ASSESSMENT OF FEMALE – HEADED HOUSEHOLDS' COPING STRATEGIES IN CARING FOR ORPHANS IN NG’OMBE COMPOUND

DISSEPTION SUBMITTED IN PARTIAL FULFILMENT OF MASTER OF ARTS GENDER STUDIES

BY

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DEDICATION

To my loving husband Mr. Field C. Kasaka, for making my life easier by enduring during my absence from home. Also to my two grandchildren Nachinyama Beene Halwindi and Martin Chishala Kasaka who were deprived of a grandmother’s presence and warmth during my long hours of study.

I sincerely thank my course mates and colleagues especially Patrick Sakala and Grace Chama for being my confidants. Mrs. Sakala from the American Library for providing the much needed literature during my Literature Review. My thanks to you.

To my sister Linda Sichikungu and grand daughter Shyanda Lumeya who helped in data collection, I thank you very much.

Lastly my wonderful children, Connery and his wife Chaudi, Petronella and her husband Noah, of my ‘babies’ Lucky and Field (1t), I thank you for all your love, support and keeping me up. I love you and thank you again.
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To my sister Lulu Siabbamba and grand daughter Luyando Muleya who helped in data collection, I thank you very much.

Lastly my wonderful children, Connery and his wife Choini, Petronella and her husband Noah, and my 'babies' Lucky and Field (Jr), I thank you for all your love, support and keeping my spirit up. I love you, and thank you again!
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<tr>
<td>CSO</td>
<td>Central Statistical Office</td>
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<td>HIV</td>
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<td>IRIN</td>
<td>Integrated Regional Information Network</td>
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<td>GRZ</td>
<td>Government of the Republic of Zambia</td>
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<td>ZDHS</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>LCBO</td>
<td>Local Community Based Organization</td>
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<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
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ABSTRACT

The problem of orphans in Zambia is serious, and has confounded the challenges faced by female-headed households. Despite their economic and social vulnerability, these households take care of one to three orphaned children.

This study has been conducted to identify the problems faced by female-headed care-givers in caring for orphans, identify the problems faced by orphans and also to establish the socio-economic strategies used by female-headed households in caring for orphans.

This study was conducted in Ng’ombe Compound and a sample of 50 female care-givers and 20 orphaned children were interviewed. The data was collected using both unstructured interview schedule and the semi-structured questionnaires. Secondary data was collected by reviewing records from related literature from various institutions. Female-care-givers and orphans were purposively selected and interviewed for the qualitative approaches. The quantitative and qualitative data were analyzed using SPSS and content analysis, respectively.

The results show that a significant number of orphans (35%) are living with their surviving mothers or grandmothers (25%) who are often too weak to work in order to support these children in terms of food, clothing, health matters and education. As much as the extended family still cared for orphaned children, it was discovered that the burden of taking care of the orphans fell on the female relatives who are more likely to be widows, grandmothers or aunts.

The majority of these care-givers were 41 years and above, and illiterate, whose main source of income was vending. Hence, lack of food, clothing, limited access to medication and education were sited as the major ones in caring for orphans. In the same way, the orphans living in these female headed house-holds had the same problems because economically, their guardians were unable to assist them.
It was also revealed that the Government and other institutions have not done much in helping the female-headed households in caring for orphans as they are also overwhelmed by the ever increasing number of these female-headed households. The findings, therefore, called on the Government to seriously look into the problems of both female-care-givers and orphans by setting up strong social service systems to complement and enhance the extended family system in supporting orphans.
CHAPTER ONE

1.0 Introduction
This study examines coping strategies of female-headed households in caring for orphans. It also looks at the problems faced by the orphans living in these households.

1.1 Background to the increase of orphaned children

In Zambia, more than 67 percent of the population falls below the poverty line. Ninety percent of these people are women (CSO 1990 and 1998). According to the 1998 Living Conditions Monitoring Survey (LCMS), more females than male headed households face extreme poverty. The HIV and AIDS related deaths of people in the productive age groups between 15 – 49 years have led to an increase in households caring for orphans. These households, often a time experience a greater labour shortage due to the fact that there is usually a higher proportion of elderly members such as grandparents and children who cannot fully participate in the production of the basic needs or engage in gainful employment. Especially grandmother-headed households that care for orphans have very weak safety–nets and few coping strategies to establish self-sustained livelihoods (Bernd Schubert 1999). These households are more than twice likely to withdraw children of 7 to 15 years from school due to financial constraints and are likely to encourage them to engage in labour to support the family.

Research has been conducted on the status and problems of Orphans and Vulnerable Children (OVC). Recommendations have been made and a few responses were achieved, but the number of orphans and the problems they face are increasing. The main problems include lack of education, poverty and lack of medication (OVC, Situation Analysis. Zambia 1999).

Studies have shown that orphans are increasingly living in households headed by females. These may be their mothers, aunts and grandmothers. Often surviving
male spouses fail to care for the children due to other demands on them such as being engaged in formal or informal employment, or the males remarry new wives who do not want to look after such children. In Zambia for example female-headed households are twice as more likely to take care of double orphans than male-headed households.

The biggest impact of HIV and AIDS has been felt in Sub-Sahara Africa, where an estimated 12.5 million children have been orphaned and the number is still growing. UCH HIV/Insite, 2000, estimates that 33.6 million men, women and children World Wide live with HIV and AIDS. (UCH HIV/Insite, 2000).

Over the course of 1999, some 5.6 million people, 2.3 million being women became infected with HIV. About 24,000 people who die on average everyday from hunger, are members of the households suffering from AIDS (Bellamy, 2004 cited in Nduru and Sokhengdesi, 2004: 1). UNAIDS/WHO estimates that in 2002, 2.78 million children lived with HIV and AIDS in the Sub-Sahara Africa with 550,000 deaths and 810,000 new infections.

Nduru and Sokheng (2004) state that “in 2003 there were more than 87.6 million orphans affected by the HIV and AIDS virus in Asia, while in the Sub-Sahara Africa, there were 43.4 million. According to UNICEF Executive Director, Carol Bellamy (2004, cited in IRIN Plus News 2004: 1) “the number of AIDS orphans worldwide had shot up from 11.5 million to 15 million in 2003”. Of this high orphan population, the largest number comes from Africa (Nduru and Sokheng, 2004).

In the whole world and Africa in particular, the HIV and AIDS pandemic has caused a lot of problems to those who remain to take care of the orphans, such as widows, and female care-givers.
In Zambia, HIV and AIDS prevalence rates are around 16%. This means that one out of six Zambians are infected. The consequence of the spread of the epidemic is the growing number of orphans.

The 1999 Situation Analysis of Orphans and Vulnerable Children estimates that in 1996 the number of single orphans was 86%, 64% of orphans had a deceased father, 22% lost a mother and 14% lost both parents (GRZ, 1999). The Ministry of Health estimates that by the year 2010, the number of orphans in Zambia will reach more than one million. About 609 of Zambia’s orphans had lost their parents to AIDS (USAID, 2004). USAID (2004) report states that there is concern that these orphans would be affected by high health risks, violence, exploitation and discrimination (Nduru and Sokheng, 2004).

While families struggle to cope with the emotional and economic burden and death, being orphaned, leaves children vulnerable to malnutrition, poverty, and illness and without access to education and training. The effects of HIV and AIDS have increased the number of children’s difficulties in acquiring the basic needs, hence the production of street children and children vulnerable to exploitation and abuse and worse still to HIV infection.

It was therefore the concern of the researcher to discover and understand the coping strategies of female-headed households in caring for orphans, taking into consideration the few institutions in the country that take care of orphans, institutions such as orphanages and the Save Our Soul(SOS) Village which have very limited capacities for the ever growing number of orphans.
BACKGROUND TO THE STATEMENT OF THE PROBLEM

Much emphasis seems to be given to those people who are HIV positive, but little research has been done on care givers who remain with the children of the deceased and those who are adversely affected by HIV and AIDS pandemic. In Zambia, care givers are predominantly women who include grandmothers, widows and aunties (Living Conditions Monitoring Survey, 1998). These are women who are most disadvantaged especially with respect to education, labour force participation, nutrition and health. It must also be noted that the orphans who remain are usually too young to look after themselves. Many extended families are or will be overwhelmed with the ever growing number of orphans and may need external help.

In Zambia, female-headed households are twice more likely to be taking care of double orphans than male-headed households. This is due to the fact that male parents tend to marry after the death of their spouses and hence the burden of looking after the orphaned children is lessened. Hence, orphans are increasingly more likely to be living in female-headed households and grandmothers’ household.

Some studies looked at the socio-economic and welfare of these care-givers in the way they cope with the overwhelming problem of caring for orphans (for example, Sengendo, James and Nambi, Janet, 1997: 105-124; James P.M. Ntozi and Jackson Mukiza-Gapere, 1995: 245-252). However, these studies have not been exhaustive or do not seem to adequately answer the question of how care-givers cope in caring for orphans.

The question asked therefore is how do these female-care givers cope with the overwhelming and ever-increasing numbers of orphans?

It is the purpose of this research to gain insight and attempt to answer this question.
AIM
The aim of the study was to identify and describe female-headed households coping mechanisms in caring for orphans, in order to make recommendations to the appropriate authorities on how best they can effectively address the plight of these households and improve their conditions.

1.4 OBJECTIVES

1. To identify the main problems faced by female-head care givers in caring for orphans.
2. To identify problems faced by orphans in female-headed households.
3. To establish the socio-economic strategies used by female-headed care givers in caring for orphans.
4. To make recommendations from the findings to the appropriate authorities to effectively address the plight of these households and improve the conditions under which these people are living.

1.5 SIGNIFICANCE OF THE STUDY

The plight of orphans in this country is overwhelming. The purpose of this study is to identify problems faced by female-headed households in caring for orphans. The study will also show the problems faced by orphans under the care of the female-head care givers.

The study will help come up with strategies that will be used to eliminate some of the problems faced by female-head care givers in caring for orphans.

Policy makers will have insight of the overwhelming increase of the orphans and will be able to understand that the problems of the orphans have just begun.
1.6 RESEARCH QUESTIONS

1. What are the socio-economic strategies used by the female-headed households' in caring for orphans?
2. What are the main problems which are faced by
   (a) Care-givers in caring for orphans.
   (b) Orphans living in female-headed households?

1.7 OPERATIONAL DEFINITIONS OF THE TERMS

1. **Households** – These are people who eat together, share resources and consider one person as head of the house.
2. **Female Headed Households** – These are households which are headed by Females.
3. **Widows** – These are Females whose husbands are deceased.
4. **Orphans** – These are children whose biological parent(s) is/are deceased.
5. **Double Orphans** – These are children with both biological parents dead.
6. **Single Orphan** – This is a child whose one of the parents dead.
7. **Care-givers** – These are single, widowed and grandmothers whose relatives died and left their children under their care.
8. **Piece work** – Casual work paid immediately work is completed.
9. **Vending** – Selling of small items such as sweets, tomatoes, groundnuts etc.
10. **Handouts** – Small gifts received from well-wishers.

1.8 LIMITATIONS OF THE STUDY

The study only looked at the female-headed households without including the male-headed households due to lack of time and limited resources.
CHAPTER TWO

REVIEW OF THE RELATED LITERATURE

2.0 Introduction

This chapter presents the review of the literature related to the study. Section 2.1 discusses the literature on Female-headed house-holds' position in caring for orphans. Section 2.2 gives the outline of the Grandmothers as Care-Givers while 2.3 talk about the orphaned children. All these factors bring out the problems faced by both Care-givers and Orphans in their respective circumstances.

A review of literature on the assessment of female-headed house-holds' coping strategies has revealed that over 11 million children under the age of 15 living in Sub-Sahara Africa have been robbed of one or both parents by either HIV and AIDS or any other causes (Bellamy, 2004, cited in IRIN Plus News 2004: 1). It is estimated that the number is expected to rise to over 20 million in a few years.

This state of affairs means that the extended families have assumed the responsibility of taking care of more than 90% of the orphaned children. With this large population of orphaned children, there are now more dependants than there are people to depend on.

Female-headed households in Zambia, in particular those taking care of orphans experience great labour shortages compared to male-headed households (FAO 2004). The reason underlying this problem is that they have few family members in the economically active age category compared to male-headed households. In fact these households have little resources to even hire labour.
This state of affairs is magnified by the fact that female-headed households have a large number of elderly members, such as grandmothers heading these households and taking care of orphans.

Also, literature review reveals that the female-headed households with orphans have very little productive assets such as land compared to male-headed households. In Namibia, for example, female households experience a sharp decline in economical assets such as cattle, as a result of sale and property grabbing. In agriculture production, labour constraints were felt mostly in weeding and ploughing (FAO, 2004).

It is estimated that Southern Africa has the highest average of proportion of female-headed households on the continent. Thirty-five percent (35%) of households with children in this sub-region are female-headed with an estimated 90% of AIDS care occurring within the households (Kofi Annan).

However, though not all orphaning is due to HIV and AIDS, orphaning remains the most visible, extensive and measurable impact of AIDS on children.

As a result, the extended family is under severe pressure with the alarming increase of orphans and often times, it is overwhelmed with this task. In some cases, extended families give excuses for failure to care for their sick relatives. This means that the children whose parents die would have problems of being cared for by their extended family members who refused to take care of their parents when they were sick. (Ntonzi 1995). The 1992 ZDHS shows that over 15% of children under the age of 15 had lost one or both parents (Gaisie, Cross and Nsemukila, 1993). By 2003, 19% of Zambian children under the age of 18 had been orphaned, totalling 1,100,000 children. As such, where one parent dies, the maternity of the orphans stay with the surviving parent, or where both parents die the majority of the orphans stay with a relative, most likely a female relative.
2.1 FEMALE-HEADED HOUSEHOLDS

Many countries are experiencing large increases in the number of families headed by women and grandparents. In Zambia literature review reveals that households headed by women are more likely to take responsibility for orphans. It further reveals that the majority of single orphans have suffered the death of their father while their mother remains living. Six percent (6%) of Zambian children are single orphans who remain living with their mothers after their father’s death (GRZ, 2004).

These female-headed households are progressively unable to provide for the children in their care, as the incidences of property grabbing still continues, with members of the deceased husband’s family taking as much of the families’ property as they want, including in some instances, a house which the widow and children are living in (GRZ, 2004). This state of affairs renders the widow with no means of living.

The female-headed care-givers, mostly aunties and sisters not only take care of their children but are also prepared to take care of more children including younger orphans than male-headed care-givers. Female-headed households generally assume care of more orphans than male-headed households (GRZ, 2004). It is assumed those female-headed households are more likely to care for double orphans than male-headed households as male parents tend to marry shortly after the death of their spouses, living the burden of looking after their children to female relatives. It can therefore be said that HIV and AIDS pandemic has left many orphans most of whom are taken care of by female-headed households and grandmothers.

In Zambia, for example, 6% of female-headed households take care of double orphans unlike the 3% of male-headed household (Manasch and Boerman, 2004). The female-headed households are therefore burdened with the highest number of orphans especially in countries which have the highest number of orphans.
2.2 GRANDPARENTS AS CARE-GIVERS

In the absence of the healthy relatives taking care of the orphans, grandparents assume this responsibility. These grandparents are in most cases much older female relatives whose children have died and left their children without anyone to take care of them. This trend is confirmed by the significantly higher average of the households headed by females with orphans (49 years old) than in male-headed households with orphans (41 years old) (Manasch and Boerman, 2004).

Since 1992, the number of children living with grandparents has increased tremendously. From 20% in 1992, 33% of orphans now live with their grandparents (GRZ, 1999). This burden is usually placed on grandparents who, despite having no means of taking care of the orphans, accept them with love, because they feel it is their responsibility in the absence of their parents. Literature reveals that the average age of female-headed heads rises with the number of orphans being cared for, meaning, elderly women look after greater numbers of orphans than younger women. The children who are brought up by grandparents usually face difficulties in that they have increasing work loads as their grandparents get older and less able to take responsibility for domestic work, farming and other income generating ventures. Such children, especially girls drop out of School and assume responsibilities of taking care of their grandparents.

In Namibia, the proportion of double orphans being taken care of by grandparents arose from 44% in 1992 to 61% in 2000 (FAO, 2003). It is therefore very challenging for grandparents to assume the responsibility of care-givers in their old age. This burden creates increased demand on them to generate income. If, for example, they were engaged in formal employment, it is very rare that they receive their pensions to continue living the better lives they used to enjoy when they were in employment.
ORPHANS

The problem of orphaned children is caused by the death of their parents, and this come to an end of a normal life for them, for instance, living the home in which the child has known all his/her life, learning to adopt the new life with a family whom the child is not very familiar for the rest of his/her life. In most cases, this situation of being orphaned expose these children to poverty, vulnerable to diseases and infections, and worse still get abused by those who take care of them.

Most of these children’s normal lives come to an end, because they do not get “enough food, proper clothing, suitable shelter and continued education” (OVC Situation Analysis, Zambia, 1999). When orphans experience such difficulties, they resort to go on the streets as street kids.

Literature reveals that the extended family takes care of over 90% of the double orphans and that these orphans are approximately 13% less likely to attend school than non-orphans. Double orphans are more likely to be disadvantaged (Orphan hood and Children Patterns, 2004).

HIV and AIDS pandemic have caused the rapid increase in the prevalence of orphan hood. Though the prevailing childcare patterns have dealt with large numbers of orphans in the past, to date, there is no evidence that this system is absolving the increase in orphans on a large scale. A few organizations such as City of Hope in Makeni, Cheshire Home, in Kabulonga, and Save a Soul (SOS) just to mention but a few, are overwhelmed with the continued increase of orphans by the day.
CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the Research Design of the study. It discusses the source of the data; the instruments used for data collection and highlight the process of data collection.

3.1 RESEARCH DESIGN

The study employed both qualitative and quantitative design. A list of all orphans and female care-givers was obtained for this study. These were the sampling frame where the selected respondents were drawn from. The respondents were systematically selected. Before conducting the interviews, consent was sought from the selected respondents. Female-care-givers and orphans were also purposively selected and interviewed for the qualitative approaches.

3.2 STUDY SITE

This research was conducted in Ng’ombe compound, about 10 kilometres North-east of Lusaka City Centre adjacent to Roma Township. This compound was chosen because it is a high density area where most people of low social and economic class reside. Like most compounds in Lusaka, Ng’ombe is also experiencing an increase in the number of orphans. The precarious socio-economic conditions of the area put the orphaned children in very vulnerable circumstances.

Ng’ombe compound has a population of 23,850. It consists of 12,111 males and 11,739 females, all living in 5,117 households (CSO, 2003).
3.3 STUDY POPULATION

A local Community-Based Organization (Flying Angel) assisted in identifying appropriate study participants. In addition, a Ward Chairman also gave the researcher permission to access Ng’ombe compound.

A total of 109 households with female care-givers were identified. It was from this sampling frame where 50 female care-givers aged 20 and above were randomly selected and interviewed.

A total of 20 orphans aged between 15 and 20 were identified within these households and were also interviewed. The purpose of the study was explained to the respondents. This enabled the selected orphans to express themselves freely as they had understood the researcher’s questions. Considering that this category was still under the jurisdiction of the parents and guardians, however, consent was sought from these.

3.4 SAMPLE SIZE

The study successfully obtained information from the selected 50 female care-givers and 20 orphans. These provided the data for the current study.

3.5 SELECTION OF RESPONDENTS

The Local Community-Based Organization was used as the entry point into the compound. All the relevant female-headed care-givers were subsequently identified and called a familiarisation meeting. During the meeting, a comprehensive list of all the female care-givers and the orphans in the township was drawn.

Since the interviews were conducted over a period of about one month, arrangements were made to contact the respondents either at the Local Community-Based Organisation, or and especially in their homes. The researcher also inquired on the appropriate local language to use during the interview. A
number of local languages in which the researcher has competence were appropriately used; Bemba, Nyanja and Tonga. English was only used with those respondents who were competent in it.

3.6 DATA COLLECTION TOOLS

Data was collected using both the interview schedule and the semi-structured questionnaires. The semi-structured questionnaire was used to interview the caregivers while the interview schedule was used during the interviewing of the orphans. In both situations, face-to-face interviews were conducted. This type of data collection was most appropriate because most of the women in the compound are illiterate. Illiteracy is more pronounced among the older women with low educational attainment.

The face-to-face interviews also allowed the interviewer to clarify the questions in order to reduce ambiguity. This approach was also very effective as it ensured that all the questions were addressed.

Since the researcher did not have any, a tape recorder was not used during the data collection process.

The issues covered by the study included the background information, socio-economic characteristics and coping strategies and problems faced by the caregivers and orphans.

3.7 DATA ANALYSIS

Qualitative data were analyzed manually. This involved transcribing and indexing the data into various themes. The quantitative data were analyzed using SPSS package. Frequencies and cross-tabulations were used to describe and analyse the data.
3.8 ETHICAL CONSIDERATION

Interviews were held on one-to-one basis in a private place. The respondents were assured that the information they gave would be treated confidentially. The purpose and benefit of the study was explained to the respondents in order to receive maximum co-operation. The informant’s privacy was observed, hence, the interviews were held in exclusive places. Informed consent was obtained before the commencement of every interview.
CHAPTER FOUR
PRESENTATION OF THE FINDINGS

4.0 Introduction

This chapter discusses the findings of the study. While Section 4.1 discusses the background information of the Care-givers, Section 4.2 presents the Socio-economic Characteristics and Coping Strategies of the Care-givers. The main problems by the care-givers in caring for the orphans are contained in Section 4.3 and Section 4.4 covers the Roles that the Government, Church NGOs and Individuals play to solve the problems faced by these Care-givers. In Section 4.5 a discussion of the Background information of the Orphans is presented while 4.6 presents the Problems faced by orphans. Section 4.7 discusses the Help needed by the Orphans.

4.1 BACKGROUND CHARACTERISTICS OF RESPONDENTS

4.1.1 Care-givers’ Age

According to the statistics shown on Table 1 below most (60%) of the respondents were aged 41 and above. This shows that the burden of looking after orphans has been left in the hands of the elderly in society, who in most cases are grandmothers. These are the people who are unproductive and weak to create the means to cater for the orphan’s requirements, and have no alternative because they are the ones who remain after the death of their relatives. However, the lowest percentages (8%) of respondents were the age group 20 to 26 years. This shows that mostly older women take care of orphans than younger ones. This puts pressure on them as they would be expected to be engaged in income generating activities at such old ages. One 71 year grandmother had this to say:

“My children have all died including my nephews and nieces. They have left me with the burden of looking after their children. I keep six orphans and no one helps me to educate them”.

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Details of care-givers’ age is summarized in Table 4.1 below.

Table 4.1: Age distribution of the respondents

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-26</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>27-33</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>34-40</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>41 and above</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

4.1.2 Care-givers’ area of Origin

Care-givers by area of origin are depicted in Figure 4.1. The findings show that 70 percent of the respondents who were interviewed were born in rural areas. Only 30 percent were born in the urban areas.

Fig. 4.1: Place of birth
This indicates the high level of rural to urban migration for various socio-economic reasons. Despite the socio-economic hardships that people face in compounds or townships such as Ng’ombe, it is perceived that the percentage of people living in poverty in rural areas is higher than that of people living in urban areas. This is why these people in urban areas do not want to return to their places of origin while others keep migrating from rural to urban areas. One woman interviewed gave an overview of rural life and said:

"In rural areas there are a lot of problems, such as poverty, hunger, hospitals are very far and when one is sick, he/she just dies before they get to the hospital. Even if there are problems in town, it is better because one can be selling vegetables and other things, and hospitals are nearby and even medicines are there".

Another woman interviewed mentioned that she could not go back to the village no matter what the reason, because there was nothing to offer her. With limited facilities and infrastructure to accommodate such immigrants, the majority of them end up living in squatter compounds where the living conditions are not favourable.

### 4.1.3 Marital Status

According to the data, six percent of the respondents indicated that they were married, however one third of these married women reported that they were abandoned by their husbands. Table 4.2 shows the marital status of the female care givers interviewed.

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Married</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Widowed</td>
<td>43</td>
<td>86</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.2: Marital Status
Two thirds of the married women were living with their spouses while one third indicated that they had been abandoned by their husbands. For example, one abandoned woman who is taking care of one orphan and two of her children told the researcher that the taking care of orphans single handily was a great challenge. Her testimony is as follows:

"My husband left me for another woman and does not support us. I am just like a widow, my children and this orphan have stopped going to school because of lack of money."

When migrating to the 'city' most if not all these women came with their spouses to seek employment and better living conditions. Unfortunately, because of HIV and AIDS and other causes, their husbands died and left them with the responsibility of taking care of the orphans. (As the data indicate, 86 percent of the care-givers are widowed). Some of these care-givers included taking on orphans belonging to their relatives.

4.1.4 Level of Education attained

The data show that 80 percent of respondents had attained some level of education. However, less than 1 in every 5 attained tertiary level (18%). About one-third have primary education i.e. (32%) while (20%) had not gone to school. This limits the opportunities for them to find formal employment. Refer to Fig. 4.2 below:

![Figure 2: Level of Education](image)

Lack of education among care-givers seems to be one of the most formidable problems which constrain their ability to survive economically. This means that a very small
percentage have the education that can help them seek gainful employment. However, due to the high levels of unemployment in the country, it is difficult to find jobs even for this small percentage (46%) of the educated.

As the data indicate, most of the respondents attained primary level of education. These women can barely read or write rendering them ignorant about matters that concern their welfare.

4.1.5 Occupation of the respondents

Figure 3 indicates that close to half (46%) of the respondents were in informal employment which included vending, piece working and renting houses with more than one-quarter (26%) who were not doing nothing at all. Only 28 percent indicated that they were in formal employment. (See Fig. 4.3).

Fig. 4.3: Occupation of the respondents

With the economic problems that the country is facing, it means that the 46% who, considering their level of education, are engaged in activities that are not very productive enabling them to barely make ends meet. Those who are in informal employment and mostly civil servants earn merger salaries. As such, these female
care-givers live below the poverty datum line. Access of children under their care to such facilities as health services and education are very low.

4.2 SOCIO-ECONOMIC CHARACTERISTICS AND COPING STRATEGIES

4.2.1 Number of Rooms

Seventy percent of the houses in the study area had up to three rooms (Table 4.4a). The typical houses comprised a sitting room, kitchen and a bedroom. Most of the houses visited and entered into revealed that an average of 3-4 people shared a room of about 4 by 6 metres in dimensions. These houses, though some may have 4-6 rooms, have limited capacity to adequately house a family of six.

Table 4.3a: Numbers of Rooms

<table>
<thead>
<tr>
<th>Number of rooms</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3 rooms</td>
<td>35</td>
<td>70</td>
</tr>
<tr>
<td>4-6 rooms</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

Considering that between 5 and 9 people mostly occupied the houses in the study area (Table 4.4b), the families had limited sleeping space. This creates unfavourable environmental and sanitary conditions.

Table 4.3b: Number of people living in the house

<table>
<thead>
<tr>
<th>People living in the house</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>5-9</td>
<td>31</td>
<td>62</td>
</tr>
<tr>
<td>10-14</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>
4.2.2 House ownership

Sixty-four percent of the respondents do not own the houses they live in; while 34 percent indicated that they owned the houses they lived in. See Table 5 below:

Table 4.4: House ownership

<table>
<thead>
<tr>
<th>House ownership</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>18</td>
<td>36</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>64</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

However, in most cases, these houses whether owned or rented are of very poor standards, for example, such materials as unburned mud bricks, old scrape metal for roofs and foundations made of mud without adding cement. They are also not safe or suitable for human habitation, except for civil servants who live in institutional or rented houses. A typical example of poor housing units was that one visited by the study team. The house collapsed due to heavy rains. This was a result of the substandard material used to build it.

4.2.3 Main source of income

Respondents’ main source of income included renting out houses and hiring out fridges, hand outs, piece work, salary and vending. Figure 4.4 shows that slightly more than one-third (36%) of the respondents depend on vending as their main source of income. Only 22 percent are in formal employment, such as teaching, nursing, house-maids and security guards.
The female care-givers interviewed were disadvantaged particularly with respect to education, labour, nutrition, health and business capital; hence being unable to engage in profitable income generating activities. Coping have included vending, hand outs and renting own houses. Illiteracy in most of the respondents (about 52%) and scarcity of employment contributed to their inability to find gainful employment. It was also noted that some of these respondents due to old age or poor health coupled with poor nutrition could not engage in strenuous labour. For example, one woman interviewed aged 69 was too old to do any form of physical work. Her testimony was as follows,

“Ever since my son and his wife died two years ago, their three children were brought to me. Since that time life changed, I have suffered too much. These children, as you can see them are too young to even wash for themselves, as the oldest is only eight years old. I am too old to cope with their demands and hence I am unable to provide for their needs. I sell tomatoes and groundnuts outside my house as you can see.”

Table 4.1: Care giver work

<table>
<thead>
<tr>
<th>Year</th>
<th>14</th>
<th>26</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
</tr>
</tbody>
</table>
The other one, named Ester aged 45, a former stone crusher and looking after four orphans also informed the researcher that

"Because of my HIV status, I could not continue my trade. This job was giving me money, but now I stopped because of the illness I am not doing anything."

This lady at the time of interview was not doing any form of physical work. The four orphans including her children have since stopped school. Others further lamented that they lacked the capital needed to expand their businesses of selling mere vegetables to more profitable trading such as second hand clothes.

Most of the women that depend on vending stated that vending was merely a means of survival and that it only enabled them to live from hand to mouth. One woman complained that the little that she made was used up for rentals on the three roomed house she was living in.

4.2.4 Lost any adult relation

Seventy-two percent of the respondents indicated that they lost a relative between 1990 and 2005, while 28% said they had not. However, they could not have lost any adult relative but could have lost their own husbands, hence taking care of their won children as single orphans, see Table 4.6.

<table>
<thead>
<tr>
<th>Lost any adult relation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>36</td>
<td>72</td>
</tr>
<tr>
<td>No</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.5: Lost any adult relation
Death is a family matter, and has a major impact on all parts of society. According to data collected, 72 percent of the respondents indicated that they had lost adult relatives in their families. This large percentage shows that these female caregivers are looking after the orphans left behind by their relatives. Due to the extended family set up in the African society, relatives have an obligation to look after the orphaned children regardless of whether or not they have the means or capacity to do so. This has led to heavy financial burden on these female car-givers leading to their own children being deprived. For instance, it was noted that most of the female-headed households in Ng’ombe compound supporting orphans did not have enough money to send their children to school. In the same vein, orphans living within these households were less likely to go to school in preference to their guardian’s own children. Unless, however, such orphans were sponsored by a community school or an NGO assisting orphans and vulnerable children, such as the Flying Angel Community School based in Ng’ombe Compound or Christian Children’s Fund. In fact, many of them stated that, “it is about survival by the God’s grace”.

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4.2.5 Deaths among households

As indicated in Fig. 4.5 below, 60 percent of the respondents said that they lost their brothers and sisters, 26 percent lost their own children. This increases the number of orphans to be cared for.

Fig. 4.5: Death among households

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Others</td>
<td>4%</td>
</tr>
<tr>
<td>Cousins</td>
<td>6%</td>
</tr>
<tr>
<td>Nephews and Nieces</td>
<td>14%</td>
</tr>
<tr>
<td>Own children</td>
<td>26%</td>
</tr>
<tr>
<td>Brothers and sisters</td>
<td>60%</td>
</tr>
</tbody>
</table>

Although AIDS and other diseases kill people of any age, HIV and AIDS deaths concentrate on the sexually active adult population that is also productive. For example, a few respondents mentioned HIV and AIDS as the cause of their relatives’ death which selectively kills adults who mostly are bread-winners leaving large numbers of vulnerable survivors with no means of support.

These female care-givers remain with the responsibility of looking after their relatives’ children, especially those of their own brothers and sisters. This shows that the closer the relationship with the diseased, the higher the obligation to look after the orphans left. For example, one female care-giver a Mrs. Phiri who lives in a three roomed house and a teacher by profession had this to say,
"My life changed when my brother died followed shortly after by his wife living 4 children behind. I was the only one the children were used to, the family, therefore, resolved that since the children were still very young, the oldest being 9 years, it was not wise to separate them. I was chosen as their guardian on condition that the family would be helping me to feed, clothe and pay for the children's school fees. However, no one had come forward to help me as they have their own problems. I am really suffering.

4.2.6 Number of orphans being looked after

Data shows that most respondents (58%) looked after the number of orphans ranging from 1 to 3. Only 28 percent of the respondents said that they were not keeping any orphans. See Table 4.6 below.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>29</td>
</tr>
<tr>
<td>4-6</td>
<td>6</td>
</tr>
<tr>
<td>7-9</td>
<td>1</td>
</tr>
<tr>
<td>None</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
</tr>
</tbody>
</table>

Despite the overwhelming increase in the number of orphaned children, relatives who take over these orphans can only manage to take in a few as indicated in the statistics. This is because of the limited resources and the type of accommodation they live in.

Most of these female-care-givers live in very small houses and because of their economic situation; they only manage due to their obligation towards their dead relatives. Often the orphaned children are distributed among other relatives and those
who cannot be taken in by any of the relatives are forced to fend for themselves, hence the increase in the number of street kids.

4.3 PROBLEMS RELATED WITH LOOKING AFTER ORPHANS

Problems that care givers face in caring for orphans include feeding, school fees, clothing and medical fees. Among the listed problems, the major one was that of feeding. Those who said feeding was the major problem accounted for 76 percent, followed by school fees (66%). Only few respondents said medical fees were a problem. See the summary in Fig. 4.6 on the next page.

![Fig. 4.6: Problems faced in looking after orphans](image.png)

Most of respondents who said that they had problems in feeding told the researcher that they only had one meal a day eaten around 15.00 hours to carter for lunch and supper. Some times they had no meals at all for several days. One care-giver who looks after two orphans and three of her children lamented that

"Sometimes, for several days I fail to find food to feed my family. Unless some well-wishers pass through my house, it takes time for me to find something to feed my family."

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On school fees, most of the respondents said that it was very difficult to find money to pay for school fees for the orphans under their care. Josephine, a maid, who is keeping two of her young sisters after their parents died, had this to say,

"When our parents died, I had to stop school in grade seven in order to take care of my sisters. Our father who died after a long illness did not leave enough money for us to continue school. Our mother also died shortly after. I had to look for employment as a maid in order to support myself and my sisters. One of my young sisters has since stopped school because I cannot afford to support both of them with school requirements."

4.3.1 Perceived solutions to respondents' problems

Figure 4.7 shows the needs of the respondents. Most of the respondents (86%) want financial assistance. This however, may not be invested as it is most likely to be consumed. This perpetuate would dependence on well-wishers.

![Fig. 4.7: Solutions to problems](image)

Even a few who opted for empowerment still wanted empowerment in form of finances so that they could either start or boost their already existing vending businesses. The logic is the same, it is consumption.
4.3.2 Any assistance from anyone?

Figure 4.8 reveals the source of assistance to the respondents. Relatives (34%) support more vulnerable households than other institutions.

Fig. 4.8: Source of assistance

![Bar chart showing sources of assistance with Relative at 34%, Church at 14%, Well-wishers at 6%, and NGOs at 0%](chart)

One respondent, a Mrs Mwanza (not real name) who keeps three of her late brother’s children informed the researcher that:

“Once in a while, my sister who is a teacher at a basic school helps me to care for our late brother’s children. She sometimes sends money for their school fees or clothing, but it is not always. She has two of her own children to take care of including other dependents from her husband’s side.”

4.3.3 Comment on assistance received

Respondents were asked whether they were satisfied with the assistance given. Only 14 percent were satisfied with the assistance. Thus, the majority had either inadequate or nothing at all. See Table 4.8 on the next page.
Table 4.7: Comment on assistance received from relatives and well-wishers

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Inadequate</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>None</td>
<td>27</td>
<td>54</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Some of the respondents said that the finances which their relatives or well-wishers give them is so little that it was not enough to meet their needs. They said that their relatives tell them that they were also pressed with the burden of looking after orphans from their other relatives and are able to survive by God’s grace.

4.3.4 Additional means to care for orphans

Respondents were asked what additional means they used to care for the orphans. Forty-eight percent depended on handouts while 26 percent and 20 percent depended on knitting and farming respectively. Only 6 percent depended on piece work. See Table 4.9 below.

Table 4.8: Additional means to care for orphans by the female-headed care-givers

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piece work</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Farming</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Knitting</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>Hand outs</td>
<td>24</td>
<td>48</td>
</tr>
</tbody>
</table>

These handouts came from neighbors, friends and relatives. The few of those who were engaged in other activities such as farming (20%) or knitting (26%) had
problems in meeting most of the requirements as well because the money they realized from these means was too little.

4.4 ROLES THAT GOVERNMENT, CHURCH, NGOs AND INDIVIDUALS CAN PLAY TO SOLVE THE PROBLEMS

Respondents were asked what roles different institutions would perform. Most want Government to give them financial assistance (52%), and empower them with various skills (22%). Six percent (6%) of the respondents mentioned that Government should provide free education to the orphans. See Table 4.9.

As much as the majority of the respondents want Government to give them financial assistance and empower them with various skills most of these female care-givers are illiterate and old and would not be able to use the finances to fully benefit them and the orphans. For example, in few households visited, it was noted that these care-givers were not healthy, for instance, the stone crusher cited earlier in the paper who was HIV positive.

Table 4.9: Government

<table>
<thead>
<tr>
<th>Government</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance (grants and loans)</td>
<td>26</td>
<td>52</td>
</tr>
<tr>
<td>Empowerment</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Skills</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Free education for orphans</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>None</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Eighty-six percent (86%) of the respondents do not expect much help from the Church. Maybe because the Church cannot cope with the many vulnerable church members who seek help most of the time. Even the church members who give tithes and offerings to the church are also vulnerable that the money they give is little and cannot meet all the needs of the church. As indicated by some
respondents, the church has not put in place programmes to assist the female-headed households in caring for orphans. See Table 4.11 below.

<table>
<thead>
<tr>
<th>Church</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance (grants and loans)</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Empowerment</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Skills</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Free education for orphans</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>43</td>
<td>86</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

When asked what roles Non-Governmental Organizations could perform, 90 percent of the respondents said none. This may mean that most of the respondents do not know about the existence of these Non-Government Organizations. See Table 4.11 below:

<table>
<thead>
<tr>
<th>Non-Governmental Organizations</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance (grants and loans)</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Skills</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Free education for orphans</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>45</td>
<td>90</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Non-governmental Organizations also are overwhelmed by the ever increasing number of these female-headed households that it becomes very difficult to satisfy all of them. For example, one NGO, Flying Angel Community School Director, told the researcher that they had problems in satisfying all the orphans and vulnerable children in the compound because they were too many.
His testimony was as follows,

"From the time our NGO started three years ago, we receive at least 5 cases of vulnerable children who are brought by their grandmothers or aunties in order for us to assist them by enrolling them into school free of charge. Everyone in the compound has known that this school carters for such children by either finding scholarships or connecting them to other organizations who would assist them in obtaining education."

The respondents were asked whether individuals could help them. The results are shown in Table 4.12. The majority of the respondents 94 percent do not expect much from other individuals, maybe because these individuals have their own problems of looking after other orphans in their homes. They may have the same problems. It is becoming like “each one for himself, but God for us all”

Table 4.12: Individuals

<table>
<thead>
<tr>
<th>Individuals</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance (grants and loans)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Skills</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Free education for orphans</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>47</td>
<td>94</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>
4.5 BACKGROUND INFORMATION OF ORPHANS

4.5.1 Orphans’ age

The ages of orphans ranged from 15 to 18 years. The majority (80%) of the orphans who were interviewed were between 15 to 16 years old. See the summary in Table 4.14.

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-16</td>
<td>16</td>
<td>80</td>
</tr>
<tr>
<td>17-18</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

These orphans were able to express themselves to the interviewer and were able to understand the questions asked.

4.5.2 Orphans’ areas origin

Table 4.15 shows that most orphans were born in urban areas.

<table>
<thead>
<tr>
<th>Place of birth</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Urban</td>
<td>17</td>
<td>85</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

The majority of the orphans (85%) were born in the urban area. In this particular case, the respondents interviewed were born and brought up in Ng’ombe compound.
4.5.3 Relationship with guardians

The relationship with the guardian was investigated (see Fig 4.9). Out of the total number of the orphans interviewed (20), the study shows that mothers were the main care givers (35%), followed by aunties and grandmothers (25%) and (25%) respectively. The reason could be that mothers look after their own children as ‘single’ orphans after being widowed.

Fig. 4.9: Relationship with Guardian

4.5.4 Attended school

When asked whether orphans attend school, Table 4.15 shows that most of them (95%) do.

<table>
<thead>
<tr>
<th>Attend school</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>19</td>
<td>95</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

The data however, shows that 95 percent of the respondents attended school despite having school requirements problems. These are children who really want to learn and be future leaders of this country. For example, one of the
children interviewed, Amos, one of the orphans the 71 year old grandmother looks after lamented that

"I like school very much but I have problems with school fees and other school requirements. My grandmother is too old and cannot afford to give me all I need".

4.6 PROBLEMS FACED BY ORPHANS

Orphaned children face many problems which include school requirements, clothing and medication. The majority (65%) mentioned lack of school requirements as the major problem. See Fig 4.10 below:

Fig. 4.10: Problems faced by orphans

As mentioned earlier, apart from the movement to new environments, facing uncertainties, these children lack school requirements (65%), clothing (60%) and medication (50%) respectively. It was noted that the orphans taken up by aunts, grandmothers and other relatives were the most vulnerable ones. This movement to some means the end of their education due to lack of school and other requirements. For instance, one orphan interviewed mentioned that he stopped school when he started living with his grandmother because she could not afford to buy school requirements for him.
4.6.1 Which parent died

More fathers were reported to have died (45%) than mothers (15%). However a large percentage of the children were double orphaned (40%). With a number of people infected with HIV/AIDS in the country (16%) and limited access to ART, and those others who die from other causes, more children are likely to be orphaned. See Figure 4.11 below:

Fig. 4.11: Parent that died

4.6.2 When did they die

The tables below (Tables 4.17a and 4.17b and 4.17c) show the period when the parents died.

Table 4.16a: Timing of death for the father

<table>
<thead>
<tr>
<th>Father</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990-1995</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>1996-2000</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>2001-2005</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Don't know</td>
<td>14</td>
<td>70</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

38
Table 4.16b: Timing of death for the mother

<table>
<thead>
<tr>
<th>Mother</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990-1995</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>1996-2000</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>2001-2005</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.16c: Timing of death for both parents

<table>
<thead>
<tr>
<th>Both</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990-1995</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>1996-2000</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>2001-2005</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Don't know</td>
<td>11</td>
<td>55</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

The majority of the respondent reported that their fathers died (45%) but did not know because they were still very young.

However, 40 percent of these were double orphans who lost both their parents.

It was noted that many of these children found it difficult to adapt to the new changes of living their homes where they were happy and comfortable. Some of them mentioned that they felt insecure living with their guardians because they did not know them very well. For example, Edina Zulu (not real name) a 15 year old grade six pupil at Flying Angel Community School testified that:

“I never knew my real parents. I grew up with my grandmother in the village in Petauке. When my grandmother died, my aunt from Lusaka came to pick me to live with her. Ever since, my life changed. I am being mistreated and denied food most of the time. I am at this school because the Japanese have taken responsibility over me. They give me all the school requirements including school uniform and shoes.”
4.6.3 Number of meals per day

Less than one-third of the respondents had three meals per day. The majority of the respondents (55%) have two meals per day. About one in seven of the respondents (15%) indicated that they normally have only one meal per day. See Fig. 4.12 below:

Fig. 4.12: Number of meals per day

Along side with the shortage of food in these female-headed households, the orphaned children are denied food for several days and are abused by overworking them. This predicament goes back to the poverty situation which the female-headed house-holds experience. The additional of one or two people in an already crowded house-hold increases the stress on the care-givers. For instance, one respondent reported that:

"My aunt usually sends me away on an errand whenever it is meal time. She always complains that there is no food in the house."

According to her testimony, this young girl feeds from neighbors or begs from other people. This shows that the food is usually very little that it cannot feed an additional mouth.
Most respondents (85%) want school requirements as the majority attends school. See Figure 4.13.

![Help Needed Diagram](image)

Since the majority of the respondents attend school (95%), 85 percent of these need school requirements. It must be noted that these are the children who used to go to school when their parents were alive, and so, they want to continue going to school. A few however (35%) mentioned clothing and (10%) food respectively. This shows that when these children are left by their biological parents they are still very young and need to be taken care of by people who understand their predicament.
CHAPTER FIVE

DISCUSSING THE RESEARCH FINDINGS,
CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction
This chapter discusses the research findings. Section 5.1 comprises of the
discussion of the research findings. Section 5.2 concludes the whole research.
Section 5.3 presents the recommendations based on the study findings.

5.1 DISCUSSION
It has been proved by this research that even in Zambia some children have been
robbed of one or both parents as a result of either AIDS or other causes, a
situation that has led to well over 90 percent of children being orphaned in the
Sub-Sahara region

This situation has increased the female head. The study established therefore that
these female-headed households who take care of orphans experience great labour
shortages compared to male-headed households.

This is because most of the female care-givers, as indicated earlier in the paper
are unemployed. The study discovered that most of the care-givers were not in
gainful employment as such had no means of taking care of the orphans living
with them, apart from involving these children in doing manual work such as
drawing water from far away taps using big containers, or selling groundnuts
around the compound, or engaging them in any other chores they may think of.
This is in line with Food and Agriculture Organization who established that
female-headed households who take care of orphans experience great labour
shortages compared to male-headed households (FAO 2004). The worst chores
which the orphaned children are subjected to in Ng’ombe compound is begging
on the streets and take whatever they make on that day to their guardians.
The findings from this study show that 60 percent of the respondents have lost their brothers and sisters some of whom left their children with respondents. The situation is compounded when both parents die leaving their children double orphans.

The study revealed that 58 percent of the care-givers looked after up to three orphans. This is mostly due to limited resources and the type of accommodation they live in which is caused by their poor economic wellbeing. Only 28 percent had no such responsibility. This is in line with FAO (2004) findings which establish that female-headed households experience a sharp decline in economical assets.

As alluded to earlier in the paper, death is a family matter and has a major impact on all parts of society. It affects the extended family which has an obligation to look after the orphaned children regardless of whether or not they have the means or capacity to do so. This burden has in many cases been left to the female care-givers, especially aunties and grandmothers who usually have a bigger percentage of orphans under their care.

The study shows that the majority of the orphans (60%) had only one parent (single orphans). More fathers were reported to have died (45%) than mothers (15%) while 40 percent were double orphans.

The number of orphans has increased because their parents have died of HIV and AIDS and other causes. About 9 in ten of the care-givers were widowed (86%). This is in line with GRZ (2004) and Manasch and Boreman (2004) findings who stated that female-headed households take care of single and double orphans than male-headed households. Further, Manasch and Boreman (2004) found out that in the absence of healthy relatives, grandparents take up the responsibility of looking after orphans. This was supported by GRZ study of 1999 which established that since 1992 the number of orphans living with grandparents had increased tremendously. In the same research (GRZ 1999) it was established that
most of these grandparents were women, despite having no means of taking care of the orphans. It was also revealed that elderly women looked after a great number of orphans than young women (ibid). This is so because HIV pandemic affects more of sexually active age groups (16-45) years. This was also established in Ng'ombe where it was discovered that most of the parents especially fathers (45%) have died leaving their wives taking care of the children. However, where both mother and father died (40%), this responsibility was left to grandparents.

The death of parents on the other hand introduces a major change in the life of a child. This change usually involves moving from a middle or upper class home to a poor low class home. This movement may involve the separation from siblings.

This involves dividing orphaned children among relatives without due considerations of their needs. As a result this movement affects orphaned children psychologically. Some of these children are too young to be separated from their parents as such they feel unloved in a strange home.

Apart from being displaced, orphans living in female headed households are less likely to attend school. Some of the care-givers informed the researcher that the orphans under their care had stopped school due to lack of school requirements such as fees, books and school uniforms. Because of the low economic status of these care-givers, it was discovered that coping mechanisms included vending and begging from well-wisher, hence in most cases, orphaned children were sent to do some economic activities at the expense of going to school. As such like adults, children also are aggrieved by the loss of their parents. Though, however, they may not feel the impact of the loss immediately, children grow with unresolved negative emotions which are often expressed with anger and depression. In this vein, children are not listened to, or talked to so that they can express their emotions. The adaptation to new changes of the orphaned child causes psychological problems which are misunderstood by adults, hence the abuse and mistreatment. For instance, one 15
year old orphan told the research team that she really doubted whether her guardian (aunt) was her relative due to the treatment she was experiencing in that household.

We noted that orphaned children received worse treatment than the biological children in some female headed households.

Unless the situation of HIV and AIDS is checked, the death of one or both parents within a short span would worsen the orphans’ situation since parental care ceases immediately after the death of one’s parents.

This study has established that 46 percent of the respondents were in informal employment. This provided them with limited opportunities to have adequate income to take care of the orphans. Only about one-third (36%) of the care-givers owned houses, the rest were living in rented houses. This had an impact on the number of orphans a care-giver could look after because of their economic status. For instance, these care-givers lived in congested type of households with one to three rooms. This means that if these care-givers lived in spacious households with more rooms, they would keep more orphans than is the case thereby fulfilling their responsibilities towards their dead relatives.

The main source of income for the care-givers is vending (36%), piece work (20%) and salary (22%). Most of the women involved in vending did this for survival. If these care-givers were assisted financially or empowered with skills to enable them raise funds to uplift their living standards, they would cope in looking after orphans under their care.

Most care-givers had low educational background, 20 percent had not attended school, 32 percent had attained primary level of education, 30 percent had attained secondary and only 18 percent had tertiary education. It is only those with basic education and empowered with skills or in gainful employment that are able to raise funds for their businesses. Those that do not have the basic education find it difficult to access funding even to start small businesses.
Given the above scenario, it is not surprising that female care-givers face a lot of problems in taking care of orphans. Among the many problems they face are lack of adequate resources to feed themselves and the orphans under their care (76%), lack of school fees for both their children and orphans (66%), and clothing (64%).

The precarious economic situation of the care-givers has resulted in them having very low living standards. Thus most households were reported to have inadequate meals, clothing and school provisions. This has resulted in orphans ending up in undesirable activities such as stealing, begging and becoming street kids. This was also established in the OVC Situation Analysis, Zambia, 1999 which indicated that when orphans experience difficulties, they resort to go on the streets.

In summary, therefore, the study has revealed that female-headed households in Ng’ombe Compound are facing serious challenges as they take care of the orphans and vulnerable children. For example, there were very few households that were not sharing latrines and bathrooms with other households. The reason given was that spaces to have individual latrines and bathrooms were not adequate as the houses were too close to each other. As a result the care-givers have adopted a number of coping mechanisms. These have included sharing some beds and also having ‘make-shift’ sleeping apartments such as using sitting rooms for sleeping and having a meal a day.
5.2 CONCLUSIONS

The findings of the study indicate that it has been a big challenge and a heavy burden on the female care-givers to care for orphans due to the social and economic situations prevailing in Zambia. The female care-givers have been overwhelmed by the increase in the number of orphans as such, are failing to provide the necessary needs for both their own children and the orphans who came to live with them immediately after the death of their parents.

The study has indicated that due to limited resources among care-givers various coping strategies have been adopted. Some of these strategies may not be sustainable. These include mechanisms such as begging, vending and piece working. The study also indicated that orphans who are taken care of by these female care-givers face a lot of socio-economic and psychological challenges. Such challenges include lack of school requirements, food, clothing and medication and constantly feel that they are not treated fairly and often such children leave home to go and fend for themselves as street kids. Some of these orphans even stop going to school immediately they move into these female-headed households because some of the guardians may be too old to engage in meaningful gainful employment.

The results also show that unless the problem of HIV and AIDS is solved, the death of both parents would worsen the situation of these orphans since they would remain very young to take care of themselves.

The Government and other institutions have not done much in helping the female-headed households in caring for orphans as they are also overwhelmed by the ever increasing number of these female-headed households. Government should seriously look into the problems of both female care-givers and orphans by setting up strong social service systems to complement and enhance the extended family system in supporting orphans.
5.3 RECOMMENDATIONS

In the light of the above situation we could make the following recommendations:

1. Government, Non-Government Organizations and Community Based and other organizations should give more financial and material support to the care-givers.

2. The care-givers should be empowered to enable them cope with the situation. This may include training in various skills.

3. The stakeholders should provide loan facilities to the care-givers. This would help them expand their "businesses" and also build adequate housing facilities.

4. The Government and other organizations should provide care-givers and orphaned children with all the basic necessities including school requirements, clothing, food and shelter. These basic necessities should also be extended to children of the care-givers.

5. The Government should invest in the social work system. With the serious increase in the orphan 'problem' it is very important that the Government sets up a strong social service system to complement and enhance the extended family system in handling orphans.

6. Social Welfare Department of the Government should employ adequate and qualified social workers to address the situation of the orphans and vulnerable children. Such social workers could be used to monitor and advise the female care-givers on how to cope with the challenges. This would alleviate the abuse of orphans by guardians as it could be detected and dealt with before they get out of control.
7. At funerals of bread winners the Department of Social Welfare of the Government should for high density populated compounds begin their work in educating and helping to plan the resources left by the deceased in investing for the upbringing and education of the surviving children. Also to monitor that relatives do not loot and plunder what would remain for orphans.

8. The HIV and AIDS pandemic contribute to the increasing number of orphans in the country and various measures have to be employed by all the stakeholders to address this problem.
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APPENDIX 1

SEMI-STRUCTURED QUESTIONNAIRE FOR CARE-GIVERS

SECTION 1

A. BACKGROUND INFORMATION

1. Sex: Female ------------------------------ Male ------------------------------

2. Where were you born?

3. What is your marital status?

4. Have you ever attended School?
   Yes ----------------- No ------------------

5. If the answer in question 5 is yes, how far did you go?
   a) Primary -----------------
   b) Secondary -----------------
   c) Tertiary -----------------

6. What is your occupation? --------------------------

7. From what you earn per month, are you able to buy
   a) 25 Kg Mealie meal per month ------------------
   b) 2 Kg sugar
   c) Relish (2 Kg meat, .......... 4 chickens per month ---------------
   d) 4 loaves of bread per month
   e) Pay ----------------- Rent ------------------
   f) 6 tablets of soap per month -------------------

8. I would like to get information on how many people live in this household,
   including those who are temporary absent and there characteristic (table)

9. How many rooms does your house have? -----------------------------
SECTION 2

B. SOCIO-ECONOMIC CHARACTERISTICS AND COPING STRATEGIES

10. How do you consider yourself?
   a) Very rich
   b) Rich
   c) Very poor
   d) Poor
   e) Not poor

11. Do you own the house you are living in? Yes --- No ---

12. What is your main source of income?

13. What is your main source of energy?
   a) Charcoal
   b) Electricity

14. Are there any children who came to live with you soon after their parents died?

15. Can you comment on the availability of food or lack of it in terms of quantity and quality in this household?
   a) In terms of quantity
   b) In terms of quality

16. Was there a time in the last two (2) months when you had little or no food in this household?
   a) If yes, what did you do to redress the situation?

17. Which meals did you eat yesterday in terms of breakfast, lunch, supper?

18. How likely is it that you will have enough food to eat tomorrow?

19. How likely is it that you will have enough food to eat next week?
20. Apart from those already mentioned, what other means do you use to care for orphans?

SECTION 3

C. MAIN PROBLEMS FACED BY CARE – GIVERS

21. What are the main problems that you face in looking after orphans in terms of:
   a) Food
   b) School requirements
   c) Clothing
   d) Medication

22. Do you receive any assistance from:
   a) Your other relatives
   b) Organizations
   c) Individuals

23. Comment on the assistance you receive:

SECTION 4

D. RECOMMENDATIONS

24. How best can these problems that you face, including others in your situation be solved?

25. What role can each one of the following play to redress these problems?
   a) The government
   b) The Church
   c) NGO
   d) Individuals

WE HAVE REACHED THE END OF THE INTERVIEWS.
THANKS FOR YOUR CO-OPERATION
APPENDIX 2

INTERVIEW SCHEDULE FOR ORPHANS

1. How old are you?
2. Where were you born?
3. What is your relationship with your guardian?
4. Do you attend school? / Have you attended school?
5. If the answer in question 5 is yes, what grade are you? / What grade did you reach?
6. When did your parents die?
7. Did you eat anything yesterday? Breakfast, Lunch, Supper?
8. What are some of the main problems that you face as an orphan?
9. What is the main cause of the problem(s) you have mentioned?
10. How best can these problems that you face, including others in your situation be solved?
11. How do you relate with other members of the household?
12. How is your relationship with your guardian?

WE HAVE REACHED THE END OF THE INTERVIEW.

THANKS FOR YOUR CO-OPERATION.