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RESEARCH ARTICLE

SOCIO-ECONOMIC PROBLEMS FACED BY AIDS ORPHANS IN ZIMBABWE. A CASE STUDY OF AIDS ORPHANS IN PHILLIP WARD OF NKAYI DISTRICT

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Abstract

As a consequence of HIV and AIDS, many developing countries, Zimbabwe included, are facing one of the biggest challenges they have ever had to confront. The lives of millions of children, adolescents and young people have been redefined by HIV and AIDS (UNICEF, 2005). AIDS is responsible for leaving vast numbers of children across Africa without one or both parents (Bellamy, 2012). In some other countries, a larger proportion of orphans have lost their parents due to AIDS than to any other cause of death (Twigg, 2008). This means that were it not for the AIDS epidemic, these children would not have been orphaned (Akwara, 2010). In Zimbabwe, AIDS is killing people of working age, it is hemorrhaging human resources from institutions necessary to keep society functioning. It is demanding resources vastly in excess of what the country can mobilise internally (UNICEF, 2005). Against the background of a literature review which examines the impact of HIV and AIDS on children, this article draws on a qualitative inquiry of challenges faced by AIDS orphans in a small sample of 50 orphans from Phillip Ward in Nkayi District of Matabeleland North in Zimbabwe selected by means of purposeful sampling. The research adopted a qualitative methodology using a case study design. Data were gathered by means of semi-structured interviews using an interview guide. Views of the research respondents were audio-taped, transcribed and became the primary data for analysis. The findings indicated that there is a multiplicity of problems being experienced by AIDS orphans. The Government and society are addressing AIDS related problems and ignoring causes of children's vulnerability. The findings also revealed that there is a growing number of school dropouts due to the pandemic. The study recommends that there must be counsellors who move around the districts giving psychological and social support to the orphans and the AIDS fund should benefit the AIDS orphans to alleviate their problems.

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Introduction

Out of a population of about 13 million Zimbabweans, over a million children are orphaned because of AIDS (UNICEF, 2005). This figure is not showing any signs of retreating. The harsh social, economical and political environment has left orphans vulnerable to abuse and helpless (Hamilton, 2012). These orphans find themselves living in an environment where there are no robust health policies and social welfare programs. The challenges faced by HIV/AIDS orphans include failure to afford school fees, food, decent accommodation, inaccessibility of health care facilities and all other forms of child abuse (Pebble, 2010). According to Chikoko (2009), it is still rare in Africa and Zimbabwe in particular, for orphaned children to be fostered or adopted by non-relatives. Elderly grandparents, however, are increasingly bearing the burden of caring for large numbers of orphaned grandchildren with little or no support from members of the extended families or other sections of the community.

There are also growing numbers of households headed by children in their early teens because relatives are either unwilling or unable to accept them into their own homes (UNICEF, 2005). Whether or not one parent is still living, most AIDS orphans in Zimbabwe have similar problems and needs. It is on account of this information that this study set out to explore the challenges that children orphaned by AIDS experience.

LITERATURE REVIEW

General problems faced by AIDS Orphans

Emotional impact

According to Land (2010), AIDS orphans experience many negative changes in their lives and can start to suffer neglect. They may suffer the emotional trauma from the death of their parents. In this case, they may have to adjust to a new situation with little or no support and may suffer exploitation and abuse (Seeley, 2008). In a study carried out in Uganda by Akwara (2007), high levels of psychological distress were found in children who had been orphaned by AIDS. Anxiety, depression and anger were found to be more common among AIDS orphans than other children. Of the children interviewed, 12% of AIDS orphans affirmed that they wished they were dead, compared to 3% of other children interviewed (Seeley, 2008).

Household impact

The loss of a parent to AIDS can have serious consequences for a child's access to basic necessities such as shelter, food, clothing, health and education, (Gay and Hall, 2013). Orphans are more likely than non-orphans to live in large, female-headed households where more people are dependent on fewer income earners (Kuo and Operario, 2009). This lack of income puts extra pressure on AIDS orphans to contribute financially to the household, in some cases, driving them to the streets to work, beg or seek food. The majority of children who have lost a parent continue to live in the care of a surviving parent or family member, but often have to take on the responsibility of doing the housework, looking after siblings and caring for ill or dying parents (Gay and Hall, 2013). Children who have lost one parent to AIDS are often at risk of losing the other parent as well, since HIV may have been transmitted between the couple through sex (Gordon, 2008).

Education

Children orphaned by AIDS may miss out on school environment, have their schooling interrupted or perform poorly in school as a result of their situation (Mukogoyo, 2007). Expenses such as school fees and school uniforms present barriers to school attendance if orphans' caregivers struggle to afford these costs. Studies conducted by Joines (2008) suggest that the impact of orphan-hood on a child's education is closely interlinked with other factors such as poverty. For example, a multi-country study by Gruendel (2009) found that orphan-hood itself was not directly associated with lower school attendance (when measuring school attendance orphans are defined as children who have lost both parents, while non-orphans are defined as children both of whose parents are alive). However, the loss of a productive member of a family is likely to be a financial burden and might push a family into poverty, increasing the likelihood that a child orphaned by AIDS will miss out on school. Moreover, as Madhavan (2010) posit, most orphans and their caregivers still do not receive any type of external support in the form of health-care, nutrition or psychological support. Ensuring that households where a child has been orphaned by AIDS receive external care and support is therefore essential to ensure that the increasing number of AIDS orphans attend school.

Figures released in 2010 (Chiver, Adnopo and Forsyth, 2011) revealed that in most countries in Sub-Saharan Africa the gap between school attendance by orphans and non-orphans is wide. Outside the school, AIDS orphans may also miss out on valuable life skills and practical knowledge that would have been passed on to them by their parents. Without this knowledge and basic school education, children may be more likely to face economic and health problems as they grow up.

Stigmatisation

Children grieving for dying or dead parents are often stigmatised by society through association with AIDS (Gruendel, 2009). The distress and social isolation experienced by these children both before and after the death of their parent(s) is made worse by the shame, fear and rejection that often surrounds people affected by HIV and AIDS. Because of this stigma, children may be denied access to schooling and health care. Once a parent dies, children may also be denied their inheritance and property. Often children who have lost their parents to AIDS are assumed to be HIV positive themselves, adding to the likelihood that they will face discrimination and damaging their future prospects (Bellamy, 2012). In this situation, children may also be denied access to health care that they

need. Sometimes this occurs because it is assumed that they are infected with HIV and their illnesses are untreatable (Twigg, 2008).

STATEMENT OF THE PROBLEM

The study sought to investigate the problems faced by children orphaned by AIDS. The consequences of the AIDS pandemic are far reaching for all families in Zimbabwe. The burden of widespread chronic illness and a tragically early mortality with AIDS is placing increasing strain on the fabric of everyday life undermining traditional support structures and established family patterns of child rearing.

PURPOSE OF THE STUDY

The study sought to investigate the socio-economic problems faced by children orphaned by AIDS in Zimbabwe so as to highlight and to bring to the attention of officials and leaders the magnitude of suffering these children are going through.

RESEARCH QUESTIONS

1. Do HIV/AIDS orphans suffer social problems that are different from those by children orphaned by other causes?
2. What economic challenges are experienced by AIDS orphans?
3. Are there any organisations or institutions addressing the problems of AIDS problems?

SIGNIFICANCE OF THE STUDY

The importance of this study stemmed from the fact that it sought to expose the major challenges that children orphaned by HIV/AIDS experience and would further look into possible solutions to these problems. A lot of literature has been written about the impact of HIV/AIDS on the orphaned children from other countries. There is very inadequate literature about Zimbabwe and this study would like to close that gap. It was also hoped that the study would proffer possible suggestions to mitigate the plight of these orphans. Authorities like the headmen, heads of schools, councillors as well as members of AIDS action committees would be expected to provide the necessary counselling and support to the orphans.

LIMITATIONS OF THE STUDY

The study is limited to the challenges that are faced by children orphaned by AIDS using a very small sample. The study is thus, no more than a snap shot of challenges faced by AIDS orphans in a specific setting. Clearly, the findings cannot be generalised but they alert one to challenges that AIDS orphans encounter in a small sample.

DELIMITATIONS OF THE STUDY

The researcher delimited the investigation to establishing the challenges faced by AIDS orphans as they grow up after losing their parent or parents in one ward in Nkayi District of Zimbabwe. Challenges faced by orphans who lost parents through other causes will not be sought by this study.

RESEARCH METHODOLOGY

The study adopted a qualitative methodology and made use of case study and document analysis, research designs. The methodology and the designs were selected because they afforded the AIDS orphans the opportunity to relive their experiences in their daily trials and tribulations. The population consisted of all AIDS orphans from one ward in Nkayi District in Zimbabwe. A ward is an area under the jurisdiction of a councillor. Purposive sampling was used to select a sample of fifty (50) AIDS orphans. Chiefs, headmen, kraal heads and councillors in Zimbabwe by virtue of their positions, keep records of orphans including AIDS orphans. The AIDS orphans used for this study were selected from these registers. Purposive sampling was chosen because as Bailey (2009) observes, its advantage is that the researcher can use his / her research skill and prior knowledge to choose respondents.

DATA COLLECTION AND ANALYSIS

Data were gathered by means of semi-structured interviews lasting thirty minutes using an interview guide. All interviews were audio-taped, transcribed and become the primary data source for analysis conducted by the researcher. The aim was to understand experiences from the participants' point of view. No attempt was made to generalise the findings or prove hypotheses. A transparent disclosure of the role of the researcher and his or her relationship with the participants, the 'volunteering' of participants and description of orphans settings was done to

contextualise the research and to allow for the impact of the researcher role and participant selection on findings. The use of a small sample is common in qualitative research, where the aim is depth and not breadth.

FINDINGS AND DISCUSSION

The study sought to investigate socio-economic problems faced by AIDS orphans in Zimbabwe. This section is presented in two parts namely, demographic data and actual findings.

DEMOGRAPHIC DATA

Table 1: Distribution of research participants by sex (N = 50)

| Sex | Frequency | Percentage |
|--------------|-----------|------------|
| Male | 20 | 40 |
| Female | 30 | 60 |
| Total | 50 | 100 |

As table 1 reveals, 60% of the orphans were female and 40% were male. This datum was considered statistically significant to the extent that it confirmed the hypothesis that more orphans in Zimbabwe are of female gender. For example, Dube and Moyo (2009) on a study on causes of school drop-outs in Tsholotsho District in Zimbabwe, found that 66% of the drop-outs were girls who were also orphans forced to look after their younger siblings after the death of their parents.

Table 2: Composition of respondents by approximate age (N = 50)

| Age in years | Frequency | Percentage |
|--------------|-----------|------------|
| 6 – 9 | 8 | 16 |
| 10 – 12 | 48 | 36 |
| 13 - 16 | 24 | 48 |
| Total | 50 | 100 |

Table 2 shows the age range for the AIDS orphans. The respondents were all of school going age.

Table 3: Custodianship of orphans (N = 50)

| Custodianship | Frequency | Percentage |
|-----------------------------|-----------|------------|
| Child- headed | 5 | 10 |
| Under grandparents | 30 | 60 |
| Living with other relatives | 15 | 30 |
| Total | 50 | 100 |

As table 3 above reveals the majority of orphans are under the custodianship of their grandparents.

Table 4: Position of orphans regarding school attendance (N = 50)

| Position of orphan | Frequency | Percentage |
|-----------------------|-----------|------------|
| In school | 35 | 70 |
| Dropped out of school | 12 | 24 |
| Never been to school | 3 | 6 |
| Total | 50 | 100 |

The table above shows that quite a significant number of orphans are not at school.

ACTUAL RESEARCH FINDINGS

According to international literature, there is a link between a child's background and social challenges they experience (Bellamy, 2012). This inquiry suggests that loss of parents brings about a lot of problems for AIDS orphans that they could not have experienced without the loss of parents. In the study, it was found out that most of the orphans had lost both parents. Where both parents had died, it was established that the orphans had many social problems. Some of these orphans had also been taken over by relatives who have become their guardians. However, the majority were found to be under the care of grandparents. As a result of losing their parents, most orphans experience many negative changes in their lives and can start to suffer neglect including emotional neglect (Land,

2010). The study revealed that most of the orphans who had to leave their parental homes indicated that it could have been better if they had remained in their homes. They were of the opinion that those who became their new guardians should instead have come to live with them in their homes. This tallies with Madhavan (2010) who observes that leaving their homes means that they may have to adjust to a new situation, with little or no support and may suffer exploitation and abuse.

It was also revealed by the study that some of the orphans exhibited wayward behaviour. Some of the guardians revealed that some of the children engaged in anti-social and delinquent behaviour. The study also revealed that most of the boys who had dropped out of school spent most of their time in shops drinking beer or smoking drugs. Some of the grandparents revealed that some of these orphans stole money at home resulting in the grandparents wanting to abandon the orphans. The behaviour of some of the orphans showed that they lacked parental guidance. Those who had taken over the upbringing of the children, it appeared are not concerned or had little love for the children.

The study revealed that the orphans had another problem of stigmatisation. About 60% of the respondents indicated that immediately after the death of their parents, friends and some relatives shunned them. They argued that this worsened their situation as they had no one to confide in. This could be because people think they too had the virus. AIDS orphans suffer social isolation, shame and lack of emotional support. It is at this particular point in time after the death of their parents that they need more emotional support. This observation tallies with Jones' (2006) argument that children grieving for dying or dead parents are often stigmatised by society through association with AIDS. The distress and social socialisation experienced by these children both before and after the death of their parent(s) is made worse by the shame, fear and rejection that often surrounds people affected by HIV/AIDS. Because of this stigma, children may be denied access to schooling and health care (Twigg, 2008).

The study revealed that most of the orphans had problems of getting school fees and other logistics for attending school like books and uniforms. As a result, some had to work during wee-ends after school and holidays for their school requirements. Children as young as seven, sell vegetables and fruits at bus stops, shops and even in buses to raise fees. This problem is thus creating child labour. This also encouraged absenteeism by the orphans. As Gruendel (2009) discovered, AIDS orphans may miss out on school enrolment, have their schooling interrupted or perform poorly in school as a result of their situation. Expenses such as school fees and school uniforms present barriers to school attendance if orphans' caregivers struggle to afford these costs (Gay and Hall, 2013).

It was also established that the life styles of most of the orphans changed significantly after the loss of their parents. They revealed that they no longer had the luxury of asking for new clothes. Some said they did not even have footwear. It was also established that most of the orphans did not receive any assistance from either the government programmes or donor agencies despite the fact that they have been registered by the councillor, hospitals, schools and other local leaders. Only a few lucky ones were benefitting from the Basic Education Assistance Module (BEAM).

CONCLUSIONS

- Both theoretical and empirical data in this study converge on the fact that loss of parents through the AIDS pandemic brings about peculiar problems for the AIDS orphans that they could not have experienced without the loss of parents.
- Most of the orphans were taken over by relatives particularly grandparents resulting in them experiencing many negative changes in their lives.
- The majority of the orphans who had to leave their parental homes to join relatives indicated that it could have been better if they had remained in their homes.
- Some of the orphans particularly boys exhibited wayward behaviour like abuse of drugs and beer due to lack of parental guidance and failure to attend school.
- Orphans in the majority of cases experienced stigmatisation. Most people thought that since their parents had died of AIDS, they too (orphans) had the virus.
- Most orphans had problems of getting school fees and other school necessities like uniforms and books. As a result of this, they fall victim to child labour and other abuses.

- The majority of AIDS orphans revealed that they did not get support from government programmes or from Non-governmental agencies programmes meant for vulnerable children despite the fact that their names were recorded in all the registers within the community.

RECOMMENDATIONS

In light of the findings of this study, the researcher would like to make some recommendations.

- Causes of vulnerability of children orphaned by AIDS should be addressed permanently.
- AIDS orphans ought to be carefully integrated into society through emotional and psychological support.
- Grandparents who care for AIDS orphans should be supported by the local leadership with resources to properly look after the orphans.
- There ought to be counsellors who move around the ward to give psychological and social support to the orphans. The experience of bereavement through AIDS can have a profound emotional impact on the child, therefore, there is need to deliver professional counselling.
- The government and law societies should set up free legal centres for the orphans. The orphans need to know their rights and the legal centres could provide advice and assistance.
- It is also recommended that various AIDS funds should benefit AIDS orphans directly. These funds should pay hospital and school fees for the orphans and provide other basic necessities.

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