

Maternal and paternal orphans living with remaining parent

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Definition

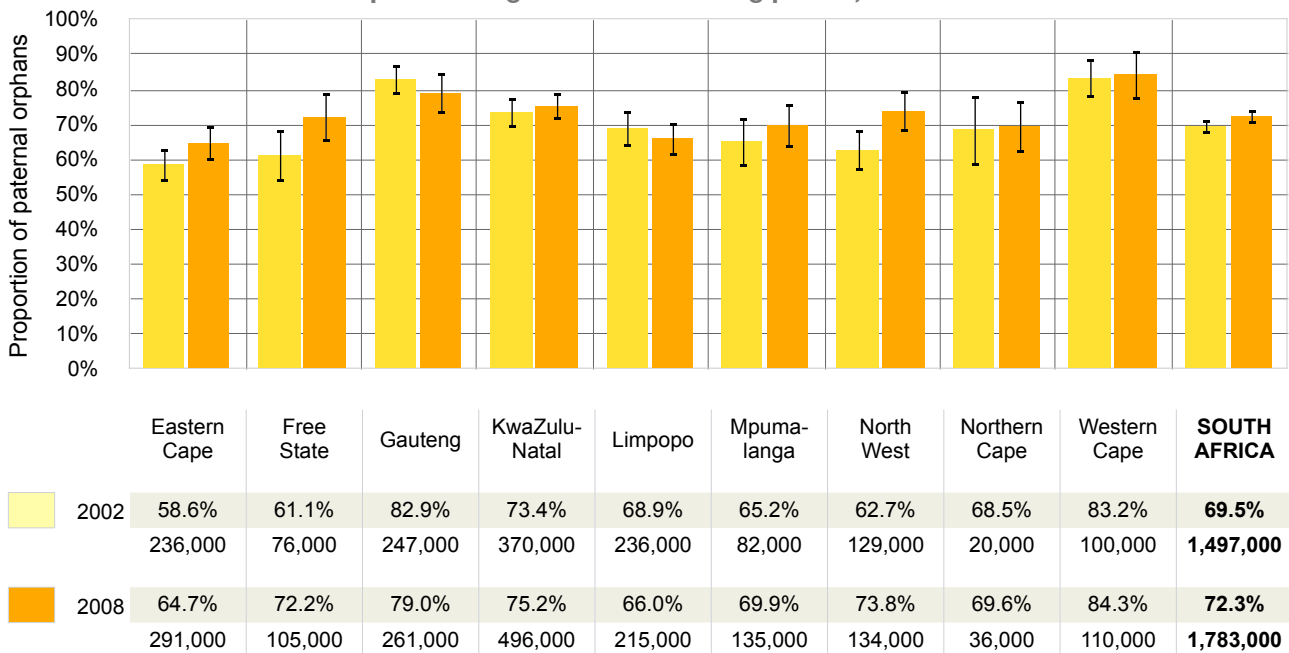
This indicator provides the number and proportion of single orphans (maternal or paternal) who are living with the remaining biological parent.

An orphan is defined as a child under the age of 18 years whose mother, father, or both biological parents have died (including those whose living status is reported as unknown, but excluding those whose living status is unspecified). For the purpose of this indicator, orphans are defined in three mutually exclusive categories:

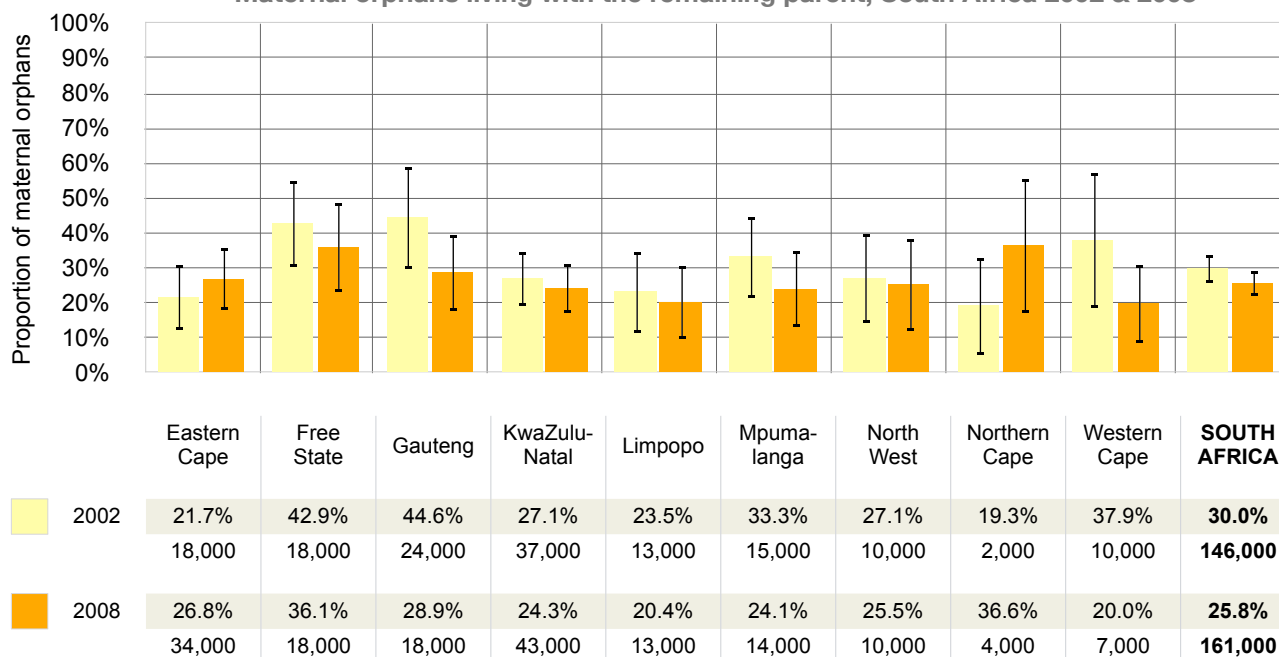
- A maternal orphan is a child whose mother has died but whose father is alive;
- A paternal orphan is a child whose father has died but whose mother is alive;
- A double orphan is a child whose mother and father have both died.

A single orphan is therefore a maternal orphan or a paternal orphan. The indicator shows the proportion of single orphans who live with their remaining biological parent (i.e. maternal orphans who are living with their biological father, and paternal orphans who are living with their biological mother). Double orphans are not included in this indicator, since there is no remaining biological parent with whom the child could live.

Paternal orphans living with the remaining parent, South Africa 2002 & 2008



Maternal orphans living with the remaining parent, South Africa 2002 & 2008



Source

- Statistics South Africa (2003 – 2008) General Household Survey 2002 – 2007. Pretoria, Cape Town: Statistics South Africa.
- Analysis by Double-Hugh Marera & Katharine Hall, Children's Institute, University of Cape Town.

Notes

1. Children are defined as persons aged 0 – 17 years.
2. Population numbers have been rounded off to the nearest thousand.
3. Sample surveys are always subject to error, and the proportions simply reflect the mid-point of a possible range. The confidence intervals (CIs) indicate the reliability of the estimate at the 95% level. This means that, if independent samples were repeatedly taken from the same population, we would expect the proportion to lie between upper and lower bounds of the CI 95% of the time. The wider the CI, the more uncertain the proportion. Where CIs overlap for different sub-populations or time periods we cannot be sure that there is a real difference in the proportion, even if the mid-point proportions differ. CIs are represented in the above graph by the lines at the top of each bar.

What do the numbers tell us?

Agencies, activists and academics who are concerned about the impact of HIV/AIDS on children repeatedly highlight the additional strains that are placed on kinship and other social networks to care for children who have been orphaned. These concerns are certainly justified, and need to be taken seriously in the planning of responses on the part of both the government and civil society. However, to ensure that responses to the pandemic are appropriate, it is also important to bear in mind that the vast majority of children who are enumerated as orphans according to the standard international definition, have one living parent. ¹

An interesting distinction that is critical for the planning of policies and interventions emerges when we examine parental co-residence of children who have lost only their mother (maternal orphans) or only their father (paternal orphans). The General Household Survey shows that, in July 2008, more than two-thirds (72%) of paternal orphans in South Africa were living with their mothers. In contrast, only 26% of maternal orphans were living with their father. These patterns have remained consistent over the seven-year period 2002 – 2008.

The 2008 data also show that, of the 4.2 million children who do not live with either biological parent, 80% have at least one living parent and half (53%) have both parents living. The General Household Survey is of limited use for understanding intra-household relationships as it only captures the relationships of household members to a nominal "head of household". The new National Income Dynamics Survey (NIDS) ² completed

its first wave in 2008, and provides more information on relationships of care within the household, with each child being linked to a main caregiver.

According to the NIDS data, 67% of paternal orphans have their biological mothers as primary caregivers. Biological fathers are the main caregivers for only 18% of maternal orphans, with this responsibility being taken up more by grandparents (43%) or other family members.

Technical notes

Children Count defines a 'maternal orphan' as a child whose biological mother is dead or whose living status is unknown but whose father is alive, and a 'paternal orphan' as a child whose biological father is dead or whose living status is unknown, but whose mother is alive. Unlike definitions used by UN agencies and the Actuarial Society of South Africa model, these categories are mutually exclusive.

The General Household Survey asks, for each household member, whether their biological mother and father live in the same household. This indicator is therefore calculated by identifying single orphans (children whose mother or father is dead or whose living status is unknown), and by calculating the number and proportion of these children who are resident with their remaining parent.

The definition of orphanhood used here differs from that commonly used by the UN agencies as well as the Actuarial Society of South Africa (ASSA). The definition of maternal and paternal orphan employed by these institutions includes children who are double orphans: for instance, all children who have lost a mother (whether or not their father is alive) are included in their measure of maternal orphans. Using those definitions, maternal, paternal and double orphan numbers add up to more than the total number of orphans.

Strengths and limitations of the data

The data are derived from the *General Household Survey*³, a multi-purpose annual survey conducted by the national statistical agency, Statistics South Africa, to collect information on a range of topics from households in the country's nine provinces. The survey uses a sample of 30,000 households. These are drawn from Census enumeration areas using multi-stage stratified sampling and probability proportional to size principles. The resulting estimates should be representative of all households in South Africa.

The GHS sample consists of households and does not cover other collective institutionalised living-quarters such as boarding schools, orphanages, students' hostels, old age homes, hospitals, prisons, military barracks and workers' hostels. These exclusions should not have a noticeable impact on the findings in respect of children.

Changes in sample frame and stratification

The current master sample was used for the first time in 2004, meaning that, for longitudinal analysis, 2002 and 2003 may not be easily comparable with later years as they are based on a different sampling frame. From 2006, the sample was stratified first by province and then by district council. Prior to 2006, the sample was stratified by province and then by urban and rural area. The change in stratification could affect the interpretation of results generated by these surveys when they are compared over time.

Provincial boundary changes

Provincial boundary changes occurred between 2002 and 2007, and slightly affect the provincial populations. Comparisons on provincial level should therefore be treated with some caution. The sample and reporting are based on the old provincial boundaries as defined in 2001 and do not represent the new boundaries as defined in December 2005.

Weights

Person and household weights are provided by Statistics South Africa and are applied in Children Count – Abantwana Babalulekile analyses to give estimates at the provincial and national levels. Survey data are prone to sampling and reporting error. Some of the errors are difficult to estimate, while others can be identified. One way of checking for errors is by comparing the survey results with trusted estimates from elsewhere. Such a comparison can give an estimate of the robustness of the survey estimates. For this

project, GHS data were compared with estimates from the Statistics South Africa's mid-year estimates, as well as the Actuarial Society of South Africa's ASSA2003 AIDS and Demographic model.

Analyses of the seven surveys from 2002 to 2008 suggest that over- and under-estimation may have occurred in the weighting process:

- When comparing the weighted 2002 data with the ASSA2003 AIDS and Demographic model estimates, it seems that the number of children aged 0 – 9 years was under-estimated in the GHS, while the number of children aged 10 – 19 was over-estimated. The pattern is consistent for both sexes. The number of very young males aged 0 – 4 years appears to be under-estimated by 15%. Girls in this age group have been under-estimated by 15.8%. Males in the 10 – 14-year age group appear to be over-estimated by 5.7%.
- Similarly in 2003, there was considerable under-estimation of the youngest age group (0 – 9 years) and over-estimation of the older age group (10 – 19 years). The pattern is consistent for both sexes. The results also show that the over-estimation of males (9%) in the 10 – 19-year age group is more than double the over-estimation for females in this age range (3.8%).
- In the 2004 results, it seems that the number of children aged 7 – 12 years was over-estimated by 6%, as well as the number of persons aged 13 – 22 years. The number of very young children appeared to have been under-estimated. The patterns of over- and under-estimation appear to differ across population groups. For example, the number of White children appears to be over-estimated by 14%, while the number of Coloured persons within the 13 – 22-year age group appears to be 9% too low.
- In 2005, the GHS weights seem to have produced an over-estimate of the number of males within each five-year age group. The extent of the overestimation is particularly severe for the 10 – 14-year age group. In contrast, the weights produce an under-estimate of the number of girls – the error seems greatest in respect of the younger age groups. These patterns result in male-to-female ratios of 1.06, 1.13, 1.10 and 1.09 respectively for the four age groups covering children (ie 0 – 4, 5 – 9, 10 – 14 and 15 – 19 years).
- The 2006 weighting process yielded the same results as in 2005. The one exception is that the under-estimation of females is greatest in the 5 – 9 and 15 – 19-year age groups. This results in male-to-female ratios of 1.03, 1.10, 1.11 and 1.12 respectively for the four age groups covering children.
- The 2007 weighting process produced an over-estimation for boys and an under-estimation for girls. The under-estimation of females is in the range of 3 – 5% while the over-estimation is in the range of 1 – 7%. This results in male-to-female ratios of 1.07, 1.06, 1.08 and 1.08 respectively for the four age groups covering children.
- Overall, assuming the ASSA2003 Aids and Demographic model to be the 'gold standard', it appears that the GHS2008 over-estimates both male and female populations under the age of 19 years, except for 0 – 4-year-old females. The extent of over-estimation for boys is in the range 0 – 7%. It is particularly severe for boys aged 10 – 14 years. Over-estimation is in the range of 2 – 5% for girls aged five years and above. For girls aged 0 – 4 years, the ASSA2003 model suggests that these may have been under-estimated by about 1%. The GHS2008 suggests a sex ratio of 1.03 for children aged 0 – 4 years, which is higher than that of the ASSA model and Statistics South Africa's mid-year estimates.

The apparent discrepancies in the seven years of data may slightly affect the accuracy of the *Children Count – Abantwana Babalulekile* estimates. Since 2005 the male and female patterns vary in respect of a particular characteristic, which means that the total estimate for this characteristic will be somewhat slanted toward the male pattern. A similar slanting will occur where the pattern for 10 – 14-year-olds, for example, differs from that of other age groups. Furthermore, there are likely to be different patterns across population groups.

Disaggregation

Statistics South Africa suggests caution when attempting to interpret data generated at low level disaggregation. The population estimates are benchmarked at the national level in terms of age, sex and population group while at provincial level, benchmarking is by population group only. This could mean that estimates derived from any further disaggregation of the provincial data below the population group may not be robust enough.

Reporting error

Error may be present due to the methodology used, ie the questionnaire is administered to only one respondent in the household who is expected to provide information about all other members of the household. Not all respondents will have accurate information about all children in the household. In instances where the respondent did not or could not provide an answer, this was recorded as “unspecified” (no response) or “don’t know” (the respondent stated that they didn’t know the answer).

References and related links

¹ Meintjes H & Giese S (2006) *Spinning the epidemic: the making of mythologies of orphanhood in the context of AIDS*. *Childhood: A global journal of child research*, 13(3): 407-430.

² Southern Africa Labour and Development Research Unit (2009) *National Income Dynamics Survey 2008*. Cape Town: SALDRU, University of Cape Town.

³ Statistics South Africa (2008). *General Household Survey 2007 Metadata*. Cape Town, Pretoria: Statistics South Africa

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Hosegood V, Floyd S, Marston M, Hill C, McGrath N, Isingo R, Crampin A, & Zaba B (2007) *The effects of high HIV prevalence on orphanhood and living arrangements of children in Malawi, Tanzania, and South Africa*. *Population Studies*, 61(3): 327-336.

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