

THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
DEPARTMENT OF COMMUNITY MEDICINE

A STUDY TO EXPLORE THE EXTENT OF SURVIVAL
ASSISTANCE TO ORPHANS WITHIN THE
FAMILY/KINSHIP SYSTEM: THE CASE OF
LIBALA AND CHILENJE

BY

Thesis
Mul
1997

NDUBU MULIWANA
R.N., R.M., BSC.

A DISSERTATION SUBMITTED TO THE SCHOOL OF
MEDICINE, DEPARTMENT OF COMMUNITY MEDICINE IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS OF THE
MASTERS' OF PUBLIC HEALTH

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LUSAKA, 1997 - ZAMBIA

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I hereby certify that this study is entirely the result of my own independent investigation. The various sources to which I am indebted are clearly indicated in the paper and in the references. I also declare that the work in this dissertation for partial fulfillment for a Degree of Masters' of Public Health has not been presented either wholly or in part, to any other degree and is not currently submitted for any other degree.

Signed:.....*Kant'wara*.....
Candidate

Approved by:.....*[Signature]*.....

DEDICATION

I dedicate this study to my one and only beloved daughter Muntanga Milapo, who, at such a tender age, had to be without a mother most of the time as I was in school. I also dedicate this study to my dear husband Mr G Milapo, for the moral support he gave me whilst at school.

APPROVAL PAGE

'I certify that, this dissertation of Ndubu Muliwana is approved in partial fulfillment of the requirements for the award of the Masters' in Public Health by the University of Zambia.

Signed:

~~W. Baboo~~

~~DOCTOR BABOO/DOCTOR CHIWELE~~

Chiwele

Date of approval:

20/03/28

ABSTRACT

The aim of this study was to explore the extent of Survival Assistance to Orphans within the family/kinship system living in Libala and Chilenje.

A Case-Control Study, community based, was conducted in Libala and Chilenje in February, 1997. Both are medium density areas, situated in Lusaka Urban, Zambia. The Regiment Catholic Parish gives people in these communities, small scale services regardless of their church affiliation.

60 households with orphans, referred to as Cases, were randomly selected as study samples, and selection was done for each community. 60 households without orphans were selected as Controls from the same neighbourhood. To have a deeper perspective into the problem, 4 illustrative Case Histories were taken along with the survey, and a discussion was also held with the overseer of the Regiment Catholic Parish. Finally, data was also obtained through observation of the activities carried out by the care-takers. The following tools were used:

- An interview administered Questionnaire to a sample of 60 orphan care-takers and 60 controls, was undertaken.
- Interviews and observations were employed to obtain information from the care-takers and the church who render small scale services to these communities.

The results of the study showed that the majority of orphan care-takers and their corresponding controls, were

aged 41 and above. The orphan care-takers were mainly widowed, elderly, female, who had attained secondary education. They were usually unemployed, earning less than K50,000.00 per month. The majority of the orphan care-takers kept one to two orphans aged between 11 and 15 years. Most care-takers were close relatives, often aunts or grandparents to the orphans. Cases obtained slightly more support, but this support had not enabled them to take care of the orphans adequately. Controls managed to do so inspite the fact that little support was given them. Most of the support rendered to orphan care-takers and their Corresponding Controls came from the church and from their relatives. Orphan care-takers needed to be supplemented because they were more vulnerable than the Controls. Therefore, mobilization of resources by the Government in close liaison with Non Governmental Organizations (N.G.Os), Communities and volunteers, needed to be undertaken.

The principal recommendation from the study addressed to the Government of the Republic of Zambia and Donors are:

1. **Policy:**

The Government should review the existing policy to ensure that the social welfare provided by Social Security meets the basic needs of life to orphans and widows; targeting those who are elderly, unemployed, frail and unable to undertake income generating measures.

2. **System:**

The Government in liaison with Donors, such as WHO, UNICEF, N.G.Os. such as CINDI, PAM, Churches, Volunteers, etc, should form an Orphan Care-giver Support System in all health institutions and outreach services to draw up policies, work out support systems to orphans and their care-takers.

3. **Evaluation:**

To monitor and enhance evaluation of orphan support system. Various forms and reports should be designed or reviewed to ensure maintenance of proper records.

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I would like to acknowledge the help and support of all those people who made the completion of this study possible. In this regard, I wish to thank my supervisor Professor Sims, for his guidance and patience with me whilst undertaking the study. I also wish to extend my gratitude to Dr. Ng'andu, for his guidance, particularly on the statistical package.

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My heartfelt gratitude goes to the Parish Priest of the Regiment catholic Church and his co-workers, who gave me permission to use the families in Chilenje and Libala, thereby enabling me to carry out my research activities with much ease. I am also grateful for the tireless effort of Mr. Job Milapo and his colleagues, who assisted me collect Data from the community. My thanks also go to the Orphan Care-givers and their neighbours, who participated in the study.

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(ix)

Finally, my sincere thanks go to my friend Febby Finch, my father, mother, brothers and sisters, for encouraging me to persevere even when times were hard.

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ABBREVIATIONS USED IN THE TEXT

std	-	Standard Deviation.
N.G.Os	-	Non-Governmental Organizations.
NASTLP	-	National AIDS/STD/TB/Leprosy Programme.
PHC	-	Primary Health Care.
T.B.	-	Tuberculosis.
T.B.	-	Tuberculosis.
T.B.A's	-	Traditional Birth Attendant.
MCH	-	Maternal and Child Health.
Sig	-	Significance
Dev	-	Deviation
CI	-	Confidence Interval
df	-	Degrees of freedom
SE	-	Standard Error
Grandpa	-	Grandparent
N	-	Number
MV	-	Missing Variable
F	-	Frequency
Mini	-	Minimum
Mod	-	Moderate
Adeq	-	Adequate
WHO	-	World Health Organization
HIV	-	Human Immuno-deficiency Virus
AIDS	-	Acquired Immune Deficiency Syndrome

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CHAPTER ONE

BACKGROUND INFORMATION

1.0 INTRODUCTION

The World Health Organisation (WHO), (AIDS Action, April - June 1995), estimates that 13 to 15 million people are living with Human Immuno - Deficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS). Rutayunga (1992) states that, by 2015, there will be an estimated 16 million children orphaned by AIDS in Africa alone. It is estimated that Zambia will have 500, 000 orphans by the year 2000. The extended families were trying to care for these orphans but reports had shown that, these families were under pressure. Kongwa et al (1991), claimed that, the need for food was significant because of low family incomes and school requirements. If families were overstretched, where does support come from, and how much of the support was given to the care-takers?

A Literature review was based upon the following issues, the disease pattern of HIV/AIDS, AIDS deaths, orphan enumeration, Needs assessment, Coping mechanisms, Social and Options for Survival Assistance.

In Zambia, about 1000 households representing both urban (Lusaka, Kitwe) and rural (Mansa, Sinda) areas, were interviewed and an average of one orphan per household was enumerated, but reliable information.

on the number of children orphaned due to AIDS is lacking. (Mulenga *et al*, 1993). Needs assessment in relation to the care of orphans, has been extensively explored (Kongwa *et al*, 1991), but the question that remains now is to what extent the family/kinship system renders support in the care of orphans.

1.1 STATEMENT OF THE PROBLEM

Since AIDS was recognized as a potential problem in Zambia at the end of 1985, the actual number of orphans is unknown.

Webb (1996), in his quotation of the NASTLP figures, estimated the number of AIDS orphans at around 200,000 to 250,000 in 1995, increasing to 550,000 - 600,000 by the year 2000. Death from AIDS have continued to increase. Fylkesnes *et al* (1994), stated that, the total number would be approximately double, from between 40,000 to 50,000 in 1993 to between 80,000 to 100,000 four years later with the bulk of deaths in the age group 20 to 40 years ie, the economically active. It is estimated that the number of orphans will continue to rise steadily into the next decade. Hence, families are faced with the dilemma of caring for the orphans. Kongwa *et al* (1991), state that extended families absorb orphans, with 38 percent of the total extended families keeping orphans and only 8 percent of the nuclear families keeping orphans. Mulenga *et al* (1993), ascertained

that, where there were no relatives to look after the orphans, the orphans take care of themselves, hence the increasing number of the child-headed household. But those who fail to adjust, turned to prostitution for cash or food to survive. Poverty leading to prostitution in AIDS orphans predisposes these young women to HIV/AIDS, and the children who are born to them. These children are at high risk both of HIV and being orphaned by the premature death of their mothers. The second generation of orphans who will not have had homes to shelter them might well turn to prostitution too as a last resort. So the cycle of Deprivation resulting from HIV/AIDS may become a perpetual problem of the society. Thus, though the extended families were still coping with the burden of orphans, there was a decline in family help, hence the prostitution and child-headed households.

Needs assessment in relation to the care of orphans has been extensively explored. Kongwa *et al* (1991), assessed the short-term needs of orphans as food and schooling and long-term needs of educational skills, training, clothing and parental guidance.

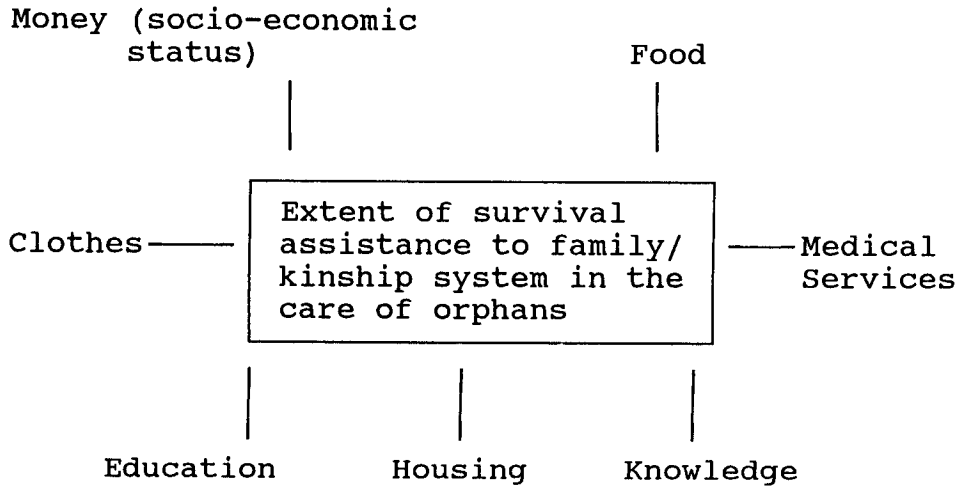
The main coping strategy of AIDS affected households in urban setting, was informal sector marketeering; commonly selling second-hand clothes with net earnings as low as K1,500 (US \$1.30) per week. In rural areas, coping strategies were related

to farming activities, brewing beer and marketeering (Webb, 1996). The extended family was under pressure. If families were over-stretched, where was the support coming from? Mulenga *et al* (1993), proposed that Public Welfare Assistance Scheme and education bursary scheme, be primarily for the needs of widows and orphans. Other resources came from churches through home based care (Webb, 1996). But homecare did not go beyond the need of the health care system. Inadequacies in this assistance were evident. Kongwa *et al* (1991), showed that support for financial input was weak. Mulenga *et al* (1993), stated that, although the Government of Zambia had recognized the problem of HIV/AIDS at the highest level, its responses remained largely unco-ordinated.

In view of the above problem, the question that arises is, to what extent are the family/kinship systems rendering support in the care of orphans? Options for survivor assistance have been proposed to the government of today, non-governmental organizations, community, etc, but how much of this support is being given to the care-takers? Are the concerned parties responding to the recommended support system?

The above scenario prompted the researcher to explore the variables that may determine the extent of survival assistance being rendered to families/kinship

in the care of orphans. The variables are depicted in summary as below:



JUSTIFICATION OF THE STUDY

The research findings can be utilized by the government, non-governmental organizations, volunteers and communities, to work out policies, design strategies and co-ordinate survival assistance system for orphans in relation to needs assessment.

1.2 LITERATURE REVIEW

INTRODUCTION

For an orderly discussion, the literature review has been subdivided as follows:

- Incidence of HIV/AIDS and AIDS deaths
- Orphan enumeration
- Needs assessment
- Coping mechanisms
- Social support and options of survival assistance

PREVALENCE OF HIV/AIDS AND AIDS DEATHS

WHO estimates that 13 - 15 million people are living with HIV disease. (AIDS Action, April - June 1995).
The epidemiology update is tabulated on the next page.

CUMULATIVE HIV INFECTIONS (TOTAL 28 MILLION) AND DEATHS IN ADULTS AND CHILDREN DIRECTLY DUE TO HIV DISEASE (TOTAL 5.8 MILLION) ESTIMATED TO HAVE OCCURRED BY MID-1996 BY REGION.

	NORTH AMERICA	LATIN AMERICA AND CARIBBEAN	WESTERN EUROPE
HIV INFECTIONS	1.2 MILLION	1.6 MILLION (Latin America)+	640,000+
DEATHS	440,000	69,000 & 15,000	330,000 (Caribbean) 34,000
	EASTERN EUROPE AND CENTRAL ASIA	EAST ASIA AND PACIFIC	SOUTH AND SOUTH EAST ASIA
HIV INFECTIONS	31,000	36,000	5 million
DEATHS	<1,500	<1,000	157,000
	AUSTRALIA AND MIDDLE EAST	NORTH AFRICA	SUB-SAHARAN AFRICA
HIV INFECTIONS	23,000+	220,000	19 million
DEATHS	10,000	27,000	4.6 million

* Includes deaths from AIDS.

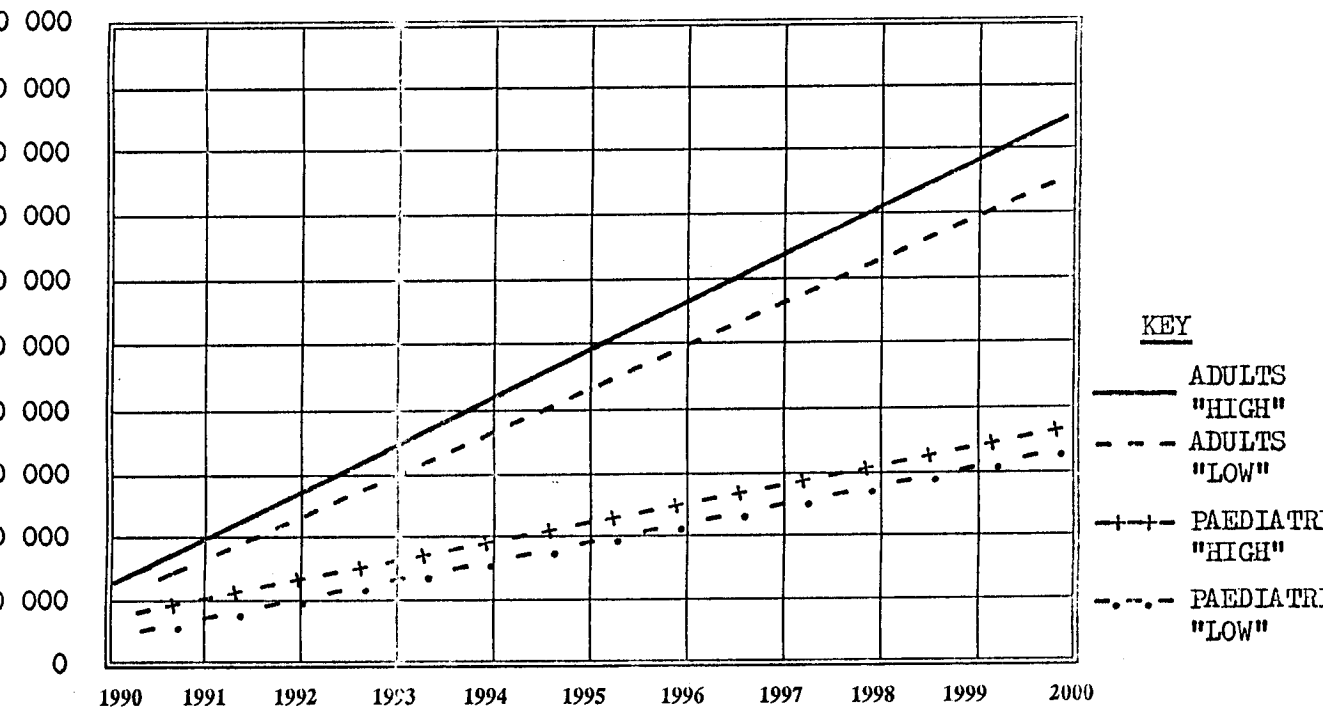
** Figures rounded.

Source: UNAIDS unpublished data July 1996.

TABLE 1

PROJECTED ANNUAL AIDS DEATHS IN ADULTS AND CHILDREN IN ZAMBIA

The "high" and "low" scenario up to the year 2000.



Source: Socio-economic impact of AIDS. Background.

Paper 1: Zambia: the current HIV/AIDS situation and future demographic impact (1994).

Table 1 predicts that there were between 40,000 to 50,000 deaths in 1993 rising to 80,000 to 100,000 four years later, the bulk of AIDS deaths in the adult population would occur in the age group 20 - 40 years. In 1979, the mortality rate due to HIV/AIDS in the productive age-group might be about 4 - 5 percent (in a total productive population of 1.2 million).

World Health Organisation figures in AIDS Action (April - June, 1995), support this notion by stating that a study done in Uganda found that, people between the ages 13 and 44 years who tested HIV antibody positive, were up to 60 times more likely to die during the next two years, than other young people.

ORPHAN ENUMERATION

TABLE 2. ORPHAN ENUMERATION STUDIES CONDUCTED IN ZAMBIA.

LOCATION	YEAR	% PATERNAL	% MATERNAL	% DOUBLE	% NON- ENROLMENT RATE
Matero (Lusaka) (1)	1991	61.0	25.0	14.0	32 (Urban)
National (2)	1993	52.1	24.2	23.7	32 (Urban) 68 (Rural)
Katete (3)	1993	42.0	27.7	31.0	61 (Rural)
Matero Lusaka (4)	1995	54.0	6.0	40.0	N/A
Chikan- kata (5)	1995	45.1	4.7	50.3	53 (Rural)
Libala Lusaka (6)	1995	65.0	7.4	27.4	N/A
Monze (7)	1995	N/A	N/A	27.8	67.3 (Rural)
Ndola (8)	1995	58.6	18.8	22.4	46.4
Average		57.0	18.4	25.1	36.8 (Urban) 62.3 (Rural)

N/A = Not applicable

Source: SAFAIDS News. Children in Especially Difficult Circumstances (CEDC) in Zambia. A situation Analysis. (1996).

Table 2 shows several enumeration studies done and the cut-off point for most sample sizes was age of 18. The trend is one of paternal orphans (i.e. those who have lost their father) compared with maternal orphans or those losing both parents (double orphans). Double orphans are the most vulnerable as they have lost both bread winners. Webb (1996) in the same article, estimated the number of orphans at around 200,000 to 250,000 in 1995, increasing to 550,000 to 600,000 by the year 2000 in Zambia. Kalibala *et al* (1993), claimed that UNICEF forecast that, between 3.1 and 5.5 million children would shortly be orphaned in ten East and Central African countries alone. Foster *et al* (1995), stated that, an Orphan Enumeration Survey was conducted in 570 households in and around Mutare, Zimbabwe. Orphan prevalence was highest in a peri-urban rural area (17.2 percent) and lowest in a middle income medium density urban suburb (4.3 percent). Rutayuga (1992) states that, by 2015, there will be an estimated 16 million children orphaned by AIDS in Africa alone.

NEEDS ASSESSMENT

Chikotola *et al* (1995), state the needs of a child as follows, though not in order of priority:

1. Loving care - a child is only healthy when he is part of a healthy happy family.
2. Good food - adequate for nutritional requirements.
3. Clean and adequate water.
4. Housing.
5. Recreation.
6. Medical Services.
7. Education.
8. Protection against all forms of neglect, cruelty and exploitation.

These equate with Maslow's hierarchy of human need, i.e.

1. Needs
2. Wants
3. Love
4. Self-esteem
5. Self-actualization

Kalibala *et al* (1993) claimed that, to receive a newly orphaned child in one's home, is now seen more as an extra mouth to feed and more school fees to pay and not as extra source of family income earner. In Zambia, Kongwa *et al* (1991), claim that, the need for food is significant because of the low family income, poor economy and large family sizes. Therefore, food,

schooling opportunities and school requirements, were assessed as urgent needs. This assertion is supported by Mulenga *et al* (1993).

"Many families keeping orphans seem to have difficulties in meeting food expenses."

They further state that the cost of keeping orphans in school seemed very high for the very poor households.

Yet, families with orphans do not seem to be more disadvantaged overall than families without orphans. A sharp distinction would depend on the family size and monthly family income of which, the presence of orphans as added responsibilities, is pertinent. (Kongwa *et al*, 1991). WHO, in AIDS Action (April - June, 1995), stated that, grand-parents, aunts or uncles, care for the orphaned children and may be unable to meet costs of extra food and school fees.

COPING MECHANISM

Kongwa *et al* (1991), state that, 42 percent of the orphaned siblings are kept together in one family, while 58 percent of the orphan siblings, were split and absorbed by different families. The splitting of orphan units, could be a coping mechanism of the extended family in an effort to absorb the orphans. Webb (1996) ascertained that, the main coping strategy of the AIDS affected households, is informal sector marketeering such as selling second-hand clothing, charcoal, cooking oil, or kapenta. Indicators of deteriorating income included movement to a poorer property where rent was lower. In rural areas, coping strategies were far more related to farming activities and brewing beer, and marketeering through buying and reselling. He further stated that the extended family was, no doubt, under pressure. Kalibala *et al* (1993) supported this notion by stating that, the traditional extended family was withering away in Africa, just when its caring influence was most needed to confront the calamity of the HIV epidemic. Foster *et al* (1995), claimed that, care giving by maternal relatives, represented a departure from the traditional practice of caring for orphans within the paternal extended family and adaptation of community-coping mechanism. The emergence of orphan households headed by siblings, was an indication that the

extended family was under stress. Rutayunga (1992) stated that AIDS orphans have traditionally been relocated within the extended family network, although the system was becoming overwhelmed by the large numbers of children needing care.

On the contrary, some widows with regular incomes, were managing to deal with the problems that confronted them reasonably well (Mulenga et al, 1993).

SOCIAL SUPPORT AND OPTIONS OF SURVIVAL ASSISTANCE

Connel *et al* (1988), defined social support as "verbal and/or non-verbal information, counselling and advice, tangible aid or action that is proffered by social intimates or inferred by their presence, and has beneficial emotional or behaviours effects on the recipient".

Foster *et al* (1995) state that, emphasis needed to be placed upon supporting extended families by utilizing existing community-based organizations. In addition, orphans support programmes needed to be established initially in high risk communities such as low-income urban areas and peri-urban rural area.

Kalibala *et al* (1993) ascertained that, AIDS care and prevention, must be seen as the responsibility of both men and women. Much more effort must be devoted to preparing these communities to handle AIDS as their own continuing chronic problem. The policies of governments and funding agencies alike, should widen that agenda to assist whole communities in preparing for care and support of people with HIV and of their survivors. President Chiluba, on the occasion of the release of the State of the World's Children Report, 19 December 1991, stated the following,

"All of us must commit ourselves to give first consideration to the needs of children".

The national goals are based on maternal and child health, basic education, nutrition and food security, water, sanitation and family welfare. One of the strategies for achieving the goals is empowering communities and families to seek, obtain, contribute to and use essential services to take action to address their priority problems and to improve their economic position.

Mulenga *et al* (1993) claimed that the Government had not yet recognized the problem of looking after and supporting the AIDS orphans and widows. The Ministry of Health, the main Government agency dealing with issues of HIV/AIDS, had just realised the importance of social and economic issues. Ministry of Community Development, Social Services, and Culture, lacked strong research and planning capacity. As a result, it had not recognized the social problems of AIDS orphans and widows. Non-governmental organizations had been quick to recognize the problem of AIDS orphans such as CINDI, Church-based Mission Hospitals like Chikankata and St. Francis Hospital, Katete, had pioneered Home-based care. Mulenga *et al* (1993), further claimed that, most orphans and widows, especially in rural areas, did not receive consistent

support. They went on to mention the three options for survivor assistance as:

- (1) institutional support,
- (2) community-based support which entails organising communities, and providing essential support to enable them support orphans,
- (3) supporting households hosting the orphans and this is where the emphasis should be.

1.3 HYPOTHESIS

The survival assistance rendered to HIV orphans, does not differ from that offered to controls.

CHAPTER TWO

OBJECTIVES OF THE STUDY

- 2.0 THE GENERAL OBJECTIVE OF THE STUDY:** is to explore the extent to which assistance is rendered to orphans within family/kinship system.
- 2.1 THE SPECIFIC OBJECTIVES TO MEET THE GENERAL OBJECTIVES** are:
- 2.1.1 To find out the type of assistance that is rendered to orphans within the family/-kinship system.
 - 2.1.2 To determine the type of care that would be suitable to adopt in order to care for these orphans in the family/kinship system.
 - 2.1.3 To verify whether increasing support to orphans within family/kinship systems by the community, will enhance their capacity to care for these orphans.
 - 2.1.4 To identify factors that hinder support to orphans within family/kinship system.
 - 2.1.5 To make recommendations to the Government, non-governmental organizations, communities, volunteers, regarding future arrangements or policies on how best to provide assistance to orphans within family/kinship systems.

2.2 OPERATIONAL DEFINITION OF TERMS

2.2.1 ORPHAN

An orphan is defined for the purpose of the study as a child under 20 years of age and still dependant for major needs.

2.2.2 COMMUNITY OR NEIGHBOURHOOD

A group of families residing together, sharing common social facilities such as clinics, shops, etc.

2.2.3 FAMILY

Any group of people related by blood or marriage, especially a group of two grown-ups and their children.

2.2.4 SURVIVAL ASSISTANCE

Is the basic support or aid rendered to the vulnerable in order to promote their standard of living and health.

2.2.5 DEPENDANT

A person who depends on another for material support (food, clothing, money, etc).

CHAPTER THREE

3.0 METHODOLOGY

3.1 THE AIM

The purpose of the study was to explore the extent of survival assistance to orphans within the family/kinship system in high density areas of Lusaka Urban.

The focus of the study was on the extent of survival assistance to orphans within family/kinship system; and the factors that would determine this type of assistance.

3.2 RESEARCH DESIGN

A descriptive case-control study was done in Libala and Chilenje. The measures of the extent of survival assistance to family/kinship system in the care of orphans used were as follows:

- (i) Money
- (ii) Clothes
- (iii) Education
- (iv) Food
- (v) Medical care/services
- (vi) Knowledge
- (vii) Housing

3.3 RESEARCH SETTING

Initially, the study was supposed to cover the whole of Lusaka City. All orphan households in Lusaka, either as a direct result of AIDS or Non-AIDS, were to comprise the Study Population. A Stratified sample across several communities of high, medium and low areas of Lusaka, was the initial aim but was modified as indicated below.

The present Study was conducted in Chilenje and Libala. These two areas were selected for ease of access and because they were identified as the only places where the Regiment Catholic Parish facilities were available in relation to the care of orphans. Given that the poor urban communities face growing numbers of grandparents, aunts, etc, who have become parents to orphaned children, it was necessary to conduct the study in the medium income urban communities of Chilenje and Libala.

Since an enumeration survey of 95 families containing 300 orphans was done in Chilenje and Libala, a breakdown of carers respectively, was identified. This had necessitated the researcher to find out whether, after their identification, survival assistance to them was increased. Did communities respond, and if so, to what extent?

3.4 SAMPLE SELECTION AND APPROACH

STUDY POPULATION

Comprised of families with orphans and their neighbours living in Chilenje and Libala.

STUDY UNITS

Since it was a case control study, cases comprised of families in selected systematic sampling (Sample I). The control group consisted of families, without orphans, living in the same neighbourhood as the cases, at the same period of time (Sample II).

SAMPLE SIZE

According to the enumeration survey done in Chilenje and Libala, 95 families or households were identified as containing 300 orphans, in 1994. The latest information (1997) depicts that, these figures have increased. The Regiment Catholic Parish, keeps a record of orphan households living in Chilenje and Libala to enable the researcher to identify the families with orphans from the community with much ease. Libala is broken down into Stages I, II, III and IV, but the Catholic Parish does not have any clients in Stage I. According to the Regiment Catholic records, Libala Stage II has 45 orphan households, Stage III has 39 and Stage IV has 17. Chilenje is divided into New and Old Chilenje. Old Chilenje and New Chilenje had 60 households.

The 1997, records obtained from the Housing Authority and Civic Centre indicate the number of households in Libala and Chilenje as follows:

AREA	TOTAL NO. OF HOUSEHOLDS
All Chilenjes 1, 2, 3 and 4 i.e. New and Old Chilenje	3,848
Libala Stages 1, 2, 3, 4a and 4b	2,023

Source: Information obtained with the help of the Senior Public Health Inspector at the Lusaka Urban Civic Centre from the Housing Authority.

Since the Register reflecting the orphan households at the Regiment Parish for Libala covers only Stages 2, 3 and 4, it can be assumed that each stage in Libala, consists of 506 households, i.e. 2,023 divided by 4 = 506. It can be deduced that the total number of households for Libala Stages 2, 3 and 4 is 1,517 i.e. 506 x 3 = 1,517. The overall total number of households for Chilenje and Libala are 3,848 + 1,517 = 5,365. The Regiment Parish Register suggests the total number of orphan households in both Libala and Chilenje as 161. Therefore, the prevalence of orphans in Chilenje and Libala is at least 3%,

$$\text{i.e. } \frac{161}{5365} \times 100 = 3\%$$

The present Study tolerates an absolute sampling error of up to 5%. The sample size was determined by using the standard formula:

$$n = \frac{Z^2 p(100-p)}{d^2}$$

Z = 1.96, the fact from the normal distribution i.e. at 5% level

p = Estimated period prevalence

d = Absolute Sampling error.

To compute:

$$n = \frac{(1.96)^2 \cdot 3(100-3)}{5^2}$$

$$n = \frac{3.84 \times 3 \times 97}{5^2}$$

$$n = \frac{3.83 \times 291}{25} = \frac{1117.44}{25} = 44.69$$

$$\therefore n = \underline{45}$$

The researcher selected a sample size of 60 households instead of 45, bearing in mind the attrition rate. And also to give the study, a power of 80% and a difference of 10%. These 60 households consisted of 60 cases as Sample I, and 60 controls as Sample II, given the limitation of time and money. The total size of the two samples came to 120.

The assumption was made that,

1 Household = 1 Head = 1 Caregiver.

SAMPLING METHOD

Since Libala and Chilenje were already stratified, specifically, the simple random sample method, was taken. The sample frame was Chilenje and Libala, which had a total of 161 orphan households. For better representation, stratification was done according to each compound. Therefore, from each community, a numbered sampling frame was prepared.

The numbering for the orphan households from each community was as follows: for Libala Stage II, the numbering was from 01 to 45, and only 10 were selected. For Libala Stage III, the numbering was from 01 to 39, and only 10 were selected, and Stage IV, the numbering was from 01 to 17 and only 10 were selected. For Old Chilenje and for New Chilenje, the numbering was from 01 to 60, and only thirty were selected.

This information is depicted in summary as below:

AREA	SAMPLE SIZE	NUMBER INTERVIEWED	DENOMINATOR
Libala Stage II	45	10	Approximately 1,517
III	39	10	
IV	17	10	
SUB TOTAL		30	
New and Old Chilenje	60	30	3,848
GRAND TOTAL	161	60	5,365

Source: Field Data.

The lottery technique was used in each case to ensure random selection, where the symbol for each unit of the population was placed in 4 different containers, mixed well, and the 'lucky' numbers were matched with the sampling frames to locate the name. Therefore, from each community, lucky numbers were picked, bringing the total number of all randomly selected cases to 60. The relative who was found caring for the orphans, or their spouse, who was randomly selected, was a prospective candidate for Sample I, which constituted the cases.

The simple random sampling method was chosen so that each carer had the same chance or probability to be chosen for the sample. This applied to the cases only, because controls came from the same neighbourhood as cases, at the same period of time. In places where there was more than

one house in the neighbourhood, a coin was tossed to ensure that bias in selection of one home from the other, did not come in. The same procedure was followed in instances where a neighbour refused to be interviewed.

Two groups of the sample had been used so as to complement the information by including different categories of people. The study units in Sample I (cases), were chosen because the orphans are the potential targets for Survival Assistance. As for the study units in Sample II (controls), these too have been included because it was of great importance to recognize that the Structural Adjustment Programme currently running in Zambia could lead to degradation in living standards of people, hence emitting similar problems in homes with orphans and those without orphans.

3.5 DATA COLLECTION TECHNIQUE

In order to elicit the necessary data and information, a similar structured questionnaire was administered to:-

- (i) Families caring for orphans.
- (ii) Families without orphans but living in the same neighbourhood as cases, at the same period of time.

This technique was found to be suitable because, some of the respondents were illiterate and were not able to fill in the questionnaire on their own.

The Researcher had used stories, observation and held a Discussion with one Support Group to focus research questions in the Design, and to help find solutions to the problem. This helped to focus on the data, as triangulation of the problem enabled the Researcher to gain deeper perspective.

3.6 ETHICAL CONSIDERATIONS

- (i) Permission to conduct the study was sought from the Research and Ethical Committee of the University of Zambia, School of Medicine.
- (ii) Permission was sought from the Parish Priest of the Regiment Catholic Church, an organisation dealing with the problems of orphans, to utilize their families. Initially, the permission was supposed to be sought from Family Health Trust, but it was not so due to turn of events.
- (iii) Written Consent was sought from subjects participating in the study, and those who refused were left out.
- (iv) To promote anonymity, the interview schedule bore no name.

3.7 LIMITATION OF THE STUDY

The major limitation of this study was the limited resources such as funds and the time-frame, in which the research project was supposed to be completed. Therefore, it was very difficult to conduct the study on a large scale. The selected sample size had to be one which could easily be managed within the given resources and time-frame. It was difficult to use only the research assistant recommended by the Regiment Catholic Parish because of the availability of data in the community and the time constraint.

Certain reports were unavailable, probably of great value to the study.

Though simple random method allows for generalization of research findings, however, caution must be observed in generalizing because, the sample size was unrepresentative of the whole population of Lusaka.

3.8 PILOT STUDY

The pilot study was carried out in Woodlands instead of Kaunda Square because, the Regiment Catholic Parish operates in three areas namely, Chilenje, Libala and Woodlands and to avoid contamination between test and pilot sites.

A pilot in Woodlands, consisted of two families caring for orphans, that constituted cases, and the other two were done on their corresponding controls. This was helpful in detecting any flaws or gaps in the content of the data, and necessary corrections were done.

CHAPTER FOUR

4.0 DATA ANALYSIS AND PRESENTATION OF FINDINGS

4.1 DATA ANALYSIS

Data analysis was done by SPSS Computer Package using:

- (i) Column Counts
- (ii) Cross Tabulation reflecting percentages, Odds, Ratios and Chi-square.

4.2 PRESENTATION OF FINDINGS : OVERVIEW

The purpose of the study was to explore the extent of Survival Assistance to orphans within the family/kinship system in Libala and Chilenje. Data collected was presented in tabular form, which made it easier to summarize findings, and tabulated data was easier to remember. Frequencies and percentages were used to present the data.

Results presented in this Chapter were obtained from 120 respondents, 60 orphan care-givers termed as the cases and 60 controls who came from the same neighbourhood as the orphan care-givers. The communities that participated in the household survey in February, 1997, were Chilenje and Libala, respectively. Only households that were randomly selected from the communities, had a questionnaire administered to the orphan care-givers and their corresponding care-givers in the same neighbourhood. To complement the information, four case studies were included in the study to serve as index families, thereby gaining more insight in the plight of orphan care-givers.

Prior to the survey, a discussion was held with key members of a recognized church group that looks into the plight of the orphans, namely the Regiment Catholic Parish priest and the person assigned by the Parish to be In-charge of the orphan households in these communities.

Findings from description data obtained from orphan care-givers and their corresponding neighbours, are presented in Section A, the Case Studies are presented in Section B and the Discussion held with key members of the church group and Data obtained through observation, in Section C. The analytical data which deals with hypothesis testing are presented in Section D.

SECTION A

4.2.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE ORPHAN CARE- GIVERS AND THEIR CORRESPONDING CONTROLS.

	CASES		CONTROLS	
	N	%	N	%
Numbers of Study Groups:	60	100	60	100
Age Group:				
16-20	2	3.3	1	1.7
21-25	7	11.7	3	5.0
26-30	5	8.3	11	18.3
31-35	3	5.0	9	13.0
36-40	10	16.7	4	6.7
41 and above	33	55.0	32	53.3
	60	100	60	100
Mean Age:	43.017		39.550	
SD:	14.161		11.101	
SEX:				
Male	13	21.7	34	56.7
Female	47	87.4	26	43.3
	60	100	60	100
Marital Status:				
Married	15	25.0	45	75.0
Separated	1	1.7	2	3.3
Divorced	3	5.0	5	8.3
Widowed	31	51.7	5	8.3
Single	8	13.3	3	5.0
MV	2	3.3	0	0
	60	100	60	100
Educational Level:				
Never been to school	8	13.3	0	0
Primary	15	25.0	12	20.0
Secondary	33	55.0	32	53.3
College	3	5.0	15	25.0
University	1	1.7	1	1.7
	60	100	60	100
Religion:				
Catholic	23	38.3	16	26.7
UCZ	8	13.3	7	11.7
Watch Tower	1	1.7	2	3.3
New Apostolic	4	6.7	3	5.0
SDA	3	5.0	7	11.7
Others	21	35.0	25	41.7
	60	100	60	100
Income per month:				
Below K50,000	42	70.0	18	30.0
K51,000-K100,000	17	28.3	26	43.3
K101,000-K150,000	1	1.7	9	15.0
K151,000-K200,000	0	0	2	3.3
K251,000-K300,000	0	0	4	6.7
K300,000 +	0	0	1	1.7
	60	100	60	100

The majority of care-givers for both cases 33(55.0%) and controls 32(53.3%) fell in the age group 41 and above. The second popular case group for the orphan household was between 36-41, 10(16.7%) and for controls was 26-31, 11(18.3%). The age range was from 16 to 41+, with the mean age at 43.017 years and a SD of 14.161. There were more females 47(78.3%) care-givers in ratio to males 13(21.7%) in orphan households, whilst in controls, the difference in sex was not significant. The majority of care-givers in orphan households were widowed 31(51.7%), whilst among the controls, the majority were married 45(75.0%). Most of the orphan care-givers and their corresponding controls attained secondary education and the majority in both groups were catholics. Most of the carers in orphan households were unpaid family workers 28(46.7%), whilst the majority of the controls were employed by the Central Government 17(28.3%). More than three quarters of the orphan care-givers 42(70.0%) earned K50,000 and below per month whilst the majority of the controls 26(43.3%) earned between K51,000-K100,000.

4.2.2. DEMOGRAPHIC CHARACTERISTICS OF THE ORPHANS AND DEPENDENTS DEPT BY THE CORRESPONDING CONTROLS.

	ORPHANS		CONROLS	
	N %		N %	
Ages:				
1 – 5				
6 – 10				
11 – 15	16	16.33	11	14.47
16 – 20	31	31.63	11	14.47
	33	33.67	21	27.63
	18	18.37	33	43.42
	98	100	76	100
Sex:				
Female				
Male				
	48	48.98	39	51.32
	50	51.02	37	48.68
Educational level:	98	100	76	100
Not attended school				
Primary				
Secondary	22	24.45	28	36.84
	46	51.11	29	38.16
	22	24.45	19	25
MV	90	100	76	100
	8		0	0

Most of the orphans were aged between 11 - 15, 33 (31.63%), whilst most dependants were between 16 - 20, 33 (43.42%). The ratio of females to males for both groups is nearly the same. The majority of orphans 46 (51.11%) go to primary school. For controls, the majority of dependents either go to primary school 29 (38.16%) or were not attending school at all 28 (36.84%).

The difference is negligible.

4.2.3 SURVIVAL ASSISTANCE TO HOUSEHOLD HEADS OR THE EQUIVALENT TAKING CARE OF ORPHANS OR DEPENDANTS.

TABLE 1

RELATIONSHIP OF THE CAREGIVER WITH THE ORPHAN AND THEIR CORRESPONDING CONTROLS

	ORPHAN HOUSEHOLD		CONTROL	
	F	%	F	%
Mother	7	11.7	11	18.3
Uncle	9	15.0	13	21.7
Aunt	17	28.3	9	15.0
Cousin	3	5.0	3	5.0
Grandpa	15	25.0	10	16.7
Brother	2	3.3	4	6.7
Sister	4	6.7	8	13.3
Father	3	5.0	1	1.7
Step-father	0	0	1	1.7
COLUMN TOTAL	60	100	60	100

Source: Survey data.

Table 1 shows that most of the orphan care-givers were aunts 17(28.3%), followed by grandparents, 15(25.0%) and most of the care-givers for the controls were uncles, 13(21.7%), followed by the mothers, 11(18.3%).

TABLE 2 ASSISTANCE RENDERED TO CASES AND CONTROLS.

a.	NO. OF CARE-GIVERS WHO RECEIVE ASSISTANCE	ORPHAN HOUSEHOLDS		CONTROLS	
		F	%	F	%
	Yes	27	45.0	17	28.3
	No	27	45.0	33	55.0
	N/A	2	3.3	7	11.7
	I do not know of any support being rendered to orphans	2	3.3	1	1.7
		1	1.7	1	1.7
		1	1.7	1	1.7
		60	100	60	100
b.	WHETHER THE SUPPORT HAS ENABLED THEM TO TAKE CARE OF ORPHAN/DEPENDANTS WITH MINIMAL PROBLEMS				
	Yes	12	20.0	16	26.7
	No	20	33.3	7	11.7
	N/A	26	43.3	33	55.0
		2	3.3	4	6.7
	COLUMN TOTAL	60	100	60	100

Source: Survey data.

Table 2 depicts that 45% of orphan care-givers receive assistance whilst 55% do not. For the controls, the majority do not receive assistance, 71.67 percent, while 17(28.3%) receive assistance. It further shows that the

support rendered to orphan care-givers, 20(33.3%) has not enabled them to take care of these orphans. As for controls, the majority, 16(26.7%) claimed that the support rendered to them has enabled them to take care of the orphans with minimal problems.

TABLE 3 **SOURCE OF SURVIVAL ASSISTANCE THAT IS GIVEN TO ORPHANS/DEPENDANTS AND CORRESPONDING CONTROLS.**

SUPPORT NETWORK	ORPHAN HOUSEHOLD		CONTROL	
	F	%	F	%
Church	15	25.0	7	11.7
Homecare Programme	2	3.3	0	0
Relatives	15	25.0	15	25.0
Community	2	3.3	2	3.3
Others	0	0	0	0
COLUMN TOTAL	34	56.6	24	40

Source: Survey data.

Table 3 shows that most support that is rendered to orphan care-givers comes from the church, 15(25.0%) and relatives, 15(25.0%) for the controls. The majority support comes from the relatives, 15(25.0%). For orphan households, slightly more than half, 34(56.6%) out of 60(100%) receive assistance. For controls, less than half, 24(40%) receive support.

TABLE 4(a)

FORM OF SUPPORT IDENTIFIED AS URGENT, AND FORM IN WHICH SURVIVAL ASSISTANCE IS GIVEN TO ORPHAN HOUSEHOLDS AND THEIR CONTROLS

TYPE OF SUPPORT	FORM OF SUPPORT				URGENCY SUPPORT			
	ORPHAN HOUSEHOLD		CONTROL		ORPHAN HOUSEHOLD		CONTROL	
	F	%	F	%	F	%	F	%
Money	11	18.3	8	13.3	11	18.3	12	20
Clothes	8	13.3	9	18	5	8.3	3	8
Food	21	35	12	20	23	38.3	10	16.6
Loans	1	1.7	2	3.3	7	11.7	16	26.7
Housing	4	6.7	2	3.3	5	8.3	3	5
Medical care	3	5.0	3	5.0	0	0	1	1.7
Education	10	16.7	10	16.7	13	21.7	18	30

Only Frequencies and Percentages have been given.

Source: Survey data.

KEY: F = Frequency
% = Percentage

TABLE 4 (b)

CLASSIFICATION OF THE SUPPORT GIVEN TO ORPHAN HOUSEHOLDS
AND THEIR CORRESPONDING CONTROLS

TYPE OF SUPPORT	ADEQUACY SUPPORT											
	ORPHAN HOUSEHOLD						CONTROL					
	MINI		MOD		ADEQ		MINI		MOD		ADEQ	
	F	%	F	%	F	%	F	%	F	%	F	%
Key	10	16.7	3	5.0	3	5.0	4	6.7	6	10	6	10
Other	4	6.7	3	5.0	2	3.3	4	6.7	4	6.7	1	1.7
Food	13	21.7	6	10.0	3	5.0	6	10.0	3	5.0	0	0
Ins	1	1.7	1	1.7	0	0	1	1.7	0	0	0	0
Using	1	1.7	2	3.3	1	1.7	2	3.3	1	1.7	0	0
Medical e	0	0	3	5.0	0	0	1	1.7	0	0	1	1.7
Education	7	11.7	5	8.3	4	6.7	1	1.7	1	1.7	0	0

Only frequencies and Percentages have been given.

Source: Survey data.

KEY:

F - Frequency
 % - Percentage
 Mini - Minimum
 Mod - Moderate
 Adeq - Adequate

Table 4 shows that the survival assistance that is commonly given to orphan care-givers is food 21(35%), and the same applies to controls 12(20%). The form of support identified by orphan care-givers according to order of urgency was as follows:

1. Food, 23(38.3%).
2. Money, 18(30%) i.e. money and loan is money.
3. Education, 13(21.7%).

The opposite holds true for controls:

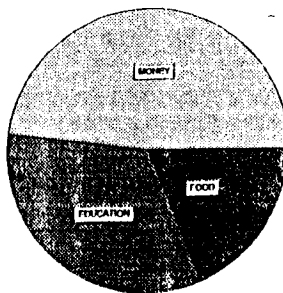
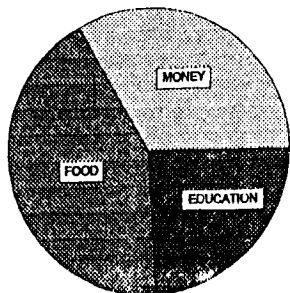
1. Money, 26(46.7%).
2. Education, 18(30%) and
3. Food, 10(16.6%).

Also, orphan care-givers claim that all the support given to them is minimal. Controls claim that the money given to them is moderate to adequate, clothes were minimum to moderate, and all the remaining forms of support are minimal.

The Pie-charts below depict the priorities of needs of orphan households and their corresponding controls.

ORPHAN HOUSEHOLDS

CORRESPONDING CONTROLS









KEY		KEY	
	Food, 23(38.3%)		Money, 26(46.7%)
	Money, 18(30%)		Education, 13(30%)
	Education, 13(21.7%)		Food, 10(16.6%)

TABLE 5

ORPHANS GOING TO PRIMARY SCHOOL BY MONTHLY EARNINGS OF ORPHAN CARE - GIVERS.

	INCOME < K50, 000	INCOME > K50, 000
To go to School	35	11
Do not go to School	7	7
TOTAL	42	18

Table 5 shows that the majority of the orphans 35, who go to primary school, are taken care of by care - givers who earn below K50, 000 per month.

Odds Ratio: $3.18 < 0.78 < OR 13.31$ at 95% confidence line.

Chi-square: 3.48 P - value: 0.06 21801.

TABLE 6

AGE OF ORPHAN CARE - GIVERS BY NUMBER OF ORPHANS

	NO. OF ORPHANS		
	1 - 2	2+	Row Total
< 25	6	3	9
26 - 40	10	8	18
> 40	18	15	33
Column total	34	26	60

Table 6 shows that the majority of orphan care-givers are above 40 years and each takes care of 1 - 2 orphans, 18.

SECTION B**Index Case Studies**

To provide some insight into the situation prevailing in the homes of orphan care-givers, four Index Case Studies were carried out along with the household survey. To promote anonymity, letters of the alphabet, namely 'X', 'Y', 'P' and 'Q', were used as a symbol that one member from each household was interviewed.

Case 1

Mrs 'X' is a 60 year old widow, taking care of two orphans aged 6 and 8. The 6 year old is in Grade 1 whilst the 8 year one is in Grade 3. The two orphans are brothers and both their parents are dead. Their father was the eldest son to Mrs 'X' and was her main provider. She has had two of her children die as adults. Mrs 'X' has two living children, one male and one female. Both of them are not married and live with her. Her son is 27 years old. He too, has one son aged 9 years, currently in Grade 4. Unfortunately, this same son, who has been her sole supporter in the care of the orphans, is now suffering from a terminal illness. Mrs 'X's son was too ill to meet the researcher. He was lying ill in bed during the time of the interview. The other child of Mrs 'X' is a 16 year old girl who dropped out of school in Grade 9 because she became pregnant. She has a two year old son. This young lady is not in employment but assists her mother periodically until she manages to secure a temporal job.

Index Case Studies

Mrs 'X' suffers from painful swollen legs, has hypertension and uses a stick as a walking aid. Before her misfortunes, she was very fat and the researcher observed that from one of the pictures shown to her. Prior to her husband's death, Mrs 'X' worked as a Cashier in Mwaiseni shop. After her husband's death, she went into market-eering because her salary was too meagre to meet most of her needs. She was doing well while in the business but later had to stop because of being frail, and ill. Now, she and her daughter are currently growing some crops around her home. At the time the researcher was visiting them, they were preparing okra mixed with groundnuts as the main dish. Sometimes, they go without a meal but usually have one or two meals a day. Most of the money earned is used for the care of her ailing son and the school-going children. She wore an imploring look, seeking for assistance. On two occasions, she received a packet of soya porridge and a bottle of cooking oil from the church. She does not receive assistance from any other place. From the time her ailing son fell ill, he hardly brings in money.

Case 2

Mrs 'Y' aged 38, is a widow. She lives in a bed-sitter with three of her children and a niece. Prior to her husband's death, Mrs 'Y' claimed that her husband was fairly wealthy and they had two cars. Upon her husband's death, all things were taken away from her including the beddings and her clothes. Initially, she was left only with one daughter, but she was forced to bring in her other children later after she located their whereabouts and was informed that they were poorly looked after. Two of her children go to primary school. She earns her living by sewing small items like half-slips, though she is not a trained tailor. In trying to improve her business, she has tried to get a loan from one of the Women Development Banks, but all was in vain because she was asked to pay a large sum of money initially to enable her be a member and have access to the funds. Once, she was given support from the church in the form of food and also requested uniforms for her children. She now claims that she is currently being side-lined in preference to those who appear ragged and untidy. She believes that others deliberately appeared ill-kept in the hope of obtaining more support and winning favour from the donors. The other problem she encounters is a failure of customers to pay for their items in time or even pay at all. She needs capital to run her business satisfactorily and thus, be able to look after her children *with minimal problems.*

Case 3

Miss 'P' is a school girl aged 16 years. She is in Grade 9 and currently attends school at Arrackan Barracks. She is an orphan and belongs to a family of 9. Her mother is unemployed and mainly gets her assistance from the church.

Previously, she was involved in marketeering but has since stopped due to loss of capital which had to be used to attend to urgent problems such as food and school items for the children. No support comes from either the relatives of her father or mother. Miss 'P' sobbed intermittently as she was explaining the situation under which they were living. It was extremely difficult to secure regular meals and even worse when it came to school items and fees. She expressed her desire to complete school but was worried that this might not be possible because of the difficulties the mother was undergoing in order to take her to school.

Case 4

Miss 'Q' aged 21, unemployed, is the eldest orphan in a family of 6. Only three of her young brothers and a sister go to primary school. She and her other brothers stopped school due to lack of money. Miss 'Q' has gone as far as Grade 9 and is the sole bread-winner for the family through doing odd jobs.

Miss 'Q's family has lost both of their parents. Their major income comes from the monthly benefits got from the Lotus School worth K25,000.00 where their late mother worked as a teacher. However, their Aunt, who is a Head-mistress, bought them the Council house they are living in at K10,500.00 cash. Very occasionally, she gives them support in form of food and money. Miss 'Q' appeared distressed as she was narrating her dilemma and requested the researcher to help her get a job even if it entailed her working as a house-maid, but preferred an income of K30,000 and above because of the responsibility that she had of looking after her young ones. The only other relative who had been living with them was their grandmother who died a month prior to the interview.

SECTION C

1. A Discussion held with the Parish Priest of the Regiment Catholic Church and the Officer-In-Charge of Orphan Households in the community.

The key points that came out was that, there was major poverty in the community. Support is rendered to orphan care-givers in the form of food such as cooking oil, soya meal and at times, bags of maize and school uniforms. The major problem faced by this Support Group is that, a lot of people in need, have been identified, but resources to meet their needs were limited. Attempts have been made to the Government to supplement their efforts, but all have been in vain. It has been observed that, each time the Officer-In-Charge of the Orphan Households visits the families in the community, these families were usually too eager to receive her, often with the hope of receiving something from the church. A lot of them get disheartened, if they were not given any form of support after a long while.

2. Data Obtained through Observation.

From observation, it was clear that Orphan Care-givers were more desperate to receive help by the enthusiasm they showed when asked to be interviewed. Some orphan care-givers who were not randomly selected, also demanded to be interviewed, but only to walk away sadly when an explanation was given. Among those interviewed (care-givers), some wanted to go on talking about their problems and one had to be tactful when bidding them farewell, so as to avoid disappointing them. It did appear to the researcher that, most of these orphan care-givers, had found a listening ear. This observation does not hold true for the controls. A negligible number refused to be interviewed; that is, 6 out of 60, i.e. 10%. The refusers claimed that they were not interested in answering to the questionnaire as they had other businesses to attend to.

SECTION D:

ANALYTICAL DATA

PRESENTATION

The study set out to test one hypothesis outlined below:

Hypothesis to be tested:

The survival assistance rendered to HIV orphans does not differ from that offered to controls.

H1: The survival assistance rendered to family/kinship system in the care of orphans is adequate.

H0: The survival assistance rendered to family/kinship system in the care of orphans is not adequate.

TABLE 7

A two by two tabulation of whether the support for orphan households and their corresponding controls has enabled them to take care of orphans/dependants with minimal problems.

ADEQUACY SUPPORT	YES	NO	ROW TOTAL
Orphans	12	20	32
Controls	16	7	23
COLUMN TOTAL	28	27	55

Odds Ratio: 0.26 (0.07 < OR < 0.94) at 95% Confidence unit.

Chi-square: 5.51 P-value: 0.019.

The smaller the P-value the more likely it is to reject the null hypothesis. At the 5% level of significance it is conventional to reject the null hypothesis that states that the survival assistance rendered to family/kinship system in the care of orphans is similar to non-orphans. Therefore, orphans are less likely than controls to receive adequate assistance.

CHAPTER FIVE

5.0 INTERPRETATION OF FINDINGS

OVERVIEW

The study sought to explore the existent of Survival Assistance to orphans within the family/kinship system living in Libala and Chilenje.

Before Survival Assistance can be introduced in the community to the orphan care-givers, it is important to establish the type of support that is already available in terms of food, money, education, etc, and the suitable support system that would be appropriate to adopt in order to do so. These were discussed in relation to demographic factors such as Age, Sex, Marital Status, Educational level, Occupation and Religion, of orphan care-givers, and their respective neighbours, as Controls.

5.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE ORPHAN HOUSEHOLDS AND THEIR CORRESPONDING CONTROLS.

5.1.1 Important Differences and Similarities between Cases and Controls.

Results as reflected on 4.2.1 revealed that, for both cases and controls, the care-givers were mainly the adults; 41 and above 33(55.0%) for Cases and 32(53.3%) for Controls, depicting that the Cases and Controls were properly matched in terms of Age. The Mean Age for both groups were almost the same. The Mean Age for care-givers of orphan households was 43.017 with a Std dev. of 14.161 and that, for Controls was 39.550 with a Std dev. of 11.101.

The second popular age-group for the control was younger than for the cases. This would mean that, though most care-givers from both sides were mainly the elderly, the chances of finding younger care-givers among orphan households was limited, as compared to controls.

The results of Fylkesnes *et al* (1994) in Zambia, indicated that, the majority of the heads of households were between 33 and 42 years. This would suggest a shift in the age group of care-givers in our communities. There could be more elderly people now in Zambia taking care of their families. This could be attributed to the high death rate in the age-group that constitutes the bread-winners. Flykesnes *et al* (1994), further state that, the bulk of AIDS deaths in the adult population, will occur in the age-group 20-40 years. This shift in age of care-givers could pose a problem in that, the elderly population are now reaching the retiring age or were already out of employment, more so due to retrenchments. Also, this group is not able to carry out strenuous work, hence end up providing a very low level of welfare, for the dependant population.

The results showed that there were more female care-givers 47(78.3%) in orphan households than male care-givers 13(21.7%). Meanwhile, the situation in Controls is slightly different; both sexes are likely to be care-givers, males 34(56.7%) and females 26(43.3%). This situation could mean that, there are probably more men dying than women, hence, more women giving care in orphan households.

This could be attributed to the tradition in Zambian society, that allows men to have several girlfriends and children by them. The more sexual partners a man has, the more likely that he could contract HIV infection; and later, die from AIDS, leaving the woman to head the household. Fylkesnes *et al* (1994:28), ascertained in their household survey that, female headed households, are widespread in Zambia. They went further to state that, in general, women constitute the bulk of the poorest of the poor in the world. The situation is different for the Controls, with a nuclear family of mother, father and children intact.

The results depict that, there were more widows 31(51.7%) among care-givers in orphan households than Controls, and there were more married couples 45(75.%) in Controls. On the contrary, Fylkenes *et al*, claim that 72 percent of all heads of households were married, whereas 16 percent were widowed, and they attributed this to re-marrying. It is interesting to note that the findings of this study clearly illustrates the difference in marital status between the orphan care-givers and those care-givers in the neighbourhood without an orphan.

This can be attributed to orphanhood. Death of a partner leads to orphanhood. Controls are married, so, this helps to explain why they do not keep orphans in their homes. This situation forces the female care-giver in orphan households to become bread-winners unexpectedly.

Most do not have the capacity to do so as well as their male counterparts.

The Controls of the same age had both parents still alive and, supporting each other. The difference between an orphan and a dependant is that a dependant is more likely to move away elsewhere than an orphan. So, in terms of support, an orphan may need more support than a dependant.

Most of the care-givers in orphan households 33(55.0%) and their Corresponding Controls 32(53.3%) went as far as secondary school. This is contrary to what Kongwa *et al* (1991) found out in their Matero-East Survey, who stated that, most had never been to school, and those who did, attained Grade 7. A minority attained college and University education. This difference could probably result from the difference in communities surveyed by the different Researchers. The community in Matero could probably be less educated than the communities in Libala and Chilenje. Or it could be that, now care-givers are more educated than before, which signifies a change in the educational level of the society as a whole.

The findings in this study indicate that the level of education for both groups of care-givers was the same. If the level of education was almost the same, it can be assumed that their potential to care for their orphans and dependants should be the same. However, the fact that there was only one bread-winner in their homes, puts them *at a disadvantage when compared to the Controls.*

Most of the orphan care-givers 28(46.7%) were unpaid family workers, whilst the majority of the Controls 17(28.3%) were employed by the Central Government. This clearly shows that most of the orphan care-givers did not have a regular monthly income. This reduces the potential of these widows to take care of the orphans adequately, regardless of the fact that the level of education attained by both groups was the same. This helps to explain why their capacity to take care of the orphans was reduced in comparison to the Controls. To support the above notion, Mckerrow (1996) states that the socio-economic status of households reveals a high unemployment rate. To support this notion further, Mulenga et al (1993) assert that, about 93.8 percent of the widows were unemployed and there could be no doubt about their poor welfare.

The results further depict that, more than three quarters of the orphan care-givers, 42(70.0%) earn K50,000 and below, per month, more than three quarters of the orphan care-givers 42(70.0%) earn K50,000.00 and below, per month, whilst the majority of the Controls 26(43.3%) earn between K51,000,00 - K100,000.00 per month. This implies that, the orphan care-givers were in a worse-off situation financially than the Controls. To support this notion, Mulenga et al (1993), state that, 8.7 percent of the households earned between K21,000.00 and K30,000.00 per month. Further, incomes in urban areas were higher than in the rural areas.

The results on 4.2.1 further show that the majority of the orphan care-givers 23(38.3%) and their Corresponding Controls 16(26.7%) were Roman Catholics. As Kongwa *et al* (1991) stated, the Roman Catholic Church has the highest membership. More than three quarters of the orphan care-givers 59(98.3%) and their Controls 58(96.7%) were Zambians. If the majority of the people were Roman Catholics, and there was already the Regiment Catholic Parish trying hard to look into the plight of the orphans, then it is of paramount importance that this support group be recognized by the Government of the Day, Non-Governmental Organizations, and Volunteers, as a channel to use, *in supporting the orphan care-givers.*

Major Findings

Orphan care-givers were mainly elderly females, widowed and unpaid family workers. Those in employment earned below K50,000.00. Therefore, most orphan care-givers live in extreme poverty. The majority of care-givers were Roman Catholics.

5.2 DEMOGRAPHIC CHARACTERISTICS OF THE ORPHANS AND THE DEPENDANTS IN THE CORRESPONDING CONTROLS.

Demographic results reflected on 4.2.2 depict that, most orphan care-givers had one orphan 49(50.0%) under their custody. The same applied to the controls who had one dependant 44(57.90%) under their custody.

Most orphans were aged between 11-15, 33(33.67%). McKerrow (1996) confirms that, most orphans fell into the 11-15 year age-group. For the Controls, most dependants were between 16 - 20, 33(43.42%). Therefore, the orphans were younger than the dependants. Younger children need more care than older children. So, orphan care-givers have a greater task, than the Controls. The Researcher had decided to use 20 years in the definition of an orphan to allow for those repeating and those in secondary school up to Grade 12. The ratio of females to males for both groups was nearly the same.

Results further show that the majority of orphans, 46(51.11%) and Controls, 29(38.16%) went to primary school. Therefore, more orphans went to school than non-orphans. This has been noted by Kongwa *et al* (1991) that, there were no drop-outs in orphans, while 7 percent of non-orphans had dropped out of school. Moreover, Table 5 shows that, the majority of the orphans, 35, who go to primary school, are taken care of by care-givers who earned below K50,000 per month. Most Controls earned between K51,000 to K100,000 per month (see Section 4.2.1). Furthermore, Table 6 shows

that, the majority of orphan care-givers are above 40 years and each takes care of 1-2 orphans, 18. Therefore, orphan care-givers had more problems when taking care of orphans than the Controls, in taking care of the dependants.

Major Findings

Most orphan care-givers kept one orphan commonly aged between 11 and 15. More orphans than non-orphans went to primary school.

5.3 RELATIONSHIP OF THE CARE-GIVER WITH THE ORPHAN- /DEPENDANT.

Table 1 depicts that, most of orphan care-givers were aunts 17(28.3%), followed by grandparents 15(25.0%), whilst for Controls, the majority were uncles 13(21.7%), followed by the mothers, 11(18.3%). The extended family is still sheltering the orphans, and this task is commonly undertaken by the aunts. The grandparents are also becoming a popular group to foster these children. As for the Controls, uncles and mothers were undertaking this task. However, it can be assumed that the orphans that were being taken care of by the grandparents may have more problems, considering that their guardians may be old and probably out of employment. WHO, in AIDS Action (1995), states that, grandparents, aunts or uncles, care for the orphaned children and may be unable to meet the costs of extra food and school fees. This idea is further supported by Rutayunga (1992) whose assertion is that AIDS orphans have traditionally been relocated within the extended family network, although the system is becoming overwhelmed by the large number of children needing care.

Major Findings

Most orphans care-givers were from the extended family.

5.4 VERIFICATION WHETHER INCREASING SUPPORT TO ORPHANS WITHIN THE FAMILY/KINSHIP SYSTEM BY THE COMMUNITY, WILL ENHANCE THEIR CAPACITY TO CARE FOR THESE ORPHANS.

Table 2 depicts that, 45 percent of orphan care-givers receive assistance in the care of the orphans whilst 55 percent do not. As for Controls, the majority do not receive any assistance, 71.67 percent, while 17(28.3%) receive assistance. This may indicate that people were more inclined to help families that take care of orphans than those that did not do so.

Table 2 further shows that, the support rendered to orphan care-givers, 20(33.3%), has not enabled them to take care of these orphans. As for Controls, although the assistance given to them was limited, they were capable of taking care of their dependants with minimal problems. Therefore, it can be assumed that, the orphan care-givers were incapable of rendering adequate support in their duty as Foster-parents due to their poor financial status caused by lack of employment and poor monthly earnings. This means that, the little support that is given to them, is far below what they needed to carry out their responsibility satisfactorily. The Controls were in a better position probably, because, they were in employment and earned more money. (See Socio-Demographic characteristics on 4.2.1.) So, the little support that they were given, helped fill up certain gaps as they took care of their dependants.

If the community increases support to orphans in the family/kinship systems, it is more likely that this would enhance their capacity to care for the orphans. The capacity of orphan care-givers needs to be enhanced, and Tables 2 and 4 show that the support rendered to them has not enabled them take care of these orphans. Findings show that, if the support is increased, then they too, like the Controls, would be in a position to take care of their orphans with minimal problems. The findings reveal that the community are more inclined to help families that look after orphans, so that mobilization of resources for this vulnerable group is of paramount importance. This notion is supported by Foster et al (1995) who stated that, emphasis needs to be placed upon supporting extended families by utilizing existing community-based organizations. Kongwa et al (1991) argued that, any distinction would depend on the family size and monthly family income. However, a sharp distinction between orphan care-givers and Controls exists already in terms of monthly family incomes, i.e., the orphan households receive less money than the Controls.

Major Findings

Communities were inclined to help families with orphans. Support rendered to orphan care-givers has not enabled them, take care of these orphans adequately. If support is increased to them, then they would be in a position to take care of their orphans with minimal problems. Therefore, mobilization of resources for this vulnerable group is of paramount importance. This is a cross reference of objective 2.1.3.

5.5 FACTORS THAT HINDER SUPPORT TO ORPHANS WITHIN THE FAMILY/KINSHIP SYSTEM.

Table 2 depicts that a negligible number of orphan care-givers 2(3.3%) did not know of any support rendered to orphans. The same applied to the Controls, only 1(1.7%).

Index Case Study No. 2, reflects that, although loans from Women's banks were available, these were out of reach to most widows because of the large sum of money they needed to deposit initially before they could be allowed to borrow money from them. Index Case Study No. 2 further reveals that some support groups were biased when rendering support to orphan care-givers, particularly widows because they took into consideration the appearance of the widow; those who seemed to be untidy and ragged, were given more support than the others. Therefore, those who may appear tidy but were widowed and unemployed, needed the support as much as the others. In all probability, widows could pretend to be much poorer than they really were by looking quite shabby as a way of seeking sympathy from the general public.

Since the community has shown interest in supporting orphan care-givers, it may be that they have not yet been adequately sensitized to the problem of orphanhood, therefore, they were not inclined to increase support to them. As Mulenga et al (1993) stated, the Government welfare programmes were based on the problems of a society before the advent of AIDS and the problem of large numbers

of vulnerable orphans. Thus, there was need for the Ministry of Community Development, Social Services and Culture, to review its social welfare programmes. It could be that the means of channelling this support to the deserving families, is ill-understood.

Major Findings

Problems identified as hindering support to orphan caregivers were:

- (1) A negligible number of orphan caregivers do not know of any support to orphans.
- (2) Although loans from women's banks were available, these were out of reach to most widows because the initial deposit before they could be allowed to borrow money from them were too high.
- (3) Preference when rendering support to orphans. Those appearing untidy and ragged, were given more support. Widows could pretend to be much poorer than they ought to be.
- (4) Though the community has shown interest in offering support to orphan care-givers, it may be that they have not yet been adequately sensitised to the problem of orphanhood. This is a cross reference of objective 2.1.4.

5.6 COMMUNITIES THAT RENDER SUPPORT TO THE ORPHAN CARE-GIVERS AND THEIR CORRESPONDING CONTROLS.

Table 3 shows that, much of the support that is rendered to orphan care-givers, came from the church 15(25.0%) and the relatives 15(25.0%). The same holds true for the Controls, their major support came from the relatives 15(25.0%). This implies that, so far, only the church and the extended family has recognized the plight of the orphan care-givers. It is likely that, this will be insufficient. There is a need to sensitize the public, the Government of the Day, Non-Governmental Organizations and Volunteers, on the need to support orphan care-givers. No support comes from the Public Welfare Assistance Scheme, Education Bursary, Community Development, Social Services and Cultural Sport, Youth and Child Development, nor are loans granted to widows or the orphans in particular. This is an unfortunate situation. Sensitization and mobilization of these communities in terms of rendering support to orphan care-givers, should be undertaken. It is necessary to do this because, most orphan care-givers, are older and unemployed widows. They are treated as second-class citizens, and are lowly paid if at all. (See 4.2.1.) They also, do not have the capacity to care for these orphans. These findings agree with those of Kongwa *et al* (1991) who claimed that, of the total 89 families that keep orphans, 92 percent were not getting any support from the community, while 8 percent were getting support from the

community. They further stated that, of the families that did get community support, the source was from relatives (1%), Non-Governmental Organizations (3%) and Churches (3%). McKerrow (1996) ascertained that, the most likely source of support in all communities is the family, 47.4 percent, friends and neighbours, (12.3%), the church (8.8%) and N.G.Os and other sources (14.9%), although few NGOs are active in the rural areas.

Major Findings

Who supports orphan caretakers?

- (1) Much of the support comes from the church.
- (2) Followed by extended family.
- (3) No support comes from the Public Welfare Assistance Scheme, Education Bursery, Community Development, Social Services and Cultural, Sport, Youth and Child Development, nor any loans granted to widows or orphans.

5.7 SURVIVAL ASSISTANCE RENDERED TO THE FAMILY/KINSHIP SYSTEM IN THE CARE OF ORPHANS.

Table 4 shows that the type of survival assistance that is commonly given to orphan care-givers is food 21(35%), and the same applies to Controls 12(20%). The type of survival assistance that has been identified as urgent by the orphan care-givers is still food 23(38.3%), whilst Controls identified education 18(30%) as the urgent form of support. This observation has been noted by President Chiluba, on the occasion of the release of the state of the World's Children Report, 19 December 1991, where he stated that, the national goals are based on Maternal and Child Health, basic education, nutrition and food security. Kongwa et al (1991) agreed indicating that, the problems that were experienced by the families, varied in order of magnitude, but food was the highest priority.

Table 4 further illustrates that, all forms of support given to orphan care-givers, were minimal. For Controls, it ranged from minimum, moderate to adequate, though most of the support given to them was minimal.

This seems to suggest that, orphan care-givers are in a deeper state of poverty than Controls because, their priority was food, which is a basic requirement. It can be assumed that, for Controls, food was not an urgent requirement because, they could fairly manage, hence the desire to have support in the form of education.

It could also be deduced from the results in Table 4 that, the survival assistance rendered to both groups of care-givers regardless of its form, was inadequate. Both groups need to be given support. Results suggest that the type of support that would be ideal for orphan care-givers was firstly, food, followed by money 11(18.3%) and then education 10(16.7%). For Controls, the type of assistance that would be appropriate to render to them was education, followed by a loan 16(26.7%) and then money 12(20%). Though the Controls too were on the poor side as indicated by the low salaries (see 4.2.1), their preference for money and loan, seems to suggest that they want to get themselves out of the poverty.

The orphan care-givers were more disadvantaged because they were poorer (see 4.2.1). Meanwhile, there was poverty around them as illustrated by the Controls, hence they end up competing with others for limited resources and survival assistance rendered to the vulnerable. This suggests that there was need to increase support to them through mobilization of resources by the Government in close liaison with N.G.Os, like UNICEF and WHO; the Communities and Volunteers. The statistical test for the hypothesis that states that, the survival assistance rendered to family/kinship system in the care of orphans, is adequate (Table 7), revealed that orphans are less likely than Controls to receive adequate assistance. The difference was signi-

ficant. (OR = 0.26:0.07 - 0.94) Chi-square = 5.51, P-value = 0.019. When frequencies were run, the majority of the orphan care-givers, 20(33.3%) claimed that the support rendered to them had not enabled them take care of the orphans with minimal problems. Whilst controls claimed that the support rendered to them 16(26.7%) had enabled them take care of their dependants with minimal problems. Therefore, it can be assumed that the survival assistance rendered to family/kinship system in the care of orphans is not adequate.

Major Findings

(1) Priority of Needs:

<u>Orphan households</u>	<u>Controls</u>
i) Food	i) Money
ii) Money	ii) Education
iii) Education	iii) Food

For orphan households, the priority was a basic need, hence more vulnerable.

- (2) Both groups are poor hence compete for limited resources.
- (3) Type of assistance commonly rendered to orphan care-takers was food. All forms of support given to them were minimal.
- (4) The statistical test for the hypothesis that states that survival assistance rendered to orphans does not differ from that offered to controls, reveal that orphans are less likely than controls to receive adequate assistance.

5.8 IMPLICATION OF THE FINDINGS ON THE GOVERNMENT OF THE DAY, VOLUNTEERS, COMMUNITIES AND N.G.Os SUCH AS UNICEF AND WHO.

- (1) Further research needs to be done to determine factors that hinder survival assistance to orphans within the family/kinship system. Places to be targeted should include the following:
- (i) The Government machinery assigned to look after the vulnerable such as the Ministry of Community Development and Social Services, the Ministry of Sport, Youth and Child Development, the Public Welfare Assistance Scheme, the Council for Social Safety Net and District Social Welfare Officers.
 - (ii) Major Donor Agents such as WHO, UNICEF, involved in the welfare of the vulnerable.
 - (iii) Communities already involved in the care of orphans such as the Matero Women's Group, Family Health Trusts, CINDI Project and the Regiment Catholic Church in Chilenje.
 - (iv) Families/Kinship Systems taking care of orphans in the community.

Major Findings

Please see end of Sections 5.1.1, 5.2, 5.3, 5.4, 5.5, 5.6 and 5.7.

(2) **New Intervention**

The intervention that could be embarked on is to set up a system that could co-ordinate survival assistance to orphans within the family/kinship system. A support system may need to be established to address details which may not be addressed by the present structure in the support of orphan care-givers. Mckerrow (1996) ascertained that, both traditional and newer models of care no longer had the capacity to care for the rising numbers of orphaned children, new strategies need to be identified. Foster et al (1995) state that, orphans support programmes may need to be established initially in high risk communities such as low-income urban areas and peri-urban rural areas. Therefore, the Government of the Republic of Zambia may need to do the following, prior to establishing such a programme:

Assessment of Resources provided to orphan care-givers.

The programme planners need to assess the Ministries that are concerned with offering support to the disadvantaged population, particularly in the care of orphans, and their effectiveness.

Assessment of needs of orphan care-givers.

- (i) Regular simple Qualitative/Quantitative Surveys enumerating orphans in the community, should be conducted.
- (ii) Problems - Needs assessment of orphans and their care-givers in the community, may be conducted to gain insight into the magnitude of the problem.
- (iii) Solutions - What support system to orphan care-givers are already in place? This is in cross reference to objective 2.1.1. What possibilities exist in utilization of existing resources and developing networks within existing structures. This is in reference to objective 2.1.2.
- (iv) Evaluation - Monitoring and evaluation of orphan support system through maintenance of reports and proper records.

Objectives of the Support System to Orphan Care-givers.

Programme planners will need clear objectives which will aid in evaluating the effectiveness of the support system. This is in cross reference to objective 2.1.5. The following objectives could be considered:

- (i) To identify orphans in the community.
- (ii) To assess the needs of orphan care-givers.
- (iii) To teach orphan care-givers, the skills in income generating ventures.
- (iv) To mobilize community and Donor Agents to provide support to the orphan care-givers.
- (v) To provide specific services such as food, money, educational facilities, etc, particularly to the most vulnerable groups among the orphan care-givers.
- (vi) To provide basic support to organizations such as Churches, who, with limited resources are already rendering support to orphan care-givers, to enable them carry out this noble task effectively.

Implications of the Orphan Care Support System.

1. There will be need to promote information, education and communication to the Government, Volunteers, Communities and N.G.O.s such as UNICEF and WHO on the new approach on orphan care-giver support services.
2. Establishment of the Orphan Care Support System implies that the roles of workers in Ministries such as Health, Community and Social Development and Education, and also the Public Welfare, Bursaries Committee and representatives from N.G.O.s such as CINDI, Donors such as UNICEF and WHO, should expand their activities to the plight of orphans.
3. Communication between the above mentioned parties through meetings, newsletters, etc., should be maintained.

5.9 STRENGTH AND WEAKNESS OF THE STUDY.

The researcher believes that the findings of this study are of great help in enlightening the Government, Donors, N.G.O.s, on the vulnerability of orphan households in relation to the people around them. All are in a poor state, but this research helps to explain why the orphan households are worse-off than their counterparts. The findings help to answer the question why orphan households are less likely than their neighbours to take care adequately, of their foster children. The findings suggest the type of support that would be appropriate to adopt.

The study raises questions about the care of orphans i.e. what factors hinder the rendering of support to orphan households? This study challenges the Government, Donors, N.G.O.s and any organisation, supporting or intending to support orphans, and asks them to set up an Orphan Support System as a new model in the care of orphans.

Limitations of this study include the small sample size used and limited time. The findings help to form a foundation for researchers who could pursue the same study on a larger scale.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

This paper sought to explore the extent of Survival Assistance rendered to orphans within the family/kinship system, living in Libala and Chilenje.

Findings from the study reveal that, orphan care-givers and their Corresponding Controls, are aged 41 years and above. The orphan care-giver is mainly an elderly female, widowed, having commonly attained secondary education, unemployed and earning less than K50,000.00 per month. The majority of the orphan care-givers each keep 1 to 2 orphans on the average and have more orphans attending primary school, commonly aged between 11-15. Most of the orphan care-givers are aunts, followed by grandparents. Most of the Controls earn between K50,000.00 and K100,000.00 per month, and are married. Most of their dependants are either in primary schools or have discontinued school. The care-givers among Corresponding Controls are either uncles or mothers to the dependants, and many are in employment. So, orphan care-givers are poorer than the Controls.

The findings further suggest that, though orphan care-givers are given slightly more support than the Controls, the support rendered to orphan care-givers has not enabled them to take care of these orphans.

Much of the support rendered to orphan care-givers, comes from the church and relatives. This assistance is commonly given in the form of money, education and food. The form of support identified by orphan care-givers according to order of urgency was as follows:

1. Food, 23(38.3%),
2. Money, 18(30%) i.e. money and loan is money,
3. Education, 13(21.7%).

The opposite holds true for controls:

1. Money, 26(46.7%)
2. Education, 18(30%), and
3. Food, 10(16.6%).

This suggests that, if support is to be given to either of them, the above mentioned hierarchy should be considered.

The survival assistance rendered to both groups of care-givers, is inadequate. Both need to be supplemented but orphan care-givers are in a worse-off situation because, they are poorer.

Therefore, mobilization of resources by the Government in close liaison with N.G.Os, Communities and Volunteers, is of paramount importance. To facilitate mobilization of resources, it is important for the Government to consider formulation of an Orphan Care-giver Support System that could co-ordinate the activities of this system.

6.2 RECOMMENDATIONS

The Researcher recommends the following in order of priority to be part of the strategies for programme planners and policy makers. Firstly, of the Government of Zambia and secondly, the Donors such as WHO, UNICEF, N.G.O.s and Volunteers. The recommendations are categorized into short and long-term plans.

6.2.1 Short-term recommendations.

The researcher recommends the following:

(1) **Information:** Sensitization of the public through the media, on the importance of providing support to orphans and widows, should be undertaken by the Government.

(2) **Policy:**

The Government should review the existing policy to ensure that the social welfare provided by Social Security meets the basic needs of life to orphans and widows; targeting those who are elderly, unemployed, frail and unable to undertake income generating measure.

(3) **System:**

The Government in liaison with Donors, such as WHO, UNICEF, N.G.Os. such as CINDI, PAM, Churches, Volunteers, etc, should form an Orphan Care-giver Support System in all health institutions and outreach services to draw up policies, work out support systems to orphans and their care-takers.

(4) **Resources:** The Government, N.G.O.s and Donors, should provide initial capital, such as loans, to orphans and their care-takers.

(5) **Evaluation:**

To monitor and enhance evaluation of orphan support system. Various forms and reports should be designed or review to ensure maintenance of proper records.

6.2.2 Long-term Recommendation.

The Government, N.G.Os. and Donors, should set up Centres and Community based projects to train orphans and their care-givers in income generating measures and, where possible, co-ordinate opportunities to employ them.

APPENDIX 1

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APPENDIX 5

A STUDY TO EXPLORE THE EXTENT OF SURVIVAL ASSISTANCE TO ORPHANS WITHIN THE FAMILY/KINSHIP SYSTEM: THE CASE OF LIBALA AND CHILENJE.

QUESTIONNAIRE FOR FAMILIES TAKING CARE OF AN ORPHAN AND THEIR NEIGHBOURS.

Dear Respondent,

We are students from the University of Zambia, currently pursuing a Masters' degree in Public Health. We are required to submit a research study as part of the course requirement for the MPH degree. We are carrying out this research in Libala and Chilenje. The aim of the study is to explore the Extent of Survival Assistance to orphans within the family/kinship system in Libala and Chilenje. The results are not only important for this study but also recommendations will be made to program planners on the type of assistance that would be appropriate to render to orphan care-givers.

Participation in the study will not lead to any victimization and no name will be written on the paper. Information given will be held in confidence and no other person will have access to the papers. The papers will be utilized for the purpose of the study.

The data collection is by means of a semi-structured questionnaire.

We are, therefore, seeking your participation in this study by answering this questionnaire. You are free to refuse to participate or stop the interview at any time. You are not obliged to answer any question(s) that you are comfortable with. Your name will not be quoted in any of the documents of this research.

CONSENT TO PARTICIPATE

I have read the above statements and have undertaken the information given. I am willing to participate and, therefore, give my full consent.

Signature:.....

Date:.....

FOR OFFICIAL USE ONLY

Number of respondent:.....

SECTION A - I DEMOGRAPHIC DATA ON THE CARE-GIVER

1 = Orphan

2 = Control

QUESTIONNAIRE

**FOR OFFICIAL
USE ONLY**

1. How old are you?..... []
2. Date of Birth?..... []
3. Nationality?..... []
4. What is your marital status?
- 1 - Married []
 - 2 - Separated []
 - 3 - Divorced [] []
 - 4 - Widowed []
 - 5 - Single []
5. Which religion do you belong to?
- 1 - Roman Catholic []
 - 2 - United Church of Zambia []
 - 3 - Watchtower [] []
 - 4 - Seventh Day Adventist []
 - 5 - New Apostolic Church []
 - 6 - If Others, specify,..... []
 - []
6. What grade did you attain in school?
- 0 - Never been to school []
 - 1 - Primary []
 - 2 - Secondary [] []
 - 3 - College []
 - 4 - University []
7. Sex
- M - 1 []
 - F - 2 [] []
8. Where do you reside/live?
- 1 - Chilenje []
 - 2 - Libala [] []
 - 3 - If others, specify,
 -
 -

9. What is your occupation?

- 1 - Self employed []
- 2 - Central Government employee []
- 3 - Local Government employee []
- 4 - Parastatal employee []
- 5 - Private sector employee []
- 6 - Employer []
- 7 - Unpaid family worker []
- 8 - If others, specify.....
.....

SECTION A - II

DEMOGRAPHIC DATA ON THE ORPHAN/DEPENDENT

10. How many orphans/dependents/children are you taking care of?

- | | O | D | C | |
|---------|-----|-----|-----|-----|
| 1 - 1 | [] | [] | [] | |
| 2 - 2 | [] | [] | [] | [] |
| 3 - 3 | [] | [] | [] | |
| 4 - 4+ | [] | [] | [] | |
| 5 - N/A | [] | [] | [] | |

11. Age in years of the orphans or dependents?

- []
[] []

12. Date of birth?

- 1 []
- 2 [] []
- 3 []
- 4 []

13. Sex of orphan(s) or dependents?

- M - 1
- F - 2

- 1 []
- 2 [] []
- 3 []
- 4 []

14. What kind of school does orphan/s or dependents to?

- | | YES | NO |
|--------------------------|-----|-----|
| 0 - Not attending school | [] | [] |
| 1 - Primary | [] | [] |
| 2 - Secondary | [] | [] |
| 3 - College | [] | [] |
| 4 - University | [] | [] |

**SECTION B - EXTENT OF SURVIVAL ASSISTANCE TO
HOUSEHOLD HEADS OR THE EQUIVALENT TAKING CARE
OF ORPHAN/S OR DEPENDANTS**

15. How are you related to the orphan/s
or dependants?

- 1 - Uncle []
- 2 - Aunt []
- 3 - Cousin []
- 4 - Nephew []
- 5 - Grandparent [] []
- 6 - Brother []
- 7 - Sister []
- 8 - Step-father []
- 9 - Father []
- 10 - Mother []
- 11 - If other, specify []

.....

16. Do you receive any assistance
in the care of your orphan/s
or dependants?

- 1 - Yes []
- 2 - No []
- 3 - Not applicable [] []
- 4 - I do not know of
any support being
rendered to orphans []

17. If 'Yes' to question 15, where
does this support come from?

- 1 - Church []
- 2 - Home Care Programme []
- 3 - Public Welfare
Assistance Scheme []
- 4 - Loans for widows or
orphans [] [] []
- 5 - Education Bursary []
- 6 - Community Develop-
ment, Social Services
and Culture, Sport,
Youth and Child
Development []
- 7 - Relatives []
- 8 - Community []
- 9 - If others, specify []

.....

18. In what form is this support given to you? Please tick in the boxes provided.

- | | YES | NO | N/A | |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 - Money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 - Clothes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 - Food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 - Loans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 - Housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 - Medical care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 - Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 - If others, specify | | | | |

.....

9 - Not applicable

19. How would you classify this support? Please tick in the boxes provided.

- | | Mini | Mod | Adeq | N/A | |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 - Money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 - Clothes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 - Food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 - Loans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 - Housing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 - Medical care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 - Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 - Not applicable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

20. If the support rendered to you is adequate, would you say that this support has enabled you to look after the orphan/s or dependants with minimal problems?

- 1 - Yes
- 2 - No
- 3 - Not applicable

21. Which type of support would you identify as urgent?

- 1 - Money
- 2 - Clothes
- 3 - Food
- 4 - Loan
- 5 - Housing
- 6 - Medical care
- 7 - Education
- 8 - Not applicable

22. On the average, how much money do you earn per month?

- 1 - Below K50,000 []
- 2 - K51,000 - K100,000 []
- 3 - K101,000 - K150,000 []
- 4 - K151,000 - K250,000 []
- 5 - K251,000 - K300,000 []
- 6 - K300,000 + []