RESEARCH BRIEF: STIGMA AND BULLYING AMONG ORPHANS

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This is part of a series of briefs providing new insights on factors affecting the wellbeing of orphaned and vulnerable children in rural Southern Africa, with the primary aim of informing evidence-based programming. Findings reported in this brief are based on the baseline data from an intervention trial (2008-2010) in 5 communities of Kafue District, Zambia, aimed at mainstreaming psychosocial support in an economic strengthening programme. The study was designed and implemented by the Swiss Academy for Development, in collaboration with the REPSSI (Regional Psychosocial Support Initiative) and ChildFund Zambia and with the generous support from the Novartis Foundation for Sustainable Development and Swiss Agency for Development and Cooperation. For a more expansive overview of descriptive findings from this dataset, please see the initial set of briefs produced by SAD (www.repssi.org/media/research/collaborative research in Zambia). This research brief supports the policy brief on Stigma and Bullying among Orphans.

Background: Stigma and bullying victimization have been linked to adverse mental health outcomes in orphaned and vulnerable children (Boyes & Cluver, 2013; Cluver & Orkin, 2009; Turner, Exum, Brame, & Holt, 2013). However, little is known about the risk factors driving perceived stigma and bullying victimization in this group. We assessed how three stigma markers (Goffman, 1968)– AIDS orphanhood, extreme poverty and poor health – are associated with perceived stigma and bullying victimization in Zambian orphans.

Study aim: To determine the predictors of stigma and bullying victimization in orphans

Methods: In 2008, 960 adolescents (10-18 years, 50% female and 50% male) from 5 rural communities of Kafue District, Zambia were recruited for participation in a psychosocial intervention trial. Purposive sampling was used to maximize reach of orphaned and vulnerable children (OVC)[1]. ChildFund Zambia registers were utilized to identify OVC and non-OVC in the communities. Community leaders and local volunteers approached all OVC from ChildFund Zambia registers and an additional 40% of randomly selected non-OVC from the same registers stratified for site, age, and gender to match the OVC sample. Ethical approval was obtained from the University of Zambia. Same-sex interviews were conducted by team members trained and tested in ethical and methodological research principles. . In order for the child to participate in the research, informed consent was provided by the parent/guardian followed by child assent. No monetary incentives were offered; however, participants received refreshments during interview breaks. Findings reported in this brief are based on the baseline data from the intervention trial.

Perceived stigma was measured using an adapted version of the brief Stigma-by-Association scale (Boyes et al. 2012). *Bullying victimization* was measured via an adapted version of the Multidimensional Peer-Victimization Scale (Mynard & Joseph 2000). *Food insecurity* was measured as number of days without food in the past week, following studies with orphans in Tanzania and South Africa (Makame et al. 2002, Cluver & Orkin 2009). *Physical health* was measured via self-report of frequent somatic complaints. Children were asked if they suffered from headaches, cough, malaria, fever, diarrhea, vomiting, shivering, general pain and skin rash in the last 4 weeks. *AIDS-related orphanhood* was determined via verbal autopsy (WHO 2005).

Analysis strategy: Multiple linear regressions controlling for age and sex. A subsample of 484 participants was identified as having lost one or both parents and utilized in the analysis.

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Finding 1: Poor health and food insecurity predict perceived stigma and bullying victimization in orphans.

After controlling for age and gender, poor health (β=.168, p<.001) and food insecurity (β=.234, p<.001) were significantly associated with perceived stigma in orphans. Poor health (β=.223, p<.001) and food insecurity (β=.159, p<.05) were also associated with bullying victimization in orphans after controlling for age and gender. AIDS-related orphanhood was *not* significantly associated with perceived stigma nor bullying victimization among orphans (Table 1). Together, poor health and food insecurity accounted for 15.2% (*adjusted* r^2=.152) of the variation in perceived stigma and 8.8% (*adjusted* r^2=.088) of the variation in bullying victimization.

Table 1 Predictors of perceived stigma and bullying victimization in orphans

	Stigma	Bullying
	Standardized β	**Standardized β**
AIDS orphanhood	.016	.010
Poor health	.168***	.223***
Food insecurity	.234***	.159***
*** denotes significance at p<.001		

Conclusion: This study provides valuable insight for policy and programming aiming to reduce stigma and bullying of orphans. Strikingly, our findings suggest that AIDS-related parental cause of death is *not* associated with perceived stigma and bullying victimization when compared to parental death due to other causes. Rather, our findings suggest that visible markers such as extreme poverty and poor health are associated with stigma and bullying of orphans. Poverty alleviation and health promotion programs might be of particular importance for ameliorating the adverse effects of orphanhood on perceived stigma and bullying.

Limitations

- Cross-sectional findings limit inferences about directionality and causality between variables
- Caution should be taken in interpreting findings given that the study used a measure of physical health that has not been validated in an African context.
- Data on parental AIDS sickness versus other sickness was not available – further research should compare these groups and explore predictors of perceived stigma and bullying victimization among children living with ill caregivers.

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