



# IATT CONFERENCE

## **AIDS-related Adult Mortality and Children's Schooling Outcomes: Evidence from two slums in Nairobi, Kenya**

**by**

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## Background (1)

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- Education is one of the sectors worst hit by the HIV/AIDS epidemic
- Most profound effect of HIV/AIDS-related adult death is the substantial increase in child vulnerability.
- children and adults who are affected and infected by HIV face numerous challenges:
  - lack of basic needs;
  - psycho-social impact;
  - predisposition to HIV/AIDS; and,
  - increased responsibilities for children.



## Background Con't ..... (2)

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- These challenges interact with child, household and school-based factors to impact on a child schooling outcomes.
- Increase in child vulnerability results from:
  - the cost of schooling to the household (fees, uniforms, textbooks, etc.),
  - the opportunity cost of schooling for the child
  - stigmatization and discrimination against AIDS orphans
  - the parents' assessment of the child's ability to cope,
  - the child's emotional reactions.
- In order to provide more effective schooling support to poor & vulnerable children, there is need to increase the understanding of the interactions between HIV-related adult death and a child's schooling outcomes.



# Objectives

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- Examine the differences in the schooling outcomes of children from households that have experienced adult deaths arising from HIV-related causes, other causes, and no deaths in urban slum areas
- Analyze the effects of AIDS-related adult deaths on children's schooling outcomes
  - Evidence from this analysis will inform policies and interventions aimed at addressing the plight of vulnerable children with a view to achieving the goal of EFA.



# Methods

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- Primary data collected through the longitudinal Nairobi Urban Health and Demographic Surveillance System (NUHDSS) is used since 2002 – 60,000 people.
- Data from other nested projects – Verbal Autopsy & Education Research project – over 13,000 children aged 5-19 yrs.
- Descriptive analyses (proportions and associations using chi-square) & logistic model is estimated. Dependent & independent Variables.
- Final sampled children- 143 HIV-related deaths, 384 non-HIV related deaths, and 10,333 with no deaths.
- Limitation - did not capture adult deaths that occurred before 2003, and those that took place outside the study area.



# Findings ... (1)

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- HHs with HIV-related death, 93% of children were enrolled, compared to 92% from hhs with death from other causes – similar proportions.
- Children from Viwandani & richest hhs were more likely to enroll compared to children who came from Korogocho (2 times & half respectively).
- A unit increase in a child age increased the odds of being in school by 1% but reduced the odds of transiting to secondary by 9%.
- Higher proportion of repetitions among children from households that experience HIV-related adult deaths occurred before the deaths - 13% compared to 8% for after death.
- Progression between grades was significantly associated with causes of death - lower proportions from hhs with HIV-related adult deaths progressed; with older children being more likely to enter the next grade and more so from Viwandani.
- Larger proportion (50%) progressed before death compared to 22% who progressed after death.



## Findings .. Con't.... (2)

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- Association between dropping out and cause of death was significant.
- Children who had experienced TB/AIDS related adult death were 92% more likely to dropout.
- More children dropout close to date of death or after death (9%) compared to 6% that dropout before death.
- Older children were six times more likely to dropout, with boys being less likely to dropout.
- Being from a well-off site and richest hh reduced the likelihood of a child dropping (25% and 31% respectively).



## Findings .. Con't.... (3)

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- HHs with HIV-related adult deaths have slightly lower proportions (95%) of children who do not transit than children from hhs with non-HIV related adult deaths (91%).
- The proportions of transiting before or after the death were almost similar.
- Missing school/attendance – 40% of HIV-related deaths, 33% of other causes, and 27% of no death in hh.





# Conclusion

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- In the urban slums of Nairobi, HIV-related adult death has a negative impact on schooling outcome and in particular dropping out.
- The impact is more profound close to the date of death and after death.
- This is explained by changes in the demographic structure of hh and value of a child to family labour and other productive activities
- Other factors that reinforce the death occurrence to impact on child schooling include sex and age of child, asset base of hh and site/location.
- The opportunity cost of schooling when death has occurred is higher. In view of this community and or hh-based interventions are necessary to mitigate the impacts of HIV-related adult death and enhance the achievement of EFA.