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Social Consequences, Costs, and Coping Strategies for Living With AIDS Orphans in the Households at Shaki and Ibadan, Oyo State, Nigeria: A Preliminary Report

The HIV/AIDS pandemic has given rise to major demographic changes, including family poverty and a disturbing number of orphans, especially in sub-Saharan Africa. Nigeria ranks second among sub-Saharan African countries in the number of people living with HIV/AIDS. Nigeria is estimated to have the highest number of AIDS orphans. The estimated number of maternal AIDS orphans was 1 million in 2001, and may exceed 2 million by 2015. The social and developmental implications of this pose a serious challenge for the fight against the disease and its economic impact on families and the nation. Evidence-based programming underscores the importance of collecting observational data to design and evaluate the health and economic cost of AIDS orphans at the household and community levels. Analysis of cost of care, social consequences, and coping strategies at household level aimed at populations or specific subgroups may produce data that are informative, insightful, and broadly useful in the planning of activities to cater for children orphaned by AIDS with the ultimate goal of reducing poverty, first at household then community-at-large. This study therefore aims to evaluate the cost of care, social consequences, and coping strategies of AIDS orphans living with their surviving parent or another family in selected rural and urban towns of southwest of Nigeria for the purpose of providing data that may be used to formulate policies and programs that will address the problems of AIDS orphans and related consequences.

Using a semistructured questionnaire to interview 12 AIDS orphans in 10 heads of foster families (two had two orphans), we found out that the median family monthly income was \$295 (range, \$154 – \$480), median spending on an orphan was \$168/school term (>18 percent of median family income), estimated average cost of monthly feeding, clothing, and schooling an orphan were \$41, \$11, and \$32, respectively. Overall, about 40 percent of parents said that orphans were an additional cost to their spending. As many as 2 out of 5 foster families have no savings. On coping strategies, 10 percent have had to sell some of their family's properties to care for an added child. One out of 10 caregivers complained of family stress/disharmony since orphans were taken in. Forty percent of the AIDS orphans were under weight-for-age compared with 23 percent among biological children in foster families but the proportion of stunting was not different. About 30 percent of AIDS orphans were made to skip their lunch compared with 10 percent of biological children in foster families, while about 6 out of 10 are subject to discrimination and are less likely to receive health care and other needed home supports.

On schooling/performance, one orphan was not in school at the time of the study. All the others were in public school compared with 60 percent among the other children in the

households. None of the orphans in school thought their being with their new families had affected their performance. Despite progress preventing and treating AIDS, we are ignoring the basic needs of AIDS orphans. Considering the estimated 2 million orphans in Nigeria; over \$300 million is needed to pay for their schooling per term, more than \$82 million for feeding and about \$22 million for clothing but, much less than this amount is actually available in the households.

Country where the research will take place

Nigeria

How does the research describe the impact of population/reproductive health on poverty reduction and/or economic growth?

AIDS orphans constitute a special category of children in difficult circumstances. Apart from being deprived of parental care and love, they may add to the burden of families or caregivers after their parents' demise as many of them live with their extended families. As Nigeria is one of the poor countries in Africa, these extended families are themselves often impoverished, resulting in further vulnerability of both the orphans and their own children. Orphans and other children

living in such situations are frequently at increased risk of losing opportunities for education, health care, development, adequate nutrition, and shelter. To bring about sustainable social and behavioral change, the formulation and enactment of policies need to be evidence-based.

How will the research address a policy need, and what kind of policy lesson is expected?

The household is a preferred unit of analysis for assessing the economic cost of care, because the decisions about care and needs when another child is added to a family are based on negotiations within the household, but not necessarily from an equal bargaining position. The costs of care do not only fall on the orphaned or the underprivileged child but on other household members, therefore the costs of care alter the household budget which has implications for the resources available to other members of the family. Nigeria will require an inexpensive tool to guide initiation of program to care for the increasing number of AIDS orphans and also to monitor households' well-being. Data on the economic cost and suffering of the special group of children will be required to design, implement, and evaluate such programs and policies.

Methods used

The study is designed to be cross-sectional in nature involving AIDS orphans and their caregivers as participants. Study location would be two purposively selected communities (rural and urban) in the southwest of Nigeria. Data will be collected prospectively on cost of living, education and health; psychosocial and emotional well-being of the orphans; and on coping strategies and supports received by the foster family or surviving parent with the use of semistructured, interviewer-administered questionnaire. Also additional information will be obtained on the views of AIDS orphans regarding the perceived problems in their community using key informant interview technique. Expected measured outcomes will include costs of care with respect to the orphans' physical, social, and health needs; psychosocial and emotional problems facing the orphans; and coping strategies employed by the fostering families and the orphan.

Data used

In this study, data obtained from household heads or caregivers of AIDS orphans will be used to estimate the cost of care for AIDS orphans. These household surveys are particularly suited to this analysis because they contain detailed information on cost of education, daily needs, and health. Also data obtained from the interviews of orphans will provide information on the problems they face in the households.