Why Is This Important?

- Childhood vulnerability cuts across all development programming and planning, including the sectors of HIV and AIDS, health, child protection and social protection.
- Understanding indicators of childhood vulnerability in general and to HIV in particular, could help practitioners identify vulnerable children more accurately and spend money accordingly.

What Do We Mean By HIV Vulnerability?

- Factors that influence susceptibility, likelihood of HIV infection, and also those that will increase the impact of HIV and AIDS on developmental outcomes.

THE QUESTION: What factors indicate vulnerability for children and adolescents to HIV?

Odds ratios for effects of lack of adult education in the household on selected young and older children (0–17 years) outcomes (reference: at least one adult in the household had primary-level education)

- Attended school in the last year, age 7-17
- Received DPT3, age 1-4
- Birth registered, age <5
- Fever treatment, age <5
- Child labor, age 5-14
- Sex before age 15 (females)
- Married or in union before age 18 (females)
- Stunted, age <5
- Slept under ITN, age <5

* Indicates statistical significance at p<0.05.
Policy Messages

• Household wealth status, a child’s living arrangements, and household adult education, and orphanhood status can be used to identify vulnerable children and plan interventions accordingly.

• New proposed definition of childhood vulnerability to be used for broader developmental response in health, child and social protection, and education programmes, describes vulnerable children as those who live in a household ranked in the bottom two wealth quintiles and who are: 1) not living with either parent; or 2) with one or both parents dead or 3) living in a household with adults with no education.

• In the context of vulnerability due to HIV and AIDS, research suggests to focus on children who are orphans and live in a household ranked in the bottom two wealth quintiles.

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The Research

• Data analysis based on 11 household surveys collected under MICS, DHS and AIDS Indicator Survey (AIS) in Cambodia, Central African Republic, Haiti, Malawi, Rwanda, Sierra Leone, Swaziland, Uganda, Tanzania, Zambia, and Zimbabwe.

• Outcome measures:
  - Children (0-4): DPT3 vaccines, fever treatment, slept under ITN nets, stunting, birth registration
  - Children (5-17): school attendance (7-17), child labor (5-14)
  - Female adolescents (15-17): early sexual debut (15-17), early marriage (15-17)

What Did They Find?

• Household wealth status, a child’s household living arrangements, and the education level of adults in the household are the key indicators for vulnerability for children and adolescents.

• Orphanhood is significant for some development outcomes and remains a useful proxy for HIV affectedness.

• The presence of a chronically ill adult in the home also is linked to some negative outcomes but does not have a strong association with development outcomes.

• Analysis was carried out for the purpose of developing a definition for global monitoring purposes and can be a useful guiding framework for countries but should not supersede country specific analysis.

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