

CHAPTER 1

INTRODUCTION, BACKGROUND AND METHODOLOGY

1.1 INTRODUCTION

Maria's mother died in 2000 and her father in 2001. That made Maria, her three year old brother and 18 month old paralysed sister double orphans. The children's paternal uncle sold the children's family home and gave them ZMK500000 (Zambian Kwacha 500,000 about US\$100). He didn't offer to care for them. The orphans were forced to move in with a female orphan cousin aged 16 years, who was living with her four younger brothers. After some time, this cousin got married and moved to her husband's home, leaving Maria and all the other children on their own.

The living situation for the children became desperate; they had no food to eat or any other basic necessities of life. At the age of ten Maria was forced to go onto the street. She became engaged in a stone crushing business by the road side of the main highway into Lusaka city (the great north road). She set her business beside other children and women engaged in the same activity.

Every day she had to wake up at 0500 hours, strap her paralysed sister onto her back, secure working implements on her head, hold her brother's hand and trek three kilometers to the business site. On arrival, she would make her sister lie on the ground (she was severely paralysed from neck down and couldn't sit on her own), while she crushed stones with a steel hammer.

The crushed stones are used for building construction and road paving. Some days she made as little as ZMK3000 (about 50 cents US). On good days she would make ZMK30000 or more. This would be about enough to buy some maize meal, bread and sugar.

This was Maria's routine until a 'good Samaritan', took pity on her and her siblings and took them to an orphan care-giving institution. Unfortunately, her paralysed sister died a few days after being moved away from Maria, whom she considered to be her mother, to a specialized institution about 350km away. Maria laments wishing her sister was never taken away from her although she realizes it was for her own good. She often mourns her late sister, not only because she didn't witness her death and burial, but also because she doesn't know where she is buried, which is culturally very important.

Maria's story is one of the many such sad situations experienced by children orphaned at an early stage of development. Like Maria many orphaned children end up on the Zambian urban streets trying to survive as best they can. More of the research participants' stories are captured in chapter two.

Since the onset of the children orphaned by AIDS and vulnerable children (OVC) phenomenon in Zambia, much has been said and written about it. People talk and express concern about the children's welfare, but there are hardly any researchers who listen to the children's views with regard to their care (Van Niekerk 2006:14). According to the Joint USAID/UNICEF/SIDA project 1999:47 "Neither the literature, nor the programmes that have been put in place, suggest that listening to the voice of the orphan is a matter of importance. Yet, the situation requires that interventions pay greater attention to what orphans would wish for themselves."

Hence, my research question: *What do the silent voices of orphans and vulnerable children living within the HIV and AIDS environment in urban Zambia tell us about their care?* In addressing this question, the study will seek to listen and gain a better understanding of the stories and experiences of OVC.

This research aims to listen to the silent voices of children orphaned by AIDS and other vulnerable children living in the HIV and AIDS environment in urban Zambia as they tell their stories. And, in the process be drawn into those stories and gain a deeper understanding of their situation.

In Zambia, the OVC live in different areas and locations. Some live with extended family members (e.g. aunts, uncles and grandparents), some in orphanages and care-caring institutions, while others live on the streets. The National AIDS strategic framework 2011-2115: Towards improving the quality of life of the Zambian people (2010:16) observes that:

Although most OVC rely on a network of support from family and community (most often siblings or aged grandparents), the traditional extended family system of providing care and support is overstretched by the magnitude of children needing assistance, and prevailing poverty in the country...Where OVC care at home is not available, children are placed in orphanages or shelters. Country-wide, 4,592 children are living in such arrangements. It is estimated that 150,000 children are living without adult supervision, e.g. alone, under the care of minor siblings, or on the streets.

1.2 CHILDREN ORPHANED BY AIDS LIVING ON THE STREETS

In their study on street children, Lungwangwa and Macwan'gi (2004: xiii, xix) point out that:

The socio-economic and demographic data of street children show that as high as 39 per cent of the street children are double orphans, that is, they have lost both parents.

Loss of parents is one of the factors that is contributing to children being on the streets in Zambia. Orphans are more likely to become street children in the urban areas...A very high proportion of these children have lost both parents.

Sadly society seems oblivious to their moral obligation to defend the children's rights and respond to their needs of care and nurture. Instead, some members of society even see these children "as the perpetrators of injustice rather than the victims of it". Instead of embracing the children as integral members of society, they are scorned upon and assigned various labels such as 'urchins', 'vagabonds', 'delinquents', 'street Arabs', 'pelones', 'gamins', 'parking boys', 'pogey boys', or '*mishanga* boys' (cigarette boys), irrespective of whether or not they sell cigarette sticks.

(Lungwangwa & Macwan'gi, 2004:6)

The foregoing account indicates that, while some children could be on the streets due to other reasons, many are there due to orphanhood and vulnerability. A number of the OVC participating in this research and currently living in the caring institutions were once on the streets.

The following background information may shade some light on the magnitude of the HIV and AIDS OVC crisis in Zambia.

1.3 BACKGROUND TO THE RESEARCH

The survival and quality of life of African children in sub-Saharan Africa is under threat as the number of children orphaned by AIDS and other vulnerable children escalates. In 2007, the population of orphans in sub-Saharan Africa was estimated at 11.6 million (UNAIDS, 2008). Apparently, the exact number of vulnerable children as a consequence of the pandemic is unknown.

Zambia, like the rest of sub-Saharan Africa, has a growing population of OVC as a consequence of HIV and AIDS pandemic (cf Joint USAID/UNICEF/SIDA project 1999:46; National aids strategic framework 2011-2015: 2010:15).

The phenomenon of children orphaned by AIDS in Zambia goes back to the mid 1980s when the first cases of HIV infections and AIDS related deaths came to the fore. According to the National AIDS council: Zambia country report (2010:4) “Zambia’s first HIV infection case was reported in 1984.” Since then, the number of OVC has continued to grow almost unabated.

Furthermore, “Zambia has the second highest number of OVC in Africa. Fifty per cent of the estimated 1.3 million OVC in Zambia are as a result of HIV and AIDS. Urban children (27%) are more likely to be orphaned or vulnerable than rural children (16%)” (National AIDS strategic framework 2011-2015: 2010:15). This problem is further exacerbated by the country’s poor economic performance over the last two and a half decades. As a result many vulnerable children live in abject poverty, unable to enjoy the basic human needs of life (Joint USAID/UNICEF/SIDA project 1999:6).

This sad situation is worsened by the fact that the government's social structures as well as the African extended family care systems are overwhelmed, leaving many children on the streets to fend for themselves. And, as Lungwangwa & Macwan'gi (2004:xiii) point out "Loss of parents is one of the factors that is contributing to children being on the streets of Zambia."

The following statistical information provides the evolving picture of the orphan population in Zambia over the last 25 years. To put Zambia's situation in proper perspective, regional comparative figures of some neighbouring countries are examined.

1.3.1 Statistical information of children orphaned by AIDS

Statistics demonstrate the magnitude of the orphan situation in Zambia, and its progression stemming from the HIV and AIDS pandemic (Joint USAID/UNICEF/SIDA project 1999:46). In 1990, the estimated total number of orphans under 15 years of age stood at 888,700 or 22.3% of the total population. At the same time it was estimated the figure would rise to 1.657 million in 2000 or 34.3% of the total population, and continue to rise until it reached 38.6% in 2010 (Joint USAID/UNICEF/SIDA project 1999:57-8). The National child policy (2006:7-8) refers to Zambia demographic and health survey (2001-2002) estimates which indicate that, out of more than 4 million children, one million plus are OVC who are too poor to access basic human necessities. In 2006, the total number of OVC stood at 1.1 million. It is estimated there shall be an increase by 2015 (Children on the streets of Zambia: working towards a solution, Zambia 2006:ii). In addition, the OVC in Zambia 2004 situation analysis (2004:8) indicates HIV and AIDS pandemic is responsible for high levels of poverty and malnutrition.

The care for OVC has proved a challenge for the government mainly due to poor economic performance, and the sudden crisis of the HIV and AIDS. On their part, the local and international donor communities have responded to the crisis in various ways. These include the NGOs, (both faith and community based) and the International donor agencies that channel their help through NGOs and religious institutions. The few exceptions to this practice being the USAID and UNICEF who give direct assistance to the needy (see Joint USAID/UNICEF/SIDA project 1999:13-33)

1.3.2 Comparative regional figures of children orphaned by AIDS

The 1998 UNICEF study of the 19 most affected countries in sub-Saharan Africa found "...the AIDS epidemic in Zambia is one of the worst in the world. [T]he proportion of children in Zambia who are orphans is the highest of any of the countries that have been studied" (Joint USAID/UNICEF/SIDA project 1999:75).

The following UNICEF AIDS orphans figures covering Eastern and Southern Africa regions retrieved from the UNICEF website (<http://www.unicef.org/sow> 2011) may help to shade more light on the current scenario.

**EASTERN AND SOUTHERN AFRICA REGIONAL ORPHAN FIGURES
ORPHANED CHILDREN (AGED 0-17)**

COUNTRY	ORPHANED BY AIDS 2009	ORPHANS DUE TO ALL CAUSES 2009	ORPHAN PERCENTAGES
Botswana	93,000	130,000	72%
Burundi	200,000	610,000	33%
Kenya	1,200,000	2,600,000	46%
Lesotho	130,000	200,000	65%
Malawi	650,000	1,000,000	65%
Mozambique	670,000	2,100,000	32%
Namibia	70,000	120,000	58%
Rwanda	130,000	690,000	19%
South Africa	1,900,000	3,400,000	56%
Swaziland	69,000	100,000	69%
Uganda	1,200,000	2,700,000	44%
Tanzania	1,300,000	3,000,000	43%
Zambia	690,000	1,300,000	53%
Zimbabwe	1,000,000	1,400,000	71%

UNICEF Global figures. Retrieved, 2011-08-16

Zambia is in seventh place, out of fourteen countries with 53% of all orphans being children orphaned by AIDS. This figure seems high in a country of 13 million people (Central Statistical Office, 2011) whereby the number of HIV and AIDS orphans stands at more than 50 per cent.

1.4 INTEREST AND MOTIVATION

I am an African female minister ordained in The Uniting Presbyterian Church in Southern Africa (UPCSA). Through my pastoral service at Church and visits to Christian families, I have learnt of the horror of HIV and AIDS and the devastating effects it has on families and the local community. In most cases every family is either affected or infected by the AIDS crisis. “It is very hard to find a family in Zambia that hasn’t been personally touched. Its very hard to find a child that hasn’t seen or witnessed a death related to HIV/AIDS” (<http://www.avert.org>). Many families are either caring for sick relatives and orphans or constantly burying them or friends in similar circumstances. Funerals of infants, children and adults have become a regular feature both in the church, community and society as a whole.

My pastoral service at Ng’ombe Presbyterian Church, for the past seven years, has given me a new perspective on the welfare of HIV and AIDS orphans and vulnerable children. As I travel around the compound (this is the term commonly used in Zambia for slum residential areas), I am constantly confronted by children on the dusty streets. These children, the majority of whom are of school-going age, about five to twelve years, loiter aimlessly on the streets and around markets. They scuffle amongst themselves causing provocative scenes, perhaps trying to attract attention to their plight. Through my concern and interest in the children, I learned that many children were either infected or affected by the HIV and AIDS epidemic. A great number of other children were affected by poverty making them vulnerable. The dire situation of these children moved my heart with compassion. I often wondered how I could make a positive contribution towards alleviating their plight. In the process, the idea of starting a community school for OVC came to the fore.

In 2004, I initiated Ng'ombe Presbyterian community school to cater mainly for the HIV and AIDS orphans and vulnerable children. I took on the role of the school coordinator.

The main goals of the school are to alleviate illiteracy and the provision of the basic social amenities of food, health and clothing to the marginalised children in the Ng'ombe community. The school has 500 students and offers basic education (grades one to nine). Both orphans and non orphan children living in Ng'ombe compound are catered for. The feeding programme provides balanced meals. (Ng'ombe school brochure, 2006)

The situation of the Ng'ombe children reminded me of a similar situation of Lusaka inner city's street children whom I previously encountered and interacted with for 13 years. For most of those years I did nothing, except shake my head with pity, until two street boys I got to know well, died within six months of each other. Through their persistence the two boys usually helped me with parking and transporting goods to and from my business at a token fee. They fondly called me *bamayo wesu*, our mother. Their deaths shocked me and moved me to consider full time work with the street children.

My interaction and working relationship with the two boys (aged about 15 years) is a long story perhaps for another study. Suffice it to say that their deaths prompted me to leave our family business which I had managed for 13 years, to go into full time pastoral ministry. These children's demise and the situation of orphans and vulnerable children in Ng'ombe challenged and motivated me to study more about this new phenomenon of HIV and AIDS orphans and vulnerable children living in urban Zambia.

1.5 RESEARCH TOPIC

Many years of interaction and concern with the plight of the OVC prompted me to learn more about the new phenomenon. My main concern has been how the children experience and cope with life after losing one or both parents. In embarking on this research, I aimed to learn from the children and gain a deeper understanding of their situation as they tell their life stories concerning care and/or lack of it. Hence my research topic is:

The silent voices of orphans and vulnerable children living in the HIV and AIDS environment in urban Zambia: A pastoral care challenge.

In order to be informed of the prevailing situation of the OVC in Zambia and the sub-Saharan region, a literature review is vital.

1.6 LITERATURE REVIEW

A literature review was conducted covering local, regional, and international literature. However, trying to locate relevant literature covering the OVC in Zambia was challenging. It appeared limited research has been undertaken on the HIV and AIDS orphans phenomenon so far. However, I reviewed other available literature which was helpful in addressing various research literature review objectives. One of the objectives of literature review is to examine knowledge that is available.

Through the review the researcher is made aware of the ways fellow scholars and researchers dealt with a similar problem that she or he is concerned with. This means that literature review is a way of updating oneself with the prevailing scholarship and knowledge and also gaining some understanding of how to approach the same kind of problem.

Further, a reflective and knowledgeable conversation of the relevant literature should help construct a well reasoned basic system for the study and place it inside the right ‘tradition’ of inquiry. At the same time “A thoughtful and informed discussion of related literature should build a logical framework for the research that sets it within a tradition of inquiry and a context of related studies” Delpont & Fouche (2005:263).

There are four main purposes which literature review serves:

- It demonstrates the underlying assumptions behind the general research questions. If possible, it should display the research paradigm that undergirds the study and describe the assumptions and values the researcher brings to the research enterprise.
- It demonstrates that the researcher is thoroughly knowledgeable about related research and the intellectual traditions that surround and support the study.
- It shows that the researcher has identified some gaps in previous research and that the proposed study will fill a demonstrated need.
- The review refines and redefines the research questions by embedding those questions in larger empirical traditions (Marshall & Rossman, 1999: 43). As Rubin and Babbie (2001: 121) state: “What better way to ensure that your study will be valued as part of a cumulative knowledge-building effort regarding that problem...[than a literature study].”

My research review proved helpful in all the four main areas that it serves. The review assisted me in the identification process of the existing gaps from the research done in Zambia. It was also helpful in formulating the research question. The review proved to be a continuous learning process from other scholars in building a logical framework for this research.

1.6.1 Review of research done in Zambia

A number of studies have been undertaken in Zambia concerning the OVC. Included in the following literature review are relevant journal articles and books. These studies are related to issues such as education, vulnerability, grief and loss (cf Williams 2008; Robson & Kanyanta 2007; Weigers and others 2006; National child policy 2006; Joint USAID/UNICEF/SIDA project 1999). The common feature in the available literature seems to be that the OVC haven't been given a voice to express their views on matters concerning them, especially their care and/or lack of it.

- i) **Williams, S J (2008)** wrote a paper on *Implementing a Grief and Loss program in a remote village in Zambia*. This article describes one nurse's experience in implementing a grief and loss program for caregivers, teachers and guardians of orphans in a Zambian village. The writer is a nursing professional at a Texas university who responded to the needs of this underserved community because of the high death rate caused by the HIV and AIDS pandemic. The rewarding experience produced successful outcomes in terms of spiritual service, and continued efforts toward achieving social justice. This study makes a contribution to this research when examining the pastoral care challenge.

- ii) **Robson, S & Kanyanta, S B (2007)**. *Moving towards inclusive education policies and practices? Basic education for AIDS orphans and other vulnerable children in Zambia*. The purpose of this study was to explore staff and student perceptions of the impact of the HIV and AIDS epidemic on access to, and the quality of, basic education for AIDS-affected children, orphans and other vulnerable children in the Copperbelt Province of Zambia.

In this area, the HIV and AIDS prevalence rate ranges from 34% to 40%, and life expectancy has dropped to 33 years. The researchers found better quality of basic education for orphans and vulnerable children affected by AIDS could only be achieved through better understanding of the children's challenges, and through proactive and inclusive educational policies.

iii) National child policy (2006). The National child policy deals with various policy issues concerning all children in Zambia. The overall goal is to improve the quality of life for all children: "The vision of National child policy is to provide long-term guidance and a framework for the implementation of child survival, development and protection interventions through well coordinated and multi- sectoral approach in order to improve the quality of life of every child in Zambia" (2006: 21). This is a helpful resource as it provides background information and gives awareness of the magnitude of HIV and AIDS orphans and vulnerable children crisis.

iv) Wieggers, E et al (2006). *Patterns of vulnerability to AIDS impacts in Zambian households, in development and change* 37(5):1073-1092 (2006). Utilizing household data from Northern Zambia, this article by Wieggers and others looks at HIV and AIDS impacts on different aspects of people's access to food. Their findings drew "particular attention to the variances in vulnerability among households burdened by illness and orphans that are headed by men, women and the elderly. Wieggers and others concluded that households burdened with HIV and AIDS related illness and orphans are highly vulnerable with regards to food accessibility. In their opinion, understanding variances in vulnerability will enhance targeted support policy.

v) Lungwangwa G and Macwan'gi M (2004). Street children in Zambia: A situation analysis. The main objective of this study was to conduct a situation analysis of the street children. In particular, the objective was to explore the change in the situation of these children since the earlier study conducted in 1991. The study reviewed that many of the children on the streets are orphans who have lost one or both parents. A useful resource for my research as it sheds more light on the fact that about 40% of the street children are HIV and AIDS orphans and vulnerable children. It inspired me to invite some street children to tell their stories and experiences concerning their care or lack of it.

vi) Joint USAID/UNICEF/SIDA project (1999). This Situation analysis is the first broad based countrywide government driven study on HIV and AIDS orphans and vulnerable children in Zambia. This comprehensive study focuses on different aspects and issues affecting HIV and AIDS orphans and vulnerable children in Zambia. The goal is to “create a comprehensive tool for a national concerted effort to help vulnerable children – an effort which would provide ‘best practices’ at the local level and be useful for policy makers” (Orphans and vulnerable children 1999:6). From this study, I have drawn background information and various concepts and discourses pertaining to the whole situation of Zambia’s orphans and vulnerable children. The situation analysis identified the missing gap, that of giving the marginalised children a voice in matters concerning them and their welfare. My research is an effort to address this identified gap.

vii) The social policy research group (1993). Orphans, widows and widowers in Zambia: A situation analysis and options for HIV and AIDS survival assistance.

The aim of this study was to assess the prevailing status of the problem of supporting and maintaining the orphans, widows, and widowers who would survive the HIV and AIDS epidemic. The study also examined the support options that were on offer.

1.7 RELEVANCE OF THE STUDY

The above literature review of the studies done in Zambia gives a clear indication that the researchers are preoccupied in examining and suggesting measures needed to help the OVC. Some statistics of HIV and AIDS orphans and other vulnerable children in Zambia have also been provided. The one exception, however, is the Joint USAID/UNICEF/SIDA project 1999 which gives a comprehensive scenario of the situation and suggests involvement of the children in future research in matters concerning them.

This research is, therefore, significant as it attempts to fill an existing gap whereby the voice of the OVC has been overlooked or ignored altogether. While discussing some interventions designed to help the OVC, the Joint USAID/UNICEF/SIDA project (1999:47-48) points out the missing gap and argues, *inter alia*, that:

Interventions and projects have also failed to make sufficient provision for the active involvement of orphans in decisions affecting their lives ...Moreover, Article 12 of the Convention on the rights of the child (CRC) affirms the child's right to express opinions freely on all matters relating to him or her and to have those opinions given due weight.

It is important, therefore, the modalities be established to ensure that the voice of the orphan or vulnerable child is heard. It is especially important that, where possible, orphans be allowed to live in accordance with their own expressed wishes.

Being of the same opinion, the United Nations Secretary-General Kofi Annan invited children to express their views at the UN General Assembly Session on Children in May 2002. In his invitation to the children to speak, he said “So far, adults have called the shots, but now it’s time to build the world with children. Your voices will be heard, I promise.” (The State of the world’s children 2003:50).

In an effort to address the issues pertaining to children’s care, the Joint USAID/UNICEF/SIDA project (1999:47) further emphasizes the importance of giving the children a voice in matters concerning them, and states that “...the situation requires that interventions pay greater attention to what orphans would wish for themselves”. The African traditional cultural context of this research, where children’s views don’t count much, further makes this study important.

1.8 RESEARCH QUESTION

The relevance of the study, therefore, lies in giving the children a platform where their silent voices can be told and heard as they express their views in matters concerning them. By listening to the stories and experiences of the OVC living in urban Zambia, I was drawn to them and gained a deeper understanding with regard to their care and/or lack of it. This research is an effort to respond to the identified gap, and hence my research question:

What do the silent voices of orphans and vulnerable children living within the HIV and environment in urban Zambia tell us about their care?

In order to address this question, the study set a number of aims and objectives which guided the rest of the research project.

1.8.1 Aims and objectives

The main aim of the research was to gain a holistic understanding of the stories and experiences of the OVC and be drawn into them.

The specific research objectives are:

- To listen to the 'silent' stories and experiences of the OVC with regard to their care and/or lack of it.
- To provide an enabling environment where the children, who are the co-researchers, can tell their stories and experiences freely.
- To disseminate study findings to policy makers and care givers for consideration and integration in formulating developmental and care policies for the OVC

1.9 RESEARCH PARADIGM AND METHODOLOGY

1.9.1 Positioning

This research project is conducted from my position as a practical theologian, pastor, counsellor and researcher.

In addition, I position myself within the social-constructionist or postmodern paradigm (Müller 2003:7) This research is also carried out from a narrative approach within a qualitative design.

1.9.2 Practical theology

In their description of Practical theology, Heyns & Pieterse (1990:7) argue that “Practical theology is a transformer: It translates the other theological subjects to the practical arena and absolves them from the responsibility to be practical in their own right. It is the builder of bridges between theological theory and ecclesiastic praxis.”

In this research both theology and practical theology in particular, play an important role when dealing with situations affecting society, especially the marginalized children living in urban Zambia. Practical theology has been described as the critical theory of religious actions in society which are done “within a frame work of communicative actions in the service of the gospel” (Heyns & Pieterse 1990:6).

While such descriptions may be hermeneutically sound, they don't seem to go far enough to address the dire situations faced by the faith communities living in sub-Saharan Africa. In the face of HIV and AIDS crisis, Christians are desperate to find gospel redress while confronted with cultural, social and economic problems. In order for practical theology to play its rightful role and be relevant to the prevailing situations in Africa, and Zambia in particular, Muller (2004:295) explains that: The narrative or social-constructionist approach ... forces us to firstly listen to the stories of people struggling in real situations, not merely to a description of a general context, but to be confronted with a specific and concrete situation.

This approach to practical theology, although also hermeneutical in nature, is more reflective in its approach and method. It takes the circular movement of *practice-theory-practice* seriously and brings it into operation. Practical theology, according to this approach, indeed becomes part of “doing theology” and takes the social-constructions, within actual contexts, seriously. The practical theologian in this case, is not so much concerned with abstractions and generalizations but rather with the detail of a particular person's story.

The daily survival struggles encountered by the OVC living in the HIV and AIDS environment in urban Zambia calls for this type of practical theology. This is the type of practical theology that will be forced to listen to real stories of children struggling in real situations in contrast to mere descriptions of a general context.

In addition, I identify with the circular movement of practice-theory-practice which must be taken seriously and acted upon. My desire to serve human beings, in particular, the OVC is informed by Müller's descriptions of what practical theology entails. Long before I understood anything about theology, apart from Sunday preaching, I observed the marginalised children on the streets and did nothing more. As I explained earlier on, it took the death of two young boys to move me into some kind of action, to do theology, and in particular practical theology.

In describing practical theology further, Heyns & Pieterse (1990:6-7) point out that:

Practical theology is that part of theology that concerns itself with this event – the encounter between God and humanity – and particularly with the role of human beings in this encounter...practical theology interprets the interaction between gospel and people...The practical theologian wants to know whether the preacher understands the audience and its context properly...practical theology is a study that seeks to help humans to encounter God and to live in fellowship with God and other people...It is concerned with those religious actions that communicate with others so as to make room for God in this world.

This description resonates with my practical pastoral experience situation at my local congregation. In the course of my ministry and work at Ng'ombe Presbyterian Church, I am constantly challenged to find appropriate texts and words to communicate the gospel. I do this in an attempt to assist people, youth and children to encounter God in their daily lives' activities and live in fellowship with Him.

In order to bring ethic correction in this type of research Müller (2003:8) refers to three approaches: participatory action research; doing theology or narrative research whose aim is to do research with the research participants for their benefit by focusing on their stories. To elaborate the corporate ideals of these approaches further, Emmanuel Larrey in (Willows & Swinton 2000:74) writes:

...it asks questions about who it is that *benefits from what is done*, who is *excluded* by the way things are done and who are *oppressed* by it. It asks contextual and experiential questions and challenges historical formulations in a quest for more inclusive and relevant forms. In doing so, issues of social ethics, spirituality – both personal and corporate – as well as doctrine and teaching are addressed. Moreover, it is a corporate, collaborative endeavour which listens to many different voices.

One of the main aims of my research is to respect, honor and value my co-researchers' participation as I listen to their stories and experiences. I am aware that without my co-researchers' active participation, it would be practically impossible to do this narrative research on my own. This study is therefore, an interdependent collaborative exercise, in which the co-researchers make a major contribution.

1.9.3 Narrative approach

In Africa, and certainly in Zambia, people literally communicate everything through stories. People tell stories just about every subject and aspect of life. For instance, you visit a friend who is sick or has been bereaved and you will hear the whole story in detail. That is from time of illness, process of medical treatment, up to recovery time or death and funeral. As Manaka explains (2001:5) “in Africa we do things together through stories: The children in this study shared their individual stories, some in minute details, of their various experiences with easy and sometimes deep emotions. After the initial moments of settling down and gaining self confidence, some told their long stories until we run out of time.

Müller, Van Deventer & Human (2001:1-11) describe the narrative approach to research as the most appropriate as it is true to postmodern social constructionism paradigm. They distinguish this model from the previous models and state the difference thus:

For us, the aim of research is not to bring about change, but to listen to the stories and to be drawn into those stories. While in previous models the researcher has objectivity in mind by trying to be an observer and by trying to bring about change, the narrative researcher has subjective integrity in mind and strives for participatory interaction. This position is not the same as the so-called “insider” position of the researcher, as in opposition to the “outsider” of previous models. We agree with Dreyer (1998:20) that it makes more sense for the researcher to embody dialectics between the insider and outsider perspective.

When we strive in our narrative approach for *participatory interaction*, we want to accommodate this paradox or dialectic, which is a prerequisite for research with integrity.

This approach allows the OVC to construct their own individual stories concerning their care and/or lack of it and tell them in their own language. In this type of research all the research participants have their own separate roles which they are invited to play fully. I briefly explain these roles.

1.9.3.1 *Co-researcher*

In the narrative approach the co-researcher plays a key role and is recognized as the one with the skills to share her/his story in own words and way. As Freedman & Combs (personal communication, 9 October 2000) explained -42) “narrative therapy centres people as the experts in their own lives.” In this study the co-researchers are invited and encouraged to narrate their life stories and experiences freely.

1.9.3.2 *Researcher*

Cresswell (1998) explains that the researcher can use various ways to disclose his or her position in the narrative research by including a section on the role of the researcher in the research report (Delport & Fouche 2005:353). As a narrative researcher I consider my role to be that of an initiator and guide of the study process. In my position as a narrative researcher I wanted to conduct my research as a form of practical wisdom which values the stories of the OVC. In this regard, I approached the research as one ignorant of the contents of the children’s stories with regard to their care and/or lack of it.

In this case Anderson & Goolishian (1992:28) explain that “To allow the stories of people and communities to be fully told, the researcher who works from a narrative perspective works from a position of “not-knowing”. The position of “not-knowing”... allows the researcher to pose questions to the co-researcher(s), which are not “informed by method and (do not) demand scientific answers.” Being in this position, the narrative researcher’s sense of expectancy grows at the prospect of unique answers and stories people give concerning their lives. At the same time, the researcher gets the opportunity to prod her or his co-researchers to elaborate their answers or stories (Human 2003:42).

The ‘not-knowing’ position reminds me that I don’t have to know the answers to the orphans and vulnerable children’s problems in order to be of assistance. Furthermore, in my research journey with the co-researchers, the not-knowing position freed me from the urge to anticipate the research outcome and allowed me to focus on listening to the stories as we together watched new stories evolve.

In addition, I need to respect my co-researchers who are experts in their own right and are qualified to tell their stories in the manner and language they choose to. Although there might be instances where their experiences have been too painful for words and quite emotional, nevertheless, each child remains the expert suitable to voice her or his own story. Patience and respect for the co-researchers, plus gestures of interest in the children themselves and their stories also encourage and help them recall and share their painful experiences with some ease.

1.9.4 Postmodern paradigm

Postmodernism constitutes a paradigm shift from modernism. Burr (1995:12) explains that postmodernism is “a rejection of both the idea that there can be an ultimate truth and of structuralism, the idea that the world as we see it is the result of hidden structures”. In the words of Freedman & Combs (1996:21) “Postmodernists believe that there are limits on the ability of human beings to measure and describe the universe in any precise, absolute, and universally applicable way”. The implications here are that both knowledge and truth are both socially and locally constructed. That means the co-researchers in this research are busy constructing knowledge as they tell their stories. The stories and experiences which are their lived truth and which can’t be declared ‘universal ultimate truth’ to be replicated.

Hevern (2003) explains that “postmodernism seeks micro or local narratives in place of meta-narratives because their truth claim is far more modest”. In this view, the silent and marginalized voices of the OVC find space to be heard and valued.

In their effort to clarify the differences between the concepts modernism and postmodernism, Freedman & Combs (1996:21-23,31,265) differentiate the two concepts as follows:

Modernism

- The “objectivist” of the modernist worldview, with its emphasis on facts, replicable procedures, and generally applicable rules, easily ignores specific, localized meanings of individual people.
- Modernist thinkers tend to be concerned with facts and rules.

- According to Allan Parry (1991, p37), a characteristic of the modernist approach to stories is to explain them through underlying structures or archetypes instead of letting them “tell themselves.”
- Since the modernist project centers on sweeping meta-narratives and perfectible scientific theories, modernist ethics tend to be based in rules that can be prescribed and enforced in a “top down” way.

In contrast *postmodernism* believes differently

- Postmodernists believe that there are limits on the ability of human beings to measure and describe the universe in any precise, absolute, and universally applicable way. They differ from modernists in that exceptions interest them more than rules. They choose to look at specific, contextualized details more often than grand generalizations, difference rather than similarity.
- Postmodernists are concerned with meaning.
- A central tenet of the postmodern worldview is that all the things that make up the psychological fabric of “reality” – arise through social interaction over time. In other words, people together, construct their realities as they live them.
- In the postmodern world, ethics focus on particular people in particular experiences, and there is considerable skepticism about the applicability of any kind of sweeping, universal, one-size-fits-all truth claims.(Freedman & Combs 1996:265).

Examining the fundamental differences embodied in the two discourses, this research clearly falls within the postmodernists' worldview. This worldview allows the researcher, among other things, (1) to look at specific, contextualized details of individual stories of orphans and vulnerable children, instead of grand generalizations; (2) from the ethical point of view to focus on a particular group of people (children) in particular experiences against "sweeping, universal, one-size-fits-all truth claims" and (3) to "make room for marginalized voices and marginalized culture" (Freedman & Combs 1996:265), and to take their rightful place in the world as they express themselves.

As the researcher and the co-researcher embark on this exciting journey together, they are not sure where and how they shall end. However, they are sure to land somewhere distinct than where they started, because while "Modernism ... starts from something, such as fundamentals and absolutes. ... Fundamentals in post-modernism are akin to the foundations of buildings ... They rest on no firm bed-rock, but float" (Tyler 1991:80), until they safely land somewhere, as new and more exciting stories evolve.

By engaging the postmodern paradigm, I also wish to adhere to the ethics that are a cornerstone of the narrative approach to research. In other words, this paradigm enables both the researcher and the co-researchers to deconstruct the "abusiveness" that has existed in some of the research (Müller 2003:7).

1.9.5 Social constructionism

Gergen (1985:266) describes the social constructionism paradigm as “the process by which people come to describe, explain or otherwise account for the world (including themselves) in which they live.” This implies that “...knowledge is not something people possess somewhere in their heads, but rather, something people do together. Languages are essentially shared activities.” (1985:270). Put in another way, it means “language provides our ways of understanding ourselves and the world” (Burr 1995:8). These descriptions support the narrative approach view that knowledge is locally and contextually constructed by people through lived individual and collective life experiences. In this paradigm the stories and experiences of the OVC are recognized as constructing knowledge which can be understood and shared.

In elaborating further, a number of terms are used to describe the social constructionism paradigm which is a metaphor of understanding and interpreting reality. The terms used include “post-structuralism,” “deconstructionism,” “the interpretive turn,” and “the new hermeneutics” (Freedman & Combs 1996:14). These descriptive terms suggest a movement away from structuralism and constructivism discourses which share a common belief in hidden structures that underlay the truth about the world and can be revealed by analysis of the same.

In this view the individual stories and experiences are deconstructed, understood and interpreted as individual lived reality.

Burr (1995:3-5) highlights the “key assumptions” which are shared by other social constructionists:

- (i) A critical stance towards taken-for-granted knowledge: ways of understanding the world and ourselves.
- (ii) Historical and cultural specificity: the ways in which we commonly understand the world are historically and cultural specific.
- (iii) Knowledge is sustained by social processes and constructed among people through interactions.
- (iv) Knowledge and social action go together, therefore we can talk of many possible social constructions of the world.

This comprehensive description of social constructionism provides a clear way of understanding where knowledge is seen as social process amongst different people. It rejects the notion that knowledge is an objective truth outside a person. Thus it is a logical way for describing and co-constructing knowledge with the co-researchers from their lived stories and experiences in which they are the experts. Furthermore, social constructionism allows the marginalised silent voices of the OVC to be heard and be valued when dealing with matters concerning them, especially their care and/or lack of it.

1.9.6 Qualitative research

This research is also qualitative in nature. This type of research consists of various research approaches but their focus is mainly on two things: “phenomena that occur in natural settings—that is in the “real world”, and studies of those phenomena in all their complexity” (Leedy & Ormrod 2005:133).

Qualitative academic studies are undertaken in various disciplines such as history, political science, medicine, education (Leedy & Ormrod 2005: 133), Others include anthropology, sociology and psychology, which according to Müller (2004:297) are “neighbours of practical theology” . Denzin (2000:1048) describes qualitative methodology of research as “interdisciplinary, multidisciplinary and sometimes counter-disciplinary field’. This, in effect, implies that qualitative researchers recognize their studies consist of various dimensions requiring “multi-methods, the naturalistic approach and the interpretive understanding of human experience. This field is also shaped by multi-ethical and political allegiances” (Van Niekerk 2006:11).

According to Marshall and Rossman (1995) “all research must respond to canons that stand as criteria against which the trustworthiness of the project can be evaluated” (De Vos et al 2005:345). In quantitative research great value is placed upon concepts of internal and external validity, and reliability in assessing research outcomes. In contrast, qualitative researchers prefer such terms as credibility, transferability, dependability and conformability, in assessing the trustworthiness of their research as provided by Lincoln and Guba (1985:290).

However, while considering these concepts in this narrative research, where every child’s individual story is listened to and valued as unique, transferability is inapplicable. In this case while methodology might be transferable, the outcomes are not.

This research, is therefore, guided by Lincoln and Guba's (1985) model of assessing the accuracy and credibility of the study process.

As I have already stated, the main aim of this research is to listen to all the children's stories with subjective integrity. This is done through informal conversations guided by open-ended and non-judgmental questions. In doing this, the researcher should be mindful because according to Bruner (1993) "meaning is radically plural, always open, and ...there is politics in every account" Van Niekerk 2006:12)

1.10 THE CONTEXT OF THE RESEARCH

Zambia like the rest of Africa is experiencing urbanization at a fast rate. The rising rural to urban migration trend ranks Zambia third on the highly urbanized scale of countries in Africa, surpassed only by South Africa and Algeria. In 2004 Zambia had just over 50 per cent of its people living in cities and towns (Lungwangwa & Macwan'gi 2004:14). Seven years down the line, the situation doesn't seem to have changed and the trend continues.

Life in urban areas is influenced by different world views in the globalization dispensation we are living in. In towns and cities, unlike in rural areas, the African world view is influenced by various world views, especially the Western world view. This world view embraces individualism in contrast to the African world view where community care is for all people.

One of the serious consequences of the western influence is the society neglect of the less privileged, such as the OVC. The African extended family care system is disintegrating fast in urban areas leaving many marginalised children and elderly people on the streets. Under the African community system, orphans, widows, widowers and other marginalized members of society were well cared for (Joint USAID/UNICEF/SIDA project 1999).

In the course of their research, the Joint USAID/UNICEF/SIDA project (1999:17) observed that no other type of care can be compared to that of the extended family. They point out that:

No other arrangement or structure that government, NGOs, churches or donor agencies have devised has come anywhere near to managing the OVC problem in the way that the extended family has succeeded in doing. Even though forces such as urbanization, migration, poverty and the HIV/AIDS epidemic itself threatened the cohesion of the extended family, the family remains for all practical purposes the fundamental front line of response to the OVC crisis.

Studies indicate that the greatest need for an orphan is placement within a family-like structure, headed by a responsible adult and located within a community. It is preferable to keep siblings together in familiar surroundings in a family related to the child.

The OVC participating in this research project and others like them live in urban areas of Zambia. The research locations (care giving institutions) are located in three different urban residential areas, usually referred to as, shanties, slums or peri-urban areas (cf Ngulube 1989; Joint USAID/UNICEF/SIDA project 1999). These children are seen as somehow lucky to be in care giving institutions. As explained earlier, the majority of the OVC are still living on the urban streets and dungeons. This state of affairs is evident in the stories and experiences of the co-researchers..

1.11 RESEARCH METHODOLOGY

For any research to be successful the methodology applied is of vital importance. As a narrative researcher within the social-constructionist paradigm I wish to be truthful in the manner I carry out this research. Furthermore, I want to be a researcher who doesn't 'pathologize or victimize my research participants. I, therefore, don't use such language as 'research objects', or 'research population', but prefer to call them 'research participants' or 'co-researchers'. For me it is important that this research is of value to my co-researchers and not serve my own objectives (Müller 2003:7).

My aim in this research is to listen to stories and be drawn into them. In conducting this research, I don't strive for objectivity, but for 'subjective integrity with a method of participatory interaction'. In addition I aim to pay close attention on the small, marginalised, silent stories, and avoid making 'sweeping' generalized claims (Müller 2003:7). By focusing on small details of stories, in contrast to mega generalizations, the stories and voices of the OVC are listened to and heard.

In their discussion of the different research designs, Leedy & Ormrod (2005: 135-143) describe five common designs which are suitable for qualitative research. Among these are ethnography and phenomenology, that offer useful guidelines for this study. In a number of ways this research falls within these two designs. “The ethnographer ... listens and records the voices of informants” (research participants in this case) (Creswell 1998:246). In this study the individual children’s voices are heard and recorded. In addition qualitative approaches “focus on phenomena that occur in natural settings—that is, in the real world” (Leedy & Ormrod 2005:133). The guidelines offered in this design assisted in data collection from the research participants, who are involved in this study of the OVC phenomenon. All the conversations and interviews were conducted at the children’s familiar surroundings.

1.11.1 Research methods

Müller et al (2001:1-11) have given comprehensive guidelines on how to conduct research from narrative approach based on fiction writing. In this approach, “fiction writing as a metaphor for doing research follows an ABDCE formula: Action, background, development, climax and ending. In this research the ABDCE formula is utilized because of its coherent and systematic flow from action, background, development, climax and ending (Müller et al 2001:1). It is also appropriate for Zambian children whose daily lives involve telling and listening to different stories in their families and society. This research process allows the researcher and co-researchers to begin and work together with the “now”, build up the story drawing from the background, develop it to the climax, and progress to the end. As a narrative researcher, I opted for this approach because it is also a truthful way of doing research. Furthermore, it is vital for me that this study is of value to the co-researchers and not only to serve the researcher’s objective (Müller 2003:7).

Van Deventer (2002) has explained the value of this metaphor as he states that: 'This is no linear process, but rather reflects an emergent design which is focused, but nevertheless flexible, iterative and continuous and therefore gives this research the character of an evolving spiral' (Van Niekerk 2006:15). The ABDCE formulation fits well with the evolving spiral concept whereby the story begins with action spirals up to the climax and finally draws to a close. In this way the researcher and the co-researcher start together and watch as the story unfolds, and end somewhere different from where they started.

1.11.1.1 Action

According to Müller (2003:10) the narrative approach places the emphasis on the action and not particularly in the problem. The reason is that as a narrative researcher I have a deconstructive agenda. "Things need to be unpacked, not only the problem areas of life have to be researched, but every action, with a possible alternative story in mind" (Müller 2003:10).

In the action phase both the action and the problem are described. However, this description goes beyond. "It is about the now of the story...the now is action, and therefore dynamic in nature. To take the action seriously and to have it told is to open up a possibility, to create a new now for tomorrow" (Müller et al 2001:3). The current situation need to be honestly told to facilitate the correct interpretation as all stories are "reported" (Van Niekerk 2006:16)

In this study, the action field (*habitus*) include: orphans and vulnerable children living in urban Zambia; affected or infected by HIV and AIDS; children's experience of care and/or lack of it; community and faith based care giving institutions.

In qualitative research data is drawn from various sources. Among them, different people and particular groups (Leedy & Ormrod 2005:139). Groups such as the OVC participating in this research. Here the research sample is drawn from three care giving institutions within Lusaka urban. According to Creswell (1998), an appropriate size should be between 5 and 25 individuals (Leedy & Ormrod 2005:139). The first, second and third groups had eight, five and ten children respectively: ranging in age between 12 and 18 years.

The criteria used in selecting this sample is based on the fact that these children form part of a larger Zambian population of the OVC infected and/or affected by HIV and AIDS crisis throughout Zambia. Furthermore, they live within accessible urban locations situated around Lusaka under conditions similar to those found in other towns and cities around Zambia.

According to Rubin and Rubin (1995:56), “the purpose of qualitative interviewing is to obtain rich data to build theories that describe a setting or explain a phenomenon.” They explain that “qualitative researchers build theory step by step from the examples and experiences collected during the interviews” (Rubin and Rubin 1995:56). The children’s stories and care givers’ contribution concerning care were collected to build up theory and explain the phenomenon of the OVC. The instruments utilized in collecting data include:

- Qualitative questioning;
- Literature review;
- Conversations and interviews (unstructured and semi-structured) with care givers and children;
- Observations of children care givers in the course of their work.

The second form of action in the narrative research involves interaction of the researcher with the action or the research participants. In this study, regular interaction with the children, the care givers and their action happened regularly. Through such interaction, the researcher becomes part of the action. And, as a result, it becomes necessary for the researcher to articulate her or his interests in the study explicitly (Müller 2003:10).

Throughout the research process I was aware of the compassion and empathy I have for the marginalised children. I am also aware of my tendency to gravitate towards providing help or making suggestions on how various problems or challenges could be addressed. My conviction is that OVC lack adequate care especially from the government in spite of having ministries for child development as well as community development. I salute the tireless efforts of the care givers and the care giving institutions in trying to meet the children's basic needs in spite of inadequate resources at their disposal.

My constant contacts with children in general, and OVC in particular, facilitated easy interaction with them as co-researchers. This made me an integral part of the action and not an outside observer. At the same time I tried to be alert of the various discourses in the community that impact the action and others involved. My personal involvement and interaction with the various care givers and the children was to our mutual benefit.

According to social constructionism, people in specific contexts do things together and interpret their lived experiences together. Therefore, the experiences of all co-researchers are described and collaboratively interpreted. As a researcher I am more interested in the OVC's own interpretations of their experiences.

The social constructionism metaphor helps us in understanding and interpreting reality (Müller 2004:298). Furthermore, “meaning is not carried in a word by itself, but by the word in relation to its context, and no two contexts will be exactly the same” (Freedman & Combs 1996:29). One of the many ways of evaluating qualitative research is through consensus, whereby other people, “including the participants in the study and other scholars in the discipline, agree with the researcher’s interpretations and explanations” (Leedy & Ormrod 2005:154).

In addition to continuous consultations with the research participants, feedback was done through regular peer review throughout the research process. Due to long distances (researching in different countries), this was mostly done electronically. I consider this research to fall under the wider circle of “Family pastoral care in the field of Practical Theology” (Van Niekerk 2006:17) It also falls within the neighbourhood of social, economic, and psychosocial fields bringing it into multidisciplinary arena.

1.11.1.2 Background

The second phase in this formulation is the background. In this phase the researcher reveals the people involved in the study, where they are coming from, and their goings on prior to the beginning of the story (Müller et al 2001:5). At this juncture what needs to be borne in mind is that, “The action in the now is played within a background that must be pictured, but this background is alive with associations and connotations of the past” (Müller et al 2001:6).

The first movement of this process (action) and this second one (background) together can be compared to Don Browning's first, second and third movements: descriptive, historical, and systematic. Browning describes (1991:47) his first movement as horizon analysis. "...it attempts to analyze the horizon of cultural and religious meanings that surround our religious and secular practices." Browning uses the term "thick description" and emphasizes the necessity to interpret the action that is being researched against the backdrop of different perspectives: sociology, psychology, economy, etc. After this thick description, and as part of it, the background should also be extended to the historical perspective and the systematic concepts already developed, concerning the specific, or related actions.

(Müller et al 2001:6)

Müller (2003:13) explains further that "The first movement (descriptive) asks for a "thick" description where the actual situation is described according to every possible scientific perspective. This movement asks for an interdisciplinary approach and involves the empirical situation (action and action field) to be described with honesty and integrity." The researcher "has to use sound methods during this movement. Both qualitative and narrative methods will be considered social-constructionivists and narratively, as explained under "Action". He points out that "Browning's movements imply reciprocal dialogue between "Action" and "Background", and explains that "Socially constructed narrative based research is in no way linear in nature and, although we are helped along by guidelines of research, the various steps should rather be viewed as a spiraling process" (Müller 2003:13)

In order to extend the background “to historical perspective and the systematic concepts already developed...concerning...related actions” (Müller 2003:13), various forces are brought into play, among them various people and discourses which include:

- (i) HIV and AIDS discourses
- (ii) Children orphanhood and vulnerability discourses
- (iii) Poverty and political discourses
- (iv) Socio-economic discourses
- (v) Urban life discourses
- (vi) African cultural care discourses
- (vii) Holistic care discourses
- (viii) Theological discourses

All the different people involved in the action under study play an active role in matters affecting children. They have their own views on the HIV and AIDS crisis and its implications on society. The people’s cultural and religious belief systems influence their attitude towards people and children infected and/or affected by the HIV and AIDS.

The second and third phases, background and development depend to a large extent on literature studies on the OVC. Some background of the action has been gathered through long time interaction with the OVC. Other background information is collected through informal conversations with children advocates and care givers.

1.11.1.3 *Development*

In this approach development is the third phase. In this phase both the researcher and the co-researchers patiently look for “unique outcomes” in the story of people and communities (White & Epston, 1990). In describing this phase (Müller et al 2001:7) explain that:

Doing research is, in the first instance, to have a good, long look at the “Polaroid”. A narrative researcher is patient and interested and curious. He or she doesn’t know before hand what the solutions are or should be. The narrative researcher is not only curious, but also patient. He or she waits for the research plot to develop. The metaphor of a stewing pot could perhaps be of help. Doing research is like observing a simmering pot and the adding spices (the researcher’s interaction) to it. This “development” process consists of the wait for the “stew” to cook for a while.”

However, the ‘wait and see’ stance doesn’t imply that the researcher waits passively whereby she or he withdraws from interpretation. On the contrary, both the researcher and the co-researchers should be involved in the process of story development and interpretation in accordance with the social-constructionist approach (Müller et al 2001:7).

The researcher must be aware that research is about the participants in the action who need to be involved in the development process. In this process, the researcher contributes through reflection and facilitation while waiting for the plot to emerge. “It’s more than just to be a scribe. It’s like being the assistant for someone who is writing an autobiography” (Müller et al 2001:8).

In the narrative approach, stories and experiences of the research participants are at the core. However, the story development forms a vital part of the process. The researcher continuously waits and looks for “new and better stories to develop” (Müller 2003:14) having emancipation in mind. Gergen (1999:5) states: “In the hands of these scholars, the data dramatically succeeded in bringing provocative ideas about human interaction to life, thus generating debate and dialogue” (Müller 2003:14).

This joint effort of the researcher and co-researchers is important in deconstruction and co-constructing / restorying new stories of care. This cooperative effort should also explore the most effective ways of having the views of the OVC incorporated in all matters concerning them.

In this research project, I have endeavoured to interact with my co-researchers at every opportunity. I also made conscientious effort to intently listen to their stories and experiences and be drawn into them. In the process I got to know them better and began to see their situations from their perspective as their stories unfolded and developed into new stories.

1.11.1.4 Climax

Every story reaches a climax at some stage. In the climax stage of this research metaphor, “You move them along until everything comes together in the climax, after which things are different for the main characters, different in some real way” (Lamott 1995:62).

In their discussion on climax, Müller et al (2001:8-9) explain:

We are talking here of the curiosity and patience of the good researcher. He or she sets the scene in motion and waits anxiously for the climax to develop. The fake or quasi researcher on the other hand, is a propagandist who knows the answers to the questions and therefore doesn't really need to do any research. Then the research document becomes propaganda material instead of an honest development of "character" and "plot". The person, who knows the outcome of climax before hand, hasn't even started the process of becoming a researcher.

Proper understanding of various people and their life situations takes time and patience. Any understanding reached too fast is shallow and in some cases can't be regarded as understanding. In the words of Müller et al (2001:9) "The way towards the climax is not an easy one. Research, like writing, is seeing people suffer and finding meaning therein." In order to do that there is a need to respect people. One can't judge people by the way they look or by the cloths they wear, otherwise you are bound to misjudge them. Furthermore, "...a researcher has to learn to be reverent. Research is more than mere techniques; it is about reverence and awe" (Müller 2003:14).

Throughout this research process any kind of manipulation towards climax of the stories was avoided. Instead, the unfolding of the climax was achieved "through the process of 'Action-Background-Development'" (Müller 2003:15). On my part, I keenly listened and re-listened to the various stories as they developed and as all the participants co-created in the re-storying process.

1.11.1.5 *Ending*

Every story has a beginning (action in this case) and an ending. In this phase of the story, the '*ending*', Müller et al (2001:10) point out that: "The researcher easily gets discouraged towards the end of the research encounter. Did I achieve anything? Was all this work worth the effort?" However, in spite of such feelings, Müller (2003:15) argues that "To be a researcher is to be able to dream for and with people". Included in this study process are stories and experiences of all the involved parties, that is the co-researchers and the care givers.

The research processinvolves many of the stories of those involved: the clients; the families; the researchers; the patients; the church members. But the research process is not only a mere reflection on those stories; it is always a new writing. Research creates its own story with new possibilities. Therefore, narrative research doesn't end with a conclusion, but with an open ending, which hopefully would stimulate a new story and new research.

(Müller et al 2001:10)

The narrative research begins with some kind of action. In describing the action, and In the process of interacting with the action, the background becomes necessary. "And with background and interaction you have co-characters, and with such interacting characters it is inevitable to have development. With development there is dynamic evolution and one can expect to move to some sort of climax" (Müller 2003:15).

Every type of study has a beginning and an ending just like all the other kinds of stories. The ending is inevitable, in spite of whether it's good or bad. However, the expectation is that it's a happy ending that is distinct from the start. "In that sense the end will always be better than the start. It provides a new, although not always pleasant and sometimes even disappointing, perspective" (Müller 2003:15). With 'climax' and 'ending' the researcher must test the old and new theory in praxis. In implementing this, she or he reaches "Browning's fourth movement" and has to examine all potential study methods again, "and involve the relevant individuals, families, and communities in order to ensure a broad base ownership of the emerging strategies" (Müller 2003:15).

Finally, the silent stories and experiences of the OVC living in urban Zambia are granted a voice. A holistic understanding of the experiences of the children affected and/or infected by the HIV and AIDS epidemic is gained through this process. It is vitally important that this type of research is valuable to all the co-researchers. In advocating for children's voice to be heard, I am hopeful that their care shall be enhanced through serious consideration of their views in matters that affect them especially their care.

1.12 RESEARCH DELIMITATIONS

Leedy & Ormrod (2005:55) state that: "What the researcher intends to do is stated in the problem. What the researcher is not going to do is stated in the delimitations." In this research I don't cover areas outside Lusaka urban. The representative sample size doesn't exceed the appropriate size of between 5 and 25 children which is the limit in phenomenological study within qualitative research (Leedy & Ormrod 2005:139).

The research project excludes children who are not infected or affected by the HIV and AIDS epidemic, and who are not vulnerable according to our definition of vulnerability. The experiences and stories are limited to the children's own lived experiences and stories which they directly tell the researcher in conversations and unstructured interviews. The gathering of data is limited to conversations, interviews and literature review.

1.13 ETHICS IN RESEARCH

In discussing ethical issues in research, Leedy & Ormrod (2005:101) point out that "Whenever human beings are the focus of investigation, we must look closely at the ethical implications of what we are proposing to do."

Generally, the majority of ethical matters in research fall under any one of the following four categories: protection from harm, informed consent, right to privacy, and honesty with professional colleagues (Leedy & Ormrod 2005:101). This narrative research falls under these categories. In the first instance, and in order to execute this study, I needed informed consent from parents, family and/or guardians of the OVC participating in the research.

1.13.1 Informed consent

When looking at ethical issues in relation to research, informed consent is one of the categories discussed by Leedy & Ormrod (2005:101) thus: "Research participants should be told the nature of the study to be conducted and given the choice of participating or not. Furthermore, they should be told that, if they agree to participate, they have the right to withdraw from the study at any time. Any participation in a study should be strictly voluntary".

During my first formal meeting with the prospective research participants, their guardians and care givers, I explained the nature of the research I was undertaking. I emphasized that participation was strictly voluntary, and it could be withdrawn at any time without any explanation whatsoever.

The importance and appreciation of the potential participants' contribution through their stories and experiences, freely narrated, was explained and emphasized. The avoidance of any kind of deception or bias in reporting the children's stories was assured. In giving this assurance, I was guided by the information contained in the 'Informed consent' form which I designed and was approved by the Research ethics committee of the University of Pretoria.

I also read and explained the information contained in the 'Informed consent' form (Appendix 2), and allowed time for questions and/or clarifications. A period of seven days was agreed upon as sufficient time for guardians and children to consider whether to participate or not. After due consideration of the invitation the majority of the children volunteered to participate while two declined. The guardians then signed individual 'informed consent' forms for each prospective participant.

In order to ensure every co-researcher clearly understood her or his obligations and expectations in participating in this research project, I designed a specific 'Explanation form for co-researchers/participants' (Appendix 3) for each child to sign. Following the reading and explanation of its contents to each participant in the presence of the guardian, I then invited each co-researcher to sign the form.

To obtain consent for the utilization of the research locations and to be able to conduct the research with the OVC under their care, I wrote formal letters (Appendix 1) to the 3 NGOs. Prior to writing, I made a number of informal visits to familiarize myself with the care giving institutions and to interact with the prospective research participants, both care givers and children.

1.13.2 Confidentiality and anonymity

Another important ethical consideration is the right to privacy for research participants as well as confidentiality. As Leedy & Ormrod (2005: 102) point out “Any research study should respect participants’ right to privacy”. To maintain co-researchers’ privacy and confidentiality concerning their contribution in the research each participant was invited to choose own pseudonym known only to herself or himself.

1.14 CHALLENGES

In the course of this research process I encountered a number of challenges which included:

- Problems with focus group conversations proposed in the research proposal that could not be implemented. This was because the co-researchers preferred individual interviews and conversations, which made them relaxed and confident to tell their life stories.
- Research had to be confined to Lusaka urban due to logistical and financial constraints.
- Limitations of available literature on the OVC in Zambia.

1.15 KEY CONCEPTS

Ghosh (1992:12) describes a concept as “a word or a phrase which symbolizes the phenomenon and helps to communicate the finding. Concepts may communicate ideas or introduce particular perspectives. They “provide a means for people to let others know what they are thinking and allow information to be shared” (Berg 2007:20).

The following are some of the concepts which form an integral part of my research topic and question.

- **Care**

Care is at the core of this research project. By the word care, I mean giving serious attention to all the human needs of the OVC living in urban Zambia. Care also implies respect and empathy for the children who are generally stigmatized and traumatized in their marginalised situation. Respecting the children also implies giving the children a voice to share their stories and experiences. It is also important to treat the orphan as a person and especially as a child. This attitude sends the positive message that children are important and their views matter in issues concerning them.

Assigning proper meaning to the concept ‘care’ in this research is a process of construction that indicates what care means to the marginalized children living in urban Zambia. It is also a deconstruction of how various groups or organizations, for instance: the government, religious organizations, and the church understand care (Van Nierkerk (2006:12).

- **HIV and AIDS**

The Human immunodeficiency virus, (HIV) is a retrovirus which causes Aids. Acquired immune deficiency syndrome (AIDS), is a viral condition marked by severe loss of resistance to infection and so ultimately fatal (The Oxford English Dictionary).

- **Orphans**

The Oxford dictionary describes an orphan as a child whose parents are dead. However, in Zambia an orphan is described as a child, under 18 years, whose mother or father or both parents are deceased (Joint USAID/UNICEF/SIDA project 1999:9). In this study, I utilized the Zambian concept of an orphan.

- **Silent voices**

By silent voices, I mean children's hidden stories deep down within themselves, more like secrets which they have kept to themselves since the loss of their parents; any personal experiences that have been suppressed with regard to their care and/or lack of it. In other words it is "Saying or recording nothing on some subject" (The Oxford English Dictionary).

- **Urban Zambia**

The Oxford dictionary definition of urban: 'living in or situate in a town or city (an urban population)'. While the Zambian understanding of urban is similar, when discussing urban residential areas: planned, unplanned or unauthorized settlements are differentiated.

The unplanned settlements are referred to as peri-urban areas (see GRZ Central Statistical Office 2000). They are also variously called squatter compounds, shanties, shanty compounds or slums (Ngulube 1989:116-127). These settlements usually lack the basic infrastructures of proper roads, drainage systems, sanitation, and other such social amenities. In this research terms 'peri-urban', 'shanty compounds' or 'slums' are utilized. The research sites and the co-researchers are situated in the different shanty compounds.

- **Vulnerable children**

When considering vulnerable children, there is no one clear description in Zambia. "...the criteria for vulnerable children vary from those who are dressed in ragged cloths and 'look unhappy' or whose parents are considered to be poor, to those who show symptoms of malnutrition or stunting (Joint USAID/UNICEF/SIDA project 1999:352). The understanding of a vulnerable child is one lacking adequate basic human needs of life (food, shelter, clothing, health care and education) and is exposed to harmful and life threatening situations.

1.16 RESEARCH CHAPTERS

This research is divided into six chapters which form an integral part of this research project.

Chapter one: Introduction, Background and Methodology. This introductory chapter gives an overall introduction of the research project. In particular it provides the background to the study, and identifies the research participants, research topic; research problem; goals and objectives; research paradigm and methodology.

Chapter two: The silent voices of orphans and vulnerable children. This chapter is devoted to the stories and experiences of the HIV and AIDS orphans and vulnerable children. The children's stories are reported in their own words.

Chapter three: Different voices brought into conversation. Here the different world views, namely African traditional culture and Western cultures which dominate the urban centres of the sub-Saharan Africa and Zambia in particular are examined. In order to bring the various voices and discourses affecting the lives of the OVC with regard to their care and/or lack of it, the relevant study available is reviewed and its contribution considered.

Chapter four: Feedback and reflections. The feedback from the co-researchers and the researcher are described. The reflections on the whole research process are also given.

Chapter five: Research outcomes. Here the process of arriving at the outcomes as well as the outcomes of the whole research exercise, are described. This includes lessons learned by all researchers and the new stories that have emerged from the study. The implications for practical theology and the pastoral care challenges are also examined.

Chapter six: Evaluation of the research process. In this concluding chapter, matters pertaining to the whole study process are evaluated with regard to reliability, validity, credibility, transferability, and consistency in qualitative research are discussed. In addition, narrative evaluation questions pertaining to: new stories and restorying, interpretation, transformation/reframing and research dissemination are addressed.

1.17 CLOSING REMARKS

In this first chapter, I have explained my positioning within the various research paradigms. I have also explained the research process, the methodology and the research metaphor which is based on the ABDCE model.

In the following chapter, the stories and experiences of the children orphaned by AIDS and vulnerable children, who are my co-researchers, are told and listened to.