable adolescents. Such programs should involve youth in partnership with adults in planning and providing services.

Organizations working in this field need to recognize that more than half of orphans are adolescents and they have particular developmental needs. For specific recommendations for addressing these needs, see the box on the previous page. Programs working with adolescent orphans and vulnerable youth need to pay particular attention to providing reproductive health and HIV prevention information to help these young people avoid infection.

Interventions have helped inspire many orphans such as 21-year-old Silethemba in Zimbabwe, who went to a camp that provided psychosocial support and helped her with school fees. "I realized I had to accept [my situation] and not cry all the time. I focused on one thing at a time. Now I want to help my brother and sisters to do the same."

- Sharifah Tahir, William Finger, and Claudia Ruland

Sharifah Tahir, a policy specialist, guides YouthNet's work on orphans and vulnerable youth. William Finger and Claudia Ruland work with information programs for YouthNet.

REFERENCES

1. Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), U.S. Agency for International Development (USAID). *Children on the Brink 2004: A Joint Report of New Orphan Estimates and A Framework for Action.* New York: UNICEF, 2004.

2. Williamson NE, Thapa S, Mishra V. Orphans: the second wave of the AIDS epidemic. Presentation at Population Association of America Meeting, Philadelphia, PA, March 31-April 2, 2005.

3.UNICEF. UNICEF Multiple Indicator Cluster Surveys (MICS) 2003. New York: UNICEF, 2003; Wakhweya AM, Kateregga C, Konde-Lule J, et al. Situation Analysis of Orphans in Uganda – Orphans and Their Households: Caring for the Future Today. Kampala, Uganda: Ministry of Gender, Labour and Social Development, Government of Uganda, 2002.

4. Blum RW, Ireland M. Reducing risk, increasing protective factors: findings from the Caribbean Youth Health Survey. J Adolesc Health 2004;35(6):493-500; Blum R. Adolescent development and risk and protective factors for HIV. Presentation at HIV Prevention for Young People in Developing Countries, Washington, DC, July 14, 2003.

 Nyamukapa CA, Foster G, Gregson S. Orphans' household circumstances and access to education in a maturing HIV epidemic in eastern Zimbabwe. J Soc Develop Afr 2003;18(2):7-32.

6. UNICEF. Africa's Orphaned Generations. (New York: UNICEF, 2003)25.

7. USAID. Monks as Change Agents for HIV/AIDS Care and Support. Washington, DC: USAID, 2003.

 Food and Agriculture Organization of the United Nations. Training HIV/AIDS Orphans in Sub-Saharan Africa. New York: United Nations, 2005. Available: http://www.fao.org/newsroom/en/news/2005/102183/.

9. Murray NJ, Chatterji M, Dougherty B, et al. Examining the impact of orphanhood and duration of orphanhood on sexual initiation among adolescents ages 10-19 in Rwanda and Zambia. Presented at the XV International AIDS Conference, Bangkok, Thailand, July 11-16, 2004.

10. Fleming WO, Sakala F, Hall C. Tizenge youth orphan project: community led, multisectoral response to the orphan crisis. Presented at the 131st Annual Meeting of the American Public Health Association, San Francisco, CA, November 19, 2003.

11. Sengendo J, Nambi J. The psychological effect of orphanhood: a study of orphans in Rakai district. *Health Trans Rev* 1997;7(Supp):105-24.

12. Atwine B, Cantor-Graae E, Bajunirwe F. Psychological distress among AIDS orphans in rural Uganda. *Soc Sci Med* 2005;61(3);555-64.

13. Chitate D, Muvandi I. The demographic impact of sustained high levels of HIV prevalence in Zimbabwe. Presented at the XV International AIDS Conference, Abstract ThPeE7934, Bangkok, Thailand. July 11-16, 2004.

14. USAID. USAID Project Profiles: Children Affected by HIV/AIDS. Fourth Edition. Washington, DC: USAID, 2005.

15. Family Health International. Namibia OVC Program: Care and Support for Orphans and Other Vulnerable Children. Arlington, VA: Family Health International, accessed 2005. Available:

http://www.fhi.org/en/HIVAIDS/country/Namibia/res_namibiaovc.htm.

16. Foster G, Makufa C, Drew R, et al. Factors leading to the establishment of child-headed households: the case of Zimbabwe. *Health Trans Rev* 1997;7(Supp 2):155-68; Walker L. "We will bury ourselves" – a study of child-headed households on commercial farms in Zimbabwe. Harare, Zimbabwe: Farm Orphan Support Trust of Zimbabwe, n.d.

17. Esu-Williams E, Schenk K, Motsepe J, et al. *Involving Young People in the Care and Support of People Living with HIV/AIDS in Zambia.* Washington, DC: Population Council, 2004.

YouthLens is an activity of YouthNet, a five-year program funded by the U.S. Agency for International Development to improve reproductive health and prevent HIV among young people. The YouthNet team is led by Family Health International and includes CARE USA and RTI International.

For more information, please contact:

YouthNet

2101 Wilson Boulevard Suite 700 Arlington, VA 22201 USA

telephone (703) 516-9779

fax (703) 516-9781

e-mail youthnet@fhi.org

web site www.fhi.org/youthnet







