Beyond Orphanhood: Rethinking Vulnerability in Ethiopia

‘Orphans’ as a category of vulnerable children came to the fore in the context of the global AIDS crisis. Currently the notion of ‘Orphans and Vulnerable Children’ (or ‘OVCs’) dominates much of the child protection debates across sub-Saharan Africa. Data from Young Lives in Ethiopia challenges the assumption that parental death alone results in poorer life chances for children. While orphanhood can impact on children’s psychosocial well-being, socio-economic deprivation needs to be considered as well. Inequalities between children are greater due to poverty and household location, rather than between orphans and non-orphans. Tackling child poverty more broadly, rather than focusing exclusively on certain categories of children, needs to be at the heart of policies for children.

Estimates of the numbers of children being orphaned by AIDS-related deaths in sub-Saharan Africa raised international concern about an ‘orphan crisis’ and the ‘burden’ of their care in already fragile family and community circumstances (Abebe and Aase 2007). The focus on orphans has been driven by international agencies and donors who have shaped the definitions, priorities and plans to address child vulnerability. This has resulted in an emphasis in the international child protection discourse suggesting that orphanhood is a major, if not the major, factor affecting child vulnerability in sub-Saharan Africa (UNICEF 2003). However, there is a tension between targeting specific groups of children for support - such as orphans - and developing strategies for addressing child vulnerability more generally, as illustrated by the term Orphans and Vulnerable Children or OVCs.

This Policy Brief presents findings of a study that challenges assumptions about orphanhood and vulnerability, using survey and qualitative data from Young Lives research in Ethiopia. While a parent’s death has implications for children’s well-being, the findings question the degree to which orphanhood alone shapes children’s life chances, arguing instead that the socio-economic context and children’s participation within care and support networks are equally important. It concludes with a call to re-think the assumptions guiding policy for OVCs in Ethiopia and, more broadly, the validity of imposing universal definitions on local experiences of child vulnerability.

Challenging the relationship between orphanhood and vulnerability

Analysis of Young Lives data offers three challenges to prevailing assumptions about orphans and vulnerability.

- Inequalities in schooling and health outcomes are larger between urban and rural children and according to household poverty level, rather than between orphans and other children.
- The vast majority of orphans are cared for by family members and play an important role in supporting the households in which they live.
- Children’s experiences are shaped not only by parental death and which parent has died, but also by the wider social and economic contexts of their daily lives, including gender, age and household poverty.
Do orphans have poorer life chances than other children?

There are an estimated 5.4 million orphans in Ethiopia as a result of the death of one or both parents, with around 15% of these believed to have been orphaned as a result of HIV/AIDS (EMOH 2007). Within the Young Lives study in Ethiopia one in five of the older children had lost one or both parents by age 15, and one in ten of the younger group by age 8. As is the case internationally, paternal orphaning is more prevalent. In 2009 5.8% of the younger children and 14% of the older children were paternal orphans; reported maternal orphanhood was 2% and 4%, respectively. Parental absence was even more prevalent: 19 per cent of the younger cohort and 22% of the older cohort reported having absent fathers.

A widespread assumption has been that orphans have poorer life chances than other children. However, our findings indicate that inequalities in schooling and health outcomes are much larger along other dimensions of vulnerability, such as the location of children’s households (rural or urban) and the consumption level of the household (as a proxy for wealth) than between orphans and non-orphans.

Younger orphans (either having lost one or both parents — so-called ‘single’ or ‘double’ orphans) are slightly more likely to be enrolled in school when compared to younger children whose parents were alive. This is in contrast to older orphans who are slightly less likely to be enrolled in school than other children their age. There are, however, much more significant disparities in school enrolment among both age groups due to household location, with higher enrolment among urban children. Similar disparities are evident in terms of household wealth, with children in better-off households more likely to be enrolled in school in both age groups. Given that the Young Lives sample is pro-poor, the disparity is likely to be much wider at the national level.

Using body mass index (BMI) as an indicator of health we find greater disparities based on where children live and the wealth status of their household (with poor children and those in rural areas faring worst) than in relation to orphan status. In addition, orphans living in better-off households fare better on health indicators compared to orphans in the poorest households. Results for the older cohort indicate that orphans in the poorest households are less likely to be underweight than non-orphans in the poorest quintiles. In the younger cohort, there are no differences between orphans and non-orphans in the poorest households.

These findings may at first appear surprising, but could be attributed to the fact that children who had experienced the death of one or both parents were (at the time the question was asked) more likely to be living in better-off households, possibly reflecting a tendency for children to be taken in by family members who are financially better-off. Children’s outcomes, however, are not the same as their subjective experiences, and it is important to understand the ways in which young people experience and make sense of parental loss within the context of their everyday lives.

Are traditional care and support networks able to cope with the ‘orphan crisis’?

Given the fragility of many Ethiopian households, the role of the extended family and of community-based organisations has become a key question for OVCs programmes. With the concerted shift away from institutional care, a major concern has been the sustainability of traditional forms of protection and whether the numbers of orphans requiring homes have pushed families beyond their capacity.

Within Young Lives households, almost 99% of all children live with relatives. There is a greater diversity of caregivers for children whose mothers, rather than fathers, had died or were absent. In mothers’ absence, grandmothers tend to take on caring responsibilities. For children who had lost both parents, patterns of care also differ by age-cohort; younger children are more likely to be cared for by a grandparent (64%, compared to 20% of older double orphans); a much greater diversity of caregivers are reported for older double orphans, as illustrated by Figure 1.

Figure 1: Living arrangements of children aged 14–15 years old (2009)
Regardless of who is their primary caregiver, the quality of children’s care and the security of their relationships are important factors shaping their experiences of orphanhood and vulnerability. At the same time, young people contribute to the care networks of which they are a part. Denbel’s case illustrates the sense of respect and obligation that structures children’s roles and their responsibilities towards their households.

Poverty shapes children’s experiences of orphanhood

Genet began living with her aunt following the death after long periods of illness of her mother (when Genet was aged 5) and her father (when she was aged 7). She was 15 at the time of interview. In Genet’s view, her aunt and uncle provide well for her, and theirs is one of the better-off households in our sample in Addis Ababa. When asked about missing her parents she replied, “I feel nothing because I didn’t know them very well…I feel a little sadness but not so much because I have missed nothing.” The material security and sense of being nurtured that Genet experiences mediate her experiences of parental death.

This is not the case for 14-year-old Tsega who explains much of her current difficulties with reference to her father’s death. Tsega’s father died when she was 3 years old. Her mother migrated in search of work leaving Tsega and her elder sister behind to work as day labourers. Her sister was raped by a man whom she later married and whose child she bore.

Tsega believes that her father’s death plunged the family into deep poverty and deprived her of his love and protection. Many of her basic needs were unmet, and she feels that had her father been alive he would have sent her to a private school and given her plenty of food: “It is the hunger and lack of food that I cannot handle. I tell my mother when I am hungry. If she has something, she gives it to me, and if she does not have anything she weeps with me.”

In contrast to Genet, Tsega and her family contend with multiple layers of disadvantage which is cumulative and compounding, influencing the meaning Tsega gives to her father’s death.

Poverty is therefore fundamental in shaping the way children experience adverse events, including parental death, absence, abandonment and illness. Positive relationships with caregivers are protective in mediating children’s experiences. In the absence of a strong web of care and material support, parental death provides children with the explanation that gives meaning to their daily struggles.

Policy implications

The concept of OVCs represents a positive move towards recognition that orphanhood is not the sole source of vulnerability for children in sub-Saharan Africa. In the context of the AIDS epidemic however, orphans have, nonetheless, retained a prominent place in the discourse at many levels – from international agency and donor agendas, through national-level OVCs action plans, down to programmes. Thus, OVCs is not simply a bureaucratic label created

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1 All children’s and community names in this brief are pseudonyms to protect the children’s anonymity.
to measure parental death and child vulnerability, it also functions to shape thinking about who are the vulnerable children and to channel global funds to support them. There is increasing research evidence that there is often a mismatch between externally generated categories such as orphan and OVCs and locally derived understandings of family, parental loss, childhood or vulnerability.

Focusing on orphans obscures the vulnerabilities of other groups of children as well as what shapes vulnerability and protection for orphans. Analysis of Young Lives data suggests that inequalities in schooling and health outcomes are larger along other dimensions of vulnerability, such as location (rural or urban) and the consumption level of their households, when compared to analysis by orphan status. Supporting all children, including orphans, requires tackling chronic poverty and associated risks.

Our in-depth interviews with children also show that orphanhood does not necessarily result in negative impacts on children’s experiences and life chances, and many of the problems faced by orphans are also faced by other children in their communities. How communities and extended families respond may buffer children from the worst effects. Rather than policies based exclusively on targeting, increasing the coverage of basic services and social protection schemes would ensure the poorest and most marginalised children are reached.

In addition, rethinking orphanhood and vulnerability requires improved understanding of risk factors. Further research is needed on the interaction and accumulation of risks for children and on the mediating factors that decrease or enhance child vulnerability. In this study, several factors are shown to influence young people’s experiences of parental death. The quality of children’s care relationships and their economic security are crucial factors. Poverty and gender-based violence are among the more pressing everyday risks for many children. This suggests the need for linking different social policies, such as in education and health, rather than sectoral responses, in order to better address multiple risks, as is intended in the forthcoming National Child Policy in Ethiopia.

The meanings and experiences of childhood, family, vulnerability and orphanhood are highly contextual, so greater attention to the social dimensions of child vulnerability is needed to bridge the gap between local and international understandings and priorities. This includes supporting and developing the skills that young people use in supporting their households.

Recognising the impact of parental death on children is important, but targeting OVCs alone can distract attention away from the crushing poverty that is the backdrop for many children, including orphans, in Ethiopia and which may be more predictive of their later chances. Parental absence and family illness are common among poor households. As such, tackling poverty needs to be at the heart of strategies to address the needs of all vulnerable children currently growing up in Ethiopia.

**REFERENCES**


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Young Lives is a 15-year study of childhood poverty in Ethiopia, India, Vietnam and Peru, following the lives of 3,000 children in each country. In Ethiopia Young Lives tracks 2,000 younger and 1,000 older children, who were aged 7-8 and 14-15 respectively at the last survey round in 2009. The main rounds of data collection have been supplemented by a sub-study (2010) focusing on children’s experiences of orphanhood and vulnerability in Ethiopia, funded by the Oak Foundation. The sub-study involved interviews and focus groups with children, caregivers, NGO and local government representatives, teachers, healthcare providers and leaders of iddr (burial associations).

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