Wellbeing and knowledge, attitudes and practices on HIV/AIDS among orphans and vulnerable children in a rural Tanzanian district.

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Background
Information about orphans and vulnerable children (OVC) wellbeing, stigma perceptions and sexual risk behavior is limited, hampering effective design and evaluation of HIV risk reduction and impact mitigation programs for OVCs.

Objectives
This study aimed to assess the wellbeing of OVCs in a rural district in Tanzania, to understand its determinants, to analyze OVCs knowledge, attitudes and practices (KAP) on HIV/AIDS and to compare wellbeing measurement tools for adolescent OVCs.

Methods
This cross-sectional study was done in Shinyanga region, which has a high and rising adult HIV prevalence (7.6% in 2007/8, compared to 5.6% national average). Early 2010, trained interviewers observed and interviewed 281 OVCs (49% girls) and their caretakers who were randomly sampled from among the future beneficiaries of an integrated HIV community support program. The OVC-reported Wellbeing Tool (OWT) and standardized KAP questionnaires for HIV/AIDS were used for adolescent OVCs (13-17 years) and the caretaker–reported Child Status Index (CSI) for all OVCs (0-17 years). OVCs were children who lost one or both parents, who lived with chronically ill parent(s), or in a child / grandparent-headed household. Associations were tested with Chi-square or ANOVA test, using Stata 11.0.

Results
According to the CSI tool, 59% of OVCs lived in inadequate shelter, 38% lacked sufficient food and 35% had no access to legal protection. Health care was inadequate for 24% of OVCs and 18% had been ill for considerable time. Fifteen percent was judged to have (very) bad nutritional or growth status. No physical or sexual abuse was reported. Almost all (94%) had an adult caregiver, although for half the caregiver was limited by age or illness.

Despite these hardships, caretakers judged that over 85% of OVCs was mostly content, displayed adequate social behavior and was developing well. According to the CSI, OVCs’ wellbeing was not strongly associated with their age, sex and their own or caretaker’s HIV status, but OVCs in care of a grandparent or sibling were significantly worse off, especially concerning legal protection and shelter (p<0.05).

Using the OWT, only 21% of in-school, but 81% of out-of-school adolescent OVCs required immediate action to safeguard their wellbeing. One third of adolescents whose caretakers reported fair to good wellbeing status in at least 5 of the 6 CSI domains self-reported low overall wellbeing on the OWT tool. Among adolescents OVCs comprehensive knowledge about HIV and accepting attitudes were lower (i.e. 29% and 19%) than for general adolescents in Tanzania and 89% expressed morally-induced stigma. Sexual debut before age 15 years was 40% more common than among adolescents in the general Tanzanian population, both for girls and boys.
**Conclusions**
Low HIV/AIDS knowledge and high stigma levels puts this rural Tanzanian OVC population at risk for HIV acquisition. Social desirability bias and the context dependent interpretation may have led to overestimation of wellbeing for adolescent OVCs with the CSI tool.

**Recommendations**
Where possible, self-reported wellbeing estimates should be used to complement caretaker-reported measurement.

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