Bantwana
INITIATIVE FOR AIDS ORPHANS & VULNERABLE CHILDREN

Bantwana Schools Integrated Program (BSIP)

Child Profiling Report

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The **Bantwana Initiative for Orphans and Vulnerable Children**, an initiative supported by World Education, Inc. and John Snow, Inc. (JSI), helps communities expand and increase the quality of comprehensive services for orphans and other vulnerable children—and their households—in the communities where they live.

Building on effective community practices and aligning with national policy and programs, Bantwana builds the capacity of communities to find and create solutions to address the complex needs of vulnerable children living in their midst. Bantwana also links communities with policymakers and government officials to ensure common understanding and joint problem solving about how best to support these children. Learn more at www.bantwana.org.

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Acronyms

AIDS	acquired immunodeficiency syndrome
OVCs	orphaned and vulnerable children
BSIP	Bantwana Schools Integrated Programme
FLAS	Family Life Association of Swaziland
HIV	human immunodeficiency virus
M&E	monitoring and evaluation
NCP	Neighborhood Care Point
NERCHA	National Emergency Response Council for HIV/AIDS
NGO	nongovernmental organization
NSP	National Strategic Plan
PSS	psychosocial support
SDHS	Swaziland Demographic Health Survey
STIs	sexually transmitted infections
SWAGAA	Swaziland Action Group Against Abuse
UNICEF	United Nations Children's Fund

Glossary of Terms

For the purposes of this study, the following terms have been defined as follows:

Orphan: Any child in school who reports having lost one or both parents

Double Orphan: Any child in school who reports having lost both parents

Single Orphan: Any child in school who reports having lost one parent, either a mother or a father

Vulnerable Child: Any child in school who reports that both of his/her parents are alive, but these parents are vulnerable, mentally or physically challenged, and hence cannot afford the basic materials for proper child welfare

Children: All in-school pupils (it is important to note that no age limit has been set yet, e.g. the international 18yrs, as long as a child is in school)

Well-off child: Any child who reports that both of his/her parents are alive, and whose parents are not considered vulnerable in any way, hence are able to provide the basic needs of a child.

Executive Summary

The Bantwana Initiative, in collaboration with researchers from Harvard University, developed the child profiling tool to gather information on the impact of the Bantwana School Integrated Program (BSIP) at the level of the child. Most OVC tools gather data at the level of service intervention or outputs, and there are few tools available that try to assess impact at the level of the child. Bantwana's child profiling tool gathers data on children's demographics, nutrition, education, health, psychosocial support, risky behaviors, abuse and exploitation, and knowledge about HIV prevention. The child profiling tool is designed to gather baseline data on a range of factors affecting children and then applying the tool again after a period of two years, both to assess impact of the interventions and help define or redirect programming if necessary.

A total of 20 community enumerators were identified and trained to administer the tool, and baseline data on 796 children was gathered from the 10 BSIP schools using a stratified random sampling method. The training for community enumerators covered the use of the child profiling tool as well as basic interview techniques, special techniques for interviewing children, issues of confidentiality, and reporting cases of abuse. The BSIP team supervised and closely monitored the data collection process.

By involving community enumerators in data collection, Bantwana created heightened community understanding and support around OVC issues. Following the initial data collection, many community enumerators contacted schools and BSIP to communicate their interest in being further involved in providing care and support to OVC. School committees were also involved in the child profiling exercise from the onset and helped to gain buy-in from head teachers, teachers, and parents.

Results of the child profiling baseline collection were presented to each school, as well as at the national level to key stakeholders, including government officials, international implementing agencies, and donors. Some highlights from the child profiling report that have implications for programming include:

- Orphan status and gender did not emerge as determining factors for most of the outcomes. This suggests that the issues and challenges children experience cut across orphan status and gender and are equally present for single and double orphans, vulnerable children, and for both boys and girls. **Programs targeting OVC can neglect the needs of extremely vulnerable children if they target double orphans exclusively.**

- It is important to consider age, as older children are often at a higher disadvantage than younger children. **Programs need to target the specific needs of adolescents.**

- Of all the factors explored, two emerged as especially salient: positive connection with an adult (protective factor) and stigma (risk factor). Psychosocial support interventions should design interventions that link children—particularly adolescents—with caring adults and that seek innovative ways to reduce stigma.

- Physical and sexual abuse were reported by a small segment of the population; however these experiences bear strong impact for these children. Although broader categories like gender and orphan status emerged as less significant, programs should pay particular attention to vulnerable children in terms of their experience with abuse. The combination of several negative factors such as abuse, unavailability of material and emotional support, and daily hardships has a detrimental effect on outcomes. **Programs should pay special attention to put in place mechanisms to protect and remove children from cases of abuse and exploitation.**

These key findings, along with the entire report, were disseminated to all national stakeholders. Results were also disseminated at the school and community level, with dissemination workshops held in each of the 10 schools to present the results of the child profiling exercise to the community. Each school invited school committee members, teachers, and caregivers to get their feedback on the findings of the profiling exercise. To protect the identity of the students interviewed, only aggregated data was presented; each school was thus presented with a summary of the data gathered at their particular school. The dissemination exercise at the school level is critical in promoting not only awareness, but also action. Each dissemination workshop was facilitated by a BSIP staff member, who then guided the discussion toward concrete actions teachers, school committees, and community members could take to address some of the issues raised by the child profiling results. In this sense, the dissemination exercise also served as a call to action.

Part 1: Introduction and Background

The HIV and AIDS epidemic has led to an increasing number of orphaned and vulnerable children (OVC) in Swaziland. According to the Swaziland Demographic Health Survey (SDHS) 2007 data, the number of OVC in the country was estimated to be approximately 110,000 by 2007/8. The increasing number of orphans is already overwhelming the capacity of the extended family to cope and care for children, given that the majority of families are already poor. This situation has further resulted in increased numbers of child-headed households, school drop outs, and hunger. Further, the psychosocial wellbeing of OVC is an ongoing issue given the challenges these children face every day.

Swaziland has, however, made considerable efforts to mitigate the impact of HIV on OVC by ensuring that OVC are attending school—according to the SDHS, 92% of both OVC and non-OVC reported to be attending school. Despite this national achievement, it has also been reported that the quality of education is declining due to increased HIV as well as AIDS-related deaths among teachers, and an increase in poverty among families, which prevents children from attending school. It was also projected that primary school enrolment of eligible children will decrease from 96.5% in 1999 to 70% by 2015 due to HIV.

The Bantwana Schools Integrated Programme (BSIP) started in April 2008 with the aim to help children orphaned and made vulnerable by HIV and AIDS access the full range of support and comprehensive care they need to grow into healthy adults. BSIP in Swaziland works to support school committees and schools to provide a range of comprehensive services for vulnerable children. The program also works to strengthen the capacity of schools, communities, and caregivers to provide and advocate for children.

In 2008, Bantwana embarked on a study aimed at profiling OVC in all its pilot schools where we support programming for children. This baseline data collection (profiling) was the first step in a two-stage study designed to explore the measurable effects and benefits of our OVC programs in schools across Swaziland. In this first step of the study, we had two primary objectives:

1. The study was interested in developing a comprehensive understanding of Bantwana beneficiaries and their lives. This kind of profiling is helpful not only because it allows us to better understand who we are serving, but also because it could meaningfully inform our programmatic priorities and focus further down the road.
2. Moreover, the study aimed to explore in some detail important associations between a number of anticipated outcomes (where we expect to find programmatic impact at the end of the program) and socio-demographic and other factors that may shape these outcomes from the beginning of the program.

1.1. Study Methodology and Approach

A comprehensive research tool was used to collect information from our beneficiaries related to all aspects of child welfare, including:

- demographic information,
- health and basic needs,
- education and socioeconomic status,
- psychosocial support,
- risky behaviors, abuse, as well as
- HIV knowledge

It is important to remember that the survey obtained information only for children attending school. Children who are living in institutions or other household settings are not included in the survey results. Thus, the results should be considered as an estimate of the problems facing OVCs in Swaziland.

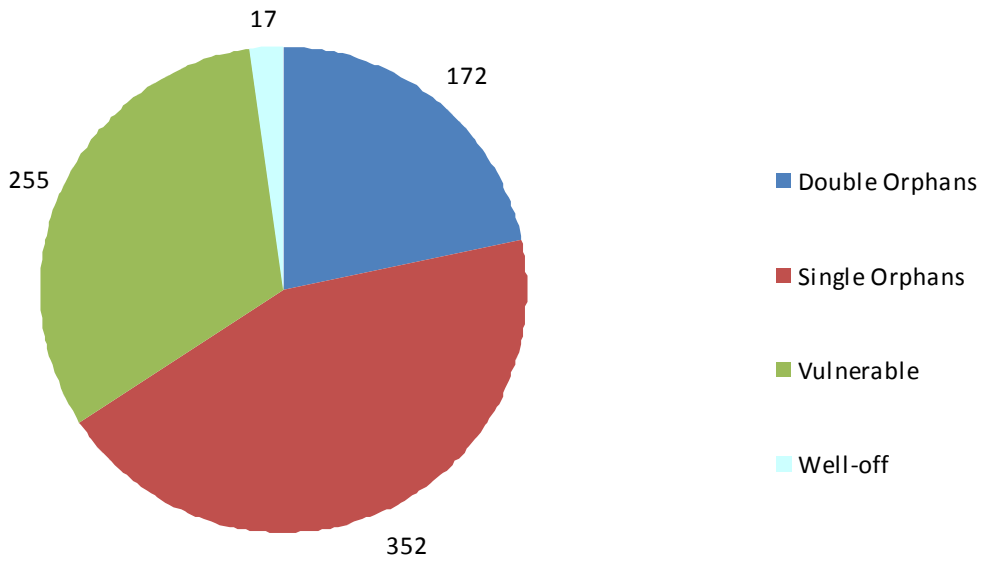
The sample was collected across 10 schools using a school-specific purposive random sampling approach, whereby participants in each school were selected from school enrollment lists as categorized by the presence/absence of living parents for each child. The sampling sought to include sizable numbers of single and double orphans from each participating school. Allowances for additional children that may be included were made to accommodate cases where children were no longer in school, or absent during that particular point in time for data collection. **Table 1** demonstrates the sample disaggregated by school and orphan status.

A number of "well-off" children were included in the sample, and these were selected from the enrollment lists from each school. These children were included as a comparison category to verify if any important differences in characteristics among well-off and orphan children exist. Because the sample of well-off children was very small, in most of our analyses we do not report results pertaining to these children.

The study assumed an in-school interview approach. All children were interviewed within the school premises by a total of 20 trained enumerators who self-administered the questionnaire. The M&E Officer in charge of the study took measures towards ensuring data quality by supervising research assistants in the field. At the end of the first day for each enumerator, the research supervisor collected questionnaires to check for completion as well as other data quality issues through a quick review. If there was any suspicious data, the officer in charge engaged the interviewers concerned to improve their data collection for other respondents. On average, 80 children were sampled in each school, leading to a sampling frame of 796 children from all 10 schools combined.

A total of 172 double orphans (22%), 352 single orphans (44%), 255 vulnerable children (32%), as well as 17 (2%) "well-off" children (2%) were interviewed. As a result, 796 children (99.5% of the target) were reached; the original goal was 800 children.

Figure 1: Distribution of Participants by Orphan Status



1.2. Ethical Considerations

Ethical issues were taken into consideration during the study period. School principals were informed about the process and were made aware of the kind of questions included in the interview, and in turn they took responsibility for informing teachers in their respective schools. Through the school committees, parents' or guardians' approval was also sought so that they were aware that their children would be taking part in the study. In order to protect the identity of children who took part in the study, only summary results for each school were presented to the school committees to inform decisions they make on OVC issues within their respective schools.

Part II: Survey Results

2.1. Demographic Information

In **Table 1** we provide demographic information for our participants disaggregated by orphan status. In total, 402 (51%) male children and 394 (49%) female children were interviewed and the majority of these (60%) were from the secondary/high schools, with no notable differences between males and females. Children in our sample were 6 to 24 years old, with an average age of 14.97 years. Looking at children's ages by school level, it was surprising to see that at the primary school level there were some children older than 21, which is considered an age far past this school level. We assume that this is mainly due to late school entry or lack of school funds to enable these children to enroll at an "appropriate" school-going age.

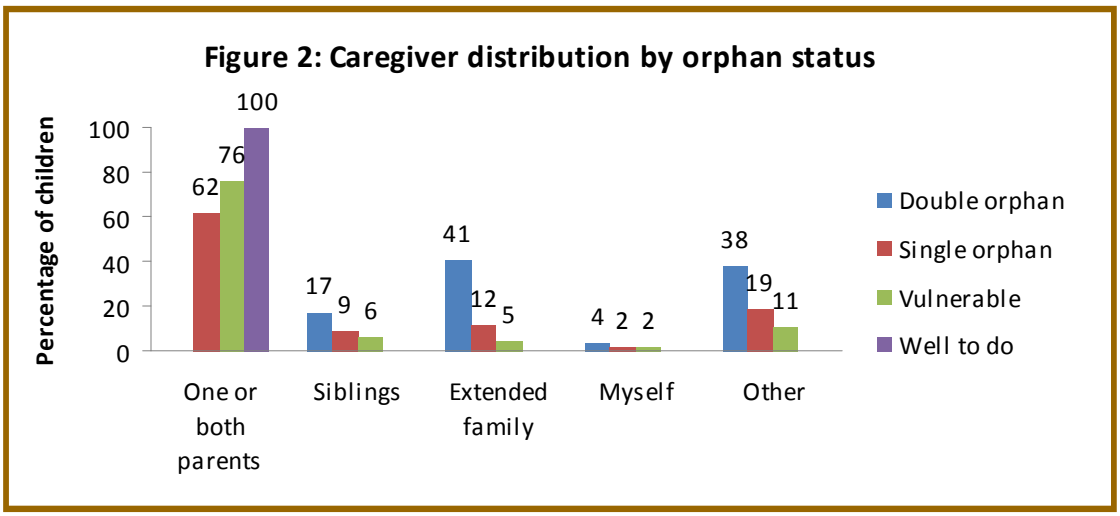
As mentioned above, 32% of the participants had both their natural parents alive, 22% of the participants had lost both of their natural parents, while 44% reported losing one parent—with 76% of these having lost their father and only 24% having lost their mother. In terms of care-giving arrangements, we found that very few children (5%) do not have a guardian/caregiver—the majority of these children were single or double orphans. Most boys and girls live with one or both of their natural parents (see **Table 1**). Children who are living with a single parent most often live with their mothers (73%). Siblings and extended family are also commonly reported as caretakers, with 18% of boys and 13% of girls living with an extended family member. 17% of participants reported living with *other* guardians besides the ones listed in the table below and these were mainly grandparents, accounting for approximately 91% of *other* guardians.

Table 1: Demographic Characteristics of the Participants by Gender

	Total N=796	Males N=402	Females N=394
Primary School	323 (40%)	163 (41%)	160 (41%)
Secondary School	474 (60%)	239 (59%)	234 (59%)
Average Age (M, Range)	14.97 (6-24)	15.54 (6-24)	14.39 (6-23)
Primary Guardian			
Natural Father	59 (7%)	34 (8%)	25 (6%)
Natural Mother	241 (30%)	117 (29%)	124 (32%)
Both natural parents	129 (16%)	57 (14%)	72 (18%)
Siblings	62 (8%)	36 (9%)	26 (7%)
Step or foster parent	24 (3%)	13 (5%)	11 (2%)
Extended family	124 (16%)	73 (18%)	51 (13%)
Myself	16 (2%)	10 (2%)	6 (2%)
Other	138 (17%)	60 (15)	70 (20%)

Children's Living Arrangements

Children's living arrangements vary with several of the background characteristics. In **Figure 2** on the next page, we see the percentage of children in various care-giving arrangements by orphan status. As can be expected, well-off and vulnerable children most often live with one or both natural parents, while single and double orphans report living with siblings or extended family, with a large percentage of double orphans reporting living in the care of extended family and grandparents. This indicates that these grandparents have assumed the parenthood role in most OVC homesteads where parents have passed away.



While no notable differences were recorded between genders in terms of caregiver arrangements, we noted that older children are much more likely to have lost one or both of their natural parents, therefore much more likely to be in the care of extended family and siblings.

In terms of household make-up, we found that the majority of children live with 2-4 adults and 3-7 other children in their home (including siblings, cousins, neighbors, friends), with the exception of children living alone. In other words, in most instances households where children resided were quite large (6-11 individuals).

2.2. Basic Needs and Food Security

Participants were asked if five of their basic needs were met at the time of the interview. These included: eating two or more meals per day, having regular access to soap, having at least two sets of clothing, having at least one pair of shoes, and having a mat to sleep on. **Table 2** illustrates the main findings in the sample.

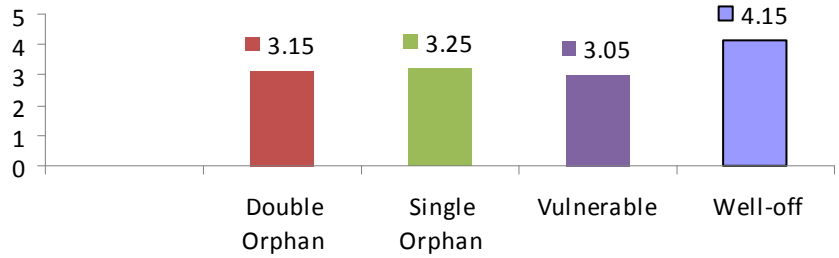
Table 2: Basic Needs and Food Security

Basic Need	Number and % of children
More than two meals per day	482 (61%)
Own at least two sets of clothes	570 (72%)
Own at least one pair of shoes	592 (74%)
Has a mat to sleep on	674 (85%)
Has regular access to soap	231 (31%)
Total number of basic needs met, Mean (Range)	**3. 18 (0-5)**

Roughly 40% of the children reported having less than two meals per day, with 27 children (almost 4%) eating one or less times per day. 28% of participants do not own two sets of clothes while 26% of children do not own a single pair of shoes. 98 children (12%) do not own either clothes nor shoes. 69% of children reported not having regular access to soap for laundering and washing. Poor hygiene often leads to an outbreak of sicknesses, thus this finding is concerning and needs to be addressed. In contrast only 15% of participants did not have a mat/blanket to sleep on. Overall, the majority of children reported 3 of 5 basic needs being met at the time of interview. No differences were recorded between genders in terms of material supports/basic needs. If we look carefully at the basic needs of children by orphan status we note the patterns illustrated in **Figure 3**.

From **Figure 3** below, we notice that well-off children reported the highest number of basic needs being fulfilled (4 out of 5 needs on average), which is consistent with what we expected. Double and single orphans reported comparable levels of met and unmet need. What is most surprising, however, is the fact that vulnerable children appear to be in the most disadvantaged position, as compared to single and double orphans. Vulnerable children are less likely to have more than two meals per day, are less likely to own two sets of clothes and are less likely to have regular access to soap as compared to orphans. This finding has clear implications for future programming.

Figure 3: Average Basic Needs Met by Orphan Status



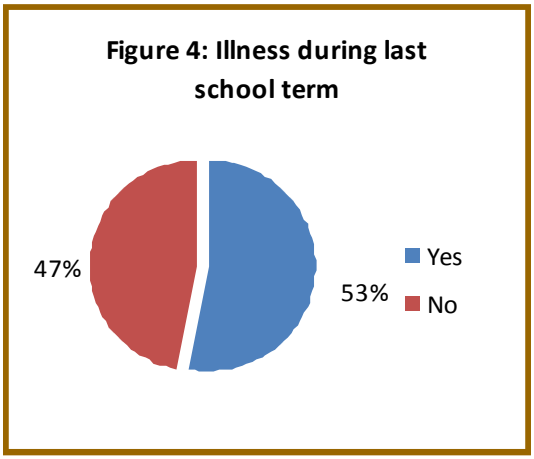
From the results above, it is apparent that OVC are faced with many challenges that threaten their well-being. We also asked children to identify the key challenge facing their family. The most threatening challenge cited by OVC is the issue of insufficient food within the household, mentioned by 66% of the children. This was followed by struggles to pay school fees (15%) and by lack of clothing (6.4%).

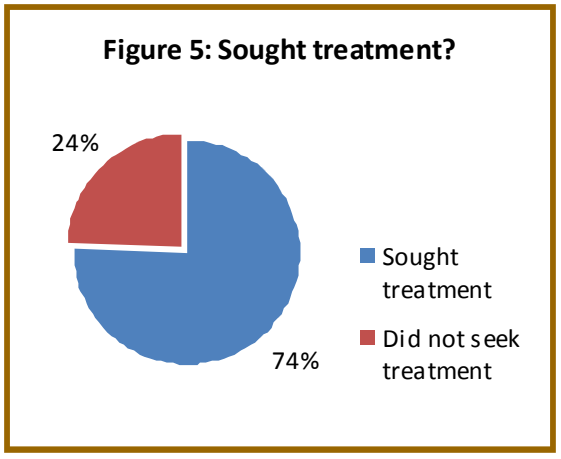
Students participating in permaculture gardening activities to help meet nutritional needs.

2.3. Health Status

A number of health status indicators were included in the survey. During the interviews, children were also observed for any visible ailments in order to assess their current health status. Roughly 16% of the children interviewed had visible ailments, ranging from skin problems, ring worms, scabies, body sores, dental problems as well as eye problems. Very few children were identified as having mal-nutrition-related symptoms (kwashiorkor and marasmus)—accounting for only 1% of each disease. However, a significant proportion of children (7%) seemed to be experiencing skin problems. When asked about history of illness over the past term, 53% of the children reported being sick (see **Figure 4**), with no significant differences by gender or by orphan status—indicating that all children in the sample were equally likely to report illness. The most common illnesses recorded were headache (17%), stomach ache (10%), cold and flu (15%), eye problems (7%), and asthma (6%). Of those children who reported illness, 24% did not seek treatment (**Figure 5**), again with no significant differences between gender or orphan status.

When asked to evaluate their health in relationship to the health of their peers at school, 20% of children felt that they were less healthy than others their age, 62% felt that they were just as healthy as others, and only 18% of participants perceived their health as better than that of their peers. With less than 40% of the adult population in Swaziland having been tested for HIV, it would be interesting to note the trends of HIV testing among the younger population. According to the results of the study, HIV testing is very minimal within the school-going age children—only 5% of the children interviewed had been tested for HIV, with the majority of the children who were tested being older and in secondary school.





Orphaned and vulnerable children are not only faced with health problems but are also burdened by the effects of their being sick. In particular, children's school performance is greatly affected by sicknesses which cause them to interrupt or miss classes, and even be at a risk of dropping out of school. These results provide a snapshot of the health status of our participants—in later sections we will discuss the relationships between health and other outcomes of well-being and success.

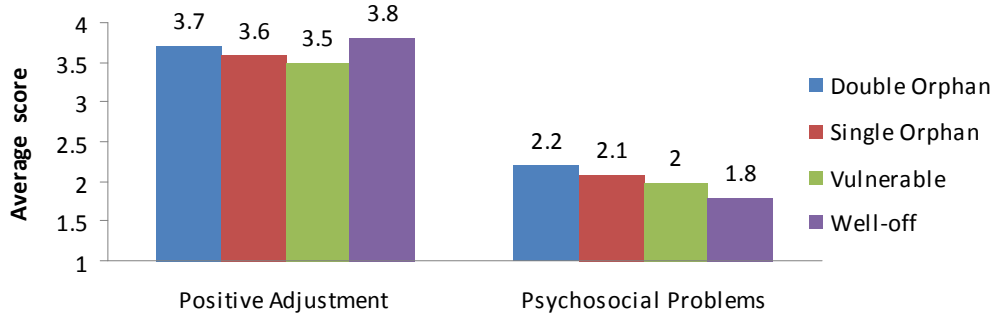
2.4. Psychosocial Well-being

This section of our survey was aimed at two dimensions of psychosocial well-being:

1. Positive psychosocial adjustment (including self esteem, confidence, hope for the future, and positive connection/relationships with peers)
2. Psychosocial problems (including sadness, grief, lack of hope, and hostile or other problem behaviors)

To assess these we used a measure consisting of two scales (corresponding to the two dimensions of psychosocial well-being described above) and capturing the degree to which children felt various positive or negative emotions and participated in socially positive vs. problem behaviors. Among all participants, the average score for positive adjustment was M=3.6 (possible range 1-5), which indicates that children reported moderate levels of positive adjustment. The average mean score on psychosocial problems was M=2.1 (possible range 1-5), indicating that children only rarely or sometimes feel sad, hopeless, hostile, or angry. The graph below illustrates minimal differences between children of different orphan status in terms of positive adjustment. With regards to psychosocial problems, double orphans reported slightly higher levels as compared to the rest of the groups, while the well-off children reported the lowest levels of psychosocial problems. These differences, however, were not significant.

Figure 6: Psychosocial well-being by orphan status



A few individual questions comprising our psychosocial scales are worth highlighting. 41% reported that they often feel like crying, while 33% often felt that everything they do is wrong. Further, 12% of the participants rarely or never feel confident about themselves and 22% do not feel comfortable sharing their ideas with others. Lack of self esteem can play a major role in identifying or shaping one's future, and these findings need to be considered seriously. What is striking too is that more than 55% of the children feel like they cannot solve the problems in their lives, emphasizing the importance of care and protection of guardians.

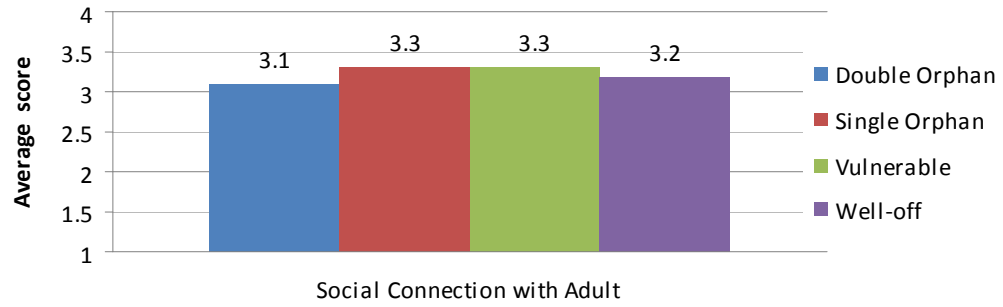
On the positive side, more than 75% of the respondents claimed to be in a good mood sometimes or most of the time. 92% felt like they generally get along with people fine and 64% felt that they made friends easily. Furthermore, 92% reported that they had hope for their future, which is a positive finding considering the many challenges facing these children. Very few participants admitted to getting into trouble (only 28%)—possibly due to social desirability bias.

Students attending peer educator training for psychosocial support.

2.5. Positive Connection with an Adult Caregiver

Lack of love, care, and affection in a child's life can have devastating effects for that child. Our survey included a measure of positive connection with an adult caregiver in order to explore the presence of caring adults in children's lives. The measure consisted of seven questions capturing the degree to which adults provided the following types of support to the child: attention, affection, praise, advice, basic needs, spending time with child, and caring about the child's schoolwork. In our sample the average level of positive connection with an adult was 3.2, with a range from 1 (not a strong connection) to 5 (very strong connection). In other words, children reported moderate levels of caregiver support and care.

Figure 7: Positive Connection with Adult Caregiver

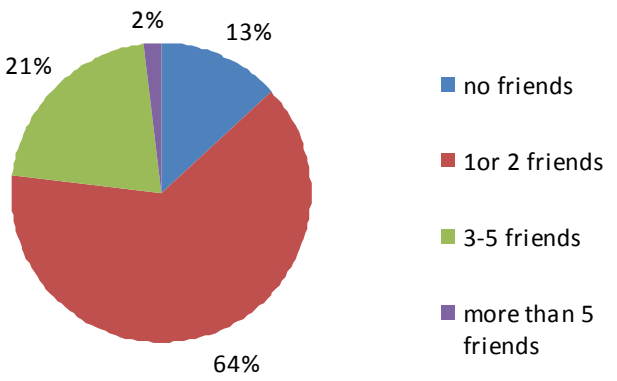


We notice in **Figure 7** that there are minimal differences in caregiver connection between the different groups of children, which is interesting and also indicates that overall, even double orphans are experiencing good levels of care and support from adults in their lives. Similarly, we found that both girls and boys reported comparable levels of adult support and affection.

Despite the average levels of social connection reported in our sample, it is clear that children's relationships with adults can be strengthened for many of the participants. For instance, 18% of the respondents hardly ever get any attention from their adult caregivers at home, for those who do get attention, it is on a rare basis, and it is not constant. Though 85% of the respondents say that they receive affection shown by their caregivers (some more regularly than others), 15% claim that they almost never receive any affection. 29% of children report that their caregivers do not spend time with them, and further 36% say that there isn't anyone supporting them in their school work. All of these specific situations are concerning and should be taken into consideration in further programming.

We also asked children to share the number of close relatives and friends they have and feel they can rely on in their lives. The number of friends that children feel close to varied from 0 (no friends) to more than 10 friends, with the majority of children reporting feeling close to one or two friends (64%). Still, 101 children (13%) do not have a single close friend.

Figure 8: Number of close friends



2.6. Educational Achievement/Status

The objective of this section was to gather information on the education background, characteristics, and needs of children in school in order to increase the availability and accessibility of educational support to children so as to reduce the number of school drop-outs. **Table 3** on the next page shows the levels of education attained by the children included in the study.

Table 3: Education Level Attained

Level of Education Attained	Number and % of Children
GRADE 1	37 (5%)
GRADE 2	35 (4%)
GRADE 3	55 (7%)
GRADE 4	48 (6%)
GRADE 5	52 (7%)
GRADE 6	60 (8%)
GRADE 7	36 (4%)
Secondary/High Schools	
FORM 1	147 (18%)
FORM 2	105 (13%)
FORM 3	107 (13%)
FORM 4	70 (9%)
FORM 5	41 (5%)
No response	4 (1%)

The level of student performance in school is greatly affected by absenteeism from school by kids. Results from the study, however, reveal that the performance level of children may be greatly threatened as a significant number of children reported missing school during the past term.

Figure 9 below illustrates that about 50% of the participants have missed at least one day of school. **Table 4** provides more detailed information on the frequency of days missed in our sample. We see that 36% of participants have missed 1-3 days and 12% have missed 4-9 days.

Figure 9: Missed school last term?

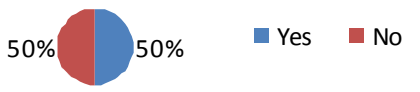


Table 4: Proportion of Children Missing School

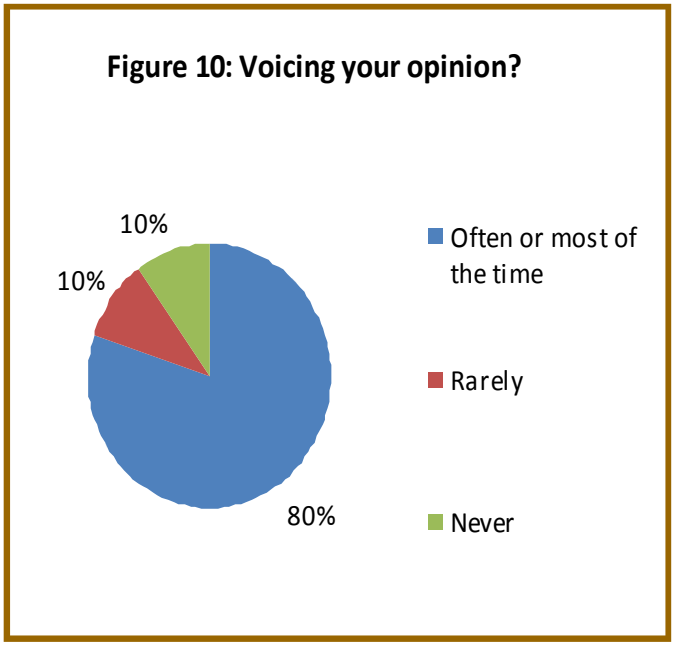
No. of days missed	Number and percentage of children
0	395 (50%)
1-3	290 (36%)
4-9	95 (12%)
10 or above	8 (1%)
No response	9 (1%)

Regarding school achievement or passing rate, we found that only 61% of the children managed to pass the last school term. Certainly one possible reason for this low pass rate may be the lack of support children receive in their school work from adults in their lives. We found that 58% of the children claimed to have never received any help with their school work, which is critical. The rate of passing and not passing was comparable by orphan status and gender—indicative that the problem cuts across demographic factors. In later sections we discuss some of the contributing factors.

The majority of the children's school fees are paid for by the government of Swaziland through the Ministry of Education's school grant (67%). Only 16% of the children's school fees are paid for by their natural parents, 5% are paid for by their relatives, while NGOs pay for an additional 4% of the children interviewed. Interestingly, some grandparents also pay school fees for their grandchildren and the results revealed that they pay using an elderly grant offered by the government.

Finally, we inquired about children's experiences with voicing opinions and participating in clubs. We found that the majority of children feel comfortable voicing their opinions at school (80%), but there are still 10% of youth who never feel comfortable about speaking up, which is concerning. Ability to voice one's opinion is an indication of both self esteem and teacher style—more attention can be paid to these findings in the next phase of the data collection.

In terms of participation in social clubs, a very large number of children (32%) do not participate in any recreational or sporting activities in school. This seems to be most often due to home responsibilities and income-generating activities children participate in after school, which leaves them with less opportunities to engage in after-school recreational activities.

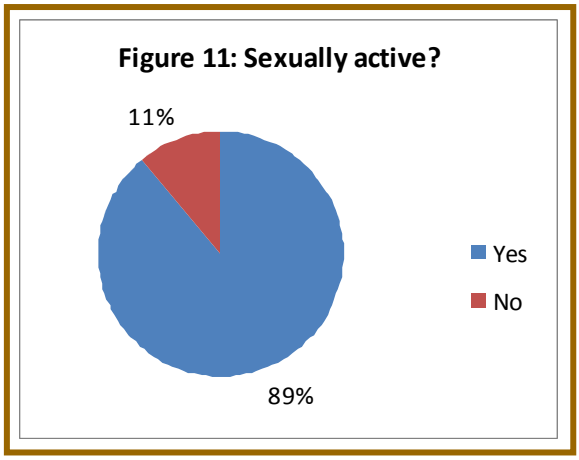


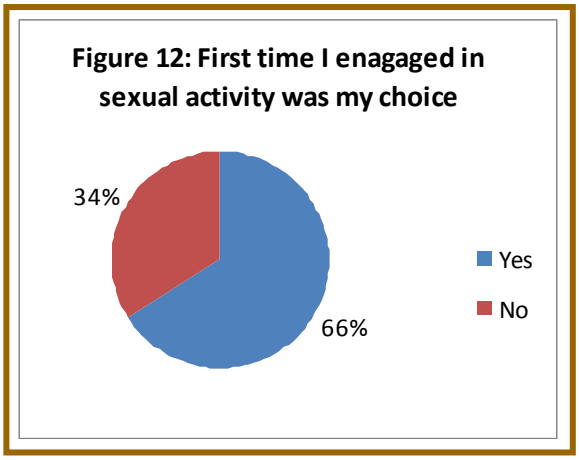
2.7. Sexual Activity and Other Risky Behaviors

Sexual Activity

Since HIV transmission in Swaziland occurs predominantly through heterosexual intercourse between an infected and a non-infected person, it is important to get a sense of the number of children who may be at risk of contracting the AIDS virus. According to our results, very few children (N=87 or 11%) are sexually active (see **Figure 11**).

An almost equal percentage of boys and girls reported sexual activity. In terms of orphan status, 18% of well-off children and 17% of double orphans reported sexual activity, as compared to only 10% of single orphans and 7% of vulnerable children. The majority of the children who reported having had sexual intercourse were in secondary school and were also older, with an average age of 18 years. The youngest child who reported sexual activity was in primary school and was 9-years-old, and the oldest sexually active child was 22. These patterns call for more emphasis on sexual education in secondary schools, although clearly even at primary schools, some children are engaging in early sexual activities.





Results show that 34% of the children who are sexually active reported that the first time they engaged in sexual activity it was not their choice.

Condom use plays a major role in preventing the transmission of HIV, unwanted pregnancy, and other STIs. Only 64% of the children who are sexually active reported having used a condom the last time they had sex. Various reasons for using the condom were quoted, including preventing pregnancy, HIV, and STIs, among others. It is concerning that 36% of the sexually active youth in our study did not use a condom during their last intercourse. Again, the reasons for not using a condom varied, but included "don't know how to use a condom," "embarrassed to buy them," "partner refused to use a condom," and others. A number of children (3.5%) admitted that they had been raped/forced into intercourse, and condoms were not used.

Other Risky Behaviors

Aside from the risk children might bear through engaging in sexual intercourse, we were interested in exploring other risky behaviors participants may engage in. **Table 5** illustrates the rate at which young people asserted certain behaviors during the last school term. In general, we note very low levels of problem behaviors, likely due to under-reporting because of social desirability.

In our sample, only nine children—or 1% of youth—admitted to smoking or taking drugs. Less than 1% admitted to carrying a knife to school, 6% have stolen something deliberately, 9% were involved in physical fights at school, and 28% have been involved in verbal fights in school. Again it is important to note that these behaviors are likely to be largely under-reported, therefore these results should be interpreted with caution.

2.8. HIV Knowledge and Attitudes

Awareness of HIV and AIDS

Respondents were asked a series of questions regarding their knowledge and awareness of HIV and AIDS. **Table 5** records the percentage of children in primary and secondary school who had heard about HIV and AIDS. Approximately 90% of the sample had heard about HIV and AIDS with a much larger proportion of children in secondary school (98%) being aware of the virus as compared to 77% in primary school. Only seven children in secondary school have not heard of the virus as compared to 75 children in primary schools. Both girls and boys were equally likely to have heard of the virus. Those who reported having heard of HIV or AIDS were further asked a number of questions about whether and how the virus could be avoided. **Table 5** shows that knowledge of AIDS in the schools sampled in this study is not comprehensive and is minimal, especially in the primary schools.

Table 5: Ever Heard about HIV and AIDS * Type of School

Ever heard about HIV and AIDS	Type of School		Total
	Primary	Secondary	
No	75 (23%)	7 (<2%)	82 (10%)
Yes	247 (77%)	464 (98%)	711 (90%)
Don't know		1 (<1%)	1 (<1%)

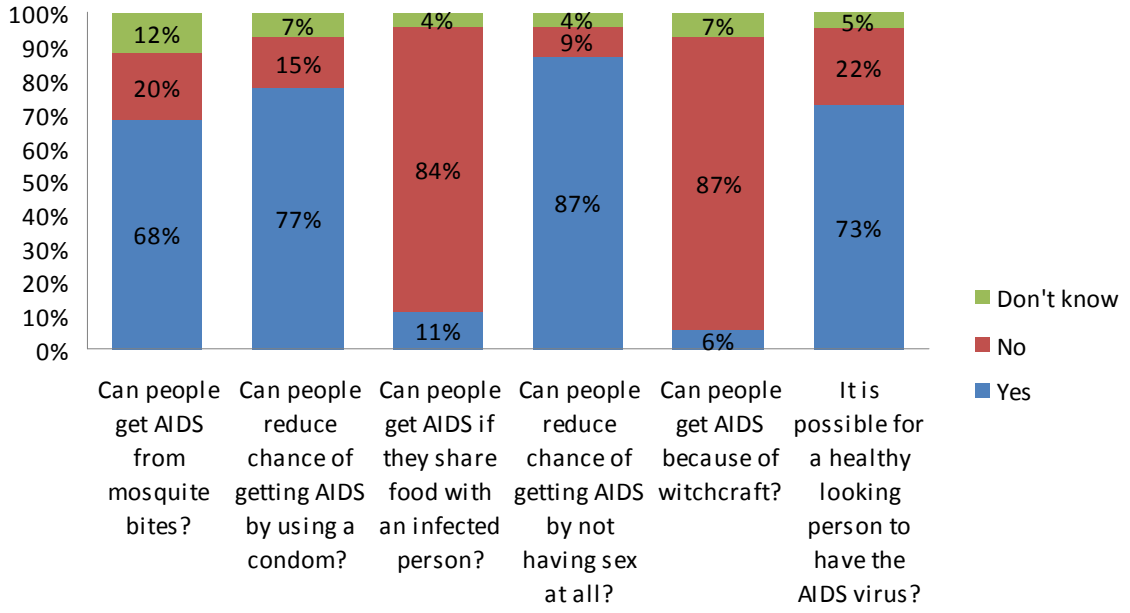
Children were further asked to relate their knowledge about issues relating to HIV transmission without prompting them for responses. Though some children are correctly aware of at least one way of contracting HIV, they have not been comprehensively educated about the topic. At least 25 % of those who know how the virus is transmitted are aware that it can be transmitted through having sex with an infected person.

Apart from those who partly know how HIV is transmitted, some of the children have myths and misconceptions on how the virus may be transmitted. The results revealed that a lot still needs to be done in educating children in school about HIV transmission

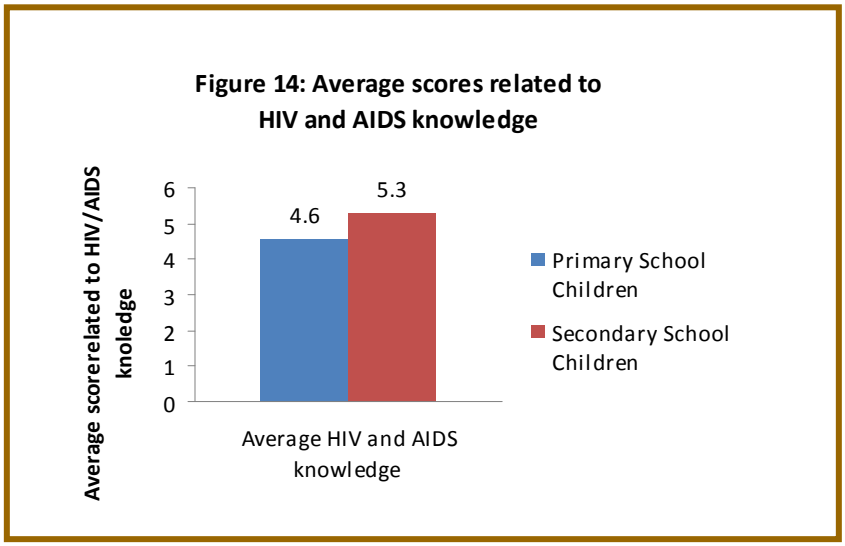
Comprehensive Knowledge about AIDS

Children were also asked about their opinions on certain questions in order to assess their knowledge comprehensiveness as well as their attitudes towards HIV. As shown in **Figure 13**, among children who have heard about HIV and AIDS, 62% deny that one can get the AIDS virus through mosquito bites, close to 71% believe that people can reduce their chances of getting the AIDS virus by using a condom every time they have sex, and approximately 79% believe that abstinence can limit one's chance of contracting the virus. 67% of the children are aware that it is possible for a healthy looking person to have the AIDS virus.

Figure 13: HIV and AIDS Knowledge and Awareness



An overall score was also computed to capture the number of correct answers children gave on the questions related to HIV and AIDS knowledge. The average score (or average number of correct responses) in the sample was 5.2 on a scale of 0-6. In other words, on average, children responded correctly on 5 out of 6 questions, which can be considered very good knowledge. Males and females reported similar knowledge of HIV and AIDS as did children of different orphan status. An important difference was observed between children in primary and secondary school; **Figure 14** on the next page illustrates that there is a difference of one point between the average score of primary school children and secondary school children. In other words, on average, primary school children responded incorrectly to one more question.



2.9. Physical and Sexual Abuse

We included a measure in the survey of different kinds of abuse, including physical and sexual abuse. In our sample, 27% of the participants reported having been physically hit hard and left with bruises. The majority of this physical abuse happened at home (64% of the time), although physical abuse was also experienced at school (27% of the time), as well as other public locations. 8% of the children interviewed had been inappropriately fondled or made to fondle someone without their permission. These inappropriate acts occur quite frequently for half of the kids (sometimes or always), while for the other half it occurs rarely. Children are equally likely to be abused in this way at their homes, at school, as well as in other community/public locations. In terms of sexual abuse, 3.5% percent of the respondents at some point in their lives have been threatened with sexual acts. 2% of these threats happen in the homes where these children live, while the rest happen in public locations, including school.

The physical abuse occurred more frequently for boys than girls, and for children in primary school vs. children in secondary school. On the other hand, sexual abuse and threats occurred with much greater frequency for girls than boys—75% of the children who reported sexual abuse were girls and only 25% were boys.

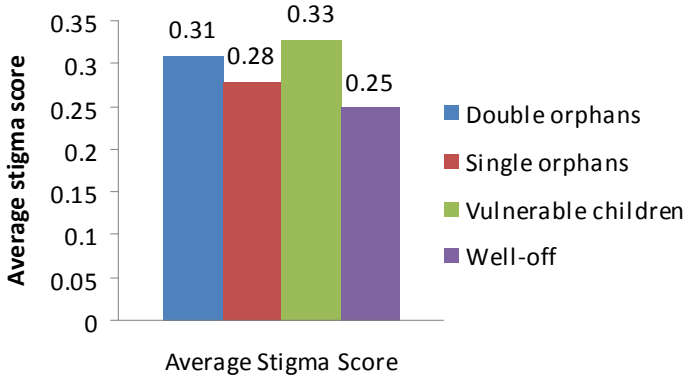
2.10. Stigma and Discrimination

Stigma and discrimination cause loss of self-esteem among children, also clouding their judgment and risk perception which results in risky behaviors. Parental suffering and death from AIDS inflicts emotional trauma on children whose lack of knowledge of the cause makes them anxious and depressed. Learning the parental status from neighbors through gossip makes children angry and bitter towards other people.

We included a measure of stigma and discrimination in our survey, aimed at capturing the degree to which children, especially of different orphan status, experience stigma or discrimination in their daily life—both in and out of school. Questions included: "how often do you feel people act as if they are afraid of you?" "how often do people call you offensive names?" and "how often do you feel people gossip about you?" The average stigma score in the sample was 0.3 (ranging from 0-2), with non-significant differences between the average scores reported by single and double orphans, as well as vulnerable or well-off children.

A large portion of the children reported not feeling stigmatized, yet a substantial number of children often or sometimes feel like they are treated with less respect (48% of children), 21% of children feel that teachers treat them worse than they treat others, 42% report that at school children call them offensive names or say things they don't like to hear, and 13% feel like other children act as if they are afraid of them. Males and females reported similar levels of stigma. We will explore in more detail some of the reasons for why these children may be feeling more or less stigma.

Figure 15: Average stigma score by orphan status

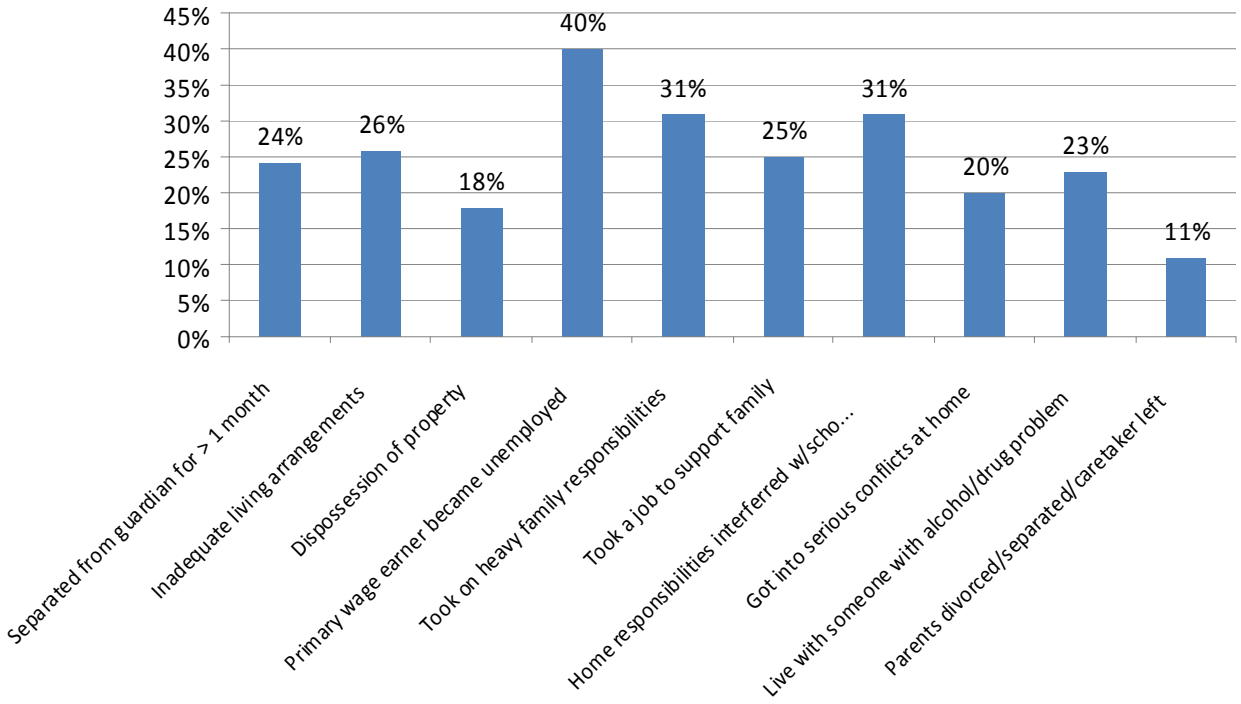


2.11. Daily Hardships and Challenges

We included a measure of "daily hardships" in our survey in order to get a better picture of the difficulties and challenges children experience in their lives. We asked children if during the last school term they have experienced any one of 10 different challenges, including inadequate living conditions, separation from guardian, taking on heavy family responsibility, primary wage earner at home became unemployed, and others. We computed an overall score capturing the number of challenges children reported and getting a sense of the gravity of their situations. The average score in the sample was 2.4 on a scale of 0-10 (10 hardships being the most a child could report). In other words, on average, children responded 2-3 hardships, although roughly 25% of the children reported between 4-10 hardships. Double orphans tended to report the highest number of hardships as compared to other children.

The most common challenges experienced by nearly 40% of the children was unemployment of the primary wage earner in the child's home, followed by home responsibilities interfering with a child's school work (reported by 31% of participants). 30% of children also reported that they had to take on heavy family responsibility in the past school term and 25% of youth had to take on a job in order to support their family (more common among older youth). Furthermore, 23% reported that they were living with someone who has an alcohol or drug problem.

Figure 16: Summary of proportion of children facing daily hardships



2.12. Household Socioeconomic Status

Sources of Income

The main source of income for most of the children's households is through self employment (32%) or formal income earning by either the child or family member (35%). Some families strictly rely on donations as their main source of income (4%), while others rely on remittances from family (11%). Results also show that at least 2% of the children's families have no source of income at all, while 5% do not even know what their main source of income is (mostly younger children). Other sources of income besides the ones listed in **Table 6** range from elderly grants, farming, social grants, etc. The elderly grants distributed by the government seem to go a long way toward caring for entire households, with 4% of children citing these grants as their families' main source of income.

Approximately 30% of the children's families buy their food from shops or vendors, while 16% of the children's families rely on donations as their main source of food. At least 12% of the children's families get their food from field yields. Other families get their food through a combination of all the other sources such as shops, donations, fields, and gardens. 1% of the families get their food through begging as shown in **Table 6**.

Table 6: Main Source of Household Income

Source of Income	Frequency
Formal paid employment	257 (32%)
Self employment	280 (35%)
Donations	30 (4%)
Pension	10 (1%)
Remittances from family	91 (11%)
None	18 (2%)
Other	64 (8%)
Don't know	38 (5%)
Non-response	9

In order to survive, many OVC participate in income-generating projects; about 30% of the children interviewed are engaged in activities meant to generate income. Various activities are implemented, the most common ones being gardening, doing piece jobs, selling sweets in school, selling vegetables, as well as gathering and selling firewood. Other children are engaged in more intense jobs such as brick-laying, cutting and selling logs, as well as cattle herding for neighbors. At least 65% of all the children engaging in income-generating projects earn cash ranging between 10 Emalangeni and 50 Emalangeni per month. Some children earn as little as one (1 lilangeni) per month. Others earn as much as up to 500 Emalangeni per month.

According to the study results, approximately 45% of the interviewees have no one else to support them with money. Those who have other financial supporters get such support from grandparents (5%), siblings (17%), and from extended family members (19%). Other financial supporters—accounting for very small percentages—include boyfriends, caregivers, in-laws, as well as teachers.

Figure 17: Do you participate in an Income-generating activity?

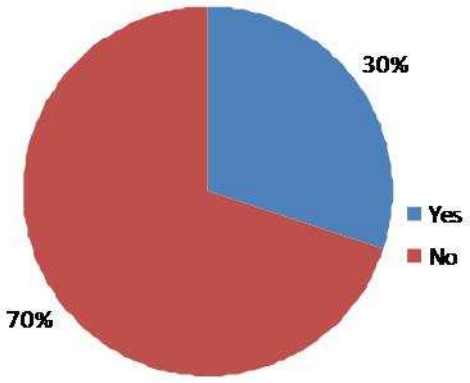
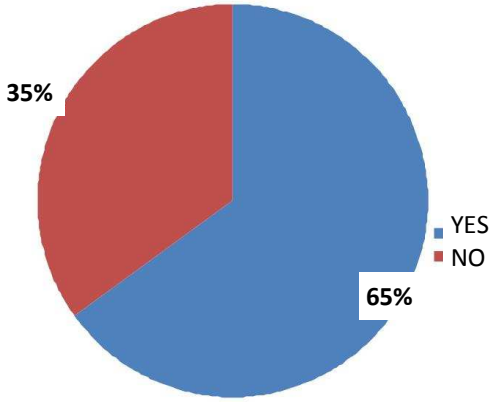


Figure 18: Do you receive any cash earnings for your work?



2.13. Child Protection

All children should be made aware of the different types of abuse and be empowered to better protect themselves against them. In this study, 27% of the respondents said they have never been educated about child abuse. Furthermore, almost 46% of the children are not aware of any local organization dealing with child protection issues. Children were also asked if they were abused, whom they would report to. The majority of children had an idea of who they would go to, although 4% of the respondents did not know where they could seek help. 14% of the children who knew about abuse said they would report any abuse matter to SWAGAA, a local NGO dealing with abuse cases, 16% said they would report abuse cases to the police, while 12% said they would report to their mothers.

Organizations such as SWAGAA, NERCHA, UNICEF, Red Cross, Lihlombe lekukhalele (shoulder to cry on), World Vision, and Save the Children Fund are the most common names that children know to be dealing with child protection issues. SWAGAA and World Vision are the most known organizations in dealing with child protection issues with 12.2% and 10.8% respectively.

At least 7% of the respondents have consulted child protection organizations for services.

One health club activity informs other students about critical health issues through performances.

Part III: Close Look at Primary Outcomes of Interest

The previous section of this report developed a comprehensive profile of our beneficiaries. In this next section we move beyond descriptions and we explore in more depth three main aspects of children's lives that our programs target specifically and where we expect to find measurable change over time. We look closely at:

1. Psychosocial well-being (both positive psychosocial adjustment and psychosocial problems)
2. Basic needs
3. Educational status and achievement (both passing last school term and number of days children missed at school)

This being the baseline data collection, we focused on uncovering important associations between these primary outcomes of interest and other socio-demographic and family variables that may exert impact or shape these domains of children's lives.

3.1. Psychosocial Well-being

As a first step in this in-depth analysis we explored the relationship between the two dimensions of psychosocial well-being:

1. Positive adjustment, and
2. Psychosocial problems with socio-demographic variables as well as other potential determinants of well-being.

As seen in **Table 8** on page 34, we found that the age of the child was significantly associated with both positive psychosocial well-being as well as psychosocial problems, such that older children (often those attending secondary school) exhibit more positive attitudes and behaviors but at the same time they also exhibit higher levels of psychosocial problems. This is somewhat characteristic for adolescence and other research in the field confirms these patterns. Female participants reported comparable levels of positive psychosocial adjustment to males, but significantly lower levels of psychosocial problems. In other words, boys in our sample engage in more problem behaviors as compared to girls, which is also consistent with literature in the field. We looked at risk and protective factors that may shape levels of psychosocial well-being, and noted the following:

- Children who reported more of their basic needs being fulfilled also reported significantly higher positive psychosocial adjustment ($r=0.27$) and lower levels of psychosocial problems ($r=-0.17$). On the other hand, we are worried about children who are not receiving enough material support and thus are struggling not only materially but also emotionally because of loss of hope, lack of self esteem, and poverty.

- Connection with an adult was highly associated with higher levels of positive psychosocial well-being (r=0.36) and lower levels of psychosocial problems (r=-0.35).
- Similarly, children who had more close friends and close relatives reported significantly better adjustment, though these two factors did not seem to impact problem behaviors.
- We explored two more protective factors—passing the last school term and general health—and we found that children who have good school achievement reported, on average, higher levels of positive adjustment (confidence, self-esteem, hopefulness) and lower levels of problem behaviors, which assert the importance of school success in children's lives. In terms of health, we found that good health is also indicative of positive adjustment.
- In terms of associations between well-being and risk factors, we found that negative experiences such as stigma, physical abuse, and hardships were all associated with lower levels of positive adjustment and significantly higher levels of psychosocial problems.
- We noted that stigma and discrimination have the highest associations with psychosocial outcomes, emphasizing the negative effects of such experiences on children's well-being. We also know that stigma and discrimination are particularly damaging to children when they do not have a supportive network of adults or friends around. We should be particularly concerned about the sub-group of children who lack caring adults in their lives and also experience high levels of stigma.
- In this study we did not find evidence that sexual abuse has a statistically significant impact on psychosocial outcomes, but this may be largely due to the very small number of children who reported sexual abuse.
- We also discovered that children who missed more days of school reported lower levels of positive adjustment and higher levels of problem behaviors. Other research in the field confirms this association, as children who spend more time out-of-school tend to lose confidence and connection to peers and often get into more trouble because of idleness or frustration.
- Finally, results showed that having an illness also negatively impacts children's psychosocial outcomes, while participating in an income-generating activity (holding a part-time or full-time job) increases the levels of psychosocial problems reported by participants.

Predictors of Positive Psychosocial Adjustments

In the second step of these analyses we explored the magnitude of the impact of the different factors described above on psychosocial outcomes—when these factors are considered simultaneously we can identify the strongest predictors. Regression analyses revealed that the strongest predictors of

positive psychosocial adjustment were positive connection with an adult caregiver, number of friends a child reported, and passing the last school term. Basic needs also emerged as an important protective factor for positive adjustment (the more basic needs were fulfilled for children the higher their positive psychosocial outcome) but not nearly as powerful as the three mentioned above.

Predictors of positive psychosocial adjustment are:

1. Positive connection with adult caregiver
2. Number of friends a child reported
3. Passing in school
4. Basic needs

In terms of risk factors for positive adjustment, we found that experiences of stigma continued to exert very powerful impact. Interestingly, gender and orphan status did not shape in any way positive adjustment—in other words the impacts of stigma, as well as positive social connection with friends and adults and school success cut across the entire sample regardless of gender or orphan status. It is also interesting to note that in the presence of the above-described strong factors, hardships, illness during the last school term, and experiences of abuse were no longer important predictors of positive adjustment.

Predictors of psychosocial problems

Turning to the most powerful predictors of psychosocial problems, we found that a combination of three main factors had the most impact: many hardships, high levels of perceived stigma and low levels of positive adult connection. These three factors were the strongest determinants of psychosocial problems. Children experiencing an illness in the last term as well as physical abuse also emerged as significant predictors in our regression analyses, but with much lower impact. Again, these effects were true in the entire sample irrespective of orphan status, gender, or age.

These findings suggest that if programs support the inclusion of caring adults in children's lives, decreased levels of stigma and discrimination, and staying and succeeding in school, they will have a stronger impact on children's psychosocial well-being.

3.2. Basic Needs

The same set of analyses were performed with basic needs as the primary variable of interest. **Table 8** illustrates the two-way relationships between basic needs and factors that may be linked to the level of material support a child is receiving. We notice that gender and age of the child were not associated with basic needs—both older and younger children, and boys and girls reported comparable levels of material support.

- The study revealed that positive connection with an adult is highly linked to levels of support, while friends and relatives are not. This finding emphasizes the *importance of children having a caring adult in their lives*—while these adults provide social and emotional support they are also likely to attend to a child's hygiene, feeding, and clothing.
- In terms of risk factors, we found that a number of hardships are highly associated with basic needs, indicating that the more challenges a child's family faces the less likely is that child to have his basic needs fulfilled.
- Similarly, we note that children who are physically abused are less likely to have sufficient material support—not surprisingly we also found that physical abuse is highly associated with low levels of positive connection with an adult (discussed later). In other words, children who are physically abused experience a double jeopardy.
- Interestingly, income-generating activities did not positively affect children's basic needs. Perhaps the mechanism here is such that children whose families are faced with dire poverty are the ones more likely to be taking on a job, and their financial contributions to the family are simply not enough to offset the family's inability to provide for children's basic needs.

Table 8: Closer Look at Basic Needs

Demographic Factors	Basic Needs
Female	0.08
Age of child at interview	-0.06
Protective Factors	
Positive Connection with Adult	0.26***
Number of close friends	0.01
Number of close relatives	0.02
Risk Factors	
Number of hardships	-0.26***
Physical Abuse	-0.10**
Sexual Abuse	-0.05
Participate in income-generating activity	-0.07

In further regression analyses, we noted only three significant predictors of basic needs. Strong connection with an adult played the most powerful role in ensuring children's basic needs, while many hardships experienced by the child's family—as well as physical abuse—were both strong determinants of insufficient material support provided to the child.

Many hardships experienced by a family—as well as physical abuse—were both strong determinants of insufficient material support provided to a child.

3.3. School Achievement and Attendance

We looked more closely at two school-related variables hoping to better understand some of the reasons for the low-passing rate and large number of children missing school days. The results reveal that older children are much more likely not to pass as compared to younger children—this finding suggests that particular attention should be paid to school support programs for adolescents, who may be struggling more in secondary grades. One positive finding is the lack of significant association between gender and passing/performance in school as it indicates that girls are just as likely to pass (or fail) as boys.

Looking at the potential protective and risk factors, we found that *positive connection with an adult is associated with higher rates of passing,* which again emphasizes the importance of positive adult figures in children's lives in terms of offering children motivation to succeed in school. Interestingly, friends or relatives do not seem to affect school pass rates. Also of note is the fact that children who experience physical abuse are less likely to have passed the last school term. On the other hand, basic needs or number of hardships were not determinants of school success, which is encouraging for children who come from more disadvantaged families.

Very few factors seem to affect the number of school days children missed. We note that general health and sickness are two of the main predictors of absenteeism, pointing to the importance of offering health support for children at school, especially in light of the finding that 25% of children who get sick do not seek help. While physical abuse was not associated with absenteeism, sexual abuse was, which is concerning for those 4% of children who experienced sexual abuse. It is encouraging to note that participation in income-generating activities is not associated with lower passing rates or more days of school missed—as noted earlier it is likely that these activities are happening after school hours, and they are mainly prohibiting children from participating in recreational activities but do not seem to interfere with children's ability to pass school terms.

Regression analyses exploring the joint effects of these factors confirmed that health factors and experiences of sexual abuse were equally powerful predictors of school attendance, while no other factor emerged as significant. Experiencing any one abuse event was associated with an extra one day of school missed, while children who reported "worse health compared to their peers" on average also reported two more missed days of school.

General health and sickness are two of the main predictors of absenteeism, pointing to the importance of offering health services for children at school, especially in light of the finding that 25% of children who get sick do not seek help due to lack of finances.

3.4. Other Notable Findings

The study also sought to understand a bit more about some secondary program priorities, which our programs are not designed to impact directly but are nonetheless interesting to consider. These included:

1. Positive connection with an adult
2. Stigma
3. HIV knowledge

Table 9 demonstrates the results of correlational analyses performed with these three variables of interest. On the next page, we outline a few important findings.

Table 9: Relationship between Areas of Interest

	HIV Knowledge	Stigma	Positive Connection with Adult
Age	0.24***	0.16***	-0.19***
Female	0.01	-0.05	0.09
Single orphan	-0.06	-0.05	0.05
Double orphan	0.08	0.00	-0.11**
Vulnerable child	-0.03	0.06	0.06
Basic needs	0.15**	-0.21***	0.26***
Positive Connection with Adult	-0.03	-0.25***	1.00
# Friends	0.03	-0.04	-0.01
# Relatives	0.01	0.01	0.09*
# Hardships	-0.02	0.36***	-0.33***
General health	-0.07	-0.06	0.13**
Illness	-0.03	0.13**	-0.04
Physical Abuse	-0.11**	0.23***	-0.12**
Sexual Abuse	-0.07	0.13**	-0.01
Participate in income-generating activity	-0.12**	0.07*	-0.05

HIV Knowledge

Although we recorded generally high levels of HIV knowledge in our sample, it is clear that:

- Older children have higher HIV knowledge as compared to younger children
- More basic needs fulfilled were also associated with higher HIV knowledge

Stigma

Many factors seem linked to levels of stigma. Some of the stronger associations are observed with basic needs, connection with an adult, hardships, and abuse.

It is clear then that children feel more stigmatized and looked down upon if they are older, have unfulfilled basic needs (potentially resulting in poor hygiene, thinness, etc.), lack strong adult figures in their lives (to offer support and advocate for them), experience many hardships (among which a family member with alcohol or drug problem, separated parents, etc.), experience sickness, physical (likely to be visible) and sexual abuse (likely to be known through gossip).

Positive connection with an adult

We note a positive relationship between basic needs and adult connection (which we discussed previously), as well as between the number of relatives and adult connection, suggesting that in households where children have more relatives around they are also more likely to receive support and encouragement. We recorded negative associations between adult connections and age, double orphan status, hardships, and physical abuse. In other words, older children and double orphans have a more difficult time securing strong adult support figures.

Children who live in households experiencing many hardships are likely surrounded by adults who are either too busy and preoccupied to pay attention to the child, or are unable to provide attention and support because of personal challenges (such as drug or alcohol problems).

Working in the garden with teachers and community members strengthens the relationships between students and adults.

Acknowledgements

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bantwana

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