Competitive or Complementary?

The Relationship between Orphanhood and Child Fostering in Sub-Saharan Africa

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Abstract

Sub-Saharan Africa has a long history of child fostering. In countries most afflicted by the HIV/AIDS epidemic, orphanhood has increased dramatically, but many of its consequences have been mitigated by the ability of households to absorb orphans. In this paper, we examine what the rising levels of orphanhood mean for the common practice of elected child fostering. In particular, we ask whether the growing number of orphans is displacing opportunities for other forms of fostering or whether they are complementary and households are able to absorb both. We use the Demographic and Health Surveys (DHS) from the 18 countries with at least two surveys to examine changes in fostering patterns over time. We then use fixed effects models to examine how orphanhood and fostering patterns vary by community-level HIV prevalence using the 16 sub-Saharan countries that included HIV testing on their most recent DHS.

Introduction

Child fostering has long been recognized as a risk coping mechanism used by African households to offset economic or demographic hardships, to take advantage of resources available through extended kin networks, and to redistribute the costs and benefits of childbearing across the extended family (Isiugo-Abanihe 1985; Mason 1997; Akresh 2005). Although most research on the practice of child fostering has focused on West Africa, the practice is common throughout sub-Saharan Africa, including the AIDS-burdened areas of East and Southern Africa (Monasch and Boerma 2004).

The prevalence and consequences of orphanhood in sub-Saharan Africa have occupied much space in the research literature because of the growth of the HIV/AIDS epidemic and concern for the wellbeing of children affected. In this paper, we take a different approach to examining the consequences of orphanhood by asking what the rise in orphanhood means for the traditional practice of child fostering. With orphanhood increasing, particularly in AIDS-afflicted countries, the demand for child fostering grows but the supply of households willing and able to take in foster children is likely constrained.

For the purposes of this analysis, we define "child fostering" to refer to any child who does not live with either biological parent, regardless of whether those parents are living or dead. We distinguish between two types of fostering: "orphan" fostering driven by the death of a parent and "elected" fostering, which we define as fostering for a reason other than a parental death. Elected fostering may be used to strengthen kin ties, increase access to education, share the costs of childbearing, or following divorce or remarriage (Isiugo-Abanihe 1985; Alber 2004; Akresh 2005; Madhavan 2004; Monasch and Boerma 2004; Ansell and van Blerk 2004).

We hypothesize that orphan fostering has displaced "elected" fostering in countries and communities most severely affected by the HIV/AIDS epidemic. If the epidemic has increased the numbers of orphans, these stressors may make it less likely that children with two living parents will be fostered. To the extent that child fostering is used by families to increase a child's access to education, share the economic burden of childbearing, and strengthen kinship ties, the HIV epidemic may have negative effects on intergenerational and horizontal resource sharing that have not yet been empirically measured. By examining whether children with two living parents represent a smaller share of foster children over time within regions most affected by the epidemic, we will attempt to shed light on this issue.

Data and Methods

Our analysis uses data from the Demographic and Health Surveys (DHS) to examine changes in the composition of child fostering across sub-Saharan Africa. The DHS are nationally representative surveys of reproductive-aged women (age 15-49). Although the survey focuses on sexual and reproductive health, fertility, and child health issues, the household roster collects extensive information about all current household residents. In particular, the survey collects information on parental co-residence and orphanhood status for all children aged 18 and younger. We limit this analysis to children aged 0-14 years old who are more dependent on care from others and unlikely to be married.

In the first part of our analysis, we examine changes over time in child fostering, focusing on the 18 countries in Sub-Saharan Africa from which at least two surveys that asked about parental co-residence and orphanhood status have been collected[1]. For countries where more than two surveys have been collected, we compare data from the earliest and most recent surveys currently available. Across the set of countries in this analysis, an average 9.8 years elapsed between the earliest and most recent survey. Although the stage of the epidemic varies from country to country, in most countries considered here HIV prevalence increases from the first survey to the time of the most recent survey (see Table 1). We use these variations to consider whether levels of child fostering have changed relative to HIV prevalence at the country level. We also examine the relative and absolute changes over time in the composition of foster children (see Table 2).

In the second part of our analysis, we examine intra-country relationships between fostering and HIV prevalence. We use DHS data from the 16 sub-Saharan African countries that included HIV testing at the time of the most recent survey.[2] This analysis will use community-level fixed effects models to examine whether communities with higher levels of HIV prevalence have lower levels of "elected" child fostering. As noted earlier, we define "elected" fostering as children who co-reside with neither living parent. Although this definition includes some children who might be fostered following "crisis" family situations, such as parental divorce and remarriage, extreme financial hardship, or serious illness, pressures from increased HIV-related orphanhood would also reduce the ability for extended

[1] DHS Data: Benin (1996, 2006); Burkina Faso (1992, 2003); Cameroon (1991, 2004); Chad (1996, 2004); Ghana (1993, 2003); Guinea (1999, 2005); Kenya (1993, 2003); Madagascar (1992, 2003); Malawi (1992, 2004); Mali (1995, 2006); Mozambique (1997, 2003); Namibia (1992, 2000); Niger (1992, 2006); Senegal (1992, 2005); Tanzania (1992, 2004); Uganda (1995, 2006); Zambia (1992, 2001); Zimbabwe (1994, 2005)

[2] Countries with DHS HIV data: Burkina Faso (2003), Cameroon (2004), Cote d'Ivoire (2005), Ethiopia (2005), Ghana (2003), Guinea (2005), Kenya (2003), Lesotho (2004), Malawi (2004), Mali (2006?), Niger (2006), Senegal (2005), Tanzania (2003), Zambia (2001), and Zimbabwe (2005)

families to absorb these children. In addition to community HIV prevalence, our multivariate analysis will also control for urban/rural residence, socio-economic status, adult educational attainment, and community age structure.

Preliminary Analysis

The preliminary analysis partially supports our hypothesis that the fostering of orphans is displacing the "elected" fostering of children in countries that are more severely affected by the HIV epidemic. In almost all of the countries where HIV prevalence was less than five percent of the adult population, there was very little change in the percentage of children aged 14 and younger who were orphaned or fostered. The evidence is more mixed in the nine countries where the HIV prevalence exceeded five percent. Several countries show evidence of patterns the opposite of what we would expect. For instance, despite having the fourth highest HIV prevalence in our sample of countries, Mozambique shows evidence of a decline in both orphanhood and child fostering from the first to the most recent survey. Furthermore, in both Namibia and Uganda orphanhood and child fostering have increased by the same margin, suggesting that orphans have been absorbed by households without displacing the "elected" fostering of other children. However, in Zambia and Zimbabwe, the two countries with the highest HIV prevalence in our sample, the level of orphanhood has increased substantively more than the level of child fostering, suggesting that a real decline in "elected" fostering may have occurred as the stage of the epidemic advanced in these countries.

Our proposed multivariate analysis will provide substantially more evidence for whether or not actual displacements of foster children are occurring in more geographically discrete areas. In many countries, HIV prevalence varies significantly from region to region such that these country-level statistics may be disguising changes in child fostering that are happening at the regional or community level.

Literature Cited

Akresh, Richard. (2005) Risk, Network Quality, and Family Structure: Child Fostering Decisions in Burkina Faso. *IZA Discussion Paper No. 1471*.

Alber, Erdmute. (2004). Grandparents as Foster-Parents: Transformations in Foster Relations between Grandparents and Grandchildren in Northern Benin. *Africa*. 74(1): 28-46.

Ansell, Nicola and Lorraine van Blerk. (2004) Children's Migration as a Household/Family Strategy: Coping with AIDS in Lesotho and Malawi. *Journal of Southern African Studies.* 30(3): 673-690.

Isiugo-Abanihe, Uche. (1985) Child Fosterage in West Africa. *Population and Development Review*. 11(1): 53-73.

Madhavan, Sangeetha. (2004) Fosterage patterns in the age of AIDS: continuity and change. *Social Science and Medicine*. 58: 1443-1454.

Monasch, Roeland and J. Ties Boerma. (2004). Orphanhood and childcare patterns in sub-Saharan Africa: an analysis of national surveys from 40 countries. *AIDS*. 18(Suppl 2): S55-S65.

Table 1. HIV prevalence (adults, aged 15-49 years old), by survey year, selected countries, sub-Saharan Africa.

	Survey 1		Survey 2	
Country	Year	HIV prevalence	Year	HIV prevalence
Benin	1996	1.0	2006	1.2
Burkina Faso	1992	1.8	2003	1.9
Cameroon	1991	1.3	2004	5.5
Chad	1996	2.3	2004	3.6
Ghana	1993	0.7	2003	2.2
Guinea	1999	1.0	2005	1.5
Kenya	1993		2003	
Madagascar	1992	<0.1	2003	0.1
Malawi	1992	5.6	2004	12.5
Mali	1995	0.8	2006	1.5
Mozambique	1997	6.5	2003	11.5
Namibia	1992	2.6	2000	14.0
Niger	1992	0.1	2006	0.8
Senegal	1992	0.1	2005	0.8
Uganda	1995	11.8	2006	5.7
Tanzania	1992	6.2	2004	6.5
Zambia	1992	14.0	2001	15.4
Zimbabwe	1994	25.5	2005	19.0

Source: UNAIDS/WHO. 2008 Report on the global AIDS epidemic.

Table 2. Child fostering and orphanhood levels, children aged 0-14 years old, 1990-2006, selected countries, sub-Saharan Africa

	% orphaned			% fostered		
Country	Survey 1	Survey 2	Change	Survey 1	Survey 2	Change
Benin	6.6	6.5	-0.2	15.0	1.2	-13.9
Burkina Faso	7.8	7.1	-0.7	10.6	9.1	-1.6
Cameroon	**6.8**	**9.0**	**2.2**	**15.1**	**16.3**	**1.2**
Chad	7.5	7.0	-0.4	10.9	10.1	-0.8
Ghana	7.0	6.6	-0.3	15.2	16.6	1.3
Guinea	8.0	7.4	-0.5	15.8	13.6	-2.2
Kenya	**7.1**	**11.3**	**4.2**	**11.7**	**12.6**	**1.0**
Madagascar	10.2	7.5	-2.7	12.7	12.9	0.2
Malawi	**8.9**	**13.3**	**4.4**	**15.0**	**18.4**	**3.4**
Mali	5.6	5.5	-0.1	9.4	9.7	0.3
Mozambique	12.2	9.9	-2.3	14.7	13.9	-0.8
Namibia	**7.2**	**11.3**	**4.1**	**31.1**	**35.2**	**4.1**
Niger	6.8	5.8	-1.0	13.3	10.4	-3.0
Senegal	6.2	7.5	1.3	13.4	14.4	1.0
Tanzania	**7.2**	**8.4**	**1.2**	**14.7**	**13.9**	**-0.8**
Uganda	13.1	13.3	0.2	18.4	18.7	0.2
Zambia	**7.8**	**15.0**	**7.2**	**14.8**	**16.6**	**1.7**
Zimbabwe	**9.1**	**21.8**	**12.7**	**19.5**	**27.0**	**7.6**

Source: Demographic and Health Surveys