

**THE INFLUENCE OF PARENTAL SURVIVAL ON ACCESS TO CARE AND SUPPORT
BY ORPHANS AND VULNERABLE CHILDREN IN NIGERIA**

BY

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CERTIFICATION

I certify that this project titled 'the influence of parental survival on access to care and support by orphans and vulnerable children in Nigeria' was carried out under my supervision by Mr A.T. Kilanko in the department of Epidemiology, Medical Statistic and Environmental Health (EMSEH), College of Medicine, University of Ibadan. This project was duly Supervised and is therefore approved for the contribution to knowledge.

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DEDICATION

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ABSTRACT

The care needs for orphans and vulnerable children (OVC) have already reached crisis level, with more than 40 million children in Sub-Saharan Africa being estimated to be orphaned, and many more made vulnerable by the HIV epidemic. One of the challenges faced income countries like Nigeria that has increased OVC populations is the need to assist families to care for these children. Care and support received by the OVC are being largely driven by nongovernmental organisations and are limited in scope and size, with gaps in quality and consistency of care provided. This study determines the proportion of OVC who received support, the types of support received and compares how the support received by the OVC varies with their parental survival status.

This was a secondary data analysis of the 2008 NDHS. The primary survey was a cross sectional study using a stratified two-stage cluster design consisting of 888 clusters, 286 in the urban and 602 in the rural areas. This study used data from children aged 0 to 17 years, who participated in the 2008 National Demographic Health Survey in Nigeria. Data were analysed using univariate, bivariate and logistic regression.

Of the 79202 children, 329 (0.4%) were double orphans, 4394 (6%) were single orphans and 6930 (8.7%) were vulnerable children. Among the double orphans, material support was the most received support (4.2%) and social support was the least support received (0.8%). None of the double orphans received all the four possible supports (medical, emotional, material and social) and 94.2% of the double orphans did not receive any type of support. Among the single orphans analysed, emotional support was the most received support (7.8%) while social support was the least support received (1.8%). Only 0.3% of the single orphans received all the four possible types of support while 91.1% did not receive any type of support. Among the vulnerable children, emotional support was the support mostly received (6.9%) while social support was the least support received (1.8%). While none of the vulnerable children received all the four possible types of support, 97% did not receive any of the four types of supports. As regard parental survival status of the orphans and vulnerable children, emotional support was mostly received by the OVC. Single orphans were 2.1 times more likely to receive emotional supports compared to the double orphans (95% CI, 1.104 – 4.005). The reception of other supports was almost the same for the different parental survival level, but they were not significant.

This study found that reception of support by the OVC does not vary with the parental survival status. Creation of awareness on need for support of OVC is urgently needed. Government, nongovernmental organisations, communities, families and religious organisation and philanthropist should be encouraged to provide support and care for OVC in Nigeria.

Key words: OVC, double orphans, single orphans, vulnerable children, care and support.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS:	Acquired Immune Deficiency Syndrome
DHS:	Demographic Health Survey
FACT:	Family AIDS Caring Trust
FHI:	Family Health International
FMOH:	Federal Ministry of Health
FMWA:	Federal Ministry of Women Affairs
FMWASD:	Federal Ministry of Women Affairs and Social Development
ILO-IPEC:	The International Labour Organization's International Programme on the
IMPACT:	Implementing AIDS Prevention and Care Project Elimination of Child Labour.
JUNP:	Joint United Nations Programme
NDHS:	Nigeria Demographic and Health Survey
NGO:	Non-Governmental Organizations
OVC:	Orphan and vulnerable child
PEPFAR:	U.S. President's Emergency Plan for AIDS Relief
UNAIDS:	the Joint United Nations Programme on HIV/AIDS
UNICEF:	United Nations Children's Fund
USAID:	United States Agency for International Development

CHAPTER 1

INTRODUCTION

1.0 BACKGROUND

The concepts of orphan and vulnerable child (OVC) are social constructs that vary from one culture to another. The UNAIDS (2003) defined an OVC as “a child below the age of 18 who has lost one or both parents or lives in a household with an adult death (aged 18 to 59 years) in the past 12 months or is living outside of family care.” An orphan is a child under 18 years of age whose mother (Maternal orphan), father (Paternal orphan) or both parents (double orphans) have died from any cause (UNICEF and UNAIDS, 2006). Orphans from all causes can be more specifically described as follows: Single orphan – a child who has lost one parent (father or mother) and double orphan – a child who has lost both parents. In the 2008 National Demographic Health Survey, an orphan is “a child under age 18 with one or both parents deceased”. A vulnerable child is “a child under age 18 who has a chronically ill parent (sick for three or more consecutive months during the past 12 months) or who lives in a household where an adult was chronically ill or died during the 12 months preceding the survey” (NDHS, 2008).

Worldwide, the number of children under the age of 15 years who have lost one or both parents to AIDS stands at more than 14 million, and estimates predict it will be over 25 million by 2010. The vast majority – 11 million – of these children live in sub-Saharan Africa (USAID, UNICEF and UNAIDS, 2002). However, death from AIDS is not only the cause of increase in the number of orphans and vulnerable children. A combination of causes such as poverty, ignorance, inadequate health care delivery system and low standard of living are some of the factors that increase the number of vulnerable children in Nigeria. The average life expectancy in Nigeria is 47 years. This implies that there is high possibility for a child to become an orphan before the age of 18. Thus, the increase in number of orphans and vulnerable children in Nigeria is inextricably linked to poverty and underdevelopment (Okechukwu, 2010).

In the event of the death of a mother, father or both parents, the children are often denied the necessary love, nurturing and protection of their biological parents (UNICEF and UNAIDS, 2006). Death of even one parent could force changes in living arrangements, displacement, and availability of resources for schooling, health care, and food for children. Care providers for orphans tend to be elderly, often grandparents, who are generally less likely to know about and to be capable of providing proper health care, nutrition, and schooling. Grandparents suffer emotionally from the illness and untimely death of their children and suffer financially as well from the burden of supporting their ailing children and then their orphaned grandchildren (Vinod and Simona, 2008). Hence, providing the minimum basic material needs and assisting the family with medical care and psychosocial support for the orphans and vulnerable children is a major challenge (NDHS, 2008).

1.1 PROBLEM STATEMENT

The care needs for orphans and vulnerable children have already reached crisis level, with more than 40 million children in Sub-Saharan Africa being estimated to be orphaned (12.1 million of these children orphaned by AIDS), and many more made vulnerable by the HIV epidemic (UNAIDS, 2007). In 2003, alone 800,000 children orphaned by AIDS were added to the estimated 7 million orphans in Nigeria (FMWA/UNICEF, 2004). By 2010, 8.2 million children were projected to be orphans from all causes. Recently published data (UNICEF, 2006) show that 1.3 million children (0 – 17 years) lost one or both parents to AIDS in Nigeria in 2005. Other causes of orphaning included maternal mortality and sectarian and ethnic conflict (FMWA/UNICEF, 2004). While a large number of children are made vulnerable by orphaning, HIV and AIDS, a larger number are vulnerable due to poverty, conflict and gender inequality (Okechukwu, 2010).

One of the challenges of low income countries like Nigeria that have increased OVC populations is the need to assist families to care for these children. The 2008 NDHS assessed the extent to which families and communities recognised and addressed the need to care for orphaned and vulnerable children. To date the first line of response to the orphans and vulnerable children (OVC) crisis has been driven by communities. Communities provided the initial safety net to affected children, outside of their immediate families. However, these responses are usually inadequate. These responses included; medical, emotional and

social/material supports. For the most part, these responses have been limited in scope and size. The responses were largely driven by non-governmental organisations (NGOs) which are the second line of response to the OVC, with gaps in the quality and consistency of care provided (FMWA/UNICEF, 2004).

Of the 7,857 orphan and vulnerable children analysed in the 2008 NDHS, about 94 percent of these number live in households that did not receive any type of support. Six percent of the children received at least one type of support from both the community and the federal government (NDHS, 2008).

1.2 JUSTIFICATION/RATIONALE

The majority of OVC live with a surviving parent or with extended family. Many of the children are cared for by a parent or guardian who is sick or dying, elderly grandparents who themselves often need care and support, or impoverished relatives struggling to meet their own children's needs. The growing demand for care and support of OVC has strained these traditional coping mechanisms in countries most affected by HIV/AIDS, which are often developing countries. Hence, comprehensive care and support is needed to address the situation of OVC and interventions need to be scaled up to address the situation. Such interventions may include health services/medical care, education assistance, shelter, socioeconomic strengthening, human rights and legal protection, and psychosocial support for vulnerable children and their families (FHI, IMPACT and USAIDS, 2005).

All children, especially orphans and vulnerable children, require care, such as food and health care for survival. Orphans and vulnerable children are exposed to health risks from many factors. They experience deprivation and poor access to the basic services that promote and maintain health. Compared to other children, they often experience poor access to nutritious food, and shelter, health promoting and disease preventing resources such as education, counselling, immunization and insecticide treated nets (ITN). Access to health care by orphans and vulnerable children should be assured within the context of primary health care in Nigeria which essentially addresses preventive, promotive, curative and rehabilitative health care (FMWASD, 2007).

With critical analysis of the research done so far, it was discovered that between 2004 and 2008, about 28 publications were done on OVC in Nigeria (which included peer reviewed articles, public abstracts and program evaluations) many of which are limited in scope and design. The vast majority (67%) were situation analysis or need assessment and no studies have been done the effectiveness and impact of various OVC intervention. This study however, will provide information on four major supports provided for the orphans and vulnerable children and will also provide information on access to care and support by orphans and vulnerable children

This study assesses how the types of supports received by the orphans and vulnerable children in the past 12 months prior the primary survey varies with the socio demographic characteristics of the OVC and with the parental survival status of the OVC. This study will also describe what care givers (families, communities and non-governmental organisations) and government need to consider for adequate care of OVC in Nigeria.

1.3 BROAD OBJECTIVE

To assess the effect of OVC's socio demographic characteristics and parental survival status on the type of supports received by OVCs in Nigeria

SPECIFIC OBJECTIVES

- To describe types and level of care received by OVC
- To describe the socio-demographic characteristics of OVC
- To determine the association between OVC's socio demographic characteristics on the type of support received.
- To determine association between OVC's parental survival status on level of care and support received by the OVC

CHAPTER TWO

LITERATURE REVIEW

2.1 Epidemiology of OVC

The definition of OVC varies substantially in literature. Although there is a consensus as to the definition and measurement of the orphan population, the population of 'vulnerable children' remains elusive. While an orphan is universally defined as a child under age 18 with one or both parents deceased (NDHS, 2008), the vulnerable children is generally defined as the population of children made vulnerable by the AIDS epidemic because their survival, well-being, or development is threatened by HIV/AIDS (UNICEF, UNAIDS and USAID 2004) or, more specifically, because they may live with chronically ill parents (and thus be required to work or put their education on hold as they take on household and care-giving responsibilities), in poverty because of the disease, or because they themselves may be at high risk of HIV or subject to stigma and discrimination due to their association with a person living with HIV (UNICEF and UNAIDS 2006). Such a comprehensive definition implies that, in most studies, only well-defined sub-groups of the population of vulnerable children are monitored, notably children with chronically ill parents (USAID 2004; UNICEF and UNAIDS 2006), children living in households in which one person or more is infected by HIV, and children living in poverty in countries or regions highly afflicted by the AIDS epidemic (UNICEF and UNAIDS 2006). This lack of a homogeneous definition of OVC is one of the main reasons currently limiting understandings of the magnitude and spread, vulnerabilities, and needs of the OVC population.

In 2001, the U.S. Census Bureau estimated that more than 21.8 million people worldwide had died from AIDS, most of them adults of reproductive age, and that an estimated 13 million children under age 15 had lost either one or both parents to AIDS. This figure is projected to increase to about 25 million by 2010. More than 90% of these orphaned children live in sub-Saharan Africa. Combined with the prolonged effects of AIDS, the unprecedented burgeoning of orphan populations in countries already struggling with extreme poverty is further reducing resources within households and communities. As a result, orphans are made vulnerable to a variety of risks, including poverty, school dropout, malnutrition, and other forms of child deprivation. Furthermore, the decreasing number of productive adults puts

pressure on the remaining working-age population to assume a greater responsibility in supporting children and elderly family members (USAID, 2004).

Nigeria has one of the largest burdens of Orphans and Vulnerable Children in the world. The 2008 Situation Assessment and Analysis (SAA) on OVC (FMWASD 2008) revealed that 17.5 million (24.5%) of the Nigerian children are OVC. The survey further showed that 7.3 million were orphaned from various causes. The causes of orphaning in Nigeria were identified to include AIDS, road accidents, maternal mortality and ethno-religious conflicts while large numbers of children are made vulnerable due to poverty, conflict, negative-cultural practices and gender inequality.

Evidence exists to show that in Nigeria, OVC lives in deplorable conditions and experience neglect, exploitation, abuse and deprived of basic human rights and needs. It is estimated that 29% of children aged between 6 and 17 years are engaged in child labour, 20.3% are not regular in school, 15% lack access to health facility, more than 20% are without birth certificates and 17.8% are victims of sexual abuse (FMWASD, 2008). A large proportion (40%) of street children in Nigeria may have been trafficked (ILO-IPEC 2001). The deplorable situation of OVC in Nigeria is further compounded by the HIV and AIDS epidemic.

2.2 Dynamics of orphanhood

The age distribution of orphans is fairly consistent across countries. Surveys indicate that on average only 2 per cent of children were orphaned before their first birthday. Overall, about 15 per cent of orphans are 0 to 4 years old, 35 per cent are 5 to 9 years old, and 50 per cent are 10 to 14 years old (Monasch, 2004). The proportion of children who are orphans and the number of double orphans increases with age. Almost half of all orphans and two thirds of double orphans are adolescents ages 12 to 17 (UNAID and UNICEF, 2006). The number of newly orphaned children, or orphan incidence, reflects the magnitude and current impact of the crisis. While orphan prevalence estimates include all children ages 0 to 17 who have lost one or both parents over their lifetime, incidence reflects only those who have lost a parent during the past year. Each year, some orphans turn 18 and are no longer counted as orphans. At the same time, a new cohort of children ages 0 to 17 loses one or both parents. When the number of new orphans is fewer than the number turning 18, the number of orphans will decline (UNAID and UNICEF, 2006).

2.3 HIV infection and OVC

The AIDS epidemic in Africa puts children at risk physically, emotionally and economically. All children are indirectly affected when their communities, and the services these communities provide, are strained by the consequences of the epidemic. Nurses, doctors, teachers and others can become ill and die from AIDS, affecting health care, education and other basic services (Foster *et al.*, 2000). Children are directly affected in a number of ways. They may live at high risk of HIV; they may live with a chronically ill parent or parents and be required to work or put their education on hold as they take on household and care-giving responsibilities; their households may experience greater poverty because of the disease; and they can be subject to stigma and discrimination because of their association with a person living with HIV. Children can also become orphans, having lost one or both parents to AIDS-related illnesses (Foster *et al.*, 2000). The HIV/AIDS pandemic has lasting multidimensional effects that pose unique challenges to development efforts in many nations. One such effect is the rapid increase in the number of orphans and vulnerable children as parents fall victim to AIDS. Indeed, recent studies have indicated a strong correlation between the national adult HIV prevalence rate and the percentage of orphans in the population (Bicego *et al.*, 2003).

Since HIV/AIDS was discovered in 1981, more than 20 million people have lost their lives to the virus. Nearly 40 million people are currently living with HIV/AIDS, including nearly 2.2 million children under the age of 15. Between 1990 and 2003, sub-Saharan Africa's population of children orphaned by AIDS increased from less than 1 million to more than 12 million (Tiaji, 2005). An estimated 24.7 million adults and children in sub-Saharan Africa were living with HIV at the end of 2006. During that year, an estimated 2.1 million people died from AIDS, leaving behind some 12 million orphaned African children. Thus the region is home to 95% of the world's AIDS orphans (UNAIDS/WHO, 2006a). With the devastating effect of HIV/AIDS in sub-Saharan Africa, it is estimated that approximately 9% of children under the age of 15 have lost at least one parent to AIDS (UNAIDS/WHO, 2006b). By 2010, an estimated 15.7 million children – 30 per cent of the 53 million anticipated orphans from all causes in sub-Saharan Africa – will have lost at least one parent due to AIDS. Even where HIV prevalence stabilizes or begins to decline, the number of orphans will continue to grow or at least remain high for years, reflecting the time lag between HIV infection and death.

Nigeria has an estimated adult HIV prevalence of 4.4% (FMOH, 2004). One of the alarming impacts of HIV in children in Nigeria is the emerging cohort of AIDS orphans and other

vulnerable children (OVC), who have lost one or both of their parents to AIDS (Sengonzi and Moreland, 2001) The estimated number of living orphans in Nigeria at the end of 2005 was 930 000 (UNAID/WHO, 2006b). Although Nigeria may have a lower HIV prevalence rate than other African countries such as South Africa and Zambia, the large size of Nigeria's population, by sheer numbers, makes the AIDS orphan crisis enormous (Oladokun *et al.*, 2008).

2.4 Other factors responsible for OVCs

In an attempt to explain the major causes of orphanhood and children's vulnerability in Nigeria, a number of social, economic, political factors are considered responsible for the orphanhood and vulnerability of the children. Garba (2007) blames colonization for disrupting the comprehensive traditional social welfare provisions for children, the elderly, the poor, the sick, and the needy. Colonization brought about disruption in the family structure, and significant alterations were made in all the social, economic, political, educational systems, thereby making life very difficult. Disruption of traditional values and the idea of communal living and spirit of brotherhood was replaced with money-economy and excessive individualism. Mivanyi (2006) argues that in Nigerian families, "Individualism, in all facets of family life, is strengthening among family members". Birmingham (1995) buttresses this position, identifying some of the negative conditions brought by the process of colonization to include hunger, arbitrary government, foreign exploitation, neglect of indigenous cultural heritage, and. Also, urban-bias, introduction of foreign alien values that contradict the rich traditional ones, ecological neglect, and many more which have later brought about an alien inadequate formal social welfare policy.

Another factor responsible for children's vulnerability linked to urbanization is high rate of divorce, leading to single-parenthood, especially female headed households. The culture of female headed households is viewed as alien in a patriarchal society like northern Nigeria. This creates some problems including urban-bias and increase in the deteriorating conditions (Vulnerability) of children. Similarly, Coles (1997) identified some factors that jeopardize the efforts of maternal resources in providing subsistence needs and socialization of the younger ones. These include kin dispersal, ecological pressures, environmental stress, economic disasters, growing burdens of labor-intensive work, increasing number of women depending on their children for current survival and future security. Most of the above mentioned factors are linked to colonization. Yet, Derefaka (2004) believes that colonization is not the only

factor, globalization should also be considered as a major cause of Nigeria's and Africa's contemporary problems including those associated with OVC. His position therefore gives a self-critique of the state of the nation. He argues that if a democratic culture is firmly established in Nigeria, then the country would have become a significant player in the process of globalization. But Norman (2002) argues that there will be no successful children developmental program without recognizing and addressing the critical role that poverty plays in the poor development of the children from the grass roots level. Similarly, Oguonu (2005) sees poverty as a major hindrance to sustainable development in Nigeria. He believes that the increase of the poverty level in Nigeria led to the increase in the number of orphans and vulnerable children as well as their deteriorating conditions. Lanchman et al. (2002) identify the challenges facing children in the 21st century as immense, and as impediments to achieving the goal of universal child protection. They went further to identify three specific constraints on child protection in Nigeria namely poverty, HIV/AIDS infection, and war. They emphasized that poverty, which can be either financial or psychological, and can have serious negative effects in the continent and this leads to many children becoming orphans and therefore vulnerable.

Gordon (1996) presents interesting yet very critical points to the discourse. He views the combination of patriarchy and capitalism to be the major causes of most problems associated with women, children and underdevelopment in Africa. He asserts that "Women typically face more disadvantages and exploitation than do men. They must cope not only with poverty and underdevelopment; they are also limited by patriarchal attitudes and practices, some predating capitalism, others established during the colonial period. These patriarchal attitudes and practices, which privilege men, continue to permeate African societies from the level of the family up to the state. Added to this are forms of patriarchy from Western capitalist nations that dominate the global economy."

The above indicates not only that patriarchy is a cause of children's vulnerability but that it must be understood within the context of Africa's peripheral and dependent position within the global capitalist economy. It also indicates that patriarchy is entrenched in the family, state, and global systems with tremendous impact on women especially.

2.5 Survival status of parents

i. Loss of a mother or father (Single orphans)

To date, more single orphans have lost their fathers than their mothers, primarily because men have children when they are older and are more likely to die before their children are grown. In countries with high HIV prevalence, however, the number of women dying from AIDS is escalating. In one study on orphan incidence in Manicaland, Zimbabwe, researchers documented that the rate at which children are losing their mothers is increasing and will soon exceed the rate at which their fathers are dying (Watts *et al.*, 2005). In sub-Saharan Africa there are, on average, three women living with HIV for every two infected men. The discrepancy is even wider among young people ages 15 to 24, where on the average, the ratio is three young women to a young man (JUNP, 2006).

Because AIDS is increasingly taking a toll on women, and because as a sexually transmitted disease it is likely to infect both parents, the pattern of orphaning is shifting and the number of double orphans is on the increase (UNICEF and UNAIDS, 2006).

ii. Losing both parents (double orphans)

As a cause of orphaning, AIDS is exceptional, because if one parent is infected with HIV, the probability is quite high that the other parent will also be infected, putting children at a high risk of losing both within a relatively short time (Floyd *et al.*, 2005). Of the 9.1 million double orphans in sub-Saharan Africa in 2005, about 5.2 million, or almost 60 per cent, had lost at least one of their parents to AIDS. Without AIDS, the total number of double orphans in sub-Saharan Africa would have declined between 1990 and 2010. AIDS, however, will push the number of double orphans in the region to more than 10 million by 2010 (Floyd *et al.*, 2005). Even where the total rate of orphaning is stable, an increase in double orphans such as that caused by AIDS represents a significant worsening of the situation for affected children. Many single orphans live with the surviving parent, although differences exist, depending on which parent survives. However, when both the mother and father dies, the child loses all parental care and support, creating greater hardship (UNICEF and USAID, 2006).

2.6 Living arrangement

In most African communities, the concept of 'adoption' does not have the western connotation; there is a strong tradition of redistributing children, orphans and non-orphans,

across households through child fostering. It is common for biological parents in many Sub-Saharan African countries to send their children to be reared by other adults, either by relatives or by non-relatives. Child fostering contributes to mutually recognised benefits for both natal and fostering families. The foster family also gains from this reciprocal arrangement since it can acquire child workers, particularly for domestic service. In some countries a high proportion of children, 20 percent or more, may not be living with their parents (Foster and Williamson, 2000). The extended family remains the predominant caring unit for orphans in communities with severe HIV/AIDS epidemics.

Children who lose a parent through death often experience additional changes in the set of adults who provide them with care. Orphanhood elevates the risk of living apart from parents. Traditions of patrilineage may dictate that paternal orphans remain with paternal relatives rather than with their mothers. Furthermore, remarriage and migration among widows and widowers may also result in separation of children from their surviving parents. Case *et al* (2004) observed that in all the country-years examined, paternal orphans were less likely to live with their mothers than were non-orphans.

In many countries the relative differences in living arrangements between orphans and non-orphans are large and have become more pronounced in later years. Case *et al* (2004) found that in Tanzania, for example, 73.5 percent of paternal orphans lived with their mothers in 1992, a statistic that dropped to 64.2 percent by 1999. At the same time, the fraction of non-orphans living with their mothers remained stable at approximately 85 percent. The authors found that the relative differences in living arrangements between orphans and non-orphans were even larger for children who had lost a mother. For example, in Tanzania, the fraction of maternal orphans who lived with their fathers declined from 54.3 percent in 1992 to 43 percent in 1999. In Zambia, only 41.3 percent of maternal orphans lived with their fathers in 1996, compared with 74.5 percent of non-orphans. In Malawi, 46.6 percent of maternal orphans lived with their fathers in 1992; only 27.8 percent of maternal orphans lived with their fathers by 2000.

If both parents are dead, there are again differences between countries with regard to who within the family will assume primary responsibility. In South Africa, the majority of double orphans (and children not living with a surviving parent) are being raised by their

grandparents (64 percent) while in Cameroon 57 percent are reared by 'other relatives', generally aunts and uncles.

Case *et al* (2004) observed that in all countries, orphans were more likely to live in households with a higher fraction of elderly members, and with less well educated heads. They found that maternal and paternal orphans were twice as likely as non-orphans to live in households headed by a grandparent, and three times as likely to be living in households headed by 'other relatives'. These results are consistent with evidence highlighting the role of grandparents, and often grandmothers, in the care of orphans (Hunter 1990, Ntozi 1997). In fact, while grandparents already have an important role in the care of orphans, there is notable increase in their burden as the number of orphans in communities increases.

Separation of siblings following parental death is a strategy of families to distribute the burden of care between several relatives and constitutes another source of trauma for children. In Zambia, nearly 60 percent of a sample of orphaned children had been separated; nearly four out of five saw their brothers and sisters less than once a month (Family Health International, 2002). Child-headed households are also becoming increasingly common in Sub-Saharan Africa due to the AIDS epidemic. There are still relatively few households (less than 1 percent in most countries) headed by children under the age of 18 (child/adolescent headed household).

2.7 Social economic situation of OVC

According to Family AIDS Caring Trust (FACT, 2002), the extent of HIV/AIDS epidemic in Africa makes it qualitatively different from other regions. Traditionally, it used to be said "there is no such thing as an orphan in Africa". Children who lost one or both parents were incorporated into a relative's family. But the combination of increased orphan numbers, reduced numbers of caregivers and weakened extended families, combined with poverty, means that vulnerable children are more likely to fall through the extended family safety net. Rising numbers of children of all descriptions, not just orphans due to AIDS or other causes are suffering as a result of the epidemic. Even in countries with well-established epidemics, HIV/AIDS-related stigma and discrimination are often pervasive. Typically, this is not restricted to individuals who are infected but affects their families as well. Children from HIV/AIDS affected households report experiencing stigma and discrimination on many levels and in all aspects of their lives (Rose, 2003).

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Children are affected economically, socially and psychologically. Economic and social impacts include malnutrition, reduced access to education and health care, child labour, migration and homelessness (FACT, 2002). Within the extended family, children orphaned by HIV/AIDS tell of being expected to work harder than other children in the family and of being the last to get food or school fees. Within the community, they are socially ostracized and marginalized, by adults as well as by other children. Discrimination at schools, in health services, and in other institutions compromises their rights and frequently limits their access to opportunities and benefits (Rose, 2003). Psychological impacts include depression, guilt, anger and fear caused by parental illness and death. The social, economic and psychological impacts of AIDS on children combine to increase their vulnerability to a range of consequences including HIV infection, lack of education, poverty, child labour, exploitation and unemployment (FACT, 2002).

2.8 Government approach to address the social economic situation of the orphans and vulnerable children in Nigeria

As part of its national policy and programming response for OVC the Federal Government of Nigeria has initiated the Child's Rights Act (2003) which has been promulgated in fifteen States (UNICEF, 2007). The Nigeria OVC National Plan of Action: 2006-2010 was further developed and launched, with oversight and direction provided through the OVC National Technical Coordinating Group (NTCG) (FMWASD, 2006). New National Guidelines and Standards of Practice for OVC have also been produced and disseminated, along with a consolidated National Monitoring & Evaluation Framework for the OVC Plan of Action. Additional work is currently ongoing in terms of the drafting of a new national Nigeria Children's Policy, as well as a related Social Security Policy, which will cut across all sectors and - in doing so - further influence and inform the OVC agenda (Paul and Laura, 2011).

Implementation of the Nigeria OVC National Plan of Action (NPA) has been less successful than anticipated, with a lack of available information for planning identified as one of the main constraints. OVC care, support and protection services are not well integrated with planning processes at national, sub-national and community levels (Paul and Laura, 2011). Consequently, there are very limited resources available to communities for OVC (2008), and social welfare offices are seldom functional in many rural areas (2007). It is further recognized that a significant component of OVC care, support and protection services are provided mainly through a broad range of non-governmental (NGO) and faith-based

organizations (FBO), as well as civil society organizations (CSO) and networks (FMWASD, 2008). In this context it is estimated that in excess of half of the available workforce for OVC in Nigeria is voluntary. Underlying the difficulty in establishing a national snapshot and profile of the existing available social welfare workforce for OVC is that there is, as yet, no comprehensive list of all organizations and institutions providing OVC services throughout the country (USAID/Project SEARCH, 2009).

The breadth and scope of OVC services is complex in Nigeria and requires an effective and collaborative multi-disciplinary and multi-sectoral approach. The core components for OVC care, support and protection services as defined in the current OVC National Plan of Action include: Health; Education; Social Protection; Psychosocial Support; Service Delivery Environment; Household Level Care; Economic Strengthening; and Monitoring & Evaluation. Of equal importance but less explicit in the NPA are the areas of: Nutrition; Shelter; Child Protection; Juvenile Justice; Disability and Rehabilitation; Resource Mobilization; and Management & Networking of OVC Resources (Paul and Laura, 2011).

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CHAPTER THREE

METHODOLOGY

3.1 Study Design

This was a comparative cross sectional, population based study. It was a secondary data analysis of data from 2008 National Demographic Health Survey (NDHS).

3.2 Study Location

The primary survey was a national one involving the thirty six states of the federation (Nigeria) and the Federal Capital Territory, Abuja. Nigeria is grouped into six geopolitical zones: North Central, North East, North West, South East, South South, and Southwest. Nigeria is located in West Africa and shares land border with the Republic of Benin in the west, Chad and Cameroon in the east, and Niger in the north. Its coast in the south lies on the Gulf of Guinea on the Atlantic Ocean. Nigeria is the fourteenth largest country in Africa with a total land area of 923,768 square kilometres. Nigeria is the most populous country in Africa with annual growth rate of 2.8%. It's the eight most populous countries in the world with a population of about 140 million. There are about 374 identifiable ethnic groups in Nigeria in which the largest and the most influential ethnic groups are Hausa, Igbo and Yoruba. In 2011, International Monetary Fund announced Nigeria to be the third fastest growing economy in the world after China and India, as a result of the growth of the nation's economy from 6.9 percent in 2009 to 7.4 percent that year. Nigeria is largest exporter of oil in Africa and has the third largest economy in Africa. It has a total fertility rate of 5.7 (NDHS, 2008) and HIV prevalence of 4.1% (FMOH, 2011).

3.3 Study population

The target groups for the primary data were women aged between 15 and 49 years and men aged between 15 and 59 years in randomly selected households across Nigeria. Data about children aged between 0 and 5 years was also collected, including physical measurements such as weight and height.

In this study, all children aged between 0 and 17 who participated in the primary survey constituted the study population.

Inclusion criteria:

- Should fall within the age bracket (0 - 17 years)
- Should have lost a parent or both parents, or
- Should be living in household where at least one adult have been very sick for 3 months in the past 12 months or lives in household where at least one adult died in the past 12 month and the adult had been sick for about 3 month before he/she died.

3.4 Ethical Clearance

The primary survey was reviewed and approved by the National Health Research Ethics Committee (NHREC), (assigned number NHREC/01/01/2007) for the study period of February 22, 2008 to February 23, 2009. Participation in the survey was completely voluntary. Confidentiality of the information given by the participants was assured before the commencement of the interviews. Written and oral informed consent was obtained from each respondent before questionnaires were administered.

3.5 Sampling procedure

The sample for the 2008 NDHS was designed to provide population and health indicators at the national, zonal, and state levels. The sampling frame used for the 2008 NDHS was the 2006 Population and Housing Census of the Federal Republic of Nigeria conducted in 2006, provided by the National Population Commission (NPC).

Administratively, Nigeria is divided into states. Each state is subdivided into local government areas (LGAs), and each LGA is divided into localities. In addition to these administrative units, during the 2006 Population Census, each locality was subdivided into convenient areas called census enumeration areas (EAs). The primary sampling unit (PSU), referred to as a cluster for the 2008 NDHS, was defined on the basis of EAs from the 2006 EA census frame. The 2008 NDHS sample was selected using a stratified two-stage cluster design consisting of 888 clusters, 286 in the urban and 602 in the rural areas. A representative sample of 36,800 households was selected for the 2008 NDHS survey, with a minimum target of 950 completed interviews per state. In each state, the number of households was distributed proportionately among its urban and rural areas.

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In the primary survey, a complete listing of households and a mapping exercise was carried out for each cluster from April to May 2008 (first stage). The resulting lists of households served as the sampling frame for the selection of households in the second stage. All private households were listed. The NPC listing enumerators were trained to use Global Positioning System (GPS) receivers to take the coordinates of the 2008 NDHS sample clusters.

In the second stage of selection, an average of 41 households was selected in each cluster, by equal probability systematic sampling. All women age 15 to 49 years who were either permanent residents of the households in the 2008 NDHS sample or visitors present in the households on the night before the survey were eligible to be interviewed. In a sub-sample of half of the households, all men aged 15 to 59 years who were either permanent residents of the households in the 2008 NDHS sample or visitors present in the households on the night before the survey were eligible to be interviewed.

3.6 Sample selection

The 2008 NDHS sample was selected using a stratified two-stage cluster design consisting of 888 clusters, 286 in the urban and 602 in the rural areas. The number of households was allocated to each state, the numbers of clusters (calculated based on an average sample take of 41 completed interviews or about 41 selected households) was calculated by dividing the total sample in the state by the sample take. Finally, all women aged 15 to 49 years were interviewed in each cluster, and in half of the selected households about 20 men were interviewed. Before the selection in a state, all EAs were stratified by urban and rural areas.

The selection was performed using the following formula:

$$P_i = (a / A)$$

Where,

a: is the number of clusters to be selected in the given state

A: is the total number of clusters in the given state.

In each selected cluster, a complete household listing operation was carried out and households were selected to achieve a fixed sample take per cluster. However, since the 2008 NDHS sample was unbalanced among residence area and state, a final weighing adjustment procedure to provide estimates at every other domain of study was required.

In a given state, if c is the fixed number of households selected out of the total households (L_i)—found in the 2008 listing process—for the i^{th} cluster, then the household probability in the selected i^{th} cluster can be expressed as:

$$P_{2i} = (c / L_i)$$

The final households overall probability in the i^{th} cluster could be calculated as:

$$f_i = P_{1i} * P_{2i}$$

and the sampling design weight for the i^{th} cluster is given as:

$$1/f_i = 1 / (P_{1i} * P_{2i})$$

3.7 Data collection method

Study instruments

The primary data for NDHS 2008 was collected by personal interview using three different questionnaires namely: the Household questionnaire, the Women's questionnaire, and the Men's questionnaire. These generic questionnaires were designed to reflect the population and health issues relevant to Nigeria at a series of meetings with stakeholders from government ministries and agencies, non-governmental organisations, and international donors. In addition to English, the questionnaires were translated into three major Nigerian languages: Hausa, Igbo, and Yoruba.

The household questionnaire was used to list the members and visitors of the selected households. Basic information was collected on the characteristics of each person listed, including age, sex, education, and relationship to the head of the household. For children under age 18 years, survival status of the parents was determined. If a child in the household had a parent who was sick for more than three consecutive months in the 12 months preceding the survey or a parent who had died, additional questions related to support for orphans and vulnerable children were asked. Also, if an adult in the household was sick for more than three consecutive months in the 12 months preceding the survey or an adult in the household died, questions were asked related to support for sick people or people in households where a household member has died. The data on the age and sex of household members obtained in the Household Questionnaire was used to identify women and men who were eligible for the individual interview.

3.8 Pre test activities

The training for the pre-test of the primary study took place between March 3rd and 12th, 2008. Thirty-two interviewers (15 females and 17 males) were trained to administer the questionnaires and take anthropometric measurements. The pre-test training for the interviewers and supervisors consisted of discussion of the project overview and survey objectives, techniques of interviewing, field procedures, a detailed description of all sections of the household and individual questionnaires, and two days of field practice. The trainers/resource persons included professionals from NPC and ICF Macro.

The pre-test was conducted in six states by six teams between March 15th and 22nd, 2008. The teams were divided according to languages. There were two Hausa teams in the North East and North West zones, two English teams in the South South and North Central zones, one Yoruba team in the South West, and one Igbo team in the South East. The supervisors and editors were drawn from the NPC core technical team. The teams covered six zones (one state in each zone) and aimed at completing 25 urban and 25 rural households per state. At the end of fieldwork, a debriefing session was held with all staff involved in the pre-test, and the questionnaires were amended as appropriate.

3.9 Training of field staffs and field work

The NPC recruited and trained 368 persons for the fieldwork to serve as zonal coordinators, supervisors, field editors, female and male interviewers, reserve interviewers, and quality

control interviewers. Training of field staff for the main survey was conducted during a three-week period in May-June 2008. The training consisted of instructions on interviewing techniques and field procedures, a detailed review of items on the questionnaires, instruction and practice in weighing and measuring children, mock interviews between participants in the classroom, and practice interviews with real respondents in areas outside the 2008 NDHS sample points. During this period, field editors, team supervisors, and quality control interviewers were provided with additional training in methods of field editing, data quality control procedures, and fieldwork coordination. Thirty-seven supervisors, 37 editors, 152 female interviewers, and 74 male interviewers were selected to make up 37 data collection teams for the 2008 NDHS. Thirty-seven people were selected to be quality control interviewers.

Thirty-seven interviewing teams carried out data collection for the 2008 NDHS. Each team consisted of one supervisor (team leader), one field editor, four female interviewers, two male interviewers, and two drivers. Nineteen senior staff members from NPC, designated as zonal coordinators, coordinated and supervised fieldwork activities. Data collection took place over a four-month period from June to October 2008.

3.10 Response rates

A total of 36,298 households were selected for the survey and of these 34,644 were occupied. Of the 34,644 households found, 34,070 were successfully interviewed, yielding a response rate of 98 percent. There was no significant difference in the response rate in rural and urban areas. In the interviewed households, a total of 34,596 women were identified to be eligible for the individual interview, and 97 percent of them were successfully interviewed. For men, 16,722 were identified as eligible in half the households, and 93 percent of them were successfully interviewed.

3.11 Data processing

All questionnaires for the 2008 NDHS were returned to the NPC headquarters office in Abuja for data processing. Processing consisted of office editing, coding of open-ended questions, data entry, and editing computer-identified errors. The data were processed by a team of 30 data entry operators, three data coders, four data entry supervisors, and eight secondary editors. Data entry and editing were accomplished using the CSPro software.

For this study however, secondary data was managed using SPSS version 16 for windows and analysed using descriptive, bivariate statistics and multivariate analytic tool. The result was presented using tables. Descriptive statistics (frequencies) were used to analyze some social-demographic variables such as age of the orphan and number of orphans in a particular age group. Chi square test was used to establish relationships between parental survival status and the type of care received by the orphan.

Dependent variables

The main dependent variable was;

- The type of supports received by the orphans and vulnerable children (medical support, emotional support, material support and social support). The level of support received was categorise into two (Yes and No)

Independent variables

The independent variables are;

- Survival status of the parents of the participants. (double orphans, single orphans and vulnerable children)
- Socio demographic characteristics of the orphans and vulnerable children (age, sex, residence, region and wealth quintile).

3.12 Description of terms

1. Double Orphans (0): children whose biological parents (both father and mother) have died.
2. Single Orphan (1): children who are not living with one of their parents. i.e. Living with mother but no father (father alive or father dead) these are called maternal Orphans or living with father but not mother (mother alive or mother dead) also known as paternal Orphans
3. Vulnerable children (2): children living with both parent in which one or both of them is sick for at least 3 months in the past 12 months. Or lives in household where at least one adult have been very sick for 3 months in the past 12 months or lives in household where at least one adult died in the past 12 month and the adult had been sick for about 3 month before he/she died.

There were four major supports (medical, emotional, material and social) involved in the primary survey and questions were asked if the household had received any of this supports in the past 12 months.

1. Medical support: Medical care, supplies or medicine.
2. Emotional support: Companionship, counselling from a trained counsellor, or spiritual support for which there was no payment.
3. Material support: Clothing, food, or financial support for which there was no payment
4. Social support: Help with household work, training for a caregiver, legal services.

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CHAPTER 4

RESULT

4 Socio demographic characteristics

4.1 Respondent's socio demographic characteristics

Overall, the total number of children aged between 0 to 17 years was 79,202. About 34.4 percent of these numbers were within the age group of 0 to 4 years old, 72.4 percent resided in the rural area, while 25.4 percent were from the North-Western zone of Nigeria. Many (47.6%) of these children were poor. Of this number (79,202), only 79197 reported the sex of the children of which 50.8 percent were males.

Table 1: socio demographic characteristics of children aged between 0 to 17 years.

Characteristics	Children Below 18 Years Old	Percentage
	n	(%)
Age Group (years)		
0 – 4	27223	34.4
5 – 9	24541	31.0
10 – 14	19121	24.1
15 – 17	8317	10.5
Sex		
Male	40268	50.8
Female	38929	49.2
Residence		
Urban	21850	27.6
Rural	57352	72.4
Region		
North Central	15437	19.5
North East	16738	21.1
North West	20094	25.4
South East	7253	9.2
South South	9682	12.2
South West	9998	12.6
Wealth Quintile		
Poor	37728	47.6
Middle	16334	20.6
Rich	25140	31.8

4.2 Characteristics of Double Orphans

Only 329 (0.4% of the children) children had lost both parents (DO) out of 78593 children analysed. The population of DO increased with the age of the children, and they were evenly distributed between males and females. More of the double orphans were urban dwellers. South south zone recorded more of the double orphans. The poor wealth quintile reported lower percentage of the double orphans.

Table 2: Socio Demographic characteristics of the double orphans

Characteristics	Double orphans		Others		Total
	n	(%)	n	(%)	n = 78593
Age Group (years)					
0 – 4	17	(0.1)	27159	(99.9)	27176
5 – 9	75	(0.3)	24428	(99.7)	24503
10 – 14	133	(0.7)	18931	(99.3)	19064
15 – 17	104	(1.3)	7746	(98.7)	7850
Sex					
Male	161	(0.4)	39941	(99.6)	40102
Female	167	(0.4)	38319	(99.6)	38486
Residence					
Urban	98	(0.5)	21613	(99.5)	21711
Rural	231	(0.4)	56651	(99.6)	56882
Region					
North Central	78	(0.5)	15240	(99.5)	15318
North East	34	(0.2)	16605	(99.8)	16639
North West	41	(0.2)	19801	(99.8)	19842
South East	56	(0.8)	7164	(99.2)	7220
South South	94	(1.0)	9536	(99.0)	9630
South West	26	(0.3)	9918	(99.7)	9944
Wealth Quintile					
Poor	122	(0.3)	37276	(99.7)	37398
Middle	88	(0.5)	16148	(99.5)	16236
Rich	119	(0.5)	24840	(99.5)	24959

4.3 Characteristics of the Single Orphans

The total number of children who had lost either their father or their mother (single orphans) was 4394. The single orphanhood also increased with the age group where a greater percentage of the single orphans were reported in the age group 15 – 17 years. Also, the respondents who were single orphans were evenly distributed among the males and the females. Higher percentage of single orphans was urban dwellers. South east reported a greater percentage (11.2%) of single orphans and the prevalence of single orphans was higher in the middle class wealth quintile.

Table 3: Socio Demographic characteristics of the Single Orphans

Characteristics	Single orphans		Others		Total
	n	(%)	n	(%)	n
Age Group (years)					
0 – 4	518	(1.9)	26611	(98.1)	27129
5 – 9	1196	(4.9)	23271	(95.1)	24467
10 – 14	1673	(8.8)	17432	(91.2)	19015
15 – 17	1007	(12.9)	6808	(87.1)	7815
Sex					
Male	2256	(5.6)	37751	(94.4)	40007
Female	2138	(5.6)	36276	(94.4)	38414
Residence					
Urban	1259	(5.8)	20403	(94.2)	21662
Rural	3135	(5.5)	53629	(94.5)	56764
Region					
North Central	1009	(6.6)	14281	(93.4)	15290
North East	636	(3.8)	15982	(96.2)	16618
North West	657	(3.3)	19133	(96.7)	19790
South East	809	(11.2)	6392	(88.8)	7201
South South	750	(7.8)	8860	(92.2)	9610
South West	533	(5.4)	9384	(94.6)	9917
Wealth Quintile					
Poor	1846	(4.9)	35483	(95.1)	37329
Middle	1127	(7.0)	15078	(93.0)	16205
Rich	1421	(5.7)	23471	(94.3)	24892

4.4 Characteristics of the vulnerable children

Table 4 shows the socio demographic characteristics of the vulnerable children. Here, more males were vulnerable and the rural areas reported more children to be vulnerable. Children aged 10 to 14 years were reported to be more vulnerable. The north western zone of Nigeria has the greatest percentage of vulnerable children. Children with poor socio economic status were reported to be more vulnerable compared to those of the rich class which are less vulnerable.

Table 4: Socio demographic characteristics of vulnerable children

Characteristics	Vulnerable Children				Total n
	Yes		No		
	n	(%)	n	(%)	
Age Group (years)					
0 – 4	2179	(8.0)	25044	(92.0)	27223
5 – 9	2223	(9.1)	22318	(90.9)	24541
10 – 14	1821	(9.5)	17300	(90.5)	19121
15 – 17	707	(8.5)	7610	(91.5)	8317
Sex					
Male	3557	(4.6)	36711	(95.4)	40268
Female	3371	(4.3)	35558	(95.7)	38929
Residence					
Urban	1308	(6.0)	20542	(94.0)	21850
Rural	5622	(9.8)	51730	(90.2)	57352
Region					
North Central	1191	(7.7)	14246	(92.3)	15437
North East	1881	(11.2)	14857	(88.8)	16738
North West	2524	(12.6)	17570	(87.4)	20094
South East	561	(7.7)	6692	(92.3)	7253
South South	488	(5.0)	9194	(95.0)	9682
South West	285	(2.9)	9713	(97.1)	9998
Wealth Quintile					
Poor	4099	(10.9)	33629	(89.1)	37728
Middle	1480	(9.1)	14854	(90.9)	16334
Rich	1351	(5.4)	23789	(94.6)	25140

4.5 Double orphans

Table 5 below shows the proportion of double orphans who had received support (medical, emotional, material and social support) in the past 12 months. Only 94.2% of the double orphans did not receive any of the supports, 3.6% of the double orphans received at least one of the supports, 1.2% of the children received two of the supports, 0.9% of the children received three of the supports and no double orphan received all of the supports.

Table 5: Proportion of double orphans who received support

Number of type of support received	Double Orphans	
	n	Percentage (%)
None	301	94.2
One	12	3.6
Two	4	1.2
Three	3	0.9
All	0	0

Support Type	Double orphans	
	n	(%)
Medical support	6	2.3
Emotional support	10	3.8
Material support	11	4.2
Social support	2	0.8
At least one of the supports	19	7.3

4.5.1 Socio demographic characteristics of double orphan by medical support received

From the table 6 below, only six (2.3%) out of 260 DO that participated had received medical support in the last 12 months. The distribution is shown in table 6 below. Using fisher exact test, it was discovered that none of the observed values were significant.

Table 6: Socio demographic characteristics of double orphan by medical support received in the past 12 months

Characteristics	Received Medical Support In The Last 12 Months		Total Number Of Children n	P – Value
	Yes n (%)	No n (%)		
Age Group (years)				
0 – 4	0 (0.0)	10 (100)	10	
5 – 9	2 (3.2)	60 (96.8)	62	
10 – 14	1 (0.9)	111 (99.1)	112	0.499
15 – 17	3 (3.9)	73 (96.1)	76	
Sex				
Male	2 (1.5)	131 (98.5)	133	
Female	4 (3.1)	123 (96.9)	127	0.377
Residence				
Urban	1 (1.3)	78 (98.7)	79	
Rural	5 (2.8)	176 (97.2)	181	0.460
Region				
North Central	0 (0.0)	50 (100)	50	
North East	1 (3.4)	28 (96.6)	29	
North West	1 (3.6)	27 (96.4)	28	0.066
South East	4 (7.5)	49 (92.5)	53	
South South	0 (0.0)	83 (100)	83	
South West	0 (0.0)	17 (100)	17	
Wealth Quintile				
Poor	2 (2.1)	92 (97.9)	94	
Middle	1 (1.4)	70 (98.6)	71	0.751
Rich	3 (3.2)	92 (96.8)	95	

4.5.2 Socio demographic characteristics of double orphans by emotional support received

Table 7 below shows that out of the 260 double orphans, only 10 (3.8%) received emotional support in the past 12 months. The double orphans aged 0 to 4 years did not receive any emotional support. However this was not statistically significant ($P > 0.05$). Urban dwellers and double orphans that resides in the South west, North west and North east also did not receive any emotional support in the past 12 months. But these were statistically significant at $P < 0.05$

Table 7: Socio demographic characteristics of double orphans by emotional support received in the past 12 months

Characteristics	Received Emotional Support In The Last 12 Months		Total Number Of Children n	P – Value
	Yes n (%)	No n (%)		
Age Group (years)				
0 – 4	0 (0)	10 (100)	10	
5 – 9	2 (3.2)	60 (96.8)	62	
10 – 14	5 (4.5)	107 (95.5)	112	0.900
15 – 17	3 (3.9)	73 (96.1)	76	
Sex				
Male	5 (3.8)	128 (96.2)	133	
Female	5 (3.9)	122 (96.1)	127	0.941
Residence				
Urban	0 (0)	79 (100)	79	
Rural	10 (5.5)	171 (94.5)	181	0.033
Region				
North Central	1 (2.0)	49 (98.0)	50	
North East	0 (0)	29 (100)	29	
North West	0 (0)	28 (100)	28	0.000
South East	8 (15.1)	45 (84.9)	53	
South South	1 (1.2)	82 (98.8)	83	
South West	0 (0)	17 (100)	17	
Wealth Quintile				
Poor	3 (3.2)	91 (96.8)	94	
Middle	1 (1.4)	70 (98.6)	71	0.245
Rich	6 (6.3)	89 (93.7)	95	

4.5.3 Socio demographic characteristics of double orphans by material support received

Only 11 (4.2%) out of the 260 double orphans had received material support in the last 12 months. The urban dwellers did not receive any material support in the past 12 months. This was statistically significant ($P < 0.05$). None of the double orphans that resided in the South west, North west and North east zone received material support in the past 12 months. However, this was not statistically significant ($P > 0.05$).

Table 8: Socio demographic characteristics of double orphans by material support received in the past 12 months

Characteristics	Received Material Support In The Last 12 Months		Total Number Of Children n	P – Value
	Yes n (%)	No n (%)		
Age Group (years)				
0 – 4	1 (10.0)	9 (90.0)	10	
5 – 9	1 (1.6)	61 (98.4)	62	
10 – 14	3 (2.7)	109 (97.3)	112	0.168
15 – 17	6 (7.9)	70 (92.1)	76	
Sex				
Male	7 (5.3)	126 (94.7)	133	
Female	4 (3.1)	123 (96.9)	127	0.397
Residence				
Urban	0 (0)	79 (100)	79	
Rural	11 (6.1)	170 (93.9)	181	0.025
Region				
North Central	1 (2.0)	49 (98.0)	50	
North East	0 (0)	29 (100)	29	
North West	0 (0)	28 (100)	28	0.169
South East	3 (5.7)	50 (94.3)	53	
South South	7 (8.4)	76 (91.6)	83	
South West	0 (0)	17 (100)	17	
Wealth Quintile				
Poor	6 (6.4)	88 (93.6)	94	
Middle	2 (2.8)	69 (97.2)	71	0.429
Rich	3 (3.2)	92 (96.8)	95	

4.5.4 Socio demographic characteristics of double orphans by social support received

From the table 9, it was observed that only two DOs received social support in the past 12 months. These two DO were scantily distributed along the socio demographic characteristics of these children. Using fisher exact test, none of this result was statistically significant. P value less than 0.05.

Table 9: Socio demographic characteristics of double orphans by social support received in the past 12 months

Characteristics	Received Social Support In 'The Last 12 Months		Total Number Of Children N	P - Value
	Yes n (%)	No n (%)		
Age Group (years)				
0 - 4	0 (0)	10 (100)	10	
5 - 9	0 (0)	62 (100)	62	
10 - 14	1 (0.9)	111 (99.1)	112	0.831
15 - 17	1 (1.3)	75 (98.7)	76	
Sex				
Male	1 (0.8)	132 (99.2)	133	
Female	1 (0.8)	126 (99.2)	127	0.974
Residence				
Urban	0 (0)	79 (100)	79	
Rural	2 (1.1)	179 (98.9)	181	0.348
Region				
North Central	0 (0)	50 (100)	50	
North East	0 (0)	29 (100)	29	
North West	0 (0)	28 (100)	28	0.507
South East	0 (0)	53 (100)	53	
South South	2 (2.4)	81 (97.6)	83	
South West	0 (0)	17 (100)	17	
Wealth Quintile				
Poor	2 (2.1)	92 (97.9)	94	0.169
Middle	0 (0)	71 (100)	71	
Rich	0 (0)	95 (100)	95	

4.5.5 Socio demographic characteristics of double orphans by receiving at least one of the supports

The table below shows that, 19 double orphans had received at least one of the supports (medical or emotional or material or social supports). Urban cities reported 1.3% of the double orphans to have received at least one of the supports compared to the 9.9% from the rural area. This was significant ($P < 0.05$) Age group 15 to 17 reported the highest percentage of children who had received at least one of the supports but this was not statistically significant ($P > 0.05$). None of this 19 came from the southwest region while the poor socioeconomic class reported greater percentage of the double orphans to have received at least one of the supports. However, this was not statistically significant ($P > 0.05$)

Table 10: Socio demographic characteristics of double orphan by receiving at least one of the supports in the past 12 months

Characteristics	Received At Least One Of The Supports		Total Number Of Children N	P – Value
	Yes n (%)	No n (%)		
Age Group (years)				
0 – 4	1 (10.0)	9 (90.0)	10	
5 – 9	2 (3.2)	60 (96.8)	62	
10 – 14	7 (6.3)	105 (93.8)	112	0.248
15 – 17	9 (11.8)	67 (88.2)	76	
Sex				
Male	10 (7.5)	123 (92.5)	133	
Female	9 (7.1)	118 (92.9)	127	0.920
Residence				
Urban	1 (1.3)	78 (98.7)	79	
Rural	18 (9.9)	163 (90.1)	181	0.014
Region				
North Central	2 (4.0)	48 (96.0)	50	
North East	1 (3.4)	28 (96.6)	29	
North West	1 (3.6)	27 (96.4)	28	0.142
South East	8 (15.1)	45 (84.9)	53	
South South	7 (8.4)	76 (91.6)	83	
South West	0 (0)	17 (100)	17	
Wealth Quintile				
Poor	9 (9.6)	85 (90.4)	94	
Middle	4 (5.6)	67 (94.4)	71	0.564
Rich	6 (6.3)	91 (93.7)	97	

4.6 Single orphans

From the Table 11 below, 91.1% single orphans did not receive any of the four possible supports, 5.7% of the single orphans received at least one of the supports, 2.3% of the children received two of the supports, 0.6% of the children received three of the supports and 0.3% of the single orphans received all of the supports.

Table 11: Proportion of single orphans who received support

Number of type of Support Received	Single Orphans	Percentage
	n = 4394	(%)
None	4002	91.1
One	251	5.7
Two	103	2.3
Three	27	0.6
All	11	0.3

Type of support	Single orphans	
	N	(%)
Medical support	89	2.6
Emotional support	268	7.8
Material support	164	4.7
Social support	61	1.8

4.6.1 Socio demographic characteristics of single orphan by medical support received

Table 12 shows the distribution of the single orphans (SO) according to the medical support received in the past 12 months. Only 89 (2.6%) of the SO had received medical support in the past 12 months. Age group 0 to 4 years recorded the highest medical support received (4.6%) among the age groups. This result was significant at $P < 0.05$. More males (2.7%) received medical support compared to the females (2.4%) but this was not statistically significant ($P > 0.05$).

Table 12: Socio demographic characteristics of single orphan by medical support received in the past 12 months

Characteristics	Received Medical Support In The Last 12 Months				Total Number Of Children ^a n	P - Value
	Yes		No			
	n	(%)	n	(%)		
Age Group (years)						
0 - 4	19	(4.6)	396	(95.4)	415	
5 - 9	24	(2.6)	907	(97.4)	931	
10 - 14	27	(2.0)	1296	(98.0)	1323	0.041
15 - 17	19	(2.4)	771	(97.6)	790	
Sex						
Male	48	(2.7)	1734	(97.3)	1782	
Female	41	(2.4)	1636	(97.6)	1677	0.644
Residence						
Urban	36	(3.8)	924	(96.3)	960	
Rural	53	(2.1)	2446	(97.9)	2499	0.007
Region						
North Central	18	(2.3)	767	(97.7)	785	
North East	24	(4.3)	534	(95.7)	558	
North West	16	(4.0)	384	(96.0)	400	0.002
South East	18	(2.6)	667	(97.4)	685	
South South	5	(0.8)	628	(99.2)	633	
South West	8	(2.0)	390	(98.0)	398	
Wealth Quintile						
Poor	37	(2.6)	1412	(97.4)	1449	0.776
Middle	25	(2.9)	845	(97.1)	870	
Rich	27	(2.4)	1113	(97.6)	1140	

4.6.2 Socio demographic characteristics of single orphan by emotional support received

Table 13 showed that 268 (7.8%) of single orphans had received emotional support in the past 12 months. More males (7.8%) had received emotional support in the past 12 months compared to the females (7.7%) but this was not statistically significant ($P > 0.05$). South west reported the highest percentage (14.3%) of the single orphans to have received emotional support compared the North east who reported the lowest percentage (1.6%) of children who had received emotional support. This was statistically significant at $P < 0.05$.

Table 13: Socio demographic characteristics of single orphan by emotional support received in the past 12 months

Characteristics	Received Emotional Support In The Last 12 Months				Total Number Of Children n	P – Value
	Yes		No			
	n	(%)	n	(%)		
Age Group (year)						
0 – 4	36	(8.7)	378	(91.3)	414	0.357
5 – 9	82	(8.8)	848	(91.2)	930	
10 – 14	93	(7.0)	1228	(93.0)	1321	
15 – 17	57	(7.2)	732	(92.8)	789	
Sex						
Male	139	(7.8)	1640	(92.2)	1779	0.902
Female	129	(7.7)	1546	(92.3)	1675	
Residence						
Urban	77	(8.0)	882	(92.0)	959	0.713
Rural	191	(7.7)	2304	(92.3)	2495	
Region						
North Central	48	(6.1)	735	(93.9)	783	0.000
North East	9	(1.6)	548	(98.4)	557	
North West	17	(4.2)	385	(95.8)	402	
South East	71	(10.4)	611	(89.6)	682	
South South	66	(10.4)	566	(89.6)	632	
South West	57	(14.3)	341	(85.7)	398	
Wealth Quintile						
Poor	65	(4.5)	1382	(95.5)	1447	0.000
Middle	105	(12.1)	766	(87.9)	871	
Rich	98	(8.6)	1038	(91.4)	1136	

4.6.3 Socio demographic characteristics of single orphan by material support received

Of the 3455 single orphans, only 164 (4.7%) single orphans had received material support in the last 12 months. The male single orphans reported higher percentage of children (5.0%) to have received material support compared to the females (4.5%) but this was not statistically significant ($P > 0.05$). The south western zone showed more of its respondents to have received material compared to that of the south eastern zones. This was statistically significant ($P < 0.05$). More males and more of the children between age group 0 to 4 (5.0% and 5.3% respectively) had received material support in the past 12 months. However, these were not statistically significant.

Table 14: Socio demographic characteristics of single orphan by material support received in the past 12 months

Characteristics	Received Material Support In The Last 12 Months		Total Number Of Children n	P – Value
	Yes n (%)	No n (%)		
Age Group (year)				
0 – 4	22 (5.3)	392 (94.7)	414	0.920
5 – 9	42 (4.5)	889 (95.5)	931	
10 – 14	64 (4.8)	1257 (95.2)	1321	
15 – 17	36 (4.6)	753 (95.4)	789	
Sex				
Male	89 (5.0)	1692 (95.0)	1781	0.475
Female	75 (4.5)	1599 (95.5)	1674	
Residence				
Urban	48 (5.0)	913 (95.0)	961	0.670
Rural	116 (4.7)	2378 (95.3)	2494	
Region				
North Central	53 (6.8)	731 (93.2)	784	0.000
North East	18 (3.2)	538 (96.8)	556	
North West	13 (3.2)	389 (96.8)	402	
South East	20 (2.9)	662 (97.1)	682	
South South	31 (4.9)	602 (95.1)	633	
South West	29 (7.3)	369 (92.7)	398	
Wealth Quintile				
Poor	58 (4.0)	1388 (96.0)	1446	0.156
Middle	50 (5.7)	821 (94.3)	871	
Rich	56 (4.9)	1082 (95.1)	1138	

4.6.4 Socio demographic characteristics of single orphan by social support received

The total number of single orphans who received social support in the past 12 months were 61, the distribution of this support by the socio demographic characteristic of these children are shown in the table 15 below. However, using fisher's exact test, it was discovered that none of them were statistically significant ($P > 0.05$).

Table 15: Socio demographic characteristics of single orphan by social support received in the past 12 months

Characteristics	Received Social Support In The Last 12 Months		Total Number Of Children n	P – Value
	Yes n (%)	No n (%)		
Age Group (year)				
0 – 4	8 (1.9)	406 (98.1)	414	0.701
5 – 9	15 (1.6)	915 (98.4)	930	
10 – 14	27 (2.0)	1292 (98.0)	1319	
15 – 17	11 (1.4)	778 (98.6)	789	
Sex				
Male	33 (1.9)	1746 (98.1)	1779	0.686
Female	28 (1.7)	1645 (98.3)	1673	
Residence				
Urban	12 (1.3)	948 (98.8)	960	0.152
Rural	49 (2.0)	2443 (98.0)	2492	
Region				
North Central	13 (1.7)	771 (98.3)	784	0.098
North East	12 (2.2)	545 (97.8)	557	
North West	7 (1.7)	395 (98.3)	402	
South East	11 (1.6)	668 (98.4)	679	
South South	5 (0.8)	628 (99.2)	633	
South West	13 (3.3)	384 (96.7)	397	
Wealth Quintile				
Poor	22 (1.5)	1422 (98.5)	1444	0.510
Middle	19 (2.2)	853 (97.8)	872	
Rich	20 (1.8)	1116 (98.2)	1136	

4.7 Vulnerable children

From the table below, 6724 (97%) vulnerable children did not receive any of the four supports, 121 (1.7%) vulnerable children receive at least one of the supports, 67 (1%) vulnerable children received two of the supports, 18 (0.3%) children received three of the supports and no vulnerable children received all of the supports out of 6930 total numbers of vulnerable children analysed.

Table 16: proportion of vulnerable children who received support

Number Of Type Of Support Received	Vulnerable Children n = 6930	Percentage (%)
None	6724	97.0
One	121	1.7
Two	67	1.0
Three	18	0.3
All of the supports	0	0

	Vulnerable children	
	N	(%)
Medical support	67	3.7
Emotional support	124	6.9
Material support	85	4.7
Social support	33	1.8

4.7.1 Socio demographic characteristics of vulnerable children by medical support received

Table 17 below shows that only 67 (3.7%) vulnerable children had received medical support in the past 12 months. More male (4.5%) had received medical support compared to the females (2.9%) who had received medical support. But this was not statistically significant ($P > 0.05$). None of the respondents from the south western zone received medical support and a greater proportion of the urban dwellers had received medical support compared to the proportion of the rural dwellers who received medical support. These were statistically significant at $P < 0.05$.

Table 17: Socio demographic characteristics of vulnerable children by medical support received in the past 12 months

Characteristics	Received Medical Support In The Last 12 Months		Total Number Of Children n	P – Value
	Yes n (%)	No n (%)		
Age Group (year)				
0 – 4	16 (3.5)	445 (96.5)	461	0.442
5 – 9	26 (4.8)	514 (95.2)	540	
10 – 14	17 (3.2)	514 (96.8)	531	
15 – 17	8 (3.0)	260 (97.0)	268	
Sex				
Male	41 (4.5)	869 (95.5)	910	0.077
Female	26 (2.9)	862 (97.1)	888	
Residence				
Urban	32 (8.7)	335 (91.3)	367	0.000
Rural	35 (2.4)	1398 (97.6)	1433	
Region				
North Central	18 (3.7)	475 (96.3)	493	0.013
North East	19 (5.7)	313 (94.3)	332	
North West	15 (4.0)	356 (96.0)	371	
South East	13 (5.0)	249 (95.0)	262	
South South	2 (0.9)	230 (99.1)	232	
South West	0 (0)	110 (100)	110	
Wealth Quintile				
Poor	33 (3.5)	898 (96.5)	931	0.270
Middle	19 (5.1)	356 (94.9)	375	
Rich	15 (3.0)	479 (97.0)	494	

4.7.2 Socio demographic characteristics of vulnerable children by emotional support received

From the table 18 below, 124 vulnerable children had received emotional support in the past 12 months, children aged 15 to 17 years reported greatest percentage of reception of emotional support (8.6%) compared to the children aged 10 to 14 years who recorded the lowest percentage of emotional support (6.0%). However this was not statistically significant ($P > 0.0$). The reception of emotional support increases along with the socio economic status of the vulnerable children as the poor vulnerable children recorded the lowest percentage of children who had received emotional support (4.4%) while those from the rich socio economic class recorded the highest percentage of children who had received emotional support (10.1%). This was statistically significant ($P < 0.05$)

Table 18: Socio demographic characteristics of vulnerable children by emotional support received in the past 12 months

Characteristics	Received Emotional Support In The Last 12 Months		Total Number Of Children n	P – Value
	Yes n (%)	No n (%)		
Age Group (years)				
0 – 4	35 (7.6)	427 (92.4)	462	0.478
5 – 9	34 (6.3)	504 (93.7)	538	
10 – 14	32 (6.0)	500 (94.0)	532	
15 – 17	23 (8.6)	244 (91.4)	267	
Sex				
Male	66 (7.3)	844 (92.7)	910	0.551
Female	58 (6.5)	829 (93.5)	887	
Residence				
Urban	35 (9.4)	336 (90.6)	371	0.030
Rural	89 (6.2)	1339 (93.8)	1428	
Region				
North Central	19 (3.9)	471 (96.1)	490	0.000
North East	7 (2.1)	323 (97.9)	330	
North West	12 (3.2)	363 (96.8)	375	
South East	23 (8.8)	239 (91.2)	262	
South South	36 (15.5)	196 (84.5)	232	
South West	27 (24.5)	83 (75.5)	110	
Wealth Quintile				
Poor	41 (4.4)	888 (95.6)	929	0.000
Middle	33 (8.8)	342 (91.2)	375	
Rich	50 (10.1)	445 (89.9)	495	

4.7.3 Socio demographic characteristics of vulnerable children by material support received

Table 19 showed that out of the 1799 vulnerable children analysed, only 85 children had received material support in the past 12 months. The percentage of males who had received material support (5.6%) compared to that of females (3.8%) who had received material support but this was not statistically significant. However, the distribution of reception of material support along the residence, zones and the wealth quintile were significant ($P < 0.05$).

Table 19: Socio demographic characteristics of vulnerable children by material support received in the past 12 months

Characteristics	Received Material Support In The Last 12 Months		Total Number Of Children n	P – Value
	Yes n (%)	No n (%)		
Age Group (year)				
0 – 4	22 (4.8)	439 (95.2)	461	0.764
5 – 9	22 (4.1)	517 (95.9)	539	
10 – 14	29 (5.5)	503 (94.5)	532	
15 – 17	12 (4.5)	255 (95.5)	267	
Sex				
Male	51 (5.6)	859 (94.4)	910	0.077
Female	34 (3.8)	853 (96.2)	887	
Residence				
Urban	27 (7.3)	344 (92.7)	371	0.009
Rural	58 (4.1)	1370 (95.9)	1428	
Region				
North Central	18 (3.7)	470 (96.3)	488	0.001
North East	14 (4.2)	318 (95.8)	332	
North West	13 (3.5)	362 (96.5)	375	
South East	8 (3.1)	254 (96.9)	262	
South South	20 (8.6)	212 (91.4)	232	
South West	12 (10.9)	98 (89.1)	110	
Wealth Quintile				
Poor	31 (3.3)	899 (96.7)	930	0.016
Middle	24 (6.4)	351 (93.6)	375	
Rich	30 (6.1)	464 (93.9)	494	

4.7.4 Socio demographic characteristics of vulnerable children by social support received

Only 33 vulnerable children had received social support in the past 12 months, the distribution of this with the socio demographic characteristics of the vulnerable children were shown in the table 20 below. However, using fisher's exact test, none of these observed results was significant ($P > 0.05$).

Table 20: Socio demographic characteristics of vulnerable children by social support received in the past 12 months

Characteristics	Received Social Support In The Last 12 Months		Total Number Of Children n	P - Value
	Yes n (%)	No n (%)		
Age Group (year)				
0 - 4	4 (0.9)	456 (99.1)	460	0.208
5 - 9	11 (2.0)	527 (98.0)	538	
10 - 14	14 (2.6)	518 (97.4)	532	
15 - 17	4 (1.5)	263 (98.5)	267	
Sex				
Male	17 (1.9)	893 (98.1)	910	0.924
Female	16 (1.8)	869 (98.2)	885	
Residence				
Urban	9 (2.4)	362 (97.6)	371	0.342
Rural	24 (1.7)	1402 (98.3)	1426	
Region				
North Central	15 (3.1)	475 (96.9)	490	0.071
North East	3 (0.9)	329 (99.1)	332	
North West	6 (1.6)	369 (98.4)	375	
South East	7 (2.7)	252 (97.3)	259	
South South	2 (0.9)	229 (99.1)	231	
South West	0 (0)	110 (100)	110	
Wealth Quintile				
Poor	15 (1.6)	912 (98.4)	927	0.771
Middle	8 (2.1)	367 (97.9)	375	
Rich	10 (2.0)	485 (98.0)	495	

4.8 The type of support received in the past 12 months based on the parental survival status of the orphans and vulnerable children

4.8.1 Parental survival status of the OVC by medical support received in the past 12 months

From table 21 below, out of 260 double orphans, only 6 (2.3%) double orphan had received medical compared to the 89 (2.6%) single orphans who received medical support out of the 3459 numbers of the single orphans analysed. Since the P-value was greater than five the result was not statistically significant. Only 3.7% of the vulnerable children had received medical support compared to the 2.9% of the non-vulnerable children who had received medical support, however, this was not significant ($P < 0.05$).

Table 21: Parental survival status of OVC by medical support received in the past 12 months

Parental Survival Status	Received Medical Support In The Last 12 Months		Total n	P-value
	Yes n (%)	No n (%)		
Orphans				
DO	6 (2.3)	254 (97.7)	260	0.794
SO	89 (2.6)	3370 (97.4)	3459	
Vulnerable children				
Yes	67 (3.7)	1733 (96.3)	1800	0.092
No	130 (2.9)	4358 (97.1)	4488	

4.8.2 Parental survival status of the OVC by emotional support received in the past 12 months

The table below showed that more single orphans (7.8%) had received emotional support compared to the double orphans (3.8%) who had received emotional support. Among the double orphans, only 10 (3.8%) had received emotional support out of 260 children analysed and 7.8% of the single orphans had received emotional support out of 3454 children analysed for emotional support. These differences were significant ($P < 0.05$). The vulnerable children who had received emotional support were 124 (2.9%) compared to the vulnerable children 1675 (93%) who had not received emotional support; this observed difference was not significant ($P > 0.05$).

Table 22: Parental survival status of OVC by emotional support receive in the past 12 months

Parental Survival Status	Received Emotional Support In The Last 12 Months				Total n	P-value
	Yes		No			
	n	(%)	n	(%)		
Orphans						
DO	10	(3.8)	250	(96.2)	260	0.021
SO	268	(7.8)	3186	(92.2)	3454	
Vulnerable children						
Yes	124	(6.9)	1675	(93.1)	1799	0.118
No	361	(8.1)	4119	(91.9)	4480	

4.8.3 · Parental survival status of the OVC by material support received in the past 12 months

Table 23 below showed that only 11 (4.2%) of the double orphans had received material support out of the double orphans analysed compared to the 164 (4.7%) of the single orphans had received material support out of the total number of children analysed. These percentages were closely similar to those observed in the vulnerable children. However, these observed differences were not statistically significant ($P > 0.05$).

Table 23: Parental survival status of OVC by material support received in the past 12 months

Parental Survival Status	Received Material Support In The Last 12 Months				Total n	P-value
	Yes		No			
	n	(%)	n	(%)		
Orphans						
DO	11	(4.2)	249	(95.8)	260	0.705
SO	164	(4.7)	3291	(95.3)	3455	
vulnerable children						
Yes	85	(4.7)	1714	(95.3)	1799	0.862
No	207	(4.6)	4271	(95.4)	4478	

4.8.4 Parental survival status of the OVC by social support received in the past 12 months

The total number of double orphans who received social support were two (0.8%) compared to the 61 (1.8%) of single orphans who received social support. This difference however, was not statistically significant ($P > 0.05$). Among the vulnerable children, only 33 (1.8%) had received social support compared to the 2.5% of the non-vulnerable children who received social support in the past 12 month. These differences were not statistically significant ($P > 0.05$).

Table 24: Parental survival status of OVC by social support received in the past 12 months

Parental Survival Status	Received Social Support In The Last 12 Months				Total n	P-value
	Yes		No			
	n	(%)	n	(%)		
Orphans						
DO	2	(0.8)	258	(99.2)	260	0.230
SO	61	(1.8)	3391	(98.2)	3452	
Vulnerable children						
Yes	33	(1.8)	1764	(98.2)	1797	0.093
No	114	(2.5)	4365	(97.5)		

4.9 The Logistic Regression analysis of socio demographic factors influencing the types of supports received by the orphans and vulnerable children

4.9.1 Logistic regression analysis of socio demographic characteristic influencing the received medical support by the single orphans

From table 25, the respondents within the age group 5 to 9 years were about 1.8 times less likely to receive medical support compared to those in age group 0 to 4 years (the reference age group). This was not significant (OR 0.6; 95% CI 0.294 – 1.013). However, those in the age group 10 to 14 years were about 2.2 times less likely to receive medical support compared to those aged 0 to 4 years and this was significant (OR 0.5; 95% CI 0.248 – 0.830).

Respondents who were rural dwellers were about 1.9 times less likely to receive medical support compared to the urban dwellers (reference group) and this was significant (OR 0.6; 95% CI 0.339 – 0.815).

The respondents from the North Eastern zones were 1.9 times more likely to receive medical support compared to the respondents from the north central this was significant at 95% CI (1.003 – 3.492) whereas the respondents from the North West were about 1.6 times more likely to have received medical support compared to those from the north central. However, this was not statistically significant (95% CI, 0.823 – 3.265).

4.9 The Logistic Regression analysis of socio demographic factors influencing the types of supports received by the orphans and vulnerable children

4.9.1 Logistic regression analysis of socio demographic characteristic influencing the received medical support by the single orphans

From table 25, the respondents within the age group 5 to 9 years were about 1.8 times less likely to receive medical support compared to those in age group 0 to 4 years (the reference age group). This was not significant (OR 0.6; 95% CI 0.294 – 1.013). However, those in the age group 10 to 14 years were about 2.2 times less likely to receive medical support compared to those aged 0 to 4 years and this was significant (OR 0.5; 95% CI 0.248, – 0.830).

Respondents who were rural dwellers were about 1.9 times less likely to receive medical support compared to the urban dwellers (reference group) and this was significant (OR 0.6; 95% CI 0.339 – 0.815).

The respondents from the North Eastern zones were 1.9 times more likely to receive medical support compared to the respondents from the north central this was significant at 95% CI (1.003 – 3.492) whereas the respondents from the North West were about 1.6 times more likely to have received medical support compared to those from the north central. However, this was not statistically significant (95% CI, 0.823 – 3.265).

Table 25: Logistic regression analysis of Socio demographic characteristic influencing the received medical support by the single orphans

Characteristics	Odds Ratio	95% Ci
age group (year)		
0 – 4 (ref)	1	-----
5 – 9	0.55	0.294 – 1.013
10 – 14	0.45	0.248 – 0.830
15 – 17	0.56	0.290 – 1.076
Residence		
Urban (ref)	1	-----
Rural	0.53	0.339 – 0.815
Region		
North central (ref)	1	-----
North east	1.87	1.003 – 3.492
North west	1.64	0.823 – 3.265
South east	1.16	0.601 – 2.262
South south	0.34	0.124 – 0.913
South west	0.73	0.312 – 1.720

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4.9.2 Logistic regression analysis of socio demographic characteristic influencing the received emotional support by the single orphans

The respondent from the North East were about 3.8 times less likely to receive emotional support compared to those that were from the North Central. This was significant (95% CI, 0.124 – 0.526). The respondent from the North West were 1.4 times less likely to receive emotional support compare to those from the North Central. However, this was not significant (OR 0.7; 95% CI 0.413 – 1.289).

The respondent from the middle class were 2.1 times more likely to receive emotional support compared to the poor. This was significant (95% CI, 1.522 – 2.993). Those that are rich were about 1.4 times more likely to receive emotional support compared to the poor, but this was not significant (95% CI, 0.982 – 1.949).

Table 26: Logistic regression analysis of socio demographic characteristic influencing the received emotional support by the single orphans

Characteristics	odds ratio	95 % CI
Region		
North central (ref)	1	-----
North east	0.26	0.124 – 0.526
North west	0.73	0.413 – 1.289
South east	1.52	1.025 – 2.241
South South	1.61	1.083 – 2.387
South west	2.18	1.433 – 3.325
Wealth quintile		
Poor (ref)	1	-----
Middle	2.13	1.522 – 2.993
Rich	1.38	0.982 – 1.949

4.9.3 Logistic regression analysis of socio demographic characteristic influencing the received material support by the single orphans

The respondents from the north east were about 2.2 times less likely to receive material support compared to those from the North Central. This was statistically significant (95% CI, 0.267 – 0.797). The respondents from the south south were 1.4 times less likely to receive material supports compared to the respondents from the North Central, but this was not significant (OR 0.8; 95% CI 0.450 – 1.121).

Table 27: Logistic regression analysis of socio demographic characteristic influencing the received material support by the single orphans

Characteristics	Odds Ratio	Confidence Interval
Region		
North central (ref)	1	-----
North east	0.46	0.267 – 0.797
North west	0.46	0.248 – 0.856
South east	0.42	0.246 – 0.704
South south	0.71	0.450 – 1.121
South west	1.08	0.678 – 1.734

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4.9.4 Logistic regression analysis of socio demographic characteristic influencing the received medical support by the vulnerable children

The Vulnerable children that are rural dwellers were about 4.2 times less likely to receive medical support compared to the urban dwellers. This was statistically significant (95% CI, 0.144 – 0.394).

Vulnerable children from the south south were about 5.3 times less likely to receive medical support compared to the vulnerable children from the North Central. This was significant. (95% CI, 0.044 – 0.850). Children from the north east were about 1.4 times more likely to receive medical support compared to the children from the North Central. However, this was not significant (OR 1.4; 95% CI, 0.702 – 2.689).

Table 28: Logistic regression analysis of socio demographic characteristic influencing the received medical support by the vulnerable children

Characteristics	odds ratio	confidence interval
Residence		
Urban (ref)	1	-----
Rural	0.24	0.144 – 0.394
Region		
North central (ref)	1	-----
North east	1.37	0.702 – 2.689
North west	1.05	0.517 – 2.124
South east	1.07	0.505 – 2.245
South south	0.19	0.044 – 0.850
South west		

4.9.5 Logistic regression analysis of socio demographic characteristic influencing the received emotional support by the vulnerable children

Table 29 below shows that vulnerable children that are rural dwellers were 1.3 times less likely to receive emotional support compared to the urban dwellers but this was not significant (OR 0.8; 95% CI, 0.494 – 1.298).

Vulnerable children from the north east were about 1.9 times less likely to receive emotional support compared to their counterparts from the north central. But this was not statistically significant (95% CI, 0.221 – 1.286). Vulnerable children from the south east were about 2.3 times more likely to receive emotional support compared to those from the north central. This was statistically significant (OR 2.3; 95% CI, 1.205 – 4.351).

Middle class vulnerable children were 1.2 times more likely to receive emotional support compared to the vulnerable children that were poor, but this was not significant (OR 1.2; 95% CI, 0.726 – 2.036). The rich class vulnerable children were likely to receive emotional support at the same rate with the vulnerable children from the poor class. However, this was not significant (OR 1.0; 95% CI, 0.597 – 1.754).

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Table 29: Logistic regression analysis of socio demographic characteristic influencing the received emotional support by the vulnerable children

Characteristics	Odds Ratio	Confidence Interval
Residence		
Urban (ref)	1.00	-----
Rural	0.80	0.494 – 1.298
Region		
North central (ref)	1.00	-----
North east	0.53	0.221 – 1.286
North west	0.83	0.396 – 1.735
South east	2.29	1.205 – 4.351
South south	4.34	2.378 – 7.905
South west	7.67	3.916 – 15.008
Wealth quintile		
Poor (ref)	1.00	-----
Middle	1.22	0.726 – 2.036
Rich	1.02	0.597 – 1.754

4.9.6 Logistic regression analysis of socio demographic characteristic influencing the received material support by the vulnerable children

From table 30 below, rural dwellers were 1.7 times less likely to receive material support compared to the urban dwellers. This was statistically significant (95% CI, 0.334 – 1.038).

Vulnerable children from the north east were about 1.1 times more likely to receive material support compared to the vulnerable children from the north central. This was not significant (95% CI, 0.550 – 2.307). Respondents from the south south were about 2.2 times more likely to receive material support compared those from the north central. However, this was significant (95% CI, 1.108 – 4.318).

The middle class vulnerable children were about 1.6 times more likely to receive material support compared to the poor vulnerable children. This was not significant at (OR 1.6 95% CI, 0.865 – 2.795). Rich vulnerable children were about 1.1 times more likely to receive material support compared to the poor vulnerable children. This was also not significant (95% CI, 0.568 – 2.125).

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Table 30: Logistic regression analysis of socio demographic characteristic influencing the received material support by the vulnerable children

Characteristics	Odds ratio	Confidence interval
Residence		
Urban (ref)	1.00	-----
Rural	0.59	0.334 – 1.038
Region		
North central (ref)	1.00	-----
North east	1.13	0.550 – 2.307
North west	0.95	0.461 – 1.993
South east	0.73	0.310 – 1.737
South south	2.19	1.108 – 4.318
South west	2.76	1.232 – 6.192
Wealth quintile		
Poorest (ref)	1.00	-----
Middle	1.55	0.865 – 2.795
Richest	1.10	0.568 – 2.125

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4.9.7 Logistic regression analysis of influence of parental survival of OVC on the type of support received by the orphans

Those that are single orphans were 2.1 times more likely to receive emotional support compared to the double orphans. This was significant (95% CI, 1.104 – 4.005).

Table 31: Logistic regression analysis of parental survival status on the emotional support received

Characteristics	Odds ratio	Confidence interval
Orphan		
Double Orphans (ref)	1.00	-----
Single Orphans	2.10	1.104 – 4.005

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CHAPTER FIVE

DISCUSSION

5.1 Types and level of care received by OVC

According to Vinod and Simona (2008), in countries where the OVC population has been on the increase, one of the important public policy challenges is to assist families to care for these children. DHS/AIS surveys collect information on the extent to which free external care and support services are reaching OVC. Particularly, information on emotional, psychological, social and other material support received by households with OVC as well as medical and school-related support received by the same households during the 3 months preceding the survey or during the 12 months preceding the survey. On the basis of these data, we analyze how families and communities are recognizing and addressing the need to care for OVC (Vinod and Simona, 2008).

This study analysed the influence of parental survival on access to care and support by orphan and vulnerable children in Nigeria. Just like the primary survey, the care and support analysed in this survey were medical support (the free Medical care, supplies or medicine they received from Government hospitals, Private hospitals or community hospitals), emotional support (the Companionship, counselling from a trained counsellor, or spiritual support for which there was no payment.), material support (Clothing, food, or financial support for which there was no payment) and social support (Help with household work, training for a caregiver, legal services) in the past 12 months.

From this study, almost all the double orphans, single orphan and the vulnerable children did not receive any type of support. Only 1.7% of the vulnerable children received at least one of all the four supports, only 5.7% of the single orphans received at least one of all the four supports, 3.6% of the double orphans received at least one of the supports in 12 months prior the survey. Emotional support was the only support mostly received by the OVC. This finding was similar to that of (Vinod and Simona, 2008) "In Tanzania emotional, psychological or social support was the most important source of support, received by 7 percent of households with OVC. Yet in all countries, less than 1 percent of households with OVC received all four types of support, while between 69 percent (in Zimbabwe) and 91 percent (in Cote d'Ivoire) did not receive any type of support".

5.2 The socio-demographic characteristics of OVC

As reported by UNAID and UNICEF (2006) findings from this study also showed that the distribution of the double orphans and single orphans increased with the age groups with lower percentage of this children reported in the lowest age group the higher percentage reported in the higher age group. However, the vulnerable children reported that distribution of vulnerable children increases with the age group but declined at age group 15 to 17 years. This finding was also comparable to that found by Vinod and Simona (2008), which reported "the largest numbers of OVC was found among children aged 5 to 14 years, followed by those aged 0 to 4 years". This might be due to the fact that most of the OVC that falls within age group 15 to 17 years were on the street trying to make a living. As reported by FMWASD (2008) 29% of child aged between 6 and 17 years are engaged in child labour in Nigeria. Since the primary survey was a household survey, street children were not captured in the data.

In contrast to the study by Ansell *et al.*, (2004) which reported that more OVC may come from the rural areas due to urban-to-rural migration, which may result from circumstances such as terminally ill parents going home to villages to die, or a sense that caring for orphans might be easier in rural areas, this study found that greater percentage of the Orphans, (single orphans and double orphans) were reported from the urban areas than those reported from the rural areas. The higher proportion OVC from urban area may be due to the fact that more children have been fostered to the urban area (FMWASD, 2008). This was similar to findings from Vinod and Simona (2008) who reported more OVC from the urban than the rural residence.

More vulnerable children were reported from the poor socio economic class followed by the middle class, the rich class reported the lowest percentage of these vulnerable children. This finding was similar to the finding from Becigo *et al.*, 2003 where it was reported that in 1999, more orphans from Zimbabwe were from the poorest class of wealth. Also, it was discovered that females and males were evenly distributed among the single orphans and the double orphans.

5.3 The effect of OVC socio demographic characteristics on the type of support received

The effect of the socio demographic characteristic of the OVC on the types of support (medical, emotional, material and social) received showed that all of the double orphans who had received emotional support in the past 12 months were rural dwellers and a very high proportion (15.1%) of which were from the South east zone. Also, all the double orphans who had received material support were rural dwellers. This may be because most of the respondents (Table 1) were rural dwellers. Further analysis on the double orphans to know how many had received at least one of the possible types of supports showed that; more males had received at least one of the supports compared to the females, most of them were rural dwellers, none of the children who had received at least one of the supports came from the south west region and more of the children who had received at least one of the supports were poor. This showed that, the double orphans in Nigeria are not receiving adequate care. The support received was not also evenly distributed with the socio demographic characteristics of the double orphans hence, there is need to ensure support reaches the double orphans who were in greatest need of support and the support should be evenly distributed with the socio demographic characteristics of the children.

Among the single orphans, receiving medical support decreased with age but increased at the age group 15 to 17 years. This was in contrast to the report from (Vinod and Simona, 2008). Greater percentage of the single orphans who received medical support were urban dwellers and a greater proportion of them were from the north east zone. The reported high number of single orphans who received medical support was higher in the rural area and in the northern zones of Nigeria, this may be due to the fact that, greater proportion of the respondents were from the rural area and the Northern zone of Nigeria (NDHS, 2008). Medical support is essential for the large population of the single orphans, but reduction in this support will increase the vulnerability of these children to diseases (that terminated one of the parents or other childhood diseases). The poor single orphans recorded the lowest proportion respondent who received emotional support compared to the middle class and the rich Single orphans. Children without emotional support may eventually become a treat (hoodlums, criminals, e.t.c) to the country because Emotional support (companionship, counselling from a trained counsellor, or spiritual support) is an essential part of psychological well being and development of a child (orphan or not). Majority of the single orphans who received material support were from the north central zone but greater proportion of the single orphans who

received material support were from the south west. This may be as a result of concentration of many United States Government (USG) funded organizations in active care and support for OVC in this part of the country (USAID/Project SEARCHb, 2009).

None of the vulnerable children who received medical support came from the south west zone. The highest proportion of the vulnerable children who received medical support was from the north. This might be as a result of traditional difference in child rearing practices, while many OVC in the north are street children (the almajiri who for the purpose of learning Qur'an, are exposed, from the prenatal phase, to a number of environmental threats to their health and survival) (Mustapha, 2010), OVC from south west are not. Just like the single orphans, most of the emotional support was not experienced by children in the north; it came from the south southern part of the country. The implication of this is that intense support is needed in the northern part of the country and children here appear to be more vulnerable to neglect with direct consequences being experienced in the country. The rich vulnerable children experienced more emotional support. This was in contrast with the report from the 2008 NDHS but similar to findings by Vinod and Simona, (2008). Similar to emotional support, the highest form of material support among the vulnerable children was recorded from the southern zone. The poor vulnerable children experienced less material support compared to the middle class and the rich vulnerable children. The implication of this is that when there is no clothing, food or financial support the children tries to fend for themselves. Hence, the increases in child labour in Nigeria. More of these children will increase the population of the street beggars they may eventually turn to pick pockets and criminals.

5.4 The effect of parental survival on level of care and support received by the OVC

Very few double orphans had received medical support. The same way, very few single orphans had received medical support. The few number of orphans (double orphans or single orphans) who had received medical support is consistent with the finding of 2008 NDHS where the proportion of children who received medical support was very low. Like the result of double orphans and single orphans, less than ten percent of the children who had received medical support were vulnerable children. Although, the observed results of the vulnerable children who had received medical support were not statistically significant. This result showed that the reception of medical support by the orphans did not differ with the parental survival status (Double orphans and Single orphans). That is all were neglected without

adequate care hence, vulnerable to diseases such as childhood diseases or HIV (which must have taken their parents). Due to this neglect, Misfit may be other consequences during adulthood.

Very few (less than five percent) double orphans had received emotional support. However, in contrast to the double orphans, more than five percent of the single orphans had received emotional support. Although, not up to 10% of the single orphans had received emotional support the observed differences in the reception of emotional support between the double orphans and the single orphans was statistically significant. This agrees with the report from the UNAID, UNICEF and USAID (2004) which found that double orphans are consistently disadvantaged compared to the single orphans. This observed difference may be because, if either of the parents was alive, the family of the deceased parent (the family of the dead father or of the dead mother) will visit the household frequently to check on the well being of the children unlike the double orphans where the children are cared for by grandparents or other extended families and may not receive as much care/support.

A small proportion of the double orphans (4.2%) had received material support. This trend was similar with that of the single orphans (4.7% had received material support) and the vulnerable children (4.7% had received material support). Although, the reported percentages were not statistically significant, this result showed that the reception of material support did not differ with the parental survival status. The evenness in the reception of material support may be because; people of higher socio economic class generally support people of lower socio economic class with materials such as food, clothing and financial support, irrespective of their parental survival.

The least of support received by the orphans and vulnerable children was the social support. There was no major difference in the reception of social support between the groups because the reception of social support by the OVC is very similar (where the percentage of the double orphans who received the support is just 0.8% and the percentage of the single who received the support is just 1.8%). The social support was probably so low; within the extended family, children orphaned or vulnerable are expected to work harder than other children in the family and are the last to get food or school fees. Within the community, they are socially ostracized and marginalized, by adults as well as by other children (Rose, 2003). Psychological impacts include; depression, guilt, anger and fear caused by parental illness

and death. The socio economic impacts of lack of social support may include; lack of education, poverty, child labour, exploitation and unemployment (FACT, 2002).

5.5 Strength and limitation of the study

The strength of this study included the large sample size and its national representation. However, it is limited by the fact that the 2008 NDHS survey included only orphans and vulnerable children living in households. Children, who are living in institutions or other non-household settings, including children living on the street, were not included. Thus, the 2008 NDHS results can be considered as a minimum estimate of the problem of OVCs in Nigeria. Another limitation of this study is that not much research has been done on OVC in Nigeria and other sub Saharan countries hence, there was very few literature on the topic.

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CONCLUSION

In conclusion, reception of support by the orphans and vulnerable children is very low in Nigeria. Among the double orphans, material support was the support mostly received by the double orphans. Although, majority of those that received material support were from the south south zone and were poor, more males received material support than the females. Social support was the least support received. The double orphans who received the social support were poor rural dwellers from the south south zone, but the support was evenly distributed between the males and the females. Among the single orphans, Emotional support was the support mostly received by the single orphans. The reception of the support was more among the lower age group, more males also received the support than the females but single orphans of middle socio economic class received more of the support than those from poor socio economic class. Social support was the least support received. The reception of social support was low in the highest age group, more males received the support than the females, most of the children were rural dwellers and many of them were poor. Similar to the single orphans, socio support was also the least support received by the vulnerable children and the support mostly received by these children was emotional.

The reception of care and support by orphans and vulnerable children was very low in Nigeria. The mostly received type of support by the OVC in Nigeria was the emotional support (although not up to ten percent of the OVC in Nigeria received it) and the least received support was the social support. Among the OVC who received support, the reception of care and support did not differ with the parental survival and the support was not evenly distributed with the socio demographic characteristics of the OVC.

RECOMMENDATIONS

Based on the findings from this study, the following recommendations are made;

1. There is need to create public awareness on the plight of the double orphans, single orphans and the vulnerable children. Government, Nongovernmental organization, philanthropic groups, religious organisations, communities, extended families and immediate families should be encouraged to provide care and support for the children.
2. Support centres must be built in communities where the Orphans and Vulnerable Children can visit for emotional, medical or material supports. More free support programmes should be organised and executed in the communities by government, nongovernmental organisations, community and families.
3. Further research on OVC should be conducted in Nigeria. This will provide more information on the current coping strategy of the OVC and basic needs and supports required by the OVC in Nigeria.

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25 June 2008

NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2008
 MODEL HOUSEHOLD QUESTIONNAIRE
 WITH HIV/AIDS AND MALARIA MODULES

NATIONAL POPULATION COMMISSION

National Health Research Ethics Committee
 Assigned Number NHREC/01/01/2007

IDENTIFICATION																																	
STATE _____	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																
LOCAL GOVT. AREA _____																																	
LOCALITY _____																																	
ENUMERATION AREA _____																																	
URBAN/RURAL (URBAN=1, RURAL=2) _____																																	
CLUSTER NUMBER _____																																	
BUILDING NUMBER _____																																	
HOUSEHOLD HEAD NAME/NUMBER _____																																	
HOUSEHOLD SELECTED FOR MAN'S QUESTIONNAIRE (YES=1, NO=2) _____																																	

INTERVIEWER VISITS																
	1	2	3	FINAL VISIT 4												
DATE	_____	_____	_____	DAY <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> YEAR <table border="1"><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>									2	0	0	8
2	0	0	8													
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>												
RESULT*	_____	_____	_____	RESULT <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>												
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>												
TIME	_____	_____	_____													

*RESULT CODES:

- 1 COMPLETED
- 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
- 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
- 4 POSTPONED
- 5 REFUSED
- 6 DWELLING VACANT OR ADDRESS NOT A DWELLING
- 7 DWELLING DESTROYED
- 8 DWELLING NOT FOUND
- 9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
TOTAL ELIGIBLE WOMEN	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
TOTAL ELIGIBLE MEN	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

LANGUAGE OF INTERVIEW	HAUSA 1	YORUBA 2	IGBO 3	ENGLISH 4	OTHER 5 _____ SPECIFY	TRANSLATOR USED?	YES 1	NO 2
NATIVE LANGUAGE OF RESPONDENT	1	2	3	4	5 _____ SPECIFY			

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY				
NAME _____	NAME _____	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		
DATE _____	DATE _____	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		

ENGLISH

Introduction and Consent

Greetings. My name is _____

We are conducting a national survey that asks women and men about various health issues. This study has been reviewed and granted approval by the National Health Research Ethics Committee, assigned number NHREC/01/01/2007, for the study period of February 22, 2008 to February 23, 2009. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The survey usually takes between 20 and 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Should you have any queries, feel free to call any of the following contact person(s):

2008 NDHS Contact Person: Project Director; Email: saligar58@yahoo.com; Phone: 08033708114
NHREC Contact Person(s): Secretary, NHREC; Email: secretary@nhrec.net; Phone: 08033143791
Desk Officer, NHREC; Email: deskofficer@nhrec.net; Phone: 08065479926

As part of the survey we would first like to ask some questions about your household. All of the answers you give will be confidential. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

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HOUSEHOLD SCHEDULE

LINE NO	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 15 OR OLDER	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) sleep here last night?		MARITAL STATUS	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONNAIRE IN Q. 39	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59 IF HH SELECTED FOR MALE INTERVIEW	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-9
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(9A)	(10)	(11)
01			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS [][]	<input type="checkbox"/>	01	01	01	01
02			1 2	1 2	1 2	[][]	<input type="checkbox"/>	02	02	02	02
03			1 2	1 2	1 2	[][]	<input type="checkbox"/>	03	03	03	03
04			1 2	1 2	1 2	[][]	<input type="checkbox"/>	04	04	04	04
05			1 2	1 2	1 2	[][]	<input type="checkbox"/>	05	05	05	05
06			1 2	1 2	1 2	[][]	<input type="checkbox"/>	06	06	06	06
07			1 2	1 2	1 2	[][]	<input type="checkbox"/>	07	07	07	07
08			1 2	1 2	1 2	[][]	<input type="checkbox"/>	08	08	08	08
09			1 2	1 2	1 2	[][]	<input type="checkbox"/>	09	09	09	09
10			1 2	1 2	1 2	[][]	<input type="checkbox"/>	10	10	10	10

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

TICK HERE IF CONTINUATION SHEET USED

2A) Just to make sure that I have a complete listing, are there any other persons such as small children or infants that we have not listed? YES ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ADD TO TABLE NO

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER

- 09 = BROTHER-IN-LAW/SISTER-IN-LAW
- 10 = NIECE/NEPHEW BY BLOOD
- 11 = NIECE/NEPHEW BY MARRIAGE
- 12 = OTHER RELATIVE
- 13 = ADOPTED/FOSTER/STEPCHILD
- 14 = NOT RELATED
- 98 = DON'T KNOW

LINE NO	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	IF AGE 16 OR OLDER	MARRITAL STATUS	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) sleep here last night?				How old was (NAME) as at last birthday?	What is (NAME'S) current marital status?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF WOMAN SELECTED FOR DOMESTIC VIOLENCE QUESTIONS IN Q. 39
	<p>Please give me the names of the persons who usually live in your household and guests of the household who slept here last night, starting with the head of the household.</p> <p>AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE.</p> <p>THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-38 FOR EACH PERSON.</p>	<p>What is the relationship of (NAME) to the head of the household?</p> <p>SEE CODES BELOW.</p>	<p>Is (NAME) male or female?</p>									
(2)	(3)	(1)	M F	Y N	Y N	IN YEARS						
			1 2	1 2	1 2				11	11	11	11
			1 2	1 2	1 2				12	12	12	12
			1 2	1 2	1 2				13	13	13	13
			1 2	1 2	1 2				14	14	14	14
			1 2	1 2	1 2				15	15	15	15
			1 2	1 2	1 2				16	16	16	16
			1 2	1 2	1 2				17	17	17	17
			1 2	1 2	1 2				18	18	18	18
			1 2	1 2	1 2				19	19	19	19
			1 2	1 2	1 2				20	20	20	20

IF CONTINUATION SHEET USED

To make sure that I have a complete list of all persons who usually live in my household, are there any other persons such as siblings or infants that we have not listed?
 YES ADD TO TABLE NO

Are there any other people who may not be members of your family, such as domestic workers, lodgers, or friends who usually live in my household?
 YES ADD TO TABLE NO

Are there any guests or temporary visitors who slept here last night, or anyone who slept here last night who have not been listed?
 YES ADD TO TABLE NO

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01 = HEAD
- 02 = WIFE OR HUSBAND
- 03 = SON OR DAUGHTER
- 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = BROTHER-IN-LAW/SISTER-IN-LAW
- 10 = NIECE/NEPHEW BY BLOOD
- 11 = NIECE/NEPHEW BY MARRIAGE
- 12 = OTHER RELATIVE
- 13 = ADOPTED/FOSTER/STEPCHILD
- 14 = NOT RELATED
- 99 = DON'T KNOW

LINE NO	IF AGE 18-59 YEARS		IF AGE 0-17 YEARS						
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS		SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS						
SICK PERSON	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	IF MOTHER NOT LISTED IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	IF FATHER NOT LISTED IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 18=NO) OR BEEN SICK (Q.15 OR 18=YES).	BOTH PARENTS ALIVE IF YES TO Q.13 AND Q.18 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.
	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
	Y N DK 1 2 8	Y N DK 1 2 8		Y N DK 1 2 8	Y N DK 1 2 8		Y N DK 1 2 8		1 2 ↓ GO TO 23
01	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	01	1 2 ↓ GO TO 23
02	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	02	1 2 ↓ GO TO 23
03	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	03	1 2 ↓ GO TO 23
04	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	04	1 2 ↓ GO TO 23
05	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	05	1 2 ↓ GO TO 23
06	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	06	1 2 ↓ GO TO 23
07	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	07	1 2 ↓ GO TO 23
08	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	08	1 2 ↓ GO TO 23
09	1 2 8	1 2 8 ↓ GO TO 10		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	09	1 2 ↓ GO TO 23
10	1 2 8	1 2 8 ↓ GO TO 16		1 2 8	1 2 8 ↓ GO TO 19		1 2 8	10	1 2 ↓ GO TO 23

LINE NO	IF AGE 18-69 YEARS			IF AGE 0-17 YEARS					
	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS								
SICK PERSON	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.	IF MOTHER NOT LISTED IN HOUSEHOLD Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	IF FATHER NOT LISTED IN HOUSEHOLD Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	MOTHER AND/OR FATHER DEAD/ SICK CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q. 13 OR 16=NO) OR BEEN SICK (Q. 15 OR 18=YES).	BOTH PARENTS ALIVE IF YES TO Q. 13 AND Q. 16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.
	Y N DK 1 2 8	Y N DK 1 2 8		Y N DK 1 2 8	Y N DK 1 2 8		Y N DK 1 2 8		Y N DK 1 2 8
11		↓ GO TO 16			↓ GO TO 19			11	↓ GO TO 23
12		↓ GO TO 16			↓ GO TO 19			12	↓ GO TO 23
13		↓ GO TO 16			↓ GO TO 19			13	↓ GO TO 23
14		↓ GO TO 16			↓ GO TO 19			14	↓ GO TO 23
15		↓ GO TO 16			↓ GO TO 19			15	↓ GO TO 23
16		↓ GO TO 16			↓ GO TO 19			16	↓ GO TO 23
17		↓ GO TO 16			↓ GO TO 19			17	↓ GO TO 23
18		↓ GO TO 16			↓ GO TO 19			18	↓ GO TO 23
19		↓ GO TO 16			↓ GO TO 19			19	↓ GO TO 23
20		↓ GO TO 16			↓ GO TO 19			20	↓ GO TO 23

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LINE NO.	IF AGE 0-17 YEARS			IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS					
	BROTHERS AND SISTERS*			EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE					
	Does (NAME) have any brothers or sisters age 0-17 who have the same mother and the same father?		Do any of those brothers and sisters age 0-17 not live in this household?		Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW What is the highest grade (NAME) completed at that level? SEE CODES BELOW.		Did (NAME) attend school at any time during the (2007-2008) school year?	During this school year, what level and grade is (NAME) attending?	Did (NAME) attend school at any time during the previous school year, that is, (2006-2007)?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.
	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)			
	Y N DK	Y N	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR	Y N
01	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29
02	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29
03	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29
04	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29
05	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29
06	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29
07	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 20	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29
08	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29
09	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29
10	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29

CODES FOR Qs. 24, 26, AND 28: EDUCATION

EDUCATION LEVEL:
 0 = PRE-PRIMARY/KINDERGARTEN
 1 = PRIMARY
 2 = SECONDARY
 3 = HIGHER
 8 = DON'T KNOW

EDUCATION YEAR:
 01 - 03 = YEARS AT PRE-PRIMARY/KINDERGARDEN LEVEL
 01 - 06 = YEARS 1 - 6 AT PRIMARY LEVEL
 01 - 06 = YEARS 1 - 6 AT SECONDARY LEVEL
 01 = TOTAL NUMBER OF YEARS AT HIGHER LEVEL*
 00 = LESS THAN 1 YEAR COMPLETED
 (USE "00" FOR Q. 24 ONLY.
 THIS CODE IS NOT ALLOWED
 FOR Qs. 26 AND 28)
 99 = DON'T KNOW

*FOR "HIGHER", TOTAL THE NUMBER OF YEARS
 AT THE POST-SECONDARY LEVEL

LINE NO	IF AGE 0-17 YEARS			IF AGE 5 YEARS OR OLDER		IF AGE 5-24 YEARS										
	BROTHERS AND SISTERS			EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE										
	Does (NAME) have any brothers or sisters age 0-17 who have the same mother and the same father?		Do any of those brothers and sisters age 0-17 not live in this household?		Has (NAME) ever attended school?		What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.		Did (NAME) attend school at any time during the (2007-2008) school year?		During this school year, what level and grade (s) (NAME) attending? SEE CODES BELOW.		Did (NAME) attend school at any time during the previous school year, that is, (2006-2007)?		During that school year, what level and grade did (NAME) attend? SEE CODES BELOW.	
	(21)		(22)		(23)		(24)		(25)		(26)		(27)		(28)	
	Y N DK	Y N	Y N	Y N	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR	Y N	CLASS/ LEVEL YEAR		
11	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>		
12	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>		
13	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>		
14	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>		
15	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>		
16	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>		
17	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>		
18	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>		
19	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>		
20	1 2 8 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 23	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 27	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>	1 2 ↓ GO TO 29	<input type="text"/> <input type="text"/> <input type="text"/>		

CODES FOR Qs. 24, 26, AND 28: EDUCATION

EDUCATION LEVEL:

- 0 = PRE-PRIMARY/KINDERGARTEN
- 1 = PRIMARY
- 2 = SECONDARY
- 3 = HIGHER
- 8 = DON'T KNOW

EDUCATION YEAR:

- 01-03 = YEARS AT PRE-PRIMARY/KINDERGARTEN LEVEL
- 01-06 = YEARS 1-6 AT PRIMARY LEVEL
- 01-08 = YEARS 1-6 AT SECONDARY LEVEL
- 01 = TOTAL NUMBER OF YEARS AT HIGHER LEVEL*
- 00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 24 ONLY.
THIS CODE IS NOT ALLOWED FOR Qs. 26 AND 28)
- 88 = DON'T KNOW

*FOR "HIGHER", TOTAL THE NUMBER OF YEARS AT THE POST-SECONDARY LEVEL

LINE NO.	IF AGE 5-17 YEARS			0-4 YEARS			ALL AGES				IF AGE 5-17 YEARS
	BASIC MATERIAL NEEDS			BIRTH REGISTRATION			NEGLECTED TROPICAL DISEASES				SCHISTOSOMIASIS IN CHILDREN
	Does (NAME) have a cover-cloth (blanket)?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	Was (NAME'S) birth registered?	With which authority was (NAME'S) birth registered? 1 = NPOPC 2 = LGA 3 = PRIVATE CLINIC/HOSPITAL 4 = OTHER	May I see (NAME'S) birth certificate? 1 = SEEN 2 = NOT SEEN	ONCHOCERIASIS In the last 12 months, has (NAME) taken any drug for River Blindness [LOCAL TERM], a disease that causes itchy skin, lumps in the skin, and blindness?	LYMPHATIC FILARIASIS In the last 12 months, has (NAME) taken any drug for olophanilis [LOCAL TERM], which causes swelling in the arms and legs?	GUINEA WORM In the last 12 months, have you ever seen a worm emerging from a skin lesion (boil or blister) on (NAME)? This disease is called Guinea Worm.	SCHISTOSOMIASIS In the last 12 months, has (NAME) taken any drug for bilharzia [LOCAL TERM], which causes blood in the urine?	Have you noticed any blood in (NAME'S) urine in the last month?
(29)	(30)	(31)	(32)	(33)	(33A)	(34)	(35)	(36)	(37)	(38)	
Y N DK	Y N DK	Y N DK	Y N DK	Y N DK		Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	
01	1 2 8	1 2 8	1 2 8	1 2 8 GO TO 34			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
02	1 2 8	1 2 8	1 2 8	1 2 8 GO TO 34			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
03	1 2 8	1 2 8	1 2 8	1 2 8 GO TO 34			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
04	1 2 8	1 2 8	1 2 8	1 2 8 GO TO 34			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
05	1 2 8	1 2 8	1 2 8	1 2 8 GO TO 34			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
06	1 2 8	1 2 8	1 2 8	1 2 8 GO TO 34			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
07	1 2 8	1 2 8	1 2 8	1 2 8 GO TO 34			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
08	1 2 8	1 2 8	1 2 8	1 2 8 GO TO 34			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
09	1 2 8	1 2 8	1 2 8	1 2 8 GO TO 34			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
10	1 2 8	1 2 8	1 2 8	1 2 8 GO TO 34			1 2 8	1 2 8	1 2 8	1 2 8	1 2 8

LINE NO.	IF AGE 5-17 YEARS			0-4 YEARS			ALL AGES				PAGES 5-17 YEARS
	BASIC MATERIAL NEEDS			BIRTH REGISTRATION			NEGLECTED TROPICAL DISEASES				SCHISTOSOMIASIS IN CHILDREN
	Does (NAME) have a cover-cloth (blanket)?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?	Was (NAME'S) birth registered?	With which authority was (NAME'S) birth registered? 1 = NPO/C 2 = LGA 3 = PRIVATE CLINIC/HOSPITAL 4 = OTHER	May I see (NAME'S) birth certificate? 1 = SEEN 2 = NOT SEEN	ONCHOCERIASIS In the last 12 months, has (NAME) taken any drug for River Blindness [LOCAL TERM], a disease that causes itchy skin, lumps in the skin, and blindness?	LYMPHATIC FILARIASIS In the last 12 months, has (NAME) taken any drug for elephantitis [LOCAL TERM], which causes swelling in the arms and legs?	GUINEA WORM In the last 12 months, have you ever seen a worm emerging from a skin lesion (ball or blister) on (NAME)? This disease is called Guinea Worm	SCHISTOSOMIASIS In the last 12 months, has (NAME) taken any drug for bilharzia [LOCAL TERM], which causes blood in the urine?	Have you noticed any blood in (NAME'S) urine in the last month?
(20)	(30)	(31)	(32)	(33)	(33A)	(34)	(35)	(36)	(37)	(38)	
Y N DK	Y N DK	Y N DK	Y N DK	Y N DK		Y N DK	Y N DK	Y N DK	Y N DK	Y N DK	
11	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
12	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
13	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
14	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
15	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
16	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
17	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
18	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
19	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8
20	1 2 8	1 2 8	1 2 8	1 2 8 ↓ GO TO 34	<input type="checkbox"/>	<input type="checkbox"/>	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8

SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

NO.	QUESTIONS AND FILTERS	SKIP
401	<p>CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: ANY CHILD AGE 0-17?</p> <p>AT LEAST ONE CHILD AGE 0-17 <input type="checkbox"/></p> <p>NO CHILD AGE 0-17 <input type="checkbox"/></p>	501
402	<p>CHECK COLUMN 12 IN THE HOUSEHOLD SCHEDULE: ANY SICK ADULT AGE 18-59 WHO IS VERY SICK?</p> <p>NO SICK ADULT AGE 18-59 <input type="checkbox"/></p> <p>AT LEAST ONE SICK ADULT AGE 18-59 <input type="checkbox"/></p> <p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>	
403	<p>CHECK 306 IN THE PREVIOUS SECTION: ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?</p> <p>NO ADULT DEATH AGE 18-59 IN 306 <input type="checkbox"/></p> <p>AT LEAST ONE ADULT DEATH AGE 18-59 IN 306 <input type="checkbox"/></p> <p>GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.</p>	
404	<p>CHECK COLUMN 19 IN THE HOUSEHOLD SCHEDULE: ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND IS VERY SICK?</p> <p>AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED/IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/></p> <p>NO CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR IS NOT LISTED IN HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK <input type="checkbox"/></p>	501
405	<p>RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 FOR ALL CHILDREN WHO ARE IDENTIFIED IN COLUMN 19 AS HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK.</p>	

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406	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 1 AGE FROM COLUMN 7	1ST CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	2ND CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	3RD CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	4TH CHILD NAME _____ LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>
407	I would like to ask you about any formal, organized help or support for children that your household may have received for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8
410	Did your household receive any of these emotional or psychological support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support for which you did not have to pay?	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8
412	Did your household receive any of those material support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8
414	Did your household receive any of this social support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
415	CHECK 406: AGE OF CHILD	AGE 0-4 <input type="text"/> <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/> <input type="text"/>	AGE 0-4 <input type="text"/> <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/> <input type="text"/>	AGE 0-4 <input type="text"/> <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/> <input type="text"/>	AGE 0-4 <input type="text"/> <input type="text"/> (SKIP TO 417) ← AGE 5-17 <input type="text"/> <input type="text"/>
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, from admission, books or supplies, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
417	GO BACK TO 408 FOR NEXT CHILD. OR, IF NO MORE CHILDREN, GO TO 501				

NO

CODING CATEGORIES

NO	NAME FROM COLUMN 2 LINE NUMBER FROM COLUMN 1 AGE FROM COLUMN 7	CODING CATEGORIES			
		5TH CHILD NAME LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	6TH CHILD NAME LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	7TH CHILD NAME LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	8TH CHILD NAME LINE NO. <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>
408	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
409	In the last 12 months, has your household received any emotional or psychological support for (NAME), such as companionship, counseling from a trained counselor, or spiritual support, which you received at home and for which you did not have to pay?	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8	YES 1 NO 2 (SKIP TO 411) ← DK 8
410	Did your household receive any of these emotional or psychological support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
411	In the last 12 months, has your household received any material support for (NAME), such as clothing, food, or financial support, for which you did not have to pay?	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8	YES 1 NO 2 (SKIP TO 413) ← DK 8
412	Did your household receive any of these material support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
413	In the last 12 months, has your household received any social support for (NAME) such as help in household work, training for a caregiver, or legal services for which you did not have to pay?	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8	YES 1 NO 2 (SKIP TO 415) ← DK 8
414	Did your household receive any social support in the past 3 months?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
415	CHECK 408: AGE OF CHILD	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>	AGE 0-4 <input type="checkbox"/> (SKIP TO 417) ← AGE 5-17 <input type="checkbox"/>
416	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books or supplies, for which you did not have to pay?	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8	YES 1 NO 2 DK 8
417	GO BACK TO 408 FOR NEXT CHILD; OR, IF NO MORE CHILDREN, GO TO 501.				