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Baseline Assessment of Vulnerable Children and HIV Burden Alleviation in Ekiti State, Nigeria

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Abstract

Nigeria is having about 17.5 million orphans and Ekiti State the study area contributes about 70,000. This may increase with the prevalence of HIV from one percent to 1.4 percent in the state. This study uses the Orphans Vulnerable Index and Child Status Index to identify and enroll Vulnerable Children (VC) in the two LGAs of focus in order to identify the needs of VC and care givers. A total number of 402 VC were enrolled out of 433 identified from six political wards in the LGAs. There were 51% male and 49% female, 44% and 56% from Ido Osi and Moba LGAs respectively while the age distribution shows that more than 40% of the VC are within 10-14 years of age. Using the CSI scores, more than 65% of the VC has poor access to adequate nutrition, shelter and health care services while about 63% of the VC have poor access to education, social protection and psychosocial wellness. The findings represent the poor socioeconomic status of Nigerian,

though the state faired a bit better than states outside of the southern Nigeria Zones.

Keywords: Vulnerability score, HIV, community, enrolment.

Introduction

Ekiti State has a population of about 2.7 million people. The state is made up of sixteen local government areas; most of the local government areas are basically rural except for the Ado Ekiti, Ikere, Ikole and Efon - Alaaye in relative terms. The HIV Sero-prevalence rate for the state is one percent in 2008 and increased to 1.4% in 2010, more in urban and less for rural areas (FMOH 2010). This translates to about 74,000 orphans from all causes and about 20,000 from AIDS causes. Though these figures are relatively low compared to more HIV endemic and populous states in Nigeria, much still needs to be done programmatically to put the dimensions of challenges under control by addressing emerging drivers of HIV epidemics in the state especially low rate of condom use highest being 24 % among university students and lowest among less literate migrants in the midst of high sexual networking, and increasing urbanization and modernization of rural areas without commensurate improvement in reproductive and HIV prevention and care services. Across HIV testing centers, percentage of persons testing positive to HIV is above five percent and this is far above the national sentinel survey data for the state which is 1.4 percent (EKSACA 2010, FMOH 2010).

HIV and its related Tuberculosis epidemics have produced a mass of mortality with Nigeria recording the fourth highest burden for Tuberculosis and estimated annual deaths of 280,000 persons related to AIDS (FMOH 2007). Malaria epidemics also accounts for 11% of all maternal deaths in Nigeria. . World Bank survey in 12 states indicates that AIDS accounts for 11% of all causes of orphaning in Nigeria. Generally the combination of malaria, tuberculosis and HIV contributed one – third of the orphaning in Nigeria. (World Bank 2002) while NDHS 2008 data for Ekiti state shows that 8.2% of the children are orphans or vulnerable, this is compared to national average of 10.5%. A small survey conducted in Ekiti State among primary and secondary schools shows that 9.5 % of pupils are orphans with no specific access to care except at the family level (Ogunsanmi 2005, Ibigbami 2005) Also in another community survey among orphans using snowball method shows that 75 per cent are paternal orphans, 17 percent are maternal

orphans while about seven percent are double orphans (Oluwadare, Ajewole and Dada 2008). It is noted that the number of children orphaned by aids will continue to rise in the next decade even in the unlikely event that the transmission of the infection is drastically reduced within a short time (Federal Ministry of Women Affairs and Social Development, 2006a).

The attention to orphan and vulnerable children globally is to use the cohort as entry point to reduce the burden of AIDS and other related socio-economic and health challenges. This is tied to the development process addressing millennium development goals especially the first six goals: goal 1, eradicate extreme poverty and hunger, the VC represent this cross road when either parent or both is dead and left to care givers and in situations where more than 80% of the population live below the one dollar per day (Population Reference Bureau 2008). Goal 2, achieve universal primary education, since most VC are challenged in either attending schools or completing school education. This is more so when national literacy rate in Nigeria is about 62%. Goal 3, promote gender equality and empower women, girl child is more challenged due to culturally embedded gender discrimination which makes female gender prone to abuses, educational and economic deprivations. Equally linked to this is that most care givers, burdened with the care of orphans are grandmothers, widows or girl-child house heads. Goal 4, reduce child mortality. Child mortality is worse among vulnerable children like the poor, orphans and the rural dwellers. According to WHO (2006) the infant and child mortality rates are 103 and 136 percents respectively, NPC (2008) shows 75% and 157% for both mortalities respectively. This health profile is one of the least in sub-Saharan Africa. Goal 5, Improve maternal health, with maternal mortality at over 500 for 100,000 live births and about 35% of all deliveries in health facility and less than seven percent among the very poor women. Adult VC will fall into the latter category. As explained earlier Goal 6 which is combating HIV/AIDS, malaria and other diseases is critical. These diseases have increased the burden of VC and if it is not handled, VC will also fuel epidemics especially HIV, Tuberculosis and malaria. Neglected adult VC are exposed to risky sexual behaviours due to poverty and stigma burdens.

It is therefore necessary to target the orphans and other vulnerable children for wide range of support services in order to alleviate the burdens and also stem the tide of HIV impact in Nigeria. The framework to achieve these is expressly explained in the VC National plan of action 2006-2010 and

coordinated by the FMOWA&SD and the other designated departments at both state and local governments. The baseline information about them is equally required at the community level in order to complement the national surveys and also contextualize proper identification and enrolment of them to guide intervention.

Objectives of study

The baseline assessment was an action research which preceded the process of care and support for eligible enrolled orphans. The data generated will be used as basis for identifying what type of services will be provided to improve their livelihood. The care, support and services available will be in line with the National Guidelines and Standard of Practice on VC and VC National Plan of action 2006-2010 (FMOWA&SD, 2006a). Therefore the assessment has the following specific objectives:

1. To collate the prevalence of orphans and other vulnerable children in the targeted population
2. To disaggregate the data collected based on social conditions and pattern of vulnerability
3. To recommend the best fit of support services to improve the livelihood of the enrolled vulnerable children

Conceptual definitions

According to the FMOWA (2006) a child is defined as a boy or girl below the age of 18 years and an orphan is any child who has lost one or both parents, irrespective of the cause of death. The definition of vulnerability varies from society, in the context of Nigeria, a child is vulnerable if because of circumstances of birth or immediate environment, he or she is prone to abuse or deprivation of basic needs, care and protection and thus disadvantaged relative to his or her peers. Categories of vulnerable children will include orphans of either one or both parents, children living with terminally or chronically ill parent (s), children on or off the street/child hawkers; children living with aged or frail grandparent(s); children who get married before age 18 years; neglected children; abandoned children (cited in Pact Nigeria,2011).

Orphans Vulnerability Index (OVI): it is an objective tool that assesses the vulnerability of each child. The tool has a score range of 0-21 and each child assessed falls within one of the vulnerability status. The OVI assesses the following thematic areas of the child: health, education, shelter, child

protection, nutrition and household economic strength. The tool is administered at the point of entry or contact with the VC to determine level of vulnerability and needs

The Child Status Index (CSI) is a tool that when administered, describes the condition of VC with relation to food, security, care, abuse/exploitation, wellness, access to health care services, emotional health, behaviour performance and access to education. This is used on initial contact with the VC and administered periodically to assess the level of improvement.

Theoretical guide
This study was guided by the basic assumptions of the classical functionalist theory of Emile Durkheim and significant modification by Herbert Spencer. But since they are modern theoretical explanations based on the social evolutionary paradigm, the perspective was adapted as analytical tool to modern Nigerian society. Functionalism is a social positivist theory developed in the 18th century Europe as an intellectual explanation for the growing social problem resultant from increasing industrialization, mechanization of farms and liberalization of families, political and economic activities. Emile Durkheim started an empirical explanation of the dynamics of these conditions by emphasizing the unity of whole social system like a biological organism. That society is made up of various interrelated and interdependent parts which make for the survival of the whole. This means according to Durkheim for social order and progress, all social parts must have shared values or collective conscience which binds them together. Contrarily, a given disorder in one part will affect other parts and the whole order and peace of the society. He however identified the family and religion as the most important parts or institutions for adequate socialization of the children in order to make them a positive force for developing societies (Churton 2000). Here orphans and vulnerable children is a product of disorder at the family unit or part of the society which invariably impair on the social whole. A study of orphans and other vulnerable children is similar to Dukheimian concern about suicide, which he explained as a product of lack of individual's integration in society (Durkheim, 1951). Also in order to understand and solve social problem, he conceived that social problem is to be taken as social fact to be scientifically studied just like physical or biological facts that are external to the individual but impact on it. Just like suicide, the factors that produce orphans and vulnerable children can be identified and explained objectively (Ogunbameru, 2010). He also

recommended that society has responsibility to intervene minimally to resolve social crises and heal ailing parts to produce a stable and healthy society. The recommendation to alleviate social suffering through social intervention was rejected by Herbert Spencer in his social Darwinism or organismic society theory. He believed that society is like a biological organism that survives through natural adaptation to the environment and that the principle of survival of the fittest should suffice. Here, the social poor are poor because they are weak and that the social elite and powerful will continue to survive (Giddens, 1993. However this and cannot be recommended for social engineering. Spencer however used this thesis to justify imperialism but the need for social intervention to help the socially weak part of the society according to Durkheim is preferable.

Globalization as an epoch of contemporary development re-echoes classical thesis of functionalist relationship of social units or structures. Here the globe is taken as a society where individual nations become parts or units of the whole since globalization describes the growing economic, political, technological, and cultural linkages that connect individuals, communities, businesses, and governments around the world. It is therefore out of place to apply Spencerial   therapy in remedying social problems. But society as a whole should device measures to heal any ailing part at sub-national, national or international level. Orphans and vulnerable children are issues that should involve the intervention of both national and international entities while family institution to be strengthened to be more responsible to care and support the children for the whole global society to be orderly and stable. When children are adequately cared for and develop through normal family roles, they will produce better labour force in future (economy), produce better leaders at all levels (political), become morally sound and conform to social values and norms (religious).

The children challenged due to socio-economic conditions could not be helped at the household level until an intervention is injected either to the care giver or the child through other social units or parts especially the economic, religious or the political. When this is successfully done the whole society will benefit and progress which in the global context will promote development.

Methodology

A survey design adapted from already designed instrument for identification and measuring the vulnerability of identified children was used. The instrument is called the VC Vulnerability Index (OVI). The research took place in three political wards randomly selected from each of the Ido Osi and Moba local government areas of Ekiti State. Community participatory approach was used with the selection and training of three volunteers per ward to identify, select and enrol VC. Community volunteers using home visits, school visits and snowball methods identified and listed the orphans and other vulnerable children. The lists from individual volunteers were transferred into the individual OVI forms. The individual OVI forms were transferred electronically to Microsoft excel sheets. The overall data was managed by STATA 11.0 statistical software.

Out of the total of 433 children identified through the volunteers, an OVI score of 7 was agreed to be the baseline for qualification for service provision. Therefore 402 qualified to be enrolled for service provision while the rest of 31 are on the reserve for future intervention by the government or nongovernmental organizations. The analysis of the enrolled data containing 402 children and their biometric information is presented below.

Results

The following primary information as shown in Table 1 is derived from data from the two local governments. 51% of the 402 children are male while 49% are female. Moba LGA has 56% of the total enrolled children. The disaggregation of this data by political wards is shown in Table 1 below. Apart from local government distribution, the two local government headquarters of Ido Ekiti (Ido Osi) and Otun Ekiti (Moba) have about 56% of the total enrolled children while the least contribution to the total enrolment was from Erinmope Ekiti in Moba LGA. Also 53% of the enrolled children have their birth not registered either at the point of delivery or thereafter. When analyzed by gender, more number of female, about 52% did not have birth certificate and this point to the fact that female children need more legal protection than male children. 95% of the children are currently in school while about one-third of all children not in school are female. Specifically, 5% of male and 4% of female are out of school due primarily to physical disability and economic deprivation.

Data about the type of orphaning shows that about half of the enrolled children have lost their fathers while female children are more challenged

when it comes to issue of orphaning. However 23% (93) of the total enrolled children that are not orphans are mostly those from child-headed households (66%), children with physical or mental disability (3%) and child in labour (6%). Generally, about 7% of all the vulnerable children have lost both parents. Information about age distribution is shown in Figure 1 below. Overall about 25% of the children are above 13 years of age and 10 % are of five years or below. Male children are more at the mid ages of ten to fourteen year-old while there are more female children below four years of age.

The child status index (CSI)

The Child Status Index as a tool was administered to the enrolled vulnerable children in order to identify their individual well being based on the 12 indicators model by the Federal Ministry of Women Affairs (2007). This was done by analyzing the number and percentages of the 402 enrolled children that were rated as either 'very bad', 'bad', 'fair', and 'good' with regards to the wellbeing indicators during the assessments. Fig. 2 explains the scores on the 12 indicators subsumed into six categories as shown below:

A.		Food and Nutrition
	1.	Food security
	2.	Nutrition and care
B.		Shelter and care
	3.	Shelter
	4.	Care
C.		Health
	5.	Wellness
	6.	Health care services
D.		Psychosocial
	7.	Emotional health
	8.	Social behaviour
E.		Protection
	9.	Abuse and exploitation
	10.	Legal protection
F.		Education and Skills
	11.	Performance
	12.	Education/work

From the data presented, food and nutrition seem to be the least challenging issue to the VC, while shelter and care issues show the highest score in terms

of poor livelihood. This is followed by health issues where 40% have poor access to health care. Generally shelter has the highest score of fair which show that most of the VC lives in a relatively fair accommodation with bad access to family care. The most positive score is with the protection issues where VC has highest scores on the two indicators. This is not unrelated to the fact that most of the VC has the birth certificates also stay within at least the extended family bonds. However the most glaring domain is the fair status where more than two-third of the VC is except for food security, that is, only 28% of the VC has enough 'food to eat most of the time, depending on seasons'. To understand the purpose of the CSI score of the Enrolled VC in the study population, Table 2 presents the summary in terms of good and bad. Good means an improved livelihood while bad means a very low livelihood thus indicating level of socioeconomic poverty.

From Table 2 above, VC are mostly challenged in food and nutrition while the VC fared better in social protection. No doubt it still shows a poor level of socioeconomic livelihood for the VC in Ekiti State already living amidst poverty and exposure to deprivations at both national and state levels. More than two third of the VC: have no consistent access to adequate diet compared to NDHS (2008) data that shows 45% malnourished children in the state and the national average of 63% using the WHO child growth standards population media; poor access to care of an adult and mostly have to care for selves; poor access to health care services and often get sick; with no birth certificates and socially excluded with propensity to social misfit and deviant behaviors; poor access to quality education and tendency to be truants and have serious challenge learning and developing skills.

Conclusion and recommendations

The findings explained above also represent the poor socioeconomic status of Nigeria. It may be auspicious to state however that the Ekiti State VC sampled CSI score is significantly better (higher) than representative national score as documented by Pact Nigeria (2011). But compared to the southwest geopolitical zones, the human development indicators for the state still show that the state is far behind other states.   This study would recommend primarily a state specific VC research across the country in order to contextualize service packages that specifically meet the needs of VC. Also an inclusive child livelihood improvement projects in health care, education, environmental sanitation and recreation can be encouraged by governments and international organizations. For instance, free and

compulsory universal basic education as entrenched in the 1999 constitution is far from being implemented in the country. Basic education pupils still pay fees which VC care givers could not afford, while child health care remains poor in the face of high out of pocket expenses for health. This is already advocated as a best practice for African children by Family Health International (2008).

Finally it is recommended that the assessment of child status index should be conducted periodically as the most evidence-based approach to monitor and document the livelihood development of orphans and other vulnerable children in Nigeria. This will help in informing the best fit child development program targeting the most at risk children.

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Table 1: Percentage distribution of enrolled children by basic characteristics (N=402)

	Gender		Total
	Male	Female	
1. Political wards?			
Aaye/Ifisin/Igbole	62.5	37.5	10.0
Orin/Ora	49	51	14.1
Ido Ekiti	57.7	42.3	19.4
Osan	43.1	56.9	14.4
Erinmope	40.0	60.0	5.0
Otun Ekiti	50.3	49.7	37.1
2. Has birth certificate?			
Yes	54.3	45.7	46.6
No	47.9	52.1	53.4
3. Whether in school?			
Yes	50.7	49.3	95.5
No	61	38.9	4.5
4. Vulnerability type?			
Maternal orphan	39.3	60.7	22.3
Paternal orphan	55.8	44.2	47.6
Double orphan	40.7	59.3	6.7
Not orphan	54.8	45.2	23.3

Figure 1: Age distribution of the vulnerable children by gender

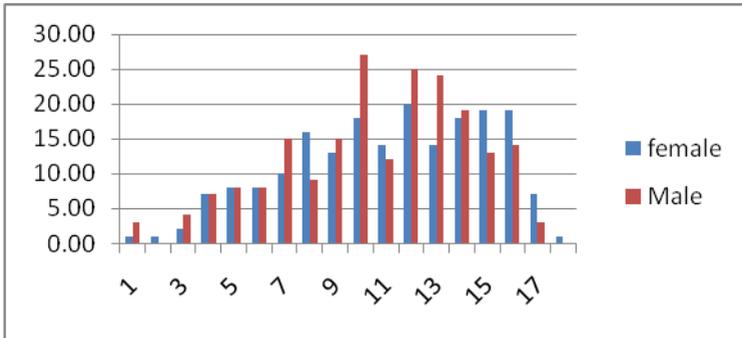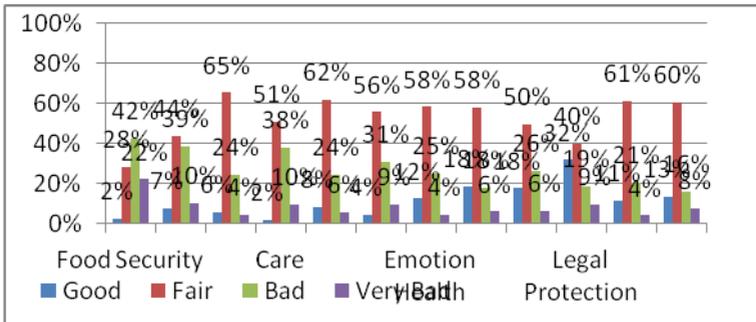Fig.2: Baseline Child Status Index Score of 402 VC enrolled

Table 2: %age CSI scores of 402 VC

S/N	CSI domain	Scores	
		Good %	Bad %
1	Food and nutrition	20.2	79.8
2	Shelter	30.7	69.3
3	Health	32.2	67.8
4	Psychosocial	36.5	63.5
5	Protection	39.5	60.5
6	Education	36.3	63.7