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THE SILENT VOICES OF ORPHANS AND VULNERABLE CHILDREN LIVING IN THE HIV AND AIDS ENVIRONMENT IN URBAN ZAMBIA: A PASTORAL CARE CHALLENGE

by

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SUMMARY

Orphans and vulnerable children (OVC) living in the HIV and AIDS environment in urban Zambia face numerous challenges. In most cases the children are either infected or affected by the HIV and AIDS crisis. The majority of orphans have lost one or both parents, while vulnerable children are too poor to afford basic needs of life (food, clothing, shelter). The challenges faced include lack of parental nurture and care when needed most at a critical period of growth. They suffer poverty, lack of health care and education, homelessness, violence, community scorn and humiliation.

The research's aim was to listen and gain a deeper understanding of the children's circumstances as they tell their silent stories and experiences of care and/or lack of it. The other specific objectives were: to provide an enabling environment where the children could voice their "silent" voices freely, and to disseminate the study findings to policy makers for consideration in formulating developmental and children care policies.

The research was carried out from a narrative approach within a postmodern social-constructionist paradigm. The listening of the stories and experiences of the OVC was done from a Practical Theological perspective. In the research process, various discourses about orphans, vulnerable children, care, HIV and AIDS and urban Zambia were examined and described.

Three separate groups of children participants were drawn from 3 care giving non-governmental organizations (NGOs) located in separate peri-urban areas within Lusaka city. These were: Cheshire Homes Society of Zambia: Divine Providence Home, St. Lawrence Home of Hope and Kondwa Day Centre for Orphans (Seko House).

The first two are faith based organisations (FBO) while the third is a community based organisation (CBO). St. Lawrence Home operates two ministries: one provides residential holistic care to the OVC, and the other is a street children ministry whose main objective is to reintegrate street children with their families.

The researcher also interacted and listened to the voices of the care givers about care of the children. The NGOs also talked about the various aspects and challenges they encounter in their efforts to provide holistic care to the marginalized children.

To enhance the understanding of the co-researchers' stories and experiences, the African world view with regard to children and their care was explored and described. In addition, the various voices and discourses that affect OVC were brought into conversation as research done in Africa was reviewed. The feedback and reflections by the researcher and the various co-researchers was mainly based on the emerging research data categories and themes.

The implications for practical theology were discussed. In particular, the various pastoral care challenges in this era of the HIV and AIDS crisis and the phenomenon of OVC were explored and described.

As an outcome of the research, various care narratives were described. In addition other outcomes were identified, reflected upon and described. Finally, while evaluating the research process, issues of reliability, validity, credibility, transferability, and consistency in conformity with qualitative research were discussed.

DECLARATION

I, the undersigned, hereby declare that the work contained in this thesis entitled:

THE SILENT VOICES OF ORPHANS AND VULNERABLE CHILDREN LIVING IN THE HIV AND AIDS ENVIRONMENT IN URBAN ZAMBIA: A PASTORAL CHALLENGE

is my own original work, and has not previously in its entirety or in part been submitted at any university for a degree.

Deborah Wanjiku Shawa

April 2012

DEDICATION

This work is dedicated to the courageous children orphaned by AIDS and vulnerable children who accompanied me on my research journey.

I commend you for having the courage to tell your story and determination to fight for your survival.

Thank you for your valuable contribution to the research.

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ABSTRACT

The phenomenon of orphans and vulnerable children (OVC) in Zambia is a consequence of the HIV and AIDS epidemic. Many of these children are orphaned at a critical developmental stage of their lives when parental care and nurture is most needed. In the African world view, children's opinions in matters concerning them including care are rarely sort or heard.

The main aim of this research was to gain a holistic understanding of the silent voices of children affected and/or infected by the HIV and AIDS, and specifically about their experiences of care and/or lack of it. The other aims were: 1) to research alternative means of getting the silent stories of the marginalized children heard by the Zambian society; and 2) to disseminate the research findings to policy makers.

Ten children orphaned by AIDS and vulnerable children, who are the co-researchers, drawn from three Lusaka urban based NGOs participated in the study. The research process and experience was reflected upon by the researcher, co-researchers and the care givers. The research was carried out from a Practical Theology perspective and the narrative approach within the postmodern social-constructionist paradigm. The ABDCE model for fiction writing as a metaphor for doing narrative research was used. This approach enabled the researcher to carry out the research in a systematic manner. It also allowed the researcher and the co-researchers to begin and work together throughout the research process, as the researcher listened to the co-researchers' stories and experiences of care and/or lack of it and was drawn into them.

KEY TERMS

Orphans and Vulnerable children (OVC)

HIV and AIDS

Care

Silent voices

Pastoral care

Narratives

Social constructionism

African world view

Extended family

Urban Zambia

Shanty compounds (slums)

Non-governmental organizations (NGOs)

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CHAPTER 1

INTRODUCTION, BACKGROUND AND METHODOLOGY

1.1 INTRODUCTION

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

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

Every day she had to wake up at O500 hours, strap her paralysed sister onto her back, secure working implements on her head, hold her brother's hand and trek three kilometers to the business site. On arrival, she would make her sister lie on the ground (she was severely paralysed from neck down and couldn't sit on her own), while she crushed stones with a steel hammer.

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

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

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

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

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

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

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

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

1.2 CHILDREN ORPHANED BY AIDS LIVING ON THE STREETS

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

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

> Loss of parents is one of the factors that is contributing to children being on the streets in Zambia. Orphans are more likely to become street children in the urban areas…A very high proportion of these children have lost both parents.
>
> Sadly society seems oblivious to their moral obligation to defend the children's rights and respond to their needs of care and nurture. Instead, some members of society even see these children "as the perpetrators of injustice rather than the victims of it". Instead of embracing the children as integral members of society, they are scorned upon and assigned various labels such as 'urchins', 'vagabonds', 'delinquents', 'street Arabs', 'pelones', 'gamins', 'parking boys', 'pogey boys', or '*mishanga* boys' (cigarette boys), irrespective of whether or not they sell cigarette sticks.
>
> (Lungwangwa & Macwan'gi, 2004:6)

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

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

1.3 BACKGROUND TO THE RESEARCH

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

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

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

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

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

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

1.3.1 Statistical information of children orphaned by AIDS

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

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

1.3.2 Comparative regional figures of children orphaned by AIDS

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

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

EASTERN AND SOUTHERN AFRICA REGIONAL ORPHAN FIGURES

ORPHANED CHILDREN (AGED 0-17)

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

UNICEF Global figures. Retrieved, 2011-08-16

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

1.4 INTEREST AND MOTIVATION

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

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

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

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

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

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

1.5 RESEARCH TOPIC

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

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

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

1.6 LITERATURE REVIEW

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

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

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

There are four main purposes which literature review serves:

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

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

1.6.1 Review of research done in Zambia

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

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

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

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

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

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

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

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

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

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

1.7 RELEVANCE OF THE STUDY

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

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

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

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

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

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

1.8 RESEARCH QUESTION

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

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

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

1.8.1 Aims and objectives

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

The specific research objectives are:

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

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1.9 RESEARCH PARADIGM AND METHODOLOGY

1.9.1 Positioning

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

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

1.9.2 Practical theology

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

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

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

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

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

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

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

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

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

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

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

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

1.9.3 Narrative approach

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

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

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

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

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

1.9.3.1 Co-researcher

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

1.9.3.2 Researcher

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

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

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

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

1.9.4 Postmodern paradigm

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

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

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

Modernism

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

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

In contrast *postmodernism* believes differently

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

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

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

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

1.9.5 Social constructionism

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

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

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

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

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

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

1.9.6 Qualitative research

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

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

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

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

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

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

1.10 THE CONTEXT OF THE RESEARCH

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

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

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

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

> No other arrangement or structure that government, NGOs, churches or donor agencies have devised has come anywhere near to managing the OVC problem in the way that the extended family has succeeded in doing. Even though forces such as urbanization, migration, poverty and the HIV/AIDS epidemic itself threatened the cohesion of the extended family, the family remains for all practical purposes the fundamental front line of response to the OVC crisis.
>
> Studies indicate that the greatest need for an orphan is placement within a family-like structure, headed by a responsible adult and located within a community. It is preferable to keep siblings together in familiar surroundings in a family related to the child.

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

1.11 RESEARCH METHODOLOGY

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

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

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

1.11.1 Research methods

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

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

1.11.1.1 Action

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

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

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

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

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

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

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

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

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

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

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

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

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

1.11.1.2 Background

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

> The first movement of this process (action) and this second one (background) together can be compared to Don Browning's first, second and third movements: descriptive, historical, and systematic. Browning describes (1991:47) his first movement as horizon analysis. "…it attempts to analyze the horizon of cultural and religious meanings that surround our religious and secular practices." Browning uses the term "thick description" and emphasizes the necessity to interpret the action that is being researched against the backdrop of different perspectives: sociology, psychology, economy, etc. After this thick description, and as part of it, the background should also be extended to the historical perspective and the systematic concepts already developed, concerning the specific, or related actions.
>
> (Müller et al 2001:6)

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

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

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

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

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

1.11.1.3 Development

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

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

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

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

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

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

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

1.11.1.4 Climax

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

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

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

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

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

1.11.1.5 Ending

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

> The research process ….involves many of the stories of those involved: the clients; the families; the researchers; the patients; the church members. But the research process is not only a mere reflection on those stories; it is always a new writing. Research creates its own story with new possibilities. Therefore, narrative research doesn't end with a conclusion, but with an open ending, which hopefully would stimulate a new story and new research.
>
> (Müller et al 2001:10)

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

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

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

1.12 RESEARCH DELIMITATIONS

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

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

1.13 ETHICS IN RESEARCH

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

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

1.13.1 Informed consent

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

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

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

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

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

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

1.13.2 Confidentiality and anonymity

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

1.14 CHALLENGES

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

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

1.15 KEY CONCEPTS

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

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

- **Care**

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

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

- **HIV and AIDS**

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

- **Orphans**

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

- **Silent voices**

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

- **Urban Zambia**

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

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

- **Vulnerable children**

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

1.16 RESEARCH CHAPTERS

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

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

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

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

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

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

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

1.17 CLOSING REMARKS

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

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

CHAPTER 2

SILENT VOICES OF ORPHANS AND VULNERABLE CHILDREN

2.1 INTRODUCTION

In this chapter, I describe the stories and experiences of the OVC whom I interviewed. In the first instance, I focus on describing the action and action field. Thereafter, I describe my interaction with the action.

The story of urban Zambia and the context in which the research was conducted is described. In addition, I describe our sessions and explain how I planned and executed them.

In the first chapter I introduced Maria and her story and also my epistemological positioning as a practical theologian and a narrative researcher. I also explained my use of the five stages of the ABDCE formula of fiction writing metaphor as described by Müller et al (2001:1-10). Consequently the previous chapter has opened the way for the co-researchers' individual stories that form a major and integral part of this research project. The focus of the first chapter was on the second phase: "background"; whereby the socio-political and economical setting of the story is described. In this chapter the focus is on the first stage of the ABDCE model: action as the "now" of the story (Müller et al 2001:3). Here the specific context and the action field are described thereby contextualizing the research process. In addition I refer to the data collection and the analysis methods used in the process of gathering the co-researchers stories.

2.2 THE STORY OF URBAN ZAMBIA

The large urban population in Zambia stems from continuous urban migration from rural areas to urban centres (cf Lungwangwa & Macwan'gi 2004:5; National AIDS council 2010:4). People travel to cities and towns from all corners of Zambia hoping for a better life, only to find a worse situation with no jobs, housing, food and other human basic needs. Rather than trek back to the rural areas, they settle in the outskirts of the urban centres in illegal unplanned settlements and structures. Lusaka like the rest of the Zambian urban centres, is surrounded by many such settlements.

These settlements are commonly known as shanty compounds or slums. The compounds accommodate large populations of vulnerable people and children. One such example is Lusaka's Ng'ombe compound of about 6 square kilometers with a population of close to 90000. 87% of the people here are classified as very poor, 10% as poor and only 3% are middle class (Ng'ombe RDC office: 2004).

2.1.1 Needs in urban areas

The needs in these areas are numerous. They range from basic human needs of food, water, shelter to absent or deplorable infrastructures of roads, sanitation and drainage systems (cf Ngulube 1989:116-119; Joint USAID/UNICEF/SIDA project 1999). Over the last ten years, I have learned firsthand of the high levels of poverty, unemployment, disease, illiteracy and other needs, during my pastoral work in Ng'ombe compound.

The majority of the children participating in this research and their families live in these compounds, where they were born and brought up. Furthermore, the majority of the care giving NGOs, both FBOs and CBOs are located in urban areas of Zambia. The reason for this is that most of the OVC live there. Two of the three NGOs involved in this research are also based in two of these urban compounds. The third is based in one of the high density residential areas of Lusaka urban. In the process of identifying and describing these NGOs, I examine how they were established and grew to be able to help many marginalized children.

2.2 IDENTIFYING CARE GIVING NGOs

In the mid-1980s various NGOs were established to provide care for the growing population of the OVC as a consequence of the HIV and AIDS epidemic (National AIDS council 2010:20). The majority of the care giving NGOs, which include the 3 involved in this study, were established in response to the epidemic crisis.

The process of identifying suitable care giving NGOs and children participants for this research was a lengthy one. It started in February 2009 and ended in September, 2010.

I identified two of the NGOs with the help of the Ministry of Sport, Youth and Child Development. This is the government ministry involved with planning and policy matters concerning all children in Zambia. I made three visits to this ministry in February, 2009 with three objectives:

- To get official government literature pertaining to the OVC living in Zambia.

- To get guidance concerning research with children affected and/or infected with HIV and AIDS, vis-à-vis ethical issues and child protection policies. In Zambia, matters concerning children are sensitive due to existing instances of child abuse, exploitation and child trafficking.
- To be directed to the existing care giving NGOs within Lusaka urban that I could work with in my research.

In seeking the Ministry's guidance, I wanted to be certain that I wasn't infringing on any laws in embarking on this type of research which involves children affected and/or infected by HIV and AIDS.

The ministry directed me to a number of FBOs and CBOs involved in the care of the OVC within Lusaka urban. From the organizations that I visited and interacted with, I choose three. The two faith based organizations are: Cheshire Homes Society of Zambia: Divine Providence Home for the Aged, Homeless & Orphans and St. Lawrence Home of Hope. The third, which is community based, is Kondwa Day Centre for Orphans (Seko House). The founder / director of this organization was introduced to me by a friend from my church.

2.3.1 Criteria for selecting participating NGOs

I selected the above mentioned organizations to participate in this research based on the following criteria:

- Faith and community based model of care for the OVC which was assessed as the most ideal by the Joint USAID/UNICEF/SIDA project (1999:41).

- Availability of children within the age range of 12 to 18 years.
- Willingness by the care givers and guardians to cooperate with me in this research project, and allow children under their care to voluntarily participate in the research.
- Located within different compounds where the majority of orphans and vulnerable children live.
- Locations within easy access for the researcher to interact and conduct several interviews with all prospective co-researchers.

In selecting three different care giving organizations, I expected (a) to learn about the various modes of care giving; and (b) determine any existing differences in the basic care provided by these institutions.

In order to gain a deeper understanding of the care giving NGOs and the work they are involved in, I describe each NGO separately. Although they share some aims and objectives, they are not identical. Each one is different and has its unique care giving perspective which justified its selection for participation in this research. In describing these institutions, I explain how they started and developed to provide holistic care for the needy children living in urban Zambia.

2.3.2 Cheshire Homes Society of Zambia: Divine Providence Home for the Aged, Homeless & Orphans.

This is a faith based organization. It is based in Chawama compound which is one of the largest compounds within Lusaka urban. It was established in 1988 by a Roman Catholic priest in response to an abandoned widow who needed shelter. It now shelters 20 old people and 25 orphans (Cheshire Homes Society of Zambia brochure, 2010).

In 1992 in response to the HIV and AIDS epidemic it started caring for the OVC. In addition to the 25 children in residence, there are 25 vulnerable children and 36 orphans from the surrounding community who receive food and other requirements on a daily basis (Cheshire Homes Society brochure, 2010). The neighbouring communities live in compounds of Jack, John Laing, John Howard, Misisi and Kuku.

The Home is run by Roman Catholic nuns of the Holy Family Sisters. Sister Judith Bozek is the head of the Home. She is assisted by Sister Angela Milonska. During our various meetings and conversations, the two Sisters provided information about the Home. Firstly, about how children and people under their care get to the Home, and secondly, about their operations: care and services which they provide as follows:

- The people and children under their care find their way to the home through various ways: 1) Some take themselves, 2) community members take them, 3) Sisters pick some from the streets, and 4) through referral by the Department of Community Development.
- The Home depends on donations and fundraising activities for their operations. They also receive small annual grants from the Ministry of Community Development and Social Services.

The services they provide include:

- Basic human needs of food, shelter, clothing, health care, education, psychosocial counselling and spiritual guidance.
- Feeding (one and/or two meals daily) to non-resident marginalized and elderly people and children.

- Education provided include: nursery, primary and secondary levels at their community school.
- Educational and training sponsorships for: nursery, primary, secondary, university and college.
- At any one time 70+ children receive complete support (free food, shelter, education, health care, etc.)
- Rented accommodation in Chawama for the most needy children who can't be accommodated at the Home.

Bozek & Milonska (Interviews: 2009-03-02; 2010-02-11; 2010-05-27; 2010-06-12). Conversations and interviews were held at the Cheshire Homes Society's office. These were recorded in hand written notes.

2.3.2.1 Research participants living in Divine Providence Home

There are eight children living in this Home who volunteered to participate in the research. Their ages range between 14 and 18 years. Three girls namely: Brenader Sasha, Love and Maria. The five boys are: Albert, Horace, Oliver, Paul Chanda, and Villa.

2.3.3 St. Lawrence Home of Hope

St. Lawrence Home was established by the Roman Catholic Women's League based in Lusaka in 1998. This was the women's response to the street children crisis as a result of the HIV and AIDS epidemic. The Home is faith based and is located in the high density residential area of Kamwala South, Lusaka. The Home is managed by the Catholic women through an executive committee headed by a chairperson. Ms S. Grillo, the chairperson who is also a founder member provided the background information and the objectives of the institution (Grillo interview, 2010-05-27).

I took notes of the interview. Ms Grillo also provided a DVD which marked St. Lawrence's 10th anniversary and which I listened to (2010-05-28).

Isaac Rakowski, who is a Roman Catholic Brother of the Missionaries of Africa, coordinates the Youth Development and the Outreach and Reintegration programmes (Rakowski Interviews 2009-02-27; 2009-04-02). I took notes of our conversations. On three occasions, I accompanied Br. Isaac to Soweto market to meet and interact with the street children as prospective co-researchers. The interactive meetings took place on: (2009-08-24; 2010-02-19; 2010-05-10). The visits started at 0600 hours when the children are fresh, and lasted an hour.

The main objective of the project is to restore hope to the OVC found on the Lusaka streets. The ultimate aim is to restore, rehabilitate and reintegrate the street children with their families as far as possible. This task is undertaken through the Outreach programme to the homeless youth and children living on the Lusaka urban streets.

Through this programme, street boys and girls, aged between 10 and 18 years, are identified, sensitized and encouraged to leave the streets and be reintegrated with their families. Those willing to leave the streets go through a rehabilitation programme at St. Lawrence Home prior to reintegration. The girls are referred or taken to the relevant care giving institutions for girls. The children without traceable families remain at the Home until they complete their secondary education and/or life skills training to empower them to stand on their own when they leave the Home. The Home caters for boys only and has the residential capacity of 25. Sometimes this limit is exceeded due to the great demand for shelter, for instance during the last interview there were 32 boys in residence (Rakowski interviews 2009-08-24; 2010-05-18)

St. Lawrence Home provides the following services: (i) food, shelter, clothing, health care and education, (ii) psychosocial counselling, (iii) Christian teaching, and (iv) skills training. The children still on the streets are: (a) encouraged to leave the streets through daily interaction, (b) treatment for minor ailments, (c) transport for the seriously sick to the clinic/hospital, (d) care for those admitted until they recover, and (e) funeral arrangements for those who die. In order to achieve their ultimate goal to reintegrate street children with their families, the street outreach workers travel long distances throughout Zambia, in an effort to trace any living relatives.

2.3.3.1 Research participants living on the streets

There are many street children living on the streets, but 5 who are in daily contact with St. Lawrence outreach workers volunteered to participate in the research. These are two boys: Jacaranda and Jatropha, and three girls: Lily, Mandalena and Peris within the age range 16 and 18.

2.3.4 Kondwa Day Centre for Orphans (Seko House)

Seko House is a residential home under the auspices of Kondwa Centre. Mrs Malik, who is a Christian in the Roman Catholic faith, is the Founder / Director of Kondwa Centre which is community based. She also founded Seko House. Mrs. Malik is in charge of both places and is assisted by an executive committee in running them. Seko House was established in 2009 to accommodate and care for the vulnerable and most at risk school going girls in Ng'ombe compound. The House has two house mothers who are in residence caring and providing mother's love to the children. These girls are infected and/or affected by the HIV and AIDS epidemic.

The marginalized children are usually taken to Kondwa Centre by extended family members (grandparents, aunts, uncles). In other instances, they are referred by heads of various community schools, neighbours or friends within Ng'ombe and other neighbouring compounds.

The main objectives of Seko House are: (i) to provide a safe home for school going girls aged between 7 to 15 years, (ii) provide safe space to live and study, and (iii) provide a stable home environment where there is love, compassion and unity. Seko House caters for girls only and currently (September 2010) has accommodation capacity for 10 girls only.

The girls who live in Seko House receive basic needs of: shelter, food, medical care and education; Christian spiritual guidance; psychosocial support; and recreational activities such as sports and swimming (Malik Interviews: 2009-04-02; 2010-02-10; 2010-05-21) and Kondwa Centre information document, 2009).

2.3.4.1 Research participants living in Seko House

As has already been stated, Seko House is exclusively for girls. All the 10 girls living there are aged between 9 and 16 years. They all volunteered to participate in this research. These are: Babra, Blessing, Dayana, Justine Bibie, Kathy Perry, Martha, Memory, Natasha, Preta and Valantina.

2.3.5 Similarities and differences among the NGOs

There are a number of similarities and differences existing among the three NGOs in the manner they conduct their activities.

Some of the similarities are as follows:

- They share common objectives to bring hope to the children infected and/or affected by the HIV and AIDS epidemic by providing holistic care. They are motivated by their Christian faith and beliefs, and their practices are based on Christian principles of love and care for the poor. They also evangelize the children and give them Christian spiritual guidance and teaching.
- Cheshire Homes Society and St. Lawrence Home of Hope are both faith based under the Roman Catholic Church.
- Their operations are mainly donor supported and also through fundraising activities.
- Cheshire Homes and Kondwa Centre (Seko House) share some methods of getting children into their care.
- All the 3 NGOs were initiated by Christians and are run by Christian women.

The differences include:

- Kondwa Centre is community based although it was established and is run by a Christian woman of the Roman Catholic faith.
- St. Lawrence Home accommodates street boys only through their Outreach street ministry.
- Seko House is exclusively for girls.
- Cheshire Homes caters for all kinds of marginalised people both female and male: the aged, disabled, orphans and vulnerable children in residence and outside in the community. They also provide much more diversified care and services, which include educational sponsorships at all levels of learning (tertiary education and skills training) plus paid accommodation outside the Home.

Although these NGOs are doing a lot of commendable work to assist the OVC, a lot more still remains to be done. Their efforts pose a challenge to the whole Church of Jesus Christ to get involved and combine efforts in assisting the many thousands of OVC suffering in society. The challenging words of James that "Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress…" (Ja 1:27), should surely move every confessing Christian to action.

2.4 PROCESS OF IDENTIFYING CO-RESEARCHERS

The ultimate aim of my exploratory meetings with the directors of the various care giving NGOs, was to identify children research participants with their help. In order to meet the prospective co-researchers prior to the commencement of data collection, I arranged to hold separate introductory meetings at each institution's premises. The care givers, the children and their guardians were all invited to attend these sessions. One of the key issues for the meetings was to explain the nature of the research I was undertaking. The research participants "…must know the nature of the study and be willing participants in it (this is *informed consent*)" Leedy & Ormrod 2005:144). The objectives of the meetings were:

- Introduction of the researcher to the children as prospective co-researchers.
- Explanation of the study and the key role the children would play if they freely volunteered to participate as co-researchers by sharing their stories and experiences concerning care and/or lack of it. In addition, to explain their freedom to withdraw participation at any time without any explanation or repercussions.

- To read and explain the information and the implications thereof as contained in the 'Informed consent' form to be signed by guardians.
- To explain the contents of the 'Explanation form for co-researchers' for each co-researcher to sign upon volunteering to participate and prior to the commencement of individual interview.
- To explain the importance of confidentiality with regards to the use of pseudonym by participating children, and their choice to choose their own pseudonym.
- To allow time for questions, explanations and clarifications of any issues concerning the research.

2.4.1 Criteria of selecting research participants

All eligible children from the 3 NGOs were invited to volunteer to participate in the research project provided they met the set criteria as follows:

- Child aged between 12 and 18 years
- Child orphaned by AIDS
- Vulnerable child
- Willingness to participate in the research
- Have the ability to tell own story

2.4.2 Introductory sessions

A total of three introductory sessions were held at a familiar and friendly environment. This was at the care giving institutions' premises where the children were comfortable and free to listen and ask questions.

2.4.2.1 Session 1: Street children at Soweto market

The first introductory meeting took place at the Soweto Market, at a spot where the street children congregate early in the morning (0600 hours) on 18 May, 2010. In attendance were eight children (5 boys and 3 girls). There were no chairs to sit on so we just stood around the fire as it was during the cold season. Brother Isaac, the children's guardian and head of the Outreach team, introduced me to the children. The children introduced themselves. This group of children preferred to speak a mixture of Nyanja, Bemba and English (the 3 common languages spoken in Zambia) in our conversations. Brother Isaac helped me to explain my research. He also explained other issues outlined in the objectives of the meeting. The ethical issues pertaining to the voluntary nature of the children's participation were explained and emphasized.

This was a difficult meeting. The children were rather unruly, noisy and not fully attentive. Some were eager to listen while others were apathetic, and kept on moving around. The meeting lasted for 45 minutes. A period of seven days was agreed upon for the children to think over and decide whether to participate in the research or not.

2.4.2.2 Session 2: Divine Providence Home

I held the second meeting at Divine Providence Home on 7 July, 2010, for 45 minutes. The venue was the institution's multi-purpose hall where the children conduct various activities such as school home work and social issues. The chairs and tables were rectangularly arranged in one long roll. It was free sitting and we sat facing each other. I sat half way down the roll where all the children could easily see and hear me. Ten children (four girls

and six boys) were in attendance. Sisters Angela and Felister hosted the meeting. Sister Felister, who was directly in charge of the OVC, introduced me to the children; the children introduced themselves.

Before proceeding with the meeting I wanted to be sure that all the children spoke and understood English well. I got the assurance from the children and their care givers. I then explained the nature of my research and all the ethical issues pertaining to this type of research as guided by the objectives of the meeting. Some children asked questions which I answered.

The children seemed interested and excited at the prospect of participating in the research. One child enthusiastically asked "…so when shall we go to the place where we are to do research?" At the close of the meeting, a period of five days was agreed upon for the children to reflect and decide whether to participate or not.

2.4.2.3 Session 3: Seko House

The third meeting was held at Seko House on 5 September, 2010 for one hour. It was held in the House's multi-purpose hall where the girls spend time while not at school, including eating their meals. We sat round the table. The director, Mrs. Malik introduced me to the children and also the purpose of the meeting. The children then introduced themselves. All the children present speak and understand English. There were altogether ten girls. I then explained the nature of my research and all the relevant ethical issues as guided by the objectives of the meeting. I stressed the vital role the children would play should they volunteer to participate. The children's freedom to decline participation or discontinue their participation at any time without explanation of repercussions was stressed. A number of questions were asked and answered.

This was a happy group of ten girls. They were interested to hear about the research as demonstrated by their attention and the questions they asked. At the close of the session, a period of one week to reflect and decide whether to participate or not was agreed.

2.4.4 Reflection on the three sessions

On the whole all the three introductory sessions achieved their objectives. The disorderliness at the first session with the street children could perhaps be attributed to their status as scam of society. And also their disordered life styles on the rough urban streets without any authoritative adults' supervision.

According to Brother Isaac, some of the children have lived on the streets for a long time. Others were once living in shelters, for example, at St. Lawrence Home and run away. In addition, most, if not all of them, inhale intoxicating glue and other solvents (Rakowski interview 2009-08-24), hence our approach to them very early in the morning. In other studies, some street children "admitted using drugs like dagga" (Lungwangwa & Macwan'gi 2004:xiv) may be to keep them high and numb to their predicament.

A total of 28 children attended the three introductory sessions held at the different NGO's premises. Observing their enthusiasm, and in consultation with the care givers, I decided to give an opportunity to every child who attended these first sessions to volunteer. This included five girls aged: 9, 11, 19, 20 and 21, who were outside the set limit. A total of 5 children: a girl and a boy from group 1, and 3 boys from group two declined participation.

Finally 23 children (16 girls, 7 boys) volunteered to participate. The children's guardians signed the 'Informed consent' form for each participating child. The participating children signed their own individual 'Explanation form to co-researchers' prior to the start of each individual interview.

The main reason for not excluding any child from participating on account of either being a few years below or above the set age limit was due to their status as OVC. Being already marginalised, I felt excluding them might make them feel even more marginalised and discriminated against.

2.5 SELECTION OF STORIES: DESIGN, SAMPLING AND DATA COLLECTION

As I have explained in chapter one, section 1.9, this narrative research is situated within individual interviews' context within the qualitative paradigm. Leedy & Ormrod (2005:95) state that "The qualitative research process is more holistic and "emergent," with the specific focus, design, measurement instruments (e.g. interviews)…qualitative researchers work is often exploratory in nature." This research is both exploratory and descriptive in nature. De Vos et al (2005:106) argue that "Exploratory and descriptive research have some similarities...Although they might blend in practice, descriptive research presents a picture of the specific details of a situation...In qualitative studies…description...'leads' to thicker description". In the research process I explored the prevailing situation of the participating OVC which facilitated a thicker description of the research story.

2.5.1 Sampling

Boeije (2010:35) states that "A sample consists of the cases (units or elements) that will be examined and are selected from a defined research population. In qualitative research the sample is intentionally selected according to the needs of the study." This type of sample is referred to as purposive sampling.

In their discussion on this type of sampling, Strydom & Deport (2005:327) point out that "In purposive sampling the researcher must first think critically about the parameters of the population and then choose the sample." Before arriving at the final sample I critically examined the accessible population of the OVC who were living within reach.

In addition, Babbie (2007:184) describes purposive (judgmental) sampling as "a type of nonprobability sampling in which the units to be observed are selected on the basis of the researcher's judgment about which ones will be the most useful or representative." In an effort to address my research question, I used my judgment to choose a purposive sample of the OVC living within the HIV and AIDS environment Lusaka urban.

2.5.2 Data collection strategies

This research used multiple methods for data collection. According to Leedy & Ormrod (2005:100) "…qualitative researchers frequently use triangulation comparing multiple data sources in search of common themes—to support the validity of their findings". In addition, Boeije (2010:176) states that:

> Triangulation refers to the examination of a social phenomenon from different angles…it entails the use of more than one method or source of data in a research endeavour. Researcher triangulation and theoretical triangulation follow from here. Theoretical triangulation requires that more than one theory is applied to interpret the data. Reasons can…be because one theoretical perspective is not enough to explain the phenomenon under study.
>
> Methods triangulation can reveal varied dimensions of a phenomenon leading up to a layered and thick description of a subject under study.

By using various data collection methods namely: interviews, conversations, field notes, observations and audio taping, I was involved in methodological triangulation. For instance, by observing co-researchers during interviews, their non verbal language and emotions could validate the truthfulness of what was being narrated.

In addition, theoretical triangulation was used in the data analysis phase. This was done through feedback from colleagues, as Leedy & Ormrod (2005:100) point out “The researcher seeks opinion of colleagues in the field…” I also sort interdisciplinary opinion through interactions and conversations with other researchers in social sciences, economic and political disciplines.

These feedbacks came into play in the developmental phase and during interpretation stage of this research project. The triangulation in this research served the purpose of supporting the validity of my findings.

Triangulation also enhances the story's thick description, and allows others to make their own judgment from the data that is provided (Leedy & Ormrod 2005:100).

2.6 CO-RESEARCHERS SPEAK

At this stage in the research process, I invite the children to introduce themselves and tell their own personal stories. Three points to note: 1) All the stories are told with the guidance of the guiding questions (Appendix 4) and other questions that flowed with the story, 2) Repetitions in the stories are omitted, and grammatical corrections made for coherence, and 3) The 10 stories included in the study address the research question, and their detailed descriptions help to thicken the research story.

2.6.1 Babra – 'When I wanted to bath they were saying 'go back to your mother's death'

> My name is Babra. I am 12 years old and was born in Lusaka. I am in grade 5. I have just my father. My mother died in 2003. When my mother was pregnant my father came home from town and my mother made a mistake. She didn't cook and my father started beating her on the stomach; my mother was very sick and she died. After that, it's my grandmother who said, "I want Babra to stay with me." My grandfather died in 2009. I have 2 stepbrothers and 1 stepsister.
>
> After I finish school, I need to choose one – mm...I want to be a sister or a doctor. But I just know when I grow up I might be a doctor because I want to help other people. I want to give them medicine, to help them to walk (she has a slightly bent leg). When I grow up I can help them. And, Mr. Rupiah Bwezani Banda (Zambia's president), he can help the children that don't have money.

> The president can give them money so that they can go to school and when they have finished they can go to university so that when they grow up they should help others.
>
> The church can pray to God so that God can help them. Mm…at my grandmother's home I was not staying well. 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. I had my sister and my brothers. So when I wanted to bath they are saying that "go back to your mother, go to your mother's death." And I was crying. I was praying and I know that God answered me and that's why I came here so that I can learn. When I finish my education I should help others. I am happy here (Seko House) because I am staying well. We have everything.

Reflection on my interview with Babra

Babra appeared a bit anxious in the beginning as she narrated her story. When she spoke of her pregnant mother's death and her mistreatment she was emotional. However, Babra was relaxed and happy when she spoke of the good care she was currently receiving. Her faith in God was evident and she believes God answered her prayers and provided good care.

Arising from Babra's story are issues of: (a) Wife murderer, (b) Discrimination, (c) Movements from home to home, (d) Lack of care by family, (e) Holistic care by the NGO, and (f) Faith in God.

2.6.2 Brenader Sasha – 'When my father died he took everything…we were only left with one chair and cloths'

My name is Brenader Sasha and I am 18 years old. I was born in Lilayi, Lusaka. My father died when I was 4 years and my mother when I was 5 years. I have 3 brothers.

When they (parents) died we were staying with our grandmother and grandfather (maternal grandparents). By that time my grandmother was not working even my grandfather because they were old. So they didn't pay (rent) for the house so we had to move again and it was at night. She (landlord) chased us at night, so we had to move from Chawama to Kamulanga. Then the second day, we didn't have food to eat or water to drink, even salt we didn't have. So my grandfather had to go to the market and beg for food. After sometime we were again chased from the house.

At one time my grandfather took us to stay with my father's relatives. There we had to fetch water and fill a drum each. We had to sell things for them at the market. Their children were not working and they were even beating us.
When we asked him (father's brother) if we shall start going to school, he said if we do what he tells us to do, then we shall go to school. One day my brother left to look for my grandfather without saying where he was going. They even forbid us from going to see our grandparents. The next day the second one (brother) followed. One day myself I went there (grandparents' place). I left my young brother there (uncle's home) and then when I came (back) they beat me. I went back to my grandfather to tell him…and my grandfather came and said"…I will take these children from you because you are not taking care of them".

My grandfather took us, but by that time they had already shifted – they were just shifting from place to place. We were not even staying in the house just outside in a plastic shelter. When it rained we got wet and everything else got wet. Then one day we shifted again and my grandfather was sick. We had to go just behind our gate (Cheshire Homes Society's gate) there (pointing at the gate). It was in 2000. Then there is one woman who said "I know the place where you could stay", then she brought us here (Cheshire Homes).

The Sisters told us…"you should wait—you will be coming and eating then you will be going back home." But they didn't know we were sleeping outside (their gate). Then one day they told us to take them to our home. Then we went there, then they said "out here its where you are staying!" They told us they would look for a house for us. My small brother was taken in to be staying here, and they looked for a house for us.

After staying in the new house for some time, my grandfather became sick. When he got better he tried to look for a job but couldn't find. My grandmother also tried to look for a job but didn't find any. My grandfather died in 2005. By that time I was staying here (Cheshire Homes Society).

One time when we were staying with my father's brother (uncle), he wanted to remove blood from us, and people were saying "he is a Satanist you should stop praying with him." Then we stopped praying with him because when my father died he took everything, everything which was in the house which belonged to his brother, and all the things which we bought he took. We were only left with one chair and the cloths.

Reflection on my interview with Brenader Sasha

Brenader Sasha was confident and keen to share her life experiences since she lost her parents. Her initial experiences were traumatic in spite of her elderly grandparents attempts to care for her and her siblings.

Brenader's story sounded disjointed as she anxiously moved from one topic to another. She was emotional when she spoke of the suffering they and their grandparents experienced on the streets, and at the hands of her father's brother (uncle). The situation changed dramatically when the Sisters began caring for them, and she was happy to narrate how it happened.

A number of issues emerge from Brenader' story and experiences: (a) Care by elderly grandparents, (b) Homelessness - living on the streets, (c) Property grabbing by extended family, (d) Discrimination by extended family, (e) Exploitation - child labour, (f) Belief in Satanism, and (g) Holistic care by the NGO.

2.6.3 Katty Perry–'I was sleeping, he came and removed his pajamas he wanted to sleep with me then I screamed…and ran away'

I am Katty Perry. I was born in Lusaka and I am16 years old. Both my parents died. My dad died when I was 2 years old. Then my mum passed away when I was 3 years old. I have been staying with my grandma. Sometimes I used to stay with my aunt, uncle; ok I never had a fixed home here in Ng'ombe. In fact I only ever stayed with my mum's family. My father's family is in Kitwe (Copperbelt province). So I only met my brother last month. (We got separated when he was 5 and I was 3). He went back on Monday, 6 September, 2010. During the December holiday it's my turn, I am going to visit my dad's family.

I didn't know him (brother), but if I had not insisted, I would never have seen my brother. I used to bother my aunt day and night. And I was also starting to bother Mrs. Malik. Of course, there were photos of my mum and dad, and there were my photos with my brother…at my aunt's. When we met, mm…it was like I was happy but him was crying. We met here at Seko House. My aunt brought him.

At first I used to stay with mum's brothers, my uncles. But the day they found out that I have got the same disease from my mum and dad, that is when they started giving me food on my own plate. (In Zambian culture people eat from same plates: one for carbohydrates and one for protein/vegetables); my own cloths (sometimes children share cloths), my own everything! Then myself I saw that they never used to treat me very well. At last I decided to…one day I asked why they were giving me food what, what?

They told me that they were scared that if I am, ah…they said that if I will be sharing my things with their children, they'll also get the virus (HIV) from me. So I never felt nice, then I went to my mum's sister. Her, she only ah…is like she brought me up. I never knew that she was my aunt. She used to tell me that "I am your mother." Then I explained everything to her. Then she went to talk to them. After that…I went to live with her. But again, since I was taking medicine…her husband lost his job. Then I had to shift again and go back to my other uncle again. Mm…ok my uncles were nice but my aunts! Their wives used to mistreat me. Mm…before I go to school I have to wake up at 0500, 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. She had 6 girls and 1 boy. But she 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.

After this I decided to live with my aunt again. But there it was like my aunt would like to stay with me, treat me and love me like her own child, but my uncle, her husband never liked it. And my aunt one day when I was, it's like one day when I came back from school I left the front…I only pushed the door and entered the house, there was some conference. My uncle was telling my aunt "I don't like this girl to be living with us here. You know she is positive…I want her to leave or else you will leave." Then my aunt said "if she leaves, then both of us will leave." After then I asked them. They told me, my aunt told me it's nothing I should just go to my grandmother's house.

Then I ran out and 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. But at least the support was nice and my aunt also—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." I went again to live with my aunt. At that time, when I was 12 my uncle, it's like there was a funeral, my aunt's daughter passed away. (I have got four aunts: my mother's brothers' wives and her - she is the only sister of my mum). Like my aunt went to the funeral and me I never used to go to (on) any holiday because I don't have anyone else. I never even knew my dad's parents!

With my aunt at the funeral, it means I and my uncle and his son remained. Then as I was sleeping I had a feeling, was concerned if I won't leave the house he might do something to me. It's like I was sleeping he came and he removed all his pajamas and he wanted to sleep with me then I screamed and opened the door immediately and ran away. At that time it was like 2300 hours. I started running on my own. Then I went to my grandma's house and never told her anything. I told my mum, ah aunt. Then my aunt decided to divorce her husband. But then the relatives said "you shouldn't divorce just pretend you don't know anything here whether what the girl said is true."

That's when I saw that next time if I remain alone he was going to do something bad to me. Then I went to Mrs. Malik and said "could you please find me, let's say a place where I could live happily and where I could find shelter?" Then I think Mrs. Malik was shocked with the question. She asked me why I was asking for shelter. I just kept quiet. I went again to leave with my uncle, my mum's brother. There it's like I was given, obvious the treatment was bad again. They used to treat me bad again. It's like my uncle never knew that those things used to happen. One day my aunt just woke up, I was like sick, I never woke up early and I never did the house chores. Then when she woke up she was in a rage; pulled my cloths and threw them out saying that "you are leaving my house".
After that I got my cloths, packed them and I went to my aunt's place. Ah, my aunt told me that from that day I was going to live with her forever. But myself I saw that my aunt would like me to live with her, but her husband!

Then gain I wrote my mum's brothers, my uncles, I wrote them a letter telling them that I am, I want to leave their house for ever. Then I don't know what my uncle did so he went to Mrs. Malik and told her that "you can take the girl anywhere you want".

About care for orphans - I think children should know both their families, dad's and mum's side. Then their guardians should treat them as their own children because after, mm…when those children grow up they don't know what they may become, mm…they may also help them in future. So they should be treated like their own children.

> Some families don't have so much money to take their children plus some orphans to school, so the church and the government should help them with education and other things. And, if that child has no specific, has no place to go, they should help her with shelter…and health care.
>
> 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.

Reflection on my interview with Katty Perry

Katty Perry was confident and eager to narrate her story. She was emotional when she spoke of not having a permanent home as she moved from place to place. Katty's experiences of not knowing about her brother, her father's family and the mistreatment by some extended family members moved her to tears. The positive ending where she was receiving good care at the care giving institution put a smile on her face.

Katty Perry's story touches on many aspects about care and/or lack of it: (a) Ignorant about her real mother and the existence of her brother and dad's family, (b) Discrimination as an orphan and due to her HIV status by extended family, (c) Exploitation - child labour, (d) Inadequate care by uncles and aunts (e) Attempted rape, and (f) Holistic care by the NGO.

2.6.4 Preta – 'After my mother died…my brothers and sisters left me alone with my father'

> My name is Preta and I am 13 years old. My mother died in 2003 and my father in August, 2008. We were all staying together here in Ng'ombe with my brothers and sisters. My mother was sick with sugar disease (diabetes).

One day as she went to the bedroom she fell down and then died. My father took her to the clinic and they said that "your wife is sick with sugar disease", but we didn't have money to pay for her treatment.

My father was working in town. So his friend Mr. Malupenga was jealousy of my father – he said to him "you are getting too much money." So my father said "because I am working hard that's why I am getting money every day." Mr. Malupenga said "Ok you are going to see" and then he went to see his grandmother who was a witch. So he took medicine and put it on the door at my dad's office. And when my daddy was walking in he stepped on the medicine, and when he came home he was just voting.

One day my father bought me a packet of lollipop, two pairs of stockings, cloths and shoes for school. After shopping we were walking home when at a street corner my father fell down. So after that I called out "my father has fallen I need help!" I was shouting like someone help me and then two guys came and picked up my father. After that we went into the house and my father started saying that his left hand was paining and then the left leg was paining. My aunt brought him some medicine and told us not to worry everything was going to be all right, but I started crying. After that my father's legs and the hand didn't work, they became paralyzed.

After sometime he went to the village with my grandmother who took him to a witch doctor who said that someone had put medicine at the entrance door which caused my father to faint. I just stayed at home when my father was sick and was sad because dad was sick and was just voting. After sometime, my father and I went back to Lusaka.

In Lusaka we went to Misisi compound and stayed there for one month. Then I went to my mother's village and stayed there for two months. My father came to pick me up and we came back to Lusaka. Again my father went back to his village alone. In the village he started being sick again and then he died. When he died I was just alone at home and I started crying. Later when I went to the pre-school and I said that my father had died, no one could tell me "poor her, she is left alone!"

After my mother died and was buried, the priest said “may her soul rest in peace” I just cried. After one week my brothers and sisters left me alone with my father and my father didn’t say anything. Everyone left the house.

When my father left me and went to the village, I was in a bad feeling. So when my father died I knew someone was going to tell me that he has died and then I started crying. At first my father’s young brother told me that my father was fine, everything is working well, but he lying to me and I felt bad.

My father left me some money about ZMK 105000 (US$22) before he went to the village but it finished, and I was staying alone in a big house. Then one day my best friend came and took me to Kondwa Centre, and there I said I didn’t have cloths. Then aunt Malik told me that I was going to start school at Kondwa, and so I started pre-school there…I prayed to God and the angel came and helped me. After that the years passed by, we stayed here and here I am alive. 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 shopping. Shopping cloths and shoes, after that we go to Green Valley and swim. We have swimming costumes. It is a very beautiful house and I am very glad.

How to care for orphans! Somebody can help them, like aunt Malik. 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. Sometimes the government is not good. If I met the president…I would tell him, just like an example, when I grow up I’ll go to the president and say: “Mr. Rupiah Bwezani Banda can you please, I am begging you to help the street children. Get the street children and put them together as a family and give them food and cloths and help them to go to school, that’s all. You can help them. Please tell the government so that they continue doing those things for the street children, and some blind people who are suffering.

When I finish school, I want to become a teacher. I want to teach some children education so that they grow up well. What I mean is that they finish their education and to be brave as I was.

Reflection on my interview with Preta

I was struck by Preta's confidence and keenness to describe her life's sad experiences. She was emotional when she spoke of her mother's sudden death and the health struggle and eventual death of her father. Her courage in caring for her dad and living alone in a 'big house' after his death is heart breaking. Preta was happy when she spoke about God's help through her best friend who took her to Kondwa Centre where she was admitted in pre-school.

The following are some pertinent issues that emerge from Preta's story: (a) Mother's death due to lack of medical treatment, (b) Girl child care of a sick father, (e) Abandonment by elder siblings, (f) Witchcraft, (g) Views on care for other OVC, and (h) Holistic care by NGO.

Biographic details of *female* participants

NAME	AGE	EDUCATION	AGE ORPHANED	STATUS	NGO CARE-GIVER
Babra	12	Grade 5	5	M.O.	Seko House
Brenader Sasha	18	Grade 9	4	D.O.	Divine Providence Home
Katty Perry	16	Grade 7	2	D.O	Seko House
Maria *	18	Grade 10	8	D.O.	Divine Providence Home
Preta	13	Grade 5	7	D.O.	Seko House

Key for the abbreviations and symbols in the above table

M.O. = Maternal orphan

P.O. = Paternal orphan

D.O. = Double orphan

* = Story in chapter one

2.6.5 Albert - 'Life is good here because the Sisters are giving us everything'

My name is Albert. I was born in Mumbwa, Nangoma District on 15 January, 1992. My family is gone. They have all passed away but now I am just remaining with my uncle and my aunt. My mother died when I was 2 years old and father too.

Here (Cheshire Homes Society) 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.

I came here on…I have just forgotten the date but in the month of January, 2009. It was like I passed grade 7. 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. That is the reason he failed to pay for me. That is how I came here to look for help to find someone that would pay. I stay here. I am studying and working just like that. I go to Divine Providence school.

Caring for other children? Mm…how I can look at those things? Just through education, providing education to the children,

Reflection on my interview with Albert

Albert appeared relaxed as he answered the guiding questions without any emotions. However, when he spoke about the Sisters' care, being as good as parental care, he showed some emotions. He narrated his life experiences in few words. Albert seemed happy and satisfied in his studies and work. Issues from Albert's story: (a) Failure by extended family to pay education fees, (b) Holistic care given by the Sisters, (c) Care for the OVC through education.

2.6.6 Horace – 'I can't say that my father is dead, but I don't know where he is right now, he just left'

My name is Horace. I was born in Zambia, Chawama, Lusaka on 17 April, 1996. I have a mother and no father. I can't say that my father is dead, but I don't know where he is right now, he just left. My mother comes from this country called Democratic Republic of Congo and my father is a Zambian. I have a younger brother and a sister - a little baby. I don't know anything about my relatives because I haven't seen them. They know that I am still existing but they don't care.

My mother looked for a place for us to go to. She even wrote letters to the priest of the Catholic Church so that we can receive help. She found this place, Cheshire Homes, that's how we came here. Me and my brother are here so it's just my sister who is still being nursed. Life is good here because people are taking care of us. I didn't come here when I was old just like this, I came when I was a little boy so I grew up here. Things are just developing than before. We are receiving help from the Sisters taking good care of us.

How society can help other children? They should look for a place for those children to stay because they are helpless and need help. So the government should help the children through many means: providing food, cloths, accommodation and sanitation for them.

Reflection on my interview with Horace

Horace was relaxed and seemed happy to narrate his experiences. He was emotional when he talked about abandonment by his father and his relatives' unconcerned attitude. Horace was appreciative of the care he is receiving from the Sisters. Issues arising from his story include: (a) Desertion by his father (b) Poverty, (c) Holistic care by the NGO, and (d) Views on care for the OVC.

2.6.7 Jatropha -- 'I once stayed at St. Lawrence Home then my friend told me "Let us go to town"'.

My name is Jatropha. I am 16 years old. I was born at Chawama clinic, Lusaka. My mother lives in Chawama. My dad passed away when I was 9 years old. He passed away at the Matero hospice. I have got 2 sisters and 3 brothers.

I failed grade 7. I wanted to repeat but I didn't have money. I came to the streets when I was young. My friend is the one who told me to come; I didn't know the way the street is. But now my friend went to Livingstone. I once stayed at St. Lawrence Home. Then my friend told me "let us go to town" then we came here in town, and then he ran away. Now I do different things here (Soweto market). I look after wheelbarrows but I am not happy. This is bostic (an adhesive substance) I am holding and I sniff it. It is my friend who taught me.

I would like to go back home and continue to go to school. But I am scared of my mother because she said she will tell my uncle to beat me because I ran away from home. Children should go back to their parents. If the government want to start learning centres, children can learn carpentry. I would like to be a doctor because it is a good job to help somebody who is sick.

Reflection on my interview with Jatropha

Jatropha seemed distracted, perhaps by the other street children and marketers. I got the feeling that he didn't take the interview seriously. Jatropha answered some guiding questions without emotions. Furthermore, he didn't describe his life experiences in any detail at all. I found him to be undecided about his life. He continuously blamed his friends for his decisions and actions.

The issues from Jatropha's story are: (a) Lack of money to continue his education, (b) A runner-away from home and NGO care, (c) Peer blame game for his bad actions, (d) Preference for street life, and (e) Dependence on numbing substance (inhaling solvents, glue)

2.6.8 Oliver -- 'When I started my education, that's when I thanked God'

> My name is Oliver. I was born in Chawama in 1994, January 13th. I have parents, but my father I don't know him. I have my mother, her nationality is Zairean. My father's nationality is Zambian. 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. I have a brother and a sister.
>
> It was very hard to come here (Cheshire Homes). When I was young I told my mother that we should look for a boarding school or half boarding school for me. After some days past, my mother went to Father Lambe to ask for help. So Father Lambe was sent by my mum to go and look for a boarding school there at Cheshire Homes in Chawama where they look after orphans. But it was very difficult for us to find a place. So he was just going round but he did not find a place at Cheshire because unfortunately it is just for orphans. There were only girls no boys. So then we just stayed here at home for some years. Then my mother came here (Cheshire Homes) and asked for help, but Sister Judith rejected us, she said "no we can't keep children who have mothers".
>
> My mother one day wanted to go for a retreat at a church camp. So she came here and asked for help that I just sleep here for 2 days. After sleeping for 2 days, Sister Claudia said that we (with his brother) should be coming here every day. At 1200 hours we will be going home. So that's when I came here and started school. I started my education, that's when I thanked God, that "I thank 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.

I jumped grade 2, but in 2004 I remember when I was just going to another school I was doing grade 4 in 2004. So I was supposed to be in grade 10 this year, 2010 but I didn't manage because my mother didn't have money to pay my school fees.

My mother is a tailor. She completed her education in Zaire and she speaks French. When I was young with my brother, I remember…we used to speak French with my father and mother. So after some years passed, I have forgotten, yet by that time I didn't know how to speak Nyanja or Bemba. But by this time I know a bit of French, I can speak it.

About caring for other children? Ok - I can say that, for example, if my young brother became the president, I would just say that he should help the street kids, and those children who don't have mothers build them an orphanage. That's what I would just tell him because ok as for me I don't want to be a president, I want to be a doctor.

The government can just help them by giving them cloths and building an orphanage for them. What I can say again is that, ok, some of the children run away from their parents – they just have stepmothers – you know they will just be violated like that, just beating them badly. So they just run away and just stay by themselves. So that's why they run away.

But even me when I become rich in this country I will be helping them. Because you know, ok what I am thinking is that all these Sisters who were coming here, I am thanking them for what they have done – they were donating things. I would like to do the same and besides I want to work in the 'Touching Lives', you know 'Touching our Lives'? Ah! Those are the ones - those people who help the poor. Yes, that's what I am wishing for. It's an organization. I hope you watch it on the TV. I saw it on ZNBC (state TV) last year (2009).

Reflection on my interview with Oliver

I found Oliver to be humble and interested. He was eager and anxious to describe his life's experiences in detail. He spoke with emotions. He was excited to express his faith in God, whom he continuously thanked for getting him into Divine Providence school after many failed attempts. He has compassion for the marginalised children on the streets. Oliver's desire to help the poor children and also to encourage his brother do the same when they grow up, came out strongly.

Some of the emerging issues from Oliver's story and experiences include: (a) Abandonment by his father, (b) School fees problems, (c) Acknowledgment of God's intervention in his situation, (d) Ideas on how to help the OVC, (e) views on why some children are on the streets, and (f) Desire to help the marginalised children when he finishes his studies.

2.6.9 Villa – 'When I was in the compound there was no one to take care of me'

My name is Villa. I was born in Serenje (Northern province) in 1994, 28 September. My father passed away in 2004. We are 7 in the family, I am number 4. I have 2 brothers who are older and young brothers are 2 and then 2 sisters.

My mum stays nearby the Cheshire Homes. And my sisters and brothers, it is Sister Angela who pays their school fees and sponsors them. Two brothers learn here at Cheshire, 1 sister at Danso school and 1 in Highridge. One sister is in Kabwe with my grandmother because my mum can't manage to take care of her. The other one stays with mum.

I have aunts and uncle. One uncle passed away in 2010. He was the one who seemed like he can sponsor the family but he passed away. My mum is a maid just cleaning the house in Kamwala South. I am working here and studying but I am not sleeping here. Every day at night when I knock off I go home. I come in the morning then I go back at night around 1900 hours. Here I do any duty, whatever she (Sister) gives me. Like right now I am cleaning the toilets.

How to care for poor children? May be it is to find some people who can sponsor them, like here. The government should take care of them because for a person who hasn't got a mother or father it's very difficult to be learning like I am doing. When I was in the compound there was no one to take care of me. But my friend who stays here we were learning with him from grade 1 up to 7. When I passed grade my grade 7 examination there was no money to pay school fees for me.

Reflection on my interview with Villa

Villa was relaxed as he answered guiding questions unemotionally with bare facts. He is content with the education he is receiving and the work that he does. Villa was also appreciative of the educational sponsorships his 4 siblings are getting through Sister Angela of Cheshire Homes.

The issues arising from Villa's story and experiences include: (a) Lack of school fees, (b) Financial dependence on extended family, and (c) Views on how the OVC should be cared for.

Biographic details of *male* participants

NAME	AGE	EDUCATION	AGE ORPHANED	STATUS	NGO CARE GIVER
Albert	18	Grade 8	2 years	D.O.	Divine Providence Home
Horace	15	Grade 8	No idea	X	Divine Providence Home
Jatropha	16	Grade 7	9	P.O.	St Lawrence Home of Hope & Self on the streets
Oliver	16	Grade 9	4	X	Divine Providence Home
Villa	16	Grade 10	10	P.O.	Divine Providence Home

Key for the abbreviations and symbols in the above table

M.O. = Maternal orphan

P.O. = Paternal orphan

D.O. = Double orphan

X = Absent father (don't know whether alive or dead)

2.7 REFLECTIONS ON THE INTERVIEWS

The continuous feedback informed the reflection process throughout the study. The feedbacks took place during the interviews and conversations.

- The various attitudes of children describing their life experiences: some were eager and emotional at times, while others were apathetic.
- The magnitude of suffering endured by the children infected and /or affected by the HIV and AIDS epidemic.
- The role of siblings and extended families in provision of care.
- The determination to make it in life and also make a difference in the lives of other children in similar circumstances.
- The role of the Christian faith and trust in God to intercede in the children's challenging life situations.
- The views on the impact made by the various care giving NGOs in the lives of the OVC.
- The role of Government in care giving and/or lack of it, for the OVC.
- Issues pertaining to witchcraft and Satanism.
- My evaluation that the national government is not doing much for its vulnerable children, especially those orphaned by AIDS, and the need to provide holistic care to them.

2.8 CLOSING REMARKS

In this chapter I described the action and the action field of the story. The co-researchers introduced themselves. They also narrated their individual stories and experiences concerning care and/or lack of care, in their own way and language.

In the process of narrating the stories, each story evolved through the five phases of the ABDCE metaphor of fiction writing as different experiences unfolded. Thus each story began with 'action', went through the stages of background, development, climax and ending. Some of the stories had many climaxes before coming to the inevitable end.

The focus of chapter three is on the action and background which "together can be compared to "Browning's first, second and third movements: descriptive, historical and systematic" (Müller 2003:12).

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, 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 & Onyancha 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 (patrineal and matrineal) 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 hips, 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 hash 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" (Wiegers 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.

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 cause 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-Sahara 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 recognization 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 bullys 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 tires 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) <u>where</u> 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 basis 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.

CHAPTER 5

RESEARCH OUTCOMES

5.1 INTRODUCTION

At this point of the research process we get things together after patiently and curiously waiting for the plot to develop (Müller 2003:14). Here, at the climax of the research process, things are different both for the researcher and the co-researchers.

In this chapter which draws towards the end of the study, I wish to report the research outcomes. At this stage the research process brings us to the fourth phase of the research metaphor as it moves this research journey towards closure.

5.2 THE PROCESS OF ARRIVING AT THE OUTCOMES

A number of various events and activities were involved in developing and arriving at the research outcomes. This includes the telling of stories by the children and the retelling by the researcher in the story development process. Through our mutual interaction, new stories developed in the restorying process. In this process, we have learnt different things from one another, and gained a deeper understanding of the experiences of the co-researchers.

The reflections with colleagues in the Practical Theology PhD group happened in class discussions, internet communication and through informal interactions.

Reflections with scholars from other disciplines of social work and psychology were done through the internet. Some of the feedbacks and reflections are included in the addendums (Appendix 5).

In formulating and critically reflecting on some of the research outcomes, I also utilized my literature study. Some of the following discourses emanate from the children's stories and experiences, while others were identified with the help of the interdisciplinary team.

5.2.1 Narratives of good care

It was pleasing and encouraging to listen to stories of loving and unconditional care given to the OVC by their grandparents. In spite of their age and poverty, grandparents preferred to live with their grandchildren, suffer together and share whatever they have rather than abandon them.

> When they (parents) died we were staying with our grandparents (maternal) at that time they were not working because they were old. They didn't pay for the house and we had to move at night. She (land lady) chased us at night – *Brenader Sasha*

In some of the instances, it was heartbreaking to hear how elderly and jobless grandparents have to constantly beg for necessities of life and sometimes live on the streets with their grandchildren.

> First I stayed with my maternal grandmother, but life wasn't really good. Sometimes we didn't eat anything – *Babra*

> We didn't have food to eat or water to drink, even salt we didn't have. My grandfather had to go to the market and beg for food. By that time we were not even staying in the house, just outside.

> Then my grandfather built a plastic house, when it rained we got wet and everything got wet. Then we were just shifting from place to place – *Brenader Sasha*

5.2.2 Stories of other care

Listening to the children's experiences of discrimination, stigmatization, emotional and physical abuse by stepparents, uncles and aunts shocked me.

> At first I used to stay with mum's brothers, my uncles. One day my uncles found out that I was sick with the same disease (HIV+) from mum and dad. That is when they started giving me food on my own plate, my own cloths, my own everything – *Katty Perry*

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

> We had to fetch water daily and fill a drum each one of us. They were even sending us to sell things for them at the market. Their children were not working and were just told to go to school. They were even beating us - *Brenader Sasha*

This kind of mistreatment goes contrary to the common belief that extended families provide the best care for the marginalized children in comparison to any other type of care. In its support of the extended family care, the Joint USAID/UNICEF/SIDA project (1999:17) argues that:

> No other arrangement or structure that government, NGOs, churches or donor agencies have devised has come anywhere near to managing the OVC problem in the way that the extended family has succeeded in doing.

> Even though forces such as urbanization, migration, poverty and the HIV/AIDS epidemic itself threatened the cohesion of the extended family, the family remains for all practical purposes the fundamental front line of response to the OVC crisis.

While the state of affairs may have changed since this study was undertaken, this indiscriminate 'taken for granted' belief of best care practices by relatives needs to be reviewed. This apparent false belief calls for deconstruction.

5.2.3 Silent narratives

When children are stuck in an uncaring environment with relatives, they have no way out and don't know where to escape to.

> After my uncles found out I got the same disease (HIV+) from my mum and dad,…I saw that they never used to treat me very well. One day I asked why they are giving me my own food? They told me they were scared that if I will be sharing my things with their children, they'll also get the virus from me.
>
> So I never felt nice then I went to my mum's sister. I explained everything to her then she went to talk to them. After that I went to live with her. But again since I was taking medicine, I am like… ah her husband lost his job. Then I had to shift again and go back to my mum's uncles again. Okay my uncles were nice but my aunts they used to mistreat me – *Katty Perry*

In other instances when the children tried to voice their predicament, they were not believed or taken seriously. For instance, when one co-researcher reported an attempted rape case by an extended family member, other

relatives hushed up the story and even expressed doubts regarding the trustworthiness of the child's story.

> When I was 12 there was a funeral, my aunt's daughter passed away. My aunt, mum's sister went to the funeral. My uncle and his son remained in the house. When I was sleeping he (uncle) came and he removed his pajamas and wanted to sleep with me. It was about 2300 hours. I then screamed, opened the door immediately and ran away. I went to my grandma's house and never told her anything. Later I told my mum (aunt). Then my mum (aunt) decided to divorce her husband. But then the relatives said 'you shouldn't divorce just pretend you don't know anything here whether what the girl said is true'.
>
> Then I went to Mrs. Malik and asked her 'could you please find me, a place where I could live happily and where I could find shelter?' I think Mrs. Malik was shocked with the question. She asked me why I was asking for shelter. Then I just kept quiet. I went again to leave with my uncle, my mum's brother –
> *Katty Perry*

With such traumatic and abusive experiences, children need constant protection and psychosocial counselling. Under these terrible circumstances, there seems to be an urgent need for the State to fulfill its holistic responsibilities towards the OVC. After all, the government has the obligation to care and protect its children from all forms of abuse and violations of their human rights, under the universal bill of rights for all children (Joint USAID/UNICEF/SIDA 1999: 47-48).

5.2.4 Faith in God

The children's deep faith in God and His apparent intervention in their despair is clearly evident and touching from their lived experiences and stories.

> I came here (Cheshire Homes Society) and started my education. That's when I thanked God. 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*

In sharing their experiences of God's intervention in their desperate situations the children expressed happiness and contentment because of what He has done in their lives.

> I was dreaming that my (late) father brought me a lot of money and then he started poking my face. Then I said 'stop that daddy in the name of Jesus I don't want you', then my daddy disappeared…Then I saw a woman wearing white, like an angel so I asked 'who are you?' Then she said 'God sent me to help you, just continue sleeping then I slept very well that night and I was very happy because I prayed to God and the angel came.

> I am happy God helped me because of suffering with my father. I have a home, my bed, my wardrobe and my cloths – *Preta*

In addition to appreciation of God's intervention in their lives, the children expressed their hope and trust in God to see them through to adulthood when they will become self reliant and also help others.

> I thanked God for what he has done for the rest of my life. I will continue praying until I achieve my call…For me I don't want to be a president; I want to be a doctor. I also want to work with the project called 'Touching our lives' – those people who help the poor - *Oliver*

> The church can pray to God so that God can help the orphans. I was praying and I know that God answered me and that's why I came here (Seko House) so that I can learn. When I finish my education I should help others - *Babra*

5.2.5 Children's stories of preferred care

In narrating their experiences with care and opinions of how they should be cared for, the children expressed some of their views as follows:

5.2.5.1 Orphaned siblings should live together

The orphaned siblings should be allowed to live together as family and not be separated and shared among extended families or care giving institutions.

> The Sisters at Cheshire Homes took my young paralysed sister to Ndola (about 350km away) for specialized treatment. My sister was greatly disturbed due to the separation from me and my brother. She became very sick and died after only three days. I wish they never took her away or had allowed me to accompany my sister and help her settle down. We were informed about our sister's death after she had been buried and I don't even know where she is buried – *Maria*

> We got separated when he was 5 and I was 3. I only met him last month (August, 2010). He stays with my dad's father in Kitwe (about 380 km away). I saw him on the photos of my mum and dad and our photos with my brother in my aunt's house. I used to bother my aunt day and night. But if I had not insisted, I would never have seen my brother. I think first children should live together and know both families; dad's and mum's side. Then those people like their guardians should be treating them as their own children – *Katty Perry*

5.2.5.2 State should care for the OVC

The State should care for the marginalized children by providing all their basic human needs. This would enable them to lead normal and healthy lives like the rest of the Zambian children and citizens.

> They should look for a place for those children to stay because those children are helpless they need help. So the government should help them through many means: providing food, cloths, and sanitation for them – *Horace*

> The government should help orphans through providing education - *Albert*
> Because some families don't have so much money to take their children plus some orphans to school, the government should help them in education and different other things. If that child has no place to go to, the government should help her with shelter and health care – *Katty Perry*

5.2.6 Institutional care

A good percentage of the contents of the children's stories in this research concerns the care provided by the participating NGOs. As the co-researchers' stories testify, these care giving institutions seem to provide reasonably good care to the few OVC they are able to accommodate.

> Here (Cheshire Homes Society) 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 happy because God helped me because of suffering with my father. I have a home, my bed, my wardrobe, my cloths. It is a very beautiful house. And God gave us aunt Malik to take us shopping for cloths, and shoes, after that we go to Green Valley to swim -- *Preta*

> Life is good here (Cheshire Homes Society) because people are taking care of us. I didn't come here when I was old just like this. I came here when I was a little boy so I grew up here – *Horace*

In spite of the NGOs efforts, there remains a great need for more such care giving institutions to reach out with holistic care to other marginalized children

living in urban Zambia. The outcomes of this study shall be taken back to these institutions, the Church and the State for their review and consideration in developmental and OVC care policies.

5.3 A FRESH UNDERSTANDING OF THE OVC CRISIS

The information arising from this study concerning care for the OVC brings new understanding concerning the magnitude of the OVC crisis. It also calls for urgent and drastic measures to save a generation of children who find themselves in the wilderness without nurture, care, mentorship, and direction for their lives.

5.3.1 Reactivation of the African care system

There is a need to encourage and reactivate the African traditional care system which is slowly dying. A variety of reasons for this scenario include: HIV and AIDS, the magnitude of the OVC crisis, urbanization, socio-economic factors and Western individualism 'each person for herself or himself and God for us all'. This philosophy is diametrically opposed to the African traditional culture of community life and mutual care.

The African care philosophy lays emphasis on meeting each other's basic needs in the community. This was elaborately described in Chapter three, (section 3). "For Africans, life is totality; culture is holistic" (Mbiti 1994:36) and is communally lived. Furthermore, "In the traditional extended family, children were the responsibility of the whole community (Shorter & Onyancha 1999:27). In addition, "Our children are the most important heritage for the continuity of our families, societies and nations" (1999:34).

We, therefore, can't afford to fold our arms as we stand by and watch our marginalized children suffer and perish.

This care system is strongly embedded in the Africans and has tended to happen naturally or automatically as the needs arise, especially immediately after the death of parents. Though the care provided may not always be perfect, nevertheless, it should be encouraged and supported, as it ensures that the OVC live together within their extended families.

5.3.2 Children's views to be taken seriously

In the African traditional culture, children's views on many issues and especially in decision making processes are usually neither sort nor taken seriously. "In many African societies there is no tradition of talking to children as equals and on an intimate basis…"(UNAIDS 2000:33). In this connection, Van Niekerk 2006:14) adds "Young people are most often marginalized because of their age. They are often not taken seriously because they are perceived as not having anything to say that would convince anyone of anything." My own experience as a black African, born and bred in a Kenyan rural village can attest to the above assertions which I personally experienced. An African child is greatly loved and cherished but must keep quiet or stay away while parents or adults discuss important matters pertaining to different life issues which may include the children.

However, in this era of the OVC phenomenon, all the concerned parties must rethink about children's views on matters concerning them. This implies that parents, extended families, guardians, the State, Church and the NGOs need to create space to involve the children and their views in matters concerning

them. After all most of the children's views are based on their lived experiences and, therefore, should be taken seriously.

5.3.3 The pastoral care challenge

The OVC phenomenon has brought new pastoral care challenges to the fore. Pienaar (2003:209) quoting Clebsch and Jaekle (1983:6) states that:

> Most current writers about pastoral care would tacitly agree…that pastoral care is limited to responding to the 'spiritual' troubles or 'ultimate concerns' of individuals…Thus, most pastoral care texts do not include discussions of care in relation to, for instance, board meetings or the survival of threatened communities (SteinhoffSmit 1992:8).

While the marginalized children's needs include response to their 'spiritual' or 'ultimate concerns', their overall dire situation calls for more. Louw (2008:14) argues that "… the challenge in pastoral care is to identify with suffering and become involved with human suffering". In this understanding, the challenge today for pastoral care is to bring hope, care and attempt to give meaning to the life of the suffering orphans and vulnerable children in the world.

The care narratives emerging from this research bring fresh knowledge which impact on the pastoral care practices based on the social-constructionist paradigm. This new knowledge has implications in practical theology in general and pastoral care in particular, with regards to care of the OVC living in the HIV and AIDS environment in urban Zambia.

5.3.4 Narrative outcome

Although as an African my life revolves around stories, the experience of listening to the marginalized children tell their happy and sad care stories has been a special experience for me that shall have a lasting impact on my life. The trust exhibited by the children by sharing some of their innermost secrets has touched my heart. My attitude towards the orphaned and vulnerable children shall always be reverent and accompanied by compassion. Furthermore, the experience has revolutionized my general outlook on life in general which is sometimes taken for granted.

The special outcome has been to witness the silent voices of the OVC being voiced. The hitherto voiceless children were given a voice and used it effectively as they shared their experiences and stories of care and/or lack of care unhindered. In the process of freely telling and retelling their stories, the main aim of this research has been achieved.

5.3.5 Personal outcome

This research presented me with the unique opportunities to interact with children and people at different levels and circumstances. It was a first for me to interview individual children, simultaneously record the interviews and then transcribe them. The constant knocking on government doors in search of literature and sanction to carry out this research was a unique experience. As a result of the various activities, I feel this research project has brought me onto a different level of confidence and humility in my ability to carry out a narrative research.

The respect and warmth of the children, care givers and all the other people I encountered along the process has been touching and special. I met and interacted with children and people I would otherwise have never met. Furthermore, the knowledge I have accumulated concerning children orphaned by AIDS and vulnerable children living in urban Zambia concerning their care and/or lack of it has opened my eyes in various ways.

5.4 CLOSING REMARKS

In this chapter things were brought together to a climax where things are different for the researcher and the co-researchers alike. Things are now "different in some real way" (Lamott 1995:62), they are different from where we all started. The human interactions in the process of data collection, the reflections and feedbacks, the documenting of the study process all contribute to a special experience. There have been a number of climaxes throughout the study process culminating: in the final climax embodied in the research outcomes.

In the closing chapter 6, I shall critically evaluate and reflect on the research process, my personal journey and the research contribution.

CHAPTER 6
EVALUATION OF THE RESEARCH PROCESS

6.1 INTRODUCTION

As this research process draws to a close, I wish to restate that the study has been carried out from my position as a Practical Theologian. As a narrative researcher, I began by explaining my positioning within the social-constructionist or postmdernism paradigm. The research process was also explained, the methodology and the research metaphor which is based on the ABDCE model.

In the second chapter, the action and the action field of the story were described. The co-researchers were invited to introduce themselves and also to narrate their personal stories and experiences concerning care and/or lack of it. In chapter three various voices, world views and discourses were explored and brought into conversation in their relationship with the action and action field of the study. New and different stories from other children orphaned by AIDS and vulnerable children, apart from the co-researchers, were listened to. In addition, care provided by the extended family and the NGOs to the marginalized children was examined. In chapter five, everything was brought together to a climax. At this stage things were different for the co-researchers as well as the researcher from where they had started. All the activities that took place throughout the research process culminated in the research outcomes.

At the closure of this research, there is a need for me to critically reflect on the research process. This also implies evaluation of the methodology and how I applied it.

6.2 THINGS I OVERLOOKED IN THE RESEARCH PROCESS

- I extended an open invitation to all the children orphaned by AIDS and vulnerable children under the care of the 3 participating NGOs to volunteer to participate in the research, regardless of their age differences.
- In retrospect, I wish I had identified children in the age range of 14 to 18 years who are within the same educational level. This peer group would have similar awareness of their context, and have the ability to express their thoughts and feelings a bit better. I found dealing with mixed age groups challenging. The reason was that some children were too young to express themselves freely while the older children seemed overly confident.
- Ideally, I should have drawn co-researchers from one care giving NGO, and have equal numbers of females and males to ensure gender equity.
- I regret not conducting a pilot study which would have assisted me in addressing the above concerns.
- I would also have liked to spend more time with my co-researchers to get to know them and their circumstances a bit better.

6.3 CRITICAL REFLECTION ON ETHICAL MATTERS

As a first step towards identifying the research participants, I addressed the relevant ethical issues in the following manner:

- I explained the nature of my research to the potential participants as well as to their parents and guardians.

- The research process, the implications of their voluntary participation, and the freedom to withdraw participation at any time with no explanation or repercussions, were explained and emphasized.
- Parental/guardian permission was secured through the signing of the '*Informed consent*' form following explanation of the contents.
- The co-researchers personal consent to participate was formalized by the signing of an individual '*Explanation form*'.
- To maintain the co-researchers privacy and confidentiality, each participant was invited to choose own pseudonym known only to the individual co-researcher.
- Audio recording was only done with the express permission of the co-researcher.
- The number of the HIV infected co-researchers wasn't established due to the confidentiality and disclosure issues surrounding the HIV and AIDS pandemic. No attempts were made to elicit the HIV status of individual children either from them or the care givers.

6.4 WHO ARE THE BENEFICIARIES OF THE RESEARCH?

The issue of who benefits from this research is vital if the study is to be considered worthwhile.

I have certainly benefited from being part of this learning process and in other various ways. In this process I have acquired more knowledge about the situation of children orphaned by AIDS and vulnerable living in urban Zambia. At the successful completion of my research, I hope to receive academic acknowledgement for my participation in the research process as well.

It is my hope that my co-researchers have also benefited and will continue to do so in future. The opportunity availed to these children to participate in this research gave them a sense of being valued as human beings whose views concerning their care matter. The future inclusion of their views in policies concerning their welfare should accrue them further benefits. The children's level of self confidence has been raised through this opportunity and personal attention accorded them as they narrated their stories and experiences.

6.5 AREAS FOR FURTHER RESEARCH

The highly acclaimed African extended family's good care of orphans and vulnerable children, is not completely evident in the co-researchers' experiences of care. It seems this old age practice of family and community care among Africans is cracking when it is needed most. In the light of these findings, further research is needed as follows:

- Research is needed to explore how the African traditional care system could be revived, encouraged and strengthened to meet the growing need of care for the OVC.
- Research should also be undertaken to examine how the Church and the State could become more actively involved in caring and alleviating the suffering of the needy children.
- More research is needed to establish the best practices of addressing the psychosocial needs of orphans and vulnerable children. These children are traumatized during illness and consequent death of their parents. While there is emphasis to feed, house, educate, and treat physical ailments, the psychosocial aspect is often regarded as a non-essential option or ignored altogether.

6.6 EVALUATION CRITERIA OF THE RESEARCH PROCESS

The qualitative research, as any other type of research, has its own evaluation criteria. Babbie (2007:313) mentions two criteria of evaluating qualitative research: *validity* and *reliability.* Validity has to do with the use of appropriate measurements for the relevant thing. In other words the measurement and the measured are compatible. Reliability and dependability are synonymous and mean that exact measurements used repeatedly to measure something should yield exactly the same results.

6.6.1 Reliability

According to (Elliot 2005:22) "… reliability is generally defined as the replicability or stability of research findings". In this narrative research, replicability of the results is difficult. The reason for this is that, although different researchers may utilize the same techniques, the research findings are bound to be different according to the particular context of the study.

6.6.2 Validity

The validity criterion is applicable in evaluating this research, and this can be ascertained through the used methods. My co-researchers narrated their individual lived experiences and stories using their own language and vocabulary which I reported verbatim. Through the social-constructionist process and reflection with all co-researchers, the meanings were mutually arrived at during feedback sessions.

6.6.3 Credibility

In evaluating this type of research credibility criterion is relevant. In their discussion on qualitative research evaluation criteria, Lincoln and Guba (1985) and Creswell (1998) suggest words such as “credibility, dependability … and transferability …” (Leedy & Ormrod 2005:100).

In describing the concept credibility, Rossouw (2003:178-180) states that “Credibility in qualitative research refers to the degree to which findings, and by implication the methods that are used to generate the findings, can be trusted” (Delport & Fouche 2005:353). I used credible methods of unstructured interviews to listen to my co-researchers’ stories and experiences which can be trusted to be accurate and credible. This helped me to gain a deeper understanding of the co-researchers experiences and stories and report them accurately.

6.6.4 Transferability

Transferability in this type of narrative research, whose aim is to listen to personal stories of marginalized children and be drawn into them, is problematic (Strydom & Delport (2005:346). Strydom & Delport (2005:352) discuss further what they term *transferability of criteria*, and state that “The inclusion of detailed descriptions and vicarious experiences whereby the reader can draw inferences relating to his own situation adds to the quality of the report”. It is also possible to transfer basic principles of truthfulness in research and refusal to abuse or pathologize research participants (Müller 2003:7), that are applied in the narrative approach to other contexts.

6.6.5 Consistency

To maintain consistency, control is vital in the research design (Leedy & Ormrod 2005:88) In the process of ensuring reliability and validity of the research process, consistency was maintained.

6.7 NARRATIVE EVALUATION QUESTIONS

At this final stage of my research, I would like to critically reflect upon some narrative questions.

6.7.1 Was space created by the study for new stories and restorying?

The research did create adequate space for new stories to be told and be listened to. These stories were developed throughout the research process. The research itself is a story which developed as different characters got involved in the research journey. And, in this spiralling research journey, restorying also took place.

6.7.2 Did the researcher listen and report the stories truthfully?

Yes, the researcher listened and reported the stories with integrity. The listening was enhanced by the fact that the majority of the co-researchers spoke and understood English well, as I explained in chapter two. The few that opted to speak Nyanja, Bemba or a mixture of the 3 different languages (including English) commonly spoken in Zambia did so.

My aim in undertaking this research, as I have constantly restated, was to listen attentively as my co-researchers described their daily experiences about their care and/or lack of it, and be drawn into those stories. I listened to the stories several times, that is during the interviews, during the transcription process (over and over again) and in the reporting process.

6.7.3 How did the researcher involve others in the interpretation?

In the social-constructionist paradigm, we do things together. Rubin & Rubin (1995:31) state that: "…the interpretive approach recognizes that meaning emerges through interaction…" In this approach the researcher and the 'characters' are actively involved in the story development process and in the interpretation (Müller et al 2001:7). Further interpretation of the narratives was done through member checking methods and via "convergence (*triangulation*) of data" (Leedy & Ormrod 2005:136). Regular discussions held with peers and colleagues throughout the study process helped address this aspect of the research.

6.7.4 Was transformation/reframing effected by the research process?

I am sure that all the written stories, experiences and reflections together have brought about some transformation to all involved in the research process. I observed the children co-researchers' transformation from the reserved and timid children they were when we first met to bold and confident children that they became by the end of the interviews, conversations and reflections.

As the researcher who initiated and guided the research process, I have gained confidence in my ability to undertake an intensive and long research. I have been transformed in my outlook of the orphans on the streets, in care giving institutions and the vulnerable children themselves. The new revelation of the magnitude of the OVC crisis prompts me as the researcher to get more involved as part of the solution to the crisis. The transformation of the children co-researchers should doubtless mean a renewed sense of self-worth as a human being. And, also whose life story is worthy being listened to, written, and the views contained therein considered in the various decision making processes pertaining to policy and action.

6.7.5 How will the dissemination of the research be done?

The researcher shall personally present copies of the research to those involved in policies and fields related to HIV and AIDS matters, and in particular, children orphaned by AIDS and vulnerable children. These include:

- Ministry of Youth, Sport and Child Development.
- National Aids Council.
- The three participating non-governmental organizations.
- Justo Mwale Theological University College library

6.8 CLOSURE Of THE RESEACH PROCESS

As the research process draws to a close, I wish to restate that the main objective of the study was achieved. As has reiterated throughout the process, the main objective was to listen to the "silent" stories and experiences of children infected and/or affected by HIV and AIDS living in urban Zambia. The aim of listening was in order to gain a holistic and deeper understanding of the children's stories and experiences and be drawn into them. In addition, I needed to learn what these stories tell us about the marginalized children's care and/or lack of it.

As a Practical Theologian and a narrative researcher, I carried out this research within the social-constructionist or post-modern paradigm. To execute the research process in a systematic and truthful manner, I utilized the ABDCE methodology. The ABDCE formulation assisted me to keep track on my research journey and remain on course without getting lost in the maze.

This research experience has been an inspiring, exciting, exhausting and sometimes a challenging exercise. However, the ending is usually different from the beginning, and hopefully better than the start (Müller 2003:15). Furthermore, the study experience has helped me understand these children's predicament better than ever before. I shall always treasure our interactions and the special moments we shared together on our research journey.

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APPENDICES

APPENDIX 1:

CONSENT LETTER TO THE CARE GIVING NGOs

Dear ……

I greet you in the blessed name of our Lord and Saviour Jesus Christ.

As we discussed, I am doing pastoral theology doctoral research on HIV/AIDS orphans and vulnerable children living in urban Zambia. I would like to interview and listen to stories of some of those children under your care. Preferably, they should be old enough but below 18 yrs, to tell their own stories freely.

One of the University of Pretoria's conditions for me to be allowed to proceed with research, is to complete an 'Ethical Questionnaire' (see attached copy for your information). This questionnaire is for me to complete and conform to all the conditions attached to it. As you will see, a letter from your institution, confirming that you have allowed me to talk to some of the children under your care, is required.

I should be very grateful if you could please write a letter addressed to the University of Pretoria Faculty of Theology, confirming your permission for me to carry out research. I shall then collect the letter, attach it to the questionnaire and post it to the University of Pretoria. If you have any queries you would like me to clarify, please phone me, and we can arrange to meet at your office at your convenience.

Once again my grateful thanks for your kind assistance in this matter.

Yours in Christ's service

Debbie Shawa

APPENDIX 2:

Student No. 29079137

Researcher's details:

Rev Deborah W. Shawa
P O Box 33548, Lusaka, Zambia
Tel.: 260-211-278043
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INFORMED CONSENT

2. Title of the Study:

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

3. Purpose of the study

To gain a holistic understanding of the stories and experiences of orphans and vulnerable children by availing a platform where they can tell their stories and experiences freely.

4. Procedures:

4.1 The researcher will invite parents and guardians of the children to a meeting to explain the nature of the proposed research. The researcher will make it clear that children are free to volunteer to participate in the research, no child will be coerced and there are no repercussions for those who don't volunteer.

4.2 Thereafter permission will be sort from parents and guardians to allow the children who volunteer to participate in the research process. The researcher shall further explain the narrative approach which requires a number of group and individual conversations with the children.

5. Risks and discomforts, e.g. medical risks; fatigue.

Not applicable.

6. Benefits: any personal or societal gains.

The co-researchers are given an opportunity to have their silent voices heard. Their stories may transform them and others in similar situations.

7. Participants' rights

The researcher shall explain to the research participants and their parents/guardians that children have the right to withdraw their participation in the research at any time with no obligation to give reasons, and there will be no repercussions whatsoever.

8. Confidentiality

Children who volunteer to participate will be advised to choose pseudo names for themselves which cannot be traced back to them. Examples of such names will be given.

9. Subject's (research participant's) parent's/guardian's right of access to the researcher

The researcher shall assure the parents/guardians of their right to seek clarity on any issue, should doubts arise during the research process. Contact telephone number shall be given in case they wish to contact the researcher or arrange a meeting.

We, the undersigned, confirm that the above information, covered under points 2 to 9 have been explained, and all questions pertaining to the child's participation have been clarified.

Signed:_____Date:_____

Parent/guardian
Name:_____

Researcher:_____Date:_____

Place+(physical address):_____

_____

Tel. +27(0)12420-2040 Fax +27(0)12420-4016
www.up.ac.za/academic/theology

APPENDIX 3

CONSENT FORM FOR CO-RESEARCHERS/PARTICIPANTS

I have understood the information about the research as contained in the 'Informed consent' form which has been read and explained by the researcher. All my questions have been answered to my satisfaction. I understand that I am free to ask for further information at any stage of the research project.

I understand that:

1. My participation in the research project is voluntary.
2. I shall receive no payment for participating in the research.
3. I am free to withdraw from the research at any time without giving reasons and there will be no repercussions.
4. I am aware that my personal information shall be used in the research report under my pseudonym.
5. I am aware of what will happen to my personal information at the end of the research project.

I am willing to participate in this research project.

_____

(Name of participant) (Signature)

_____

(Date)

APPENDIX 4:

GUIDING QUESTIONS FOR CO-RESEARCHERS' INTERVIEWS

1. What is your name?
2. When and where were you born?
3. Tell me about your family.
4. How is life without your parents?
5. How did you find your way to this place?
6. What is going on now?
7. How do you think children like yourself should be treated by society?

APPENDIX 5:

INTERDISCIPLINARY TEAM REFLECTIONS

1. SOCIAL WORK

My name is Susan Kirimania and I am a Social Worker. I have worked with a project dealing with abused children.

When reading the stories of the children orphaned by AIDS and vulnerable children, I am concerned by the multiple problems faced by these children. The extended family members mistreat the vulnerable children in several ways including: lack of social support, subjugation to child labour, violence, sexual abuse, discrimination and stigma and removal from school. In addition, there is property grabbing that lowers the child's standard of living. These are all violations of the children's rights.

The Social Work profession promotes social change, problem solving in human relationships and the empowerment of people to enhance well being. Utilising theories of human behavior and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. As a profession, social work relies on transdisciplinary descriptions and explanations of social problems for the development of scientifically based action guidelines (methods and strategies). Therefore, social work's perspective on the stories of the orphans and vulnerable children would focus on the failure of the social system. The transactions between individuals as members of the social system can be cooperative, competitive, conflictive, exploitative or destructive.

The systems theory focuses on how persons interact with their environment. According to this theory, society is made up of different systems of interrelated parts constituting an ordered whole. Each subsystem impacts all other parts and the whole system. The subsystems include family, economic, religious, political, health, education institutions which make up a whole and if there are problems in one institution, it has an impact on the other.

The number of orphans and vulnerable children has escalated drastically due to the high prevalence of HIV and the extended family and communities can no longer cope. Government structures are also struggling to harness the impact of AIDS on children and their families. Therefore, social workers view this as failure of one system which has had an effect on other systems. But, the government has the responsibility to provide special protection for children deprived of their family environment and to ensure that alternative family care or institutional placement is available. In the absence of support, there will be long-term developmental impacts on the children and the country. Also failure to support the children to overcome the trauma will have a very negative impact on society and might cause dysfunctional societies.

Yes, the social work's perspective will be understood and appreciated by scholars from other disciplines because social work's theoretical base for explaining and finding solution to social problems relies on knowledge borrowed from other disciplines such as sociology, psychology, economics.

S. KIRIMANIA (Bsw,MCD)

2. PSYCHOLOGY

A. V. Malumbe

1.When reading the stories of the children orphaned by AIDS and vulnerable children, my concerns in relation to the attachment theory would be the following:

1.From the personal stories of children orphaned by AIDS and vulnerable children, several points of concern in relation to attachment theory arise. Among the issues that come out prominently include:

a. **Loss and grief** as observed in the way children relate to memories of their deceased parents in their narrations. Almost all stories bring out comparison of their parents relationship to that of the current caregivers
b. **Relational violence and trauma** as exposed in the case of Barbra who witnessed the fathers beating of the mother which consequently led to her death.
c. **Parenting styles** were children fail to form secure attachment to the other care givers as observed from failed relationship with the remaining significant others.
d. **Lack of proper and adequate care** from the society as witnessed in the quest for proper attention given to orphan and vulnerable children especially in foster care homes. " a society is as strong and secure as it cares for its weakest members"
e. **Child headed families** is another concern accounted for especially in the case of Maria who assumed roles of a parent and reducing her privilege of childhood to fend for her sibling for survival. We also see single parents exposing their children to foster parents that lead to detachment.
f.

Although it is important to note that from the narrations children that went to care homes adjusted well and did not show serious separation anxiety.

g. **Unresolved loss leading to psychopathology**. This is quite evident especially with the thought that the next parent or sibling would leave them as witnessed in Preta's case that had separation anxiety due to the siblings that left her with parents. A lot of disorganization in thought and presentation of narration among almost all orphans and vulnerable was observed with left a lot of inconsistencies. Phobias also developed as in the case of Ketty Perry who started fearing of remaining alone for fear of being sexually abused by her uncle.
h. The type of **attachments that the children in similar situation develop** is another source of concern. This came out clearly in the way the children who are orphaned and vulnerable chose their future careers as well as the way they advocated for the well being of other children who are orphaned and vulnerable when asked about their future aspirations and request to make to the government.

All in all the characteristics that the children exhibited qualify for classification in insecure, ambivalent and disorganized attachments.

2. The unique attachment perspectives on the children's stories

Some of the unique perspectives of these personal stories with regard attachment are that almost all the children lost their parents in the early years when they had not established strong attachment with the larger society. The perspective of unresolved grieving seems to be cross cutting and consequently children exhibit strongly attached to their deceased parents. The continuing bonds seem prominent and could be leading to the challenges they faced in living with other attachment figures (uncles and aunties).

The orphans and vulnerable children were developing attachments among each other in care centers an indication that, with shared and common circumstances people develop attachments. The other perspective is that early attachments are more enduring as observed in the continued relationship among siblings in the stories told. Generally the orphaned and vulnerable children are comfortable to be in care centers where there is less relational violence and their bonds with the deceased continue through receiving material and spiritual support from the foster parents. The Freudian perspective of psychodynamics is quite plausible when relating to the stories. There is more in these narrations unresolved conflicts arising from caring for parents with terminal illness, witnessing relational violence, eventual death of parents and shocking changes that culturally occur during loss and grief.

3. Why would my perspective be understood and appreciated by scholars from other disciplines?

This perspective would be understood from the other scholars especially those dealing with mental health, sociology, theology and counseling in that the process of loss and grief as well as vulnerability create child headed homes that society has to deal with. Most children who are a misfit in society are product of disintegrating homes that social workers and counselors need to mend. The consequences of delayed intervention by mental health practitioners will entail victims having psychopathological challenges. Children that fail to copy with circumstances according to standards of a given society end up on the street and other unfavorable homes were they become perpetuators of unacceptable activates which include drug abuse and being sexually abused in cases of the weak. Based on these arguments other disciplines need to come in and support attachment theory to build resilience in children.

B. Latria M. Nanyangwe

When reading the stories of the orphans and vulnerable children, my concern in relation to the attachment theory are as follows:

Child headed Homes; children seem to take roles of a parent by looking after their siblings as in the case of Maria who at the age of 10, could take care pf her three year old brother and her 18 year old paralysed sister. Maria had a disorganised attachment like other orphans in the stories and could not tell whether she was young or old to fend for her siblings and other children left by her cousin who got married. Not only Maria, but also Pretta is an example who can be cited as one who in her childhood took care of her terminally ill father. Generally, these in turn are engaged in child labour for their survival.

Disorganised Attachment: - So much is inferred from the stories that Disorganised kind of attachment is coming out prominently. This is due to the experience that these children have gone through. The children were orphaned at tender ages though some could already have early attachments with their parents. Nevertheless, taking them in by other care givers like Aunties and uncles contributed to them having disorganised kind of attachment. Most children portrayed lapses in behaviour like in the case of Ketty who 'claimed' the uncle wanted to sexually abuse her. Following her explanations very carefully, she is in a disillusioned state and has negative feelings about the uncle because of the discussion he had with the wife of not wanting her (Ketty) at home due to her HIV status.

Apart from disillusions, most children experienced separation anxiety Disorder. Because they witnessed the deaths of their parents, they were scared that even the ones who took them in would also die, as most of the children witnessed not only their parents' deaths, but also that of their grandparents and uncles who were their only hope. **Psychopathology** is also seen in Maria who was so attached to her sister that she wished she (her sister) was not separated from her. **Unresolved loss** was another issue that was coming out from these children.

Relational Violence:- another concern that is seen in these stories, children witnessing the death of parents due to partner violence like the case of Barbra whose mother died because of her being beaten by the father. This traumatized the child and blamed herself as always the case with children who witness relational violence. Another violence most children are bringing out is verbal where they were being reminded of going back to their parents who had already died. In addition, Relational violence is also seen in the way the children were stigmatized as in the case of Katty whose social activities were withdrawn by her supposedly caregiver due to HIV status.

Orphanages or Foster Homes:- This is another concern that is coming out in relation to Attachment theory. The children seem to be happy in foster homes than in homes of their relations. Parents in the orphanages mentioned seem to 'put a smile' on these children faces and according to the attachment theory, many foster/adoptive parents are taught about child-parent attachment and are encouraged to define attachment for themselves especially that these children's attachment is disrupted. In this case, we see Mrs Malik and the sisters (nuns) as some of the people putting a smile on the orphans.

Loss of Grief is another concern in relation to attachment theory.
Continuing bonds are seen in these children's stories. An example is seen in Pretta's story who still remembers good things about the father e.g. buying her a packet of Lollipops and many others. Apart from that, nearly all the children's stories bring out controversies concerning grief. The children seem to be in the final phase of grieving when they are gradually getting attached to the foster parents, though showing some Attachments to the lost ones.

Not only the above are seen in these children, but also spiritual concerns, Policy on support of OVC and also parenting styles are some of the issues that are brought in relation to the Attachment Theory.

2. **Unique Attachment Perspective Derived are;**

The Aspect of Loss and Grief

The nature of attachment between a child and attachment figure determines the nature and degree of grief and the subsequent mourning that the child undertakes. An example is seen in Pretta who seemed to be more attached to the father as she talks more of her father's death than her mother. Maria too, shows much grief on her sister's death than that of her parents. On the other hand, those that did not experience early bonds with their parents seem not to grief but attached to the foster Homes and early fostering creates positive new bonds. The case of Horace and Oliver, who concentrated on Education and other financial ventures, shows an example of early fostering.

Relational Violence

The aspect of relational violence is derived from the stories. This is seen in almost all the children. This violence is seen in various forms some of them being witnessing partner violence leading to death, stigmatization, verbal abuse, child labour and many others to mention a few.

Aspect of Early Bonds and continuing bonds:-

Early attachment bonds are believed to create a positive attachment with the attachment figure. Children who went in the orphanages when they were young seem to be doing fine and worry no more. Continuing bonds are also seen as children who are grieved seem to still be attached with their dead attachment figures.

3. Scholars from other Disciplines

The above perspective would definitely be understood by scholars from other disciplines like Sociology in the sense that sociologists deal with the society and for them to understand the societies, they have to understand what goes on in the society (s)

The other discipline that would understand the above perspectives is that of Counselling. This is so because, for such children to be complete psychologically, they have to share the burden with people who would counsel them and this is the task of counsellors. In addition, the Education discipline is another sector that would understand the above in the sense that Grief and Loss, has to be taught thoroughly for one's life to continue. Above all, Mental Health practitioners would understand very well as some of the above lead to psychopathology if not handled very well.

In conclusion, most disciplines would understand the perspective as no single discipline would handle the above situations single handed but in collaboration with others.

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