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Alcohol Use among Orphans in Sub-saharan Africa: a Literature Review

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Alcohol Use among Orphans in Sub-Saharan Africa: A Literature Review

by

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Alcohol Use and Orphans in Sub-Saharan Africa: A Literature Review

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Author's Statement Page

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Megan Mallett

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Abstract

The current global orphan population is estimated to be 130 million children with a large proportion residing in sub-Saharan Africa. Children without parental influence are at increased risk for a range of health-risk behaviors including alcohol use. Despite the magnitude of the problems facing orphans, few studies have examined the prevalence of health-risk behaviors, including alcohol use, in this vulnerable population. There is also limited guidance in published work related to recommendations for future research and programs that can better meet the needs of orphans, particularly those who live in urban slums. A literature search of databases (EBSCO, PubMed, Google Scholar and Wiley Online Library) was performed using several key search terms to summarize published research. The findings show that research related to alcohol use among orphans in sub-Saharan Africa is scarce and primarily comprise youth in Uganda. The literature review on orphans and alcohol within sub-Saharan Africa suggest the need for further research. Some studies suggest the need for program implementation, alcohol prevention marketing strategies, alcohol regulation and overall education on alcohol awareness for the OVC population within sub-Saharan Africa. More research is needed to address the association between orphan status and alcohol consumption within this region.

CHAPTER 1: INTRODUCTION

Prevalence and Associate Risks with being Orphaned

During recent years, alcohol use in high-risk youth populations has become a more recognized global health concern (WHO, 2015). The World Health Organization (WHO) and others have recently provided more resources and attention to the global alcohol problem and, as such, there is a growing recognition of alcohol harm among youth and young adults. This is especially true among youth that may be at high risk for health disparities and have limited resources, such as those living in the slums or who may be orphans. This capstone project is focused on examining the existing literature to garner a more comprehensive understanding of alcohol use among an at-risk youth population of orphans, particularly those in sub-Saharan Africa.

According to the United Nations International Children's Emergency Fund (UNICEF), the global orphan population is estimated at 130 million children (UNICEF, 2017). While there are a few different definitions of what constitutes an orphan, UNICEF and its global partners define an orphan as a child that has lost one or both parents. According to data collected by UNICEF in 2017, approximately 13 million orphans have lost both parents. Sub-Saharan Africa bears a particularly high burden in terms of its orphan population. The UN reports that there are about 34 million orphans living in Africa and that 8 out of 10 of these orphans are living in sub-Saharan Africa (UN, 2017). While some countries have made progress in addressing this global crisis, the number of orphans fluctuate based on the regional context and conditions (Hove et.al, 2013), but the issue remains of tremendous scope and concern.

Children without parents are vulnerable to and more susceptible to poverty and many other psychosocial stressors including but not limited to hunger, substance abuse, and psychological and emotional traumas (UNICEF, 2010). While the research regarding the health and well-being of orphans remain relatively sparse, there one key study has provided insight into the specific needs and issues that are unique to orphan populations and also the economic toll of this global health issue. As an example, Stover and colleagues (2017) examined the impact and social cost of the orphan populations in sub-Saharan Africa for 22 orphan units. They found that the overall impact on the community, government, and the family context exceeded \$1-4 billion annually (Stover et.al, 2007). Stover and colleagues defined family context as the major social needs of the orphaned children (clothes, shoes, bedding, educational costs, and healthcare costs). The study evaluated sub-Saharan Africa countries where healthcare is free to citizens. The study noted that there is a cost associated with healthcare and taking care of the needs of these orphans, even if healthcare is provided for them, society takes on the burden of the cost. Repeatedly throughout the study Stover and colleagues address the vast amount of resources required to care for a population of this size. One solution noted in the Stover study illustrates the use of NGOs and programs to aid in providing for the needs of the orphan populations. The sheer size of this vulnerable population, unmet needs and fragmented infrastructure to address their unique circumstances demonstrates a clear priority for public health intervention.

African nations are second only to Asian nations in the number of child orphans. These children typically live in impoverished conditions in growing urban slums (UNICEF, 2010). A range of health concerns and disparities are notable among youth living in the slums. In fact, the urban survival gaps for children have grown and more than doubled in some African nations such as Kenya, Rwanda and Malawi according to a 2015 Save the Children World report

(SCWR, 2015). USAID (United States Agency for International Development) defines urban survival gaps as the difference that exists between the urban poor and the urban rich and their overall chances of survival based on differences in disparities (USAID, ND). The noted disparities for survival include basic necessities to sustain life such as food, water and shelter, the definition has been revised to include the ability to obtain access to drugs and alcohol, engagement in high-risk social behaviors and earn money to sustain life. Literature studies have suggested that children living in the urban slums are amongst the poor end of the urban survival gap and face greater stressors due to their living circumstance (USAID, ND). In addition, there are very high death rates for children living in these urban slums, which appear to have increased due to social and economic inequalities often faced by slum inhabitants (SCWR, 2015).

To make matters more troubling, several studies conducted by the WHO have suggested that the number of orphaned children in African nations are on the rise due to infectious disease, most specifically HIV/AIDS (WHO, 2004). The AIDS epidemic alone has resulted in a tremendous number of orphans particularly in sub-Saharan Africa. According to a 2004 published study by the WHO, these orphaned children are directly affected from the trauma associated with parental loss which is manifested in terms of both physical and psychological poor health (WHO, 2004). For example, psychological distress can lead to poor mental health for orphaned children. Moreover, psychological issues and poor mental health increases the risk for behavioral issues and health-risk behaviors such as alcohol and substance abuse amongst orphans (WHO, 2004).

Alcohol Use: A Public Health Issue

Alcohol use among children is a recognized health concern which is why most countries have a minimum legal drinking age for youth to consume alcohol. In most countries the legal

drinking age is 18 (in the USA the legal drinking age is 21). According to the Centers for Disease Control (CDC) alcohol use among children and youth (and adults) can lead to abuse, violence, injury, disease and death (CDC, 2017). In fact, a person who begins drinking alcohol as a young teen is four times more likely to develop an alcohol addiction in comparison to someone who begins drinking alcohol as an adult (NIH, 2014). NIH research has shown that consuming alcohol during the adolescent years, while the brain is still developing, can lead to developmental concerns and be particularly harmful (NIH, 2014). While the long-term harm caused by alcohol is not well understood, short term consequences are well documented and include a range of risk particularly due to alcohol-involved injuries, violence and transmission of HIV and other sexually transmitted infections because of unsafe sex (NIH, 2004).

Youth alcohol use is a global health problem, but a particular urgent concern in vulnerable populations. Recently, more attention has been given to alcohol use among children and youth in sub-Saharan Africa, a region with particularly high consumption levels among youth (WHO, 2017). While research studies are still exploring the reasons for the increasing alcohol use across several countries in sub-Saharan Africa, several potential reasons have been raised including new aggressive marketing strategies by the alcohol industry, limited regulation of sales, inconsistent enforcement of the minimum legal drinking age and also weak protection for youth and limited resources for alcohol health awareness campaigns (MAMPA Project, 2011). Currently, many countries in sub-Saharan Africa lack alcohol control policies, despite high alcohol usage rates (WHO, 2016). Globally, high levels and increasing concerns about alcohol use and abuse among adolescents and youth have called for policy change and advocacy (Ferreira-Borges et.al, 2015). Alcohol use among orphans, particularly in sub-Saharan Africa is an emerging global health issue that is examined as part of this capstone project. This capstone

project will examine literature studies to show potential reasons as to why orphan children, in sub-Saharan African countries consume alcohol.

1.1 Purpose of Capstone

The purpose of this capstone project is to examine the literature on alcohol use among orphans, particularly in low-resource countries in sub-Saharan Africa. The intent of this work is to highlight the concern regarding alcohol use among orphans, to summarize what is known, and also to consider possibilities for prevention and treatment. It is also a goal of this capstone to identify gaps in research that can be addressed in future studies. Although research studies exist for both alcohol use and orphans, very few studies examine both topics in relation to each other. As such, this capstone project addresses an important gap in current research and programming.

CHAPTER 2: METHODS

Four electronic databases were used for selecting relevant articles for this literature review: Pubmed, Google Scholar, Wiley Online Library and EBSCO host. The main keywords used for the database search were “orphans”, “orphans and alcohol use”, “orphaned children and sub-Saharan Africa”, and “alcohol use amongst orphaned children”. Searches were originally limited to articles published in English and peer-reviewed. However, given the very limited research is available on the selected topics of orphans and alcohol use, the literature search was expanded to not only include peer-reviewed journal articles, but also reports from health organizations and government sources.

The following sections in this review outline the findings regarding our targeted group of orphans and vulnerable children (OVCs) and their alcohol use amongst this population in sub-Saharan Africa. Articles discussed met specific criteria: included the targeted population (orphans), location (Sub-Saharan Africa) and public health burden (alcohol use). The identified studies were mostly cross-sectional in design and were targeted to youth roughly 10 years of age to 25 years of age.

2.1 Characteristics of the Study

A limited number of studies were identified through the literature searches. However, after examining abstracts to determine whether studies met the inclusion criteria stated above, 16 studies were analyzed for the literature review of this capstone project. Of the 16 studies, 10 of the studies were conducted by Dr. Monica Swahn and colleagues. The studies all used youth living within sub-Saharan Africa and were cross-sectional in design. Table 1 shows an overview of the studies and their findings used for analysis in this capstone project.

CHAPTER 3: LITERATURE REVIEW

3.1 Orphans and Vulnerable Children

Sub-Saharan African countries have been ravished by the HIV/AIDS epidemic leaving generations without previous generations to raise them (Leyenarr 2005). As such, these poverty stricken countries have been left with a large population of children that experience parental loss. The increase in parental loss in addition to lack of resources has created an additional public health burden within these countries for orphans (Leyenarr 2005). UNICEF and its global partners define an orphan as a child under the age of 18 that has lost one or both parents due to some cause of death (UNICEF,ND). There are several definitions of what makes a child an orphan, these definitions are even further defined into type specific orphans (UNICEF 2006). For purposes of this capstone project, an orphan will be defined as a child under the age of 18 that has lost one or both parents. Orphan children typically live with surviving relatives after the death of a parent (UNICEF, ND). However, in many countries in sub-Saharan Africa the demographic profile is such that the youth populations are larger than the adult populations, forcing these orphaned children to not depend on adults. In these circumstances, orphaned children are forced to survive in very dire circumstances alone, and also often to take the responsibility of caring for younger siblings. As reported by the WHO, CDC, UNICEF and other various government and public health organizations, the sheer volume of orphans globally with unmet needs represents a public health burden.

Orphans and Vulnerable Children are typically referred to as OVCs (HGSF, ND). The definition of OVCs is not clearly defined and varies across countries in sub-Saharan Africa. For purposes of this study, OVCs are children living in sub-Saharan Africa that fit the following

criteria- orphaned by death of one or both parents, live in extreme poverty, and inadequately manage their daily risk (HGSEF, ND). Orphaned children are considered to be an at risk population (UNICEF, 2017). As an at risk population, the importance of fulfilling the needs of these orphans is imperative.

In sub-Saharan Africa, the size and needs of the OVCs populations are of tremendous scope and the largest in the world (USAID, 2008). Studies have indicated that the HIV/AIDS epidemic is one of the main causes behind the large proportion of orphans in sub-Saharan Africa (UNICEF, Africa, ND). Substance and alcohol misuse is a global health problem and is a concern among OVCs in sub-Saharan Africa, especially since this targeted population may experience elevated substance usage rates. It is clear that the death toll due to the AIDS epidemic has left children orphaned and vulnerable to society. This vulnerability is manifested as a failure to thrive and through barriers for becoming successful and healthy adults (UNICEF 2006). Protecting and serving this population is a clear target in the sustainable development goals set forth by the UN to protect the OVC population (UN, 2017).

Research of the unmet health needs of orphans has increased in recent years, especially within sub-Saharan Africa. Psychological and mental stressors of being an orphan can increase risk for rape, disease, famine, and drug/alcohol use especially in these low-resource countries (Leyenaar 2005). Social circumstances, social burdens and social hardships are increased based on parental loss. To further study the psychosocial needs of orphans, Swahn and colleagues conducted a cross-sectional survey in May and June of 2011 to examine the psychosocial health concerns among orphans living in the slums of Kampala, Uganda. The participants of the study (N=444) attended the Uganda Youth Development Centers and voluntarily participated in the study. The study found that approximately 37.4% (n=166) reported that one parent had died,

23.7% (n=105) reported both parents had died. The Swahn and colleagues 2017 study reported that a large percentage (47.6%) of orphans took care of themselves at night, were hungry (64.8%), currently used alcohol (44.8%) and have HIV/STIs (41.9%). The study examined health risk behaviors of youth in the slums with face-to-face survey questions. These findings suggest that although these orphans are attending support centers, they still have a range of unmet needs. The unmet needs include food insufficiency, use of alcohol, HIV/STIs and living in the impoverished conditions of the slums. Additionally, the children who reported loss of both parents were at an increased odds of violence perpetration, reported drug use, and increased odds of suicide as compared to youth with both parents living. Female participants reported that both parents were dead in higher numbers than male participants, which could present a potential gender difference not yet evaluated in terms of orphan needs and service-seeking (Swahn et.al. 2017).

A similar study was conducted in 2011 using the 2011 Kampala survey completed by Swahn and colleagues, focusing on violence within the slums and differences existing between youth participants attending a youth outreach center. The 2012 cross-sectional study was conducted by convenience sampling of youth (N=457), ages 14-24 attending Uganda Youth Development Link centers to assess adverse outcomes experienced daily by these youth attendees. The study found that orphans experience adverse outcomes such as increased violence, drug and alcohol use and engage in sex work (Swahn et.al, 2012). High-risk behaviors and exposures were evaluated based on face-to-face surveys that were approximately 30 minutes each and the only exclusion criteria was age. Of the participants, 76% reported deceased parents, over half of the participants surveyed and 34% of these reported drunkenness. Based on these results from the 2012 study, a further study is needed to determine if there is a connection

between parental status and drunkenness. Results from the study showed that violence is associated with perpetration and victimization along with both parents being deceased being associated with early alcohol use. Furthermore, these results demonstrate that high proportions of orphans are present amongst youth attending slum outreach centers. An overarching, result from this study suggests that alcohol use is significant amongst this population and adverse experiences may increase alcohol use (Swahn et.al, 2012). As discussed in previous studies, slum populations specifically orphan populations have unmet needs which can lead to engaging in high-risk behaviors, reason to which is still unknown. These unmet needs among orphans can contribute to poor overall health and serve as a barrier to healthy development into adulthood.

A 2015 study of orphan children in Ghana, showed how orphan children are at greater risk for sexual and physical abuse, education issues, societal pressures and poor nutrition (Yarney et.al, 2015). The Yarney and colleagues study demonstrates that orphan children are at risk for a range of unmet needs and society plays a large role in shaping how children adapt to social environment. Orphaned children that admitted to being in environments with excessive alcohol use reported alcohol use as the norm and would drink themselves. Of the focus group interviews all 12 participants interviewed within the Yarney study admitted to alcohol being in their place of residence. The Yarney study demonstrates that effect of social norms on orphan populations including alcohol use. Yarney and colleagues examined social factors and their impact on the health and well-being of children, however conclusions are limited since the study only included 12 participants, additional studies with a larger population would be needed to reach broad spanning conclusions.

Orphans are socially impacted by societal norms and environment. Social factors can contribute to the needs of residents within an area not being met. Previous studies have

examined life in the slums and the effect of slum life on the slum dwelling residents. Life in the urban slums is often inadequate in terms of fulfilling the needs of its residents (WHO, 2004). Often the populations living within the slums are at increased risk for alcohol and drug use, violence, burden of disease, hunger and poor living conditions (WHO, 2004). Several studies have examined possible causes as to why there are higher levels of violence and alcohol and drug use within these slums. Swahn and colleagues conducted a study of 461 participants in May and June of 2011, the Kampala Youth Survey which examined a range of risk behaviors and exposures among youth ages 14 to 26 living in the slums. The study showed that there was a 37% prevalence of physical fights, 28% reported being threatened or injured by a weapon and 30% reported being raped. Violence was reported more from female participants (Swahn et.al, 2015). Orphans were 61.6% of the 461 participants in the study. Findings from the study shows the need for intervention in slum populations in regards to violence are needed and are especially important for females. Although, the study did not exclude non-orphan participants the majority of participants were orphans. Drunkenness was reported by 28.4% of participants which shows that orphans are consuming alcohol. Alcohol use as well as violence was reported by participants, the need for further research to examine this potential connection is required.

Failure to adapt to environment can result in negative consequences. A possible consequence from failure to adapt is violent harm to one's self. As a negative consequence, a strategy to cope with the idea of failure to adapt can be alcohol and drug use (Mead et.al. 2010). Culbreth and colleagues examined suicidal ideation among youth living in the slums of Kampala. A cross-sectional analysis was performed and the results showed that 23.5% of youth had reported suicidal ideation in the past year (Culbreth et.al. 2018). Additionally, the study found that suicidal ideation was associated with being female and reporting the loss of one or both

parents. Participants reported alcohol use and problem drinking was statistically associated with suicidal ideation along with the loss of one or both parents. The findings from this study show additional unmet needs of orphan populations and possible gender differences among youth in the slums.

3.2 Alcohol Use among Youth in Sub-Saharan Africa

Alcohol misuse represents a major public health problem in sub-Saharan Africa (WHO, 2016) and is indicated as a significant factor in the region's ongoing public health battles and for impeding development (Ferreira-Borges et.al, 2016). Studies have shown that youth are at a greater risk for alcohol consumption in comparison to their adult counterparts (Fischhoff et.al.1998). Uganda, a country in sub-Saharan Africa currently has a large consumption of alcohol among its population according to the WHO. Uganda as an example, has an estimated 48.1% of the population under the age of 15 and has an alcohol use rate of 15+ liters per capita (WHO, 2018). The high rates of alcohol use for people under the age of 15 is a problem within sub-Saharan Africa and is a public health concern.

The Global-School-Based Health Survey (GSHS) as conducted in Zambia in 2004 and consisted of students ages 11-16 years. The 2011 Swahn and colleagues study on Zambian youth showed that free alcohol was associated with drunkenness and problem drinking amongst participants. This finding illustrates the need for alcohol regulation on alcohol promotion amongst youth, especially those companies presenting youth with free alcohol products. A similar study conducted amongst both Zambian and Uganda students showed that early alcohol use was associated with problem drinking in both countries (Swahn, Ali et.al. 2011). Analysis from early alcohol use, beginning to drink alcohol prior to age 13 was associated with problem drinking in both Zambia and Uganda according to the 2011 Swahn and colleagues study. These findings reiterate the fact that alcohol regulation is important for minimizing early alcohol use. The 2004 GSHS study conducted using Ugandan and Zambian youth, the survey responses showed the onset of the age of beginning to consume alcohol was young, prior to age 13 (Swahn et.al. 2011). Data showed that there is a significant association of alcohol initiation before age 13 and problem drinking. Youth participating in drinking alcohol at young ages demonstrates a need for interventions to reduce alcohol use in youth and delay the onset of alcohol consumption (Swahn et.al. 2011). The importance of the study shows that despite the existence of a legal drinking age, alcohol consumption readily begins at a young age and is associated with problem drinking. Programs and interventions are needed targeting youth in order to delay the age in which they begin drinking.

Ferreia-Borges and colleagues examined alcohol consumption within sub-Saharan Africa nations and noted increases in alcohol consumption in two key demographic sectors- youth and women. The increase in alcohol use rates among youth continues to illustrate the need for regulations targeted to this sector of the population. Although, regulations for alcohol are

beginning to take shape in many African countries where previous regulations were non-existent, regulation does not solely mean enforcing and changing laws. According to the Onya and colleagues study, alcohol use among minors is a public health concern despite the legal drinking age laws (Onya et.al, 2012). The studies of alcohol use and the issues caused by alcohol use in the region of sub-Saharan Africa are limited. Even with limited research, alcohol use estimates remain high for adults in certain regions of Africa where consumption is roughly 4.9 to 7.11 liters per capita (WHO, 2004). These numbers are likely underestimates since most alcohol use is not recorded and does not include homebrews and those unwilling to report use.

Various studies have shown that alcohol use can result in loss of life and increased risk for both communicable and non-communicable disease, social and mental impairments, and other various detrimental health outcomes (Francis et.al, 2015). Francis and colleagues evaluated alcohol use amongst 1,954 northern Tanzania youth (Francis et.al, 2015). This study found that there is a significant drinking problem amongst the college-aged youth (15 to 24 years of age) surveyed in the study. The study showed that alcohol use is prevalent among youth, 71% of males reported heavy episodic drinking as compared to 27% among females. Although there is a much larger percentage of males reporting heavy episodic drinking, females are still reporting heavy drinking episodes.

In order to gain insight into alcohol and drug use, and high-risk behaviors amongst youth in the slums of Kampala, Uganda a 2011 focus group study was conducted by Swahn and colleagues. The purpose of the study was to gain insight into the prevalence of alcohol use, exposures to alcohol marketing and the involvement of youth participants in risky health behaviors (Swahn et.al, 2014). The findings of this study were similar to previous studies conducted elsewhere that showed street and slum youth are often exposed to alcohol and drugs.

The focus group study findings showed that these vulnerable youth often use alcohol and drugs, but that they also participate in risky behaviors such as unsafe sexual behaviors, fighting, weapon carrying and prostitution (Swahn et.al. 2014).

Examples of questions asked to the interviews for the focus group participants: Do street children/slum youth use drugs? If so what types of drugs? Do street children/slum youth do risky things after using alcohol like having sex with strangers? Do street children/slum youth do risky things to get food, money or shelter? Completion of the focus group study by Swahn and colleagues gave valuable insight into the experiences and perceptions regarding alcohol and drug use and harms linked to alcohol use. The focus group participants comprised youth and young adults ages 14 to 24 years who live in the slums of Kampala, Uganda. Some of the participants were orphans and street youth and all of them lived in dire poverty. So, it is not clear if the findings pertained specifically to orphans. But, the findings demonstrate some intriguing and disturbing patterns regarding alcohol use and sexual activity, particularly rape, that should be examined in future research.

Alcohol marketing campaigns can influence vulnerable youth populations. In a 2011 study conducted by Swahn and colleagues using the Global School-Based Student Health Survey (GSHS) alcohol marketing influence was evaluated on Zambian students. The study evaluated alcohol marketing, drunkenness and problem drinking among the surveyed youth, not specifically orphaned youth, just at-risk youth (Swahn, Ali et.al. 2011). The study used statistical analysis to test the associations between alcohol marketing, education and alcohol use. The findings of the study showed that 41% of students had received alcohol education but still used alcohol. Additionally, the study showed that 30% of the students reported receiving free alcohol

from alcohol marketing companies (Swahn, Ali et.al. 2011). The results from this study show the vulnerability of youth by alcohol marketing campaigns despite receiving alcohol education.

Currently, the majority of research involving alcohol use among youth populations has been completed in countries where alcohol regulations already exist. In contrast, several sub-Saharan African countries where alcohol consumption is very high, have limited available research and lack alcohol regulations. In 2015, the WHO reported that most countries in Africa lack alcohol policy and regulation (WHO, 2015). Furthermore, additional programs and interventions need to be created to target youth and their alcohol use.

3.3 Alcohol Use among Orphans in Sub-Saharan Africa

There is limited research available regarding alcohol use among youth in Sub-Saharan Africa. Even fewer studies exist that have specifically examined alcohol use amongst orphan populations within this region. The orphan population is a difficult population to monitor, especially within the slums. In a 2008, study conducted by Boris and colleagues, depressive symptoms and their predictors for overall emotional well-being for Rwandan youth heads of household was performed. A cross-sectional survey was used to evaluate emotional well-being and risk behaviors for 539 head of households who were 24 years of age or younger and cared for at least one sibling. The orphaned youth who were heads of household reported higher rates of depressive symptoms and 64 % of participants stated they experienced loss of confidence (Boris et.al. 2008). In this study 49.2% of participants admitted to consuming alcohol. Alcohol use amongst orphaned heads of household was less than 50% however, this was not strikingly different from those heads of household reporting that they did not use alcohol (Boris et.al. 2008). The Boris study is comparable to the 2014 Kampala youth survey conducted by Swahn and colleagues which examined alcohol use among the Uganda Youth Development Link center

participants. Both studies used interview questionnaires and allowed for self-reporting. The Boris study focused solely on orphaned heads of household whereas the Swahn and colleagues study included all youth attending the UYDEL centers, not solely on orphans. One important similarity to note from both studies is that youth self-reported consuming alcohol. The Swahn and colleagues 2014 Kampala study noted that while alcohol use was present, alcohol use was more prevalent amongst youth who reported experiencing alcohol-related neglect and physical abuse (Swahn, et.al, 2018). Based on the data collected from these studies in relation to alcohol use rates amongst youth, strategies to reduced alcohol consumptions amongst this at-risk population are needed.

The OVC population in sub-Saharan Africa has a range of unmet health needs. Swahn and colleagues examined psychosocial health concerns amongst orphans in the slums of Kampala using a cross-sectional survey obtained from youth in the slums of Kampala (Swahn et.al, 2017). The youth were characterized based on parent living status and were arranged in categories based on no parents living (n=105), one parent living (n=166), and both parents living (n=173). The participants were then asked various questions regarding abuse, hunger, alcohol use, violence, suicidal behavior, sadness and drug use (Swahn et.al, 2017). The questions asked in the 2011 Kampala Youth Survey examined the outcomes of psychosocial issues faced by youth in the slums of Kampala. The survey categorized orphans and their psychosocial health concerns (hunger, neglect, alcohol use, sadness, violence perpetration, suicidal behaviors, HIV, etc.) among youth participants living in the slums of Kampala and attending the UYDEL funded vocational centers. Swahn and colleagues reported that being an orphan was statistically associated with drug use, violence, suicide and reduced odds of parental abuse in unadjusted models. The survey had 444 participants and of those participants 186 reported using alcohol

(Swahn et.al. 2017). The psychosocial health concern study did not show a statistical association for orphans attending UYDEL centers and alcohol use, further studies would need to be completed to identify a possible association.

The 2017 study on orphans attending UYDEL centers in the slums of Kampala demonstrated the need for additional research in regards to the needs of the orphan population within these regions (Swahn et.al, 2017). Additionally, the study demonstrated a possible gender difference between males and females attending the UYDEL centers and a variation in their psychosocial needs. According to the study, loss of both parents and being female was statistically significant (AOR 2.79, 95% CI). The Swahn and colleagues study further illustrates that the UYDEL centers can provide a feasible place to offer programs and targeted interventions to the OVC population to meet their unmet needs.

Meghdadpour and colleagues examined common factors associated with substance use among orphaned and non-orphaned youth in South Africa. A cross-sectional analysis using household surveys were conducted for 11,904 participants aged 15-24 years living in South Africa. The survey questions were used to evaluate five domains with alcohol and drug use and to compare substance use among orphaned and non-orphaned youth completing the survey. The survey included questions about religion, school attendance, parental status which was categorized based on orphan type, and age. Meghadadpour and colleagues determined that community, family and orphan hood all were significant in terms of substance use. Males who regularly attended faith services had a 50-60% decreased odds of substance use. Females reported significant school variables associated with substance use while males did not, this could potentially show an influence in education for females versus males. According to the study, male orphans were significantly more likely to consume alcohol regularly in comparison

to non-orphaned counterparts, this was not however the case for female orphans (Meghadadpour et. al, 2012). The outcome of this study demonstrates the influence of individual, family and community on orphans and their drinking patterns, especially for male orphans. Furthermore, showing that future studies need to be multi-faceted in approach to cover various levels of influence on alcohol use and that classification of being an orphan for males does increase alcohol use.

Pufall and colleagues completed a cross-sectional study of 3,274 students in eastern Zimbabwe aged 15-19. Majority of the study participants were female (51%). The study determined that alcohol use was more prevalent than drug use for the participants. Alcohol use was higher for male participants in the study. The study had 789 non-orphaned participants and 1,313 orphaned participants. Orphans for the study were broken into three orphan types and analyzed accordingly. The Eastern Zimbabwe study in comparison to South African studies report that orphans are at an increased vulnerability for risk behaviors, rationale for this is still unknown (Pufall, et.al, 2017). In addition, males that were double orphans or paternal orphans were more likely to have consumer alcohol regularly in the study, this could suggest a difference in alcohol use patterns among the orphan types and gender. Orphans are at greater risk for substance use and orphans are left with fewer resources to thrive in their environments. The study did note the importance of attending school on lowering alcohol use, this could be an important idea for future program implementation for alcohol use reduction.

Alcohol use and youth is a prevalent topic. Examining orphans and alcohol as a search topic has identified a potential increase in risk to alcohol use based on being classified as an orphan. Several studies have indicated a possible causal relationship to orphan status and alcohol use based on societal pressures, lack of stable living conditions, and the forcing of orphans to

become heads of households due to the death of parents. The possible causal relationship was determined based on the presence of alcohol use amongst orphans in the included literature studies.

3.4 Alcohol Use among Orphans attending UYDEL drop-in Centers

Previous literature studies (Stover et.al, 2007) stated the importance of NGOs for meeting the unmet needs of orphans in low-resource countries. There are several recent studies that have been completed using NGO participants in Kampala Uganda. NGOs are non-governmental organizations that are typically non-profit and work with the community to obtain civil and social goals (NGO, ND). NGOs vary in their work across regions maintaining services free of charge for participants. UYDEL- Uganda Youth Development Link is a NGO in Kampala, Uganda that serves youth participants (UYDEL, ND). Several studies have examined the various health needs of youth attending the UYDEL centers. A 2017 study conducted by Swahn and colleagues examined psychosocial needs of orphans attending UYDEL centers. The 2017 study found that being an orphan was statistically associated with drug use, violence perpetration, suicide, and a reduced odds of parental abuse in unadjusted models (Swahn et.al. 2017). However in the final adjusted models being an orphan was only associated with being female and a reduced odds of parental abuse (Swahn et.al. 2017). The finding of being an orphan and reduced odds of parental abuse is not a surprising since parental loss has occurred.

An additional study published by Swahn and colleagues in 2017, examined alcohol-related physical abuse of children in the slums of Kampala. The study on alcohol-related physical abuse showed that there are increased levels of alcohol use and alcohol-related behavior among children attending the centers that report abuse and neglect (Swahn, Culbreth et.al. 2017). One of the important findings from this study suggest that there is a high prevalence of physical

abuse, alcohol-related physical abuse and alcohol-related neglect amongst youth living in the slums of Kampala (Swahn, Culbreth et.al. 2017). These findings suggest that there are unmet needs of youth currently living within the slums of Kampala that need to be addressed in order to maintain UN goals of meeting the needs of vulnerable and at-risk children.

A 2013 study performed by Swahn and colleagues examined alcohol exposures, alcohol marketing and their associations with problem drinking and drunkenness. The study determined that youth reported being drunk had in fact been exposed to alcohol education but still engaged in the risky behaviors (Swahn et.al, 2013). This study demonstrated that although the youth participants had been educated on alcohol they still chose to engage in drinking behavior despite having knowledge about alcohol. Furthermore, the study shows that education alone will not stop youth alcohol use. Alcohol use amongst the studied UYDEL youth addresses the fact that alcohol use amongst youth is a complex issue without a single solution to solving the problem of alcohol use.

A 2011 focus group study was conducted using data collected in 2011 as part of the Kampala Youth Survey. The 2011 Kampala youth survey used focus groups and a cross-sectional survey was conducted in order to determine the prevalence of alcohol use, exposures to alcohol marketing and involvement in health risk behaviors for youth attending the UYDEL centers (Swahn et.al, 2014). The study provided insight into the youth population and their alcohol and drug use. In addition, the study showed that the youth do use alcohol and drugs and engage in risky behaviors such as engaging in unprotected sex and violent behaviors.

Alcohol use is common within the slums of Kampala. As a result youth living in the slums commonly use alcohol. Findings from the 2014 Kampala Youth Survey, UYDEL participants reported being paid for sex work services with alcohol (Swahn et.al. 2016). The

study found that 40.7% of youth had been paid for sex work with alcohol. The study also reported that 24.4% had lost both parents and 40.3% had lost one parent. The results from this study based on alcohol as payment for sex-work could suggest that a high rate of orphans are involved with sex-work and use alcohol (Swahn et.al. 2016). Additional studies would be needed to evaluate if a possible association exists between the two findings.

The Kampala Youth Survey 2011 was conducted using focus groups and cross-sectional analysis. Focus groups were asked questions related to alcohol and drug use, violence and risky sexual behaviors. The cross-sectional survey questions were similar in nature. The 2011 study found that the focus group participants all agreed that slum youth use alcohol and drugs (Swahn et.al, 2014). The study confirmed that alcohol use was prevalent among youth participants. An additional study was conducted by Swahn and colleagues in 2017. The 2017 study like the 2011 study demonstrated that alcohol use was still present amongst UYDEL participants. Both of these studies show that alcohol use is still prominent amongst UYDEL participants despite attending the centers, receiving alcohol awareness education and being involved in the UYDEL center's activities.

A survey study was conducted entitled the Kampala Youth Survey 2014. The study was a cross-sectional analysis using the six UYDEL drop-in centers with 1,324 youth participants. Participation in the survey was completely voluntary. The questionnaire was distributed and contained questions involving societal risks to youth living in the slums of Kampala. The study showed that nearly almost all youth reported engaging in sex work and consuming alcohol (Swahn et.al, 2016). Further, the study showed that although the youth are participating in the UYDEL programs, they are still engaging in risky behaviors.

Table 1- Summary of Literature Review

Authors and Year	Concept/Purpose	Abstract	Methods	Results	Conclusion	Implications
Boris et.al, 2008	Examine depressive symptoms of Rwandan youth heads of household. Heads of household were defined as children who took on the role of caring for siblings due to parental loss.	Evaluate depressive symptoms in youth who have lost both parents and have become heads of households to care for younger orphans.	Cross-sectional survey of youth 24 years of age or younger.	Alcohol use amongst heads of household reported 3% less depressive symptoms than other heads of household. 71.4% of heads of household were orphaned by death of both parents. 49.2% of heads of household used alcohol.	Alcohol use among orphaned youth who become heads of household was associated with less depressive symptoms amongst heads of household.	Implementation of programs need to be created to lower depressive symptoms and educate youth on other ways of coping with stress and depressive symptoms other than alcohol use, especially when experiencing parental loss and being forced to care for younger siblings.
Culbreth et.al, 2018	Examine factors associated with suicidal ideation in youth living in the slums of Kampala.	The purpose of the study is to examine the factors associated with suicidal ideation among youth living in the slums of Kampala, Uganda.	Cross-sectional analysis of 2014 data from UYDEL centers survey responses	Psychosocial factors associated with suicidal ideation- 23.54% reported suicidal ideation, associated with being female; 48.12% reported problem drinking or drinking with suicidal ideation	Suicidal ideation was associated with- being female, loss of parent(s), problem drinking, physical abuse, violence and STDs.	Problem drinking leads to additional issues for an already at-risk population, additional resources need to be created to address this issue.

Authors and Year	Concept/Purpose	Abstract	Methods	Results	Conclusion	Implications
Forreia-Borges et.al, 2015	Examine potential causes for the high rates of alcohol use within certain African countries and determine what strategies are needed to lower alcohol use amongst this population.	According to the WHO the rates of alcohol use in certain African countries is projected to increase, the study examines ways to combat youth amongst youth.	A narrative analysis of studies conducted involving alcohol use and policies within African countries.	African countries with high alcohol use lack regulation and legislation.	Alcohol use within certain countries in Africa need legislation and regulation of the alcohol industry within these countries.	Countries in Africa with high rates of alcohol consumption need to introduce new alcohol regulations and laws to lower alcohol use amongst the population.
Francis et.al, 2015	Examine and further identify issue of alcohol use amongst youth in northern Tanzania.	Alcohol use is a global health problem and regions of Tanzania have high alcohol usage rates amongst youth.	Cross-sectional survey for youth ages 15-24 in two regions of Tanzania using random sampling.	Both regions surveyed reported high levels of alcohol advertising and availability.	Alcohol use is higher amongst males and college students. Alcohol campaign regulation is needed due to targeted marketing of such groups.	Alcohol use is higher within non-Muslim regions of Tanzania, therefore alcohol prevention campaigns should target youth outside of these regions of Tanzania.

Authors and Year	Concept/Purpose	Abstract	Methods	Results	Conclusion	Implications
Meghdadpour et.al, 2012	Evaluate and examine substance use amongst youth in South Africa and the effect of parental death on use.	Substance use is increasing among youth in South Africa as such parental death leaves youth with altered emotional and physical resources. Individual, family and community resources are associated with substance use- orphaned females are more likely to have experience substance abuse.	Survey data collected from household surveys of 15-24 year old South Africans.	Factors from individual, family and community were associated with substance use.	Some groups of orphaned youth are at increased risk of substance abuse.	Efforts need to be made to target sub-groups of orphaned youth that are deemed at greater risk that other subsets of this population.
Onya et.al, 2012	Examine the effect of home brews on rural students in South Africa.	Alcohol use represents a major public health issue in South Africa but little is known about the effect of home brews on the youth population.	Survey questionnaire asked to 1600 students ages 11 & 16 years in rural areas	Community factors influence student drinking behaviors living in the rural areas of South Africa.	Community input and influence do have an impact on youth alcohol use and early onset drinking patterns.	Community especially in the rural areas of South Africa have an impact on youth alcohol use and programs should be tailored to address individual and community level drinking especially within these rural regions.

Authors and Year	Concept/Purpose	Abstract	Methods	Results	Conclusion	Implications
Pufall et.al, 2017	Examine associations between orphan-hood and substance use in Eastern Zimbabwe.	The study examines the growing interest in education and the causal pathway associated with orphan-hood and substance abuse using a multi-variable regression model.	Open cohort study conducted over 10 years involving surveys amongst 15-19 year olds.	Substance use reported was low overall in Eastern Zimbabwe.	Substance use while low was reported more frequently amongst males in Zimbabwe.	Reducing substance use in Zimbabwe may result in lower high risk behaviors amongst youth.
Swahn et.al, 2011	Examine the associations between alcohol marketing strategies, alcohol education and drinking prevalence, problem drinking and drunkenness.	The study examines association between alcohol marketing strategies, alcohol education and the knowledge of the dangers of alcohol based on GSHS in Zambia.	Global school based student health survey (GSHS) conducted in Zambia (11-16 yrs students) answers were analyzed using 4 statistical methods.	Alcohol marketing from a company was associated with drunkenness (AOR=1.49 95%CI) and problem drinking (AOR=1.41, 95% CI) amongst youth.	Alcohol education was not associated with drunkenness or problem drinking, youth exposed to education do take away important messages from it.	There is an importance and a need for restriction of alcohol marketing, especially those marketing tactics that target youth.
Swahn et.al, 2013	Determine associations between alcohol use exposure, marketing, education, problem drinking and drunkenness amongst youth in the slums of Kampala.	The associations between alcohol use exposures, marketing, education and problem drinking using logistic regression models for drunkenness while controlling for possible cofounders.	Cross-sectional survey study in 2011 describing high risk behaviors of youth aged 14-24 attending UYDEL centers	30.2% reported problem drinking, 32.8% reported drunkenness , free drinks were associated with drunkenness	Associations exist between youth alcohol use and marketing, additional research is needed	Additional research is needed for policy regulation and restrictions of alcohol marketing.

Authors and Year	Concept/Purpose	Abstract	Methods	Results	Conclusion	Implications
Swahn et.al, 2014	Determine perception of risky behaviors of youth living in the slums and streets of Kampala, Uganda	The study seeks to determine perceptions of and concerns for risky behaviors using focus groups and the results show that youth engage in numerous risky behaviors.	Focus groups were created of youth (14-24 yrs) attending UYDEL drop-in centers and questions were delivered, responses analyzed.	Youth engage in risky behaviors (alcohol use, drug use, fighting, weapon use, prostitution and unsafe sex)	The youth living in the slums and streets of Kampala, Uganda are participating in risky behaviors.	Program and intervention creation centered around this vulnerable population and the knowledge about the behaviors they engage in.
Swahn et.al, 2017	Examine psychosocial correlates linked to being an orphan among service-seeking youth in slums of Kampala	A large percentage of youth living in the slums of Kampala are orphans as such the study was completed to determine the psychosocial correlates of these orphans.	Cross-sectional survey of youth (14-24 yrs) living in the slums attending UYDEL drop-in centers.	23.65% reported both parents died, 37.39% reported that one parent died and 38.96% reported both parents are living. Both parents dead was significantly associated with being a female and parental abuse. Youth reporting alcohol use and one or both parents dead was 57.89%	There is a large orphan population living in the slums of Kampala, that have lost one or both parents and use alcohol.	Since Kampala has a large orphan population, programs, policies and interventions need to be established to fulfill the needs of this vulnerable population especially in regards to alcohol use amongst those experiencing parental loss.

Authors and Year	Concept/Purpose	Abstract	Methods	Results	Conclusion	Implications
Swahn, Ali, Palmier, et.al, 2011	Determine associations between early alcohol use and problem drinking amongst adolescents in Uganda and Zambia.	Study examines the associations between alcohol marketing, alcohol education and problem drinking associated with possible cofounding factors.	Cross-sectional GSHS data was obtained with self-administered questionnaires to students 13-16, statistical analysis was performed.	Early alcohol initiation was associated with problem drinking in both countries- Zambia AOR=1.28 and Uganda AOR=1.48	The study shows that there is a significant problem of drinking alcohol before the age of 13 and problem drinking exists amongst youth in both countries.	There is a need for interventions for youth in regards to alcohol consumption and the need for tighter alcohol regulations to be put into place in these countries.
Yarney et.al, 2015	Determine if orphans are at greater risk for sexual and physical abuse, education issues, societal pressures and poor nutrition.	Focus group discussions to examine the impact of social factors on the growing orphan crisis mostly due to HIV/AIDs epidemic.	Focus group interviews (Qualitative study) boys and girls aged 12-17	Alcohol and drug use was reported by 85% of those surveyed, abuse, emotional problems were reported by the majority of participants, orphans were reported as stigmatized	Associations exist between orphan status and alcohol and drug use, additional research is needed.	Socio-cultural determinants of orphan care and rates of excessive alcohol and drug use amongst this population needs to be further studied. There is a need for targeted program implementation amongst this population.

CHAPTER 4: DISCUSSION

While the research on alcohol use among orphans remains limited, there are a few key issues worth noting, such as alcohol use amongst OVCs continues despite alcohol education being available. Moreover, being an orphan is associated with alcohol use and OVCs are still vulnerable to targeted alcohol marketing and sales. Additional regulations of alcohol marketing and regulations are needed especially for those targeting youth. Furthermore, enforcement of

regulation is key to ensuring that policies around alcohol and youth marketing are changed and that the legal drinking age of 18 is enforced.

As noted by Quansah and colleagues social factors have detrimental effects on child health especially on children experiencing maternal loss in areas of high disparity challenges (Quansah et.al. 2016). Social factors in these low-resource areas of sub-Saharan Africa could be a potential cause as to why orphans consume alcohol and the rates in which they do. As discussed in the literature review children living in high disparity areas experience challenges associated with their living arrangements such as poverty, poor health and low resource availability, all of which could be potential contributing factors leading to consumption of alcohol.

Programs and services are needed to address additional issues associated with violence and living conditions within the slums of Kampala especially among the orphan population. In addition, sadness, drunkenness and hunger are all associated with victimization within the slum population including orphans as discussed by Swahn and colleagues in a 2015 study and as such need to be addressed. New public health approaches are needed to address alcohol related abuse and aid in their prevention amongst this vulnerable population (Swahn et.al. 2017). The studies have shown that NGOs such as UYDEL centers are good venues to perform research studies and implement programs to change patterns of behavior among orphan populations such as alcohol use and high-risk behaviors. Previous studies have shown that alcohol is an underlying factor for violence of many types and has exasperated violent situations. As such programs and services must target OVCs and in turn lower their alcohol use by providing different outlets for coping with such stressors. Many gaps currently exist within the topic of orphans and alcohol use as discussed from the analyzed studies.

CHAPTER 5: STRENGTHS AND LIMITATIONS

Strengths

The studies used for analysis were qualitative analysis using focus groups, interviews and survey questionnaires, this is a strength because it allows for a mass quantity of data to be collected. Data collected by qualitative design is a strength to the analysis because it allows the potential for providing the answer to why orphans participate in certain activities, specifically for this capstone project the potential rationale as to why orphans use alcohol.

Additionally, data collected by qualitative design as used by the analyzed studies are cost effective research methods. These studies are relatively low in cost and take less time than other study types. Providing detailed oriented information on this complex issue is a strength especially since studies are currently limited.

Limitations

The studies used for this analysis showed potential reasons as to why orphans consume alcohol instead of examining a potential causal relationship between orphans and alcohol use. In addition, the included studies used all youth, not just orphaned youth. Future studies should examine causal relationships amongst orphans. An additional limitation would be that the included studies for review consisted of survey questions and used cross-sectional analysis in various regions. Self-reported survey questions can lead to biases created on behalf of the participant and cannot be compared across groups. In addition, use of cross-sectional analysis cannot be used to establish causality. For purposes of this capstone project only one NGO was examined, additional NGOs need to be used to evaluate potential for future program implementation for alcohol prevention amongst orphans.

Due to the lack of studies in the region of sub-Saharan Africa focused on orphan populations and alcohol use, an additional limitation is the lack of generalizability based on the current studies. Although current studies address the issue of alcohol use for orphans and youth within this area, the studies are typically of small population bases and cannot be carried across all parts of the region. These limitations would need to be addressed for future studies.

CHAPTER 6: RECOMMENDATIONS AND FUTURE RESEARCH

The high rates of alcohol use among orphan populations present a cause for concern. Additional studies are warranted to determine the unique characteristics of orphans and the specific timing and selection of services that may best serve their needs. Clearly, their high levels of psychosocial needs and health disparities make this vulnerable group a priority for prevention strategies.

In terms of clinical implication, interventions that are aimed at lowering alcohol use amongst youth that experience parental loss will better support youth for healthier futures. In addition, programs aimed at this population will allow targeted program implementation within in the regions where alcohol use is prominent amongst youth. Strategies are needed to implement alcohol use prevention among all youth populations within regions where alcohol use rates are high and unregulated. In turn, program creation can lead to delay in alcohol use amongst youth populations and create ideal coping strategies for orphaned children dealing with parental loss and new societal obligations. Clinical research is needed to examine ways that orphaned children can cope with parental loss using healthy alternatives to alcohol use and give insight into the best ways to develop programs geared toward providing ideal coping strategies

for the OVC population. Developing a clinical research approach will better guide and shape the design of programs needed in these low-resource regions.

Additional studies are needed to establish the effect on participants over time, the effects of their alcohol use as potential coping mechanism and cause and effect relationships. The lack of cohort studies present a limitation that could show the effects of alcohol use on orphan populations within sub-Saharan Africa orphans and ways that it's use has created harmful long-term effects on this population. Future studies will need to examine these limitations and lower bias created by cross-sectional studies.

Orphans populations are still on the incline according to the WHO, especially within the regions of Africa (WHO, 2004). As stated by the WHO in the 2016 study, orphans are vulnerable to societal pressures after suffering parental loss. Uganda Youth Development Link (UYDEL) is a non-government organization in the slums of Kampala, Uganda that offers programs free of charge to disadvantaged youth, which is a strong example of the types of programs needed to aid in lowering alcohol use rates amongst OVCs (UYDEL, ND). One program offered to this vulnerable population is Alcohol, Drug and Substance Abuse program. The Alcohol, Drug and Substance Abuse program offers free counseling, psychosocial support, community outreach, project opportunities and educational training on ways for youth not become involved in the use of drugs and alcohol. In addition, to the current Alcohol, Drug and Substance Abuse program a subset of this program would include services aimed at providing post-traumatic services to these orphaned youth. The new program would add ways of coping with the disparities and challenges faced by the youth living in these slums and give an outlet other than alcohol and drug use.

The global strategy for alcohol outlines several key recommendations and priorities, they make no specific comments about orphans or OVCs. However, they note “Special attention needs to be given to reducing harm to populations that are at particular risk from harmful use of alcohol such as children and adolescents” (WHO, 2010). Moreover, they state a concern with respect to pervasive alcohol marketing as follows “The exposure of children and young people to appealing marketing is of particular concern, as it the targeting of new markets in the developing and low- and middle-income countries with a current low prevalence of alcohol consumption or high abstinence rates. Both the content of alcohol marketing and the amount of exposure of young people to that marketing are crucial issues” (WHO, 2010). We speculate that youth who are orphans may be at particularly high risk of initiation alcohol use because of their vulnerability and exposure to alcohol marketing. This is a particular important area for both prevention and future research as these children need to be protected. Although, several organizations have brought awareness to the needs of OVCs and protecting these needs, more research and regulation is required. For the future, in regards to orphans and alcohol use, additional research needs to be completed due to the current lack of research within the area, additional support needs to be created for the NGOs that provide aid and work with orphans within sub-Saharan Africa and finally, awareness needs to be made to the psychosocial needs among orphans, including but not limited to health risk behaviors such as consuming alcohol.

Attention to the issues of alcohol misuse across sub-Saharan Africa have prompted action, advocacy and more research. Policy alliances such as the Southern African Alcohol Policy Alliance (SAAPA) has formed with the aim of promoting alcohol awareness within the countries of southern Africa (SAAPA, 2016). According to SAAPA, research has shown that there are links between alcohol use and gender violence, alcohol and interpersonal violence, and

alcohol use and HIV/AIDS, however the organization does not make note of any connection between alcohol use and orphan status (SAAPA, 2016). SAAPA and other community organizations are involved in public health awareness of the harmful effects of alcohol. The aim of SAAPA like other organizations is to improve living conditions for all residents including knowledge about alcohol. The key to combating youth alcohol use could be found by providing youth with knowledge about the effects of alcohol use.

CHAPTER 7: CONCLUSION

The WHO established the need for protecting OVCs. As such, more research is needed especially in urban areas with high disparity rates among orphan populations in low-resource areas. A large sample is needed to adequately evaluate the causality of why orphans consume alcohol and at what rates within these regions. There is a need to show a clear and defined relationship between the public health burden of orphans and alcohol use. More research is also needed to further determine associations and relationships between alcohol use and violence, self-harm and risky sexual behaviors that exacerbate the vulnerabilities of orphans even further.

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