



Policy Brief

Adult treatment and care services an entry point for children's well-being

Citation: Fredrick Makumbi, Tom Lutalo, Gertrude Nakigozi, Fred Nalugoda, Joseph Sekasanvu, Nelson Sewakambo, Ronald Gray, David Serwad. *Association of parent's uptake of HIV care and treatment services with children's enrolment in school and drop out in a high HIV prevalence rural setting.*

HIV care and treatment services (HIVCTs) have greatly improved survival and reduced morbidity of HIV-infected persons. Also, HIVCTs have been associated with a significant decline in the incidence of orphanhood and children born with HIV infection (April, MD, et al., 2014; Mermin, J, et al., 2008; Makumbi FE, et al., 2012). However, the indirect effects of parental enrolment into HIVCTs on their children's schooling are unknown. We investigated the association between parental enrolment into HIVCTs and children's school non-enrolment or drop-out in Rakai district, South-Western Uganda.

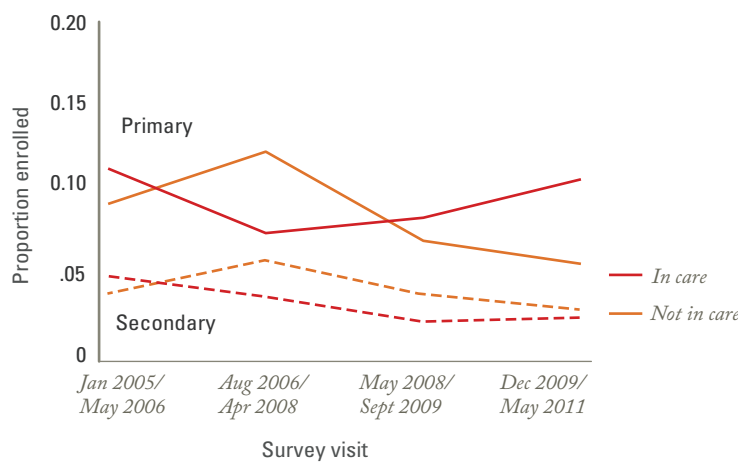
The question:

- What is the effect of parental enrolment into HIV care and treatment services on children's school enrolment and drop-out in a rural resource-limited setting with a universal primary education policy?

The research:

- Secondary data from four annual censuses/surveys in the Rakai Health Sciences Program population-based cohort in 50 communities.
- Inter-survey proportion of children (6-16 years) enrolled in school, drop-out (child in household previously enrolled in school but not currently in school) and adult enrolment into HIVCTs.
- Random effects logistic regression population average models for repeated measures analysis, with unstructured correlation structure used for the analysis.

Trends in school non-enrolment by HIV+ parent's enrolment in HIV care and treatment services



Findings 1 (figure)

- 49% (2,314 /4,756) of primary and 56.1% (1,208/2,155) of secondary school eligible children had at least one of the known HIV+ parent enrolled into HIVCTs.
- There was an increase in children enrolled in secondary school for HIV+ parents who were not in HIVTC, but we observed a decrease in enrolment in school when the HIV+ parents were in care.
- Over time, enrolment in primary school has increased, and there were no significant differences for primary school enrolment between HIV+ parents enrolled or not enrolled in HIV treatment and care.





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Findings 2 (table)

- Secondary school drop-outs declined over time, but in the most recent years drop-outs were higher among children whose parents were in care (13.38%) relative to those not in care (3.49%, $p < 0.01$).
- This area saw a continuous decline in primary school drop-outs over time among children whose parents were in HIVTC.

Finding 3

- Being a male child and being of low socio-economic status were key determinants of increased risk of not enrolling in school and/or dropping out of school.

Trends in school drop-out rate (%) by HIV+ parental enrolment in HIV-care

INTER-SURVEY PERIOD**	PRIMARY SCHOOL*			SECONDARY SCHOOL*		
	TOTAL	NOT IN CARE	IN CARE	TOTAL	NOT IN CARE	IN CARE
R11-R12	1.02	1.08	0.92	17.30	18.18	15.91
R12-R13	1.18	1.67	0.67	12.60	10.63	14.15
R13-R14	0.54	0.76	0.38	9.57	3.49	13.48

*School enrolment eligible age: Primary (6-12 years) secondary (13-16 years)

**R11 (Jan 2005/May 2006); R12 (Aug 2006/April 2008); R13 (May 2008/Sept 2009); R14 (Dec 2009/May 2011)

CONCLUSIONS:

- We observed no significant differences in school enrolment and drop-out by parent's entry into HIV Treatment and Care (HIVTC).
- Programs targeting improved adult entry into HIVTC should be promoted because of their potential to improve primary school child retention (in rural resource-limited settings).

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