

## CHAPTER 3

### DIFFERENT VOICES IN CONVERSATION

#### 3.1 INTRODUCTION

The main focus of this chapter is on the second phase “Background” (Müller (2003:12) of the research metaphor and story. When discussing the second movement (background) and the first movement (action), Browning’s three movements: descriptive, historical and systematic come into play. Furthermore, a reciprocal dialogue between “Action” and “Background” takes place at this stage of the research process.

In the preceding chapter, the OVC narrated their stories concerning their care and/or lack of it. I shall now explore and examine the social, cultural and developmental aspects of the environment in which the children live. These aspects influence the children’s world view and thereby their life experiences and stories. In doing this, the various cultural views as well as societal opinions pertaining to children care in general and the OVC in particular, are taken into consideration.

In an effort to gain a deeper understanding of the children’s experiences as individuals and groups, it is important to first and foremost understand their world view. The African traditional culture, like all other world cultures, plays a vital role in the African peoples’ outlook on their life experiences and their interpretations thereof.

Furthermore, the OVC living in urban Zambia are caught up among various world views and cultures, especially the African and Western world views both of which affect their views and life styles.

In addition and in order to bring the various voices and discourses into conversation, the available research done in Africa by Africans is reviewed and integrated.

The OVC participating in this research come from different ethnic groups. Although we generally talk of the African traditional culture, some differences do exist in customs and practices in addition to languages. Zambia has 73 tribes or ethnic groups. The children and others participating in this research were born and brought up in their particular tribal cultures (Else 2002:40), which have implications in their world view and stories.

In addition, and to better understand the overall situation of the co-researchers and their environment, I also listen to the relevant study done in Africa by Africans. As it has been observed "...local knowledge is better than imported knowledge" (Van Niekerk 2006:6).

### **3.2 VIEWS ON OVC RESEARCH UNDERTAKEN IN AFRICA**

Carrying out this research has proved a challenging experience. From the available research there doesn't seem to be much research undertaken locally by Africans concerning the OVC. The ethno cultural literature is also scarce, "...except that which has been researched and authorized by foreign scholars" (Ngulube 1989:xi).

This situation is in spite of the fact that “...Zambian scholars ...born, bred and matured into the very society they write about, gives them the advantage of being sensitive and appreciative of the values, beliefs, norms and artistic manifestations ...”(Ngulube 1989:ix).

I identify with this assertion. Having been born and bred in rural central Kenya, I know more about my lived life experiences within my Kikuyu traditional culture and other cultures. This is true for all peoples. In other words, local people are more knowledgeable about their local contexts than any foreigner would know. After living in Zambia for about 40 years I am still learning. I am still not fully conversant with all the various aspects of my spouse’s Ngoni culture. And I am doubtful whether I can ever learn and understand the Ngoni culture fully which happens to be part of the South African Zulu nation culture.

From my limited experience, it is apparent that more ‘home grown’ research in Africa, which takes into consideration the African world view in areas of child survival, development and protection, is needed. The emerging issues related to the HIV and AIDS pandemic, children orphaned by AIDS, household poverty, and child abuse in various forms, necessitates more of such research. This should be done at the backdrop of the above issues and others that have emerged over the last three decades, and which have negatively impacted on the life and welfare of the child in sub-Saharan Africa.

### 3.3 TOWARDS UNDERSTANDING A WORLD VIEW

Every human being has a world view. It is, therefore, important, particularly as we live in the cross-cultural environment in urban centres, that we understand the African world view, if we are to be effective in research, policy making and in care giving of the marginalised children. Olumbe (2008) [www.missiontogetherafrica.org](http://www.missiontogetherafrica.org), describes a world view as follows:

Worldview is the set of assumptions and presumptions that a person holds consciously or unconsciously about how they perceive reality (Kurka 2004; Sire 1988:17). It provides us with the much-needed foundations for behavior, thought and assumptions which govern how we live. Worldview is the underlying set of ideas that enables people to cope with life in a given culture (Kraft 1999:85, 387). Through it we have the basis of how we perceive our world, for example whether we consider the extended family a critical part of our lives or only the nuclear family.

This comprehensive definition of a world view is helpful when trying to understand its various perspectives, and while examining and discussing a particular world view.

Holtzen (2004:1-31) gives an appropriate description of a world view for this narrative research as follows.

A world view is a commitment, a fundamental orientation of the heart, that can be expressed as a story or in a set of presuppositions (assumptions which may be true, partially true or entirely false) which we hold (consciously or subconsciously, consistently or inconsistently) about the basic constitution of reality; and that provides the foundation on which we live and move and have our being (Van Niekerk 2006:63).

This description is helpful in trying to understand the African world view. It also resonates with this research whose main source of data is the co-researchers' stories. The children's experiences constitute the reality of their lived lives. This definition, therefore, enhances the understanding of the stories and experiences of the co-researchers as narrated from their African worldview.

### **3.3.1 Understanding an African world view**

In his description of the African world view, one of the prominent African theologians, Charles Nyamiti (1990) gives four main characteristics:

- First, this comprises an existential, concrete and effective approach. Reality is seen and judged especially from its dynamic aspects closely related to life. The farther a being is from these elements, the more unreal and valueless it is conceived to be. Hence the emphasis on fecundity and life, being and power or life force identification. God is above all forces, he is life itself, he originates it, controls it and protects it.

- Solidarity (communality), totality and participation. This indicates a cosmo-theandric vision of the universe where the world of the spirits, human beings and nature are seen as united in vital or organic communion among themselves.
- Third, the sacred. In the African world view there is a deep sense of sacredness possessed in various degrees: the Supreme Being, the spirits, the ancestors.
- Fourth, anthropocentrism. This means that society and religion are centred on the human person whose welfare are to promote. The human being is the centre of the world (<http://www.brill.nl>).

This broad description of the African world view emphasizes the centrality of life which is individually lived, but always in a community. The communal way of life ensures holistic care for all the needy in society. This includes orphans, vulnerable children, the sick, the handicapped, the poor and the elderly.

### *3.3.1.1 African traditional culture*

In his book '*Contemporary Cultural Anthropology*', Michael Howard (1986:6) argues that: "Perhaps the most important defining characteristic of humans is culture. Culture itself is the customary manner in which human groups learn to organize their behavior and thought in relation to their environment".

A slightly different description of culture is given by Ayisi (1988:1)

Culture of a people is the sum total of the material and intellectual equipment whereby they satisfy their biological and social needs and adapt themselves to their environment. Culture is that complex whole which includes knowledge, belief, art, law, morals, customs and all that other capabilities and habits acquired by man as a member of society.

The foregoing cultural descriptions help us understand culture in general, and the various aspects that distinguish one culture from another. All people's survival is dependent on culture which comprises of both sociological and physical factors prevailing in different contexts and environments. The experiences and stories of my co-researchers reflect the physical and sociological conditions under which they live. In discussing the "profile of African cultures", Falola (2003:63) describes four "commonly shared ways of life" that all Africans can identify with as follows:

- First, the African world view is *life affirming*. We do not subscribe to a philosophy of world denial or a compelling desire to abandon the now for there and thereafter.
- Second, African world view lays more emphasis on duty than on *rights*. In Black Africa rights are not asserted in the abstract; they reflect rewards inherent from one's performance of duties. Children who deny their parents good burial, which they can afford, cannot lay claim on their parents' wealth appealing to the abstract "rights of man."

- Third, African world view emphasizes the necessity for a *countervailing power*. New gods may be acquired if the existing gods fail to match their rivals' power.
- Fourth, African world view is essentially a *tolerant* world view. African value systems are shaped by their world view. The basic values found in Africa include: respect for elders which derives from the postulate of life affirmation; emphases on lineal continuity; mutual dependency; transparent living; and on maintaining cosmological balance. These basic values are supported by other values: the definition of achievement in social rather than in personal terms; intense religiosity; care and sharing within kinship groups and equality of access to opportunity without guaranteeing absolute equality.

This wide and comprehensive description of the African world view helps us in our efforts to try and understand and also to distinguish this world view from many other world views. The aspect of affirmation of life explains the reason for the African emphasis on care and sharing within kinship groups. It also shades light on the value and care placed upon children by members of a given community, regardless of the type of the relationship that exists amongst them.

According to Mbiti (1994:36), "In African culture, the community plays a leading role, with various points of reference, such as blood and marital kinship, land, tribal and clan roots and rituals". Ngulube (1989:5) echoes similar views, and points out that "The single commonest characteristic that cuts across all the Zambian societies is the communal way of life".



Some of the practical examples are the communal eating, working together (for example in each other's field in rotation), skills training, conduct of funerals, and such other social and physical activities. These communal practices seem to be practiced right across sub-Saharan Africa.

In black Africa, south of the Sahara, there are about 3,200 tribes with thousands of clans and subclans. To reflect society's community orientation, these groups of people are further organized into individual and extended families. This set up emphasizes the centrality of communal life among African peoples (Mbiti 1994:36). As can be expected, among so many groups differences exist, not only in language but also in cultures. However, "the diversity of African ethnic groups should not be an obstacle...For Africans, life is totality; culture is holistic" (Mbiti 1994:36) and is communally lived in contrast to Western individuality.

### *3.3.1.2 Children in the African culture*

Another critical cultural aspect that unites Africans is the importance placed upon children. In the African culture children are highly valued and loved. "Our children are the most important heritage for the continuity of our families, societies and nations" (Shorter & Onyancha 1999:34). To emphasize the value of children in the African culture, the first Kenyan black president, Jomo Kenyatta (1938:164) stated that "a childless marriage in a Gikuyu community is practically a failure..." Writing from the Zambian perspective, Ngulube (1989:21) argues that "children transcended all other things and made it possible for marriages to go on. It was children who gave a greater base on which to agree.

Children gave couples a unique sense of peace and gave life a new purpose". The issue of children in marriages is so critical among the Africans, that even in the current dispensation, some African marriages still fail due to lack of children.

With the birth of the first child, the new parents were no longer called by their names; they became known as father or mother of so and so. For instance, immediately I was born, my parent's earned new titles which signified their maturity and respect in the community. They were promoted and became *nyina wa Wanjiku* and *ithe wa Wanjiku* henceforth. The practice in Zambia is similar, but goes a step further. When our first grandchild was born, we were elevated and became *banakulu Shege* and *bashikulu Shege*, that is grandmother and grandfather of Shege. In their turn, African children and grandchildren never call their parents or grandparents by their names; only by their status: *mayo*, *batata*, and *mbuya* as a sign of honour and respect.

Children in the African culture are expected to obey and respect their parents and other older people in the community (Mbiti 1991:115). They are required to listen, obey and follow instructions without question or argument with the parents. In fact children's views usually don't count much as they are regarded as being too young to say or offer anything constructive. This is one cultural aspect which needs social deconstruction and reconstruction if the views of the OVC are to be considered in matters concerning their welfare, which this research is advocating for.

The centrality of children in African culture cannot be over emphasized. A marriage is said to be sealed by the birth of the first child. It is rare for a marriage which has produced children to break up because neither of the partners wishes to be separated from her or his children. In contrast a marriage without children easily breaks down. To assist barren couples and safeguard their marriages, other measures were implemented. One such measure was to secretly organize for a close male relative or friend to father children for his brother or cousin in instances of male barrenness. On the other hand if a wife could not bear children, the husband could marry a second or more wives. This was dependant on the husband's wealth and ability to pay bridal price (cf Kenyatta 1938; Mbiti 1969; Ngulube 1989).

These rather drastic alternative measures were necessary to safeguard the marriage and dignity of the unfortunate couples. Apparently these measures were common and cut across black Africa. However, in this dispensation of the HIV and AIDS pandemic, such practices must be strongly discouraged as a measure of curbing the spread of HIV and AIDS, and the consequent phenomenon of the OVC.

### *3.3.1.3 The extended family*

In Africa the extended family structure is a common feature which cuts across the continent. In African cultures the family comprises of the father, mother, children and in most cases dependants from the extended family. Different relatives who include brothers, sisters, grandparents, aunts, and uncles make up the extended family.

Furthermore, “every brother to the father is considered and called “father” and “mother” in the case of the sister to the mother by the children and not uncle or auntie as in the western culture” (Kangwa & Chongo 2005:3-4). The implications are that a child usually has numerous fathers, mothers, sisters and brothers. In my case, from a Kenyan perspective, I have seven fathers six mothers and several sisters and brothers. “The African extended family system has been useful at all times, especially in case of disputes, death, birth and in children nurture and care. This system was regarded as a “social security system in Africa” (Kayongo-Male & Onyango 1986:63).

For many sub-African countries that have previously suffered various epidemics, the AIDS pandemic is producing orphans at a faster rate than existing structures can accommodate. In the midst of the AIDS crisis, “Families and communities can barely fend for themselves, let alone take care of orphans” (<http://www.avert.org>). The once ideal African family and community care system is crumbling under the heavy load of HIV and AIDS and economical problems. The prevailing scenario of the OVC living on the urban streets, in orphanages and other care giving institutions, illustrates the complete breakdown of cultural and family structures in Africa where “...children were the responsibility of the whole family community” (Shorter & Onyanacha 1999:27).

With the coming of the Western individualist culture, the African family structures have been greatly weakened. This breakdown is a contributory factor of the current phenomenon of the OVC living on the streets, orphanages and care giving institutions.

Elaborating further on the extended family structure, Mbiti (1969:106-107) explains that:

For African peoples the family has a much wider circle of members than the word suggests in Europe or North America. In traditional society, the family includes children, parents, grandparents, uncles, aunts, brothers and sisters who may have their own children and other immediate relatives.

In many areas there are what anthropologists call *extended family*, by which it is generally meant that two or more brothers (in the patrilocal societies) or sisters (in the matrilocal societies) establish families in one compound or close to one another. The joint households together are like one large family. In either case, the number of family members may range from ten persons to even a hundred where several wives belonging to one husband may be involved.

It is the practice in some societies, to send children to live for some months or years, with relatives, and these children are counted as members of the families where they happen to live.

This all inclusive and comprehensive description of the African traditional family structures stresses the fact that children were highly valued and cared for by everyone in the community.

My own experience of growing up in a Kenyan village resonates with this description. My father had seven brothers who lived in one compound with my paternal grandparents. All the eight brothers had many children. We all lived together and did many things together as one big family. We ate, tilled the land, drew water, collected firewood, herded cattle, sheep, goats and walked to school together. It came as a big surprise later in life to learn that some of my cousins had lost their biological mother or father at a young age.

As the Soli senior Chieftainess Nkhomesha of the Soli people recently reminded Zambians on the national state television (ZNBC, 05.06.11), in the African traditional culture there were no orphans. All children belonged to the community and were well cared for. Mbiti (1969:108) further explains that:

In traditional life, the individual does not and cannot exist alone except corporately. He owes his existence to other people, including those of past generations and his contemporaries. Physical birth is not enough: the child must go through rites of incorporation so that it becomes fully integrated into the entire society. Only in terms of other people does the individual become conscious of his own being, his own duties, his privileges and responsibilities towards himself and towards other people. When he gets married, he is not alone, neither does the wife 'belong' to him alone.

So, also the children belong to the corporate body of kinsmen, even if they bear only their father's name. Whatever happens to the individual happens to the whole

group, and whatever happens to the whole group happens to the individual. The individual can only say: 'I am because we are, and since we are, therefore I am'. This is a cardinal point in the understanding of the African view of man.

The African community philosophy 'I am because we are, and since we are, therefore I am' as described by Mbiti above, echoes the Zulu concept of *ubuntu*, which means that a person is only a person through other people (Landman 2002:270).

So far the extended family care of the OVC has been found to be the best in Zambia. This is closely followed by community based care (Joint USAID/UNICEF/SIDA project 1999:49). These two models of care need to be encouraged and supported for the benefit of all orphans and marginalised children living in the HIV and AIDS environment in Zambia.

### **3.4 AFRICAN THEOLOGY**

Gibellini (1994:6) writes about 'critical African theology' as the organized faith-reflection of an authentically African Christianity. This theology is composed of inculturation and liberation theologies. African theology is important, not only when discussing practical theology, but because it is contextual.

Simon Maimela and other liberation theologians (cf Nyamiti, Mbiti, Tutu, in Gibellini 1994) point:

To the God who continued to express divine concern for the underdogs by calling and sending the Hebrew prophets to denounce injustice and exploitation perpetrated by the powerful against the powerless widows and orphans. God's advocacy for the powerless and oppressed was brought to new heights in the coming of Jesus, in and through whom God chose to be born by poor parents, to live as a poor and oppressed human being.

The warnings of the prophets against injustices of the poor are relevant today as in those days. They pose a challenge to the Church and demand the deconstruction of theology that is self-centred, confined to congregational Sunday worship, and is blind to the human suffering outside its doors and borders. Today, more than two thousand years since our Lord Jesus Christ lived on earth and advocated for the underdogs, the situation of the poor hasn't changed. The powerful in our nations continue to enjoy the basic human needs and even luxuries, and ignore the plight of the marginalized majority. The rich and powerful (including Christians) remain oblivious to the suffering of the OVC and widows who live in abject poverty and misery. They cry for help but few seem to hear and act beyond rhetoric.

A number of black theologians argue that incarnation shows that God is always on the side of the poor of this world. The people and children who are marginalized by society, those who are despised, excluded and suffer injustices without any defense (Gibellini 1994).



The numerous children infected and/or affected by the HIV and AIDS and living in urban Zambia fit the above description well. They are oppressed, defenseless and too young to care for themselves. In many instances they are excluded and despised by society whose responsibility should be to care and defend them against injustices.

In voicing his contribution in the liberation theology debate with regards to the biblical God, and His position towards the oppressed and marginalised people and children, the prominent African theologian, Bishop Tutu points out that:

In the process of saving the world, of establishing His Kingdom, God, our God demonstrated that He was no neutral God, but a thoroughly biased God who was forever taking the side of the oppressed, of the weak, of the exploited, of the hungry and homeless. Of the refugees, of the scum of society...So my dear friends we celebrate, worship and adore God, the biased God, He who is not neutral, the God who always takes sides (Maimela 1994:192).

It is in this understanding of God's bias towards the weak and the oppressed that, the African theologians challenge the church of Jesus Christ, to preferentially treat the marginalised and despised in society. These are the quiet majority, both young and old, whose daily struggle is for liberation from poverty, and all forms of oppression and exclusion.

In my pastoral ministry and as a practical theologian I am often challenged by the plight of the marginalized people, especially the orphans and vulnerable children to act.

In the Christian Holy Bible, there are many scriptures which advocate for bias treatment of the poor, widows and orphans. Some of the scriptures which challenge the Church of Jesus Christ to act in obedience to God's word are the following as recorded in (The Holy Bible (NIV) 1984):

Ps 82 verse 3

3 Defend the cause of the weak and fatherless; maintain the rights of the poor and oppressed.

Ps 146 verse 9

9 The Lord watches over the alien and sustains the fatherless and the widow, but he frustrates the ways of the wicked.

Pr 14 verse 31

31 He who oppresses the poor shows contempt for their Maker, but whoever is kind to the needy honours God

Zch 7 verses 9-10

9 This is what the Lord Almighty says: 'Administer true justice; show mercy and compassion to one another. 10 Do not oppress the widow or the fatherless, the alien or the poor. In your hearts do not think evil of each other.'

Mt 10 verse 42

42 And if anyone gives even a cup of cold water to one of these little ones because he is my disciple, I tell you the truth, he will certainly not lose his reward.

Ja 1 verse 27

27 Religion that God our Father accepts as pure and faultless in this: to look after the orphans and widows in their distress and to keep oneself from being polluted by the world.

The above scriptures unambiguously convey God's love and care for the poor and the marginalized in the world. The church is God's voice, hands and feet and must act or face the consequences which are clearly spelt out in these scriptures.

### **3.5 DISCOURSES IN THIS RESEARCH**

In this study there are a number of dominant discourses that affect various life aspects of the research participants. Discourses concerning children care, growing up in orphanages, care institutions, children infected and/or affected by the HIV and AIDS and orphanhood which form an integral part of the children's stories and experiences. I shall explore some of these discourses and their effect on the children's life experiences and development.

#### **3.5.1 Towards understanding a discourse**

Vivien Burr (1995:48) briefly explains that "a discourse refers to a set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events". The mentioned concepts in this description are helpful in our endeavour to understand what a discourse entails.

In order to recognize and identify a discourse in the various places that it manifests itself in, Burr (1995:50-51) further provides a detailed description as follows:

A discourse about an object is said to manifest itself in texts – in speech, say a conversation or interview, in written material such as novels, newspaper articles or letters, in visual images like magazine advertisements or films, or even in the ‘meanings’ embodied in the cloths people wear or the way they do their hair. In fact anything that can be ‘read’ for meaning can be thought of as being a manifestation of one or more discourses and can be referred to as a ‘text’.

This description enables us to recognize the various discourses that are embedded in the culture and manifest themselves in the stories and experiences of the children infected and/or affected by the HIV and AIDS living in urban Zambia. In the following pages, various discourses are discussed from the historical, cultural and care perspectives.

### **3.5.2 Discourse of multi ethnicity**

In Zambia today ethnicity or tribal affiliations are steadily giving way to ‘one Zambia one nation’ as a result of urbanization. The two main Zambian cultures (patrilineal and matrilineal) share many things in common (Ngulube 1986). The research participants, both children and care givers, have their roots in different ethnic groups. Their ancestors and relatives are mainly found in Eastern, Southern, Central, Copperbelt and Northern provinces where different cultures and languages exist.

In spite of the children's tribal diversity, many of them speak and understand Nyanja, Bemba and English in addition to their mother tongue. Both adults and children freely communicate in the three languages and a few others. The majority of urban children don't seem to be tribal conscious. Some of them don't even seem to be sure of their ethnicity as their parents come from different tribes and nationalities. A case in point, are the few of the co-researchers who have one parent coming from outside Zambia.

My interaction and observation of these children during the research process revealed similar cultural tendencies as the rest of the Zambian people. Apart from urbanization which brought different tribal groupings together, inter marriages have further closed the ethnicity gaps and cultural practices. This bears testimony to the first Zambian President, Kenneth Kaunda's philosophy/slogan of "one Zambia one Nation" (Mukupo 1970:107) whose aim was to unite all Zambians as one people consisting of 73 tribes.

### **3.5.3 Urbanization discourses**

There are a number of reasons for urbanization which range from economic, social to political perspectives. In Zambia the rural-urban migration started with the construction of towns along the line of rail. The arrival of missionaries and foreign British colonial government created social, political and economic problems for the Africans living in Zambia. In early 1930s there was an influx of white people in the rural areas of Zambia. The missionaries came to convert the Africans into Christianity. The British colonial government representatives were tax collectors (Ngulube 1989:113).

The demand for Africans to pay taxes to the colonial government preceded the movement of Africans to urban areas where they could work as domestic workers, or miners. An estimated 73,000 Zambians were employed by 1930s. These employees were men recruited from the villages. They helped build the initial towns and some settled in them, thereby becoming the first urban dwellers. The main reasons the men left their villages was to earn money for taxes as demanded by the colonizers, mission dues and school fees (Ngulube 1989:114).

From this small beginning the shanty populations have sprawled into millions in the various towns and cities throughout Zambia. With the ever increasing population in the compounds, the living conditions continue to deteriorate due to overcrowding with the consequent overloading of social and health amenities. The perennial killer cholera (diarrhoeal disease) takes many lives of both children and adults during the rainy season when most of them get flooded.

#### *3.5.3.1 Urbanization and disruption of African family*

While the British colonialists needed male labour for urban structural development, they placed a *visitation ban* on their wives and children. Women and children could not visit their working husbands and fathers in urban centres. This separation of families, away from their traditional cultural community, placed a lot of strain and stress on the families. Some families were permanently separated as some men never returned to their families in the rural areas (Ngulube 1989:117).

This state of affairs marked the beginning of a major disruption of the African families and traditional cultural communities. As Van Rooy (1978:92) observed “Harmony and well-being are determined by the integration and involvement of human beings in their rightful place in this cosmic totality”. Every person is part of the social community. All actions are geared for the society’s well-being and harmony in the social order and life.

Furthermore, as Theron (1996:10) aptly argues:

If community relations and the social order are disturbed, Africans experience it as a very big disruption. Urbanization and migrant labour have caused many such disruptions. Africans in urban areas have lost much of this sense of community, and this has resulted in many social, personal and psychological problems. The church has the calling and task to create communities in which this sense of community can be recaptured.

It is this disruption which has removed the OVC from their safety net in their communities and extended family care system. This disruption of community spirit and harmony has thrown many Zambian children into the wilderness of the rough urban streets. In this wilderness young children eat from garbage bins, sleep in dungeons and abandoned building structures. Living in this type of environment exposes the children to all types of dangers, abuse and loneliness, where survival is for the fittest, while society watches them with scorn as if they have a better alternative!

There seems little doubt that restoration of the lost community spirit would be beneficial to the many OVC living in the HIV and AIDS environment in urban Zambia. Such restoration would enable the abandoned and disorientated children to once again enjoy the much needed family and communal life, care and unity.

### *3.5.3.2 Urbanization and Western influence*

The life styles and practices of urban dwellers is inevitably a mixture of African and Western influences in this global village. In towns and cities Western influence permeates practically every aspect of the African life, which includes social, political and economical.

Ngulube (1989:116) describes different categories of residence in urban areas. He states that during the colonial era (1924-1964) in Zambia, Africans, whites, Indians and Coloureds lived in separate residential areas. Theoretically, residential segregation ceased following political independence in 1964. However, there are areas that have remained exclusively for black Africans, the shanties or unauthorized settlements. The shanties, as explained above, were started by some of the first African urban labourers who had families and therefore couldn't be given shelter by their colonial masters. They were forced to build their own houses marking the emergence of shanties in the early 1930s. Ngulube, quoting Simons (1976), states that "Out of a population of 110,000 people in Lusaka in 1963, 21% lived in unauthorized settlements.



### *3.5.3.3 Urbanization and Western social amenities*

Since the 1960s, the shanties have increased tremendously with the endless influx of villagers to towns and cities. In addition, many retirees, lowly paid workers and job seekers are forced to settle in the shanty compounds where they construct their own shelters and rentals are cheaper for those who rent. Though these shelters and other social amenities are supposedly modeled on the formal colonial and authorized settlements, big disparities exist which negatively affect the majority of the shanty settlers.

In these areas shelters are modeled on western architecture and urban planning, in contrast to the Africa architecture of rondel structures, which are usually well spaced with plenty of space for various activities. The western type architecture seems not to be fully understood and implemented. Consequently, some of the shanty houses are poorly constructed and easily collapse during harsh weather conditions such as heavy rains. They are usually overcrowded leaving little or no space for roads and other social amenities and sanitation. The crowding is also within homes where as many as 10 to 15 family and extended family members live in small spaces (e.g. two to three small rooms).

In addition, the lack of adequate health amenities results in perennial outbreaks of waterborne diseases such as cholera causing many deaths especially of children. Self dug latrines and water wells easily lead to water contamination. On average, there is usually one government school and one health clinic in many of the shanty compounds to cater for thousands of residents. The implications are that many children live under difficult conditions lacking essential social and health amenities.

In the conditions, described above, most children live disadvantaged lives lacking in sufficient African traditional teaching and western formal education (Ngulube 1989:116-127).

Almost all of the OVC in urban Zambia live in these unplanned settlements, except for those in rural areas. This includes all the research participants in this study.

#### *3.5.3.4 Urbanization and African child care discourse*

The care and treatment of children living in urban areas differ considerably from their counterparts living in the rural areas. This is evidenced by the number of children roaming, working and living on the urban streets without adult care and discipline. In addition, there are also many OVC living in urban orphanages and other care giving institutions. In contrast, the OVC in the rural areas live within their ethnic groups or tribes, either with their biological parents or extended families according to the African children and community care system (cf Mbiti 1969:106; Shorter & Onyancha 1999:27).

### **3.6 CARE DISCOURSES**

In the context of the OVC, various care discourses are focused upon. These include physical support, psychological support, spiritual guidance, protection of rights and other such interventions. The marginalized children in this research hold their own views on the discourses about care. This is evidenced in their voiced experiences and stories in the previous chapter 2. Since care is central in this study, it is prudent to examine some of these care discourses.

### **3.6.1 Views on care by the OVC**

A good number of the co-researchers were willing to air their views concerning care for the OVC. At the same time, some co-researchers seemed to have no views on the provision of care. There was a general feeling among those who gave their views, that keeping and caring for orphaned siblings together was very important. According to the Joint USAID/UNICEF/SIDA project (1999:17) “the greatest need for an orphan is placement within a family-like structure, headed by a responsible adult and located within a community”. In this way the children maintain some kind of a family bond, in the absence of their parents.

Furthermore, if siblings have to be separated, they should be informed of the other surviving siblings. One child was separated with her brother when very young and didn’t even know she had a brother until after many years when she found a photograph of the two of them and insisted on meeting her brother. In the same way, “It is preferable to keep siblings together in familiar surroundings in a family related to the child” (Joint USAID/UNICEF/SIDA project 1999:17).

### **3.6.2 Care and/or lack of care for the OVC**

For many orphans and vulnerable children, the type of care they get, is a kind of mixed blessings. While they may receive the basics of life, they also suffer in other various ways as a result of losing their parents to HIV and AIDS, being infected or just being an orphan. For them, it is a matter of survival as they have to persevere and tolerate cruelty, brutality and all sorts of abuse in many cases.

### 3.6.2.1 *Psychosocial needs of orphans*

Orphaned children have psychosocial needs during the sickness and after the death of parent(s). Unfortunately, the extended family care givers don't always understand the need for a child to go through the grieving process, or even how to help the child go through the process. The grieving process takes different forms for children just as adults, and the grieving period varies from one individual to another. Sadly, some of the grieving signs such as anger, withdrawal, bed wetting, fighting, disinterest in school and other activities are wrongly interpreted as indiscipline and misbehaviour, and may lead to misunderstandings and severe punishment by the care givers (Robson & Kanyanta 2007:266-267)

During their study, the Joint USAID/UNICEF/SIDA project (1999:11) discovered that in spite of several discussions concerning psychosocial needs of the orphan children, response has been slow or non-existent in many instances. During the sickness period of a parent and after the death of a parent to AIDS, children need help to cope with the tremendous psychological trauma they experience and stigmatization in some instances.

The story quoted below demonstrates the desperate psychological situations orphans often find themselves in. Apparently some of those supposed to care and empathize with the orphans are the same ones who stigmatize and discriminate against them. This type of behaviour is against the African traditional culture care system or any other type of care for that matter and calls for social deconstruction.

### 3.6.2.2 Trauma of an orphan family

The traumatic story of a female orphan in charge of a household in Serenje, Northern province, cited by the (Joint USAID/UNICEF/SIDA project 1999:12): demonstrates the trauma some of the orphaned children have to endure.

*Our parents both died in 1995. When this happened our relatives ran away from us. I was then 18 years old, with not so many ideas and strength. Their action took us by surprise because we thought that being our relatives they would care for us. Life was not easy at all.... When my relatives cooked food they used to hide it from us. Sometimes they would invite us to eat but then make all sorts of ugly remarks behind our backs. Our parents had a big farm over there but it was taken from us by our relatives. So we had nowhere to grow food... My young sisters became beggars; they would walk from house to house asking for food.*

The traumatic story of this family is not an isolated case at all. I often hear such stories in the community where I serve and in other conversations especially during funeral gatherings. I have also observed this type of scenario being acted out in sketches performed by the pupils at our community school, and also on the national television. A number of the co-researchers' stories and experiences include grabbing of property from the orphaned children by uncles and other relatives, and abandoning them thereafter making them destitutes.

### 3.6.2.3 *Stigmatization*

Stigmatization of orphans takes various forms. For instance, when children are grieving for sick and dying parent(s) or parents that have died, they are stigmatized by the community due to association with AIDS. “Often children who have lost their parents to AIDS are assumed to be HIV positive themselves...” (<http://www.avert.org>). According to the Joint USAID/UNICEF/SIDA project (1999:12), stigmatization by the community is as a result of general attitude about the HIV and AIDS and the fact of being an orphan. The other reason is due to developmental projects which are seen by the poor communities as favouring orphans and leaving out other marginalized children and families.

On the other hand “Stigmatization of orphans is sometimes linked to the use of labels such as ‘street kids’ or paupers...To some extent it appears that the term ‘orphan’ does more harm than good, by contributing significantly to the stigma and abuse experienced by these children” (Joint USAID/UNICEF/SIDA project 1999:13).

### 3.6.2.4 *Discrimination*

The issue of discrimination against the OVC is rife, and it came out clearly in some of the children’s stories. This is even more so now given the poor economic situation facing many already marginalized families. Apparently for a poor mother with little food and other resources, her priority is with her biological children not with orphan children. The existence of discrimination is found in many orphan situations.

The discrimination takes different forms such as “inequitable distribution of food between “family” and orphans, orphan children being required to do difficult physical chores, and experiences of verbal abuse and sexual and physical abuse”. (Joint USAID/UNICEF/SIDA project 1999:11)

The various discourses described above concerning the OVC care and/or lack of it were brought into the discussion in an effort to enhance the understanding of the co-researchers’ experiences and stories a bit better. These discourses should also help us to assess the kind of care the OVC receive or don’t receive from the extended family and the society as a whole.

### **3.7 OVERVIEW OF RESPONSES TO OVC CRISIS**

The care response to the OVC crisis in Zambia has been slow and can be compared to that of the HIV and AIDS epidemic. In the early stages of the epidemic, The social policy research group (1993:ii) observed that:

Although the Government recognized the HIV/AIDS epidemic as a major health problem in Zambia in 1987, its responses and those of the Donors have been confined to prevention and control of the epidemic. This is because the HIV/AIDS has been perceived as merely a health problem.

The realization that the HIV and AIDS epidemic is more than a health problem, but also for instance, a social and socio-economic problem, took a long time with the loss of many lives which could have been saved.

In a similar manner, while the donor community and the non-governmental organizations have been involved in different care interventions for children orphaned by AIDS, the government seems not to have moved beyond policy level.

### **3.7.1 Government response to the OVC crisis**

The government response to the crisis of the children infected and/or affected by HIV and AIDS has been slow in coming. Moreover, the response has mainly been in facilitation in the institutional and structural development. As is usually the case with government in other areas, it has been involved in issues of ensuring equity, security with regards to children human rights, and also in areas of strategic planning and policy (Joint USAID/UNICEF/SIDA project 1999:13-14). In addition, another study undertaken in Zambia discovered that “the Government of Zambia directs few financial resources and services towards the very poor in society” (Wiegiers et al 2006:1089) which includes the OVC.

During my conversations with the research participants, the general feeling was that government is apparently incapable of helping the marginalized children in any practical ways. For example, out of the three participating NGOs, only one receives a small annual grant as a contribution towards the OVC care. This is in spite of the government having two ministries targeted at the children and the poor in society. The relevant ministries are: the Ministry of youth, sport and child development and the Ministry of community development and social services which are the main government arms supposed to deal with children issues concerning their welfare.



In contrast, the care giving NGOs are giving practical and holistic care to the marginalized children. However, the task of providing holistic care to the needy children is enormous and requires the government and the society to be seriously involved in providing solutions to the OVC problem. The notion that, care for the poor children is government's sole responsibility and a few other community and faith based non-governmental organizations, needs social deconstruction. The care for the children orphaned by AIDS and vulnerable children should be the concern of society as a whole, after all it is often said, and is widely accepted that *children are the future of society!*.

### **3.7.2 Non-governmental organizations' care response**

The NGOs response to the orphan crisis is notable and effective though limited due to various resource constraints. In order to mitigate the problems facing orphans and vulnerable children, various NGOs have been established throughout Zambia. Most of these NGOs are found in urban areas where there is concentration of the OVC. These institutions include orphanages and projects which don't quite fit the mould of typical 'orphanages' but which have the following important and commendable characteristics as observed by the Joint USAID/UNICEF/SIDA project (1999:18):

- Openness of the project to the local community, for example incorporating a community school or church, which meant children in residence did not feel isolated from society; and the community remained in touch with the people and activities inside the institution.

- A perception that the children were not permanent residents (or worse, the ‘property’) of the institution, but had families or social ties outside, manifested as ‘going home for holidays or having regular family visitors.

The holistic care given to the marginalized children by these organizations is commendable. However, given the enormity of the OVC crisis, it’s like *a drop in the ocean*. The crisis calls for combined and concerted efforts of the state, the donor community, the NGOs and the Church.

Furthermore, as it has been established, children’s input must be sort on all matters, including policies affecting them. In this postmodern era, children should be allowed and encouraged to get involved, and to air their views in matters concerning their welfare (Joint USAID/UNICEF/SIDA project 1999:11, 47).

### **3.8 CLOSING REMARKS**

In this chapter various voices, world views and discourses were explored and brought into conversation as they pertain to the action and the action field of this study. In order to give a ‘thick description’ of the story, the inter-disciplinary approach was utilized whereby sociological, economical, and psychological perspectives were brought into conversation through the process of reciprocal dialogue between ‘Action and ‘Background’. The task of exploring the various discourses that affect the marginalized children was found to be challenging due to the complexity of the OVC phenomenon.

The list of discourses discussed here is not exhaustive; other pertinent discourses could include: health care, western and cultural education, nutritional needs, recreational activities, sexual and physical abuse and others. However, it's my hope that the discourses and other information covered in this chapter give an idea of the complexities involved when considering holistic care of the OVC.

The focus in the next chapter is on the developmental phase of the research metaphor. As I explained in the first chapter, undertaking this type of research is more than storytelling; it also entails the development of the story.