

The discourse of childhood in zimbabwe health and social care essay



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Abstract

Although the Government of Zimbabwe reports a reduction in Human immunodeficiency virus (HIV) prevalence rates among adults (15-45 year age group) in the past four years, the number of children made orphans due to HIV and AIDS has not been decreasing (UNICEF, 2004; Mangoma, Chimbari and Dhlomo, 2008). Orphan care is often left to individuals, and the numbers of child-headed-families and 'street-kids' has also been increasing (Matshalaga, 2004). The research project reviewed secondary sources (research databases, individuals' researches, media reports and government statistics) to explore the challenges faced by orphans and vulnerable children (OVC), and to evaluate current support systems to meet their psychological and social needs. The challenges faced by OVC were identified as increased vulnerability to sexual abuse and exploitation, lack of support, child-headed families, onset of early maturity, slow growth, malnutrition, children leaving education to assume caring roles, and psychological effects such as aggression, insomnia, helplessness and depression. The research project identified that most support for OVC comes from individual volunteers, faith based organisations, charities, NGOs, while little comes from the government.

Key words: HIV/AIDS, Orphans, Vulnerable Children, community response

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Acronyms

ACRWC: African Charter on the Rights and Welfare of the Child. ARV: Antiretroviral
 HAART: Highly-Antiretroviral Therapy AIDS: Acquired immune-deficiency syndrome
 BEAM: Basic Education Assistance Module CBOCP: Community Based Orphan Care
 CBO: Community Based Organisation CRC: Convention on the Rights of the Child
 FBO: Faith Based Organisation FHI: Family Health International MoESC: Ministry of Education, Sports and Culture
 MoFED: Ministry of Finance and Economic Development MoHCW: Ministry of Health and Child Welfare
 MoPSLSW: Ministry of Public Service, Labour and Social Welfare NAA: National AIDS Authority NAC: National AIDS Council
 NGO: Non- Governmental Organisation MTCT: Mother-to-child transmission NGO: Non- Governmental Organization
 OVC: Orphans and Vulnerable Children PLWHA: Person Living With HIV/AIDS UN: United Nations
 UNDP: United Nations Development Program UNAIDS: Joint United Nations Programme on HIV/AIDS
 UNGASS: United Nations General Assembly Special Session UNICEF: United Nations Children’s Fund
 USAID: United States Agency for International Development WHO: World Health Organisation

Glossary

Definitions of Key Terms

The Discourse of Childhood in Zimbabwe

In both Ndebele and Shona cultures a person remains a ‘child’ well after the age of 18 and the cultures do not put emphasis on the chronological age, but whether one is mature enough to appreciate and understand their cultural norms and values. Further, adulthood is demonstrated by way of doing, and behaviour, and it is judged and determined by older members of the society/community. However, the legal definition of child is stipulated in the Legal Age of Majority Act [Chapter 8: 07], which defines anyone under the age of 18 as a child. The research project will adopt the legal meaning of child (Chapter 8: 07 of the Age of Majority Act 1983).

Epidemic

The American Heritage Science Dictionary, (2002) defines an epidemic as a disease that affects an excessively large number of people within a community, population, or region simultaneously. A pandemic is an epidemic that affects a wider geographical area, or worldwide (The Encyclopedia Britannica 2008). This means that HIV and AIDS can be viewed as either a pandemic or an epidemic.

Orphan and vulnerable Children

Orphan is a social construction which means different things to different people, as different societies put different meanings to what orphan hood means, or does not mean. For example, Bideau et al, (2000: 316), argue that in Europe an orphan is ‘a child, with one or both parents dead’. In contrast,

Hope (1999: 94) argues that an orphan is a child who has lost a mother or both parents. According to the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, an orphan is a child (under 18) who has lost one or both parents (UNICEF, 2006). From these three definitions, it is apparent that orphan hood is linked to maternal loss, which in a way reinforces the psychoanalyst Bowlby (1953)'s attachment theory and maternal deprivation, which states that separation of a child from a primary caregiver (mother) affects one's personality development in later life. Motepe (2006) argues that the loss of a mother leaves a child vulnerable. The research project will not exclude paternal orphans as they have same needs as those who lose their mothers (Saoke and Mutemi 1994). Further, in Zimbabwe, due to the root of patriarchy in the culture, the father is usually the bread winner; hence losing a father can also make children vulnerable. Ennew, (2005) argues that orphans are vulnerable children, which makes them dependent on the wider community or government for material support. It was important to make this distinction in what constitutes an orphan, because different agencies or NGOs working with vulnerable children can exclude vulnerable children who require support, if they rely on the western definition of an orphan. For example, before 2002, the UNAIDS defined an orphan as any child who loses their mother due to HIV/AIDS before they reach the age of 15. Emphasis was on motherhood. However, after 2002 they expanded their definition to children who, before the age of 15 who had lost one or both parents to AIDS (Avert, 2003). UNICEF (1999), however, recognized an orphan as a child under 18, who losses one or both parents.

Chapter one

1. 0 Introduction; Aims; Objectives and Research Approach.

Introduction

According to a joint report by the UNAIDS, USAID and UNICEF (2004), the number of orphans in the world increased by 30% between 2001 and 2003. The Sub-Saharan Africa had about 12. 3 million orphans, mostly due to HIV/AIDS (UNICEF 2004). Zimbabwe had about 1. 3 million orphans in 2004 (UNICEF 2004). Although there have been decreases in the prevalence rate of HIV infection among adult populations, from 33. 7% in 2001 to about 15. 6% in 2007, (The Herald, Zimbabwe 2007), the number of orphans due to HIV and AIDS has not been decreasing. UNICEF (2004) estimated that the number of orphans would increase by 25% in 2010 (Mangoma, Chimbari and Dhlomo, 2008). While Zimbabwe has one of the highest numbers of children orphaned or made vulnerable due to HIV/AIDS, most of the programmes to meet the welfare needs of the OVC are provided by families, NGOs, communities, individuals and Churches (Mushunje and Mafico, 2010), with very little coming from the government despite its commitment to Articles 65; 66 and 67 of the United Nations General Assembly Special Session (UNGASS); the African Charter on the Rights and Welfare of the Child (ACRWC) 1992, and UNCRC 1989. In addition, most of the support from these organisations comes in the form of food hand-outs, which leaves most of the needs (educational, financial, psychological support, shelter etc) of orphans and vulnerable children unmet. Zimbabwe has an increasing number of child-headed-families (UNICEF, 2004) and abandoned children many who live on the streets (street-kids). Children, especially girls, drop out of school to

care for siblings, while most of them are sexually abused and end up contracting the HIV hence creating a vicious cycle (Kamabarami 2006; Matshalaga 2008; Mudavanhu 2008). In 2005, the President of the World Vision USA made the remark " I believe that this could very well be looked back upon as the sin of the generation..... and our children 40 or 50 years from now are going to ask, what you did while 40 million children became orphans in Africa" (World Vision, 2005). The researcher identified a dearth in literature on the psycho-social needs of OVC, as well as researches that critically evaluate the effectiveness of current support systems to meet their needs.

1. 2 Aims of the research

To explore the effects of HIV/AIDS on Orphans and Vulnerable Children (OVC). Evaluate current social support systems for OVC, including the role played by the communities, NGOs, and Government to meet the needs of OVC. To explore the impact of culture on social responses to OVC.

1. 3 Objectives

The research project will explore the meaning of childhood and orphan hood because they have dual meanings (legal and customary) in Zimbabwe, and how these affect care and response. The research project will explore the main cultural practices in Zimbabwe to bring an understanding of the impact of culture on caring for orphans and vulnerable childrenThe research project will explore the psycho-social impacts of HIV/AIDS on orphans and children made vulnerable by HIV/AIDS in-order to set the argument for more integrated approach (Government, Health, Social Services, NGOs and the international community) towards their care.

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1. 4 Research approach

The research takes a child-centred approach based on a model of community care. The researcher's interest developed when he worked for an NGO in Zimbabwe before he came to the UK. As a Field Development Officer, his duties included visiting remote rural areas and identifying children who needed material support in the form of food handouts, school uniforms, books and school fees. He encountered many structural obstacles at individual, community, and government level, which included inaccessible roads, children who had no access to education, treatment, and food. He also came across many child-headed families where cases of child abuse and neglect were also evident, although not reported to the police. The researcher decided to carry out a study that highlights the plight of orphans and children made vulnerable by HIV and AIDS in Zimbabwe for effective intervention programmes. The research project is influenced by social theory (patriarchy; gender inequalities and gender roles especially in relation to distribution of property and how it affects children survivors; impact on girl children etc), social policy and, and the application of theories of human growth and development on OVC. It takes the view that the Government of Zimbabwe has a slow response to the plight of orphans, which will affect generations to come.

1. 5 Relevance of Study to Community Studies

Speaking in New York (December 2000), the Director of UNICEF, Carol Bellamy, said " the future of any nation is directly linked to the future of its children -and by investing in their children and in the families that sustain them, a nation is ultimately investing in its own development" (Investing in

Our Future Report, July 2001). This means that any meaningful development plans for the future must recognise the importance of coming up with strategies and support plans for orphans, and some whose youth is being robbed by the HIV/AIDS as they assume the roles of young carers (Matshalaga, 2005; Nyoni, 2008). The study challenges community workers, NGOs, international organisations and the government in Zimbabwe to respond to OVC sensitively. Community development workers work with people with different and complex needs, such as children and families (Okitikpi and Aymer, 2003) affected by HIV/AIDS.

1. 6 Motivation for study

My motivation came after having worked with orphans and vulnerable children in Zimbabwe, before I came to the UK. I worked for a Non-Governmental Organisation, as a field research officer, which involved identifying HIV orphans who required support. It was through my work that I realised the challenges faced by both the children and professionals, as they could not do much especially where culture and customs thwarted any efforts to relocate children to orphanages. In addition, most of the children were denied help because they did not have birth records and the death records of their parents. It was because of this experience that the interest to explore this further arose.

1. 7 Legal Framework

In Zimbabwe there is no legislation that is specific to the safeguarding and protection of children's rights, apart from the country's international obligation under the UNCRC (1989) and the ACRWC (1990 and 1999). Other rights are scattered in different pieces of legislation, such The Guardianship of Minors Act [Chapter 5: 08], the Children's Protection and Adoption Act [Chapter 5: 06], and the Education Act [Chapter 25: 04].

1. 8 Research Structure

This study is divided into five chapters. Chapter One provided an introduction, the aims and objectives, and outlined the research approach as well as the structure of the research. Chapter Two critically analyses the research methods, including limitations and possible biases. Chapter Three provides a background to the socio-economic history and demographic composition of Zimbabwe. It also offers a discussion on child rearing practices in the country. Chapter Four outlines the challenges faced by OVC and explores current support systems available to OVC in Zimbabwe. The dissertation ends with Chapter five which provides a discussion, makes recommendations for community development workers and makes suggestions for future researches and a conclusion. The next chapter outlines the methods used for this research.

Chapter Two

2. 0 Methodology

2. 1 Making use of Secondary Sources

Secondary sources such as government reports, UNAIDS, WHO, and Avert Reports, as well as researches carried out by individuals, were analysed (secondary analysis). Bryman (2008) argues that a secondary analysis of literature enables inexperienced researchers to utilize data gathered by experienced researchers, and to make use of rich databases gathered by reputable research institutions such as UNAIDS, SAFAIDS, SAHARA, Avert, WHO, National Plan for Action (Zimbabwe), UNESCO and UNICEF, which have both the expertise and money (resources). They are also institutions which have " structures and control procedures to check on the quality of the data" (Bryman 2008: 298). The researcher utilised sources of secondary data available on social science databases (ASSIA, Scopus), UN and WHO, censuses, statistics available on the Government of Zimbabwe databases, organizational records, surveys (quantitative) and qualitative data (Bishop, 2007; Bryman, 2008; Moore 2004). However, quantitative sources have disadvantages in that the researcher cannot gain in-depth understanding of participants' feelings etc, which was complimented through use of qualitative researches, for example, Dr Matshalaga's study using participant observation with orphans and their carers gave the research an in-depth understanding of the orphans' lived experiences. In addition using secondary analysis enabled me to make use of the annotated bibliography compiled by SAFAIDS ([www. safaidsonline. org. zw](http://www.safaidsonline.org.zw)); which summarises and lists most databases and researches programmes on HIV/AIDS in Southern Africa. The

disadvantage of analysing secondary data is that it may not be reliable especially because it could have been obtained for different reasons, and the researcher has no control over quality of data. In addition it also readily available on the internet and electronic databases (Bryman, 2008), which requires a rigorous identification and selection method to check accuracy and eliminate biases. This was overcome by using a systematic research approach (explained below). Furthermore, secondary data may be outdated, or not reported in the form it was gathered for (Aveyard, 2007; Bryman, 2008). It is argued that relying on statistics provided by individual countries especially in areas of international aid and funding, may be inflated (for funding) or deflated for national. Using a secondary analysis of existing literature was the most plausible method because of limited time, resources and experience.

2. 2 Search Strategy

Electronic research databases such as ASSIA, SCOPUS, Social Science Index, Pub Med, JSTOR, Medline, EBSCO, CLOS, Communication Abstracts and Academic Search Complete and Communication and Mass Media Complete were used to identify relevant literature, which was searched using key search words " orphans", " vulnerable children," " orphans and vulnerable children", " HIV/AIDS orphans", in isolation or as combinations. Many hits were yielded, including orphans and vulnerable programmes in other countries. An inclusion and exclusion criteria was adopted to narrow down the searches. Books were hand-searched in the Coventry University library although there was very little information on orphans and vulnerable

children in Zimbabwe. The electronic World catalogue system (<http://www.worldcat.org>), was used to identify relevant books at other universities.

2. 3. Inclusion and Exclusion Criteria

Drawing up an inclusion and exclusion criteria helped me to select peer reviewed papers and researches most relevant to the study. In addition, there has been a lot of research and development in the field of HIV and AIDS, and to overcome being overwhelmed by researches (covering from the time when first case of HIV was reported in Zimbabwe) I used a cut-off date of 2000 as the period I would start analyzing data. This was because there have also been a lot of improvements in the field of HIV treatments and monitoring programmes, including a major change in attitudes in Zimbabwe because people now understood HIV as a social problem. In addition people now understood more about HIV and AIDS, especially how it is transmitted, which subsequently led to more relatives to take in HIV/AIDS orphans rather than to quarantine them. I excluded outdated researches and data.

2. 4 Systematic Review Approach

A systematic review approach enabled the researcher to select relevant studies methodically as it is a step-by-step method of selecting data. Bryman (2008: 91) argues that a "systematic review approach to the literature requires a transparent way of searching for and examining the literature as well as keeping records of what you have done". A systematic review approach uses the same methodical way of selecting relevant papers such as in systematic reviews, the latter which comprise the use of "all the available research evidence of sufficient quality concerning a specific

subject" (Victor, 2008: 1), which is time consuming and would not have been
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appropriate for an inexperienced and lone researcher. A systematic approach is convenient for students (Bryman 2008), and is "trustworthy, rigorous, and auditable methodology" (Kitchenman 2004: IV). The Critical Appraisal Skills Programme (CASP) was used to appraise papers, which helped the researcher to critically appraise the relevance and suitability of the research methods used for the researches, including data collection and data analysis methods, and findings. Bryman (2008), Parahoo (1997 and Sarantankos (2005) argue that systematic approaches limits the biases associated with some narrative reviews/analysis.

2. 5 Data Analysis

Data was analyzed using thematic analysis, by identifying recurring themes from various studies, such as child rape, child labour/exploitation, child-headed-families, and street kids.

2. 6 Ethical Considerations

This research is literature based and does not include living participants or going into the field. This is in line with Coventry University which restricts all students to a secondary analysis. A Low Risk Research Ethics Approval Checklist has been completed to this effect, hence no need for ethical approval.

2. 7 Limitations of study and potential biases

It can be argued that in some cases both published and unpublished literature can focus on what people believe will serve their purposes. In this regards, the most significant source of information on HIV and AIDS in Africa or Zimbabwe is the UNAIDS, which produces biannual reports on individual

countries on its monitoring of HIV and AIDS. The organization also provides a statistical annex for each country. However, Whiteside (2008), maintains that the UNAIDS data is in most cases based on what countries collect and report, which poses problems because countries can deflate or inflate statistics for various reasons. In addition to organizational bias posed by a possible inaccurate statistics, my personal biases may also have affected the way I selected researches even though I used a systematic approach. I grew up in Zimbabwe at the time HIV was still regarded as myth, and I witnessed a lot of families losing some members, including witnessing young people denied support because of HIV. Most of my brothers and sisters and cousins have also been victims of HIV/AIDS. Consequently this may pose a risk to my objectivity and approach to the question. Lastly, most grey literature used for the study was carried out by PhD students and reports compiled by small projects and voluntary organizations based in Zimbabwe, and most of it covered Shona and Ndebele areas thus excluding other marginalized smaller tribes. The next Chapter will explore the historical perspective and socio-cultural factors.

Chapter Three

3. 0 Historical Perspective and Socio-Cultural Factors

According to the UNAIDS (2010), the growing number of orphans and children left vulnerable as a result of HIV and AIDS is perhaps the most tragic and difficult challenge faced by the world today, especially when children lose both parents. Consequently, this puts the children at increased risk of abuse: - financial, sexual, political, social and cultural. Further, losing parents puts them at risk of rejection, discrimination, increased poverty and

abandonment while they can also become a burden to the extended family members (UNAIDS 2010). In addition, the plight of OVC is overlooked in the fight against HIV/AIDS. According to Smart (2003), when HIV was first discovered, the main focus was on developing prevention strategies and initiatives to contain the spread of HIV, with little attention paid to orphans, or developing responses to deal with the growing number of orphans and vulnerable children. It was not until the mid 1990s that the full impact of the epidemic was felt on children, and global attention began to focus on OVC (Foster, Levine and Williamson, 1998). Smart (2003) concurs and argues that it was not until 1994 that vulnerable children and orphans became a domestic and international priority. Thus there was a very slow response to the plight of orphans and vulnerable children from the policy makers, national and international organizations (UNICEF, 2004). In July 2001 the United Nations (UN) General Assembly Special Session (UNGASS) made a Declaration of Commitment on HIV/AIDS, and Zimbabwe signed the declaration, thereby reflecting a global commitment to take action on HIV/AIDS. In particular Goals 65, 66 and 67 of UNGASS targeted children made vulnerably by, or orphaned because of HIV/AIDS. Article 65 of the UNGASS declaration made it mandatory for all signatory countries to this document to develop (by 2003), implement (by 2005), national policies and strategies to strengthen and build governmental, community and family capacities to support children orphaned, or infected by HIV/AIDS, including making available to these children relevant counselling and psychosocial support. This includes making sure that they access education, health, good nutrition, and social services. Further, the children were to be protected from all forms of exploitation, violence and abuse. In 1992 Zimbabwe signed the <https://assignbuster.com/the-discourse-of-childhood-in-zimbabwe-health-and-social-care-essay/>

United Nations Convention on the Rights of the Child (UNCRC 1989), whose provisions were adopted by African governments (Organisation of African Unity) through the African Charter on the Rights and Welfare of the Child (ACRWC) to suit the needs of the African child. Zimbabwe signed the ACRWC in 1999. Although ACRWC was modelled on the same model and provisions as the UNCRC 1989, the African leaders noted that the latter overlooked some aspects of the African cultures and economic problems faced by most African countries, hence they felt the needs of the African child had to be understood within the African context, including any methods of intervention. Some of these challenges included issues of child labour, sexual exploitation, and gender inequalities in education for the boy-and-girl-child, children's involvement in conflict (child soldiers) as well as access to health (Gose, 2002)

3. 1 Understanding the Socio-Economic and Political History of Zimbabwe

[http://img.static.reliefweb.int/sites/reliefweb.int/files/styles/attachment-large/public/resources-pdf-previews/18706-](http://img.static.reliefweb.int/sites/reliefweb.int/files/styles/attachment-large/public/resources-pdf-previews/18706-84825669B96B509785257746006D32F6-map.png)

[84825669B96B509785257746006D32F6-map.png](http://img.static.reliefweb.int/sites/reliefweb.int/files/styles/attachment-large/public/resources-pdf-previews/18706-84825669B96B509785257746006D32F6-map.png)Source: reliefweb.

[int/map/zimbabwe/zimbabwe-district-map-2002](http://img.static.reliefweb.int/sites/reliefweb.int/files/styles/attachment-large/public/resources-pdf-previews/18706-84825669B96B509785257746006D32F6-map.png)Zimbabwe has an estimated population of 11. 3 million people (the CIA World Fact Book 2008), and a dual economy (agriculture and mining/industry). Most people in the rural areas live in abject poverty (UNDP/PRF/IDS 1998). The labour force has also been hit hard by HIV/AIDS and this caused a shortage of manpower and reduced production, especially in some key sectors of the economy (UNICEF, 2004).

The outbreaks of cholera and typhoid (WHO/Ministry of Health and Child Welfare, 2010) in 2008 affected many people including OVC.

3. 2 Community Development Work in Zimbabwe

Most community development projects in Zimbabwe were initially carried out by social workers, and social work had emerged as a need to remedy social ills such as prostitution and juvenile delinquency (Kaseke, 1991). In addition Rhodesia followed a quasi-apartheid, which led to separate development between blacks and whites, and created social injustices while racism was endorsed (ibid), and the " social welfare needs of the indigenous African people in pre-independence Zimbabwe were expected to be met by local communities, thereby excluding them from the formal social work processes" (Chogudza, 2009: 1). Most welfare programmes are under the Ministry of Cooperatives and Rural, which employs trained social workers and community development officers, also known as welfare officers or community development officers (ibid).

3. 3 The African Family in Zimbabwean [Black Family]

The UNCRC (1989), recognises the family as " the fundamental group of society and the natural environment for the growth and well-being of its members and particularly children" (in Motepe, 2006). Family plays an important role in children's lives in most cultures although its meaning/structure is interpreted differently depending on society. The Ndebele and Shona people do not follow the concept of a nuclear family structure and believe in the extended family (relatives are part of the family) (Sheehan 2004). Although the natural parents (mother and father) play a fundamental role in child development and rearing, this responsibility is also <https://assignbuster.com/the-discourse-of-childhood-in-zimbabwe-health-and-social-care-essay/>

shared by other members of the family, such as father's brothers or a mother's sisters, who are referred to as "senior" and "junior" mothers/fathers, depending on their seniority in birth to the child's biological parents (Chirwa 2002: 98). This means that a child in an African (Shona/Ndebele) traditional context does not belong to its biological parents. It belongs to the kinsmen and community and its kinsmen all who have a moral obligation to protect and support each other (Chirwa 2002; Verhoef 2005). Therefore children are not only the responsibility of the nucleus family, but the kinship and the community in general, who can also instil discipline and societal values on the children (Preston-Whyte 1978). Consequently the child in African context in most cases develops a strong sense of responsibility (social) towards the community. Similarly the community also feels responsible over the protection of children, and Sheehan (2004) argues that that left very little room for child abuse, exploitation and neglect. Due to the patriarchy nature of the community, after the death of a father, the, guardianship of the children and distribution of his property are determined by his male relatives (Kambarami 2006). In recent years, however, the structure of the family in Zimbabwe has been changing from a kinship (social group of individuals related by marriage and blood), to a nucleus family (UNICEF, 2004) due to formal education, labour migration, and westernisation, all aspects which arguably undermined traditional values (UNICEF, 2004).

3. 4 Traditional Customs and impact on Community Welfare

Ankrah (1987) noted that " the extended family, clan obligations, mutual aid societies, and traditional patterns of agricultural production will all have serious implications" for any community work in Africa. This means that any community development projects, or interventions with vulnerable children, have to take into consideration any local customs and cultural practices, which in addition hinders adoption of children due to the fear of avenging spirits (ngozi). Further, a strong belief that blood is thicker than water, kinship fostering, and fear of avenging spirits also make it difficult for an community intervention that would remove children from their extended families into institutional care. Kamabrami, (2006) argues that the fear of avenging spirits is deep rooted that a virgin girl can be offered to the family of the wronged person in appeasement, where she would be expected to ' marry' the dead.

Chapter summary

The chapter highlighted the socio-economic history of Zimbabwe, its main cultures and traditions, and evaluated the meaning of family and how kinship and traditional beliefs impact on community intervention programmes with OVC. The next Chapter will explore the challenges faced by OVC as well as the support systems available.

Chapter four

4. 0 Challenges faced by OVC and Community Responses

This Chapter reviews secondary sources including books, articles published in journals such as Journal of Social Aspects of HIV/AIDS (SAHARA), and <https://assignbuster.com/the-discourse-of-childhood-in-zimbabwe-health-and-social-care-essay/>

information available on research databases such as the UNAIDS, AVERT, and WHO as well as Zimbabwe Government statistics to explore the various community initiatives and social support systems available to assist these OVC. However, the Chapter begins by discussing the psycho-social impacts of the AIDS epidemic on young people (orphans and vulnerable children). The discourses of childhood in the Zimbabwean context, and what constitutes an orphan, are also evaluated. This research project does not only focus on children made orphans due to HIV and AIDS because it brings some technical problems, and has the potential to exclude children who are vulnerable, or whose parents' deaths were not recorded as caused by HIV/AIDS due to confidentiality/disclosure issues; or those who die from other causes but had HIV/AIDS at the time of their deaths (Richter, Foster and Sherr, 2006). Foster and Williamson, (2003) argue that such children are excluded from material support when they also need it. Thus the research project uses the term Orphans and Vulnerable Children (OVC) in order to accommodate and safeguard all vulnerable children (World Vision, 2005).

4. 1. The Discourse of HIV/AIDS

The International Conference on AIDS, Durban (2000) described AIDS as the 'greatest social disaster in Africa since slavery'. The virus attacks the immune system of the infected person, and can gradually develop into AIDS, which leaves the person vulnerable to opportunistic infections and can result in death (Becker et al, 2002). This means that AIDS is the last stage of HIV. However, many people are now living with HIV if they get access to Highly Anti-retroviral Treatment (HAART) according to UNICEF (2010). People with HIV and AIDS are stigmatized, in some cases they are ostracized, repressed

or even discriminated against (Motepe, 2006). In Zimbabwe HIV/AIDS is widely associated with promiscuity or homosexuality, which is both a taboo and shunned within most cultures. This means that PLWHA are in most cases blamed for bringing the diseases upon themselves by practicing deviant acts against societal norms (D'Souza, 2010). Due to a lack of information, ignorance, and a culture of blame, some people are reluctant to take in children whose parents die of AIDS, as they fear that they can also get it through the children (Deacon et al 2004). This can cause isolation for the children. Hunter and Williamson, (2000) argue that by losing their parents, orphans also lose their childhood. .

4. 2 Challenges faced by OVC

4. 2. 1 Failure to Access Education

Hunter and Williamson, (1998b) argue that most orphans drop out of school because of lack of school fees, and this is despite the Dakar Framework for Action (2000) and the UNCRC 1989 which state that children must have access to education. According to Gunderson, Kelly and Jemison (2004: 13), 'an orphan has a 9. 1% lower probability of school enrolment than a non-orphan'. According to the Heart4kids website, school attendance for HIV/AIDS orphans in Zimbabwe dropped from 85% in 2007 to below 20% in 2009. The causes varied from lack of school fees, sickness if they were also born with HIV, and shortage of teachers. In addition, research also highlighted that most older orphans spent time away from school caring for siblings and assuming adult roles (Chitiyo and Chitiyo, 2009; Kadzamira & Swainson, 2000). Kambarami (2006), Chitiyo and Chitiyo (2009) and Kadzamira & Swainson (2000) argue that girl children are the most affected

due to gender roles and gender imbalances. This view was also shared by Ainsworth et al (2005) who stated that girl children are the most affected when parents die. A research carried out in Zimbabwe by Nyamukapa et al (2003) with 1400 households, found out that girls were most affected and did not attend education after their mothers died. In addition, maternal death was viewed as the main cause of the children dropping out school (Nyamukapa, Foster et al., 2003). According to Nyamukapa & Gregson (2005), one of the reasons of this discrepancy was that the existing welfare programmes and means-testing excluded children whose fathers were still alive. Further, most orphans face problems in getting births or deaths certificates, which affected their access to education or welfare support (Matshalaga 2004; Chitiyo and Chitiyo, 2009),(Cluver & Gardner, 2007). Where the father dies first, most women encounter problems in receiving state pensions given to widows, or their husbands' property due to patriarchy and male oppression of women, and surviving male relatives of the deceased claim his estate (Matshalaga, 2004; Justice for Children Trust website). In addition, attending school helps them to socialize and deal with the loss of parents (FHI, 2005; UNAIDS, 2001). According to the UNICEF Report (2004), teachers in Zimbabwe are also dying from HIV/AIDS, which affects the quality of education. Furthermore, children experience multiple losses (loss of parents and teachers) when their teachers die, which also affects them emotionally as the teachers become almost like their surrogate parents in the absence of birth parents (Cluver & Gardner, 2007; Foster, 2002). According to the NAC (2004) almost one third of the teachers in Zimbabwe live with HIV.

4. 2. 2. Poor Health and Nutrition

Children born with HIV experience a wide range of illnesses due to HIV infection, including a risk of malnutrition (Crampin et al., 2003). Gregson et al (2005) and Mann (2004) argue that OVC are more likely to be infected with HIV than other children because of high risk of sexual abuse from adults. Diarrhoea and respiratory illnesses are some of the health problems they encounter, including slow growth and development due to poverty (UNICEF, 2004). Poverty is also worsened by diverting income to purchase HIV drugs, which affects access to good food and health care. According to Senefeld and Polsky (2006), families with a family member infected with HIV have food insecurity compared to other families. In addition, having an HIV positive family member can also affect food production where the family relies on agriculture (Senefeld and Polsky, 2006). The families become trapped in a cycle of poverty (Grant and Palmiere, 2003). According to Chitiyo and Chitiyo (2009), 69% of the population of Zimbabwe is classified as poor, while another 46% is classified as very poor. According to the UNAIDS (1997) only 25% of children born to HIV positive parents are more likely to get prenatal infection, or infection through breastfeeding. In addition, Zimbabwe experienced a decade of economic recession (2000 to 2010), which affected healthcare (UNICEF, 2004), and healthcare is paid for, which means that OVC are less likely to access healthcare because of lack of money (Stortz, 2007).

4. 2. 3. Vulnerability to Sexual Abuse and Physical Exploitation

Parker (1996) argues that orphans are made vulnerable in many ways when their parent(s) dies. Female children are more at risk of becoming infected with HIV and becoming young mothers (Wakhweya et al. 2003) because of this vulnerability. The female children are made more susceptible to exploitation because of gender inequalities and traditional beliefs/attitudes. The Family Support Trust (2009) stated that orphaned girls were twice likely to be sexually abused. The UNICEF Report (2008), highlighted that about 25% of children aged 10 years had been engaged in sexual activities (penetration) in a survey carried out with 1600 children in Lusaka, Zambia. A research in Uganda also highlighted that orphans were more likely to engage in sexual activities than non-orphans, by the of age twelve years, 30% of orphaned girls were found out to be sexually active, and the percentage rose with age, with 85% of girls just below the age of 18 reported to be sexually active (UNICEF, 2004). Matshalaga (2004) who carried out a participant observation with a few families in Eastern Zimbabwe found out that most OVC were looked after by people with hidden agendas, and were also exploited physically and sexually. She also argued that the virgin cure myth also exposed many OVC girls to sexually abuse.

4. 2. 4. Financial Exploitation

Financial exploitation is one of the challenges faced by OVC mainly because the parents in most cases die one after the other, and the families used most of the financial resources to pay for treatment before the parents die (Mutangadura, 2000). Further, Zimbabwe has two parallel legal systems, the

customary law which is deep-rooted in patriarchy and culture, and civil law. Under the customary law, the brothers of the deceased husband can claim the property of their dead brother, which exposes the survivors to poverty. The sisters of the deceased mother can also claim their sister's property, leaving the children with nothing (Kambarami, 2006). Du- Venage (2002) argues that in Zimbabwe at times tradition and customary law can supersede the legal system. Lightfoot-Klein (1989: 47) concurs with this notion and states that ' custom in Africa is stronger than domination, stronger than the law, stronger even than religion'

4. 2. 5 Psychological Effects

Adato et al, (2005) argue that it is difficult to measure the extent of the impact of HIV/AIDS on OVC. Germann, (2005: 24) concurs and argues that the effects appear in many forms, and it is difficult to visualize the effects, but can manifest in the form of ' depression, withdrawal, aggression or anti-social behaviour and may take months after the death' of parents. According to Kübler-Ross (1969), grief takes part in five stages, which include denial, anger, bargaining, depression and acceptance. On the other hand bereavement, which takes place after deaths (mourning and grief), is another form of depression, and bereavement takes place over time while bereaving people cope differently with loss. Bereaving can cause one to become inertia, hyperactive, helplessness or to become anxious (Greenstreet 2004). However, one can argue that most researches on the effects of grief and loss have been carried out with adult populations. A study carried out by Germann (2005) at the Masiye Camp in Bulawayo in Zimbabwe, highlighted that orphans at the centre manifested emotional

trauma which ranged from aggression, depression, insomnia, drug abuse, and a failure to thrive. In another research by Nyamukapa et al (2008), they found out that although all orphans showed signs of psychological distress, girls, especially maternal orphans, showed more signs of psychological distress than their counterparts. Chitiyo and Chitiyo (2009) put this to the onset of early maturity on girl-orphans who assume caring roles for siblings by engaging in household responsibilities before (when mother falls sick) and after the death of the mother. However, the same studies showed that older orphans seemed to cope better than younger orphans, which Masten (2001) put to older children acquiring resilience over time. Chizororo (2008) carried out an empirical research which highlighted that orphans were in most cases subjected to witnessing the slow and painful deaths of their parents, which made them to feel angry, fear, depression and anxious about their future care. One can argue that in the absence of therapeutic centres that can offer counselling to the children, for example, in the UK there are organizations such as LOROS and CAMHS which can offer support, in Zimbabwe children are left to deal with their own sorrows or rely on community support.

4. 2. 6 Adopting new Roles

One of the most devastating effects of losing one's parents to HIV/AIDS, or due to any death, is the onset of early maturity when children assume caring roles. It arguably redefines family structures by creating new roles for the children. It is important to highlight that traditionally in Zimbabwe, childhood ends with marriage (Schmidt, 1992), however, for most orphans, childhood ends with the death of parents. When parents become ill, the children assume caring responsibility, and when they die, they assume full

responsibility of their deaths and all other family and household chores, such as looking after the cows, goats, ploughing and planting crops. Lyons (2002) and Richter (2001) argue that assume these new roles with little support or no support at all.

4. 2. 7 Child-Headed-Families

Whereas in traditional settings the orphans would be absorbed in families of their relatives (kinship fostering), however, one of the major effects of HIV and AIDS is that the extended family is struggling to cope with the increasing number of orphans (Matshalaga 2004). Hunter (2000) argued that the number of child-headed households is increasing rapidly, and child headed families account for between 2 and 3% of the population. The number of child-headed households was expected to rise to about 100 000 families in 2006 (UNIFEM Report 2008). Ruiz-Casares (2003) argues that children as young as 11 are heading families in Zimbabwe, while in Swaziland ten year-olds are heading families (UNICEF, 2003a). The concept of child-headed households is a new phenomenon in Zimbabwe (Matshalaga, 2004), which contradicts the traditional family structure and kinship orphan care. This demonstrates the devastating impacts of HIV and AIDS on social structures. OVC are also often exploited as child labourers in domestic settings and farms (Foster, 2000; FHI, 2003; UNAIDS, 2001). Francis-Chizororo (2008) argues that one major challenge faced by welfare officers is identifying orphans in child-headed households, while orphans in grandmother- care are easy to identify.

4. 3 Social and Community Responses

Last Chapter discussed the challenges faced by OVC. This Chapter will now explore various community-based initiatives in helping the OVC to meet their physical needs such as provision of food. .

4. 3. 1 Family Responses

According to Foster (2002), the extended family concept provides the first line of defence to OVC, and remains the customary social security system. Levine & Foster (2000) also argue that the extended family offers informal protection to vulnerable people including older people, orphans, poor relatives and sick relatives, which is a recognized social value. Matshalaga (2004: 10) argued that " the whole concept of an orphan did not exist in traditional Zimbabwean society, as almost all children were well provided for and absorbed by members of the extended family system". Informal support ranges from food, education and shelter. In both the Shona and the Ndebele cultures, members of the extended family assume responsibility for the care of orphans when their parents die. The system of wife inheritance or levirate marriages was practiced as way to offer continuous protection of children when the father or mother dies (Owino 1998; Meursing 1997). According to Hunter (2000: 35), the practice provided the orphaned children with ' continuity, emotional support and a secure environment, and it allow orphans to develop within their family, culture and traditions'. The HIV/AIDS epidemic has affect this traditional social order of absorbing orphans in the extended family, because of the extent to which it is affecting communities. This results in child-headed families and street kids. However, although the extended family concept has been weakened, it still remains the most

common practice of caring for OVC in Zimbabwe and Africa in general (Ankrah, 1993; Foster et al, 1995; Ntozi, 1997a).

4. 3. 2 Community Responses

The next available net to care for OVC is the community, especially where members of the immediate family fail to do so (UNICEF, 2004). Lwihula & Over (1995) argue that in Africa, the munificent spirit of people is shown in the abundant community initiatives dealing with the plight of AIDS on orphans. They also argue that most community programmes to provide for OVC begin when carers come together to help and support OVC (Lwihula & Over, 1995), or a sense of obligation towards caring for people in need especially where the government fails to protect its citizens (Donahue, 1998). In Zimbabwe most community initiatives for caring for the sick, the poor, or the vulnerable come in the form of traditional initiatives in crises such as famine, illness, deaths and orphans, and can take the forms of burial societies, saving clubs, and traditional labour-sharing schemes (nhimbe/zunde-ramambo). These collective systems are based on the notion that ' what has befallen me today will befall you tomorrow' (Hamutyinei & Plangger, 1987). The NGOs support these initiatives throughout the country, in the form of Community Based Orphan Care Programmes (CBOCP). CBOCPs involve both the traditional and religious leaders in the community (German, 2002).

4. 3. 3 Zunde-raMambo/ (chief's fields).

Zunde-ramambo is a Community Based Orphan Care Programme under which able bodied community members work in groups to produce food for the OVC. They are supervised by the Village Headman, who provides land <https://assignbuster.com/the-discourse-of-childhood-in-zimbabwe-health-and-social-care-essay/>

while the able-bodied villagers provide free labour (Suraiya, 2003). An example of a Zunde-ramambo is the STRIVE project in Manicaland Province, which assists orphans and child-headed households to grow food crops. Members of the project provide free labour in the agricultural fields of OVC. Such initiatives help the children in many ways, by ensuring food security, and allowing children to attend education rather than dropping of school to source food, and to allow orphans to be children (STRIVE website, 2005). However, traditional community initiatives such as Zunde-raMambo and STRIVE are being challenged by HIV/AIDS as the members of the community, who are productive, are also falling ill and dying due to HIV/AIDS. In addition, the land redistribution programme has also affected these traditional set-ups because traditional villages in which people live among their own kinsmen, are being destroyed, thus affecting cohesiveness and cooperation of local community members (Ansell and Young, 2004). This community set-up of CBOPs is not widespread countrywide, and there are very few of them in the country. However, it should be noted that any kind of support they give to children is limited to meet their physical needs (food) while other needs are unmet.

4. 3. 4 Faith Based Organisations (FBOs)

FBOs are community organizations based on moral teachings of Christianity, and they use volunteers (other churches members) to support the HIV/AIDS orphans. FBO support includes providing the OVC with emotional/spiritual support, food, education (school fees and uniforms), day centre, and residential children's homes (orphanages). Examples of FBOs include the Capernaum Trust which operates in all ten provinces in Zimbabwe, and was

founded by a Zimbabwe entrepreneur, Strive Masiyiwa, to offer support to orphans. The Capernaum Trust has helped more than 30 000 children to access education and training. In addition the Capernaum Trust works with more than 1400 primary and secondary schools, eleven State universities, and operates in 59 districts in the country (Religion in Zimbabwe website, 2013). Makumbi Mission Children's Home is run by Jesuits and is located about 60 miles in the northeast of Harare. It offers support (physical, financial, educational and emotional/spiritual) to children from newborns until they turn 18 years old. The children are cared in family-style houses, with the older children taking care of younger orphans. The village is managed by the sisters of the Little Children of Our Blessed Lady (ibid). Emerald Hill Children's Home is an orphanage in Harare, which is run by the Roman-Catholic Dominican Sisters. It takes children between the ages of 3 years to 20 years and provides them emotional, physical, financial and educational support. The Mother of Peace Community is also an orphanage which provides support to 150 AIDS orphans, and is run by the Catholic Church. The Precious Child, established in 2002, fosters orphans, and is run by the Family of God. Other FBOs include the Sunrise Foundation for Hope, St. Marcelline Children's Village based in Harare, which provides support to 15 orphans; Mustard Seed Communities' Orphanage (established in 2002), is based in Bulawayo and provides care to OVC including nutritional support to 500 OVC. The Families Orphans and Children Under Stress (FOCUS) is an FBO administered by Family AIDS Caring Trust (FACT), and it is in Manicaland (Lee et al, 2002). There are more than 30 FBOs in Zimbabwe although most of them are located in major cities; which means that OVC in the rural areas may find it difficult to access these FBOs. However, in Zimbabwe, <https://assignbuster.com/the-discourse-of-childhood-in-zimbabwe-health-and-social-care-essay/>

institutional care in the form of orphanages is something that deviates from the traditional customs which promote kinship fostering, as it is argued to remove children from their roots (Drew et al, 1995).

4. 3. 5 Non-Governmental Organizations

Most of the material support for OVC in Zimbabwe is provided by NGOs, and there are about 48 national and international NGOs providing support to OVC in Zimbabwe (MoPSLSW, 2008)). UNICEF works in partnership with most of the NGOs and provides support to more than 100, 000 OVC. However, in the past few years NGOs were targeted in political disturbances, which affected their operations in the country. According to the UNICEF (2004) Report, Zimbabwe receives only a fraction of the HIV/AIDS funding which other countries in SSA get. Concerns have also been raised in governance, corruption, lack of press freedom and political rights (ibid). As a result in December 2010, Zimbabwe's application for US\$ 220 million to fight Tuberculosis, Malaria and HIV was rejected by the Global Fund (Avert website).

4. 3. 6 Government's Welfare Support

There is little support from the Government due to economic recession. The government focused on HIV awareness campaigns at the expense of establishing institutions for OVC (UNICEF 200). However, the National Orphan Care Policy (NOCP) was introduced in 1995 to offer support to OVC in their own communities in-line with the country's cultural dictum which views a child as belonging to his/her immediate family and community at large (NAC, 2008). In addition, the government has a National Action Plan for Orphans and Vulnerable Children (NAP for OVC), implemented as a result of goals 65; <https://assignbuster.com/the-discourse-of-childhood-in-zimbabwe-health-and-social-care-essay/>

66 and 67 of UNGASS. The aims of the National Action Plan for Orphans and Vulnerable Children are to offer intervention programmes in areas of education, health, psychosocial and legal assistance. Under the initiative, the programme is overseen by a team of representatives from the Government, NGOs, private donors, the United Nations, and Non-Governmental Organisations. The project is implemented at district, provincial and national level by secretariats who report to the MoPSLSW (UNICEF, 2008). However, although this sounds like a good policy and project, it is difficult to measure its effectiveness, and not much research has been carried out to find its effectiveness. The government was the first country in Africa to introduce an AIDS levy in 1999. Under the AIDS levy, all government employees and people in formal employment pay a compulsory contribution towards the Fund. The money is used to support AIDS projects and people living with HIV/AIDS, including orphans, and it is administered to the people in need through The National AIDS Council to District Action Committees. The fund pays schools fees, food and shelter for orphans. It is also used to carry out research and identifying the needs of orphans (NAP, 2009). The government also helps OVC through the Basic Education Assistance Module (BEAM), another government initiative which pays school fees, school levy and examination-fees for OVC so that they remain in education (BEAM Programme Database, March, 2010). According to Kyamakya (2010), about 517 315 orphans and vulnerable children received assistance from BEAM in 2009. This is a positive move, although assistance only focuses on educational needs. The government also introduced legislation in 1999 to safeguard the welfare of OVC from physical and sexual abuse through the Criminal Procedure and Evidence Amendment Act No. 8 of 1999 (UNAIDS <https://assignbuster.com/the-discourse-of-childhood-in-zimbabwe-health-and-social-care-essay/>

2009). In addition, the Victims Friendly Courts were also introduced to offer a friendly and safe forum for sexually abused minors to testify without fear of reprisals (UNAIDS 2009). However, although the government introduced various programmes and initiatives to provide welfare support to OVC, there are still major obstacles in implementation, which include lack of funding and corruption, and the difficulty in accessing the beneficiaries (Mutangadura et al, 1999). The information about these initiatives is also not readily available to the intended benefactors, while failure to have valid birth-certificates and the proof of parents' HIV/AIDS status also prevents the OVC from accessing the support.

Chapter summary

HIV and AIDS is affecting children in many aspects, including education, health, financial support, and exposing them to poverty, physical and sexual abuse and other forms of mental distress. In addition, the role of the extended family in orphan care is also dwindling due to other economic challenges and the extent to which communities are being wiped out by HIV/AIDS. Children are assuming adult roles of caring and child-headed households are becoming a new phenomenon in Zimbabwe. Most social support systems available for OVC are provided by the Churches through FBOs, traditional initiatives or Community Based Orphan Care Programmes (CBOCP) such as Zunde-raMambo and STIVE. The next chapter brings in the overall discussion, conclusion, recommendations and future research.

Chapter Five

5. 0 Discussion, Conclusion, Recommendations, Future Research

5. 1 Discussion

This discussion is centred on the aims and objectives of the research project in relation to themes that emerged from the review. The research project highlighted that although the government is signed up to international protocols and laws to protect vulnerable children, especially those made vulnerable by HIV/AIDS, the government is not doing enough to offer them protection and support which is tailor made to suit their needs. For example, the research project highlighted that most OVC live in child headed families where they become vulnerable to exploitation both physically and emotionally. The number of child-headed families is also increasing, and in most of these cases, the research project highlighted that the eldest children appear to take most of the impact of orphan hood as they leave schools to assume caring roles. Girl children are the most affected, and this brings in the issue of patriarchy and gender imbalances, and any project worker intending to implement some intervention strategies have to understand the impact of culture on orphan care. Although the commitment of the UNGASS Declaration is beginning to take form, implementation is slow and fragmented (Stephen Lewis cited in UNICEF 2002: 5). The UNICEF (2004) also noted that Zimbabwe's legal system is well established, and the country has a regulatory framework to safeguard and protect the rights of children in accordance with the provisions of the Convention and the African Charter, but, implementation is weak. Challenges to implementation include unstable

economic and political climate, lack of financial and human resources as well as social challenges, all which pushed the rights of the child on the bottom of the agenda. The social support available are also not meeting all the needs of the OVC, for example, most FBOs are based in urban areas, and remain inaccessible for OVC in rural areas. NGO support is affected by unstable political climate and government hostility. In addition most support provided by NGOs is for short-term needs, such as food hampers, and it does not meet their needs towards protection from sexual exploitation, school fees and clothing. There is need for long-term care plans that are sustainable, to reduce the OVC's vulnerability to exploitation and to keep children in schools. Long-term projects promote empowerment and reduce dependency. Individual family support remains the most appropriate support which has also the potential to meet the physical needs of the children, including shelter. Community development takes an empowerment model to build communities and implement sustainable projects. It is important that individuals who volunteer to look after the children be supported. In addition, philanthropists such as Strive Masiyiwa are also playing an important role in providing educational support to OVC, as well as through the centres that his organisation has built throughout the country. His project sees education as a long term empowerment plan which is sustainable, although it fails to meet the immediate needs of the children such as food and shelter for those in receipt of only educational grants. The Government must compliment the efforts of private individuals, entrepreneurs and Faith Based Organisations.

5. 2 Conclusion

The aims of the study were to highlight the effects of HIV and AIDS on orphans, identify and outline the current support systems at individual level, community, and national level in providing support to OVC. The aims of the research project were met by outlining some of the challenges faced by OVC. These include vulnerability to sexual exploitation, emotional needs, financial and social needs including an increase in child headed families. The project went on to discuss the initiatives available to deal with the identified challenges. The project highlighted that although there are very little researches carried out to evaluate the effectiveness of each particular project, however, there are many initiatives available, ranging from family support, community support, Church support, NGOs and the government. The conclusions to be drawn from the research project are that although there are initiatives in progress, these do not meet all the needs (financial, physical, emotional and social) of the OVC. There is emphasis on education, which is good as it can help them to secure better futures, but there is also need to make sure that all other needs are met. The project was not able to cover all areas of Zimbabwe and all initiatives in detail due to limited word count and time. Further, the other challenge is that while HIV/AIDS is a global issue, most international researches tend to focus on small study areas while most rural areas remain inaccessible to researchers due to logistics such as transport and politics. The other conclusion to be made is that while OVC are vulnerable and have a lot of unmet needs, the girl-child is the most affected due to gender imbalances.

5. 3 Recommendations for any Community Work

Any intervention methods by Community Development Officers must take into consideration cultural practices, such as providing support to the children in their own environment, which can also make them vulnerable to abuse from relatives. . Any intervention methods must also aim at educating the wider communities on how to safeguard OVC, and educational programmes to dispel the myths that HIV can be cured by having unprotected sex with a virgin, as well as dispelling the myth that HIV can be spread by sharing utensils, which is one of the major reasons why children whose parents die of AIDS related illnesses may be shunned. Intervention programmes must also focus on meeting holistic needs, such as emotional needs through therapeutic interventions such as counselling, health needs, housing needs and food/clothes. There must projects to help OVC to get birth and death certificates so that they can access government help. Volunteer advocates can be used to help the children to access government funding and births and death certificates; including mobile registration centres that can visit remote areas once in three months.

5. 4 Future research

The project noted that there is a gap in researches that look at the effectiveness of various community based projects. The researcher thus recommends that any future researchers can carry the button-stick forward by carrying out primary researches that critically analyze the effectiveness of these support projects, for example, a cross-sectional research using focus groups with beneficiaries, informants such as teachers and Village Headmen

etc, to find out if the support available meet their needs, and any challenges faced.