The Tanzania Red Cross Society (TRCS) / American Red Cross (ARC) “Tujenge Jamii Bora” (“Let’s build our community together”) program’s long term goal is to reduce the incidence of HIV and to reduce HIV/AIDS associated morbidity and mortality of the chronically ill and orphans and vulnerable children (OVC) in the Shinyanga region of Tanzania. Information about OVCs’ wellbeing, stigma perceptions and sexual risk behavior is not measured in national surveys, hampering effective design and evaluation of HIV risk reduction and impact mitigation programs for OVCs, like the Tujenge Jamii Bora program. A survey was therefore done to assess the wellbeing of OVCs in a rural district in Tanzania.

**Objectives**

1. To assess the wellbeing of OVCs in a rural district in Tanzania
2. To understand determinants of wellbeing
3. To compare wellbeing measurement tools for adolescent OVCs.
4. To analyze OVCs knowledge, attitudes and practices (KAP) on HIV/AIDS

**Methodology**

- Cross-sectional study done in Bukombe district, Shinyanga region, which has a high and rising adult HIV prevalence (7.6% in 2007).8
- Location - sex - age - stratified sampling of 377 OVC from among the future beneficiaries of an integrated HIV community support program.
- OVCs defined as children who lost one or both parents and/or who lived with chronically ill (parent(s), or in a child / grandparent-headed household.

**In April-May 2010, trained interviewers observed and interviewed OVCs and their caretakers. Adolescents interviewed by same-sex young adult interviewers.**

- Measurement tools were CSI (for all OVCs), OWT and standard KAP questionnaires for HIV/AIDS (only for OVCs 13-17 years). HIV Knowledge and accepting attitudes were measured as in the Tanzania DHS 2010,4 extended stigma indicators were measured using questions validated in Tanzania.5

**Un-weighted analysis presented because survey analysis in Stata 11.0 using design- and selection-specific non-response weights yielded similar results.**

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**Multivariable analysis of determinants for 'Very Bad' or 'Bad' score on each of the 12 CSI domains, OVC 8-17 years (n=139).**

**Multivariable analysis of determinants for a low total OWT score, OVC 13-17 years (n=137).**

**Comparison of CSI and OWT**

Agreement between CSI and OWT scores, intraclass OVCs 13-17 years (n=137).

**Determinants of low wellbeing**

- **Food security**
  - CSI: 1.0 (0.6 - 1.7) vs 0.6 (0.3 - 0.9)
  - OWT: 1.0 (0.6 - 1.5) vs 0.6 (0.3 - 0.9)

- **Nutrition & health**
  - CSI: 0.6 (0.4 - 0.9) vs 0.3 (0.2 - 0.5)
  - OWT: 0.6 (0.4 - 0.9) vs 0.3 (0.2 - 0.5)

- **Care**
  - CSI: 2.0 (1.2 - 3.3) vs 0.5 (0.3 - 0.9)
  - OWT: 2.0 (1.2 - 3.3) vs 0.5 (0.3 - 0.9)

- **Legal protection**
  - CSI: 1.1 (0.6 - 1.9) vs 0.7 (0.4 - 1.0)
  - OWT: 1.1 (0.6 - 1.9) vs 0.7 (0.4 - 1.0)

- **School**
  - CSI: 1.2 (0.7 - 2.1) vs 0.8 (0.5 - 1.4)
  - OWT: 1.2 (0.7 - 2.1) vs 0.8 (0.5 - 1.4)

- **Social functioning**
  - CSI: 1.3 (0.7 - 2.5) vs 1.0 (0.5 - 1.9)
  - OWT: 1.3 (0.7 - 2.5) vs 1.0 (0.5 - 1.9)

- **Overall health and wellbeing**
  - CSI: 1.5 (1.1 - 2.1) vs 1.0 (0.6 - 1.5)
  - OWT: 1.5 (1.1 - 2.1) vs 1.0 (0.6 - 1.5)

- **Overall wellbeing problems according to caretakers (CSI)**
  - Below cutoff = 59 (0.0 - 71)
  - Above cutoff = 5 (77%)

- **Overall OWT total score**
  - Below cutoff = 0.3 (0.1 - 0.7)
  - Above cutoff = 0.7 (0.3 - 1.7)

- **OVCs in grandparent-headed or child-headed households had worse access to legal protection services in comparison with OVCs in adult-headed households.**
- **OVCs whose parent or caretaker was ill in the past 6 months had worse physical health and their development or performance in school lagged behind.**
- **OVCs who live in a household in which someone has had better physical health and better access to health care services than those in households without HIV.**
- **In-school OVCs who live in a household in which someone has had better overall wellbeing.**

**Results - Wellbeing**

Objectives

1. To assess the wellbeing of OVCs in a rural district in Tanzania
2. To understand determinants of wellbeing
3. To compare wellbeing measurement tools for adolescent OVCs.
4. To analyze OVCs knowledge, attitudes and practices (KAP) on HIV/AIDS

**Objectives**

281 OVCs and their caretakers were observed and interviewed (response rate 76%). Most common reason for non-response was having moved out of the area.

- Information about OVCs’ wellbeing, stigma perceptions and sexual risk behavior is not measured in national surveys, hampering effective design and evaluation of HIV risk reduction and impact mitigation programs for OVCs, like the Tujenge Jamii Bora program.

**Wellbeing of this rural Tanzanian OVC population is especially low on the domains measuring basic needs.** Better wellbeing for children in HIV affected households for some domains / subgroups may be an indication of already established support. Social desirability bias and the context dependent interpretation may lead to overestimation of OVC wellbeing with the CSI tool, and where possible, self-reported wellbeing estimates should be used to complement caretaker-reported measurement. Low HIV/AIDS knowledge and high stigma levels puts this OVC population at risk for HIV acquisition.

Among adolescents OVCs in this survey:

- Comprehensive knowledge about HIV and accepting attitudes towards PLHIV were lower than in general population.4
- Blaming / judging attitudes were very common, as was shame in relation to HIV, especially for boys.
- Sexual debut before age 15 years was more common than among adolescents in the general Tanzanian population.4

**Conclusions**