

Voices *from the communities*



The impact of
HIV/AIDS
on the lives of
orphaned
children and
their guardians



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executive summary





Executive summary

Recent statistics estimate that there are approximately 850,000 orphaned children in Zambia¹. This number is predicted to rise to nearly two million by the year 2010. Nationwide HIV infection rates in Zambia hover at 20% and estimates from the year 2000 indicate that nearly 76.3% of all orphaned children have resulted from the HIV/AIDS pandemic. In addition to the high level of HIV infection rate, about 80% of the Zambian population lives in poverty further exasperating the socio-economic well being of Zambian families.

The HIV/AIDS pandemic has touched the lives of the entire Zambian population either directly or indirectly. Many Zambians, especially the children, young people, parents and guardians who took part in the focus group discussions (FGD) for this study, the emotional and material effects of HIV/AIDS on their lives, has been devastating.

In September 2001, Family Health International (FHI) and Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children (SCOPE-OVC), carried out a quantitative survey to determine the psychosocial and emotional needs of orphans and vulnerable children in sixteen communities in four districts; Livingstone, Lusaka, Mongu and Kitwe.

This follow up qualitative study, aimed at ascertaining psychosocial needs in more detail, was carried out in January 2002. Ten focus group discussions were held in two townships; Itimpi in Kitwe and Chawama in Lusaka. The study sample of one hundred and eighty one discussants consisted of orphaned children, child heads of household and adult heads of household.

Sometimes the research topics were emotionally taxing for the participants. This was observed by children breaking down, unable to complete their narratives, as they related their experiences. In addition, some of the women in the group of Adult Head of Households, although present during the discussions, did not actively participate in the discussions. They remained quiet. For some of those who did not actively participate, they appeared to be distressed by the topic being discussed.

Summary of key themes arising from the focus group discussions

Zambian people have traditionally depended on the extended family in times of hardship. However, the HIV/AIDS pandemic has stretched the traditional extended family structure to the limit. During the focus group discussions there was frequently an expressed feeling of frustration in the discussions that the extended family was not fulfilling their traditional obligations of caring for the orphaned children. In part, the young people and adults in this study, who are heads of household, have an acute sense of abandonment by the extended family.

BASIC HUMAN NEEDS:

Economic Security

Although this study focused on the psycho-social needs of children and guardians, it became evident that the basic human needs are tied very closely to the psycho-social needs of all participants. Furthermore, it appears that efforts to address psycho-social issues must be interfaced with issues to address the economic needs of households, since

This report is a summary of the key themes arising from the focus group discussions (FGD). As with any qualitative analysis, the report attempts to preserve the varied perceptions, values and experiences of the discussants. Inevitably, some of the interpretations in the report reflect the author's understanding of these experiences.

All the study participants, both adult and children related stories of serious economic insecurity affiliated with the HIV epidemic in Zambia.

it appears that the economic needs are causing significant stress that impacts the psycho-social issues children and guardians face. This was demonstrated repeatedly in the focus group discussions. Many questions related to problems faced, whether by adults or children, and how others can help, centered on household economic security issues.

All the study participants, both adult and children related stories of serious economic insecurity affiliated with the HIV epidemic in Zambia. The causes were two fold: increased medical costs for ill family members and loss of income resulting from illness and/or death of a family member. Regardless of the cause, the results are consistently similar with all study participants experiencing severe difficulties acquiring sufficient food, providing access to education and health care and often times having problems providing shelter.

Some of the orphan children related accounts whereby after asking for some food, clothing or school fees, the guardians told them to ‘go to the cemetery’ to look for the money – that their parents left them nothing. Although these words are indeed cruel, seeming to have shattered the confidence and self-esteem of the child, they are not always uttered by the guardians out of a sense of maliciousness or ill intent towards the child, but rather because of the inability to cope with the economic and emotional stress of providing for additional dependents. The words seem to be a product of the inability to cope with both the economic stress and the emotional stress of bringing in additional children into a household. The caring for the orphans should be fulfilled by the guardians, but the anecdotal accounts of some

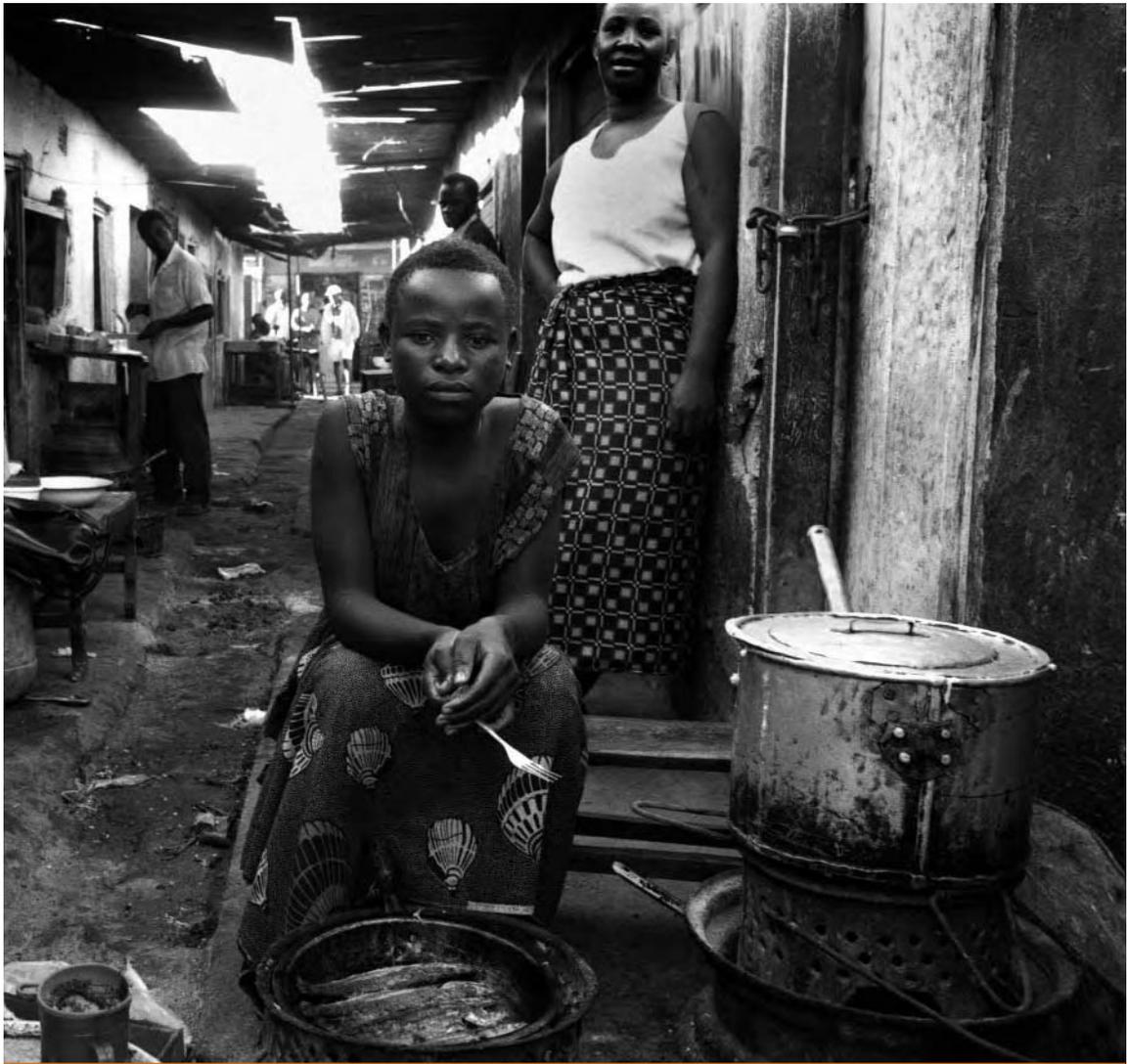
guardians have indicated otherwise. Some guardians are intentionally cruel and abusive towards the children in their care.

The child heads of household face perhaps the biggest economic challenge of all the study participants. All of the child headed household in this study live in abject poverty. If they are fortunate, the child headed household survive on one or two thousand Kwacha² daily, however, often times they have much less than that. All the child heads experienced serious problems providing the basic necessities for their siblings.

Food

All the discussants in the study had significant problems getting adequate food, reflective of the economic hardships facing the majority of Zambians. Guardians and child heads of household revealed the most detailed narratives regarding the difficulties they face in providing food for the family members and appeared to experience the most stress affiliated with the inability to provide for the family members. In addition, feeding ailing relatives is an economic burden that many adult heads of household can barely manage. Guardians are well aware that there is insufficient food intake, but are unable to change their circumstances. Furthermore, the guardians are well aware that many of the orphan children feel they are receiving less food than the guardians’ biological children are, but the reality is that there just is not enough food. This does not mean that discrimination does not exist in some households; in some cases, orphaned children are indeed mistreated compared to biological children.

The discussions surrounding food intake seemed to evoke considerable emotion in the children who participated in the study. All child participants interpreted being given less food than the guardian’s biological children were.



Child Heads of Households spend much of their time looking for piecework to provide adequate food for the household and managing the meager food supplies.

This is the most common form of discrimination that they face. For some children, refusing to eat the little food they are given is their way of protesting against discrimination or perceived mistreatment. Child Heads of Households spend much of their time looking for piecemeal to provide adequate food for the household and managing the meager food supplies.

Quality of Health

All the children and adults expressed considerable worry about their own health and that of their dependants. Even the youngest children worried about their health and that of surviving parents and other family members. Many comments were made about becoming sick and lack of sufficient money to provide access to appropriate medicine and health care.

Older children, particularly those involved in the care of sick parents and family members, expressed an acute sense of worry about illness and death. Comments were frequently made about being worried about the amount of illness and death in their lives. They were able to give detailed accounts of horrible illnesses, which resulted in death.

Child heads of household were concerned about their ability to care for ailing siblings and ailing parents and grandparents. Many child heads of household have small siblings who are sick and are often unable to provide any health assistance to the child.

Adult heads of household face enormous problems caring for their own health and that of their own children and dependants, when they frequently could not afford to pay for formal health center treatment and medicines. Many adults in the study talked of resorting to traditional medicines. They expressed frustration when they spoke of some of the common illnesses of children, such as malaria and chest infections, and the inadequate remedies available to them, such as herbs and cold compresses—with no real access to proper medical treatment.

They talked of praying and hoping for the best and a sense of both courage and sadness that there are no other affordable options available and that they lack access to medical schemes. In some cases the child would end up dying because of the guardians did not have access to the proper health services.

Education

As household incomes dwindled with the parents' illness and death, most of the children in this study stopped attending school. Many of the guardians have no reliable source of income and often must make the unfortunate choice of choosing which children will attend a public or community school and which will attend neither. For the children, this is viewed as another form of discrimination against them as orphans.

For many of the children in this study, their comments reveal a simple and clear reality – only children with living parents receive the benefits of an education. If your parents have passed away, then you will not attend school. For children not in school, descriptions of their situation included words such as neglect, difficult, envy for others, amongst other negative descriptions of their life and their guardians. Children out of school did not feel happy with their lives. Children in school felt 'taken care of' and 'provided for' and described their lives as being fairly positive with little to complain about. They described feeling content with life and looked after because someone was providing for their education.

As the age of the study participants increased, so did the sense of helplessness and sadness as older out-of-school children began to accept that they would not complete their education and therefore the hopes and dreams of finding work to support themselves and their families were failing.

The children in this study saw the curtailment of educational opportunities as the key issue for them and there was a direct correlation with school attendance and having a better future. This theme repeated itself frequently in terms of their dreams for the future and how others can assist them in their situation.

For adult and child heads of household, education was of paramount importance. Their opinions and thoughts were clear and both the children and adults viewed access to education as their only hope for a future better than what they currently experience.

When asked how people can assist orphans, overwhelmingly the response, from all study participants, was, 'pay our school fees.' This comment was almost always affiliated with wanting to have a good job when growing up to be able to care for themselves and their families. Children in all the age groups longed to go back to school.

Shelter

Previously in Zambia, widows were regarded with respect during the funeral process. Traditionally, a widow and children would be absorbed into the husband's family and cared for. The property of the deceased's family would also be absorbed. Now, with the increase in the HIV epidemic and the increased levels of poverty, families are more resistant to taking on the responsibility of care and protection for the widow, but continue to want the property. Hence, it seems that a habit of property grabbing is beginning to occur with greater frequency. Most of the participants in the study referred to relatives taking the belongings of their deceased family member. Widows and child heads of household, in particular, were able to link the property grabbing with a result in decreased income levels.

Widows and child heads of household face particular problems when relatives take houses from them. The few resources that could be used for education, food and health care, is diverted to providing shelter. In addition to physical hardships, these widows and children must deal emotionally with an acute sense of abandonment and their wrongful action and rejection by their families. Child and adult heads of households who were left houses, expressed gratitude for having one less problem to consume their survival efforts.

Many of the children have lost homes when a parent, especially the father, dies. The younger children complained of moving into crowded houses with new guardians. Some of the older children move out of guardian's homes to live with friends. Child Heads of Household have problems finding money to pay rent for accommodation, sometimes having to make choices between buying food and paying the rent.

EMOTIONAL HEALTH:

Impact of Illness

The guardians gave detailed accounts of how they cared for their sick relatives with a sense of helplessness and frustration. The frustration seemed to mount from a sense of helplessness of their inability to provide a solution for the illness and acceptance that death was inevitable. Another issue that was discussed, was the patient's particular food cravings. Great sacrifices would have to be made on behalf of the rest of the family's food intake, and 'in the end, the patient did not eat it anyway.' The guardians worried about their future, especially when children were involved. Furthermore, many of the women told stories of having lost their sisters who were their best friends, and expressed concern about going through life without the social and emotional support their sisters provided them.

The stories of children, regarding illness, may provide some of the more descriptive narrations of the impact of HIV on individuals, particularly the young. As the children described the times they spent with their ill parents, they frequently used words like pain, sadness and deep rooted hurt, to describe how they felt. In addition, the children related stories of hope and tears during their parents' illness. They recurrently spoke of crying and described feelings of extreme anguish when they had to watch their parents suffer from the illness, and the reaction of others towards their parents.

From this study, it is clear that illness and death are having some kind of traumatic impact on children and youth.

The word “suffer” was used frequently when describing their parents' conditions-both in terms of their own emotions, but also in terms of that of their parents' physical and emotional state. They also described feelings of extreme sadness while caring for their ill parents when other children were returning home from school to parents who were healthy. The children remembered how worried they were about their mother and/or father passing away. They worried about who would care for them and love them as much as their parents had done.

Many child participants in the study talked their worries of the illness and the death that comes with it, in regards to the amount of illness and death around them. It appears that the frequency of illness and death is having some type of emotional and psychological impact on the children, but the purpose of this study was not to attempt to try to define that impact and its manifestations. However, from this study, it is

clear that illness and death are having some kind of traumatic impact on children and youth.

Impact of Death

The FGD revealed that whether young or old, all the participants' experiences of grief and related stress, were compounded by abject poverty. When they were asked to describe how they felt at the time of their parents' death and how they feel now, the children frequently cried. They frequently found themselves crying when they watched their parent's health deteriorate. After the death of their parents, they cried because of both their loss and their changed circumstances. They also often referred to feelings of hopelessness and abandonment.

The children can remember with painstaking detail, the events leading up to their parents' death, and the feelings immediately following the news of their parents' death. They described detailed accounts of their heart and head pounding and their bodies going weak. They remembered feeling a rush of extreme emotional pain, wanting to run and hide and refuse to believe the truth of their parents' passing. They also expressed feelings of insecurity when they thought of who would look after them.

Some of the children grieved over the fact that they had not been allowed to participate in funeral rituals, which indicated frustration at not having had the chance to bid a final farewell to their parents. In some cases, the children did not even know where their parents were buried. They recurrently referred to wishing that they had placed a flower on the grave, and they associated this with negative feelings of not having completed a requirement and honor for their parents. From the guardians' point of view, they are protecting the children from negative feelings and sadness when they shelter the children from the funeral. However, it appears from the perspective of the children, it does not shelter, but instead compounds feelings of frustration and sadness.

Memories of Parents

Many children have not only lost their parents, but they have had a whole section of their lives literally disappear when their inheritance from their parents, such as houses and other material goods, are taken from them by their relatives. Some children have no memories or mementos of the life they had with their parents, not even photographs.

For those children who have mementos, such as photos, jewelry, walking sticks, of their parents, these objects evokes happiness – when they remember that they had a parent who loved and cared for them, as well as the memories of being loved by their parents. The objects also evoke extreme sadness – as they remember their life as it was before the death of their parent or as they project how their lives might have been different if their parents were still alive. For those who had no mementos, it seemed to cause extreme sadness as children made statements referring to how frustrated and sad they were when they could not remember how their parents looked. Even though an item may cause both extremes of emotional sadness and happiness, children indicated that they wanted to have special memories of their parents.

Disclosure of Orphan Status

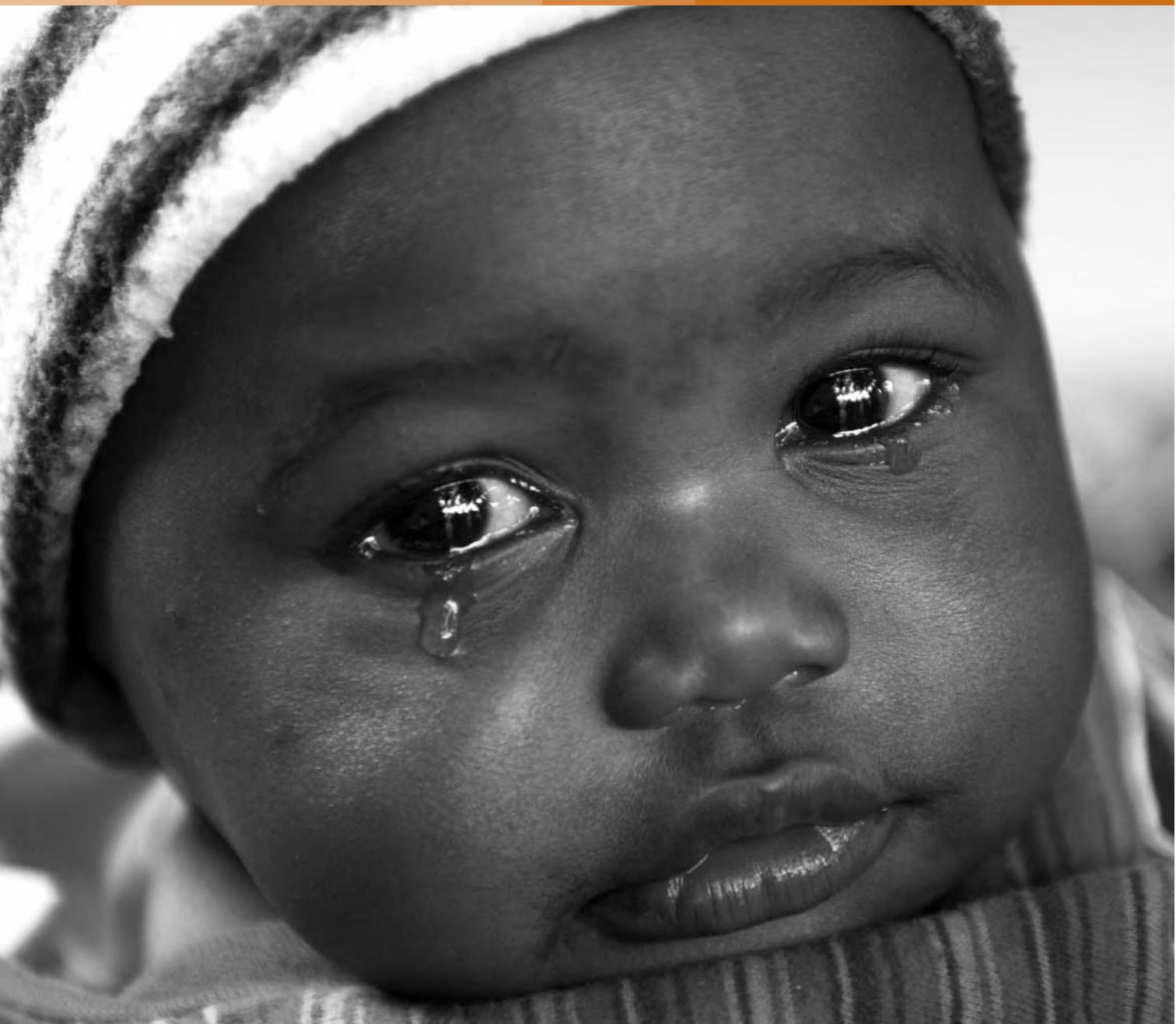
Some children who became orphans at a young age, did not even know that they were orphans, because their guardians were reluctant to tell them that they are not their biological parents. Such is the stigma around the HIV/AIDS related illness, that some guardians attempt to protect orphaned children from knowing what their parents may have died of by not disclosing that they are orphans. This reticence often comes from a desire not to cause the children distress. Sometimes it results from the fact that the children came to live in the household at such a young age with no memory of their previous life and the children just assume that the guardians are their biological parents. It seems that guardians are not sure how to appropriately tell the full truth or even if it is necessary to tell them at all. Some children learned from outsiders that the guardians were not their biological parents. For some, learning that what they thought was a true, was in fact false, seems to have resulted in considerable emotional pain. They felt cheated. They would prefer to have heard the truth from their guardians than from outsiders.

COPING STRATEGIES

Crying, praying and playing with friends were the main coping strategies taken up by all the participant groups during and after the parents' illness. Prayer was probably the most important coping strategy for all discussants. Guardians also discussed the use of prayer to help them through the difficult times. Most participants stated that they usually felt better after praying.

In addition, some of the adolescents and child heads of household talked of using drugs, alcohol as coping strategies. Many – particularly the girls and boys heads of households talked of looking for relationships in which they could be loved and taken care of. Often times, these discussions were accompanied by discussions of risky sexual behavior, and it is clear that the youth are not protecting themselves against HIV infection.

It was interesting that running away from home was not a salient issue in many of the discussions with adolescents and young adults.



Crying, praying and playing with friends were the main coping strategies taken up by all the participant groups during and after the parents' illness.

CHILD HEADS OF HOUSEHOLD (CHH)

One group of children that is bearing the brunt of the effects of the HIV/AIDS pandemic, are those without any adult support who have to, literally, fend for themselves. These children are the as young as eleven years old. Child Heads of Household receive practically no help from the extended family. Sometimes, they are promised help when parents die, but this does not materialize later. In some cases, children have been abandoned by the surviving parent.

In the Kitwe group, the female child headed household groups lived on their own without any adults. The households headed by boys had either an ailing grandmother or aunt in living with them. One group of children lived with grandparents who were unwilling to provide for the family. The boys in these groups were de facto heads of household. The other thirteen male child headed households lived without an adult.

All child headed households live in abject poverty, surviving on irregular ‘piece work’ and the kindness of neighbors. Child heads of household have to find work, manage the house and discipline their siblings. Many of the older girls go and live with boyfriends or get pregnant, hoping that the boys will look after them and take them away from their current situation. Some of the girls have become pregnant, only to be abandoned by the father of their children and left to care for their own babies as well as siblings. These children, in particular, are open to severe exploitation, which can include sexual exploitation, leaving them even more vulnerable to HIV.

The existence of child headed households illustrates both the collapse of the extended family system under the pressure of the pandemic, and the widespread

poverty in Zambia. However, in many situations, neighbors are stepping in to provide whatever assistance they can to the children.

CARE AND SUPPORT OF OVC

Traditionally in Zambia, very few adults write wills, or make or communicate plans for their property and children after their death. It is perceived to be ‘welcoming death into the house.’ The young participants were split in their views on whether their parents should discuss with them their plans for the future. Some children wanted to have a say in who would look after them. Other children feared that such discussions would have brought on their parent’s death earlier.

For adult heads of households, some participants had discussions with a dying relative regarding the care of the children. However, most did not carry out these kinds of discussions.

For some children, especially those who are child heads of household, their parents told them about the relatives they should avoid, as well as how to live and conduct themselves. Advice centered on being respectful and looking after the younger children. It seems that those who were left with guiding words from their parents, value those instructions and try to live up to the words of their parents. For those who received no guidance from their parents, they clearly indicated that parents should talk to their children about their future and provide instruction on how to live. Some children were involved in the post funeral discussions of their future. From their narratives, it is clear that some children can handle discussions with parents who are ill and also participate in the post-funeral discussions.



From their narratives, it is clear that some children can handle discussions with parents who are ill and also participate in the post-funeral discussions.

For adult heads of households, some participants had discussions with a dying relative regarding the care of the children. However, most did not carry out these kinds of discussions. Their reasons were not clear, but it seems to be rooted in a fear to acknowledge and accept an impending death—as long as it is not discussed, there is hope that it will not happen. In the cases where the discussion took place, frequently their sibling requested specifically that they look after the children. Most adults conceded that when children are emotionally able to participate, then they should participate in the post-funeral discussions regarding their care.

Adult heads of households were asked questions relating to the best care of orphan children and the benefits of looking after the orphans. Despite the economic hardships families face as they absorb additional children into their homes, all the adult

heads of households stated that children should not be placed in institutions. They cited reasons related to the need for children to know their people, heritage and traditions. However, many adults also conceded that during the post funeral process, when the topic of caring for the children arises, many people remain quiet and do not offer or volunteer any assistance. When discussing the participation of children in these discussions, the feelings of and impact on the child in a variety of areas must be weighed against the benefits.

STIGMA AND NON-DISCLOSURE OF HIV/AIDS RELATED ILLNESSES

The stigma surrounding HIV/AIDS prevents both adults and children from talking honestly about HIV prevention and care. This also prevents them from talking about the other topics associated with it, such as illness, death and sexuality.

When the young participants described HIV/AIDS, they used words such as shameful, embarrassing. They also referred to other community members ridiculing people with AIDS. When asked if adult heads of household would let the orphans know that their parents died as a result of HIV, the answer was overwhelmingly 'never.' Adults appeared to withhold information about the children's parents' illness and their cause of death, because of the stigma attached to dying from AIDS, and because of their own fears. Guardians feel that they have to protect the children from 'shameful' knowledge about their parents' deaths, and sometimes, the fact that they are orphans.

Consequently, the children and young people in the study, many of who had to nurse their parents, were denied an opportunity to deal honestly with their parents' illness. Children's detailed accounts and descriptions of their parents' illness and suffering before they died, contradicts the notion that they

need to be protected from knowing about their parents' illness. If anything, it indicates the need for parents to talk honestly with children before they die. However, many parents are unable to talk to their children about their own illness and therefore, are unable to prepare their children for the future. Adequate succession planning is not taking place within families. This leaves widows and children open to exploitation, especially after the male parent dies.

Sexual Health and HIV/AIDS Awareness Education

Many of the participants under the age of 18, have little knowledge about HIV/AIDS and ways one can contract the virus. Misinformation and misconceptions enhanced people's ability of contracting the AIDS virus. Common beliefs about mosquitoes spreading HIV continued. There was also reference to sex workers, but no offering of a clear explanation of how one could get the virus from a sex worker. There was considerable disagreement amongst the adolescent and young adult participants regarding the use and effectiveness of condoms. Some believed that condoms were effective, while others did not believe in them.

It is hopeful to note that the adolescents and young people, who were reasonably informed about HIV transmission and prevention, have come across sexual health education messages, often in conjunction with HIV/AIDS awareness messages, through the media and special awareness programs. Those who were members of school based HIV/AIDS awareness clubs had the most accurate information about what AIDS was and on ways to protect themselves against the infection.

It is also clear from the FGD that peer pressure continues to play an important role in a youth's choice to become sexually active. Many participants related stories of wanting to fit in with their friends as

a reason why they started to engage in sexual activity. For others, wanting to feel loved was another prime reason for sexual activity. However, another common reason stated can be defined as normal teenage interest in the opposite sex.

Even though there seemed to be some general knowledge that condoms could prevent HIV transmission by youth who admitted to being sexually active, their use of condoms was practically non-existent. Conceptions that they are protected because they sleep with girls/boys they know and trust continue to abound.

However, some expressed illogical fears of sexual activity. Their fears were enmeshed in descriptions related to ‘horrible diseases’ and death. Others, for those who are child heads of household in particular, expressed concern of ‘who will look after my brothers and sisters if I die?’ There seemed to be a sense of responsibility to avoid infection in order to ensure the care and protection of younger family members and a feeling that sexual activity was a ‘luxury’ for those with parents.

Many Adult Heads of Household were against explicit sexual health messages for young people, and especially the use of condoms. They described their feelings of conflict between raising children with morals and ‘encouraging’ sexual activity through instructions of condom use.

PROGRAM AND POLICY RECOMMENDATIONS

Household Economic Security

The Zambian economy is at the heart of the HIV/AIDS and OVC problems. Social interventions, to mitigate the impact of HIV and prevent transmission will continue to fail to reach their full potential until larger micro and macro economic issues are addressed. Zambia needs sound economic

and investment policies, which support the development of economic activity. These economic issues will require serious attention at the macro-economic level.

At the micro level, adult heads of household seldom seem to complain about the numbers of children to look after, but comment repeatedly on feelings of frustration at their inability to provide for the children.

OVC are repeatedly dropping out of school, not receiving access to appropriate health care and increasingly decrease their food intake. Adult heads of households need access to a savings schemes and micro-credit in order to establish a modest but steady source of income. Improving household economic security can and will lead to improving food security, access to health care and increased enrollment in school.

Micro-finance institutions may be best placed to provide access to micro-credit. However, the current need for these services far exceeds the demand. The Government of Zambia and the international donor community need to recognize that the role of providing a modest steady income to families plays in the mitigation of the impact of AIDS on families and communities. The micro-finance industry must be supported in efforts to find the mechanisms to support particularly vulnerable individuals who may be infected with HIV.

Given that the micro-finance industry cannot meet the current demand, NGOs can provide access to micro-credit through following the internationally accepted gold standards and developing community managed revolving loan schemes. However, NGOs must access the appropriate technical assistance in order to develop effective interventions.

For child heads of household, severe economic insecurity is a dire situation that needs to be addressed immediately. For most of these households at this level of poverty, micro-credit would not be an effective intervention. These households are in desperate need of immediate material assistance in the form of handouts. Communities, NGOs and religious institutions, in partnership with the Public Welfare Assistance Scheme (PWAS), need to develop distribution systems, including the identification of the households, which will provide these families with clothing, food, health services and education.

Access to Education

The study is clear about the impact of education on children's lives and emotional well being. Children associate school attendance with being well looked after. It is clear to them that their path to a good future lies in school attendance.

Zambia has not been overly successful in meeting the educational challenges of OVC. Although half of primary school aged children are not enrolled in school, community schools are springing up. With no regulatory framework, there is room for abuse by an ill-intentioned person in a community. The Ministry of Education should support education initiatives, wherever and however they are occurring. The need is urgent and extends beyond the formal curriculum.

In addition, there are currently many different bursary schemes under various Ministries. There is urgent need to bring the various schemes under one primary disbursement mechanism, such as PWAS. The disbursement mechanism must be easy to access without incurring financial costs to the recipient, which often results in lack of access for those eligible. Additionally, communities must be educated about the bursary schemes, eligibility and access.

Issues Surrounding Stigma of HIV/AIDS

The stigma of HIV/AIDS and the silence that surrounds it has real consequences on the lives of orphans and widows, as well as other family members. This issue is at the forefront of the emotional issues that children and guardians face, and must be dealt with in some capacity. Interventions to address stigma must be incorporated as a cross cutting issue and integrated into all HIV activities. Stigma campaigns must focus on a broad national community level, in local languages as well as English, and reach both urban and rural communities.

Interventions to address the stigma involve getting people to openly discuss HIV and its impact on families, communities and the nation as a whole. This leadership must come from the top of the government, vis-à-vis the President and permeate through every Ministry, department and agency, to the provincial and district offices. At a community level, traditional and local leaders and respected individuals must be targeted to take on a leadership role and begin the discussions in order to create changes in social norms and attitudes. Campaigns must be designed to reach people where they are most vulnerable in order to galvanize a change in attitudes and perceptions.

Additionally, there are some specific issues related to the surviving spouse need to be addressed. In the past, widows were shown significant respect during and after the funeral process. Trends in Zambia are beginning to show evidence that for some reason, widows are being pushed out to the fringes during the grieving process and receive treatment as if they are no longer family members. Widows need particular psychosocial support when spouses are ill and protection for themselves and their children when spouses die. Furthermore, society needs to reduce the blame, which frequently accompanies HIV as a cause of death. There is a role for traditional leaders



HIV Prevention

Youth and children in this study continued to express misconceptions about HIV transmission and prevention. Additionally, condom use amongst youth appears low and guardians are explicitly against condom messages for youth. Youth who are well informed received most of their information from media campaigns and anti-AIDS clubs at school. The Ministry of Education's efforts are critical and should be supported. While it is important to continue the channels of HIV prevention through the formal school system, it is equally important to strengthen efforts to reach out of school youth.

If they are ever to take a meaningful and active role in this aspect of their children's lives, parents and guardians require assistance in learning to speak openly with their children about sexual and reproductive health issues. Regarding the issue of having an open discussion about sexuality, is a subject that is perceived to be taboo. When the subject of sexual education is left to someone outside the immediate family to teach the children, there is no real way of knowing what is discussed and whether the proper information is being relayed to the children. It is of critical importance to work with traditional ceremonies, which many parents rely for their children's sexual education, to ensure that they are correctly integrating reproductive and HIV/AIDS issues into their dialogue.

and in particular, male family members of the deceased, to encourage and demand respect and protection for the widows and children.

Issues Related to Coping with Grief

The loss of a parent, spouse or close relative takes a tremendous toll on an individual. The AIDS epidemic has further compounded this issue as families experience multiple and rapid deaths. People have little time to recover emotionally after the death of one individual before they face another death of someone else close.

During such a situation, children can fall through a crack and not receive the traditional family support that they once would have received. Additionally, adults are left dealing with their own emotional issues and prejudice surrounding HIV/AIDS, which may have an impact on children. Furthermore, care for children today is frequently left to one individual or family, whose energy tends to be consumed in economic survival. Years ago, an orphaned child would receive consolation from a variety of extended family members. Given the frequency of deaths, which do not always provide adults with enough time to process their own grief, and the difficulties of economic survival, children may not receive the support they once would have received. Children need assistance to process their feelings related to the death of their parent(s) and to grieve. Adults must understand that the process by which children grieve, differs from their own way of grieving, and it often occurs throughout their entire childhood in different forms. The role of friends and neighbors should not be under-estimated and children need time to interact with these support structures. Additionally, children require time to be a child, which includes access to education and recreational activities, and to momentarily help them to forget their grief and loss.

Religious institutions have a tremendous role to play in helping surviving members cope with grief

since most guardians and children turn to prayer for assistance. Efforts need to better sensitize and facilitate religious leaders of their role in the emotional health of children and guardians, as well as those issues related to stigma and HIV prevention.

Parents, whether ill or healthy, need to begin the process of planning for their children's future. Interventions such as writing a will and memory boxes must be encouraged on a wide scale level. These interventions can be integrated through existing structures, such as antenatal clinics, MTCT, VCT and home based care. Religious institutions also have a powerful role to play in encouraging succession planning and memory boxes.

Issues Related to Guardians

Guardians face tremendous stress when they absorb additional children in the family. Often the very survival of the family unit is jeopardized with the increase of one additional child. Additionally, guardians must process feelings which often include anger at their brother or sister for dying, conflicting emotions as their dreams for their biological children diminish as well as dealing with the natural reaction of adopted children, which includes testing boundaries and new relationships. At times, this stress is taken out on children in the form of cruelty. For these reasons, it is important to develop interventions which help guardians cope with the stress they are facing. These interventions need to be culturally appropriate and may need to incorporate support group structures. Zambian expertise needs to be developed regarding the unique challenges faced by adoptive families in the cultural context of this country.

Psycho-social Support for Children

In addition to coping with immediate grief, children need continuous support to cope with long term issues related to the loss of a parent. Children need

some kind of memory of their parents-whether it is a chitenge, photo or walking stick. Even if they are very young at the time of their parents' death, at some point in life children will want some kind of memento of their parents.

Additionally, children need to be given various life skills training, which include issues of assertiveness, hygiene, respect for their bodies and other issues. This training must incorporate issues related to HIV prevention.

The findings of the report indicate continued incorrect information amongst youth about the transmission of HIV and sexual activity. It is critical that children are frequently presented with opportunities to learn the facts about sexuality. Related to this issue, adults must also be given the proper tools to comfortably discuss issues related to sexuality with youth.

Child Heads of Households

Child heads of households particularly need both material and psychosocial support in terms of:

- Parenting skills
- Household management
- Counselling
- Economic Security

As stated earlier, these families require immediate material assistance. Consequently, the community also has a particular role to play to unite and provide social assistance to child heads of households. Community social welfare systems can link child headed households to larger support structures.

CONCLUSION

This study illustrates the material and psychological impact of the HIV/AIDS pandemic on individuals and families, and the need to support orphaned children and their guardians.

All the children and adults who took part in the study are having problems of meeting their basic human needs such as health, food, and shelter. Many of the children are unable to go to school.

The children and guardians who took part in the FGD study talked of having to endure much grief and stress as they witnessed the health of loved ones deteriorate and eventually die. Many children and adults were directly involved in caring for the terminally ill.

Many of the guardians go to great lengths to prevent the children from knowing the truth about parents' illnesses. Older children, who care for parents who are ill, and have some idea of the seriousness of their illness, hence are placed under great stress by the silence surrounding the illness and death of a parent.

Their grief and stress is compounded by the stigma attached to HIV/AIDS related illnesses, which prevents open discussions about the illness. It also prevents adequate preparation for the children's future taking place. Many children only found out at their parents' funerals where they were going to live.

The study reveals that there is very little succession planning taking place in families and it leaves children vulnerable to exploitation by their relatives. Children talked of houses and other material goods being taken away from them after their parents' death.

Many of the guardians in the study have witnessed the illness and deaths of spouses and other close relatives. Their grief and stress is compounded by fears around their own health and caring for children under changed material circumstances. In the cases where widows are left with children, the custom of property grabbing by husband's relatives adds to their misery.

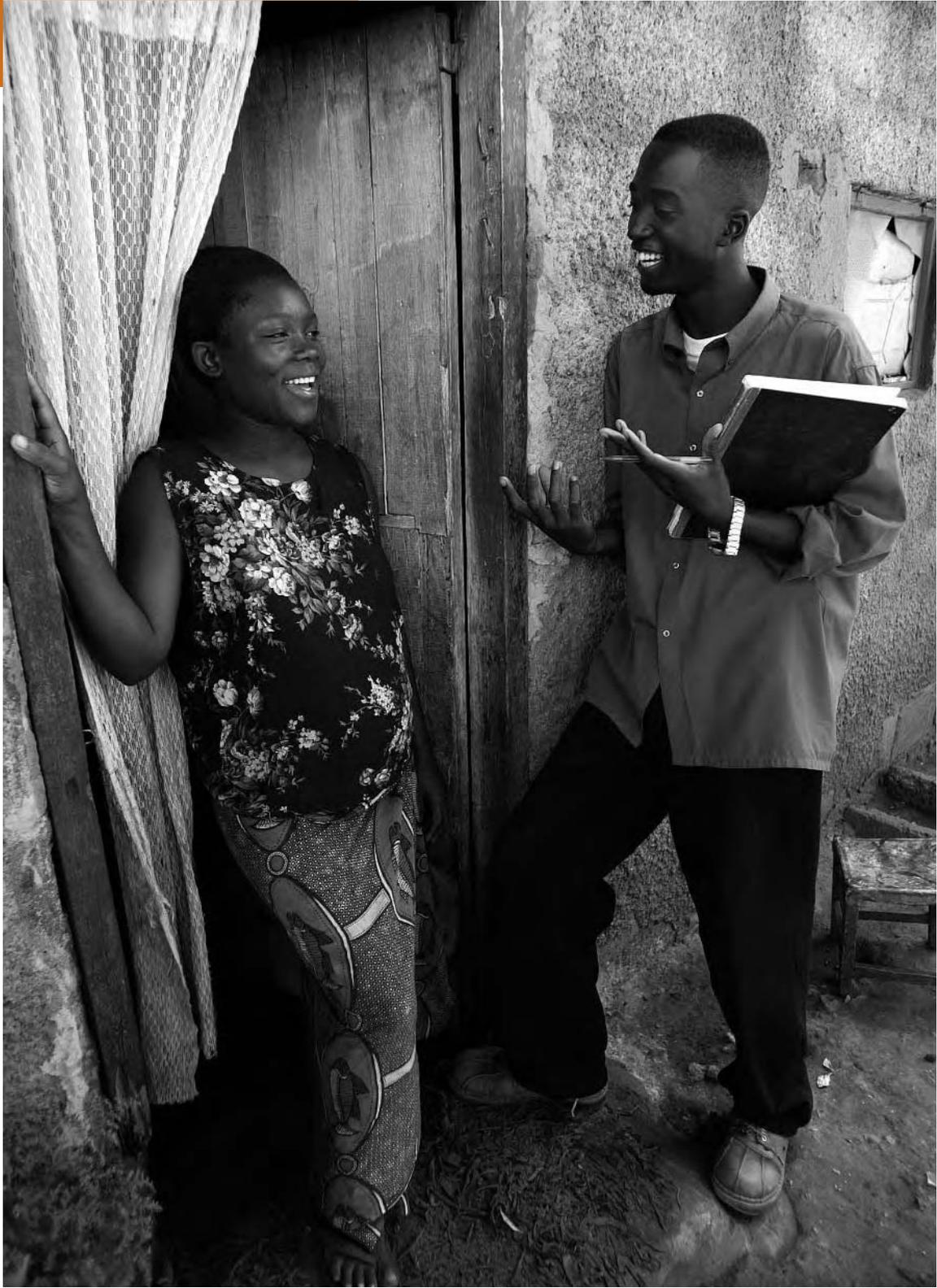
Guardians face great problems in providing material goods for orphaned children, especially when the main breadwinner in the family is the one that dies.

The child heads of household in this study face the burden of caring for siblings with little adult help. Most of these households live in abject poverty and have little capacity to manage. Many rely on erratic 'piece' work and the kindness of neighbors and church communities.

The study gives a clear indication of the need for programmes that support the psychosocial and material need of those directly affected by the impact of HIV/AIDS in Zambia, such as the children and guardians who took part in the FGD.



methodology





STUDY GOALS AND OBJECTIVES

This research has been carried out by Family Health International (FHI). The overall goal of the study was to identify the psychosocial and emotional needs of orphaned children and their guardians, and to determine ways of giving support.

The objectives of the study were to:

- Assess the psychological impact of HIV related deaths on orphans.
- Explore how children cope with changed circumstances.
- Assess the need for succession planning in caring for OVC.
- Determine the coping capacity of Child Heads of Household (CHH)
- Have an understanding of how Adult Heads of Household care for and support OVC.

For the purposes of this study, 'children' refers to all young people aged between eight and eighteen years, 'adolescent' is used for those between thirteen and fifteen, and 'young adults' for those aged between sixteen and eighteen years.

'Child Heads of Household' are children who are sole providers in a home.

'Adult Heads of Household' are surviving parents and other adult family members who care for OVC.

STUDY DESIGN

The research was conducted using through Focus Group Discussions (FGD). All discussions were held in age and gender based groups. There were

ten focus groups.

- Boys aged 8–12 years
- Girls aged 8–12 years
- Adolescent boys aged 13–15 years
- Adolescent girls aged 13–15 years
- Male young adults aged 16–18 years
- Female young adults aged 16–18 years
- Male Child Heads of Household
- Female Child Heads of Household
- Male Adult Heads of Household
- Female Heads of Household

SELECTION AND DESCRIPTION OF PARTICIPANTS

The focus groups were randomly selected from two of the research areas in which a quantitative study was carried out³. The choice of the two study areas was influenced by the availability of facilitators who spoke the local languages, Bemba in Itimpi, Kitwe and Nyanja in Chawama, Lusaka.

Itimpi is about 15 kilometers from Kitwe town center. Most of the adults in this community are unemployed. They are subsistence farmers and/or depend on 'piecework'⁴ in the more affluent neighborhood of Garnetone.

Chawama is one of the compounds in the City of Lusaka. Most of the adults in this community are engaged in small-scale trading and business ventures such as selling food and second hand clothes. They also augment their small incomes with 'piecework.'

SCOPE/OVC has community projects in both Itimpi and Chawama.

There were one hundred and eighty one (181) participants, forty (40) adults and one hundred and forty one (141) children. Ninety (90) males and ninety one (91) females took part in the study.

Table 1: Breakdown of Participants by Site, Age Group and Gender

Group	Kitwe		Lusaka		Total
	Male	Female	Male	Female	
8–12 year old	12	9	11	11	43
13–15 year old	10	8	7	8	33
16–18 year old	10	10	7	8	35
Child heads of households	8	8	7	7	30
Adult heads of household	9	12	9	10	40

The children in the study were either ‘single orphans’, that is, they had lost one parent or ‘double orphans’, had lost both parents.

All the female heads of household were widows. This was a coincidence. Seven of the eighteen men were widowers. One man was divorced.

Topic Guides

Special topic guides were developed for the focus groups:

- (a) Eight to twelve year-olds
- (b) Thirteen to eighteen year-olds
- (c) Child heads of household
- (d) Adult heads of household

The topic guides were developed from

- (a) Discussions with research teams after the collection of quantitative data.
- (b) Preliminary findings of the quantitative survey.

Procedure

Using the four sets of topic guides (attached as annexes), a Focus Group Discussion (FGD) was held with each of the categories of participants.

Consent forms were signed by the children and their guardians. Child heads of household signed

their own consent forms. Consent forms were signed by the adult head of households.

The facilitator sought permission to tape record the interviews for transcription purposes. The recordings were supplemented with written notes taken by a research assistant.

The facilitator introduced the topics and the discussions. All participants were encouraged to contribute their feelings, thoughts, opinions and beliefs.

The tapes were then transcribed and translated into English. The English transcripts were used as the basis of this report.

LIMITATIONS OF THE STUDY

There were some limitations in carrying out the study.

- 1) The emotional content of the topics, such as talking about how their lives have changes since parents died, distressed some of the children. Some children cried as they spoke and were then unable to contribute much to the further discussions.
- 2) Some of the female adults, particularly those who appeared unwell, found some of the topics, such as caring for AIDS patients emotionally

distressing. A few women did not contribute to the discussions.

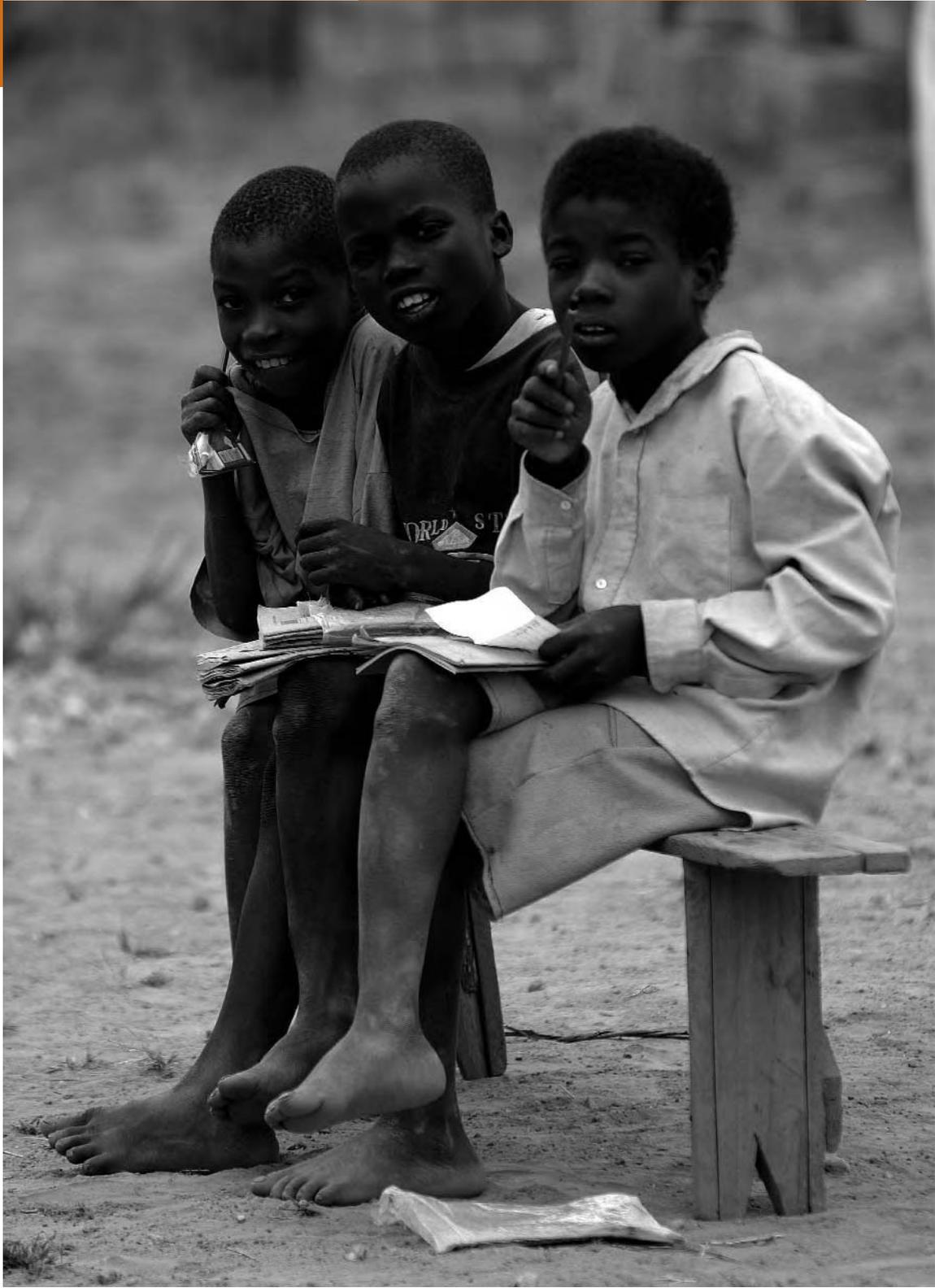
- 3) Adolescent girls were particularly uncomfortable talking about sex and the use of condoms and discussing experiences of discrimination in their new homes. The most outspoken of the girls, in discussions of sexual issues, were the heads of household.
- 4) Sometimes, the younger children (8–12 years) seemed to parrot what other children had said before them.
- 5) All discussions were carried in the participants' languages, Bemba and Nyanja. Bi-lingual researchers translated the transcripts, which were used for

analysis and to write the report, in English. The research team hired experienced translators to ensure that translations were as true to the intended meaning of the speakers. Inevitably, such research questions may arise on the 'validity' of translations and interpretations, in terms of:

- emotional nuances from one language and cultural context to another.
 - Interpreting and analyzing the FGD only from the translations.
- 6) The findings in this report are from the study conducted in the two communities in Kitwe and Lusaka. They do not necessarily represent the situation of orphans and their guardians in Zambia as a whole, but give a good indication of issues for many orphaned children and their guardians.



narratives and key themes in study





Narratives and key themes in study

The following testimonies of children and adults who took part in the FGD, illustrate the key themes of the study.

The resilience of the children and young people who took part in these FGD is humbling. All have lost either one or both parents. One of the older boys (16–18) spoke at length about what people can do to help orphans and what orphans can do for themselves.

“People should sympathize with us as a way of moral support in our struggle to get over the grief we experience... We depend on other people’s advice. They encourage us to persevere and how best to go about our lives. But we orphans tend to isolate ourselves and withdraw within. We find all sorts of excuses by saying to ourselves, ‘we have no money, let those who have it go ahead and carry on with life.’ We let ourselves down. But some people encourage us to persevere and to do our best and to stand up and be counted. In fact, God gave us different talents such as playing football. One should learn to develop and use them... Happiness is not only for the rich. Even orphans deserve to be happy in life. I’m grateful to all those who give us encouragement.”

Another spoke of the loss of parental love, as one of the most important changes in the lives of orphaned children.

“I would like to talk about love. When I was living with my parents, they used to give me the love that parents give their children. Now that they are no longer here, I find it difficult and miss their love. They used to pay my school fees; they used to give me what I would ask for without hesitation. Now I live with my grandmother and she complains about taking care of me. She hurts me by what she says and that makes me think a lot. I don’t live as I used to live with my parents anymore.”

BASIC HUMAN NEEDS

Life for all the children in the study has changed since the death of their parents. They are all aware of their limited access to basic human needs.

“What I dislike is the sudden change of events after everything has been so good. When your parents are alive, you get all the love and material support that you need, and whatever you ask for. Losing one’s parents has brought so much misery... so much... so I am suffering and feeding myself from dustbins.”

“Whenever I try to go and seek assistance from my friends whose parents are still alive... they say... that is your problem. That is why you became an orphan that is why your parents passed away.”

“I can’t bear such comments and it is times like these that I miss my parents and get very upset about it.”

“Things changed from the time our parents died. They used to give us support, sending us to school. We used to enjoy playing with our friends; I was a happy person. When I went home from school, I would find my lunch ready. Now, from the time my parents passed away, things changed, life changed. I stopped going to school, and I wasn’t the happy person I used to be. I would come home and find no food kept for me.”

“If my father were here, we would not be suffering because he used to care for us. He used to buy me shoes when they were worn just a little, and clothes every month end.”

“I don’t feel nice (about the death of my parents) because you find that your friends (who have) both parents... When it’s their birthday, their parents buy

them presents. Now with me, my parents are not there to buy me any presents.”

HEALTH

Worries About Unmet Health Needs

All the children, even the youngest children (8–12), worried about their health and that of surviving parents and other family members.

“The problems I face are that I’m sickly and I cough.”

“The kind of problems we face are getting sick at a time when your parents might not have money.”

“As for me, the problems I face are suffering from headache, stomachache, a cold, and a cough. But if it is in my house, my grandmother comes and massages me with medicine... herbs.”

“I have a problem with my chest. I usually have a pricking pain in my chest.”

All child heads of household worried more about managing the health needs of their siblings. In the circumstances, it is not surprising that health issues are more worrying to them, considering that most parents died because they were ill. In addition to their worries, the medical facilities are inadequate and are difficult to access if there is no money in the household.

“Sometimes a child is sick but you have no medicine to give him/her. Sometimes the child recovers on her own by the grace of God after a warm bath.”

Two boys emphasized the problems they face when illness strikes either of them or their siblings:

“We have happiness but it’s short-lived. This is because of some problems we experience such as when your young siblings get sick and you do not have anyone to help you. This brings sadness.

Sometimes this can force you to do wrong things. You do not think properly when you have such problems. One important thing is that God leads us and he is still looking after us. ...there is no happiness when your younger sibling is sick. This means finding piecework in order to find money for buying medicine.”

Adult heads of household and guardians also face enormous problems taking care of their own health needs and that of the children in their households. They acknowledged that the orphan’s health had deteriorated because they cannot afford medicines and/or payment for medical schemes.⁵

“Many people are dying because they cannot afford medicines. When you go to hospital, you have to pay. Now, where do you take children like orphans? How do you pay for medicines? Who will pay for medicines? Thus, a disease that started as a minor ailment becomes worse until it leads to death. Tomorrow another one falls sick and there is no one to provide medicine. These days if a child is sick and does not take medicine, you will not find it. What is worse is that even food is difficult to find. Imagine a sick child whom you are just watching because you have no money for medicine and you are just giving it water, how can it recover? In some cases they are dying in large numbers due to hunger because those of us who nurse them have no income. There are cases where people clearly see that a woman/man is on the mend but the person still dies due to hunger. Think of giving just water to a purging person! Not even porridge! Widows like us without any source of medicine and food are just dying.”

“I have grandchildren left by my dead children. I have nobody to help me. So, I have to fetch firewood and sell to afford soap and a 1–2kg packet of mealie-meal (Pamela) so the child can have enough strength for school. Suffering abounds for orphans. If the child falls sick when you have no money for medicine, you just ask for herbs from your friends



Adult heads of household and guardians also face enormous problems taking care of their own health needs and that of the children in their households. They acknowledged that the orphan's health had deteriorated because they cannot afford medicines and/or payment for medical schemes.

and give it to them thinking it will help. Alas! Tomorrow the child dies.”

“Health care is a major problem. Often times, even if a child is ill, we do not take them to the clinic because we do not have medical schemes. These cost K2,5006 per month and we do not have that type of money.”

“Even if you pay for the scheme, often times there are no medicines. They will give you a prescription for you to go and buy medicine. Our children die in the homes because we cannot afford the medicines. At the clinic, they also ask you to buy a book (for keeping records) which costs K500 (12 cents) which you may not have at the time when you need medical attention.”

Some of the adolescents (13–15) have fears based on witnessing illness and death in the family.

Most of the parents/guardians were also concerned about increased illnesses and deaths among adolescents, which they also attributed to the high levels of poverty.

“There has been an increase in malnutrition among the children in the past five years, because many companies have closed down and most parents have lost their jobs. So they cannot afford to buy good food for their children. The people in the rural areas have a similar problem. They no longer produce as much food as they used to because of lack of farming implements.”

Although only one woman in the group of adult heads of household disclosed that she was HIV positive. Other guardians, especially those who are widows, may also be HIV positive themselves.

Children’s Worries About Death from Illnesses

Some of these young children had very clear worries about their own illness and death, and that of the people round them.

“Death worries me. I see people that I know very well die, and even my neighbors. I started worrying about death when we had so many funerals in our family, both from my father’s and mother’s families.”

“I worry about terrible diseases like HIV. You get so sick and your bones start showing and people start staring and laughing at you. Then you start wearing a hundred pieces of clothing to hide your thin body. I worry about HIV because I could also get infected. I worry very often because I have seen how people with this disease suffer. They are sick all the time and they do not get better. I know someone who suffered like that where I used to live before I came to live here.”

These worries can translate into nightmares they have about their deceased parents.

“Death worries me a lot. There are too many people dying, they die like chickens. I feel as though my whole family will die. Sometimes I think I should die before them because if they die before me, then I will be thinking about them so much, just as I think about my mother. They would be coming to my dreams everyday, because I would be thinking too much about them.”

Some of the adolescents (13–15) have fears based on witnessing illness and death in the family.

“I hate sickness... When you get sick, say from malaria, then you suffer from purging. If you continue you lose weight, become dehydrated and then you die.”

One girl (13–15) talked about how her mother's illness and death still affects her.

“...just thinking about the way she suffered with her illness... She used to say that she would recover, but then she died. I can't think straight. I forget for a short time and then I start thinking about her again.”

FOOD

All the discussants in the study had problems getting adequate food.

Discriminatory feeding practices

Children also spoke of difficulties they had getting enough food to eat. This was mainly translated as discrimination, especially when they felt that they, and not the guardian's own children, were being given less food or denied food.

One girl (13–15) talked about how her aunt treats her.

“...what has changed since my mother died is eating and the way I'm looked after. Sometimes, I come home from school and find that my aunt has already cooked but there is no food... you just find dirty plates. If you ask about food, you are told not to ask about food and told to eat whatever you find.”

Another girl talked of being denied food.

“My sister-in-law sometimes denies me food. If I ask (she says) we have not left you any and tells me to clean the plates. I cry when I clean the plates, but if I see her coming I stop crying and pretend I'm happy. I only eat well when my brother is around. When he is away, I just work.”

Many children feel that guardians give more food to their biological children.

“Sometimes guardians give better food to their own children and you live as if you are not the same family. They are seated in one corner while you are seated in another corner. They also buy nicer clothes for their children ...but they do not buy anything for the children the have taken in.”

“Let us say, dad divorces my mother and marries another woman and (it) turns out that the woman is sharp tongued and cruel. This woman does not take good care of us. While she gives her children good food, we get bad food.”

Some of the children saw the irresponsible behavior of guardians/parents as the cause of their problems.

“We lack food at home. We don't have clothes and blankets because our male parents use all the money on beer. We don't even have money to pay school fees and buy schoolbooks.”

One adolescent owned up to the sense of frustration that he feels about living in poverty and not having enough food.

“What I dislike very much is that there are many of us in a small house and sometimes there isn't sufficient food. Also sometimes when a younger child provokes me and I voice my disapproval, I am scolded and told not to beat him/her even when he/she was the one who provoked me.”

Most of the child heads of household had so little money that they found it difficult to budget for food and other household essentials.

“I cannot budget; the money I get is very little. I cannot even buy a 25kg bag of mealie-meal so I just buy a 10kg bag.”



I have never refused to eat my meals because I do not bring any food home. I know that those who provide food at home experience difficulties.

“It is difficult to draw up any budget with the kind of money I get. I sell pieces of chicken. On some days I just get K2,000 but then my siblings want breakfast and lunch from the K2,000.”

Reacting to discrimination: refusing to eat

Some of the youngest children (8–12) refuse to eat as a way to protest to the discriminatory feeding practices of guardians. Children refuse to eat their meals for different reasons. In Kitwe for example, some of the girls refused to eat when they were physically or verbally abused.

Some children refuse to eat when they are given insufficient food. Others refuse when they are beaten.

“They beat me ...when they beat me, I leave. Then they eat without me.”

“Maybe they are ridiculing you. They cook nsima and then tell you to come and eat. You refuse.”

“If you make a mistake and then you are beaten. When you are beaten, you leave. They cook nsima and call you to eat. You refuse.”

In Kitwe, none of the boys has ever refused to take their meals.

“I have never refused to eat my meals because I do not bring any food home. I know that those who provide food at home experience difficulties.”

“I have also never rejected my food. I eat whatever relish my guardian gives me. And food is never too little (Bemba proverb: Akakulya takachepa) you accept whatever you are given. What is important is that you eat your nsima and finish it. If any is left over, that is also okay. Maybe in the evening you will eat from the same pot. If you refuse to eat then you are not a good child.”

Refusing to eat was a strategy mostly used by girls and not boys. In addition, this strategy is only employed in particular situations as protests to perceived injustice or hypocrisy by the guardian. The children sometimes refuse food when guardians make disparaging remarks about their deceased parents.

In Lusaka the reasons children gave for refusing to eat were centered around being given very little food, not liking the food that has been prepared, and being scolded and beaten.

“Sometimes I refuse to eat because they give me a very small lump of nsima. The lump is as small as a baby’s.”

“Sometimes I am sent to do some thing while they are eating, by the time I come back there is very little left to eat. I refuse to eat because there is very little left.”

“I usually do not eat when I am scolded. I even start thinking about my father and mother. They never used to do that to me.”

Perspectives From Adult Heads of Household

Adult Heads of Household talked about the changes in the welfare of OVC in the past five years. They pointed out the correlation between poverty and lack of food, childhood illnesses and dropping out of school.

“There is a lot of hunger. Children stop going to school because they are hungry. They start wandering about and may end up stealing in order to get something to eat.”

“In the past children used to learn well. There were no school fees. Children were given free books. The only thing we used to buy was the uniform. But these days we have no money. That is

why many children are out of school and you instead find them looking for food in the rubbish bins in town. Many fathers fail to feed their children and send them to school. The children end up being thieves.”

“There has been an increase in children with malnutrition in the past five years, because many companies have closed down and most parents have lost their jobs. So they cannot afford to buy good food for their children. The people in the rural areas have a similar problem. They no longer produce as much food as they used to because of the lack of farming implements.”

EDUCATION

Many children are unable to go to school when their parents die. Even the youngest group of children in the study (8–12) talked of their inability to attend formal education and the lack of educational support.

“Maybe you want to go to school or qualify for grade 8, but your parents have no money. You might fail to get an education although you want one yourself.”

Some young adolescents (13–15) see and experience their inability to go to school as part of the discrimination they face from guardians and regard this as a negative aspect of their lives.

“There are times when maybe you want to go to school, but you have no sponsor. In the end, you stop schooling because you have no sponsor. Your relatives say, “I have my own children to think of.” So, there is nothing that you can do. You just stop.”

“...sometimes you envy your friends who are going to school, you envy them in their uniforms but you are just at home and you feel bad

(ichikonko). You think to yourself, “So I am a neglected person.” You get used and just say, “It doesn’t matter, this is what my life is.”

“I like school but you can only go to school if you have parents. My mother died when I was a baby. I don’t know how old I was when my father died. So it’s difficult for me to go to school.”

“I like school but I don’t have anyone to buy me pencils and books. This is why I don’t go to school. I don’t even have anyone to pay my school fees.”

“They take their children to school but they keep on asking me to wait.”

“Maybe they get you into school ...maybe they buy you books and shoes. The books run out. You say, ‘Mummy please buy me some more books’. She says ‘I have no money. Where will I get it from?’ ...Maybe you stop going to school. You stay at home.”

“Taking good care of us, buying us clothes, and shoes and ...taking us to school.”

The children and young people who continued to go to school saw this as one of the most positive aspects of their lives.

“I am happy that I am in school. It is important to pay attention to school so that you are able to look after yourself in the future, buying everything you need for yourself.”

“I am happy I go to school. After my education, I want to find a job and help my family with their daily needs such as relish, mealie-meal, clothes, as well as other needs.”

Others liked the fact that their educational needs were being taken care of by their caregivers as well as having encouraging friends and a caring, surviving parent.

“I go to school and my grandparent provides for my needs. I am happy because God takes care of me. I used to live with my father’s sister. She was not nice to me and on some nights she would not allow me to sleep in her house. Sometimes she would pour water on me and shout at me. Now I live with my mother. Had it not been for God, I would have been long dead because at times I used to spend nights outside at my aunt’s place.”

“What I am happy about is that I have friends who strengthen me by saying, “Even if you don’t go to school it is better for you to look around for jobs which can be of help to you.”

The children who were unable to continue going to school clearly saw their limited educational opportunities as their biggest problem. Many had no one to pay for their school fees and to encourage them.

“...I don’t even have someone to pay for my school fees. I have no shoes, no uniform, but I want to go to school so that when I grow up I can come and look after other orphans.”

“Things that do not make us happy are to see your friends going to school in their uniforms ...you just remain at home because you cannot afford. When you think about it you feel very bad. In the end, you get used to it and forget.”

The group of young adults (15–18) in Kitwe talked extensively the problems of not being able to go to school.

“We have lots of problems. We have no food, no clothes and money to pay school fees.”

“What I want to say is, if both parents die the people they ask to look after you don’t look after you well. School books are not provided. If they have a child, their child is looked after well. Sometimes their child may not even be doing well in school

and you’re doing well, but since he/she is their child, they will provide for him/her.”

“My mother died and I stay with my father who does not work. We have a lot of problems. I don’t have blankets, shoes or clothes. My father used to work but the person he was working for left the country so we are suffering. ...I have never been to school since I was born, but I want to go to school so that I can look after my younger and elder brothers and sisters, God willing.”

Other children spoke of how tough life has become for them and how financial difficulties have led to some leaving school.

“My father used to pay for my school fees and buy me school requirements every term but now we struggle so much to raise that money. This is a big problem. Instead of paying for school, the money is used to buy mealie-meal. My attendance at school is irregular because I am usually sent back home for not paying.”

Children are dropping out of school due to lack of uniforms and other things needed for school.

Adult heads of household, however, made a clear connection between poverty and dropping out of school.

“There is a lot of hunger. Children stop going to school because they are hungry. They start wandering about and may end up stealing in order to get something to eat.”

“Children are dropping out of school due to lack of uniforms and other things needed for school.”

“School fees are too high. Last year, I could not pay for the children. They were turned away from

school. The books are also expensive. That is how and why we fail to take care of the children.”

“In the past, children used to learn well. There were no school fees. Children were given free books. The only thing we used to buy was the uniform. But these days we have no money. That is why many children are out of school and you instead find them looking for food in the rubbish bins in town. Many fathers do not work and some are dead. Many fathers fail to feed their children and to send them to school. The children end up being thieves.”

SHELTER

Many of the children have lost homes when a parent, especially the father, dies. The younger children complained of moving into crowded houses with new guardians. Some of the older children move out of their guardian’s homes to live with friends or boyfriends. Child Heads of Household have problems finding money to pay rent for accommodation, sometimes having to make choices between buying food and paying the rent. When husbands die, adult female heads of household face particular problems when houses are taken from them by relatives.

Moving to a new home

Many of the children in this study had moved after the death of one or both parents. Moving from one home to another can be a difficult experience but it can also be a blessing. In Kitwe, most of the children who moved after the death of a parent felt good about moving for different reasons. Two children were happy to move because they were afraid of staying in the houses that the parents had lived in, for fear of witchcraft.

“I felt better when we moved. I used to think to myself that my surviving parent might also be

bewitched and die. So we should just move from that place and that’s what we did.”

Others were happy to get away from the houses because their parents had died there.

For some children life improved after they moved homes.

“I am happy that my mother fetched me from the village because I didn’t like grandparents’ place. We were ill-treated. They would wake us up early in the morning to work in the fields and look after cattle. There was no nsima to eat after coming back from the fields in the evening. We ate whatever we could find. We got very ill. That is why my mother came to fetch us. She took us to the clinic and we got better. I am happy I am with my mother now.”

In Lusaka, only a few children spoke about moving to new homes. Those that did said they felt bad about moving because they had to move from familiar places that they liked:

“I felt bad because I liked where I used to live in Katete. I don’t like my new friends here because they like fighting.”

Of the few children in Kitwe, that have not moved from the homes they lived in while the parents were still alive, three cry when they remember the death of their parents. One did not move because this is what his grandfather told them on his deathbed. However, the child nevertheless feels bad about having stayed in the house, because it reminds him of his grandfather.

“We did not move after my grandfather died because he had said to us, “Don’t move from this house, which I am leaving for you. You should continue living here.” But at times I feel distressed but I strengthen myself because my grandfather told us that we should not move from there.”



I felt bad because I liked where I used to live in Katete. I don't like my new friends here because they like fighting.

Often children do not live with siblings if they live with different members of the extended family. One girl said she worries about her siblings whom she has never seen:

“I worry about my elder siblings. When my mother died, my father had moved to XY and he began looking after my elder siblings. I have never seen them. I just hear, “You have four elder siblings.” But they never come to see me. I just wish that even one of them could come and see me.”

Problem Faced in New Homes

Settling in a new home is not always easy, and some children have problems adjusting to their new homes. The guardian too, has to make some adjustments.

While most of the children said they did not experience any situations that brought problems between themselves and their guardians, some mentioned things that are a source of conflict.

“Some of them don’t look after orphans properly – they don’t get on with the children they have taken in and if that child is not respectful, it’s because they treat him badly.”

“When they put on the nsima to cook they start saying horrible things to you. Sometimes they may even send you on an errand, and while you are gone they remain eating.”

A small number of children complained about being teased by the guardian’s children for being orphans. For instance, one child revealed that her guardian’s children told her that when her parents were alive, she never used to visit the family that had taken her in. Others are simply told things like, “No wonder your parents are dead.”

Property Grabbing By Relatives

The loss of parents for most children is often

compounded with the loss of homes and property. Many of the children in these discussions have inherited very little from their parents’ estate. However, a few have inherited houses.

“Our parents left us a house in Chingola ...I feel happy about the house left with us, because we were not going to have somewhere to stay. ...We were told they were going to (take) the house because our mother had run away from her husband. I stay with my grandparents.”

Most of the parents’ property had gone to the grandparents, aunts and uncles. In cases of the death of a father, much of the property has been taken away from the children and their mothers.

“They grabbed everything from us. His mother took everything. ...so my grandfather said we should just forget about them or else we would get bewitched.”

“When dad was ill, he said he would leave everything to us. But when the relatives came from the village, they got everything. They refused to leave things. But dad said nothing should be taken before he died.”

In one case, the mother bought back the property from her brother-in-law, her dead husband’s brother.

“My dad’s young brother sold it to mum. ...things like wardrobes and the cupboard ...he wanted to sell it, but my mum said she would buy it (back).”

HELPING STRATEGIES: PROVISION OF BASIC NEEDS

In both Lusaka and Kitwe, children focused on the provision food and of material things such as clothes, shoes, as a demonstration of their guardian’s love and care. To children, getting material things are a

concrete way to experience love and care, especially because of the poverty they live in.

“It is through buying me clothes or shoes. When I say, “Buy this for me,” they go ahead and do it.”

“Or when I say to them, “Buy me what is needed for school or clothes for my body. If they buy these things for me then I know that they love me, and if they don’t have money, I know that they don’t ...but I know that they love me, they buy for me when they have money.”

Children also perceived neighbors as caring if they gave material support during times of hardship, and especially if they gave food, which was mentioned by virtually all the children.

“Let us say that you lack something at home, neighbors call you and ask if there is anything lacking. If they have, they may give you something.”

“Let us say ...perhaps you are at home and have no food, you see them bring something saying, ‘Neighbor, what have you cooked?’ Then you say, ‘Nothing.’ (They bring) ...may be a little mealie-meal in a small dish, perhaps with a little relish too. If not that, they give you a little relish for a meal. In case they too are found in the same situation and you have enough, you cannot refuse them.”

“When there is no food at home and parents have no money, they can buy.”

“We also have a neighbor who helps us a lot. When there is no food at home, she lends us a K5,000 or K3,000 to buy food then my uncle pays back when he comes to visit.”

The issue of material support came up again when

the children were asked what members of their community could do to make them feel loved and cared for:

“Members of the community could organize themselves into groups and ask people in the compound to donate mealie-meal and money and then give these to us orphans. We could use the money for buying food.”

“If you do not have both parents, the people in the community could take you into their homes, buy you clothes and send you to school.”

GRIEF AND LOSS

Anticipatory Grief During Parents’ Illness

All the children experienced anticipatory grief while their parents were ill. Even the youngest group of children (8–12) had an understanding of what was going on. They talked of crying¹⁰ often, during the parents’ illness, to ease their grief.

“Whenever I was at home, tears would start flowing. Even at night my tears would just be flowing. I did not cry when I went out to play but the moment I got back home I would start crying. I used to feel sorry for him and it hurt me seeing him suffering so much. I feel this pain when I am beaten at home or I am not given any food. I start feeling bad again and remember my father. At such times, I always think my father wouldn’t do such things to me.”

“I used to cry a lot because of the way he suffered from being ill. He used to suffer a lot. I still remember him.”

When young adolescents (13–15) were asked about how they felt during their parent’s illness, many

said they ‘felt bad’, ‘felt sad’ or were ‘in pain’, and other expressions to give voice to their feelings.

“I felt bad in my heart. ...It just hurt. Even when I just looked at the picture, I would cry.”

“I wasn’t feeling good when my mother was ill. When a new day dawned, she would say the food she had did not taste good and she would ask for a particular type of food, which she wouldn’t eat all the same.”

“Seeing my mother suffer through her illness made me feel a lot of pain. I was with her all the time. I even stopped going to school because I had to take care of her. I was the one to clean her bedroom and check on her every morning.”

“For me, I just (felt) anguish because my mother’s illness was going forward.”

“I loved my father. He loved me too. When his health continued to deteriorate, I was sad. That is why it is difficult to forget him.”

“When my mother was sick I was troubled. My mother cared so much for my school and any thing else I wanted. During her illness, I used to sit in the house and think.”

“My father and I were good friends. I used to feel depressed looking at him as he sat in the chair during his illness. I used to think, had he been well, we could have gone walking somewhere. Before he fell ill, he used to take me to all sorts of places.”

“I used to feel sad because I knew that she was going to die. She could not breathe properly anymore. She had problems breathing. I used to feel so – yaah – I used to feel so much pain in my heart thinking what if my mother leaves us, how are we going to live without her, who is going to teach us what she used to do. When she cried, the pain I felt was worse than before.

I cried very much. I did not know at this time that when you die, you go to heaven if you used to pray. I didn’t know that we would meet again. I didn’t know all this so I used to cry all the time thinking my mother is gone and I will never see her again. The people from church are the ones who used to encourage me.”

“I used to feel very sad during my mother’s illness because she used to worry and complain so much. She used to say, “Who will look after my children?” and sometimes she would cry. Every time I saw her cry, I would also start crying. The day she was taken to the University Teaching Hospital she told us not to worry. My older sisters started crying. She stayed in the hospital for a few days then she died. I cried so much because I was hurt.”

“What hurt me most was finding my father just lying in bed after coming back from school while my friends’ fathers would be coming back from their places of work looking healthy.”

“I used to feel sad because when my mother was ill; she couldn’t walk by herself. I used to help her get up and walk. I could not go to play because I had to be nearby all the time. I would also start crying each time she started crying and complaining. She also used to cry at night. My young brother and myself would then also start crying. My grandmother would then wake up and try to console her. She would say, “Stop crying.” I would feel very hurt. But what hurt me most was that I wasn’t there when my mother died in hospital. I was at home doing the household chores. I was shocked to see my mother’s sisters and my sister coming back from hospital crying. My legs, my hands felt “cold”, the broom dropped from my hands. I cried and cried. I cried a lot. I still cry but I also pray. I ask God to guide me so that I have a good life in the future. When I pray, I feel much better and the grief lessens.”

These accounts indicate how much grief is experienced while parents are ill. They suggest that there is need to assist children and young people to cope with anticipatory grief long before the parents die.

For Child Heads of Household, anticipated responsibilities made their situation worse.

“When my older brother was ill, I used to cry when I thought about the sort of problems he would leave me if he died. People we knew used to come and console me. By the time my brother died, I had come to accept the situation.”

Many children talked of having ‘heart ache’ which did not go away. Some children found that playing with their friends eased this ‘heart ache.’

“I used to feel good when my friends visited. My heart ached when they left. ...I used to feel happy, but when they left ...I would start feeling bad.”

Experiences of Parents’ Illness and Death

Many of these adolescents were directly involved in caring for ill parents.

“When she was ill, we used to fetch whatever she wanted. If you don’t stay at home when she is ill, you may find her dead without anybody caring for her.”

“I was there when my mother died. Her legs were swelling. One day my mother’s elder sister came and said to us, “Do not go anywhere. Your mother is very sick.” She gathered all of us together and at 18:00 hours our mother died.”

Although the surviving spouse and/or close relatives cared for many of the sick, sometimes children were

left alone to care for parents that were literally dying. One child in Kitwe had this to say:

“My mother’s older sister left us alone and said, “Keep an eye on your mother. I’m going into town. I’m returning shortly.” I was with my older sibling and we were very young. Our neighbors were the ones who said to us, “Go and look for a motor vehicle. Your mother is dead.”

Since children helped to care for the ill parent, they have to cope with the memories of the parents’ suffering during the illness, as well as the actual death.

“Before he got very ill, I was taking care of him. Even then he could not get out of his bed by himself. One day, he asked me to go and ask for money from my cousin in X compound. When I came back, I found he had fallen from the bed; he had wanted to get up. When I tried to open the door to his room, I could not, because there was something against it. I switched on the light and saw my father lying on the floor. I was sure he was dead. I ran to our section chairman’s house and ran to his friend’s house to call him. They came back home with me and picked him from the floor. Then he called for me and asked me to get him some water. He then asked me to go to Y and ask two of his younger brothers to come home. That is the day his brothers started looking after him. My mother could not take care of him because both of them had TB. My father used to sleep in the bedroom and my mother in the kitchen. My mother was taken care of by my grand mother.”¹¹

Although most children said their parents died from illnesses, only one girl from all the FGD groups said her mother had died of AIDS. She spoke at length about her experience of nursing her mother:

“...what caused her to die is that she got married in ‘96... that man was not disciplined, so I don’t know whether he was the one who brought it on her and she got sick with AIDS ...she even went to the hospital

Children talked about other illnesses, such as TB, swelling of legs and feet, persistent cough, pneumonia, malaria, asthma, sores on lungs and witchcraft as the causes of parent's death.

but the ones who used to change the bed refused, so that is why I used to be there... She never said anything herself, I just used to see with my own eyes because I have learnt about it (AIDS) at school.”

Other children talked about other illnesses, such as TB, swelling of legs and feet, persistent cough, pneumonia, malaria, asthma, sores on lungs and witchcraft as the causes of parent's death.

“My mother began with a headache and malaria. Then she developed a stomachache. Then came swelling of legs. She began to get medicine from the Catholics. When she drank this medicine the legs were cured but it was only for a while because they would be swollen again. Then ‘X’ came and took her to hospital. I did not know what followed.”



“My father died of cancer. He went to visit his sister in Kobe when he was on leave. It is there where he died. My mother’s legs and stomach area began to swell until she died. I was the one who nursed her as well as paid for her schemes.”

“Although I was young, I know that my mother died of a swelling neck and a cough. She used to cough a lot, even in the night.”

“For me, what caused my mother to die – where she was in Chingola she had TB She came here and they continued to give her medicine (X2). My mother got well, she even got married. After that she had herpes zoster ...my mother got well; she started having swollen legs ...and the legs began to get stiff. They poured water on them and they were black...”

“My mother’s stomach started getting swollen. They even started to give her medication. Her stomach used to behave in such a way that sometimes for 4 days she could not go to the bathroom. On the day she opened bowels a lot of waste would come out ...they even gave us gloves ...I would clean her, all her bodily wastes.”

As with the younger groups, witchcraft is often offered as the cause of death.

“This is how it started with my mother. My sister had gone to pick mangoes that had dropped from the trees. She was seen by somebody who called her a mango thief. My sister fought this person. She inflicted a sore on the eye. They began asking for money for medicine. My mother then went to buy chitenge material from Zaire ...She came back from Zaire suffering from pneumonia. Dawarquine had just come on the market. We bought her Dawarquine but there was no change in her condition. After one week, she began to swell. Then the person who bewitched her said, “There will be fire here,” as she/he was passing by our home. As mother was

dying, she was pointing at the wall and saying, “These have killed me.” I was just alone with her during her illness. There was nobody older.”

“When they were sick ...they went to the witchdoctor (who) told them that the person who had caused the death was the young brother using medicine...”

“For me what caused my mother to die ...we had a farm... My mother was given medicine (when) we went to see the witchdoctor ...the witch doctor said it was the people you used to quarrel with, they are the ones who laid a trap for you with medicine...”

“For me, my father’s death was due to witchcraft...”

Experiences of Stress During Parents’ Illness

Children’s distress begins while parents are ill.

“For me, I just (felt) anguish because my mother’s illness was going forward.”

“I loved my father. He loved me too. When his health continued to deteriorate, I was sad. That is why it is difficult to forget him.”

“When my mother was sick I was troubled. My mother cared so much for my school and any other thing I wanted. During her illness I used to sit in the house and think.”

“My father and I were good friends. I used to feel depressed looking at him as he sat in the chair during his illness. I used to think, had he been well, we could have gone walking somewhere. Before he fell ill, he used to take me to all sorts of places.”

“I used to feel sad because I knew that she was going to die. She could not breathe properly

anymore. She had problems breathing. I used to feel so – yaah – I used to feel so much pain in my heart thinking what if my mother leaves us, how are we going to live without her, who is going to teach us what she used to. When she cried, the pain I felt was worse than before. I cried very much. I did not know at this time that when you die, you go to heaven if you used to pray. I didn't know that we would meet again. I didn't know all this so I used to cry all the time thinking my mother is gone and I will never see her again. The people from church are the ones who used to encourage me.”

“I used to feel very sad during my mother's illness because she used to worry and complain so much. She used to say, “Who will look after my children?” and sometimes she would cry. Every time I saw her cry, I would also start crying. The day she was taken to the University Teaching Hospital she told us not to worry. My older sisters started crying. She stayed in the hospital for a few days then she died. I cried so much because I was hurt.”

“What hurt me most was finding my father just lying in bed after coming back from school while my friends' fathers would be coming back from their places of work looking healthy.”

“I used to feel sad because when my mother was ill; she couldn't walk by herself. I used to help her get up and walk. I could not go to play because I had to be nearby all the time. I would also start crying each time she started crying and complaining. She also used to cry at night. My young brother and myself would then also start crying. My grandmother would then wake up and try to console her. She would say, “Stop crying.” I would feel very hurt. But what hurt me most was that I wasn't there when my mother died in hospital. I was at home doing the household chores. I was shocked to see

my mother's sisters and my sister coming back from hospital crying. My legs, my hands felt “cold”, the broom dropped from my hands. I cried and cried. I cried a lot. I still cry but I also pray. I ask God to guide me so that I have a good life in future. When I pray I feel much better, the grief lessens.”

These accounts illustrate the need to begin giving psychosocial support to young people even before parents die as well as in the aftermath of the death.

Children need support from members of the family and the wider community during this trying time in their lives. What is clear is that in some families, members of the extended family left children and young people to cope alone.

“I used to feel anguish because there was nobody to come and visit him...”

“I used to go to XX and tell them that my mother is very sick ...her relatives never used to visit her. And my grandfather also used to say, “I will come at night when I knock off from work. I cannot leave my job and go to see your mother.” ...on the day my mother died, I went to him and asked him to buy some milk for her but he sent me to Mrs. YY.”

Children's Roles At Parents' Funerals: Limited Opportunities For Participation

Some of the adolescents (13–15) talked of not being allowed to go to their parents' funerals. One girl was eight when her parent died. She was not allowed to attend the funeral and was instead, sent to a neighbor.

“I did not know what was happening ...I had wanted to follow to the graveyard, but they denied (me).”

Loss and Mourning: Children Articulate Feelings

Children talked about their experiences and feelings at the time of their parents' death.

“On the day my mother died, I felt as though somebody was hitting my heart, and as though somebody else was holding my legs. I felt prickly all over as if I was being pricked with injections. I was feeling hot all over. I didn't want believe my mother was dead.”

“I felt very sad after I was told about my father's death. I am scared of going out to swim with my friends because I am afraid I might drown and die too and then my mother would again suffer the grief of losing another family member.”

“I felt very sad when my father died. There was pain in my heart and I would start crying after looking at his photo. I felt the same way when my mother died. I felt very sad and knew that was the end of school for me. I knew there would be no one to help me. My mother used to work as a housemaid.”

“I did not believe my father was dead. I could not cry on the first day, but the following day it hurt so much and I cried. I remembered what he used to say that he did not know whether he was going to get well or die. He also used to tell us that we were going to suffer after he died. I used to feel very bad when my father was ill because one of my cousins and I nursed him together. I feel very bad when I remember how he suffered.”

“What hurt me on the day my mother died was that I had wanted to visit her in hospital in the morning but my father told me I would go in the afternoon. He went with my aunt. They came back around 06:00 hours and told me she had died. My mother had wanted to see us before she died but the relatives kept on saying no we could not go to the hospital because we were children.”

“When he died, I felt very bad and wondered how we would live. I also remembered how he used to tell us to take our education seriously and how to live in harmony with other people. He used to tell us that living well with others, especially being obedient was important because even if our mother died, they could take care of us.”

Another girl who used to visit her parent in hospital was not allowed to view the body or go to the funeral.

“When they were alive, I felt grief. When they were taken to be buried, relatives took me away. I wanted body viewing, but they refused. I wanted to go to the hospital.” (broke off in tears here.)

In most cases, the children were given reasons, not directly related to the funeral process.

“I wanted to go but the driver of the car that was going to the cemetery said, “Do not take these, they are too young.” I got up and said, “There is no way that I am not going to see my mother.” I followed the neighbors and went with them.”

“...they told us not to go but we insisted that we would go and witness the burial ...They said we would feel very bad but even when they were telling us this we were already very distressed.”

However, a few children went to funerals and took part in the rituals, such as touching the soil,¹² and throwing some of the soil into the grave. Others laid flowers on the grave. One boy helped at the funeral by fetching water and going to the market to buy food for those who had gathered for the funeral.

Some children do not even know where their parents are buried.

“I don’t know when she died up to now. I don’t know where she was buried. I have tried to ask but they have refused to show me.”

One boy, who was not allowed to attend the burial, eventually found out where his mother’s grave was.

“I was not allowed but I know where she was buried. You know what it is like when you are suffering ...when my elder brother asked my father for money to buy salaula (second-hand clothes), we would pass through the graveyard. It is the shortest route ...this was when my brother showed me the grave.”

Those children who have not taken part in any ritual, such as attending the burial, expressed unhappiness about not having participated. They wish they had been allowed to go to the funeral so that they could at least have laid a flower on their parents’ graves.

“I should have put a flower on the grave but I did not go to the graveyard. I do not know where she was buried. I would have gone and put a flower on the grave.”

In some instances, the young people (16–18) were the sole carers and were there when their parents died and participated directly in preparing their parents’ bodies for burial.

“When my mother died, I was just alone with her. So we called a friend of hers who we stayed with

“Don’t cry X, your mother isn’t dead. Come here, bring all your mother’s clothes so that we can dress your mother;” – We selected the clothes and dressed her up. Then we began to cry. Our relatives also began to arrive. I didn’t feel good because when she was ill, none of them used to come home.”

“When my mother died, I was the one who dressed her up because she died in the house. Before other people came to the funeral, I was just with my grandmother. When I came back from school I prayed for her, when I prayed for her I felt a lot of anguish. I started to cry. (Grandma couldn’t help her because she had a fractured arm).”

“My neighbor went and arranged for transport from WASHE. WASHE came and took my mother’s body. She had died in the house. The same WASHE gave me money for mealie-meal, other food and firewood. My sister’s ex-husband helped me with money that I added to the business money my mother had, to buy a coffin. Father Mukulumpe and WASHE provided transport. I felt as if everything had ended. I never thought I would call any one mother or I did not even think I would call my present guardian aunt.”

In these cases, neighbors played an important supportive role.

Some guardians go to great lengths to prevent children from knowing that they are orphans. Many justify such actions as a way of protecting young children from distressful knowledge, and to normalize their experience within the family unit. For example, one grandmother gave her grandchild the impression that she was her mother.

“Let us take for example, my grandchild and my last-born child. If I hear my child telling the other as they play about that his mother is dead, I will whip him. One day he (grand-child) asked me

whether I was his grandmother or his mother. I told him that I was his mother and he was my last-born child. He came to know that his mother is dead when he was six years old. You should make sure that the other children at home are disciplined so that they do not let the orphan learn at an early stage that his/her parents are dead. Let him/her discover later when s/he is grown that this is my grandmother. If, however, s/he learns it at an early age, s/he would ever be grieved and their health may be affected.”

“I would give myself as an example. I think these grandchildren of mine are old enough. Nevertheless, up to now they do not accept if anyone tells them that I am their grandmother. As far as they are concerned, I am the mother and he (grand-father) is their father and they give us the due respect.”

“When my daughter died, we took her child to the cemetery and this child knows that the mother is dead but the younger one says, “My mother has just gone somewhere.” Her friends tell her that her mother is dead. I tell her that I am her mother. Time will come when I will tell her because she is still too young at seven years.”

Some guardians, however, had a different view:

“According to our Lamba tradition, we pass children over the coffin of the late parent. The older children know that it is the mother’s or father’s coffin they are going over.”

“In our tradition, we whisper in the ear of the child. A small child knows because mine was very young when her father died but it has heard that its father is dead. She came and asked me, “Mother, is it true that dad is dead?” “Yes,” I replied. She has never asked since then. Even if other children run around shouting “Daddy”, she never talks about daddy. She just knows me. Explaining to a child is not a problem.”

“... it has been done from the time of immemorial, it is our tradition. If a person died in the village they took all his children, except the suckling one, along to the graveyard. All the children were told to take soil and throw it in the grave. That way they knew their father had died and would never raise the issue. Of course, here you cannot do that because there are too many deaths to gather all the children each time a parent dies. As for the very young one who remained home, they whispered in his/her ear according to our tradition.”¹³ (Bemba woman)

Dealing With Continuing Grief: What Helps Children Deal With Everyday Pain

Some of the children in the youngest age group (8–12) were very young when parents died and do not remember them.

“I will not speak about the death of my parents, I will speak about the death of my grandfather because my...my parents died a long time ago. I will talk about the death of my grandfather. He used to buy me whatever I asked for. He used to work and he was getting a big salary so he would get me whatever I needed for school. I have difficulties now and I feel distressed (ichikonko14) when I remember these things.”

For others, emotional pain becomes acute when they feel that their guardians are mistreating them. To cope with this pain, most of the children turn to prayer. Others cry, while others go to visit friends and play when they feel distressed.

“When the pain comes back, I go to play football with my friends. It helps a lot. After playing, I forget about what was bothering me.”

“I go out to play when the pain comes back. It helps me a bit but when I go to church to pray, all that pain disappears.”

When asked about what other people can do to reduce their pain, children in Kitwe for example, talked, with some longing, of wanting to be taken away for a few days or permanently to someone else's home. Some children were quite clear where they would like to go.

“They could take me to my grandparents ...far away ...if they could take me even to Z to go and start schooling there.”

“If you feel distressed, your brother comes and takes you, “My young brother, my young brother, what is the matter?” Maybe he starts looking at you saying, “My young brother, why are you crying?” Then maybe you say, “My mother and father are dead”. Then he takes you, “Let's go to my house.” You begin living with him at his place and you become happy, he even buys you clothes and you start having better meals.”

In Lusaka, children talked about how other people can help reduce their pain by helping them out materially. Some mentioned the need to go to school. Most children are unable to continue schooling after their parents' death, as they have no means of paying for their school fees.

“I would like people who are able, to assist me with school requirements because I usually get chased from school. That is when I start thinking that, “If only my father were still alive ...he would have been taking care of my school needs.”

It is clear that being able to continue schooling would help children cope better with the loss of their parents. One child spoke about how other people in the community can help orphaned children cope by giving them words of encouragement.

“Other people can help us by consoling us, and helping us stop focusing on the pain. I have neighbors who try to help me in this way. They encourage me

to go out to play, keep me busy with other things and console me when I start crying.”

Some children, especially the group of adolescents boys in Kitwe, find little to ease their pain. There was a sense of despair and helplessness in the way they talked about their loss.

“There is nothing that I can do. It is all the same; there is nothing that I can do.”

“I was not there when he died. My father's relative told me that my father died from leprosy. I felt very sad. You can't do anything about it.”

“It is difficult to rid myself of the sadness I feel. This can only happen if there is someone to make me happy.”

“I fail to get rid of my distress, I always feel the same. Even now when I am talking to you I feel sad but I sometimes try to be happy.”

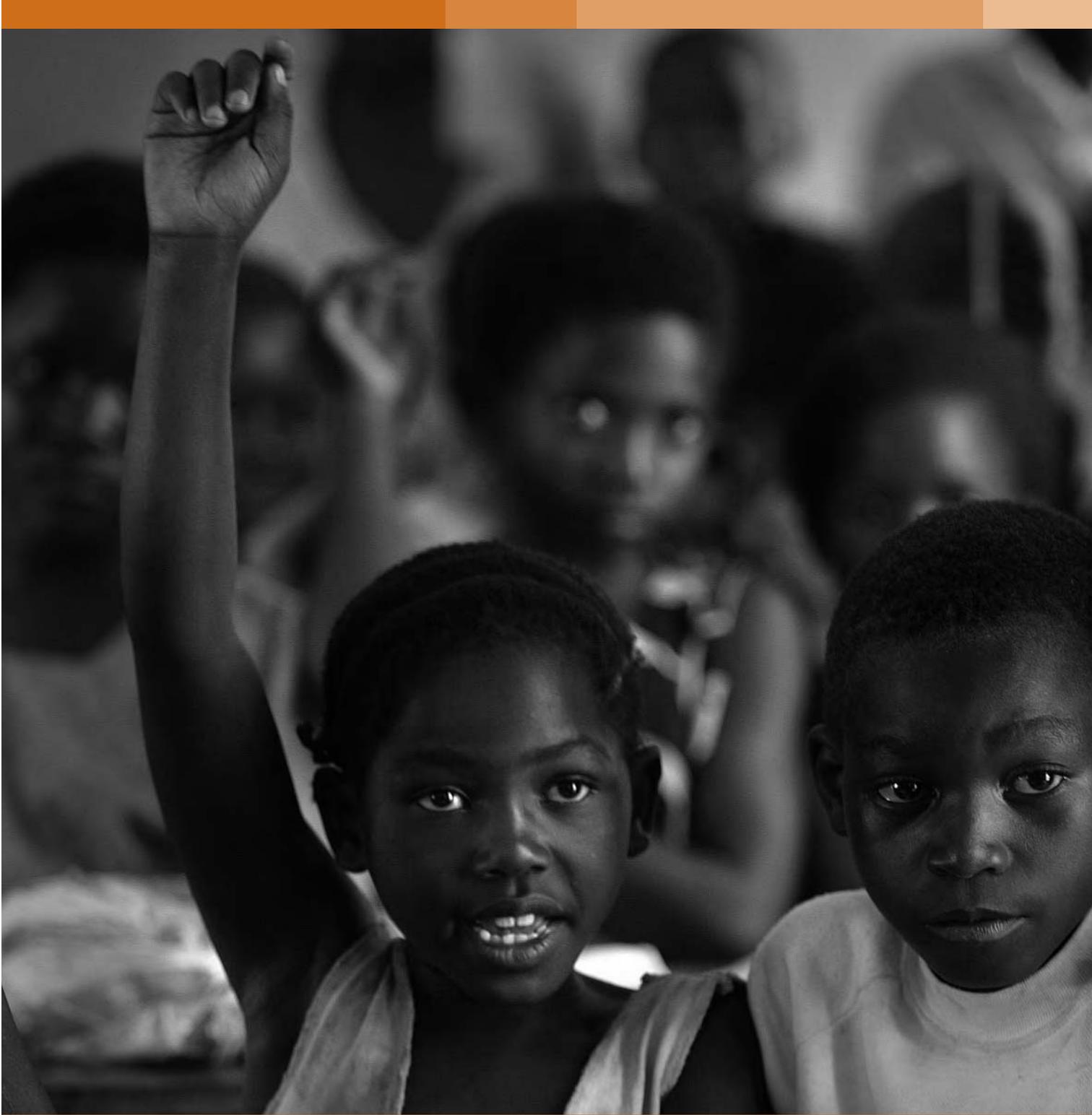
Memories of Parents: The Value Children Place On The Material Things Parents Leave For Them

The youngest children (8–12) have very few memories of their deceased parents and family life. One child in Kitwe, who was very young when her parents died, has nothing to remind her of her parents, not even a photograph and does not know what happened to her parents' belongings.

“I have no memories of what they looked like ...Yes, I would like to see what they wore... through pictures. See what they looked like.”

Others only have memories through the surviving parent.

“For example your father is dead, ...and your mother starts remembering about the good life she



It is clear that being able to continue schooling would help children cope better with the loss of their parents.

led, about how happy she used to be and then she starts crying. Maybe you also start crying because you feel very bad.”

Some children have some property as the only reminder of their former family homes, but most do not inherit anything that can remind them of family life. Those who have been left something feel good about what they have been left their even though seeing what they have been left makes many children cry.

“As for me, I feel sad when I look at the picture. I begin to reminisce; I remember how they used to take care of me. When I look at the pictures, I feel sad. I wish they had not died. So, if they had not died, they would have been like this.”

“If I see the bed I cry too.”

“When I remember what he used to say I feel bad ...but what is important is he left a house for me.”

“There is nothing nice that they left for me. I feel bad because there is nothing nice that they left for me.”

“When I look at the photograph, I feel bad. I start to remember how they used to care for me. When I look at them, I feel bad, thinking, “How I wish they had not died. So if they had been alive this is how they would have been.”

Many children have mostly inherited smaller or less valuable items.

“We don’t have anything. We only have a big pot, a smaller pot for relish and a blanket. We don’t have chairs.”

“I was just given pots, plates and a cup. The rest were shared by my mother’s young sisters.”

“...the ones that got the best things were brothers and sisters from the first wife. I was just given a

damaged TV which I have thrown away ...my elder sister was given a damaged wardrobe.”

“I was told my parents left items which were kept by (my father’s) relatives, and others were taken to my mother’s relatives... They gave me plates only and the rest of the items were missing.”

“...We had a lot of property ...including fridges, cupboards, seats (chairs) and beds. They sold some and we were only given a bed and a blanket.”

Many of the children have been left photos (snaps) of parents, which they value. As one girl said, “they remind me of her.”

STRATEGIES FOR COPING WITH GRIEF

Coping Strategies: Playing With Friends

Children and young people use play to distract themselves from grief. Most of the children in the study talked about being helped by being with friends such as playing football, telling stories, and playing other games or just talking to them.

“...in my case, when in pain, I cry and cry. And then a certain friend of mine, who is an orphan, comes to ‘counsel’ me that I shouldn’t cry since such things happen and I cry too much, my mother will also become ill as she will be worrying too much about me. She also encourages me to pray all the time. Not to think about it, but just pray.”

Many of the youngest children (8–12) said they played with friends when they were distressed or felt sad.

“When the pain comes back, I go to play football with my friends. It helps a lot. After playing, I forget about what was bothering me.”

“I go out to play when the pain comes back. It helps me a bit but when I go to church to pray, all that pain disappears.”

In Kitwe most of the girls talked about how being with friends helps them cope with their pain; playing with friends, being with friends and being entertained by them was seen as something that helped them a great deal.

“Things like your friends coming to your home to invite you to go and play. Then you stop feeling sorrowful. They make you happy, you play well without fighting. You are playing, you are even playing ‘Dolly House’.”

“To reduce pain, you follow your friends when they come. You go away from home.”

“You might be sitting with them (friends), they start talking. You feel better.”

Even the young adolescents (13–15) said being with friends and away from the home environment gives them the space and time to ‘forget’ about their pain and problems.

“I cry when I feel sad and after crying I go to my friend. My friend’s parents are both dead. She consoles me and tells me that death is inevitable. (strength in unity!) She tells me that if I start crying a lot, my mother will start worrying a lot about me and will get sick again. My mother had TB. My friend also tells me to pray everyday. She tells me that I should pray before I go to sleep so that I do not think about my father so much. I find prayers help me a lot.”

“I used to feel good when my friends came to visit me. I would start feeling bad again after they left. We would start telling stories when they came and I would feel much better. I felt happy when I was with my friends.”

“After my father’s death, my friends used to come and take me to play football or other games and sometimes we would just sit and chat. I used to feel much better after playing.”

“When alone, I would cry a lot but used to feel much better when I went out for a football game.”

“I go to play football when I start thinking about my father. I feel good when I play football and forget what was bothering me. I usually think about my father when they start shouting at me at home. Sometimes, I get tired having to fetch water so many times but when I say I am tired they start shouting at me and tell me that I never say I am tired when it comes to eating food so I have to fetch the water.”

“One of the boys said he goes to watch videos when he has a little money (K100)¹⁵, when he needs to get away from his thoughts.”

Although most of the children continue to feel distressed about the deaths of their parents, when a friend also loses a parent, children said they felt pity for them.

“Wherever I am, I am grieving. And when I hear that a friend has lost a parent I feel pity on them.”

Friends were important even for the older children (15–18) in enabling them to temporarily forget their problems. Most of the young people in this group said they felt better when they were playing with friends.

“The pain used to reduce when friends came and took me to play.”

“I used to feel better when my friends took me to play football. When I came back, the grief was there until I prayed.”

“...since my mother was very sick, we used to play near the house ...she used to tell me ‘play with your friends,’ but I could not leave her by herself



When alone, I would cry a lot but used to feel much better when I went out for a football game

alone. Sometimes she could soil the bed, so I was the one to clean up the mess.”

“When my mother fell ill, I was not playing with friends as much as I used to before she fell ill. This time, I had to spend much of the time at home and do a few things for her; sometimes she would ask me to get something for her. My friends would come and we would play at my house so I could help my mother when she wanted something. Playing with my friends made me feel a lot better.”

Coping Strategies: Assistance From Relatives and Neighbors

Even though many of the discussants viewed friend as important in helping them cope with painful emotions, it would be incorrect, however to assume that the young people had no help from relatives and neighbors. Many of the children in the study talked of support and help from neighbors, in particular when they were most in need.

“My uncle used to take me to his place and he would tell me not to think about my parents’ deaths so much. He would encourage me to go out and play with my friends and to be happy. I used to listen to him and eventually I changed, I stopped thinking too much about it.”

“My mother and my older sister used to console me. They would tell me not to think about it so much and that death is inevitable. I would stop thinking about it after they spoke to me. They would tell me to go and play with my friends and once I started playing I would forget all about my gloomy thoughts.”

Coping Strategies: Prayer

Prayer and going to church plays an important part in the lives of many of the discussants in the study.

Many of the young people clearly relied on prayers to ease their pain.

“I pray when I start feeling bad. I feel much better and calmer after I pray.”

“...Whenever dark thoughts invade me, I sit down and begin to pray. Suddenly, I find myself forgetting about what happened to my parents. I put God first. That’s how I overcome my grief.”

“Prayer power. I take all my problems to God and there are some good people who give encouragement.”

The older teenagers (16–18) and child heads of household, in particular spoke of the role that prayer and people from the church community played in providing solace.

“People from church used to come and read the Bible with me. They used to tell me that death is inevitable and that all of us will die. They used to encourage me and I would feel a lot better after talking to them. I know we will meet in heaven.”

However, vulnerable children, especially girls, can be exploited and abused by people they trust, such as church people, adding to their problems. One girl in Kitwe had this to say:

“...this is how I got pregnant. A young man... used to come for church business. (Then) he began to propose marriage to me when he found how I was living. So he moved in with me... After three months ...he went to Lusaka. When I gave birth, there was nothing (from him). I was given clothes by the Good Samaritans.”

Most of the Adult Heads of Household and guardians rely on prayer and support from members of their church.

“We leave everything in the hands of Jehovah

God ...you go to church and share your problem. They encourage you.”

“I worry about who will care for my children should I die. However, every time I grieve over this, I go in the house and pray.”

“I grieve over the many children I have been left with. I am finding it difficult to provide school needs. As for food, two or three days go by without eating ...I further grieve over the death of my father and my younger siblings, but I encourage myself, knowing that if I died, nobody would look after the children. So I hold on fast to the word of God.”

When the guardians were asked what is done in traditional society to enable children to grieve when they lose a parent, they offered different ways. One woman explained this in terms of what she called ‘icishalano’¹⁶ – the guardian’s inherited role. By taking over the childcare role, the relatives of the deceased are reducing the child’s pain.

“It is a fact of human existence. All die whether rich or poor. We remind them that when people die, they leave others.”

“It is also our custom to comfort the orphans. We tell them not to grieve too much because they are not the first ones to lose parents. We too had parents, grandparents but they are gone. We tell them death is God’s mystery; everyone including those of us who are still alive today will die. It is a fact of human existence. All die whether rich or poor. We remind them that when people die, they leave others “Apafwa bantu, pashala abantu”¹⁷. ...We encourage them to see us as their parents. Sometimes we sleep without a meal, sometimes we eat. Just like that. “All that matters is you are growing up by God’s grace, and taking care of your siblings,” we tell

them. We encourage them to look to God in all the problems we face and may face. We encourage them like that.”

However, another woman felt that messages such as those telling children that everyone will die some day and that they (the guardians) also had parents who had died doesn’t help children. Others talked of helping children deal by providing material support.

“Just as they have said earlier, orphans are most grieved if perhaps they do not have enough clothes. To reduce this, what we should do as guardians is to buy them whatever they want when we have money. This way they kind of... forget about their parents.”

Some guardians encourage children to go to church and pray, as a way of coping.

“Well, the other way to reduce grief in children is to take them to church for Sunday school classes. From here they learn that God cursed the human race when Adam and Eve sinned in the Garden of Eden. That is how death came about. When children (orphans) ask about this, go even a little further and show them from the Bible that Cain initiated death by killing his brother Abel and no one will live forever here on earth. In this way, children do not worry that they would die one day even when they see other people mourning in the neighborhood, they know that they too will die. Lessons from the Bible are very helpful to reduce grief in orphans especially Sunday school classes which help them to grow as clever children.”

Guardians also argued that those who care for orphans should not discriminate against them and that they should treat orphans in the same way as they treat their own children.

Coping Strategies: Drugs and Alcohol.

The children aged 13–15 said they did not drink beer because they were too young.

“We can’t drink beer because we are too young ...we haven’t reached the age. But even if I get older I still won’t be drinking.”

Their reasons for not taking drugs were less logical. They had little idea what the consequence of drug taking really was.

“Smoking damages person’s internal organs ...smoke gets deposited and all the internal organs become black. I’ve never done that ...Because I know they are bad ...because they (the organs) change and means a person dies.”

One boy in Kitwe thought that ‘you get AIDS if you like smoking dagga (marijuana). The intestines are damaged and stop functioning well.’

Some of the children gave reasons why young people smoked marijuana.

“These young people want to be part of a crowd. They envy their friends who smoke things like marijuana and so they try it. After they try it, they find that it makes them feel good, so they also become used to smoking and it becomes an addiction.”

“They believe that smoking marijuana prevent themselves from tiring easily.”

“They believe that the marijuana makes them feel powerful and they go round the compounds insulting people.”

Some of the young people (16–18) acknowledged taking drugs and alcohol is used as a way of coping. However, they were quick to point out how this

strategy does not work since it does not stop them from thinking about their loss.

“For us boys, we start drinking beer and smoking marijuana if you are not psychologically strong. You start missing your parents and think that it might alleviate pain if you smoked and drank. As for girls, if they stay with people who are always shouting at them after their parent’s death, they resort to prostitution.”

“I used to smoke when I had problems at home. I would get annoyed but what was sometimes said about me, then I would start thinking about my situation and get overwhelmed by these thoughts. That was the time when I used to smoke and then I would forget all about the problems and think about something else. The marijuana lessens such thoughts but I do not smoke any more.”

In Lusaka, most of the boys said they had smoked marijuana. Sometimes young people begin smoking marijuana in order to please their friends.

“I used to be found with boys who smoked too much marijuana and using various drugs. When they smoked and I didn’t, I looked stupid to them. They used to tease me a lot. Sometimes they would ask me not to go out with them because I wasn’t doing what they did in their group. So, one day, I gave marijuana a try. It affected me badly. When I got home, I understand I did things that I do not do in my normal self and I started eating more than I normally do after smoking. I started smoking because all of my friends used to, but then I stopped because it made me aggressive. I used to beat up people and had become a problem at home. I used to eat a lot.”

“I used to smoke marijuana, but I stopped because it is bad. It destroys your lungs. I couldn’t even play

football as well as I used to before, because now I had chest pains, I would feel hot in my chest and got tired very quickly. I realized the marijuana could destroy me if I continued smoking it. That is how I stopped. Alcohol is the same with marijuana. We usually start taking alcohol because our friends do so. It is difficult to stop playing with them, but again it is difficult not to be doing what your friends are doing – even the bad things. So you also start drinking. Beer brings a lot of problems in one’s life. I once attended an anti-drugs workshop where we were told about how beer destroys the liver and how it causes ulcers. So guys, if we do drink beer, smoke marijuana, we better stop. These things are bad for us.”

The girls had similar reasons why some of them take up drugs and alcohol. In addition, bad treatment from guardians was also given as a reason.

“The reason why they drink beer and smoke dagga ...maybe the parents are shouting at you... (you say) ...let me just drink beer so that I can go to sleep without anguish.”

“I have come across girls who smoke dagga and drink beer. When I ask them how they feel when they smoke dagga, they feel ...that they (can) speak anyhow, to reduce the worries...”

“Sometimes you smoke because your guardians do not help you. It is your peers who help you with food and anything you want. In the meantime, these peers smoke marijuana. So I thought since these people are doing everything, I should do whatever they are doing. I even shifted to live with them. They were doing everything including buying me clothes. I smoked, but every time I did so, I missed my parents more.”

“Smoking marijuana and drinking alcohol is used by these older children as a way of coping with

emotional and material problems. The boys seem to use drugs and alcohol as coping mechanism more than the girls. It could be that at this age, youth culture for boys include these activities. It was said that some of the girls smoke to get ‘strength’.”

The girls in Kitwe said they kept away from drugs and alcohol because of their responsibilities.

“I cannot indulge ...in smoking marijuana and drinking beer. Who would take care of my siblings?”

“Things like an affair with a boy or drinking beer or smoking cigarettes, I cannot do. I would rather be married decently.”

Child heads of household also talked of peer pressure as a mechanism for encouraging delinquent behaviors among young people.

“They say, let’s start being thieves and other things. These are things that a normal person would not do. This causes me a lot of anguish (ichikonko kumutima). I think, ‘What will become of my siblings if I start doing these things?’ When I think of how young the children I look after are, I feel very angry. Maybe they (those who take drugs) think their distress over their deceased parents will end, but after the effect of the drugs they have taken wears off they will start thinking, ‘Why did I do that?’”

Coping Strategies: Sexual Relationships and Issues of Poverty and Gender

Both boys and girls (13–15) were reluctant to talk about sex and relationships. The boys said they did not know when youngsters have sex and why they have it at all. They also said they were too young to have girlfriends and boyfriends.

“I do not know when young people like me have sex with girls and why they do it at all. I am still

young for such things. Those in their 20s are old enough to do such things.”

“I get surprised when some boys do such things. I have friends who sleep with girls. I fail to ask them why, because I find it embarrassing to talk about sex. I do not want to do so because I am still young.”

Only one of the boys said he does not have sex with girls because he is afraid of diseases, like HIV.

“I do not do such things because there are diseases these days. There is AIDS, STDS, and so many other dangerous diseases.”

Although the girls were reserved when the issue of sex was brought up, they were more aware why some girls, especially orphans like themselves, end up selling their bodies for money. They talked about situations when guardians were unable to provide for them as situations that lead girls to have sex for money.

“Often what makes them start being commercial sex workers, stealing and taking drugs is that their guardians do not provide adequately for her needs – she asks them to buy her underwear (akaputula), they do not buy it and begin shouting at her. So she begins to think, “Perhaps if I have a boyfriend I will be able to buy the things that I need.”

“Girls of nowadays are a problem. Some of them are drinking alcohol, some of them are taking drugs, some of them are even stealing because of the poverty they are experiencing.”

“Many orphaned girls engage in sexual activities when their guardians ask them to leave their homes, so they go to men to look for places to sleep. For others, it is because they suffer so much in their guardian’s home so they engage in sexual activities to find money for their needs such as clothes and food. The girls know which men can buy them

these things, so they go out with them. I had a friend who used to encourage me to sleep with men. She used to tease me and tell me that let us go and do such things; we will get assistance from the men. Each time I asked her for something which she had, she would say I go and do it alone, if you want these things go and make money for yourself. That is how she got things she wanted, by sleeping with men.”

One girl did not think it made sense for girls to have boyfriends as a way of coping with their emotional distress.

“...I do not find it acceptable because even if they get such boyfriends to reduce their worries ...they simply cheat them because the same ones go away to look for some more girlfriends...”

The older boys (16–18) were more candid about sexuality.

“...when I was younger, I never used to think about sex. But as I grew up, I started thinking about it. When I was 16, I would imagine a lot of things on sex. Then I decided to find a girlfriend who would tell me that she loves me. ...things like that.”

“It is sexual feelings that lead one into looking for a girlfriend especially when one reaches the age of 16. We get aroused whenever we see a girl. That is why I indulge myself in sex.”

“What every man wants from a woman is enjoyment. If there were no pleasure derived from it, there would not have been such relationships. These things started a long time ago, in Biblical times – it started in the time of Adam and Eve. The boys do it when they are seeking pleasure.”



Some girls use sex as a survival strategy

“There (are) girls in our age group ...they just start going in bars to do prostitution... men sometimes give them K1,000... they buy mealie meal with it, but I find it difficult because there are too many diseases.”

“It happens when girls do not have things they want like nice dresses and their guardians cannot afford to buy such things for her. They go out and have sex with men and they get paid for that. For some, it is when they lose material support after their parents die. They go and ‘marry’ themselves off to the thieves in the market. During the early days of these relationships these boys entice them with expensive gifts like nice dresses but then these relationships do not last long.”

“There are times when one has nothing else to do. Let’s say you’re just being kept an orphan, and there are times you are chased from your house, and therefore you have nowhere to sleep. So you end up sleeping with a boy just for the sake of shelter. Or they lack something, they know that ...that guy will give and they go and sleep with him. That’s why they do such things.”

In the Kitwe group, only four of the boys said they have never had girlfriends. One boy admitted to having a girlfriend and using condoms, to avoid making his girlfriend pregnant.

Most of the Lusaka group of boys had girlfriends and seemed to be more sexually active. One of the reasons they gave was peer pressure:

“Sometimes, it is because of what friends tell you. When you abstain from such activities because you want to take care of yourself, they will tell you that you are sleepy – (chopwalala). You find yourself also doing such things because you want to show them that you are not as backward as they think and to feel accepted. Most of these girls, who engage in these activities and tell you that you are backwards, are themselves like ‘walking death’ because they have already contracted the disease.”

“I had a friend who had a girl friend and I would admire the way he was playing with her. I got one too but soon began to fear that she would be pregnant. If that happened she would be chased to my home. I began to wonder what my guardians would do. I feared they would chase me. So I stopped.”

“For me, it was because of peer pressure. I would go out to play with my friends and when they went after girls I started envying them until I also got myself a girl friend, I have a girl friend. I started admiring girls when I turned 17. Mainly it was because of the many stories my friends would tell me about their girls. They told me that their girlfriends told them that they loved them, I also wanted someone to tell me that they loved me. I also did not want to be the odd one out; I wanted to fit in with them.”

“I for one promised myself never to have a girlfriend but gave in to peer pressure and had one. My friend used to laugh at me for not being involved with a girl. However, I found that that too was bad.

Instead of thinking about school you think just of that girl. I decided I would stay without a girl. So, I have never tried using a condom.”

“For me, all my close friends had girlfriends and they would tease me so much because I didn’t have one. I started thinking about it, at times I really wanted to get myself a girlfriend but then I would think, what if I get myself into trouble? There was a girl I wanted but she was a wild one. I would tell my friends that this was not the girl I should get into a relationship with. She used to be found in bad places. But the one I have now is okay; she is not like the other one.”

In the group of child heads of household, some of the girls already have children of their own.

“When my parents died, I thought that things might get better if I married. A young man came along and we had an affair. After three months, that boy went to his uncle in Chingola. I have never seen him since.”

Some of the boys have girlfriends who make their problems disappear for a while. One of the boys was very open about his relationship with a woman, which he says makes him forget his problems.

“...There’s a certain woman who makes me feel good whenever I see her ...I always like to sit with her, just chatting... at the moment, she’s only my girlfriend, but I think in future, that same woman, if God allows, I will marry this same woman.”

Another young man talked of a girl-friend being like ‘medicine’, but also recognizes the inherent dangers in the relationship:

“...the girls sometimes help you. Let me say they are also medicine, they cool down a person like that. ...when I find that something has troubled me a lot ...when I see her all the problems I was thinking

about come to an end ...she gives me advice... But since we know each other, when I notice that the devil would like to start doing his work ...hurriedly, I say goodbye.”

The young people who are heads of household, expressed awareness of their sexual desires as well as of dangers of inappropriate sexual relationships.

CHILD HEADS OF HOUSEHOLD

One group of children that is bearing the brunt of the effects of the HIV/AIDS pandemic are those children without any adult support who have to, fend for themselves. These are the child heads of household, some as young as eleven years old. Their existence illustrates both the collapse of the extended family system under the pressure of the pandemic, and the poverty of government policies in the care of its' most vulnerable citizens.

In the Kitwe group, the female child headed household groups lived on their own without any adults. The households headed by boys had ailing adults in them, such as a grandmother and an aunt. One group of children lived with grandparents who were unwilling to provide for the family. The boys in these groups were de facto heads of household. The other thirteen male child headed household lived without an adult.

All these child heads of household earn a living through doing piecework, such as doing the washing for more affluent people, street vending (e.g. of cigarettes) and small scale trading, such as selling small amounts of charcoal.

In Lusaka, all the female child heads of household lived alone with their siblings, except for one girl who lived with a paralyzed mother. Their main source of income was piecework and small-scale

businesses, such as selling chickens, selling groceries, and running a barbershop. On average, child head of households earn about K3,000¹⁸ a day.

Becoming Child Heads of Household

The responsibilities for many child heads of households begin with caring for a parent who is ill, and continues after the death of their parents. Most of the child heads of household in this study were double orphans with age ranges from 11 to 18 and had no relative to take on the responsibility of caring for them. One had a father who had remarried after the death of a mother. The children, who were rejected by the stepmother, are fending for themselves. On average, child heads of household look after three siblings with age ranges from 2 to 16.

“I started in 1998 – when my mother became sick. She became sick until 1999 when she passed away. In the same year, my father became sick and died. That’s when I started staying with my five young siblings. I started doing some piecework for our living.”

“My father became sick in 1996. He passed away in 1997. We continued staying with my mother. But after a few months my mother also became sick. She died in 1998. I did not know what to do because both the parents who used to look after us died. We remained the three of us. I am the eldest. When I saw the situation I started doing some piecework to earn our living and days were passing like that. The problem is when I become sick. It becomes a problem because my young sister/brothers cannot manage to go out and do some piece work. But God has helped us a lot.”

“Let me also explain the problem that I am facing in my life. I started being head of household when my father died in 1993. I remained with my mother. She also became sick and I started looking

after her. Ok, I was not lazy. I used to work hard in piecework in order to look after my mother. Later she died in 1996. I had three young brothers/sisters who later passed away. I try my best to do some piecework.”

“I am 11 years old. I became a head of household in 1999. My father died in 1998 while my mother died in 1999. It is in that same year when I began to take care of my younger siblings and myself through doing piecework.”

“Let me tell you about the time I began to head a home. It was in the year 1997 when my father died. My mother died in 1989. In the year 1997, I started being a head of household. I got pregnant at the age of 18.”

“I am eighteen years old. I was born in 1983. My mother died in 1995 and my father died in 1999. After losing both our parents, we were taken to our relatives who rejected us saying, ‘Your parents were not good’. We began to live alone. Living only on mangoes. That is why I began to do piece work.”

“I was born in 1983. My mother died in 1994 while my father died in 1997. When my mother died, my father married another woman. I began to take care of my younger siblings and myself because our stepmother did not want us.”

Changes in Their Lives Since Becoming Head of Households

All of the children talked about the decline in their standard of living. They lack food, clothes and money for school fees and uniforms. Most of those who used to go to school can no longer do so. In Kitwe, all the children do odd jobs, ‘piecework’, in order to survive. For example, some of the girls go to the more affluent residential areas in search of work in exchange for a bowl of mealie-meal. Such work is hard to come by.

In Lusaka most of the participants said they sell groceries to have a little income each day. This can be as little as K2,500.00¹⁹ per day. They too search for piecework everyday to earn some money.

“Since my parents died in a road accident life has become tough. Sometimes we just eat once in a day, and we do not have clothes. Unlike when my parents were alive, I now have to look for piecework to raise money for looking after my younger siblings. I sometimes find piecework making building blocks or go out to dig for river sand. I get paid K2,500²⁰ and it is not enough to buy food for my eight siblings and myself.”

“Since our mother died, my siblings have dropped out of school because I have no money to pay for the fees and feeding them is also a big problem. I work in Kawaka as a housemaid. I clean the house, but the pay is too little.”

“We suffer so much since my mother died. I do not manage to provide sufficient food and clothing for my siblings as well as to pay their school fees. For income, I sell pieces of chicken. I buy live chickens from John Laming, dress them, and pack pieces in small packs. I get about K3,000 per day.”²¹

On being a head of household

It was interesting to note that, one of the participants from Lusaka said that despite the hardships of taking care of his sisters, he has changed for the better. This young man said he has become more mature because of his life experiences.

“I have become a better person because I now take care of my five young sisters. I have stopped drinking beer and having too many girl friends

because if I continue with such a lifestyle I won't give good examples to the girls that I am looking after. I have learnt a lot about taking care of others."

Not surprisingly, most of the girls were not happy about being head of household.

"There is nothing that makes me happy about being a head of household because my 5-year-old sibling is very sickly."

"Nothing makes me happy. I am too young to be a head of household."

"I am not happy either, when I hear a friend calling "mother", I feel very bad."

"When I see how happy a friend is with her parents I feel bad."

"Nothing makes me happy because the problems are never-ending."

"Nothing. I have so many problems taking care of the children that I sometimes think of killing myself."

"Nothing makes me happy because the children I look after are suffering. All of them do not even to go school."

"The children trouble me a lot – there are too many problems."²²

Most of the male child heads of households in Lusaka said there were aspects of being head of household that made them happy, such as having learnt much about running a home; being praised by people, especially neighbors, about the way they look after their siblings; having become a better person, and looking after their siblings despite the hardships.

Managing Households: Strategies for Survival

All the young heads of household found it difficult to manage households on very little money. Since they do not have reliable and consistent sources of income, providing adequate food, clothing, school requirements and paying rent (especially in Lusaka), are the biggest challenges for the child heads of household. When they do find some money, it is generally too little to cater for their basic needs. They also have to deal with the other children's not taking good care of things in the home.

"The hardest part of being a head of household is feeding, clothing and sending children to school."

"At first, I used to buy goat meat and re-sell it then I went broke. I started selling tomatoes, but I ran out of money again. Now I just wait for the K50,000 rentals from my tenants."

Child heads of households can manage if siblings are also involved in earning money and running homes. For example, most take their younger siblings to help them with the piecework they do.

"When I find some piecework like making building bricks, I ask two of my siblings to help me. Some do the rest of the household chores while others go to dig river sand. Those that quickly finish their duties help the others. This arrangement works well. They do not give me problems in doing the duties because they know the sort of problems we have."

The children make use of all available human resources in their attempt to make a living out of their environment. One of the girls in the Kitwe group carries her young sister to take care of her baby while she works.

In the female-headed households, the girls either

take on most of the housework or delegate to siblings according to age.

“In my case, I sweep the house, then my sister who was born in 1993 washes the dishes. The other one is a boy and was born in 1998, he does not do anything.”

“In my case, I sweep the house and do the dishes before I leave. Then I tell my younger siblings to sweep the surrounding (area) and to clean the veranda. That is when I go looking for work.”

Many of the boys delegate housework to siblings and go out to earn money. One boy explained why he does some of the housework himself.

“...the way I share out work at home is that I make sure that all the work I have given them to do is done well and not others complaining, ‘No, you have given me difficult work’, and so on. I make sure we work together. I also give myself something to do ...because as the oldest, I am supposed to lead by example. I should not give all the work to the young ones just because I am the one who fends for the home...”

“I leave for work at 06.00 hours so I do not help with the chores. But the children have shared out duties among themselves. They each know what they are supposed to do everyday. I work in the fields at York Farm; we clear the fields of stalks.”

Very few of these heads of household had external help from relatives, neighbors and people from their churches. Overall, they carry the burden of maintaining households.

“I am in boarding school. When I am at home we share the duties. One of us prepares the food,

the other washes dishes, and the other does something else like sweeping. When I go back to school, a cousin of ours helps me with looking after my siblings.”

A few of the participants in Lusaka said that they get help from their church. One gets help from a neighbor and another from a cousin.

“My cousin sometimes comes to sweep our house and draw water for us. She sells food at Soweto market so she also brings us some food.”

Housekeeping and Childcare

Female child heads of households manage better with the daily chores in the home, such as housework, washing and cooking. Some girls are taught about childcare by their neighbors, especially when they have babies of their own.

“When I had heated some water I used to call the neighbors. If they had time, they taught me how to massage and sleep with the baby at night. When the child cries, I changed the small pieces of cloth if they were wet and when I was through, I breast fed the child and slept.”

Male child heads of household said little about how they manage household chores and childcare. They focused more on disciplining and controlling siblings as their way of managing.

“About housekeeping ...there are many things required... You have to struggle to feed your young brothers. I buy food for them to carry to school. I buy school shoes, uniforms and other things.”

“I give my young brothers advice when we are sitting as a family at home. I talk about how to respect others and going to church.”

“I stay with three young brothers. I always con-

trol them when I see that they are doing wrong things. I advise them to respect me as their elder brother in the home. They should always listen to me.”

“I stay with my young brother. Nowadays young boys are not listening because of influence from other friends who do not listen to their parents. The first thing that I have done is to put my brother in the church. He is an Adventist Youth (AY). He is a very committed Adventist Youth. He listens to whatever you are advising him because it is the same message they get in the church.”

Housekeeping and childcare roles in these child headed households reflect the gendered nature of responsibilities in Zambian homes.

Managing Household Budgets

Most of the child heads of household had so little money that they found it difficult to budget.

“I cannot budget; the money I get is very little. I cannot even buy a 25kg bag of mealie-meal so I just buy a 10kg bag.”

“It is difficult to draw up any budget with the kind of money I get. I sell pieces of chicken. On some days I just get K2,000²³ but then my siblings want breakfast and lunch from the K2,000.”

Some of the girls in Kitwe were better at making the little money they had last longer. They could all list what they considered as essentials in their budgets, such as food and fuel. Where they can, they keep some money aside. Some even traded with the little money they had.

“When I have money, I would buy what is not available at home such as mealie-meal. What would remain, I would give it to my brother to buy what he wants and I would use the rest of it.”

“Okay, the way I keep money from piecework is that I would buy mealie-meal at home. The rest of it I would buy the books and pens for school to replace the finished ones.”

“Okay, I would have money, but if it is not enough to use it everyday, I would only buy beans, chisense (small fish) salad and small packets of mealie-meal. These would take us a few days.”

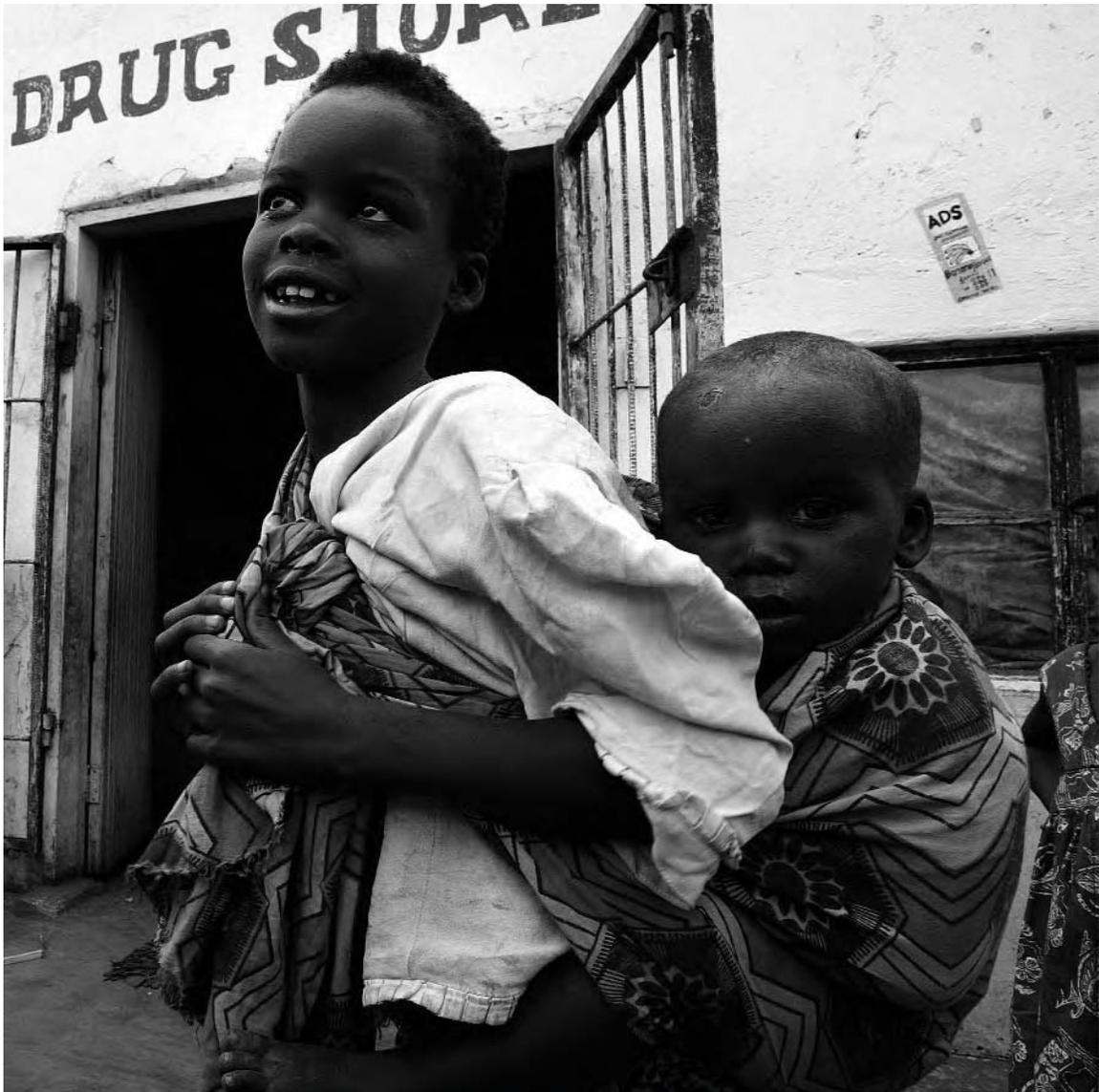
Programmes that teach young people how to manage money and households are essential and should be funded. Cooperatives, in which households can pool resources and buy essential items in bulk, should be encouraged. Child headed households must also have priority in acquiring funding, such as loans and revolving funds, that helps communities establish income generating skills. Saving schemes, such as revolving funds and credit unions, can be set up to teach young people to budget and to learn how to save money.

Discipline in Child Headed Households

Overall, child heads of household said they had no serious problems with disciplining younger siblings. In Kitwe, a few talked about problems with younger siblings.

“Sometimes it is difficult to control my younger siblings; you try to teach them or advise them, but they continue doing the same things. When they do not change despite your efforts, it becomes difficult because if you resort to beating you will create other problems, they will be unhappy.”

“If he/she makes a mistake, you can remove him/her from the wrong path and put him/her back on the right path. Sit him/her down and say, ‘Listen, we have been left all alone in the world, just as we are. You should listen when I am teaching you. There is no one who can teach you better than I can.’”



Housekeeping and childcare roles in these child headed households reflect the gendered nature of responsibilities in Zambian homes.

Child heads of household who have problems with discipline call upon neighbors and relatives.

“Sometimes my siblings do not listen to what I tell them, especially concerning duties. I call my neighbors or relatives to come and help me when I fail to manage them. They talk to them. It does work because my siblings do change after being talked to.”

Those who have no adult support manage as best as they can by themselves.

“Sometimes I hear disturbing stories about my sister misbehaving with boys. I sit down with her and ask her whether she wants to get married. Then I explain to her the consequences of sleeping with men.”

Views on Their Future

Most of the heads of households accepted that this is their role for life. They had no expectations of either rejoining the extended family or being taken in by another family.

“I will continue being the head of the household because our relatives live far away from here and it has now been 3 years without any one of them taking any of the children under their care.”

“I do not have anyone to advise me or who can assist me keeping the young brothers or me. I have my aunt but cannot rely on her. She has children at home in the village so we have remained with my brothers. We will continue keeping ourselves, God knows.”

“As for me, I do not expect to be kept by relatives in the future. I do not have a relative; I am alone, because they failed to keep me when I was young. I do not see how they should want to look after me now that I am so much older.”

They repeatedly referred to the bad treatment relatives made on those who are not their biological children:

“Relatives of nowadays will not look after you unless you have money. They would prefer to look after their own children. They may buy clothes for their children but they would not bother about you.”

“You can go and stay with the relatives but they segregate. They may buy things and eat without giving my brother even if he has seen. I would remember my mother – if she were alive I would not suffer.”

Three of the participants complained about being rejected by their fathers’ relatives:

“I do not think this will be over because when they took us to our father’s relatives, they (father’s relatives) threw us out because they could not manage to take care of us.”

“I will say this; when we were taken to our relatives they rejected us. That is all.”

“I also think that it will never end our relatives ...our kin have thrown us out.”

Some participants talked of their father’s relatives not even attending his funeral. Traditionally, this would be unheard of.

Most of the child heads of household are not hopeful about their future. Some are perhaps aware that they may be ill, not thinking they will live long. Others see their lives becoming tougher in future.

“I will not get through that period, thoughts will kill me. All the time I am thinking, what will I feed the children, what are they going to wear? What about their school?”

“Life will become tougher. Food, school, fees and everything else has become very expensive and we do not have jobs.”

“If I fail to complete my education because of lack of sponsorship, then life will be tough for me. But if, God willing I complete school, then my life will be much better than now.”

“Life will become tougher for us orphans. We have no means of paying for our education and also, there are no jobs to give us hope of our lives even becoming better.”

There was a clear understanding of the correlation between going to school and having a better future.

“Being educated is better than becoming a thief. If there (is) someone to provide our school requirements we will be very happy. It will be better than roaming the street.”

Most of the children aspired to have occupations that were familiar and available in their immediate environment and can provide them with secure and stable futures. The girls aspired to be teachers, nuns, and nurses.

Most of the children said they were looking forward to being employed so that they could look after themselves, their families, and other people. One girl said she would like to get educated, have a good standard of living, and start looking after her mother.

“I want to be a doctor so that I help sick people.”

“I want to be a priest so that I can help people stop doing bad things like sleeping around with men so that they do not get ill.”

“I want to be a businessman so that I take care of my family, giving them all they need: a house, clothes, and food.”

“The only good thing you can do as a girl when you have a problem is to find a job. From the

money you earn you can buy what you want instead of indulging in doing wrong things. That is what a reasonable girl should do.”

One girl hoped to marry well.

“I think life will change in future if a man to marry me is found, or if I acquire a trade like tailoring.”

Another hoped to get any job so that she could look after her siblings.

“If I will be alive, I would like to learn a trade so that I can take better care of my siblings.”

It would appear that most of these young people are not hopeful that their lives can improve largely because the odds seem to be really against them. In fact, one of them said, “If you have someone to support you, you might be able to speak about the future.”

ADULT HEADS OF HOUSEHOLD

Experiences with AIDS Patients

All the participants spoke about how difficult it was to nurse AIDS patients.

“I am looking after a boy whose mother and father are both dead. His mother died right before my eyes, here in Kitwe. ...I cannot beat about the bush and I don't mean to disgrace her ...she was a sex worker... During her illness it was we, who were taking care of her who suffered. Looking after a sick person is very expensive for everyone, even more than for the patient. We the caregivers suffer because the sick person requires so many things from us ...How many children did she leave behind? Three. They were shared among us.” (N.B. This caregiver has nine children of his own.)

“Looking after a sick person is a difficult thing. He/she doesn't want to eat foods like kasepa (small

fish) or vegetables at all. They want tasty food (ifyanona) and sweet things. When you think of it, since you don't have money it is difficult to get those things ...we really suffer. Through feeding him/her and through the thing they say. If you are not patient you could even ask that person to leave your home while he/she is still sick. But then you have nowhere to send them to."

One participant talked about how his sick sister-in-law would sell food, such as mealie-meal, chickens and eggs so that she could buy herself things like buns and sugar.

The guardians, who were in the frontline of looking after the sick, told some heart rending stories about what they went through to look after AIDS patients. Some nursed husbands for as long as two years, going in and out of hospital. One woman actually used to walk a distance of about 14 kilometers to get to the hospital where her husband was. They talked of the distress they experienced as they nursed the sick. Two of them narrated how they had to hold bedpans for their sick relatives to pass bodily waste, escorting them to the dirty toilets, feeding them and bathing them. One woman said the experience was so dreadful that she would find it difficult to eat afterwards. Not only did she have to empty the bedpan, she also had to wash the soiled bedding and clothes that the patient used. She lost a lot of weight in the process and began to look as if she was also ill. The women also talked about their worries the future of the patients' children.

"I used to feel distressed ...I would look at her and see how thin she was. Then I would think about the children she was going to leave behind and her husband had died long before her. ...I couldn't eat I would just be thinking whether she would survive the night."

Some of the women spoke about how their husbands' relatives neglected them, leaving them to look after the patients all on their own.

"My husband's relatives never encouraged me during his illness. They showed me no love at all and said all sorts of cruel things, but I never wavered in looking after him until he died. What gave me the strength to go on was prayer. Friends from my church gave me the emotional support I needed. They paid me frequent visits and always shared God's word with me and they still do that. God's word strengthens me. It helps me a lot."

"My husband was ill for a year and I took him to his mother's village. I looked after him by myself, because his relatives used to spend the day in the fields. They never gave me any mealie meal for preparing my husband some porridge. We would stay the whole day without any food, until his relatives returned from the fields. I sent for my mother, who bought me some food and started helping me with nursing my husband until he died. None of his relatives wanted to be involved in nursing him. They never came to visit us. My friends strengthened me during this time and prayed with me."

There was a marked difference between men and women in these discussions on caring for sick relatives. Women focused on what they felt as they nursed patients, and hardly spoke about the cost of looking after these sick people. The men on the other hand, spoke more about the financial costs involved in caring for the sick.

Men, whose wives were dead, did not speak of the illnesses of their own wives. Instead, they spoke about the death of some other relative. In Lusaka, one man did speak about his wife's illness.

"I have five children to look after. I suffered with my ill wife for two years. She was admitted in hospital but did not get well. I took her to a hospice, but her health did not improve. I then took her to the village where she stayed for a year but still did not get better. Some people told me that she had been bewitched. I spent a lot of money moving from

place to place looking for medicine. She finally died last year in July. I have to look for piecework to find money for food and to pay rent.”

Providing Sex Education for Children

The wide age range in the guardian’s group contributed to differences of opinion on ways to deal with sex education in families. While some younger guardians talked to the children about sex, older guardians were totally against discussing issues of sex with children. Those who were opposed to it argued that traditionally, it was the grandparents’ responsibility to talk to children about sexuality. Most of these older guardians ask friends and neighbors to talk to the children on matters of sexuality, which is normally taught during initiation ceremonies.

“Traditionally, when girls become of age, they arrange for an initiation ceremony and they are taught during the ceremony. The mother will call friends to come and teach the girls about how she is supposed to behave. The father does not even discuss such things with the girls. May be in coming years, it will become easier to have such discussions with children but as of now it is very difficult. I find it very difficult to have such discussions. The boys are also taught by their grandfathers. Here in town where we do not have grandparents, we ask our elderly neighbors to teach our children.”

Some of the women were less inhibited about talking to their children. Two of the women in the group said that they do talk to their children:

“I have no inhibitions about talking to my son. I tell him that there are incurable diseases these days. “If you start sleeping with the girls I see you with most of the times, they will infect you with these diseases and create serious problems for you.””

“Talking to children about these issues is good because very few children have grandmothers, or live with them these days. We should just talk to them (ask them to stop misbehaving and see how much people are dying. Anyway, this is a very big problem. Even as I am talking I have a patient at home, my daughter. There is nothing much I can say about this.”

In Kitwe, a few parents said they give sex education to their children around the age of thirteen for girls, and fourteen for boys. Girls are taught by their mothers and boys are taught by their fathers. This education is not done as a one off session, but as an ongoing process, reflecting changes children go through. However, nearly all the parents complained about the problems they face in giving sex education to their own children as well as those they have taken in. These children think their parents and teachers are old fashioned and do not listen to them. As one guardian put it:

“When parents say, ‘Stay away from this and that’, They argue, ‘No, you grew up in the olden days. We have only just grown up. Do you expect us to be like how you were? This is a new culture and you grew up in an old culture.’”

Some of the messages and methods used are inconsistent and include giving messages indirectly, such as myths telling boys that if they fool around with girls their nails will grow excessively long. Clearly, some of the guardians are failing to provide adequate sex education.

Some of the guardians offered suggestions about how the teaching of sex education to children should be done, so that the message is understood by children:

“You should be calm, know the time they get home, especially in the evening when you are relaxing and then you have something like a little



When parents say, 'Stay away from this and that', They argue, 'No, you grew up in the olden days. We have only just grown up. Do you expect us to be like how you were?'

lesson ...telling folk tales ...like the way it was done in the past. At the end you ask the child, "What do you have to say about this?" Then the child says whatever he/she has to say. If there's another child he/she also contributes whatever he/she would like to. In this way, the children are teaching one another...You should not raise your voice as you speak, nor get annoyed or show annoyance."

The adult participants placed more emphasis on teaching the girls, as they are perceived to be 'custodians of good behavior.'

"If a girl says 'No,' there is nothing a man can do. If he touches her he could get into trouble. Female parents should be encouraged to teach female children. Similarly male guardians/parents should do the same for male children."

This, however, means that girls are given too big of a responsibility to control male sexual desires, and ignores the fact that girls can be forced to have sex against their will. Guardians blamed the sexual behavior of children on peer pressure, again ignoring the role that adults play in the sexual lives of young people.

Perceived Benefits of Looking After Orphans.

Some guardians acknowledged that although taking in orphans could bring financial and other problems, but it can also be a blessing. One woman explained this in terms of the continuation of the family line:

"We keep them because it is our heritage. People have been dying and leaving orphans since our ancestors. They left us on earth so that our family does not die out. That is why even if one is left, we take care of him/her so that she/he may grow up and have children of his/her own to keep expanding the family. That is why we never abandon

orphans. If your relation dies, you who are kind take the children so that the family continues. It does not matter whether you will be alive when s/he becomes independent. That is the good that is there."

For some, especially widows, children remind them of their late husbands, children or siblings. As one widow put it;

"When I look at the children my husband left, especially the boy... I feel good. I tell myself that it doesn't matter much since he has left me with these children. I think of taking care of them so that they can come and take care of themselves."

"...If you raise them properly, the ones that are a little older can be handy, especially in our small fields. When you come back from the fields, they help with the house chores such as seeping the house, washing plates and so on..."

"In my case, I find it good to look after orphans. I was left with quite grown up children and God helped me to choose the last two boys. These boys work hard (and) you would think that their father is still alive ...there are both advantages and disadvantages in looking after children."

"There are difficulties especially with very young children of maybe two or three years. A young child needs you to be available most of the time. An older child will take care of himself/herself; he will go to school or to play while you go out to find some work to do. Young ones leave you with little time to do other things."

In Kitwe, the male guardians said they preferred looking after younger children, because they are perceived to be easier to look after. One of their main worries is that of adolescents contracting HIV.

“I think looking after a younger child of about 10 years is not so worrisome. But as soon as they become “adolescents”, things become scary. You just pray to God that your child has woken up well... If you just hear ...as they say, these things begin with a cough and so on and you start to worry. You see the child lie in bed for a week, two weeks and you begin to worry...”

Disciplining older children worried all guardians, especially with the backdrop of HIV infections among adolescents and teenagers. Some suggestions on how to deal with delinquent behavior among the adolescents were given:

“I think that helping the child in such a way that she/he spends most of his/her free time in church programs. This can help keep the children away from the bad influence in the compound and maybe from the danger of AIDS. The church should teach the children good ways of living their lives.”

Some male guardians concluded that if they had problems, especially disobedience, from young people that they would consider telling orphans to leave their homes.

“Chasing a person from your house is a rule that applies to any person ...your own children, orphans or your wife...”

“The question is what would become of such children apart from ending up in child headed households or on the street.”

The role of the Extended Family: Involving Children in Succession Planning

It is unusual in Zambian society for parents or anyone else to discuss what will happen to children after their parent’s death.

Most of the children in the 8–12 age group would have liked to be informed about their future caregivers before their parents died. They felt that they needed to know in advance, whom they would live with and where they would live.

“They should tell us where we were will be going to stay because maybe the aunt they want to take you to might be one who doesn’t look after children well. Children should therefore be informed so that they think of the best place to go.”

However, some children did not want to know. Children were afraid to be told because this would be a sign that the parent would die. Others were fatalist about the future, declaring that no one knows what the future holds.

One child said the ill parent should be the one that tells children.

“The one who should inform us is our sick parent – they might know that they are going to die – they are the ones who could leave words of blessing, tell you where you will go and live ...which could be a good place.”

This child disclosed that when his grandfather was dying, he told the family he was going to die and that they should not move from the house they were living in.

Even young children can be given difficult information if parents are honest with them.

“When my father was sick he said to my mother, “I don’t want the children to go anywhere.” He wanted my mother to look after us.”

“My mother was telling her elder sister that she should look after us, we shouldn’t go anywhere else. Because my aunt had been with her through her pain, she said she’d look after us.”

“We were told that if he died, his relatives might not look after us well because they were not good people. It was good because we were forewarned even though we did not know that he was going to die.”

Two children in the 13–15 age group, were involved in the discussions about where they would go and live and were able to choose whom to stay with, and refusing to go with the relatives chosen during the post funeral period.

“For me there were only discussions. They talked about us he children since we were three from different fathers. I was alone and my two young brothers had their own father. My (step) mother did not want me to be taken away saying she had stayed with me for a long time. When I was asked if I wanted to go, I refused saying I wanted to be with my step-mother since she was the one who brought me up.”

This example indicates how talking to children can empower children to make decisions about their lives.

For most children, discussions about where to live were held by the extended family after the funeral of parents. Children had no say in these discussions and were told by relatives during the post funeral discussion what would happen to them...

“When my father died, his younger brother said he would take care of my younger siblings and me. He asked us to wait while he made necessary arrangements; he has not been back since then.”

“My father’s younger brother said he was going to get my younger siblings and live with them; he has not been back since 1995.”

“Three of my father’s young brothers told me that

they would take two of my younger siblings but that I was to remain with my mother and take care of her. I was nursing my mother because she had TB.”

“After my father died, my grand parents asked my aunt to come and get us from the village but she only sent for me, my two younger siblings are still in the village.”

Even older children in the 16–18 age group, were not involved in the discussions even though they were aware that discussions about their future were being held. Sometimes relatives gave promises to dying parents about caring for the young people, but did not honor their promises.

“In our case, there were some discussions about the distribution of children. It was decided that we would be distributed amongst our father’s relatives. Nevertheless, none of them has taken care of us. I have grown to this age (and) not even one has ever bought us even a bag of mealie-meal. Therefore, I can simply say that we have no relatives.”

“At the time of my father’s death, his young brother said he was going to take care of us and give us material support. He doesn’t give us this support, he doesn’t help us. When we go to his place, he gives us K5, 000 or K10, 000²⁴ to buy food. But he does not offer school support for any of us. Up till now, he hasn’t sent us to school. What are we going to do – ahhhhh things are tough...”²⁵

On a more positive note, a few children talked about relatives who had honored the promises they made.

“When my mother died, her sister said she would assist us when we needed help. She does just that. She helps us. When I need school fees, I tell her. She works as a nurse. If she is in a position to help, she does help me.”

“When my mother died, I did not say anything as

to where I would be staying. My mother's elder sister decided to take me. I thank her for teaching her children not to mistreat me, because even now, they do not do this."

Most of the adolescents argued that children should have a say during discussions about their future, so that the elder siblings could later pass on the messages to those who were too young when their parents died.

"They should talk about it because they may choose people to look after you who may not look after you well. It is better for you to choose whom to stay with."

"I would like to discuss. Why should they tell me where to go?"

SUCCESSION PLANNING:

The Value of Parental Guidance From Parents

In Kitwe, many children argued that it is necessary for parents to talk with the children about the future lives to lessen uncertainties for the children.

"They should leave some messages. They should say something to the older people so that these can explain to the others."

"They should tell their children that, "Since I am ill I may die and you may not be looked after well so you should behave yourselves.""

"They should say something so that you know how you are going to live instead of just living anyhow."

A few of the children did not think their parents would be able to discuss the future with their offspring because they do not know whether they will

die or survive. However, parents of some of the children who became Child Heads of Household, perhaps aware that the children would have no support from the extended family, did talk to them about how to live after they died. Parents' advice focused on relationships with siblings, relatives and neighbors, as well as urging the children to work hard.

All of the young people, whose parents talked about the future, found the advice given to them useful, and a source of strength.

"My mother used to tell me that I should be hard working because being kept is difficult and that when my neighbors call me, I should be respectful."

"My mother used to tell me, during her sickness, that I should be humble because this world is difficult. I was also told that I should not provoke my neighbors."

"During her illness, my mother used to tell me that those I was remaining with were my mother and that I should respect them."

"The teaching my mother gave me was, "You should be respectful, do not answer people rudely; this world is rough. My elder sister is also your mother. Do not shout any how.""

"Be obedient; don't be easily frustrated, don't pay attention to what your relatives are saying – just forget about what they say."

"Before she died, my mother asked me to take good care of my younger siblings. She had also taught me household chores and I had learnt from her how to take care of the children."

"My father used to tell me that I should be a good example to my siblings because I was the oldest child. He used to tell me that respect for others and other people's things was very important. He also

used to tell me that it was important for me to learn household chores in case he and my mother died. By the time my parents died, I already could do all the chores around the house. My father was a carpenter so I also learned this trade, but because I do not have the necessary equipment, I do not use this knowledge.”

“My parents used to tell us how important working hard is in life. They used to tell us that if we did not work hard we would suffer once they died. We started working hard when they were still alive. This has helped me a lot; I work hard at what I do. They also introduced me to prayer. I started singing in the church choir when they were still alive. I get assistance from church and prayer helps me a lot.”

Some of the children also get guidance and support from relatives such as grandparents and even friends and neighbors. Heads of Household had more discussions about the future care of children. Some of the men in Kitwe were asked by their sisters to look after their children.

“Yes, such words were used ...my sister did it just before she died. It is as if she knew... She said, ‘Although the other children are with my elder sister, I want you to take care of the baby ...I think my life will not continue.’”

Both focus groups in Kitwe agreed that older children who are able to understand the meaning of death and its implications for their lives do state their preference of where to go and stay and they are accorded the opportunity to do so.

In Lusaka, none of the guardians had discussions with the dying parent about the children’s future. Most discussions took place after the funeral, relying instead, on post funeral traditional practices.

Traditionally, after the burial of the deceased, the family gets together and holds a meeting about the

affairs of the dead person, “ isambo lyamfwa”²⁶, in Bemba. At this meeting, decisions are made about the most suitable person to care for orphans. If there were several orphaned children, different relatives are given the task of bringing them up.

“It is true that in the past, when a parent died, the family elders would sit down and choose a caring person from the family to take care of the orphans. These days, life has become expensive. In the olden days, school was not as important as it is now, as long as one knew how to till the land/work in the fields. Now life has changed and school has become very important. Everyone just wants to take care of his or her own children, because times are hard. No one wants to look after other relatives’ children because of poverty. People are not able to feed their own children adequately, so they do not want to have an extra burden of looking after orphans. People have actually started refusing to take orphans under their care.”

“Long ago, people were taking good care of each other. When funerals took place in the family, they would sit down and decide who was going to take care of the orphans. These days people refuse to take the children. They sometimes give excuses that the children are too young, but they do not take the older ones either. So they leave you all the children and you start suffering with them.”

Traditionally, after the burial of the deceased, the family gets together and holds a meeting about the affairs of the dead person.

“In the past, when a parent died, the family elders used to choose a family member who was going to take care of the deceased’s family. These days, this has become very difficult because there are far too many deaths. In fact, the young ones are dying at a far much higher rate than elderly people like us. We fail

to look after these orphans because we are old. We were counting on our children to come and look after us, but...”

The guardians conceded that whereas in the past, guardians tried very hard to show love and acceptance to orphans, the harsh economic conditions have led to discrimination between their own children and the orphans they look after.

CARE AND SUPPORT OF OVC:

The Best Form of Care for Orphans

Whatever the hardships that the guardians experience of bringing up orphaned children, most were against putting children in orphanages. They felt that the best place for children to be is with their families.

“They (orphanages) cause problems for people. Such children don’t get to know their relatives. It is better that guardians are given help to enable them look after the children so that they can show them how to farm, teach them their traditions etc. so that they can also come and teach their children later on in life.”

“Children who are sent to orphanages would be alienated from the ways of their families and communities. They would not receive the socialization they need to live in competently in society. They may know how to read and write but if they (girls) do not know how to run a home, they would face problems in their marriages.”

One elderly woman pointed out that it is an advantage for the guardian who looks after orphans; once the child goes to an orphanage, the guardian would lose out! Instead, they argued that guardians should be helped to look after children in the home environment.

This supports government policies. In recent years there has been an increase in “homes” that are

providing institutionalized care for children in Zambia. The Ministry of Community Development and Social Welfare is against the raising of children in orphanages as when they leave those institutions they often lack in the desired social competence for one to live competently as an adult in society. The current view is that children should be reared within their own communities in a setting that is as close to a normal home as much as possible.

A few participants, however, said orphanages could be used but only as a last resort where family members are so stretched that they are unable to look after the child. They argued children can go to an orphanage if that means they will get better care than if they stay with a widowed mother who has no means of providing adequately for the children.

NON-DISCLOSURE AND THE STIGMA ATTACHED TO HIV/AIDS RELATED ILLNESS

The silence surrounding HIV/AIDS as an illness, and the measures that can be taken to minimize contacting the virus must be broken. Being HIV positive and/or having HIV related illnesses, is causing untold emotional damage to children whose parents are dying or have died. Most of the children are told half-truths about the status of parent’s health, which many of the children, especially the older ones, are able to see, are not true.

“I was being told that he (my father) had malaria, but I didn’t believe it. His legs were swelling. ...malaria doesn’t cause legs to swell. ...It looked as if he was bewitched at work.”

None of the children in the study mentioned AIDS as a cause of their parents’ death. This is not surprising since it is very rare for AIDS to be named as the cause of death in Zambia.²⁷



The silence surrounding HIV/AIDS as an illness, and the measures that can be taken to minimize contacting the virus must be broken.

“All that my mother told me was that she had TB. My father never said anything about his health. He used to say that he had malaria, but I did not believe he was suffering from malaria because his legs were swollen. Malaria does not cause swelling of legs. It seems he was also bewitched at his workplace.”

Not surprisingly, some parents try to protect their children from knowing about the seriousness of their illness.

“During her illness she used to encourage me saying, ‘you just keep working, I will recover’.”

“That is how I was encouraged too, ‘Do not be sad. I will recover’.”

Many adults cite witchcraft as the cause of their illness and tell children this.

“What killed my father were his legs. My father was a carpenter and had a shop in John Howard. Before he fell ill he told us that he had stepped on juju²⁸ on the shop’s doorstep. After that he started complaining of pain in the legs and he developed a cough. At clinic he was told that he had TB. He was asked to go for a second test but he died before that. It was because he told stepped on the juju that his legs started swelling.”

“On the second day after my older brother’s funeral, my father came back from work and told us that he had stepped on juju on his way from work.

His legs got swollen and fluids started oozing out of them. At the clinic, he was told that he had meningitis but my father mentioned the name of the person who had bewitched him.”

“My father never discussed anything with us because he was bewitched by jealous friends at his workplace. He was a garden boy in Kamwala (residential area).”

“...I think the illness came from women. He must have been bewitched. He was in and out of hospital and relatives used to say he was bewitched. He stayed long in his illness until he died.”

The silence around HIV/AIDS means that most parents do not tell children they may have AIDS, even if they know it themselves. From this study, it is clear that adults withhold such knowledge from children because they want to protect children from distressing news. Such is the silence around HIV/AIDS that guardians are unwilling to tell orphans, that their parents died of AIDS.

“Even though it is proved that the father died of AIDS, it is not right to tell the child directly that it’s father died of AIDS.”

About half of the adult participants in Kitwe were against telling children that their parents died of an AIDS related illness. In Lusaka, most of the participants were totally against the idea. Many of the adults are locked in their own cycle of denial and prejudice that cannot be helpful in passing on accurate knowledge of HIV/AIDS and its prevention to the children they look after.

Guardians think they are being kind to the children by keeping the truth from them, unaware of the anguish they are going through when they suspect what their parents’ died of.

“AIDS is a disgraceful disease and it would be difficult to explain to a child how the parents acquired it. The adults would therefore rather tell the child that the parent had malaria, TB etc.”

“You cannot tell children that their mother or father died of AIDS. You could perhaps tell the child that his/her mother or father was suffering from pneumonia, headache, fever and swelling of legs. You cannot mention AIDS because you contract AIDS, especially for us adults through sleeping around. If you tell children that they will think of their mother or father as prostitutes.”

“It is just as my friend said. I cannot tell a child that his/her mother died of AIDS; that is disrespectful. The child will think of the dead parent as a prostitute. It is better to hide the facts from the child and say your mother died of a headache or abdominal problems.”

Some of the male participants, however, argued that children should be told the truth about whether their parents died of AIDS so that the opportunity could be used to teach the child about the dangers of HIV/AIDS.

“We have got to consider the age of the child who asks us about the cause of his/her parent’s death. It is important to give the child clear explanations about the cause of death. We are supposed to tell the child that AIDS is a disease like other diseases and you tell him/her that his/her parent died of this disease. At the same time use this as an opportunity to teach children about AIDS. You tell the child how the disease is contracted and how one can protect oneself from contracting it. There is no need to hide such facts.”

“It is good to tell the children that their father/mother died of an AIDS-related disease because you also get a chance to teach them about it. Tell them about the difficult ways in which people get infected.”

Guardians themselves may have problems accepting the fact that a husband or wife and other close relatives have died of AIDS, since this has implications for their own health status. Non-disclosure may have more to do with facing their own reality than protecting children.

The stigma attached to HIV/AIDS goes beyond disclosure issues. In some cases, the shame and stigma attached to dying of HIV/AIDS related illnesses, is so overwhelming that even the status of 'orphan' is deemed shameful. Some guardians go to great lengths to prevent children from knowing that they are orphans.

One guardian presented an extreme position about preventing her child knowing that her father was dead.

“I also have a young last-born child apart from others who are quite grown. The father died when it was two years old and now it is five. It so happened that the child was quarrelling with a friend and the friend said, “I will beat you so hard that you will go and exhume your dead father from the graveyard”. Then she came running and explained what her friend had said. I took the case to the school headmaster who beat the other child for having used such words. Even at school, children (orphans) are hurt and worried when they are told that they are CINDI because they are reminded of their deceased parents. The headmaster did well to beat the child because she/he had perhaps revealed what the other child did not know. Well, in most cases orphans are not told about the death of their parents. However, they learn about it later on when they are quite grown when they ask about their parents. It does not pay to lie to them say you tell them that their father is here or there because one day they will ask to go and see their father. It is, therefore, right.”

Until the silence around HIV/AIDS is challenged, the stigma and abuse will continue.

HIV/AIDS Awareness and Condom Use

Most of the adolescents and young people in this study had come across sexual health education messages, often in conjunction with HIV/AIDS awareness messages through the media and special awareness programmes.

However, some adolescents (13–15) have absorbed misinformation about HIV/AIDS and how one contracts the virus.

“You get AIDS from mosquito bite because there are different types of mosquitoes.”

“The way AIDS comes about is because if you are being told to play with men or boys and you say it's okay, then if you will not understand that, it will come to you.”

One girl in Kitwe thought that AIDS was ‘to walk about aimlessly and doing prostitution in bars.’

Some of the boys in Kitwe had better awareness of HIV/AIDS issues.

“It comes about when you have sex with a boy or girl who has (the) AIDS virus or using a razor blade contaminated by HIV. If you use it and cut yourself, you can get HIV.”

Children in Lusaka seem to have a better understanding and awareness of HIV/AIDS issues. For example, one of the boys knew that AIDS was an illness that had no cure.

“It's a very bad disease. Once you get it, you never heal. The end of it is death... because it has no cure... You get it if you go to nightclubs ...there are sex workers.”

This boy, however, did not seem to know how one got AIDS from a sex worker.

Some of the girls in Lusaka had quite clear information about HIV/AIDS. They knew how AIDS was contracted. One girl, who said she was taught about AIDS at school and by watching films on AIDS on Television, had very clear and detailed knowledge.

“You get it when you sleep with someone who has AIDS.”

“AIDS is an illness that comes through sleeping with a man who is not wearing a condom and then he has a virus. You can also get it if you cut yourself with a razor blade which someone with AIDS has cut himself or herself with.”

Those who were directly involved in peer group education had the clearest and most accurate information about HIV/AIDS.

“As you know, I was the secretary of the Anti-AIDS club at school. The letters AIDS stand for Acquired Immune Deficiency Syndrome. It is caused by a virus. In human beings it’s transmitted through sex. Once the virus enters the body, it begins to destroy the body’s immune system and thereby leaving the body to attacks from diseases. Then a person starts to lose weight and eventually dies. One can live for five or six years before falling sick. One can get infected with the HIV virus through blood transfusions, razor blades and needles that are contaminated with the virus. It is important to guard against being tattooed by the witch doctor as they do not sterilize nor change razor blades.”

Information on HIV/AIDS does not always translate into some young people’s own sexual behavior.

Many of the young people in the 16–18 year age group are sexually active and acknowledged that this is part of growing up. The boys were quite candid about this.

“...when I was younger, I never used to think about sex. But as I grew up, I started thinking about it. When I was 16, I would imagine a lot of things on sex. Then I decided to find a girlfriend who would tell me that she loves me. ...things like that.”

“It is sexual feelings that lead one into looking for a girlfriend especially when one reaches the age of 16. We get aroused whenever we see a girl. That is why I indulge myself in sex.”

“What every man wants from a woman is enjoyment. If there were no pleasure derived from it, there would not have been such relationships. These things started a long time ago, in Biblical times – it started in the time of Adam and Eve. The boys do it when they are seeking pleasure.”

In the Kitwe group, only four of the boys have never had girlfriends. One boy stated he had a girlfriend and used condoms, to avoid making her pregnant. Most of the Lusaka group of boys had girlfriends and seemed to be more sexually active. They gave several other reasons for having sex. One of these was peer pressure:

“Sometimes, it is because of what friends tell you. When you abstain from such activities because you want to take care of yourself, they will tell you that you are sleepy – (chopwalala)²⁹. You find yourself also doing such things because you want to show them that you are not as backward as they think and to feel accepted. Most of these girls, who engage in these activities and tell you that you are backwards, are themselves like ‘walking death’ because they have already contracted the disease.”

“I had a friend who had a girl friend and I would admire the way he was playing with her. I got one too but soon began to fear that she would be pregnant. If that happened she would be chased to my home. I began to wonder what my guardians would do. I feared they would chase me. So I stopped.”

“For me it was because of peer pressure. I would go out to play with my friends and when they went after girls I started envying them until I also got myself a girl friend, I have a girl friend. I started admiring girls when I turned 17. Mainly it was because of the many stories my friends would tell me about their girls. They told me that their girlfriends told them that they loved them, I also wanted someone to tell me that they loved me. I also did not want to be the odd one out; I wanted to fit in with them.”

“I for one promised myself never to have a girlfriend but gave in to peer pressure and had one. My friend used to laugh at me for not being involved with a girl. However, I found that that too was bad. Instead of thinking about school you think just of that girl. I decided I would stay without a girl. So, I have never tried using a condom.”

“For me, all my close friends had girlfriends and they would tease me so much because I didn’t have one. I started thinking about it, at times I really wanted to get myself a girl friend but then I would think, what if I get myself into trouble? There was a girl I wanted but she was a wild one. I would tell my friends that this was not the girl I should get into a relationship with. She used to be found in bad places. But the one I have now is okay; she is not like the other one.”

One of the boys in the group of child heads of household spoke about the hazards of depending upon the peer group.

“I get advice from my friends ...all of my friends’ parents are dead but there are certain negative behaviors they began engaging themselves in – taking drugs – things they shouldn’t be doing. I can’t handle this. I have been thinking that I should be thinking of my younger siblings whom I am looking after. If I start engaging myself in these behaviors I will fail to look after them.”

The boys, stated that they have sex for pleasure and that its part of their lifestyle, even though they were aware of the dangers of pregnancy and contracting illnesses such as HIV/AIDS. Condom use in this group was erratic and some of the boys admitted that they did not use condoms.

“I don’t use any. It’s a waste of time. I just sleep with girls that I trust and those I know are perfect health wise. I don’t think that I can ever contract a disease from such girls. I only use a condom when I know that the girl is infected with a disease.”

“I use condoms occasionally. Sometimes I find myself in a hurry and I think of them ...after the sexual act. But if the situation is not urgent, then I use them.”

“...it depends on whether the girl agrees to it or not. Then if we find ourselves in the bush without any condoms, we can’t go back and start looking for them. Usually the girl is in a hurry to go back home and so you say, ‘this is a golden opportunity not to miss.’ ...As a matter of fact why use condoms when they are not 100% safe?”

The reasons for not using condoms, ranged from condoms impeding sexual enjoyment to the reliability of condoms and even that, ‘ girls refuse since they want to become pregnant. Nobody in this group said they would not have sex if they had no condoms.

One boy had more knowledge about the advantages of using condoms.

“From what I learnt from the anti- AIDS (course), one can use a condom successfully. I saw it happen through an experiment. Sperms cannot go through a condom. But the story is different as far as the HIV virus is concerned ...one cannot get 100% protection against a virus through a condom.”

“Condoms are not 100% perfect. Being 100% safe is abstaining. I was the anti-AIDS Club Secretary at school so I know they are not 100% safe. It is up to an individual to decide whether they want to use them. I know that sometimes they tear. These days, they wear two or three³⁰ at the same time to safeguard against such things. I do not use condoms because I have no girl friend.”

One boy in Lusaka appealed to his other men to heed the advice of adults and refrain from sexual activities.

“There are different reasons why young people get into sexual relationships. Adults talk to us about the dangers of sexual relationships but we just do not listen. They tell us there are diseases these days and various other problems but we do not listen to them. Some of us even want to start a family without considering our situations. We are still being looked after, we do not have any money then we go and get into relationships. You find yourself in a situation where your girlfriend is pregnant and you do not have anything to give her. You find yourself worrying all the time about what to do. You will find yourself in dangerous activities such as stealing to make ends meet. So I am telling my friends here that we must think of our future, there are deadly diseases these days and when we get into an affair, the girl friend will want money from us which we do not have.”

Some expressed their personal fears:

“...I need to respect myself, I need to have fear. Or even if I see someone fat, I need to be careful because there are diseases. I do not want to suffer. AIDS is something which kills people... That is the fear I have with AIDS.”

“Me, I fear becoming pregnant. Instead of just suffering with the children, you now start suffering with a pregnancy...”

“I fear sleeping with men with these diseases ...if I (go) with the men, then I will also leave the children. They will not have anyone to look after them.”

“If... one should die of AIDS, leaving children, we (have) the problem of looking after them. Why? Because he did not respect himself. Had he respected himself, he would not have died of AIDS...”

The Adult Heads of Household had strong views on the topic of HIV/AIDS awareness education. One man spoke, at length of the effects of HIV/AIDS on children.

“A child gets AIDS if the mother has it before it's born. ...This means even babies may have it ...the government should ensure that people have HIV/AIDS test before they marry ...if they allow them to marry, their children will be born with the disease. That means there will be no way to end this disease.”

Many Adult Heads of Household, however, were against explicit sexual health messages for young people and in Kitwe, many of the guardians were against the idea of young people using condom, which they see as encouraging young people to have sex.

“How can you teach a child to use condoms? Why should such a child not indulge himself in sexual activities? He will go and buy a condom, after all they are found all over the place.”

“Telling people to use condoms is undesirable, because the important thing is to tell children to refrain from the actual practice ...the condom is connected to what actually goes on in bed ...when you give a child a condom and tell him to wear it, you are teaching him to have sex – This means you have destroyed the child's thoughts. The crucial thing is to teach the child that, ‘According to our ways or traditions (in which we used to teach children), ‘My child, you should keep away from these things.’”

“Condoms are responsible for the spread of AIDS. Even if a child wears that rubber he has learned to wear, he will wear it for one day ...two days, three and what happens to that thing? It gets torn...”

They felt that condoms allow adults to be promiscuous. As one woman put it:

“This is why some people are even committing adultery in church buildings. People think they can

sleep around because they have a condom.”

Many of the adults were ignorant about the use of condoms.

In spite of the general condemnation of condoms, one woman said she encouraged her son to start using condoms after she caught him in bed with a girl in her house.



ANNEX: focus group discussion guides





TOPIC GUIDE FOR FOCUS GROUP DISCUSSION WITH 8–12 YEAR-OLDS

Introduction:

My name is _____

my colleagues and I are gathering information on orphans and vulnerable children on behalf of FHI and SCOPE. We would like to find out from you various things about the lives of orphans and vulnerable children as well as their parents/guardians. The information you give us will help FHI and SCOPE plan for the improvement of the lives of OVC and their caregivers.

Methodology

A rapporteur who will also be psychosocial support person will take down notes on the discussion. The discussion will also be tape-recorded by audiocassette.

1. Tell me about your life – daily routine.
 - Activities child indulges in e.g. going to school, playing, errands they ran for the family etc.
2. What do you do when you have a problem?
 - Who do you talk to?
 - How do you feel when you talk to this person?
 - What problems do you have?
3. How did you find out about your parent's/parents' death(s)?
 - How did you feel when you found out this information?
 - Who would you have preferred to be the source of this information? Why?
 - What was discussed with you concerning what would become of you after your parents died?

- How helpful was the discussion? If no discussion took place, what would you have wanted to happen?

4. For those of you whose parent(s)/guardian(s) died after an illness, how did you feel as the illness progressed and when your parent(s)/guardian(s) finally died?

Probe

- What helped reduce the pain you were going through?
 - What do you do now when you experience this pain? (Cry, talk to a friend, caregiver, teacher, neighbour, priest/pastor/church).
 - If this is not effective, what steps do you think others can take to help reduce this pain in you?
5. What items left over by your late mother/father/guardian do you have?

Probe

- What happened to the items belonging to your late parents/guardians?
 - How do you feel about the items you have?
 - What among the items left by your late parents/guardians would you have wanted to keep?
6. What still bothers you about your parent's/parents' death?
 7. For those of you who have moved from where you lived previously, how did you feel about coming to live with your present guardian?
 - What could your family, neighbours etc have done differently for you at that time when you were being moved from your previous home?
 8. What sort of situations bring problems between
 - a) You and your guardian/parents?
 - b) You and your guardian's children?
 - c) You and your siblings?

9. What makes children like you refuse to eat meals?
(Expected answers: My guardian complains about providing food for me; I don't like the food; I am made to eat the leftovers)

10. What can each of the following do to make you feel loved, accepted and cared for?

- a) Your guardian/parents
- b) Your neighbours
- c) Members of your community

11. What worries do you have about life? How often do you worry about life?

12. What do you plan to be when you grow up?

Thank you for your participation

N.B. Question 1 was not intended to be used in this analysis. It was just meant to put the children at ease.

TOPIC GUIDE FOR FOCUS GROUP DISCUSSION WITH 13–15 AND 16 - 18 YEAR OLDS

Introduction:

My name is _____

my colleagues and I are gathering information on orphans and vulnerable children on behalf of FHI and SCOPE. We would like to find out from you various things about the lives of orphans and vulnerable children as well as their parents/guardians. The information you give us will help FHI and SCOPE plan for the improvement of the lives of OVC and their caregivers.

Methodology

A rapporteur who will also be psychosocial support person will take down notes on the discussion. The discussion will also be tape-recorded by audiocassette.

1. What is it like to be a young person growing up in Zambia today?

Probe

- Positive things about being an adolescent today
 - Negative things about being an adolescent today
 - How do you feel about life in general?
 - What do you like most about your life?
 - What do you like least about your life?
2. What has changed for you since the death of your parent(s)?
 - How long has it been since your parents died?
 3. What was discussed with you concerning what would become of you after your parents died?

- How helpful was this?
- If this did not happen, what would you have wanted to happen?
- What plans were adhered to and which were not?

4. For those of you whose parents were sick before they died, what did they discuss with you with regard to their health condition?
 - What was the cause of their death/deaths?
 - What still bothers you about your parents'/guardians' deaths?
5. How did you feel as your parents' illness progressed and when they finally died?

Probe

- What new roles did you have to take up during your mothers'/fathers' illnesses? Who took care of your mother/father during their illness?
 - What helped reduce the pain you were going through?
6. What did you do that made you feel better before your parents died and after they died? (I visited them in hospital or whatever they were; I cooked his food; I prayed for him etc)
 - What things were there that you wanted to do for your sick parent which you were nevertheless stopped from doing?
 - If one answers "Nothing" ask, "What do you think children can do to make themselves feel better?"
 - What do you do now when you experience this pain? (Cry, talk to a friend, caregiver, priest/pastor/church elder; seeking solace in alcohol, drugs, sex etc)
 - If this is not effective, what steps do you think others can take to help reduce this pain in you?
 - What role did you play in the funeral of your parents? How did you feel about this?

8. What do you do when you have a problem?
 - Who do you talk to? What problems do you talk about?
 - How do you feel after you've talked to these people?
9. The use of sex, alcohol and drugs as means of coping.
 - When do young people like you have sex?
 - Do you ever use condoms when you have sex? How often? If not, why?
 - When do young people your age take drugs?
10. What items left over by your late mother/father/guardian do you have?
 - What among the items left by their late parents/guardians they would like to have
11. What causes young people like you to have trouble sleeping? How frequently does this occur?
12. What is AIDS and how is it transmitted? What is the source of your information
13. What role do you see yourself playing in improving your own life and the lives of other OVC? (supporting each other and caregivers; surveillance of other children in the community for the early identification of vulnerable children)
14. What are your plans for the future?

Probe

- What happened to the items belonging to their late parents/guardians?
 - How they feel about the items they have
-

Thank you very much for your participation

FOCUS GROUP DISCUSSION WITH CHILD HEADS OF HOUSEHOLDS – TOPIC GUIDE

Introduction:

My name is _____

my colleagues and I are gathering information on orphans and vulnerable children on behalf of FHI and SCOPE. We would like to find out from you various things about the lives of orphans and vulnerable children as well as their parents/guardians. The information you give us will help FHI and SCOPE plan for the improvement of the lives of OVC and their caregivers.

Methodology

A rapporteur who will also be psychosocial support person will take down notes on the discussion. The discussion will also be tape-recorded by audiocassette.

1. How long have you been heads of household?
2. What changes have you experienced in your lives since you became heads of household?
3. What makes you happy about being heads of household?
4. How do you organise the roles within the household?
 - How are duties allocated? How well is this working?
 - How do your siblings help you with running the home?
 - Who else do you receive assistance from?
 - What are you proud of in terms of how you run your household?

5. What is the hardest part of being a head of household?

Probe

- Meeting daily needs of the family
 - Getting the compliance of the younger children
 - Having the necessary skills
 - Budgeting for the family
6. What feelings did you experience before and after your parent(s) death(s)?
 - How did you feel when you realised that you were going to become a head of household?
 - What did you do that helped you cope with those feelings?
 7. What preparation did you receive for the role of head of household?
 - What guidance did your parents give before they died? How helpful has this been?
 - If not, what kind of guidance do you wish you would have had?
 - What guidance have you been receiving from anyone else on how to run the household?
 8. What type of training would you need to make you perform your role of head of household more effectively?
 9. What do you do when you feel sad, overwhelmed etc?

Probe

- Taking alcohol and/or drugs to get relief
- Seeking solace in a boyfriend/girlfriend
- Issues surrounding sex e.g. pregnancy, STDs and HIV/AIDS
- If what you do is not effective, what steps do you think others can take to help reduce this pain in you?

10. How do you view your situation as head of household in terms of how long it will last?

11. What will your lives be like in 5 years time?

Thank you for your participation

FOCUS GROUP DISCUSSIONS WITH HEADS OF HOUSEHOLDS – TOPIC GUIDE

Introduction:

My name is _____

my colleagues and I are gathering information on orphans and vulnerable children on behalf of FHI and SCOPE. We would like to find out from you various things about the lives of orphans and vulnerable children as well as their parents/guardians. The information you give us will help FHI and SCOPE plan for the improvement of the lives of OVC and their caregivers.

Methodology

The rapporteur will take down notes. The discussions will also be tape-recorded to supplement the notes taken down.

THE UNDERSTANDING OF ORPHANS AND VULNERABLE CHILDREN

1. How did families and communities take care of each, especially children, in need during your grandparents' time? (Examples: Better off relatives helping support the poorer members of their families by taking in a child or helping out financially; giving a child to a couple that is childless etc.)
2. What has changed regarding care of each other and children? How is it different today?
 - What of the practices found in your grandparents' time are still in place?
 - What practices that supported orphans or children in need that are no longer in practice would be helpful if they were revitalized?

E.g., who took care of orphans in your grandparents' time and are these structures still in place today to take care of them etc.

3. What changes have you noticed in the well-being of children in the past 5 years?

Probe

- Emotional
 - Health
 - Educational
 - Material
4. What do people mean when they say, "AIDS came for people"? What do you think of this statement?
 - What effect do you think HIV/AIDS is having on the well-being of children? (If it is not mentioned earlier.)

PERSONAL EXPERIENCE IN TAKING CARE OF OVC

5. Tell me about your experiences during the illness and subsequent death of the parent of the child/children you are looking after.
 - How did you cope during this time?
 - What helped you? (Examples: Prayer, taking alcohol, talking to friends, and talking to the priest/pastor/church elder; going for counseling (quality of service received))
6. How do you perceive yourself as a care giver i.e. proficient or not? Why/why not?

If not proficient, what is needed to increase the proficiency?

- In what ways has taking on extra children impacted on your own family? (Examples: I have to bear more costs; the child is draining me emotionally; there isn't enough room in the house for everyone; there are too many

misunderstandings between my children and them/ between my husband and I etc).

- What differences do you experience in looking after boys and girls?
 - What age-related difficulties do you experience in looking after the children you have taken in?
 - In what ways has having taken care of extra children helped your family? (Examples: The child helps me with housework/looking after my children; I have someone to keep me company; the child helps my children with their schoolwork etc. their parents left some money/property which has made my life easier.)
 - Under what circumstances, would you reject the children you have taken in and ask them to leave your home?
7. How was it decided what would happen to the children once their parents died?
- What sorts of discussions did you have with the dying parent during this time about the children's future?
 - How were the children involved in these discussions?
 - If the children were not involved, what were your reasons for not involving them?
 - What do you think now about that decision?
8. What do the children you have taken in know about the deaths their parents?
- What are some reasons that guardians do not tell/inform younger children about their parents' death?
 - What are your thoughts with regard to some children finding out about these deaths through other sources such as friends or neighbors?
 - What would you do if a child were to ask what caused the death of their parents, especially if you suspect that the parent died of an AIDS-related illness?

9. What do you discuss with the children in your care about sex and how do you do it?

CARE AND SUPPORT OF OVC

10. Helping Children Deal with their Emotional Pain Surrounding the Death of their Parents
- What traditional practices are there to help children deal with their grief when a parent dies?
 - What happens to the children during the funeral?
 - What do guardians do to alleviate the emotional pain orphans experience soon after the death of a parent and thereafter?
 - What could be some reasons why some guardians do not spend sufficient time with the children they have taken in?
11. What do you think are the best ways to take care of orphans?

Probe

- Issues regarding the long term care, psycho-social support, educational support etc?
 - Who should be responsible? (The immediate and extended family; adoption; foster care; institutional care).
12. Please tell us what are the support needs of people such as you who care for and support orphans.

Probe

- * Help with child-care
- * Labor support (e.g. help with farming)

Thank you for your time and all the wonderful ideas you shared with us.

notes

- 1 Children on the Brink 2002
- 2 1USD=K4,300
- 3 In September 2001, Family Health International, in conjunction with Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children (SCOPE/OVC), carried out a quantitative study to determine the psychosocial and emotional needs of orphans, vulnerable children and their guardians.
- 4 Casual labor that is paid for once the allotted task has been accomplished. Tasks carried out by the people in the study included washing clothes, digging a patch of land, cleaning a yard, participating in making building blocks etc.
- 5 During focus group discussions with interviewers and psychosocial support persons it was revealed that in one home in Lusaka an old grandmother had kept a child that had TB at home because she did not have the means to take her to the hospital after her clinic gave her a referral.
- 6 1USD = K4,300
- 7 This boy spoke with anger in his voice.
- 8 1USD = K4,300
- 9 1USD = K4,300
- 10 Author's note. In Zambia, crying (ukulila in Bemba) is used as a public display of grief. However, some forms of crying (ukulilisha) are seen as indicating pathological mourning. Sometimes children cry (ukulilalila) to express unbearable grief or injustice. However, adults often interpret ukulilalila as attention seeking. Since all the FGD were carried out in Bemba and Nyanja, some of the qualitative feel of expressions of crying may have been lost in the translation. For example, when children are told to stop crying, it is unclear what the status of the crying referred to is.
(The author is a Sociologist and Psychotherapist)
- 11 The child broke down. Her mother is on the Home-Based Care Program
- 12 This ritual is performed by relatives of the deceased. It is a symbol of participating in burying the dead person, instead of everyone taking some earth and throwing it into the grave themselves. To facilitate this process a shovel with soil from the grave is passed around relatives at the graveside who touch their hand to the soil.
- 13 You whisper in the ear saying, "Please do not give problems, your father is dead." That ends any problem from the child
- 14 The Bemba word ichikonko expresses a deep feeling of grief and longing.
- 15 1 US \$ = K4, 500
- 16 In Bemba, 'what you are left with'.
- 17 'Apafwa abantu, pashala abantu' is a Bemba idiom about accepting death being part of the process of living; that the death of one person does not mean that life stops for others. It loosely translates, 'even where people die, other people remain.'

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- 18 1USD = K4,300
- 19 1USD = K4,300
- 20 1USD = K4,300
- 21 This girl looks after 10 children
- 22 15 year old who looks after 3 siblings
- 23 1USD = K4,300
- 24 \$1.25 and \$2.50
- 25 The child started crying at this point.
- 26 This is the equivalent of reading the will.
- 27 Obituaries in Newspapers refer to people dying of 'an illness.'
- 28 A charm used in witchcraft to cause harm to someone.
- 29 One who does not go with the trend.
- 30 The boys referred to it as " Bombasa" a word meaning wearing two sets of underwear at a go.

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