

Orphans and Vulnerable Children:

The Girls Left Behind: Out of the Box and Out of Reach

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This article draws on material from *The Girls Left Behind* (edited by Judith Bruce and Amy Joyce), and original contributions and research by Kelly Hallman, Annabel Erulkar, Naomi Rutenberg, Nicole Haberland, Erica Chong, and the Binti Pamoja Center. Thanks to Jill Benson, Michelle Skaer, and Virginia Kallianes for their assistance in preparing this presentation.



Outline

1. The face of the HIV epidemic is increasingly young, poor, and female.
2. Millions of girls, owing to their social isolation, economic vulnerability, and fragile and/or non-protective family structures, are at significant risk.
3. Young adolescence is a critical moment when, for many girls, vulnerability is consolidated.
4. Existing health, social development, livelihoods, and youth programs (including youth media) are failing to reach the most vulnerable girls living in the path of HIV.
5. How to move ahead with the assets we have.



The face of the HIV epidemic is increasingly young, poor, and female. It is threatening the poorest, youngest, and least powerful segments of society, composed of individuals with limited social and economic assets, unable to avoid or mitigate the effects of or leave unsafe sexual relations



HIV Prevalence

- **Case ratios, female to male, among those aged 15-24:**
 - South Africa = 8:1
 - Kenya = 5:1
 - Ethiopia = 4:1
- **Overall prevalence ratio in sub-Saharan Africa of 3:1, female to male, among those aged 15-24**
- **African-American adolescent girls in the southern states of the United States have the highest prevalence (6.4 per 1,000), relative to their white, Hispanic, or African-American male peers from other parts of the United States.**



The Girls Left Behind

- 1) **Girls 10-19 living outside the protective structures of family and school**
 - emphasis on 10-14 year olds especially those in migrant to urban areas and at risk of unsafe exploitative work, including domestic service
- 2) **Poor girls on their own or managing HIV affected families under pressure to exchange sex for gifts, money, shelter**
- 3) **Girls at risk of child marriage**
 - emphasis on highly affected rural districts
- 4) **Married girls**
 - emphasis on highly affected rural districts



Hundreds of millions of poor and socially excluded girls are at significant risks of sexual exploitation, economically driven and forced sexual relations, and child marriage, all factors that put them at increased risks of contracting HIV:

- **social isolation**
- **lack of economic assets**
- **living arrangements/orphan status**
- **school-going status**

are **independently** linked with sexual coercion and exchanges of sex for gifts, money, shelter, and food.

Source: Hallman, K., and Judith Diers. "Social Isolation and Economic Vulnerability: Adolescent HIV and Pregnancy Risk Factors in South Africa," presentation at the Annual Meeting of the Population Association of America, Boston, MA.; Hallman and Onabanjo 2005



In some countries, especially sub-Saharan Africa, the majority of girls 10-14 are living in urban areas are living with only one or no parent; in some settings 10% or more are living with neither parent and not in school

Country	Percent living with one parent (urban)	Percent living with no parent (urban)	Percent living with neither parent and not in school (national data)
Burkina Faso	13	21	16
Cote d'Ivoire	23	41	23
Ethiopia	25	26 (34 Addis)	8
Haiti	32	46	10
Kenya	32	22	4
Malawi	25	26	21
Mali	12	18	14
Mozambique	29	30	16
Namibia	34	31	3
Nigeria	16	24	7
Rwanda	25	45	17
Senegal	21	22	16
South Africa	31	29	1
Tanzania	37	28	9
Uganda	29	43	4
Zambia	23	30	9

Tabulations by Erica Chong, Population Council, DHS data, 1992-2001

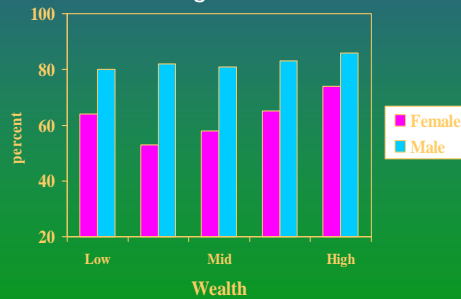


Linkages between social connectedness and adolescent girls' vulnerability

Girls are less likely to have many friends than boys, and low wealth is associated with girls having fewer friends

Socially-isolated girls are 6 times more likely to have been physically forced to have sex than socially-connected girls

"I have many friends in my neighborhood"
Age 14-16



Ever forced to have sex:
Females age 14-16

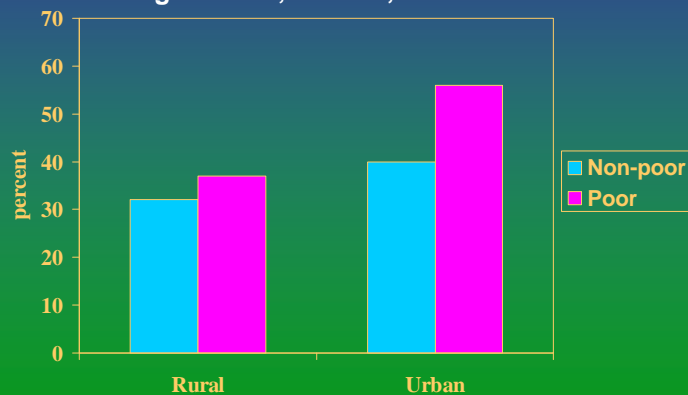


Source: Hallman, K., and Judith Diers. "Social Isolation and Economic Vulnerability: Adolescent HIV and Pregnancy Risk Factors in South Africa," presentation at the Annual Meeting of the Population Association of America, Boston, MA., Hallman and Onabanjo 2005



Linkages between poverty and forced sexual relations

First sex was not willing: sexually experienced girls aged 14-19; Durban, South Africa



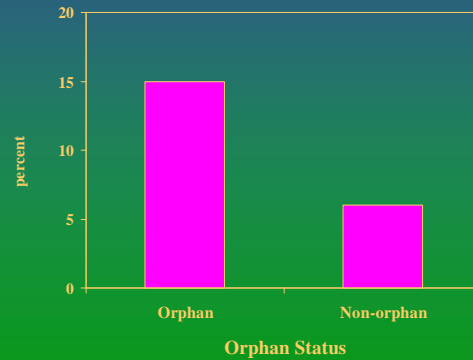
Source: Hallman 2006



Linkages between family situation and poverty-driven sexual relations

Orphaned girls are three times more likely to have ever traded sex for money, goods, or favors than non-orphaned girls (6% vs. 15%)

Economically-motivated sexual encounters
Ever traded sex: Debuted females age 14-16



Source: Hallman, K. *Socioeconomic Disadvantage and Unsafe Sexual Behaviors of Young Women and Men in South Africa*. Population Council Working Paper 190, 2004.



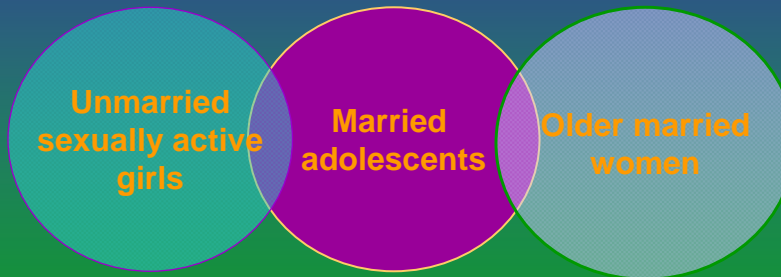
If present patterns continue, over the next ten years 100 million girls will be married as children. Some hot spots:

Country (regional hotspots)	Percent married by age 15				Percent married by age 18			
	Total	Urban	Rural	Regional Hotspot	Total	Urban	Rural	Regional Hotspot
Burkina Faso (East region)	8	4.3	9	10.4	62.3	32	69.9	70.1
Ethiopia (Amhara)	19	11	21	46	49	32	53	80
Haiti (Centre)	5	3	8	19	24	18	31	43
Kenya (Coast)	5	5	5	10	25	21	26	35
Malawi (North)	10.1	4.8	11.4	12.4	46.9	32.3	50.4	54.1
Mali (Kayes)	24.4	14.6	28.9	39.3	65.3	45.8	74.3	83.3
Mozambique (Nampula)	22	14	24	53	57	47	60	82
Namibia (Kavango)	2	1	3	8	10	9	10	32
Nigeria (Northwest)	19	11	23	41	43	27	52	79
Rwanda (Gisenyi)	2	2	2	4	20	21	19	38
Senegal (Northeast)	11	4	16.8	21.8	36.1	15.4	53.1	59.1
Tanzania (Shinyinga)	6	3	8	14	39	23	48	59
Uganda (Eastern)	15	8	17	21	54	34	59	63
Zambia (Luapula)	9	7	11	16	44	34	52	55

Tabulations by Erica Chong, Population Council, analysis of DHS data, 1996-2003



Child brides, married adolescents: A world apart



Social isolation of married girls

Married adolescent girls are typified by:

- Highly limited or even absent peer networks
- Restricted social mobility/freedom of movement
- Low educational attainment and virtually no schooling options
- Very limited access to modern media (TV, radio, newspapers) and health messages
- Very low participation in clubs or organizations
- Almost entirely absent from current youth serving initiatives

Social Isolation of Married Girls

Case study: Amhara, Ethiopia

	All boys (n = 925)	All girls (n = 937)	Never married girls (n = 663)	Ever married girls (n = 274)
Social participation in the last week				
Socialized with friends	80.1***	70.3	71.9~	66.4
Gone outside your home to meet same-sex friends	36.1***	21.2	24.0**	14.6
Gone to a church or mosque	17.2	25.0***	21.9	32.8**
Participated in a coffee ceremony	81.6***	76.7	75.0	80.7~
Media exposure in the last week				
Listened to the radio	37.2***	24.4	27.0**	17.9
Watched TV	9.1	7.8	9.5**	3.6

*Differences between groups significant at ~p<0.10; *p<0.05; **p<0.01; ***p<0.001*

Source: Erulkar et al. 2004a



Emerging evidence of high rates of HIV infection in married girls

	Married	Unmarried, sexually active
Kisumu, Kenya	32.9%	22.3%
Ndola, Zambia	27.3%	16.5%

Sources: Glynn, J.R., Caraël, M., Auvert, B., Kahindo, M., Chege, J., Musonda, R., Kaona, F., and Buvé, A., for the Study Group on Heterogeneity of HIV Epidemics in African Cities. "Why do young women have a much higher prevalence of HIV than young men?" A study in Kisumu, Kenya and Ndola, Zambia. *AIDS* 15(suppl 4), S51-60, 2001; Bruce, J. and Clark, S. "Including Married Adolescents in Adolescent Reproductive Health and HIV Policy," Prepared for the Technical Consultation on Married Adolescents, WHO, Geneva, December 9-12, 2003. Under review for publication; Clark, S. "Early Marriage and HIV Risks in Sub-Saharan Africa," *Studies in Family Planning*, 35(3), 2004; Clark, S., Bruce, J., and Dude, A. "Protecting Young Women from HIV/AIDS: The Case Against Child and Adolescent Marriage." *International Family Planning Perspectives*, 32(2), June 2006.



Young adolescence is a critical moment when, for many girls, vulnerability is consolidated and their rights are irremediably lost



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Development and health resources are vital to all young people – yet some rights if lost or not achieved “on time” are more consequential than others.

The Variable Costs of Rights Denied

Rights delayed

An identity card issued at 19 rather than 18 is a loss, but just of time.

Rights costly to recover

Schooling begun late or interrupted can be remediated through catch up schooling, but at a high cost and few succeed at getting fully back on track.

Rights irremediably lost

Some losses of rights or entitlements are irremediable, such as:

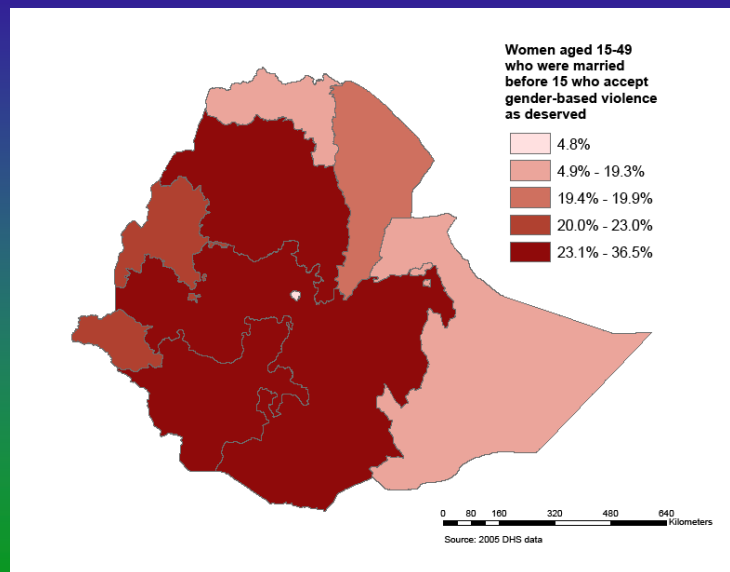
- FGM
- Experiencing forced sex
- Being HIV infected
- Child marriage
- Bearing a child before one's own childhood is complete

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Emergent issues for girls by age 12

- Sexual maturation
- Consolidation of gender norms, including regarding gender-based violence
- Changes in the family (e.g., parents' marital dissolution)
- Disproportionate care and domestic work burden
- Withdraw and/or lack of safety from public space
- School leaving or school safety
- Loss of peers
- Migration for work (often informal and/or unsafe) – both boys and girls
- Subject to sexualizing and consumerist media
- Rising need for independent and disposable income & assets
- Pressure for marriage or liaisons as livelihoods strategies

Findings from Ethiopia 2005 DHS



Conventional youth-serving initiatives are not reaching these girls: in a **classic inversion of care**, the most socially anchored adolescents with the least risks are given the most resources, while those with few social assets and at most risk have the least access



Who are we currently reaching?

A profile of favored groups:
Ethiopia, Guinea Bissau, Mauritania, and Burkina

Country	Area of residence		Sex		Age distribution		
	Rural	Urban	Male	Female	10-14	15-19	20+
Ethiopia N=10,873	0	100 ^a	58	42	22	45	33
Mauritania N=5,452			83	17	28	42	25
Guinea-Bissau N=7,625	29	71	57	43	7	37	56
Burkina Faso N=6,216	15	85	56	44	7	30	63

^aThe 13 participating organizations all operated urban-based programs. Data collected by Population Council, PC partners collected the data. Special thanks to Annabel Erulkar, Tekle-Ab Mekbib, Solene Lardoux and her colleagues in Guinea Bissau and Mauritania, and Michelle Skaer.



What is their social asset profile?

10 to 14-year-olds and 10-24-year olds reached by youth initiatives in Ethiopia and Burkina Faso

Country	Schooling status		Living arrangements			Marital status - girls	
	In school	Out of school	With 2 parents	With 1 parent	With neither parent	Ever-married	Never-married
Ethiopia 10-24 N=10,873	78%	22%	56%	20%	24%	6.6 ^a	93.4 ^a
Burkina Faso 10-14 N=252	79%	21%	63%	19%	18%	0	100

10-14 year olds comprised only 7% of beneficiaries of youth initiatives surveyed in Burkina Faso

^aThe 13 participating organizations all operated urban-based programs. Data collected by Population Council. PC partners collected the data. Special thanks to Annabel Erulkar, Tekle-Ab Mekbib, Solene Lardoux and her colleagues in Guinea Bissau and Mauritania, and Michelle Skaer.



Are we reaching those at greatest risk of HIV infection?

Based on exercises conducted in Burkina Faso, Ethiopia, and Mauritania, programs for youth are disproportionately reaching those in-school, urban, older, and male.

Burkina Faso

- 10-14 year-old girls comprised only 3% of the contacts at urban youth centers in Burkina Faso (of 5,280 “youths” served in one month)
- 15-19 year-old girls made up 16% of the population served.
- 36% of “youths” served were men aged 20-30+

Ethiopia

- Less than half a percent of all contacts were with girls 10-14 living apart from parents – despite the fact that in Addis Ababa (where most of the programs are concentrated) 37 percent of girls aged 10-14 live without either parent;
- Only 3 percent of female contacts were married, despite the fact that the majority of girls in Ethiopia are married during adolescence, and the vast majority of girls’ sexual activity during adolescence takes place in the context of marriage (94 percent);

Mauritania

- 13.4 % of 15-19-year-old girls reported that they married before age 15. However, only 1% of 15-19-year-old girls reached in urban youth centers were married.



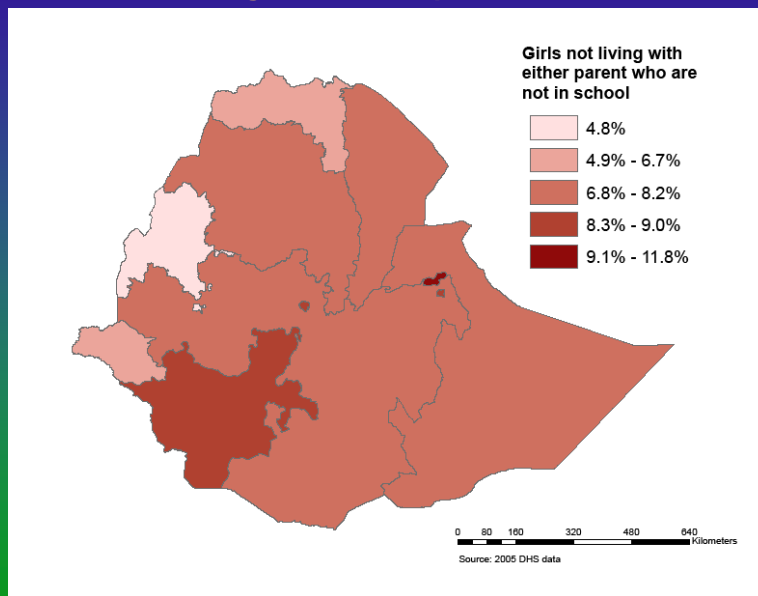
Moving ahead with the assets we have: Redirecting and focusing

- ✓ Data which allows us to identify highly affected communities
- ✓ Youth-serving, faith-based, and community health and development programs
- ✓ Child health initiatives
- ✓ Schooling—and increasingly a commitment to universal schooling
- ✓ Civic participation and democratization programs
- ✓ Youth livelihoods programs
- ✓ Reproductive health information and services – including maternal and child health programs

Proposed policy directions

1. Conduct context specific evaluations to identify concentrations of highly vulnerable adolescent girls in urban and rural areas.
2. Define dimensions of family dynamics, social isolation, economic status, schooling, level of infrastructure, and youth serving programs which render them vulnerable.
3. Develop context specific plans tailored to girls' needs for protection, health, and development.

Findings from Ethiopia 2005 DHS



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2. Create girl-only spaces as a primary prevention strategy for girls at highest risk that offer health and social support while building basic livelihood skills and providing savings opportunities

- Such spaces provide a **much needed platform for communicating protection strategies** to socially disconnected girls, a base for fielding care and support of girls either living with, or managing households affected by, HIV, and delivery of treatment
- Such spaces can be created by redirecting current youth serving efforts, and may be suitably sponsored by NGOs, faith based organizations, and churches, as well as rededication of existing government programming
- Program content, venue should be gender specific and age sensitive; younger girls (8-14) and older (15-19) may require different programs approaches

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Such gender- and age-specific spaces could facilitate girls in:

- Finding friends
- Finding adult mentors
- **Learning basic financial literacy skills** (principles of money management, building, retaining, and safeguarding assets)
- Obtaining vital documentation (ID cards, health certificates)
- **Accessing entitlements, including HIV-related**
- **Planning for seasonal stresses**, like school fees and food shortages, which often increase pressure to exchange sex for gifts or money
- **Dealing with prolonged illness, death, inheritance, succession planning**, migration for work, rape
- Establishing safe and independent control over savings and savings accounts
- Building capacity to access (when ready) more demanding opportunities: entrepreneurship training, participation in group lending, establishment of business
- Referral to or delivery of ARV **treatment**

A safe place for younger girls...



A forum for learning and participation for older girls...



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3. Reorient child health initiatives to pick up vulnerable, out-of-school girls and boys (these are also those most likely to not have received immunizations) and start child health initiatives in places where transient and vulnerable youth are likely to congregate



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4. Promote girls' schooling and make schools safer to engage girls at risk of child marriage and poor girls under pressure to exchange sex for gifts and money

- Emphasize getting girls to school on time and keeping them there through adolescence – being in school (even in poor schools) is generally protective*
- Reduce the cost to parents by eliminating school fees, and if necessary offering incentives
- Make schools safe and supportive for girls, including managing their personal hygiene
- In high HIV affected areas, explore creating girl-only schools, and/or girl-only safe spaces within schools
- Offer supports directly to girls for going to school (uniforms, transportation, costs of books)
- Teach girls realistic self protection and negotiation skills vis-à-vis resisting pressures for school leaving, child marriage, forced sex, exchanges of sex for gifts and money

* Lloyd 2004.



5. Move citizenship processes and encourage civic participation; potentially.....

- provision of ID cards, health certifications, and other personal documentation
- orientation to their rights: legal age of consent, voting, harmful (and illegal) traditional practices
- encourage positive gender norms
- health check-up (and catch-up immunization)

.....closer to puberty, to catch vulnerable girls and boys before pressures for unsafe work, marriages, sexual liaisons set in.

They are 12 years old:

Do you know where our children are?



6. Develop age-, gender-, lifecycle-, and context-specific livelihoods approaches:



- provide a variety of financial products and services that allow girls at highest risk to protect their security while building their economic base
- improve the terms of work and provide safe spaces to high risk girls in the informal sector, especially those in domestic service
- foster a girl- and youth-friendly economic environment by encouraging early and flexible access to formal savings and personal documentation



7. While pressing to eliminate child marriage, give married girls and first-time mothers the health, social, and economic supports they need to negotiate safety and better reproductive health outcomes

- Create awareness that **marriage is not a sexual safety zone**
- Promote concept of safe and unsafe partners, highlighting both STI/HIV status of older husbands and undermining power differentials between spouses
- Promote VCT for engaged couples, frank and open dialogue as an ongoing process
- **Create married girls clubs in community centers, churches, youth venues**
- Offer catch-up schooling, functional and financial literacy, savings clubs, microinsurance schemes, and build the economic and negotiating strength of married girls*

*Santhya, K.G., F. Ram, N. Haberland, S.K. Mohanty, E. McGrory, R.K. Sinha, A. Das and A. Mehta.. "The gendered experience of married adolescents in India: Baseline findings from the First-Time Parents Project," paper presented at the Second Asia and Pacific Conference on Reproductive and Sexual Health, Bangkok, 6-10 October, 2003.



THANK YOU!



Excerpts from:

**Situation Analysis of the Sexual and Reproductive Health
and HIV Risks and Prevention Needs of
Older Orphaned and Vulnerable Children
in Nyanza Province, Kenya**

Population Council

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- Over one third (35%) of all children were orphaned, with 11 percent of all children having neither a living mother nor father (“double orphans”). Whereas most non-orphans live in father-headed households, most orphans live in mother-headed households or with a grandparent or aunt/uncle; only half of the maternal orphans live with their father.
- Half of all older boys and more than one third of older girls had ever had sex, and orphans were more likely than non-orphans to have ever done so. Girls who had lost their mothers were considerably more likely to have had sex than girls whose mothers were still alive.
- The average age at first sex, for those who had already had sex, was 12.5 years for orphan and non-orphan boys, whereas for non-orphan girls it was 13.8 years, but 13.2 years for orphan girls. For those who reported being sexually active, the average number of partners was two.



- For the majority of all sexually experienced girls, first sex was non-consensual. However, orphaned girls were more likely than girls who had not been orphaned to have had sex willingly the first time.
- Boys whose mother had died are much more likely than other boys to report having first sex with someone older and having paid for sex.
- One half of all sexually active girls reported having ever engaged in transactional sex, with slightly more orphans than non-orphans.
- Unprotected sex was the norm for all sexually active children, and both male and female orphans were significantly less likely than non-orphans to have used a condom at last sex.
- Orphans and non-orphans felt equally susceptible to peer pressure, but orphans, and especially maternal orphans, were more likely to have engaged in risky social behaviours, such as attending night activities and drinking alcohol.



- Schools were the most frequently mentioned source of information about SRH and HIV/AIDS for all children, with parents/guardians and peers also being mentioned. Parents are the preferred source of information, for both adults and children, and especially for non-orphans, but over half the children are concerned that they have inadequate knowledge.
- Lack of supervision and/or loving care by parents/guardians was perhaps the key factor that increases vulnerability to risky behaviour by children, and orphans were felt to be at increased risk because of this. Orphaned girls, and especially those who had lost their mothers, were the least likely to feel they had such support.
- Strategies are urgently needed to reduce non-consensual / forced sex by boys and men against all girls. This vulnerability affects all girls, regardless of orphan status – indeed, non-orphan girls are more likely to report non-consensual first sex with a stranger than orphan girls – and so the role of an orphan support programme in addressing this particular vulnerability is not clear.