

CHAPTER 4

LISTENING AND INTEGRATING DIFFERENT STORIES

4.1 INTRODUCTION

In chapter three different voices mainly from literature were brought into the conversation with each other. The multiple discourses which include the social, cultural, economic and political environments in which the co-researchers live and influence their lived stories were examined. This was in an effort to understand what the children say about their personal experiences and their context.

The focus of this chapter is on the developmental phase of the research metaphor. After bringing the first two phases into conversation, the research progresses further with the story development. “At this juncture the social-constructionist approach integrates “Action”, “Background” and “Development” (Müller 2003:14). Here the various voices are integrated in order to ‘come to a new understanding in the research journey’. To enhance this understanding further, I also listen to various other new stories of children outside this study.

As a narrative researcher I wait patiently for the research plot to develop during this phase. Furthermore, I invite my co-researchers to be part of the evolutionary process, while my contribution is to reflect, facilitate and wait until the plot emerges.

4.2 STORIES OF OTHER ORPHANED CHILDREN

As I have already explained all my co-researchers live in urban Lusaka. However, there are other children orphaned by AIDS and vulnerable children living in other parts of Zambia. These children have their own lived experiences and stories influenced by their different context and action field. Out of the many interesting stories I came across, I chose the two following stories as they reveal similar experiences as those I have heard in the course of my pastoral work. The objective of listening to these other stories is in order to gain a wider perspective of the OVC and their situations.

The following are personal stories of children orphaned by AIDS living in Zambia (Joint USAID/UNICEF/SIDA project 1999:23-24)

4.2.1 Difficulties in accessing health care

My name is Edgar. I am 23 years old. I am keeping my three young brothers. Our mother died in August 1993, and dad died in July 1994. There are a lot of problems we face. One problem is medical fees...If any one of us falls sick I find it difficult to do anything because by that time I have no money. It is a very big problem keeping your friend (brother) at home while he is ill. You can't take him to the hospital because you don't have money to pay for his medical scheme and for the prescribed medicine.

4.2.2 Problems faced with education

My name is Gloria. I am 15 years old. We are six in the family. The first born is 20 years old, she is female and stopped school in grade 12, the second is a boy aged 17, he stopped school in grade 7, the third is myself. I stopped school in grade 6. After me is my young brother aged 12; he stopped school in grade 5 recently because of lack of money. Then the last two girls, one is aged 11 and is in grade 3 and there is a grade 1 girl child. The last two go to school with great suffering. My father passed away in 1995. When he was alive, we all used to go to school.

The two stories resonate with some of my co-researchers experiences. They also give a wider perspective of the OVC's life challenges that they face in spite of whether they live in rural or urban areas. Their problems are complex and involve different aspects of their lives: psychological, psycho-social, social and economical. Although the African extended family care system is sometimes viewed as still intact and operating better in the rural areas of Zambia, these stories reveal different situations altogether.

4.3 LISTENING TO CO-RESEARCHERS' EXPERIENCES OF CARE

The OVC living in the HIV and AIDS environment in urban Zambia have their own views of the kind of care they get from society. It is generally accepted that the parents' care of their children is the best and it's difficult, if not impossible to match. However, with the loss of their parents, the children have to survive somehow until they are able to stand on their own feet.

Much of the children's care experiences are captured in their stories in chapter two. However, I now wish to highlight some vital aspects of the care they experience from the various care givers, as a further development to the research story.

4.3.1 Co-researchers experience of extended family care

In the current OVC phenomenon crisis, society expects the extended family to automatically care for the orphans. However, the studies undertaken in Zambia on the HIV and AIDS epidemic crisis reveal various difficulties in families meeting their care obligations to the marginalized children in addition to their own children. In this connection, the Avert website (<http://www.avert.org>) comments that:

It's very hard to find a family in Zambia that hasn't been personally touched...The extended family in the community structure, they've really broken under the weight of the HIV/AIDS epidemic and poverty, and when the burden becomes too great, families are unable to cope anymore, and so we're seeing tremendous numbers of orphans and children who are no longer able to be cared for by their extended family.

The current dire economical situation in Zambia is negatively affecting family's capacity to care for others outside the nuclear family. Some of the children's stories reveal rejection and inadequate care by the extended families. On the other hand, most of the children reported experiences of unconditional care from their grandparents in spite of their age and economic challenges.

When my mother died, it's my grandmother who said 'I want Babra to stay with me.' (*Babra, 12*)

We were staying with our grandparents, but they were not working because they were old. They didn't pay rent, so we had to move again, it was at night; she (landlord) chased us at night (*Brenader Sasha, 18*)

Concerning care by uncles and aunts, some children reported experiences of discrimination and conditional care.

At first I used to stay with mum's brothers, my uncles, but the day that my uncles came, ah I don't know. They found that myself I was sick with, that I got the same disease from my mum and dad, that is when they started giving me food on my own plate, my own cloths, my own everything. When I asked why...They told me that they were scared that if I will be sharing my things with their children, they'll also get the virus from me.

My uncles were nice but my aunts! Their wives they used to mistreat me. Before I go to school I have to wake up do house chores, everything, but I am going to school at 0600 hours! But they had their own children-- their own children are even older than me. But she (uncle's wife) had 5 girls and 1 boy, never used to give her own children a lot of chores. I was supposed to do them. If I don't, I won't find my lunch (*Katty Perry, 16*)

Apparently this type of treatment by relatives of orphaned children is common in Zambia. A number of studies undertaken in Zambia report many such cases of stigma and discrimination of children infected and affected by the HIV and AIDS (cf Joint USAID/UNICEF/SIDA project 1999; Robson & Sylvester 2007:266; <http://www.avert.org>). Such stories are becoming wide spread in Zambia. On a few occasions, I have listened to such stories from sources outside this research. The stories are also dramatized by school children and in the media, but only become real when you meet a victim.

A number of my co-researchers have experienced desertion by fathers and other extended family members at a critical time in their lives.

After my mother died...my brothers and sisters left me alone with my father...Everyone left the house. When my father died, I was left alone in the big house...When I was left at home alone, my best friend came and took me to Kondwa centre (*Preta, 13*)

My father didn't die he is around. But I don't know whether he is alive or dead. I don't know but he just left me, he left me when I was 4 years (*Oliver, 16*)

My cousin got married when she was 18 years old and moved to her husband's home. She left me, my 3 year old brother and my 18 months paralyzed sister and her four younger brothers to fend for ourselves (*Maria, 18*)

Other negative care experiences coming from the children's stories include: shuffling of children among extended families, secrecy about other surviving siblings as well as separation of siblings.

I was not staying well because when I have done—ah..I was not staying well. I have my stepmother and my stepsister and stepbrother. I was staying with my father, my stepmother and my grandma. I was just changing (*Babra, 13*)

At times I stayed with my grandma, sometimes I used to stay with my aunt, uncle—ok, I never had a fixed home...I said to my aunt 'I shall not be living here, I will only be living with my grandma—at that time my grandma was old (*Katty Perry, 16*)

Nobody told me I have a brother. I got to know I had a brother from the photos of mum and dad and photos of me and my brother. I would never have met my brother, but I bothered my aunt and was beginning to bother Mrs Malik. When I met my brother I was very happy but he cried (*Katty Perry, 16*)

According to the Joint USAID/UNICEF/SIDA project (1999:17) “It is preferable to keep siblings together in familiar surroundings in a family related to the child”. Studies undertaken concerning the psychological wellbeing of orphans and vulnerable children reveal that “...psychological problems can become more severe if a child is forced to separate from their siblings upon becoming orphaned. In some regions this occurs regularly: a survey in Zambia showed that 56% of orphaned children no longer lived with all of their siblings” (<http://www.avert.org>).

Some of the other ways in which the co-researchers experienced negative care involve inheritance denial and property grabbing. Some of the other studies undertaken in sub-Saharan Africa found that “Once a parent dies children may also be denied their inheritance and property” (<http://www.avert.org>).

We stopped praying with him, the brother to my father, because when my father died he took everything, everything that was in the house. We were left only with one chair and the cloths (*Brenader Sasha, 18*)

When my father died, my father’s brother sold our family home. He gave us only ZKW500,000 (about US\$100). My young sister was 18 months, my brother four years and I was nine, and he didn’t offer to care for us (*Maria, 18*)

Another area judged as lack of care, and which comes out clearly from the children's stories and experiences, is lack of educational support.

I passed grade seven, now my uncle failed to pay for me because he married; he has got 2 wives. Now because of that other wife he failed to pay for me. He wanted to buy things for his new wife (*Albert, 18*)

When I was in the compound there was no one to take care of me. But my friend who stays here (Divine Providence Home) I was learning with him in grade 1 up to 7. When I passed grade 7 examination, there was no money to pay for my school fees (*Villa, 16*)

These experiences resonate with studies done in Africa which found that "Extended families see school fees as a major factor in deciding not to take on additional children orphaned by AIDS" (<http://www.avert.org>). In addition, Robson & Sylvester (2007:264) found that "pupils whose parents die often drop out of school due to economic stresses on households, changes in family structure, new responsibilities to care for the sick, the elderly or siblings and loss of parental guidance".

In spite of the inadequate care described above, with the exception of grandparents, there are a few instances of good care given by extended family as gleaned from the children's stories.

...then I went to my mum's sister. She brought me up. I never knew that she was my aunt she used to tell me that I am your mother...I went to live with her. But again since I was taking some medicine and her husband lost his job, I had to shift again and go back to my other uncles...At least the support was nice at my aunt's - she has that heart to live with me but her husband! She came and called me and said 'you should be living with me. You know that before your mum died she told me that I should be taking care of you' (*Katty Perry, 16*)

These few examples demonstrate the dire situation experienced by orphans and vulnerable children in Zambia with regard to their care. It is clear that more needs to be done to educate and sensitize potential care givers of the importance of providing holistic care to the needy children.

4.3.2 Co-researchers experience of NGO's care

The co-researchers' care experiences at the care giving institutions are also reflected in their stories. Most of what comes out from those stories differs from their previous experiences. The children's description of their care experiences conveys satisfaction in the manner the care givers treat and relate to them. As I explained in chapter two, drawing from previous studies, the care giving institutions seem to provide good and holistic care to the OVC in their care. The following are some of the ways the children describe the care they receive. Some of the children have even found role models of good care from their care givers whom they would like to emulate.

- When I complete my education, let's say if I won't become a social worker that means I am going to study law and fight for justice for women and those poor people. Ok I have two careers: one to study and become a lawyer, the second one I want to become a social worker to look after orphans and those other people, I am just inspired by Mrs Malik (*Katty Perry*).
- I am happy because God helped me because of suffering with my father...I have a home, my bed, my wardrobe, my cloths, and God gave us aunt Malik to take us for shopping. Shopping cloths and shoes, after that 'we go to Green valley and swim'...She is a very good person that I have in my life. She took care of me and when she comes she smiles for us. (*Preta*).
- I am happy because I am staying well. We have everything (*Babra*).

- Then one day we (grandparents and 4 grandchildren) shifted again and my grandfather was sick. We had to go just behind our gate (Cheshire Homes Society) there! It was in 2000 then there is one woman who said, 'I know the place where you could stay', then she brought us here. Then here they told us to wait, but that we should be coming daily to eat and then go back home. But they didn't know that we were sleeping outside. Then one day they told us to take them where we lived. When we went there, and they said, 'out here, it's where you are staying!' Then they told us they would look for a house for us, but my young brother was taken to stay here. They found a house for us...my grandfather died in 2005. By that time I was staying here. At one time my grandmother was sick, and the Sister took care of her - she gave her everything until she was healed (*Brenader Sasha*).
- Here (Divine Providence Home) life is just good because the Sisters are giving us everything that we want. They are just like our parents 'they are our parents in short' (*Albert*).
- I am only working here and studying but I am not sleeping here (Divine Providence Home. Sister Angela pays school fees for my 2 sisters and 2 brothers, and sponsors them (*Villa*)).
- After we slept here for 2 days, then Sister Claudia told us (I and my brother) that we should be coming here (Divine Providence Home) every day .then at 1200 hours we go home. So that's when I came here and started my education. That's when I thanked God for what he has done for the rest of my life. I will continue praying until I finish my education, until I achieve my call (*Oliver*).
- One Priest from Kabwata St. Patrick's Catholic Church wanted Maria to continue with her education. In 2005, he approached Sister Mary to assist Maria and her two younger siblings.

After visiting Maria's home, Sister Mary brought her and her siblings to Divine Providence Home. Due to the serious condition of Maria's sister (paralyzed from neck downwards), the Sisters decided to take her for specialized care in Ndola, (Copperbelt province), where she died after 3 days.

4.3.3 Reflections on co-researchers experience of NGOs care

Here I reflect on the children's lived experiences of care from their stories which I listened to in chapter 2 section 2.6. The majority of the views seem to indicate that the care provided by the care giving institutions is holistic and desirable.

In addition, the majority of the co-researchers, with the exception of the street children, eagerly shared their experiences of care at their different care giving institutions. It should be noted that prior to the children moving to the care giving institutions, they either lived with extended family members, with siblings, on their own in poor shelters or on the streets. Most of them were taken to the care giving institutions by community members or relatives, while a few went by themselves to look for help.

As I listened to the personal stories of my co-researchers, I was emotionally moved as a mother, sometimes to tears by some of the sad episodes they have experienced in their tender lives. What makes it even worse is the fact that the majority of the sad experiences are perpetrated by those who should care for them the most, the extended family.

In contrast to the extended family care and/or lack of it, the children's experiences at the care giving institutions are happy ones. Some of their good care experiences include:

- The kind manner in which care givers provide holistic care to the children under their care, and on occasions to the children's extended family. These included siblings and grandparents.
- Children's humble recognition of their privileged position compared to that of their peers whom they know or see on the streets, who are out of school and live under very difficult conditions.
- The co-researchers expressed deep appreciation for those who initiated the care giving institutions, and the fact that because of them, they now lead and enjoy normal lives. They are schooling, thereby being equipped for survival in life and are able to dream of a better future.
- Some children expressed their desire to emulate their care givers by providing care for the orphaned children in future. In order to do that, some of them aspire to become, social workers, nurses, teachers, doctors and lawyers to help in various ways, and also fight for justice for other children in similar circumstances, and the poor in society.

Judging from the children's views concerning the care they get at the care giving institutions, it's definitely better than what they previously received from their extended families. The care provided by the care giving institutions gives the children a good break from the hopeless life they lead since losing their parents. One hopes more people and communities would take up the challenge to provide holistic care to the marginalized in society as these children aspire to do in future.

4.4 FEEDBACK SESSIONS WITH THE PARTICIPATING NGOS

As I explained in chapter two (section 2.3.1), 'criteria for selecting participating NGOs, the NGOs kept their doors open for me: "You are welcome to come in person or telephone for any information you may need at any time." (Sister Judith; Mrs. Malik 2009)

This open invitation allowed me to have regular consultations and interactions with them whenever the need arose during the research process. At this stage of further development in the research story, I met with the directors of the care giving institutions at their offices. All the sessions took place on 24 November 2011, and lasted one hour each. The objective of these sessions was to get their feedback with regard to their experiences with the co-researchers under their care. And, in addition, any other issues that concern them and the children in their care giving, and among themselves. Their observations during the research process were valued and welcome. Some of their other shared experiences and concerns include the following:

- Some children arrive at the care institutions deeply traumatized and confused. On a number of occasions, some of the orphaned children take a long time to settle down and be able to narrative their haunting experiences since the loss of their parents. Sister Judith Bozek narrated how one boy, she picked from the street couldn't even remember his name, where he came from or where any living relatives could be located, for almost a year.
- Once they settle down, the children seem to appreciate the care they get and become fully integrated in the new community life amongst peers and care givers.

- The children make every effort to positively contribute towards the community life and welfare, as they perform their assigned daily duties and chores.
- The care given at Divine Providence Home, where different needy people are cared for together as a community include: children orphaned by AIDS, vulnerable children, AIDS patients, widows, widowers, the aged (some terminally ill, blind, invalid), the handicapped and the disabled, who belong to different nationalities and ethnic Zambian groups. The Holy Family Sisters and other care givers also belong to different nationalities (Polish, Kenyans, Zambians), and age groups.
- Sister Judith, who is the Sister in charge, shared that their intergenerational care model which has been replicated, has been commended as an ideal model of good care, by both local and foreign visitors and volunteers at their care giving institution. It is truly a loving community, living, helping and working together for the good of all.

The care givers expressed their sense of fulfillment in serving the children orphaned by AIDS and vulnerable children, in spite of the many challenges they face. Sister Judith had this to say: “Sometimes there is a lot of work to be done and it can be quite tiring. For example, today I have been to the hospital three times and I have to go again later. But we can’t stop – it is a calling, we have to continue and do the best we can”.

The Chairperson of St. Lawrence Home of Hope, Ms Sepiso Grillo also expressed their fulfillment in care giving by stating that:

Kids on the street have no hope. We rejoice when we succeed in restoring even a little hope to them by providing their basic needs, and by reintegrating some of them with their families, in spite of the difficulties we encounter. For instance, recently the food to feed the children run out and the committee members had to donate food items from their pantries. At another time the water bore hole dried up and we had to make urgent appeal to the Lusaka city council to deliver water on a daily basis. This went on for some time until the Lions club came to our rescue and sank another bore hole.

- The process of getting to know the children and understand each child as an individual, who comes from a different background and upbringing, and then learning to live with them as one big family can be challenging sometimes. In this regard, Mrs. Malik commented about one child, “She can be difficult sometimes as she bullies other children around and wants them to do her work”.
- The inadequate financial resources to operate the care giving institutions efficiently at all time, presents continuous financial strains and concern. Sister Judith expressed the need for a State driven policy whereby a monthly allowance is paid towards the care of every child, the elderly, the handicapped and the disabled. In particular, she pointed out that, “The specialized teachers for the disabled children present a big challenge due to their scarcity and they are also quite expensive compared to ordinary teachers. I wish the government could provide such teachers free of charge.”

- The care givers expressed the pain they experience when they have to turn away a care deserving child or person, due to capacity limitations.
- The pain of expelling non-co-operative children, who even after counseling and repeated warnings, persist with their negative attitudes and misbehavior. This doesn't happen often, but when it does, the culprit has to leave the care institution for the sake of others.
- Some children seem to have endless problems which may involve their health and/or other family members. Sister Judith gave an example of one child who was cared for at the Cheshire Homes, for a long time where he went through school and later got a job at the same place. He then got married, had one child and just when he seemed to be independent, he got sick. This necessitated extended care to him all over again, but this time including his wife and child, instead of being weaned away to care for himself and others.
- The other concerns include: the seemingly lack of recognition by the State of the absolute necessity for all children orphaned by AIDS to receive psychosocial counselling as a basic necessity. After their long experiences of interacting with and caring for the grieving and traumatized children, the care givers are convinced proper counselling is a necessity. In the absence of counselling, the affected children shall remain traumatized and with unresolved issues that will make it difficult for them to make the appropriate adjustments and to once again lead some kind of normal lives. Sadly, in many occasions, children who haven't been counselled are misjudged by society as outlaws, difficult to live with and of abnormal behaviours. Society condemns them instead of helping.

- The necessity for the State to provide formal education to all the children, especially the OVC. The care givers emphasized this as an absolute necessity if the children are to be economically and socially empowered in their own right and as future productive citizens and leaders. They also pointed out that proper health care for the marginalized children is also the responsibility of the government.

In general terms, the care giving institutions are grateful for the involvement of the Church and the community in care giving. In particular, the community involvement in the decision making processes, as board members, and also through participation in activities such as fund raising walks and jumbo sales, was applauded.

In their discussions about the care giving NGOs, the various focus groups participating in the Joint USAID/UNICEF/SIDA project (1999:18) commended the faith based and community based organizations for “involving communities in the administration matters, in contrast to those who discriminate in favour of friends and family members.” Other characteristics highlighted and appreciated by the research focus groups with regard to these type of care giving NGOs and orphanages include:

- Openness...to the local community, for example by 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 institutions.
- 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 holiday or having regular family visitors.

Listening to the care givers account of the care they provide to the marginalized children and people, their concerns and challenges, makes one appreciate the magnitude of the OVC crisis and the poverty levels currently existing in Zambia. The NGOs commitment in an effort to give a better life to the needy is commendable. It is frightening to imagine what the situation would be like without the selfless intervention of these and other similar NGOs. As I pointed out in chapter 1 (section 1.4), the care crusade for the under privileged children requires joint efforts.

The other players involved in this cause include: United Nations agencies (e.g. UNICEF, UNAIDS), USAID, SIDA and other foreign donor agencies (Joint USAID/UNICEF/SIDA project 1999:15). Some of these donors work and support the local NGOs such as the ones participating in this research.

4.5 TOWARDS UNDERSTANDING CARE

As care is at the heart of this research, I wish to listen to other voices as they describe care in its diversity. The objective here is to examine care given to orphans and vulnerable children by the extended family and care that is provided by the care institutions in proper perspective. In addition, an attempt will be made to gain a deeper understanding of the concept care in relation to the co-researchers experience of care and/or lack of it.

4.5.1 Care described in various forms

Pienaar (2003:127-138) describes different kinds of care, in terms of: empowering care, burdensome care; and meaningful and rewarding care. In discussing care, Baart (2003:151-4) designed a diagram depicting four levels of care in form of concentric rectangles to describe “good care”. He describes care as “complex, multi-layered”...way of acting which “develops in four phases: caring about, taking care of, care giving and care receiving”. He goes on to give a detailed description of care following the four phases:

- **CARING ABOUT** is the first stage, in which I try to open up and allow myself to be drawn into the life world of the other. If I presume to know beforehand what is at stake and what should be done, I will not be drawn into the lives of others: I will be an outsider, self-referentially tied up with myself and probably of little relevance. Here the preliminary question should come to a positive answer: do I care about the other, does (s)he concern me or not? Note, this is a question about a fellow human being, not about an issue. My carelessness has to be overcome: I am preparing to be involved.

In this phase the central task is to draw nearer, to look the evil or suffering in its eyes (daring to admit its existence) and to expose oneself to that reality. Here one needs the courage to perceive not only what is solvable but also what (possibly) never can be repaired but still deserves our care. For that reason we say: one should find out (A) where to look (looking not only where one feels comfortable). The quality involved is **attentiveness**, so that what needs attention in reality may penetrate one’s (my) consciousness. The theological motive in the background (α) is the election: the suffering one is heard, seen, picked out and I am going to care about him/her.

- **TAKING CARE OF** is the second phase of care. Eventually in this phase one decides what to do (better: what I am going to do) and to that end all the necessary preparations are made. A crucial activity here is the establishment of a *relation* in which the needy (looking for care) person can become visible as (s)he is – ashamed, stupid, longing, terrified, guilty, strong, addicted, self-conscious, etc. Related to this becoming visible are the following questions: (B) Who are you? How do you want me to know you? What are you telling and asking me? In order to stimulate this “appearance” – (β) theologically related to the (re)creation – I choose the leftover places in your biographical context: if you want to, consider and treat me as your brother, your friend, your mother (cf Ricoeur 1992). In this process of mutual disclosure it may become clear what I can do or be for you, and I have to decide if I am willing to do so and accept the implied **responsibility**.
- **CARE GIVING**. This third phase is the one most often associated with care: the practical carrying out. Here the *offer* of (my) care is made and in that offer I am present with my energy, invention, affects, emotions, skills, morality, reflection, and it is up to you to use them. It is an offer that may be refused. In my offer I intend a careful fit: what is offered must be fine-tuned to your logic, rhythm and desires: it is all about your good, not mine. In this stage the focus is on (C) what is done and how it is done. Besides the appropriate offer (what), I am expected to act **competently**. Even the best possible intentions and good relations don't justify my bungling: good care is competently given, if necessary by a professional. (γ) Theologically, we talk about the service of love and compassion.

- **CARE RECEIVING.** In the fourth stage care is completed by asking for *feedback*, evaluating the meaning and effects of the care and eventually adjusting it. So care is not completed when it is given (and the giver is satisfied by his benefaction). One should reflect on the (D) how and not to go on without a sound insight into it. The quality here depends (not on the ‘objective’ disappearance of the problem but) on the **responsiveness** of the carer and thus on the continued relationship after the care-giving. Theologically (δ), we may interpret this stage of care – the after-phase of the giving – as the humble art of receiving and accepting, the change of roles.

This care model is comprehensive and helpful in understanding care in its various facets and in distinguishing the different kinds of care. It is also empowering in working towards provision of good care to the needy. Having been enlightened on the various kinds of good care, I shall now proceed to describe some of the care narratives arising from this study.

4.5.2 Care narratives from this study

In this research process and up to this point, a number of narratives pertaining to care and/or lack of care have emerged. I now describe some of these narratives:

4.5.2.1 *Destabilizing care*

I stayed with my grandma, sometimes I used to stay with my aunt, uncle; ok I never had a fixed home – *Katty Perry*

At my grandmother's home I was not staying well because when I have done...ah I was not staying well...I was staying with my stepmother and my grandma. I was just changing -- *Babra*

As I listened to my co-researchers experiences, I heard stories of children continuously moving from one extended family home to another. They talked of having no fixed abode, as they were shuffled from grandma to one uncle, then to the other uncle, and to the aunt, only to go through the same cycle all over again. This type of arrangement must definitely destabilize the children's life in many ways. For instance, a school going child having to change schools several times, difficulties in establishing lasting relationships and friendships, and settling down in various homes and communities.

4.5.2.2 *Torturous care*

I was staying with my stepmother, my stepbrothers and stepsister. So when I wanted to bath, they were saying 'go back to your mother, go to your mother's death' – *Babra*

I was sleeping when he (aunt's husband) came and he removed all his pajamas and wanted to sleep with me then I screamed, opened the door and ran away. It was around 2300 hours. I went to my grandma's house and never told her anything – *Katty Perry*

The young and vulnerable children described the psychological and physical torture they had to endure at the hands of their extended family in order to survive. In the majority of cases, these are children who are too young to live on their own or to fend for themselves.

These poor and voiceless children remained stuck in homes where they were stigmatized, discriminated against, and even taunted about their status and the death of their parents. In spite of many such abuses, including attempted sexual abuse, they had no way out, but to stay put!

4.5.2.3 *Conditional care*

When we asked him (paternal uncle) when we shall start school, he said if we do what he tells us to do, then we shall go to school – *Brenader Sasha*

Before I go to school I have to do house chores. If I don't, I won't find my lunch –
Katty Perry

Care based on the child's performance in spite of his/her age or health status can be very difficult. Brenader Sasha was also required to draw water, on a daily basis, from a communal water point, fill the specified container, boil the water and deliver it to the bathroom for the uncle and his family to bath. This was in addition to selling things at the market on behalf of the family. In spite of the uncle having his own children who could work together with the orphan, he chose to abuse her. Furthermore, it was made clear that, failure to fulfill all the prescribed duties would result in no shelter, no food and no school. The choice was placed squarely in the orphaned child's court.

4.5.2.4 *Burdensome care*

When my parents died I was eight, my brother was three and my young sister was 18 months; she was paralyzed from neck down. I had to stop school and care for them. I started a stone crushing business in order to buy food for us and my 4 cousins -- *Maria*

Some children narrated the difficulties they experienced trying to care for younger, sick and helpless siblings without readily available cash to medications and other basic essentials. In some cases, elder siblings had to discontinue school or college following the parents' death, in order to care for the young brothers and sisters. In such cases a heavy burden is placed on the eldest of the orphaned children to provide all the basic necessities of life in spite of her/his age. While such child may feel responsible and duty bound, the demand on her to provide everything becomes burdensome care, curtailing her/his future prospects for a better future. According to the Avert website (<http://www.avrt.org>) "Schools can play a crucial role in improving the prospects of AIDS orphans and securing their future. A good school education can give a higher self-esteem, better job prospects and economic independence".

In a poor economy like Zambia's, there are no readily available jobs, and some of these children are forced to go on the streets to beg as a survival strategy. Others are hired as child-labour, while others get involved in various vices, such as child prostitution and stealing for survival (cf Lungwangwa & Macwan'gi 2004:xiv). Learning disruption can trigger permanent disruption of normal life for all the siblings. The lack of education or job leads to inability to adequately meet their basic survival needs.

I failed grade seven. I wanted to repeat but didn't have money. So I came to the streets. – *Jatropha*

I passed grade seven, but my uncle failed to pay school fees for me because he married a second wife -- *Albert*

4.5.2.5 *Unconditional care*

When my parents died we were staying with our grandparents (maternal), but they were not working because they were old. My grandfather had to beg for food, salt and water at the market. We were not even staying in a house just outside in a plastic shelter. When it rained everything got wet –
Brenadar Sasha

I said to my aunt I will only be living with my grandma. At that time my grandma was old, but at least the support was nice – *Katty Perry*

The majority of the co-researchers narrated stories of good and unconditional care provided by their grandparents. Out of the extended family members, grandparents are portrayed as the ones willing to suffer ‘to the point of death’ with their orphaned grandchildren and vulnerable children - they are care givers of the ‘last result’. The majority of the grandparents in the children’s narratives are very old and jobless. However, they were not ashamed or embarrassed to beg for food, salt and water or construct plastic shelters for the children and themselves to shelter in for their survival.

4.5.2.6 *Community care*

Then one day we shifted again and my grandfather was sick. We had to go just behind our gate there (Cheshire Homes), staying in a plastic shelter. It was in 2000, then there is one woman who said, ‘I know the place where you could stay, then she brought us here. – *Brenadar Sasha*

At one time a former UNICEF representative in Zambia stated “...We are seeing within the communities themselves...truly heroic efforts to absorb the children, to work with them, to give them the nurturing and caring in the environment, in their own communities that is so necessary for this next generation” (<http://www.avert.org>).

The community care which is modeled on the African traditional care system is evident in some of the co-researchers' stories and experiences. One positive thing about life in the compound is the practice of doing things together, and being 'a brother's keeper' in hard times. It is more like living in a rural village where many people live together, share and help each other in practically everything. According to the Joint USAID/UNICEF/SIDA project (1999:16) "Communities are in the front line coping with OVC problems. They have adapted their own coping strategies and mechanisms to address the issues, but seem to receive little in the way of institutional help, even from the churches".

Some of the stories I listened to highlighted community members' care for the orphaned children in profound way in an effort to meet their basic needs such as food, clothing and shelter.

There is one grand (old) woman who is staying here (Cheshire Homes Society) and had a house in John Howard compound. She is the one who said 'you can be staying in my house since no one is staying there'. They (Sisters) took us there and we were staying there until my grandfather got sick -- *Brenader Sasha*

One way of community care is to identify, direct, or take the needy children to the care giving institutions (Mrs. Malik, Sister Judith Bozek) where they can get holistic care.

There is a need to rekindle the African community spirit of caring for each other 'being my brother's keeper', especially in the current OVC crisis. In Zambia and the rest of the sub-Saharan Africa, it is believed every person is either infected and/or affected by the HIV and AIDS and its offshoot of orphans. "It's very hard to find a family in Zambia that hasn't been personally touched" (<http://www.avert.org>).

Under these dire circumstances, it becomes easy to see why our Creator God created us to live in communities. He had a purpose in mind, which seems to be that we live together as families and communities, and care for each other.

4.5.2.7 *Empowering care*

I came here (Cheshire Homes Society) and started my education, that's when I thanked God for what He did for the rest of my life. I will continue praying until I finish my education, until I achieve my call. I want to be a doctor -- *Oliver*

I understand empowering care as the kind of care that empowers the care receiver to "...live new preferred stories ..." (Pienaar 2003:128). In this understanding, and in the storytelling, the co-researchers have been empowered to live new preferred stories which are distinct from the ones they previously lived. They narrate of being happy and satisfied in their prevailing situation, whereby they receive everything they need and are loved. Some refer to their care givers as being as good as their parents. These stories confirm the care givers objectives of providing holistic care to the OVC in a safe and happy environment. This empowering care is aimed at helping the children to grow, mature, be self supporting and also empower other children who find themselves in a similar predicament.

The care provided by the care giving NGOs to the marginalized children provides a desirable model of good care. It also poses a challenge to the policy makers in the government and the Church to emulate.

4.5.2.8 Present care

My father started being sick again and then he died. I was just alone so I kept quiet and started crying. Then my best friend came and took me to Kondwa Centre. Then aunt Malik said 'you are going to start school at Kondwa' -- *Preta*

The empowering care is realized through presence. Baart (2003:137) develops the 'presence approach' through the investigation of "...the neighbourhood pastoral ministries". He draws the conclusion that the main characteristic among them is to serve other people and not to solve problems directly. He explains the presence care narrative as follows:

A characteristic that they have in common is that they *are there for* others without focusing directly on problem solving. Problem solving can indeed emerge from their efforts, but that is not their overt intention. The most important thing these pastoral ministers bring to the situation is the faithful offering of themselves; being there, making themselves available, coming along to visit and listen,...playing together on the street,...It is important to keep in mind that the presence approach does not orient itself to solving identified problems as such. *Instead the focus goes to the cultivation of caring relationships, and the approach is deemed successful even when there is no evidence of concrete problems being solved.*

The care model described above coincides with my understanding of this type of care and my practical pastoral experience in Ng'ombe. Apart from my regular scheduled visits to the parishioners, I avail myself to visit, interact or participate with the Church community whenever opportunities arise.

The description of presence care also resonates with the African traditional culture, whereby the presence of a relative, friend or neighbour is expected and appreciated on all occasions, and especially during bereavements, weddings, and any other happy or sad occasions. At other times just dropping in for a chat. It is an important cultural and community care practice, hence the saying: “In Africa we do things together” (Pienaar 2003:68).

4.5.2.9 *Storying care*

One of the remarkable aspects of the narrative approach is that it has allowed the co-researchers to tell their stories and to experience the power inherent in storying care. In the process of sharing old stories, new and better stories emerge and are lived. In the narrative research process, it's not just listening and reflecting on old stories, it is also a rewriting of the old story.

To enable a better understanding of the storying care concept, Freedman & Combs (1996:100) describe how the present is developed.

Once a preferred event has been identified, we want to link that event to other preferred events across time, so that their meanings survive, and so that the events and their meanings can thicken a person's narrative in preferred ways. Therefore, once a preferred event is identified and storied we ask questions that might link it to other events in the past and the future.

Through the process of storying care, new and different stories emerge. One of the vital elements of caring is the facilitation of an enabling environment for storytelling.

4.6 LESSONS LEARNED

Care is a wide subject and much more could be said concerning care for the co-researchers. During our interaction and the storytelling process, I observed the children experience a certain degree of freedom and relaxation. The fact that they were the focus of attention as experts qualified to tell their personal lived stories may have made them feel that they are important and their views matter. On my part, I was fully absorbed in listening to their stories and was drawn into them. Some of the lessons we all learnt in this study include the following:

- The lack of holistic care for the OVC by the State, in spite of its overall authority and ownership of the necessary resources and governing structures, is disturbing.
- The psychological neglect and suffering of the orphaned children, prior to and after the death of parents, has damaging and lifelong effects on the psychological and social life of a child if not timely and properly addressed. More needs to be done to help children accept and adjust to the new life situation without parents.
- The children experiences of neglect and abuse by some extended family members has devastating effects on them and require redress.
- The good and empowering care provided for the marginalized children and people by the NGOs need to be applauded. Furthermore, the NGOs care model need replication in order to reach out to more children.
- Children orphaned by AIDS and vulnerable children need to be visible. They also need to be allowed to make their contribution in the decision making processes in matters concerning them and their welfare.

4.7 CLOSING REMARKS

At this stage of further development of the research story, I listened to other new stories of orphaned children living in Zambia. The extended family care of orphans and vulnerable children was examined as well as care provided by the care giving NGOs. The feedback sessions held with the directors of the participating NGOs were both informative and helpful in understanding the intricacies of providing holistic care. Through the integration of the different voices, I gained more understanding of the co-researchers' stories and experiences with concerning their care and/or lack of it.

In the next chapter, I shall further reflect on care issues emerging from the previous chapter and also describe the research outcomes.