VULNERABLE CHILDREN, SCHOOLING AND THE FEMINISATION OF THE AIDS PANDEMIC IN ZAMBIA

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Declaration

I declare that ***"Vulnerable Children, Schooling and the Feminisation of the AIDS Pandemic in Zambia"*** is my own work. None of the material contained in this thesis, other than that acknowledged to other authors, has been previously submitted for an academic award in this or another institution.

Signature…….

Rosaria Kunda

Cape Town, 2006

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List of Acronyms and Abbreviations

AIDS	**Acquired Immunodeficiency Syndrome**
FBE	**Free Basic Education**
MDG	**Millennium Development Goals**
NGOs	**Non-Governmental Organisations**
HIV	**Human Immunodeficiency Virus**
OVCs	**Orphans and Vulnerable Children**
P	**Page**
PP	**Pages**
SIDA	**Swedish International Development Cooperation Agency**
UNAIDS	**Joint United Nations Programme Against AIDS**
UN	**United Nations**
UNICEF	**United Nations Children's Fund**
UNFPA	**United Nations Population Fund**
UNIFEM	**United Nations Development Fund for Women**
UNESCO	**United Nations Education, Cultural and Scientific Organisation**
UNICEF ESARO Regional Office	**United Nations Children's Fund East and Southern Africa**
WHO	**World Health Organisation**

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ABSTRACT

Many a time, AIDS-affected families are forced to withdraw children from school to compensate for labour losses, increased care activities and other competing expenses. At times, children orphaned or otherwise made vulnerable by the HIV and AIDS pandemic may not attend school because they have to look after the home, care for younger siblings, or simply because they cannot afford the required school fees. In high-prevalence countries, the number of these children is still growing. To date, too few governments in these countries have implemented specific policies to enable orphans and vulnerable children to go to school.

In a study description by Steinberg in three South African provinces, a survey of 771 AIDS-affected households reported that almost 10% of households removed a girl from school, compared with 5% for boys (Colclough, Samer, Pauline, and Merc, 2003: xii). In this way, AIDS tends to reinforce gender imbalances, deepen household poverty and threaten future generations.

This study aims to explore the gender imbalances that exist in access to education and participation in schooling of the female orphans and vulnerable children, and also how this relates to the continuing feminisation of the HIV and AIDS pandemic in Zambia. The study was based on the premise that the girl child is disadvantaged in this area, and the HIV and AIDS pandemic is worsening the situation for female orphans and vulnerable children.

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The research methodology was located within the qualitative research approaches. This was to enable the researcher to get insightful explanations into choices, actions, and events that occur in the context of the study.

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CHAPTER 1

Key Words

Orphans

Vulnerable Children

Gender

Inequalities

HIV and AIDS

Risk

Education

Schooling

Caregivers

Feminisation

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INTRODUCTION

"The toll on women and girls is beyond human imagining; it presents Africa and the world with a practical and moral challenge, which places gender at the centre of the human condition. The practice of ignoring gender analysis has turned out to be lethal…for the African continent it means economic and social survival. For the women and girls of Africa, it's a matter of life or death."

Stephen Lewis (UNSG Special Envoy on HIV and AIDS in Africa), in Report of the United Nations Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa (UNICEF, 2004).

As far back as the early years of the epidemic, development workers and gender activists were beginning to realise that the HIV and AIDS pandemic was having severe implications for women. "By June 2001 it was particularly evident in Africa that women were beginning to strain under the pressure of high infection rates and increased workloads due to AIDS. The United Nations General Assembly Special Session on HIV and AIDS declared that "women and girls are disproportionately affected by HIV and AIDS and committed UN member states to a set of actions to reduce the impact on women and girls, and promote and protect their human rights" (UNAIDS, 2004: 2).

There is evidence to show that HIV infection may be declining more markedly among young educated women than their uneducated counterparts. Studies point to the example of Zambia, where the prevalence of HIV among young women aged between 15 and 19 years dropped from 27% in 1993 to 15%in 1998. The declines were greatest among those who had secondary education (UNESCO, 2004: 127). Education levels have rightfully

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been recognized as an element in a young woman's life that relates to that woman's risk for HIV infection.

The above research concludes that an effective way to reduce risk of HIV infection among girls is through education. Two of the eight Millennium Development Goals adopted by the international community of nations as principle means of tackling poverty by the year 2015 are concerned with the achievement of universal participation, with gender equality, in primary schooling (Colclough, Al-samarrai, Rose & Tembon, 2003: xi). The Millennium Development Goals state that education is a right, and that all children must have equal access to good quality education. However, gender disparities have continued to exist in the enrolment of children in schools as well as in their participation in schooling. These gender disparities are seen as both a cause and a consequence of the HIV and AIDS pandemic, which has compounded the problem further. Moreover, discrimination against females in African society remains pervasive, especially in as far as education is concerned, with deep-seated social and cultural norms continuing to relegate women to a lower social and economic status in many Southern African countries (UNAIDS, 2004: 12).

Since Zambia's independence in 1964, for instance, the general access to education has been the same for boys and girls. According to a 1995 UNICEF report, generally half of all the children enrolled in grade 1 are girls, suggesting that there is a minimal difference in initial access to education between boys and girls. However, female dropout from school begins to assume significance in fourth grade. By the age of 14 years, 22% of

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urban girls and 32% of rural girls have dropped out of school, compared to 15% of urban and 23% of rural boys of the same age group (UNICEF, 1995: 10).

The impact of HIV and AIDS on access to education and participation in schooling has been attributed to the effects of the occurrence of sudden poverty in affected families. A 1994 WHO/UNICEF survey carried out in one of the suburbs of Lusaka in Zambia found that orphans were disadvantaged as compared to other children in access to education and participation in schooling. For children aged between 11 and 15, 79% of the orphans and vulnerable children were in school, while 88% of their counterparts were also in school.

There are several possible effects that could lead to children orphaned to HIV and AIDS, and those made vulnerable due to the pandemic, having less access to education or reduced attendance rates and/or dropping out of school. These may include the reduced ability of families to pay school fees for the children, increased demand for child labour to increase house hold income, or a reduction in the expected returns to adults from investing in orphaned children's education (WHO/UNICEF, 1994).

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The dynamics of family adjustment in the face of HIV and AIDS related parental deaths include changes in their income and expenditure patterns that at times occur even before the death of one or both parents. These changes may include medical, transportation and eventually funeral costs which tend to reduce the ability of those families to pay school fees and other educational expenses for the children. Other adjustments might involve withdrawing orphaned children from school to work inside the home to take care of ailing family members, and outside the home to help with income generation. Sometimes

relatives who become primary care givers for these children may be less willing than the parents to invest in the children's schooling.

In Zambia, like in many countries of the Sub-Saharan region, the likelihood of child dispersion after parental death is very high, especially in families in which both parents have died due to AIDS. The economic argument is that sharing the responsibility of childcare among the extended family networks lessens the financial burden on any one care giving family. And yet, "socially distributed nurturance" within the family unit is at the heart of important cultural values in Zambia (Serpell, 1998: 53). Among these shared domestic management and family socialisation values is sibling care taking, i.e. older children doing childcare, usually in the context of other domestic chores and tasks, under the overall management of the mother and other adults in the home. Siblings provide as much nurturance for children as do mothers, with girls over time more likely to do so than boys. In Zambia, when a family faces these adverse circumstances, girls are more likely than boys to drop out of school because they are traditionally entrusted to take responsibility for feeding and managing the family at home if their mothers are unable to do so - participation in the subsistence economy (ibid).

The World Education Forum in Dakar in April 2000 made a special commitment to reduce the gender disparities in the enrolment of children with particular focus on primary and secondary education by 2005. At the time, 57% of the 104 million children in Africa who were not in school were girls and two-thirds of the 180 million adults who were illiterate were women. Of these 104 million children, almost three-quarters of them live in sub-Saharan Africa (UNESCO, 2004: 1).

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Aim of the study

This study aims to explore the gender differences and difficulties that exist in the access to education and participation in schooling of orphans and vulnerable children. The objectives of the study will thus be a) to put female gender inequalities into perspective among OVCs with particular regard to their access to education in Zambia in the era of HIV and AIDS, b) to analyse the obstacles being faced by female orphans and vulnerable children in accessing formal education. This will enable my study to explore the needs of female OVCs in the education sector, c)to look at the structures that are already in place to assist OVCs to access and participate in schooling, and also to look at how these already existing structures further assist OVCs to access and participate in schooling, and d) to create a foundation of knowledge about female orphans and girls and risk upon which intervention programmes and policies can be developed.

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An explorative analysis of the participation in schooling and access to education of orphaned and vulnerable children could offer possible insights into the dynamics around risk for HIV particularly of orphaned girls. This analysis could offer a tangible foundation upon which strategies to respond to the impact of HIV and AIDS on girls' access to and participation in education systems can be developed. Furthermore, the research seeks to investigate whether limited access to education for young girls is a factor contributing to the continued feminisation of the pandemic.

Outline of Chapters

Chapter 2 looks at the theoretical aspects surrounding OVCs and their access to education in an era of HIV and AIDS. It will basically discuss the impact of the HIV and AIDS pandemic on the education of OVCs, the role of the education sector to this effect, theories surrounding gender and education, the impact of the pandemic on gender inequalities in access to education and participation in schooling, and also touch on the implications of these factors on the feminisation of the epidemic.

Chapter 3 provides the research method used in the study. It will include the stated aims of the study, the research tools employed, procedure, data analysis, importance of the study, and ethical considerations.

Chapter 4 will present the findings of the study.

Chapter 5 will discuss the findings of the study and also draw conclusions. It will include limitations of the study and recommendations with regard to possible interventions.

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CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

As reported by the BBC(November, 2004) in an article entitled 'Why We Are Failing African Girls', "There has to be a Herculean effort made for these kids so we don't lose them. Otherwise you reap the whirlwind…You have a society where kids haven't been to school and therefore cant fulfill even basic jobs…a society where a large proportion can have anti-social instincts because their lives will have been so hard. You have a generation of children who will be more vulnerable to exploitation and to disease because they won't have the same self worth". (Stephen Lewis, United Nations Special Envoy for HIV/AIDS in Africa-An interview with Africa Recovery).

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HIV and AIDS is a serious threat to Africa's survival and well-being. This pandemic has brought with it despair and disempowerment even in circumstances in which a large majority of the population is still free from HIV infection. It is also derailing many of the development programmes in Africa. The prevalence rates of HIV and AIDS infection in the sub-economic residential areas of Southern Africa have meant that many children have lost their parents, and even with the introduction of anti-retroviral programmes, many more will lose their parents in the next few years. As the numbers of orphans and vulnerable children increases, the educational performance of these children is also expected to deteriorate markedly with higher repetition and dropout rates and generally poorer learning outcomes (Bennell, 2005: 482).

Without effective structures in place to assist the affected families and to care for the emotional needs of the bereaved children, their will be an inevitable increase in trauma and the children will grow to adulthood lacking the ability to feel for themselves or for others, to hold down productive jobs and to sustain the intimate relationships needed for stable family life. There is an urgent need to support these children physically and emotionally, especially that most of the world's represented foci on HIV and AIDS tends towards paying attention to sickness and death rather than on health and life.

"The children and youth of Africa are at the frontline: the most vulnerable to HIV and AIDS, not just in terms of infection, but also in taking the brunt of the epidemic" (UNAIDS, 2000a: 13).

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After Uganda, Zambia has the highest number of children orphaned by AIDS in the world. Out of a total population of 9 886 000, the majority of the people in Zambia, 5 156 000, are children aged between 0 and 18 years of age. Of the child population aged between 0 and 14 years, 23% are orphans, out of which a total number of 750 504 are orphans due to AIDS (65.4%). With an average HIV prevalence rate of to estimated numbers 16%, the growing numbers of orphans are expected to continue to rise to estimated figures of 1 197 867 by 2005 and 1 328 000 by 2010 (UNICEF, UNAIDS, and SIDA, 2004: 10).

The HIV and AIDS pandemic thus becomes a major obstacle to these children accessing formal education, which in turn may perpetuate the feminisation of the epidemic. These children are growing up without one or both parents, and are mostly left in the care of

grandparents, relatives, or siblings, leaving their fundamental rights to formal education greatly at risk of being unfulfilled in a country with relatively high poverty levels.

The ensuing discussion will define the key terms related to the study. Creating an understanding of terms such as orphans and vulnerable children will shed light on the usage of the terms in the study. The impact of the HIV and AIDS pandemic on children will be discussed in order to give an overview of how the epidemic is particularly affecting this all-important group of people. The importance of the role that the education sector can play in the lives of these children will also be considered. Theories of gender and education will give an overview as to the possible conditions and circumstances that come in to play and influence the practical aspects of children's education especially in Sub-Saharan Africa where culture and tradition has significantly assigned societal roles to males and females. The further impact of HIV and AIDS on gender disparities in access to education and participation in schooling will also be discussed. This will then be linked to the increased impact that the HIV and AIDS epidemic is having on females in Africa. The chapter outline will be as follows:

2.2 Defining orphans

2.3 Defining vulnerable children

2.4 The impact of the HIV and AIDS pandemic on children

2.5 The role of the education sector

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2.6 Theories of gender and education

2.7 Impact of HIV and AIDS on Gender Inequalities in Access to Education

2.8 Feminisation of the HIV and AIDS pandemic

2.9 The Extended Family

2.2 DEFINING ORPHANS

UNAIDS, WHO, and UNICEF (UNICEF, UNAIDS and SIDA, 2004: 9) define an AIDS orphan as a child who loses its mother to AIDS before the age of 15 years. Some of these have already lost or will also lose their fathers to AIDS. In Zambia, the prevailing definition of an *'orphan' is 'a child under 18 years of age whose one or both parents have died'*.

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Local terms for orphans in Zambia are very deep and sensitive, often characterised by sadness and helplessness. For instance in a local language known as Bemba, which is generally spoken in the northern and central regions of Zambia, and yet is one of the most widely spoken languages in the country, an orphan is defined as '*umwana wa nshiwa'*. The literal translation of this phrase is 'a child of a person who leaves others behind'. This in itself says a lot about how the local people perceive and culturally relate to orphans in many parts of Zambia.

International definitions of childhood have recognised that orphans are not necessarily young children, taking into consideration that problems caused by orphaning extend well

beyond the age of 15 years. Children on the Brink (2004) uses particular terms in defining orphan sub-populations for statistical purposes. Maternal orphans are defined as children under the age of 18 whose mothers have died. Paternal orphans are defined as children under the age of 18 whose fathers have died. Double orphans are children under 18 whose mothers and fathers have died (UNICEF, 2004:6). An orphan is defined in Zambia as a child below the age of 18 who has lost one or both parents (Ministry of Sport, Youth and Child Development, Government of Zambia, 2004:8).

In Zambia, most of the orphans have lost their parents to HIV and AIDS (Ministry of Youth, Sport and Child Development, Government of Zambia, 2004: 4). This usually means that they lose one parent, and later the other (ibid: 8). In Zambia, this is reflected in the rapidly growing proportion of double orphans. In 1992, 8 per cent of all orphans were double orphans. By 1996, this had risen to 13 per cent, and in 2002, 19 per cent of all orphans were double orphans (Zambia Demographic and Health Survey, 2003).

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2.3 DEFINING VULNERABLE CHILDREN

The definition of a 'vulnerable child' is still under discussion, but the recent Central Statistical Office report on OVC has contributed the following: *'Children living in circumstances where they do not enjoy adequately their rights and/or in circumstances where their survival is uncertain'* (UNICEF, UNAIDS and SIDA, 2004: 9).

Zambian languages and dialects do not have generic terms that define vulnerable children. UNICEF (2004: 8) uses the term vulnerable children to refer to those children

whose survival, well-being and/or development are threatened by the HIV and AIDS pandemic.

In countries where large proportions of children are orphaned by HIV and AIDS, the odds are high that the epidemic has had a damaging impact on a far larger number of children who are not orphans, eroding their well-being and the opportunities available for fulfilling their rights. These 'vulnerable children' are those who are living with HIV and AIDS, those whose parents are infected with HIV or are ill with AIDS, and more generally, children who are especially vulnerable because of poverty, discrimination or exclusion, whether as a consequence of HIV and AIDS or not (UNICEF, 2003: 11).

Ruland et al (2005) address vulnerable children affected by HIV and AIDS as those who have HIV infected parents, come from poor households that have taken in orphans, are discriminated against because of the HIV status of family members, or live in areas with high HIV infection rates.

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In Zambia, although the large number of extremely vulnerable children is recognised, there is no common understanding or definition of vulnerability, either as a general condition or specifically in terms of its manifestations among children (Ministry of Sport, Youth and Child Development, Government of Zambia, 2004:9). However, for many children in Zambia, vulnerability is an effect of HIV and AIDS-children who have an ill parent, children whose families are stretched beyond coping by additional orphaned cousins and relatives, children whose families previously looked to richer relatives for security in times of need, who can now only turn to people as impoverished as

themselves (ibid). The Central Statistics Office report on orphans and vulnerable children has, to this effect, defined vulnerable children as 'children living in circumstances where they do not enjoy adequately their rights and/or in circumstances where their survival is uncertain' (UNICEF ESARO, USAID and SIDA, 2004: 9).

Usually, children's vulnerability is inextricably linked to poverty. As a direct response to poverty, children may be involved in work, either at home or outside. This work may keep them from school, and may be extremely dangerous in some cases. Girls in particular may bear heavy responsibilities for caring for younger siblings and also for sick parents, depriving them of the opportunity to go to school, and placing unimaginable emotional burdens on children as young as 10 (Family Health International, 2003: 15).

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2.4 THE IMPACT OF THE HIV AND AIDS PANDEMIC ON CHILDREN

"The growth in the number of orphans is taxing the coping strategies of families and society at large. In many cases, the extended family is finding it extremely difficult to cope economically and psychologically with the numbers it is required to absorb. Few orphans are able to pay their school or training fees. Many others have to care for others in the homes where they live. Many have to work to support themselves or younger siblings dependent on them" (Kelly, 2000: 57)

The many decades of development effort and gains "will come to naught" if children can not be protected from the deadly HIV and AIDS pandemic (The World Bank, 2002: ix). As victims of the epidemic, they often become vulnerable-deprived of parental care,

guidance, and material provision. While the immediate, direct toll taken by HIV is great, the indirect toll on children extends far beyond individual illness and even death (Rotheram-Borus et al, 2005:980). During the parent's HIV illness, the child may assume the responsibility of monitoring and maintaining the parent's health (Stein et al., 1999). For parentally bereaved children, the negative impact of parental death is also accompanied by disruptive changes in housing and education (Rotheram-Borus et al., 2005:980).

Estimates of the numbers of children orphaned to the HIV and AIDS pandemic and those made vulnerable by it provide a quantitative measure of the impact that the epidemic is having on children at large. In Sub-Saharan Africa, HIV related deaths have resulted in an estimated 12.3 million children orphaned by the disease (UNAIDS et al., 2004). The form of the family is significantly modified: child headed households, the elderly caring for grandchildren at times from multiple children, homeless youth forming new families, and clusters of families joining for mutual survival (Guest, 2003). In many instances, children must assume adult roles and responsibilities, including family support and physical care for other family members. These 'parentified' children experience a range of lost developmental opportunities that forever alter their life course (Barnett and Whiteside, 2003).

Considerable information is also available on the problems faced by these children and their families. First and foremost, most of the children orphaned to the pandemic are not infected by HIV. Secondly, whether infected or affected, the orphans of the HIV and

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AIDS pandemic create special stress on family and community, thus compounding their vulnerability because these families usually have more than one ill or dying member. Thirdly, in many African countries, the HIV and AIDS pandemic has added a new group to the already serious problem of children who are parentless (Back, Levine, and Michaels, 1996: 279).

Research has shown that HIV and AIDS orphans and vulnerable children are subjected to much more social rejection than those orphaned from other causes. The differences were particularly apparent in severely affected regions. According to one African respondent in a survey that was carried out to this effect, a family may have spent so much money on the parent's illness that they are unwilling and in some cases unable to provide any more resources to care for the children (ibid: 281).

When a parent dies, the children most often stay with the surviving parent. In Africa, however, when the mother dies, children are less likely to stay with the father yet when a father dies the children tend to stay with the mother. When both parents have died, the children are in most cases taken in by some members of the extended family, these being grandparents, aunts, uncles, and less frequently older siblings (ibid). In many African countries, particularly in the rural communities, orphaned children have relatively few legal or customary rights to property or the decision making about their future unless the deceased parent(s) had made specific provisions for them in a will. Although many of these children are cared for by extended families that share their resources willingly, these children often risk exploitation, deprivation of property rights, abuse, and neglect. Interesting to note is that girls are often considered valuable as extra household help!

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Acceptance of orphaned children is also dependent on the age of the orphans. Younger children are often considered as more of a burden because of the level of care that is required, while the older children can work alongside other family members (op cit).

In Zambia, like in many countries in Sub-Saharan Africa, traditional family structures already stressed by poverty, poor health, and increased burdens of care are in many instances reaching the breaking point (Barnett, and Blaikie, 1992:110-156). Many of the conditions that promote social dislocation and family stress preceded the HIV and AIDS pandemic (Levine, and Stein, 1994: 5). For instance, a study of the care of people with Aids in a rural population in a south western region of Uganda found evidence that there was limited care by family members because of poverty, other responsibilities, and stigma. Children were actually caring for some adult patients because there were no other adults in the home (Seeley, Kajura, and Bachengana, 1993: 117-122). If the general 'safety net' for families affected by the HIV and AIDS pandemic has gaps, the net for children is even looser! While many families have absorbed orphaned children out of love, custom, or moral obligation, they may not be able to do so without letting up.

The HIV and AIDS pandemic has robbed over 11 million children under the age of 15 in sub-Saharan Africa of one or both parents. The number is expected to rise over the next 20 years because of the high proportions of adults already living with HIV and AIDS, as well as the difficult social, cultural, and economic circumstances surrounding the people of this region (UNICEF, 2003: 3). In a report titled Frontline Responses to Children Orphaned by AIDS from Eastern and Southern Africa (UNICEF, 1999: 2), the authors say that one of the less addressed and yet calamitous effects of the HIV and AIDS

pandemic is the vast numbers of children being orphaned by the scourge. The authors go on to say that these children endure overwhelmingly and utter losses, living as they do in societies already weakened by underdevelopment and poverty, which are additionally being compounded by the AIDS epidemic itself.

The report further says that Africa has more children orphaned to the pandemic than anywhere else in the world. The deep-rooted kinship systems that exist in Africa are an age-old social safety net for these children is now unraveling rapidly under the strain of HIV and AIDS and the rising numbers of orphans particularly in Sub-Saharan Africa. Colclough et al (2003: 21) say that capacity and resources especially in Sub-Saharan Africa have often been stretched to breaking point, and those who may be providing the necessary care for these children are in many cases already impoverished, often elderly, and in most cases may have also depended both financially and physically on the support of the very person who may have died and left the children in their care.

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It is widely believed that the education of these children is adversely affected in many ways, the main contention being that given the difficult home situations, both orphans and children in AIDS affected households are often forced to drop out of school altogether with little chance of ever returning to school (Bennell, 2005: 473). These children are often the first to be denied education when their extended families cannot afford to educate them. A study in Zambia, for instance, showed that 42% of orphans in urban areas were not enrolled in school, as compared to 25% of non-orphaned children. In rural areas, the figures for children who are not enrolled in school were a staggering 68% of orphans compared with 48% of non-orphans. (UNICEF, 1999: 5)

Interesting to note is that in an article entitled 'The Impact of the AIDS Epidemic on the Schooling of Orphans and Other Directly Affected Children in Sub Saharan Africa', Paul Bennell (2005: 474) says these children have particularly stronger material and psychological incentives to attend school than other children. He goes on to say that although the school environments are not very child friendly, attending school is still an important part of leading a 'normal' life. Furthermore, the home environment for these children is likely to be much less attractive than school, with little or nothing to do during the day and/or relatively inattentive carers (Bennell, 2005: 474).

That aside, these orphaned children often accumulate the greater burdens of responsibility as heads of households when either the parents or caregivers die. They often find themselves thrust into the role of either mother or father or even both, often doing household chores, looking after siblings, farming, caring for the ill or dying parent or parents, and many other activities that would stress and exhaust even adults. In Sub-Saharan Africa, where effective relief for pain and other symptoms is often unavailable, children who live through their parents' pain and illness frequently suffer from depression, stress and anxiety, as they often lose everything that once offered them comfort, security, and hope for the future (UNICEF, 1999: 5).

Enduring the grave social isolation that still comes with the pandemic in many African countries, these children are often at a far greater risk of eventually becoming infected with HIV than their peers. Often emotionally vulnerable and financially desperate, particularly in the case of girls who more often than not take on the bulk of the responsibility, these children are more likely to be either sexually abused or forced into

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exploitative situations such as prostitution, as a means of survival(UNICEF, USAID and SIDA, 2004: 11).

As stated in Action for Children Affected by AIDS, “ultimately it will be the affected families and communities that find ways to cope with AIDS and with the social and economic damage that the illness inflicts” (WHO and UNICEF, 1995). For children affected by the epidemic, current efforts that have been unable to keep up with the pandemic may result in the potential loss of the children’s future contribution through their lack of education, unmet basic needs like food, shelter and medical care, and inadvertently exposure to HIV. Orphans and vulnerable children live in an extremely volatile and threatening world, and the HIV and AIDS pandemic exposes and exacerbates their vulnerability. This is especially true in urban areas, where these children are “prime targets for HIV infection…..emotionally vulnerable and economically hard up, these children are more easily drawn into higher risk activities” (UNICEF, 1999: 11).

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The well being of these children is a test of our future commitment to social stability, economic development, and human rights.

2.5 THE ROLE OF THE EDUCATION SECTOR

New analyses by the Global Campaign for Education suggest that if all children received a complete primary education, the economic impact of HIV and AIDS could be greatly reduced and around 700 000 cases of HIV among adults could be prevented each year - 7 million in a decade (UNAIDS, UNFPA, and UNIFEM, 2006 :1). The benefits of

education come from the actual knowledge that students gain about HIV, from training in negotiation and life skills to their increased ability to think critically and analyse situations before acting (ibid).

According to the Global Campaign for Education, “research shows that a primary education is the minimum threshold needed to benefit from (health information) programmes. Not only is a basic education essential to be able to process and evaluate information, it also gives the most marginalised groups in society-notably young women-the status and confidence needed to act on information and refuse unsafe sex” (op cit).

Education results in the impartation of knowledge, good judgement, wisdom, and more tangibly, skills. These are “critical life and social skills, including decision making, refusal skills, critical analysis and systematic judgement abilities” (Vandenberg, 1969: 67). The World Bank (2002: 3) points towards the fact that a strong relationship exists between education and economic growth patterns, where growth increases with increased education and declines with decreased education. The World Bank thus maintains that education is essential for global poverty reduction (Ibid: ix).

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Participation in education is recognized as a major engine of social and economic development. It is also recognized as an effective means to the prevention and reduction of the spread of HIV/AIDS in the absence of a cure or a vaccine (UNESCO, 2004: 128). Any child who does not access a complete primary education of reasonable quality is vulnerable. Missing an education causes many problems later in life, among them earning a living, planning a family, being a parent, avoiding HIV and AIDS and accessing rights,

which are all harder for people without education (Ministry of Youth, Sport and Child Development, Government of Zambia, 2004: 10).

"Schools can provide the best defence against HIV infection. They offer the best mechanism to deliver HIV prevention information, as well as the long-term educational and social skills that protect against infection. With knowledge so critical in the fight against HIV and AIDS, the best defence against the epidemic is keeping vulnerable young people, especially girls, in school" (Carol Bellamy, Executive Director of UNICEF, February 2004)

Accessing school in Zambia presents problems for many children, both orphans and non-orphans (Zambia Demographic and Health Survey, 2002). The data review for the Situation Analysis of Orphans and Vulnerable Children in Zambia (2004) shows that in the early years of schooling, orphans appear to have slightly higher levels of access to school than non-orphans (although this has been alluded to the higher number of orphans in urban areas, where children start school younger). However, as the years go by, orphans are more vulnerable to dropping out than non-orphans. Around a quarter of children aged 10 to 14 do not go to school and orphaned children are less likely to attend school than non-orphaned children (Ministry of Youth, Sport and Child Development, Government of Zambia, 2004: 17).

Education is central to one's ability to respond to the opportunities that development presents. However, significant disparities still remain in several regions (World Bank, 2001: 41). Disparities persist both in school enrolment rates, which capture education

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flows, and in average years in schooling (ibid). Absolute levels of female enrolment and schooling remain lower in Sub Saharan Africa than in other developing regions (ibid: 43).

The education sector has a fundamental role to play in prevention, care and support activities related to HIV and AIDS. Explanatory factors for the incidence of the epidemic, such as the powerlessness of women and girls, can be traced to the education sector (Zambia Central Statistical Office, 2003: 195). The huge numbers of students and learners that educators reach in schools constitutes a noteworthy proportion of a population, including those severely affected by rising adult morbidity and mortality (Badcock-Walters, 2001: 72). Education thus serves as an important factor to lower the risk of HIV infection, and in the inverse, a lack of education increases the risk of HIV infection (World Bank, 2002: 3).

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In his paper presented at the national conference on education and HIV and AIDS (June 2002), Professor Michael Kelly of the University of Zambia urged the education sector to pay special attention to ensuring that children of school-going age in communities heavily affected by HIV and AIDS have the opportunity and financial means to receive education of good quality. He emphasised the need for the education sector to develop and maintain dynamic coalitions with other partners, and to ensure an enlarged cadre of guidance and counseling personnel qualified to provide the kind of support and assistance needed to address the trauma, loss and discrimination experienced by children affected by or infected with HIV and AIDS (Kelly, 2002).

With an emphasis to date on preventive programmes in schools, there has been no clear guidance in terms of the education sector's role in the social support of affected learners, including children experiencing orphan hood (Coombe, 2001: 21). The underlying principle of preventive education is that all people have the right to know what HIV is, how it is transmitted and how to prevent infection, and that special measures must be taken for those most vulnerable and most likely to effect change (UNICEF, 2004: 13). The majority of young people in the developing world know alarmingly little about the three primary ways to avoid infection (ibid).

Newly analysed data make a direct link between education and sound knowledge of HIV. In Ethiopia, more than four out of five educated young women aged 15 to 24 knew that a healthy looking person could be HIV-positive, compared with less than a quarter of women with no education. Educated young women were also more likely to know where to go to be tested for HIV (op cit).

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It is very important that schools are aware of the important role that they can play in caring for and taking responsibility for addressing the needs of OVCs. It is important that schools are assisted to develop programmes that address the needs of this all-important group of children in an atmosphere of support, compassion, and understanding. Through their schools, children can be provided with information that would assist them to cope with their trauma, whilst also reducing stigma and discrimination.

The education system has the advantage of being able to reach out to children at an age that most of them are not yet engaging in behaviour that may put them at risk of contracting the HIV. Young children are in the process of acquiring knowledge and

developing a set of values and guidelines that would guide them through life. A fully inclusive education system can help them to better develop life skills. Studies from around the world have shown that young people provided with correct information, knowledge and skills will not only delay starting their sexual activity but will also be more likely to protect themselves not only from HIV but also from other sexually transmitted infections (UNESCO and UNAIDS, 2004: 1).

Effective education also promotes critical thinking, decision making, communication and inter-personal skills, all of which support the adoption of healthy behaviours and reduction of high risk behaviours (UNICEF, 2004: 14). Education also allows young people to analyse beliefs about culture and society. Discussions about gender roles, rights and responsibilities, discrimination, power relations and social stigma help them set and protect their personal boundaries, as well as negotiate relationships. These subjective discussions are as important as the objective presentation of facts (ibid). Surveys have shown that educated married women are more likely to discuss HIV and Aids with their husbands and to know that they have the right to refuse to have sex with them. Demographic and Health Surveys in 15 countries have shown that more educated women were more likely to seek treatment for sexually transmitted infections which are linked to increased susceptibility to HIV but early detection and treatment substantially reduce the risk of infection (op cit).

There is strong evidence to suggest that delaying sexual initiation is crucial in reducing HIV and AIDS infection. Education plays an important role in delaying sex for young women. In recent analyses of eight Sub-Saharan countries, women with eight or more

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years of schooling were 47 to 87 per cent less likely to have sex before the age of 18 than women with no schooling (Gupta, and Mahy, 2003: 46). There is also evidence to say that education improves a young woman's choices regarding the use of condoms or abstaining from high risk sex (Demographic and Health Surveys, 1999-2001) while surveys in Haiti, Malawi, Uganda and Zambia have linked higher education to fewer sexual partners (Demographic and Health Surveys, 2000-2001). The links between education and less risky behaviours is noticeably consistent across the regions describes here.

Education thus empowers individuals by providing them with knowledge and skills to make informed decisions and adopt behaviours that reduce their risk of HIV infection (UNICEF, 2004:16). Accurate information about sexuality, reproductive health and HIV and AIDS, along with life skills and links to services, are fundamental components of education (ibid). As stated by The Ministry of Youth, Sport and Child Development of the Government of Zambia (2004: 10) in an article entitled Zambia's Orphans and Vulnerable Children: What You Should Know, "Education is vital for Zambia's future. Without education, the next generation will be unable to meet the challenges of development, risking social frustration and economic failure."

Interesting to note is that in 2002, the Zambian Government introduced a Free Basic Education (FBE) policy. The FBE policy says that children should be allowed to attend school from grade 1 to 7 free, without having to provide uniform or fees, or the previously common payments in kind (reams of paper; cleaning materials) (Ministry of Youth, Sport and Child development, Government of Zambia, 2004: 17). FBE is

undoubtedly an important step towards the provision of universal, compulsory education as recognised in the Convention on the Rights of the Child. However, it has not removed all barriers to education. Children still need money to attend primary school, to pay for adequate clothing as well as books and pencils. Children from very poor households or with sick parents may have to work, and hence not have time to attend school (Family Health International, 2003: 17).

2.6 THEORIES OF GENDER AND EDUCATION

According to latest data from the World Bank, 45% of women ages 15 and above in Sub-Sahara Africa are illiterate. While 94% of boys are enrolled in primary schools only 81% of girls are in school (Akukwe, 2005: 1). Attempts to explain the continual inequalities in the access of girls and boys to schooling, and in their performance once enrolled are informed by more general analyses of gender relations in society (Colclough, et al, 2003: 3). Theoretical explanations have documented ways in which girls are systematically excluded, and at times marginalised in accessing formal education. Attention has not only been placed on access. It has also been placed upon the school and family characteristics, especially in this era of HIV and AIDS, particularly in the case of orphans and vulnerable children. Explanations for these inequalities vary among the different theorists. Some writers say that the inequalities come from insufficient information of the benefits of schooling, faulty socialisation, and or prejudice. Social attitudes about females being wives, mothers and homemakers are cited high as being among the underlying reasons for these deviations (Boserup, 1970: 122).

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In no region in the developing world are women equal to men in legal, social, and economic rights. Gender gaps are widespread in terms of access to and control of resources, but the costs of gender disparity cut more broadly across society, ultimately harming everyone (World Bank, 2001: 11). Gender disparities have persisted because they have been embodied in institutions, household decisions, and economic policy, which all stand in the way of transforming relations between males and females. Promoting gender equality thus becomes an important development objective in its own right (ibid: 13).

Parental and familial assessments about short and long term returns on their children's education help to explain the continuing gaps in school attendance, achievement, and literacy between males and females (Tinker, 1990: 97). Generally, inequality in educational participation and outcomes reflects broader inequalities in society. These embrace social norms and customs, which construct dominant incentives that guide people's behaviour, and determine the roles that women and men have to play in society (UNESCO, 2004: 117). The critically important locus for deciding participation in schooling is the family. This is where notions of gender relations are transmitted. This implicitly happens through the gender roles that households fulfill by consequence of the gender frameworks within which the children of each sex are brought up (Hoddinott, 1997: 52).

Gender inequalities in education are simply one aspect of a generalised and systematic discrimination against women and girls (UNESCO, 2004: 119). Besides the continuing prevalence in these inequalities being a major infringement of the rights of females, this

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may also be an important impediment to social and economic development (UNESCO, 2004: 24). In many cases, a vicious cycle is created where girls who drop out of school are then more vulnerable to unwanted pregnancy and STIs, including HIV and AIDS (UNAIDS UNFPA and UNIFEM, 2006:3).

"Study after study has taught us that there is no tool for development more effective than the education of girls. No other policy is as likely to raise economic productivity, lower infant and maternal mortality, or improve nutrition and promote health-including the prevention of HIV/AIDS" (Kofi Annan, December 2004).

The potential of education will not be reached unless it is extended to both girls and boys. In fact, the spread of HIV and AIDS will not be stopped unless the basic human right of women and girls to education is at the centre of the response (UNICEF, 2004: 16).

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2.7 IMPACT OF HIV AND AIDS ON GENDER INEQUALITIES IN ACCESS TO EDUCATION

Achieving education for all (EFA) in a world of AIDS presents an unprecedented challenge to the world's education community. The pandemic has already had a devastating effect on education systems: draining the supply of teachers; weakening demand and access; and increasing costs (World Bank/Education Section, Human Development Department, World Bank, 2002).

Studies from Botswana, Lesotho and Zambia show girls are taken out of school to care for one or both parents who are ill from HIV and Aids (United Nations, 2004: 10), highlighting their educational deprivation even before they become orphans. It has been extensively documented that girls more often than not become the family caregivers. Thus advances made in gender equity with regard to education are declining as more and more people are becoming ill with AIDS related diseases (O'Grady, 2004: 38).

HIV and AIDS and gender inequality are a twin that affects Southern Africa as a region. Southern African states need to expand and strengthen existing education facilities and services in order to reach women and girls who are ordinarily ignored (United Nations, 2005: 119). Far too many children, especially girls, are out of school**.** In countries hard hit by HIV and Aids, school enrolment has plummeted. In Sub-Saharan Africa, for instance, 40 per cent of boys and 44 per cent of girls are out of school (UNICEF, 2004: 19). In many countries with high HIV and AIDS prevalence rates, when a family is hit by the pandemic, girls are often the first to be taken out of school to either care for an ailing parent or family member, or to take on responsibility for their siblings, sometimes as head of a household (UNICEF, 2003a). Differences in enrolment rates and school attendance among boys and girls has been found to be greater among children living with a sick caregiver, in most instances the bulk of the responsibility of care falling first on the oldest girls (Giese, 2003: 8). The girls face discrimination if parents or guardians choose to spend limited cash on boys rather than girls (Ministry of Youth, Sport and Child Development, Government of Zambia, 2004: 5).

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When poor families are forced to make difficult choices about household expenditure, school is often the first thing dropped, and daughters are often the first casualties. Even when education is free, poor children may be forced to leave in order to work (UNICEF, 2004:20). Children may need to provide extra household income or care for younger siblings or ailing parents. At times children are removed from school to search for food (ibid). The direct costs of schooling may also soon become unbearable for such affected families, where in the worst cases girls may even be forced to provide for themselves and their families by engaging in relationships that may heighten their risk of HIV infection (UNESCO, 2004: 127). Girls' education is an important means of breaking such patterns of economic deprivation and dependence.

Although education is an effective means of addressing the HIV and AIDS crisis, the epidemic puts new barriers in the way of girls' abilities to access education (Fleishman, 2003). However, indications show that HIV infection may be declining more markedly among young educated women than among those with less education. A study conducted in Zambia shows that the prevalence for young women aged between 15 and 19 dropped from 27% in 1993 to 15% in 1998. The decline was greatest among those with secondary and higher levels of education.

"Some authors have concluded that if this apparent relationship between more education and less HIV is robust, in the absence of a physiological vaccine against HIV infection, society has at its disposal a 'social vaccine' in the form of education" (Coombe and Kelly, 2001).

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2.8 FEMINISATION OF THE HIV AND AIDS PANDEMIC

"Now, more than ever, the cause of women is the cause of mankind" (Boutros B. Ghali)

The so-called feminisation of AIDS appears to be in full swing in Africa (Akukwe, 2005: 1). Infection rates are often higher for females in Sub Saharan Africa because three quarters of all sexual transmissions are heterosexual, most commercial sex workers are female, and the infectiousness of HIV is greater from males to females (World Bank, 2001: 50). The AIDS epidemic is affecting women and girls in increasing numbers. Globally, just under half of all people living with HIV are female, whereas this figure was still at 12% in 1995. Women and girls make up almost 57% of all people infected with HIV in sub-Saharan Africa, where a striking 76% of young people (aged 15–24 years) living with HIV is female. In most other regions, women and girls represent an increasing proportion of people living with HIV, compared with five years ago (World Population Foundation, 2004: 76).

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HIV infects more young women than men (Ministry of Youth, Sport and Child Development, Government of Zambia, 2004: 5). Each year, as the proportion of cases of HIV heterosexual transmission increases, proportionally more of those infected are women (Berer, and Ray, 1993: 45). On the Copperbelt Province of Zambia, among HIV positive sexually transmitted disease clinic attenders with no clinical signs of HIV infection, the men were on average aged 24-28, while the women were predominantly below the age of 21 (Harris, 1990:405). This suggests that older men infect younger women. Girls and young women may not understand the risks of unprotected sex, or may not feel confident to refuse sex or to discuss the use of condoms. Young girls may easily

believe stories of love and promises of marriage from older men, and agree to sexual relationships that may end in heartbreak, pregnancy and HIV infection (ibid).

Additionally, this also falls in line with socio-sexual norms, which are easily overlooked if gender and social factors are not taken into account (Berer, and Ray, 1993: 45). The imbalance in power between men and women-economically, socially and physically-is responsible for much of the lack of safety in sexual relationships. The gender role of 'women' affects marriages, non-marital relationships and commercial sex as well. Women are taught to be and are rated as the second sex by their families, religions, schools, employers and government policies (ibid: 179). Related to this are the risks of commercial sex work, sugar daddies, domestic violence, defilement and sexual abuse even within the family, that are faced by many young girls. Social attitudes stop girls seeking support, fearing they will be blamed for inviting abuse, breaking up families or ruining the reputation of their abusers (Ministry of Youth, Sport and Child Development, Government of Zambia, 2004: 5).

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This increase in the number of women infected could also be alluded to the fact that infection of a woman by a man is biologically more likely than infection of a man by a woman, that is, per exposure and if other risk factors are equal (Berer, and Ray, 1993:45). If men generally have more sexual partners than women, then more women will be exposed to HIV by infected men than vice versa (Ponnighaus, and Oxborrow, 1990: 1198). This increase in infection among women can be seen by looking at the changing

ratio of men to women with HIV and AIDS in particular countries or regions over time.

In his opening address at the 15th International AIDS Conference in Bangkok in July 2004, Koffi Annan emphasised the feminisation of HIV and AIDS. He stated, “Over the past few years, we have seen a terrifying pattern emerge, all over the world. Women now account for nearly half of all adult infections, among people younger than 24, girls and young women make up nearly two-third of those living with HIV. Yet, one third of all countries still have no policies to ensure that women have access to prevention and care, knowing what we do today about the path of the epidemic. Poverty, abuse and violence, lack of information, coercion by elder men, men have several concurrent sexual relationships entrap young women in a giant network of infections”.

He emphasized that the importance of education as a preventive measure, urging the global community to give women “full access to the practical options that can protect them from HIV/AIDS”. This message was reinforced by Praful Patel, vice president of the world Bank in south Asia, who said that girl’s education was a powerful weapon to check the spread the HIV/AIDS in countries such as Bangladesh, where 54 percent students in primary schools are female: “educated girls are aware of what happens to their bodies, they are capable of negotiations with their parents, and they know how to protect themselves,” Patel stated (Rajagopalen, 2004).

Globally, women and girls are more susceptible to HIV than men and boys, with studies showing that they can be 2.5 times more likely to be HIV infected as their male counterparts. In sub-Saharan Africa, girls and young women are twice as likely to be

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HIV-infected as young men, with up to six times the infection rate of their male peers in parts of the sub region (UNAIDS, 2004:2).

Traditionally in Zambia, as in many other parts of the world, men play a dominant role in most relationships, while women and girls are generally expected to be submissive. Females also have less access to education and mass media. As a result, women can lack the confidence, skills and knowledge necessary to negotiate safe relationships with men and to make independent lifestyle choices.

2.8.1 Early and Child Marriage

In most countries, 18 has been declared as the minimum legal age of marriage (Bruce, and Clarke, 2004:10). 82 million girls in developing countries who are now aged between 10 to 17 will be married before their 18th birthday (UNFPA, 2005). Among the factors perpetuating early marriages are poverty, a lack of educational or employment opportunities for girls, and the sense that girls' main value is as wives and mothers. While the practice has decreased globally over the past 30 years, it remains common in rural areas and among the poorest of the poor (The Population Council, 2002). Child marriage is not only a health issue, but also a human rights violation especially that it takes place in the context of poverty and gender inequality.

The practice of girls marrying young is very common in sub-Saharan Africa. The marriage of girls before puberty is not unusual (UNFPA, 2004). Research has shown that the regional average for women who were married before the age of 18 in sub-Saharan

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Africa is 42% (UNICEF, 2005).Married adolescents are typified by limited educational attainment, no schooling options and increased vulnerability to HIV and other STIs (ibid), among other problems. Their bodies are still growing and developing and hence pregnancies put both them and their babies at risk for negative health consequences. Additionally, according to a research report by the International Centre for Research on Women citing research from Kenya and Zambia, these girls are more likely to have sex often, more likely to use condoms less frequently, are unable to refuse sex, and are more likely to have partners who are more likely to be HIV positive (Cohen, 2004: 2).

Studies show a correlation between girls' educational levels and age at marriage. Girls with less than seven years of schooling are more likely to be married by age 18, and early marriage is directly linked to an increased risk of HIV infection (UNAIDS, UNFPA and UNIFEM, 2006). Because many married adolescents are pulled out of school at an early age, they may be unfamiliar with basic reproductive health issues, including the risk of HIV. Child marriage is widespread in Zambia, even though the legal age of marriage is 21 for both males and females (Population Council, 2005:1).Studies show that nationwide, 8% of girls were married by age 15, and 42% were married before age 18 (ibid).68% of married girls between ages 15-19 have not completed primary school (op cit). Studies in some parts of Zambia show that teenage brides are contracting HIV at a faster rate than sexually active single girls in the same locales (Clarke, 2004: 65). Further studies in Ndola, Zambia, show higher rates of HIV infection in some groups of married adolescent girls aged 15-19 years compared with unmarried, sexually active counterparts (UNFPA, 2004). Surprisingly, the relationship between the decision to marry at a

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younger age and several key HIV risk factors has remained largely uninvestigated (Clarke, 2004:1).

In sub-Saharan Africa in particular, girls' early sexual relationships are very likely to occur with men who are considerably older, often in exchange for money or gifts. These conditions generally reduce the ability to negotiate safer sex and increase chances of contracting STIs and HIV, or becoming pregnant. In many communities in the region, once a girl is made pregnant she is often forced to get married to the man. Because cross-generational sex is driven in part by poverty, and is also seen as a way to increase one's status, parents and guardians sometimes encourage it (UNFPA, 2005). Adolescent girls with much older husbands often have limited capacity to negotiate sexual relations, contraception and childbearing, as well as other aspects of domestic life. Data on spousal age differences show that adolescent girls' husbands are often considerably older. These age differences reflect expectations about female fecundity and a balance of power that favours men over women (UNFPA, 2005)

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Young women in the developing world who marry in their early teens are also denied education. Early marriage almost inevitably disrupts education, reducing opportunities for future independence through work (ibid).

2.8.2 Poverty and Women

Poverty and poor public services have also combined with the pandemic to turn the care burden for women into a crisis with far reaching social, health, and economic

consequences, which in turn have intensified the feminisation of poverty (UNAIDS, 2004: 4). Southern Africa is one of the most impoverished sub regions in the world. Already suffering widespread poverty, and great economic inequality in some countries, many countries are now reeling from HIV and AIDS; and this individual, as well as community, burden is falling disproportionately on women and girls (O'Grady, 2004: 34). More households in Southern Africa are headed by women than in any other part of Sub-Saharan Africa, according to the United Nations. In the sub region as a whole, more than 34 per cent of the households with children are headed by women (United Nations, 2004: 8). Elderly women in particular are bearing an extraordinary burden emanating from the HIV and AIDS pandemic in Sub-Saharan Africa. There are reports of grandmothers caring for generations of orphans, the children of sometimes several of their own children who have died of AIDS related illness (O'Grady, 2004: 35).

For girls who become orphans, or are vulnerable because of the pandemic, the likelihood of becoming impoverished will increase. Based on impoverishment and seeking a better life, young girls engage in transactional sex for money, goods or basic services, mostly with older men thus greatly heightening their risk of HIV infection (ibid: 38). Interesting to note is that a study carried out in Zambia noted that 18 per cent of girls tested positive for HIV within a year of losing their virginity (United Nations, 2004: 13). For girls who are orphans or vulnerable children, behaviours that may heighten risk to HIV infection will continue to fuel the HIV and AIDS pandemic and at the same time will potentially dramatically shorten their own life spans. Yet these girls are only trying to survive (O'Grady, 2004: 38).

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The African epidemic has been understood as one in which women-especially poor women-are significantly more vulnerable to HIV infection than men. Such vulnerability is based both on biology and the lower social status of women. Not only are women at times subjected to sexual abuse, but they often find themselves in coercive sexual relationships where they are unable to insist on condom use, frequently remaining faithful to abusive partners who are not faithful (Berger, 2004: 46). Traditional power relations between men and women mean that women and young girls are less able to negotiate concerns about their sexuality and are therefore less able to protect themselves from the risk of HIV infection. The situation is compounded by the stigma and discrimination faced by women with HIV and AIDS (Save The Children and Oxfam International, 2002: 4). In short, women are more vulnerable to HIV than men….and more at risk of HIV biologically because they are women (ibid).

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2.9 THE EXTENDED FAMILY

In the early days of the AIDS orphan crisis there was a rush by well meaning non-governmental organisations to build orphanages. This response, however, was not sustainable given the scale of the problem. The costs of maintaining a child in an orphanage is many times that of other forms of care (UNAIDS/WHO, 2006). Many people now believe that orphans should be cared for in family units through extended family networks, foster families and adoption, and that siblings should not be separated (Panos AIDS Programme, 2001).

The first line of support for orphans and vulnerable children is their family, including the extended family and distant relatives (Foster, 2005:65). It has been said that traditionally there is no such thing as an orphan in Africa, as relatives have almost always taken on parenting of orphaned children (ibid: 67). In the past, the sense of duty and responsibility of extended families towards other members was almost without limits. However, the impact of the AIDS pandemic is putting additional strain on family structures. These effects are being compounded by the stigma that often makes people affected by AIDS become socially excluded. Thousands of children are thus abandoned due to stigma or simply a lack of adequate resources by the extended family, while many also run away because they have been mistreated and/or abused by guardians (UNAIDS/WHO, 2006).

In Zambia and other countries that have been hardest hit by the pandemic, the traditional mechanism for the care of orphans and vulnerable children has been the extended family (Fleshman, 2001:1). This, however, has started to break down under the twin pressure of poverty and disease (ibid).

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Strengthening the family, United Nations Children's Fund (UNICEF) Executive Director Carol Bellamy told 'Africa Recovery', is the only practical response to the crisis. However, a comprehensive study of what one researcher termed "Zambia's silent crisis of orphans" revealed just how difficult that can be in practice (op cit).

A large element of the problem is financial. The pandemic has been both a cause and an effect of Zambia's deepening poverty and rising external debt, problems that have pushed many families to the very edge of survival while also limiting the government's ability to respond to the orphan crisis (Fleshman, 2001:2). Cases of abuse, mistreatment or

exploitation of fostered children have been reported, however. Girls in particular may be taken in by relatives because of their economic value in carrying out domestic chores. However, though several studies have demonstrated that orphans are disadvantaged compared to non-orphans in other families, few studies have demonstrated significant differences in the ways relatives treat their own biological children compared to fostered children (Foster, 2005: 68).

For many children, the loss of parents brings destitution, an end to schooling and stigmatisation by family and neighbours. Despite the ever increasing death toll, nearly half of Zambia's orphans live in a household with one surviving parent, usually their mother (UNAIDS/WHO, 2006). The high incidence of HIV infection within marriage, however, means that many children soon lose both parents, and become the responsibility of the extended family. About 40% of these children are raised by grandparents, while about 30% are raised by aunts and uncles (ibid). The consequences for the family can be devastating. One 70 year old woman raising her 4 grandchildren in Zambia told researchers that "ever since these children were brought to me I have been suffering. I am too old to look after them properly. I can not cultivate…..and the food does not last the whole year" (Fleshman, 2001: 3). The extended family is thus not a social sponge with infinite capacity to soak up orphans (Foster, 2005: 70).

In Zambia, many times supporting a family's ability to raise orphans and vulnerable children has also been a community effort. Over the 20 years through which the HIV and AIDS pandemic has spread through the country, hundreds of religious and community based programmes have been established to support these children and their families. The

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programmes are as diverse as the communities that they serve. However, they practically all attempt to assist the families to meet two fundamental needs, these being food and education.

Having discussed the various issues surrounding the young female HIV and AIDS orphans and vulnerable children and their education, a need arises to practically look at the lives of these children in this context.

The next chapter discusses the methodology used to collect data, the research process that was undertaken, and the challenges encountered during the field work.

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CHAPTER 3

METHODOLOGY

This chapter outlines the research methodology, the procedure used to conduct the study, and the method employed to analyse the data. Ethical considerations and the significance of the study are also described. The chapter will be outlined as follows:

3.1 Research procedure

3.2 Research aims

3.3 Research topic

3.4 Research plan

3.5 Research design

3.6 Data analysis

3.7 Ethical considerations

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3.1 RESEARCH PROCEDURE

Qualitative research explores social phenomena about which little can be assumed a priori (Vermeire, 2005: 82). Qualitative information provides rich descriptions and well founded rationale for explaining the underlying behavioural and environmental processes at work in local settings. A qualitative study allows the researcher to trace historical

events, their causes and long-term consequences, and derive insightful explanations for all of these. It places persons and their families within this historical picture and shows in a realistic sense how they adapt to changing conditions both culturally (in the form of role changes for example) and socially (like alterations in the family developmental cycle). The key, therefore, is to understand the context in which decisions, actions, and events occur (Yoddumnern-Attig, Attig, and Boonchalaksi , 1997: 3).

As earlier mentioned, this study will look at the levels of access to education and participation in schooling of female orphans and vulnerable children. These are children who have either lost one or both parents to HIV and AIDS, or those that are looking after ailing parents. The study will look at how many of this particular group of children are able to go to school and, as much as possible, how they are able to participate academically.

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From a review of literature, the researcher found that among the effects of the HIV and AIDS pandemic on children is a sudden poverty that they are thrown into either due to increased family expenditure on health care or the death of a provider. The literature showed that more often than not, this results in a reduction in resources available for children to go to school. Additionally, in many traditional African societies, girls are culturally assigned particular roles that tend to reduce their chances of going to school. According to a review of literature, the HIV and AIDS pandemic reduce these chances even further. Previous studies have shown that education is a tool that can reduce levels of risk to HIV and AIDS, and in the case of the females it can reduce the ever-increasing

feminisation of the epidemic. This study therefore aims at putting the female gender inequalities in perspective in the education sector in an era of HIV and AIDS, with particular reference to the female orphans and vulnerable children.

The European Union (2005:4) speaks of qualitative research as involving the collection, analysis, and interpretation of verbal data. These data relate to the social world and concepts and behaviour of people within their own social context. This study is therefore more specifically suited for qualitative procedure as it is mainly exploratory in nature. Investigating a topic such as this one calls for an inductive approach because no "tailor made pre-defined answers to the research questions are available" (European Commission, 2005: 6). The use of focus group discussions is thus a highly appropriate data collection technique to assess the problems faced by female OVC's in accessing education and participating in schooling, as well as their needs in this regard. The study aims to look at the experiences and perceptions of these children on this topic in the social contexts in which they occur, and will use both focus group discussions and individual interviews.

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3.1.1 Focus Group Discussions

The focus group discussions allow for the generation of a substantial amount of data in one group session, while also using the communication between the participants to generate data (European Commission, 2005: 7). It uses group interaction to provide a specific type of data (ibid). The interaction between the participants can be used to highlight the respondents' attitudes, frameworks of understanding, share common

experiences, and to develop their own analysis of common experiences. The debate within the group should facilitate additional insight into the contexts to be studied (Kitzinger, 1999: 13).

3.1.2 Interviews

As a follow up to the focus group discussions, the use of semi-structured interviews is appropriate for a more in-depth feeling and understanding of themes that may come out in the sessions. This is mainly to elicit rich, detailed material that can be used in the data analysis. The objective is to find out what kinds of things are happening rather than to determine the frequency of predetermined kinds of things (Gilbert, 2001:125). These interviews are used to establish a variety of opinions concerning a particular topic or to establish relevant dimensions of attitudes (ibid).

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3.2 RESEARCH AIMS

As earlier mentioned, this study will explore the levels of access to education and participation in schooling of female orphans and vulnerable children. The objectives of the study will therefore be:

a) To put female gender inequalities into perspective among OVCs with particular regard to their access to education in Zambia in the era of HIV and AIDS.
b) To analyse the obstacles being faced by female orphans and vulnerable children in accessing formal education. This will enable my study to explore the needs of female OVCs in the education sector.

c) To look at the structures that are already in place to assist OVCs to access and participate in schooling, and also to look at how these already existing structures further assist OVCs to access and participate in schooling.

d) To create a foundation of knowledge about female orphans and girls and risk upon which intervention programmes and policies can be developed.

3.3 RESEARCH TOPIC

The following problem statement was formulated as a result of the aims of the study: Female orphans and vulnerable children are disadvantaged in their access to formal education and this is perpetuating the feminisation of the pandemic.

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3.4 RESEARCH PLAN

3.4.1 Participants

The sample consisted of (n) 40 female OVCs from Lubengele Township, which is a high-density residential area in Chililabombwe that is characterised by large numbers of OVCs. The gender focus of the study is decidedly female to ensure homogeneity in the sample of participants. Out of the sample of 10 females, 10 girls are regularly in school. As the study is explorative, this group was used as a yardstick for comparisons to the groups with (n) 10 female OVCs who are irregular school attendees, (n) 10 who are out of school but used to be in school at one point, and (n) 10 who have never been to school.

Targeted sampling was used to identify the in school participants and snowball sampling was used to identify the out of school participants who came from Lubengele Township in which the primary school is located. These sampling techniques are useful when a sampling frame is not available. According to Yoddumnern-Attig et al (1997), this readily identifies participants from and among the community members themselves. There is also the added advantage of focusing the field of study on a specific section of the greater geographical area, and is also cost effective and saves time during research (Yoddumnern-Attig, Attig, and Boonchalaksi, 1997: 3).

The participants were all females aged between 10 and 14 years. This age group is a scope of concern because it is humanity's "Window of Hope", and yet statistics on the HIV and AIDS prevalence show that these children are the worst hit by the pandemic (UNICEF, 2004: 10). These are children who are generally in their late primary school grades and are at a stage in their cognitive development in which they just begin to reason as adults. According to Piaget (Atherton, 2004: 2), they now begin to be concerned with the future and are able to think logically about general matters or qualify problems that may need to be dealt with. They are also at a more vulnerable stage in life as they are still generally in the process of developing the coping skills and defense mechanisms that would guide them through life.

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3.4.2 Research Techniques

The research techniques used in this study were focus group discussions that were later followed up with in depth interviews with selected participants from among the focus group discussion participants. Investigating an explorative topic such as this one calls for an inductive approach, as no tailor made pre-defined answers to the research questions are available (European Commission, 2005: 6). The use of focus group discussions was thus highly appropriate as a data collection technique in this study. It allowed for the generation of a substantial amount of data in one group session, while also using the communication between the participants to generate and provide specific data (ibid: 7). The use of semi-structured interviews was appropriate for a more in-depth feeling and understanding of themes that came out in the sessions. This was mainly to elicit rich, detailed material that could later be used in the data analysis. The objective was to find out what kinds of things are happening rather than to determine the frequency of predetermined kinds of things (Gilbert, 2001:125). Additionally, semi-structured interviews are versatile and can be adapted to suit the respondents, while also allowing the researcher a level of control of the data collection process by way of giving direction to the interview (Huyshamen, 1994: 4).

In designing the focus group guides, the group of participants that were to be used as the control group were asked to write short stories about what they feel is the importance of going to school, how they manage to go to school and also why they are able to do so. This gave me a clearer picture of what the real issues were that affected this all important group of children. This was achieved with the help of the teachers at the research site.

These little stories formed the initial leg of the focus group guide for the study. Questions for the in depth interviews came from the themes that were strongly reflected in the focus group discussions.

3.5 RESEARCH DESIGN

3.5.1 Preliminary Field Work

I was able to visit my selected research site, a small mining town in the north of Zambia known as Chililabombwe, for a few weeks during the mid year of 2005. I was thus able to do some preliminary groundwork and preparations before I actually went out into the field to collect data. This opportunity also enabled me to familiarise myself with the practical aspects that would possibly be involved in the data collection exercise such as getting permission from the appropriate authorities, and also on how to best reach my respondents and achieve the desired results. I was also able to talk to some resource persons who had previously worked with orphans and vulnerable children in Zambia particularly in the area of their education.

Most importantly, this opportunity enabled me to gain better insight on the importance of drawing on the experiences of the orphaned children. It enabled me to re-think what orphan hood really means to these children's education. I realised that this all-important

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stage in the research process was not one of merely data collection, but also one of mutual learning for both me as a researcher and for the research participants.

All in all, this trip gave me better insight into, and expectations for, the data collection exercise. It gave me additional information that is highly valuable for my study, while also giving me an understanding of the expectations of the future participants in the study, assisting me to make better preparations for my field work.

3.5.2 The Researcher and the Researched

HIV and AIDS is a powerful subject that inadvertently affects us all. For many, it brings up emotional memories. I must pay attention to this in myself, not only as a researcher, but also as a Zambian female who has not only lost loved ones to the pandemic, but has also been affected in various ways. This study revived memories of my own personal experiences with HIV and AIDS. A researcher's experiences continually frame the views and perceptions of issues, and these can not be divorced from the account given by the researcher. To this effect, I kept two journals during the research process, one of field notes and a second of personal thoughts, feelings & reactions during the process of doing my fieldwork. This was in order to enable me to compare the two as I later analysed data, carrying me through a healing process of personal reflection, conviction and discovery.

Much of qualitative research involves a degree of engagement in the lives of other human beings, going beyond the superficial mask of public impression and entering a highly personal realm of private thoughts, feelings, and secret passions (Ely, Anzul, Friedman,

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Garner, and Steinmetz, 1991: 112). It makes sense, then, that emotional responses would be elicited in the researcher. To this effect, it is inevitable that the researcher will be changed in the process of research. This may be particularly true for HIV and AIDS related research especially if the researcher's life has been touched intimately by the pandemic. This is the challenge that any researcher in this field cannot overlook.

As I was doing my field work, I lost an aunt to the pandemic. She was the last one to pass away out of my late mother's family of 10, all of who have passed away due to the pandemic. In my family, this means that a whole generation of people has been wiped out. Fortunately, my siblings and I have had our father to look after us. This has not been the case for my other cousins. Being double orphans, they stayed with my grandmother, who sadly passed away a month after my last aunt had died, leaving my grandmother with an additional two grandchildren aged 5 and one and a half years old respectively.

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Of all the grandchildren who were staying with my grandmother, only one is a female. She is not the eldest but she has been forced to take on the role of a caregiver to the others even before my late aunt died. At the age of 15 she was the one who nursed my aunt when she was ill, while also caring for my ailing grandmother and the little children. This, of course, has serious implications for her life. She is still in secondary school and many a time she has been forced to stay out of school due to other pressing issues at home. As a Zambian female, she is expected to undertake all the house hold chores while also looking after the young and the ill.

This is neither a strange nor a new story in many Zambian communities. My sister and I have also had a similar experience. My parents were divorced when we were very young. My mother lived alone and when she was ill, one of us had to be there by her bedside when she was hospitalised or with her at home when she was unwell. As a young person, I nursed and tended to my mother for almost six straight weeks before she passed away. She was hospitalised and at the time I was the only one living at home with her at the time. I sat at her hospital bedside day and night and tended to her needs, only going home to rest at times for a few hours during the day, and sleeping on a chair at her bedside in the hospital during the night.

With an experience like this, I was able to identify with many of the stories that I heard during the time I undertook the data collection for this study. I did not only listen to what the children were telling me, but I was also able to 'live' through their lives, understanding exactly what they were talking about. Many a time I asked myself whether I could go on with the data collection process because of the emotional strain it was putting on me. The process simultaneously arose in me feelings of complete helplessness and pity for these children, while also giving me the inspiration to go on with the study. It gave me a faith in myself to see how much I identified with these children and yet at the same time how far I have come in life despite my personal and unpleasant experiences with HIV and AIDS. I could sense that a lot of these children were unconsciously crying out for help, the same help that I was reaching out for a few years back.

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3.5.3 Research Procedure

"Children interpret their own lives far differently from those of adults……through their own experience and logic…" (Lees, and Ojha, 1999:130)

Permission to conduct the study was taken from the target school and the Department of Social Welfare. The data was collected from a sample of (n) 40 participants total. There was a group comprising (n) 10 female in- school OVCs who attend school regularly, (n) 10 female in-school OVCs who attend school but not on a regular basis, (n) 10 female out of school OVCs who were previously in school, and (n) 10 female out of school OVCs who have never been to school. All children were aged between 10 and 14 years.

A combination of sampling methods was used to develop a sample that, while not random or representative, will be able to provide the best possible range of participants (Minkler, and Wallerstein, 2003: 246). Targeted sampling was used to reach the in-school OVCs, while snowball sampling was used to reach the out of school OVCs.

Practically, focus group discussions were conducted for the different groups of OVCs determined on the basis of their school attendance and also on the basis of whether they have been in school at one point or they have never been to school. The focus group discussions enabled me to engage the children in conversations and not simply to extract information from them, while also getting their collective views and understanding on their orphanhood and education.

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Focus group discussions were then followed up with informal individual interviews with a few of the OVCs who were selected on the basis of what they expressed during the focus group discussions. These interviews allowed me to get more detailed information and understanding, and in some instances clarification, on themes that came out during the focus group discussions. Interestingly, some of the OVCs approached me after the focus group discussions and talked more freely with me about the issues that came up in the group discussions.

As per arrangement, the focus group discussions and the in-depth interviews were carried out on the school premises during the administrative period so that the normal class programme of the pupils was not disturbed. With the in school OVCs, the focus group discussions took close to 30 minutes each. This was slightly less time than what was initially planned for. This was because the sessions were rather emotional and as a researcher, I began to feel reluctant to probe the participants more than I already had, as this was eliciting unpleasant memories in me. All the respondents said they would be more comfortable if we used a local language known as Bemba during the discussions. Some of the participants were very reluctant to talk during the sessions, but most of these approached the researcher afterwards to talk privately.

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With the out of school OVCs, the focus group discussions were slightly shorter. This was because the participants were very reluctant to talk to the researcher. The researcher was able to reach a few of them through a lady who was manning a communal water tap in the compound. These children then pointed out other OVCs who lived in the same

community. The researcher was able to get the group of OVCs that had once been in school together under a mango tree at the home of the lady who assisted in getting them together. These children were very reluctant to talk to the researcher, as were some of their guardians, especially after they were told that the research was purely academic. With the group of children who had never been to school, there was even more reluctance to talk to the researcher. Not surprisingly, the focus group discussion was even shorter than the previous one.

3.5.4 Limitations and constraints in the field

One of the limitations experienced in the field was the reluctance of some children to talk openly about the problems they were experiencing in accessing education and participating in schooling, and also that of some of the participants' guardians to allow the researcher to talk to the children. In Zambian culture, there is an eminent reluctance to talk about the dead and the problems that death has caused. Some of the children actually staunchly refused to be called orphans stating that their guardians "would not be happy to hear that they were talking to a researcher about the problems they were facing". Additionally, some guardians actually refused to allow the researcher to talk to the children.

Another constraint in the research was the lack of enthusiasm of community members to talk to the researcher. The main reason given was that "they are tired of talking to researchers with no forthcoming outcomes". It was a bit of a hustle to get the out of

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school orphans and vulnerable children together for a focus group discussion because of this.

3.6 DATA ANALYSIS

The data that was collected was in the form of written notes that were taken during the data collection exercise, and translated transcriptions of the recorded discussions and interviews. The process of data analysis was actually an ongoing process throughout the data collection exercise, which began the moment I began to talk to the children.

The first step in the process was placing the information into main themes that came out both during the focus group discussions and the in-depth interviews. Differences, similarities and linkages of themes that came out of the different groups of participants were then explored and compared.

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3.7 ETHICAL CONSIDERATIONS

A research of this nature is very sensitive especially that it focuses on young children. To this effect, the following guidelines were strictly adhered to:

1. None of the participants were coerced into participating in the study against their will.
2. No financial disbursements were made to the participants.
3. Identities of all participants were fully protected.
4. The rights and interests of all participants were protected and ensured.

5. Confidentiality of all information gathered from the participants was cautiously maintained.
6. As a researcher, I conducted myself suitably with research participants at all times.
7. Consent to participation and the audio recording of all interviews was obtained from the participants.
8. All legal and ethical requirements of The University of the Western Cape and of the Research Council of the Republic of Zambia were met.

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CHAPTER 4

RESULTS

This chapter looks at the findings from the field. It gives the personal characteristics of the research participants, and then outlines the information that was given by the respondents in line with the aims of the study.

The data is reported in the four separate groups that were used in the focus group discussions, these being OVCs who attend school regularly, OVCs who do not attend school regularly, OVCs who have stopped going to school after death of a parent or parents, and OVCs who have never been to school.

4.1 PERSONAL CHARACTERISTICS OF PARTICIPANTS

The sample consisted of (n) 40 participants, all of whom were female orphans and vulnerable children (OVCs) aged between 10 and 14 years old. The average age of the participants was 13 years. Nearly half of the participants were double orphans (47.5%), while a quarter of them were maternal orphans and the rest were paternal orphans. 60% of the maternal orphans attended school irregularly while 45% of the paternal orphans had stopped going to school. 42% of the double orphans had never been to school.

Interesting to note was that 37.5 % of the participants were being looked after by their grandmothers, and 25% of them were being looked after by their mothers. 10% of them were being taken care of by their sisters. Noteworthy also is that the larger numbers of children who had either stopped going to school or had never been to school were those

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who were being taken care of by a female guardian. The personal characteristics for the respondents are summarised in the table below.

TABLE 1

		Regular School Attendance	Irregular School Attendance	Stopped School	Never Attended School	Total	%
Age	11	1	2	1	2	6	15
	12	2	1	1	3	7	17.5
	13	3	2	1	1	7	17.5
	14	4	5	7	4	20	50
Deceased	Mother	1	6	2	1	10	25
	Father	4	1	5	1	11	27.5
	Both	5	3	3	8	19	47.5
Guardian	Mother	2	1	5	1	9	22.5
	Father	1				1	2.5
	Uncle	2	3			5	12.5
	Aunt		1		1	2	5
	Grandfather	2				2	5
	Grandmother	1	4	3	7	15	37.5
	Sister	1	1	1	1	4	10
	Brother	1		1		2	5

Table 1: Personal characteristics of participants

N=40

4.2 The aims of the study were primarily to;

1. To put female gender inequalities into perspective among OVCs with particular regard to their access to education in Zambia in the era of HIV and AIDS.
2. To analyse the obstacles being faced by female orphans and vulnerable children in accessing formal education. This will enable my study to explore the needs of female OVCs in the education sector.

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3. To look at the structures that are already in place to assist OVCs to access and participate in schooling, and also to look at how these already existing structures further assist OVCs to access and participate in schooling.
4. To create a foundation of knowledge about female orphans and girls and risk upon which intervention programmes and policies can be developed.

In view of these expectations, the findings in the field were as follows.

4.2.1 To examine obstacles being faced by HIV and ADS orphans in accessing formal education:

Regular School Attendees

This group of children comprised OVCs who are able to attend school regularly despite having lost one or both parents. These children brought out the certainty that there was a definite change in lifestyle both just before and after the death of one or both of their parents. Having nursed or even just been there when a parent was ailing, the general consensus among these children was that it was a very chaotic and difficult time for them. What came out of the discussion was that they were able to regularly attend school at their deceased parents' insistence, though they were almost always distracted and unable to concentrate.

However, this group of children also had a strong belief that education was the only way that they could make a better life for themselves in the future considering the turn their lives had taken. Without their parents, the children generally felt that they were not only

lacking the adequate financial and material support for their education, but also the emotional assistance that a parent is able to offer.

In Zambia**,** the chances of sibling dispersion and/or family displacement are very high after the death of a parent. The extended family is commonly expected to take care of a deceased relative's family. This, naturally, has practical implications for the education of affected orphans and vulnerable children.

Participants were aware of a few organisations that assisted OVCs, financially and materially, to go to school. They stated that the disbursement of this assistance was generally undertaken at the discretion of the disbursement officers, and at times they felt that this assistance was not distributed in an objective manner. The participants were not aware of any assistance of this nature that was being given by the Zambian government and they felt that the government should be able to do so.

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The participants were also able to point out a couple of community schools in the area, one of which was being run by the Catholic Church. They pointed out that the other community school that offered free education to OVCs, giving them books and pencils while also not requiring them to wear a school uniform could not accommodate all of them.

All participants agreed that life after the death of a parent changed significantly**.** A large number of the participants reported that their guardians mistreated them. They also

agreed that female guardians were particularly harsh. Among the incidents that the participants identified as 'ill-treatment' were:

-Too many household chores as compared to the guardians' own children

-Not enough food

"When I come home from school I always find dirty dishes that I have to wash……sometimes I have to eat left overs."

-Differences in school essentials that were provided between the guardians' own children and dependents

-Misuse of money and property left for OVCs by deceased parent(s)

The focus group discussions strongly brought out the fact that there were very few support structures available for the participants. The children felt that there was a need for more orphanages or centres to be readily available, where they could stay while they were in school and also that would assist them to get educated, as they wouldn't have the distractions and disturbances that they had especially when living with harsh guardians.

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In summary, this group of children all agreed that the death of a parent often meant a definite change in lifestyle, particularly regarding emotional, material, and financial support that they needed for education. However, there was a strong feeling of the importance of education in the lives of these children. Additionally, the children felt that the displacement and or dispersion of the siblings after the death of a parent often had negative influences on their attaining education. The few organisations that were

available in the community to assist these children were clearly inadequate, and where it was available often disbursed in a rather subjective manner.

Irregular School Attendees

This group consisted of children who were unable to go to school regularly after the death of one or both parents. A statement that strongly came out of the focus group discussion with this group of children was that they are unable to attend school regularly because of the changes in their everyday lives after the death of a parent. Interesting to note was that of the 10 participants in this group of children, 9 of them had lost their mothers and yet NONE of them were living with their fathers!

The participants agreed that for the most part the death of a mother was a major contributor to their irregular school attendance. In general, they felt that a mother was usually more understanding and conscious of their educational needs than a father or a guardian. Additionally, participants said their mothers supported their education as girls more than their current guardians. Even in instances where finances were minimal, the children felt that their mothers went the extra mile to give them most of what they needed for school.

Participants said the loss of a mother was more devastating than the loss of a father, and implications on education were far worse. They felt that mothers were more aware of their needs than their fathers or guardians.

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"It's better your father dies than your mother…….mothers care for their children more than fathers."

The participants agreed that education was a very important part of their lives. They said they were unable to concentrate and do well at school because of their being orphaned. In as much as they wanted to attend school regularly, they said the death of one or both parents made this difficult as they lacked the support they needed to do so.

Most of the participants and their siblings had been dispersed after the death of their parent(s). They felt that this was good because it eased the burden on any one particular guardian especially in cases where no money was specifically available for the education of these OVCs.

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Participants stated that there were neither supplementary finances nor subsidies available for them to go to school. They were thus solely dependant on their guardians for their education.

The children were aware of some organisations in Chililabombwe that offered financial and /or material support to OVCs in schools. However, they felt that the disbursement officers in these organisations were not objective in the way they did things. They were also aware of community schools that offered free education to OVCs but they said that they could not accommodate the large numbers of OVCs who needed free education, and

they were also limited in that they only provided primary education and not secondary education.

"My aunt's children told me to go and dig my mother up from her grave and go and stay with her when I did not cook the nshima the way my aunt likes it done."

"At times my aunt tells me that there is no food for me to eat before I go to school but when I come back from school I find dirty dishes in the sink and I am told to wash them."

"When I was writing my grade seven exams I didn't have a pencil, ruler, or eraser to use. I had to borrow these from my friends because my aunt said there was no money to buy me some."

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"At times when my mother sends money for me to get things that I need my uncle doesn't tell me and misuses it."

The participants said it was very difficult to live with a guardian. The above statements are some of the things that came out in the individual interviews with some of the children.

The children knew of a few orphanages that housed and offered education to OVCs. However, they felt that the centres were not enough to accommodate the demand in their

community. The participants also said they did not know of any government efforts to assist them. All the available assistance in the communities came from the churches and NGOs.

In review of findings from this group of children, it was very interesting to note that 90% of them had lost their mothers to HIV and AIDS. The children strongly felt that the loss of a mother had more of an impact on their school attendance and participation. They felt that mothers generally gave more support to them in terms of striving to get an education, even in very difficult circumstances. Major factors that prevented them from going to school regularly was the lack of finances and emotional support and encouragement from guardians.

Nontheless, these children felt that sibling dispersion was an important factor in their lives. None of these children's parents had left money for their education. According to them, the lack of societal and community support structures often meant that they were solely dependent on their guardians for education. Sibling dispersion meant that they could be divided among their extended families and thus raise their chances of being educated and taken care of well, particularly that there was inadequate space for free primary education in the community schools and no free secondary education in the community for them.

OVCs Who Have Stopped Going To School

This group of participants comprised OVCs who were no longer able to go to school because of the death of one or both parents. Noteworthy here is the fact that reluctance to

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talk to me as a researcher was rife in this community. Of this group of participants, 80% of them had lost their fathers to HIV and AIDS. Some of them had been going to a community school in the area but had been unable to continue with their education because despite education being free in these schools, they only go up to grade seven. Because of this, even those who had passed the Primary School Leaving Examinations were not able to go to secondary school due to lack of funds. Even where there was a small income available for the family, these children have had to assist their families to earn an income to make ends meet and take care of the younger siblings. Of these 10 children, 7 said their guardians had told them that as girls they did not need education as much as boys as they could easily get married and be taken care of by their husbands. Additionally, three of these children had children. Two of them had been previously married but were presently not staying with their spouses.

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Interesting to note was one participant whose parents had left some money for her education through the company that the father had worked for. The guardian was constantly withdrawing money from this account under the guise that it was needed for them to live on, until there was none left for her to go on with her schooling.

These participants all expressed the desire to go back to school and complete their education. They all felt that education was the only way that they could get their lives back on track. The discussion was filled with long, and at times emotional, silences that gave the session a general feeling of despair at the participants' seemingly bleak future.

Although participants agreed that education was an important aspect of their lives, quite a number of them felt that the only way for them to have a better future would be to get married because then they would have someone to take care of them. This came out particularly strongly in those OVCs who had children.

A general agreement from the focus group discussion was that sibling dispersion gave the OVCs a better chance to go to school. Participants said this was because more than one relative shared the burden and so costs would be lower on the guardian.

The group also said at times the children were forced to move from one relative to another, and in the process some of them dropped out of school. The participants said these movements were mostly caused by the way they were treated by the guardians. Others said movements were also caused by the guardians financial position. One girl in the group actually said her older sister had been forced to leave the guardian's house to 'look for money for her senior secondary school costs' because the guardian could not give her the money that was needed after she passed her Junior Secondary Leaving Examinations. This girl had no idea where her sister was, though she said she had heard rumours that her sister was a prostitute.

However, the children also said that at many times, family displacement meant that the siblings would actually all relocate to a totally new area where at times it was difficult to get to school. In some residential areas, there were no secondary schools and pupils were at times forced to walk long distances to the nearest secondary school.

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"……we moved to PP compound and I had to walk long a distance to go to school in grade 8…...there was no money for me to go with a mini bus…."

The participants said they were not aware of any subsidies in schools that were available for OVCs. They also said they were not aware of any deliberate efforts by the government to assist them to attain education. Additionally, none of the children's deceased parents had left any money for them.

The researcher had an opportunity to interview a guardian as she was looking to locate participants for the focus group discussion. This particular guardian was an aunt to five OVCs who participated in the study. The woman said out of her 14 siblings she was the only one alive and had been looking after their children. This woman currently had 8 children she was taking care of. She said 3 of her nieces had left home and had become prostitutes. She also said there was a lot of fighting and tension in the house.

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Of the participants in the focus group discussion, 5 came from this guardian's house. These girls now lived together in a little mud hut just a few metres from their aunt's house. They said they had left because their aunt was poor and 3 of them had children. One of them had been married for a short time but didn't know where the husband was at the time of the discussion. The three said they had stopped going to school because their guardian could not afford to pay their school fees and get them what they needed for school. Presently, they said they were able to support themselves by selling fried sweet

potatoes and groundnuts at the roadside. They had all been to primary school as it was free but had been unable to go on to secondary school, as they needed money to do so.

Participants said there was a catholic church in their community that was running a school. However, this school was specifically for OVCs who were of catholic faith and as a result some of them were left out.

"……I am not a catholic so I can't go to that school……"

The other community school only went up to grade seven and so those OVCs who had completed their primary education and did not have money to go on to secondary school were forced to put an end to their education.

Participants were also aware of a center that took care of OVCs. However, they said it could not accommodate the large number of OVCs in the area.

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Summarily, most of these children had lost a father. This meant that they had no financial and material support to enable them to go to school. The available free community schools in Chililabombwe did not go up to secondary school, and where available, children had to be of catholic faith to be able to get the free primary education. Additionally, 70% of the participants pointed out that their guardians had told them that it was not necessary for them to go to school as girls because they needed education much less than the boys in the sense that they could get married in future and so did not need to go to school. Furthermore, three of these children already had children of their own

despite their being rather young, and had to support these children since their partners were not available to do so.

Interesting to note was that the children felt that sibling dispersion at least gave them a chance to get an education in that they were distributed among other relatives. However, often times this meant that they were at times forced to move to totally new places where at times the schools were either not available or fairly far from their new homes.

The children also pointed out that the centres for OVCs were not adequate to cater for the large numbers of OVCs in their community.

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OVCs Who Have Never Been To School

This group of participants consisted of children who had never been to school. 80% of these children had lost both of their parents to AIDS, some of them having no memory of their parents at all. 60% of them are presently living with their grandmothers.

It was interesting to note that a few of the children were rather reluctant to be called orphans. A few of them said their guardians would be upset if they found out that they had been talking to a researcher about their problems. Another one said even though her parents were dead, she had a guardian and so she did not regard herself as an OVC.

Another interesting observation was the reluctance of many guardians to allow the researcher to talk to OVCs who had never been to school. One guardian actually got quite agitated and said he was tired of researchers coming to talk to the OVCs and giving them false hopes. On hearing that this particular study was purely academic, he did not allow the children to meet with the researcher.

These participants agreed that education was very important and that it was the one way that they would have a better future. However, the entire group said there was no money for them to go to school, and where an opportunity arose for them to go to a community school, their priority as girls was to assist their guardians to get food on the table and in some instances to help out their guardians in running the household, leaving no time at all to go to school or even to do school work.

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The participants agreed that it was better if siblings were displaced because it eased the burden on the guardian. They felt that OVCs had better chances of getting the chance to go to school that way. However, they also felt that at times this would also lessen the chance of a child going to school because at times they were forced to move from one house to another.

None of the children from this group of participants had money left for them by their deceased parents. The children were also not aware of any government subsidies that were available in schools for the education of OVCs.

The girls were not aware of any support structures that were available in their community for them. Few of them said there was a center for OVCs in their community but as they had guardians they did not feel that the centre would help them.

These children also mentioned that there had been quite a few researchers who had previously come into their community to talk to them with promises of coming back to assist them but had never returned.

In summary, most of these girls had lost both parents, and were living with grandmothers who were often too old to hold productive jobs. These children simply had no financial support and thus could not go to school, despite the fact that they recognised the importance of getting an education.

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Interesting to note was that even though these children felt that sibling dispersion and family displacement raised the chances of them getting to go to school, they also felt that it at times had negative consequences in that at times they were forced to move from one place to another.

4.2.2. To explore and consider the gender differences in access to education and participation in schooling of OVCs in Zambia in the era of HIV and AIDS,

Regular School Attendees

This group of participants comprised female OVCs who were able to go to school regularly. The participants all agreed that if and when family dispersion was being

undertaken, the female children were often the first to be taken by relatives. The participants all felt that this was because females were generally expected to bring less trouble to families and were also more likely to assist in the household chores. Girls were thus viewed to be more useful to have in a home than boys.

Of the participants whose families had been dispersed after the death of their parent(s), some of the children had not seen their siblings from the time relatives took them.

"I don't know where my brother is."

Some of the participants and their siblings had changed households more than once and their siblings had lost track of them. However, the participants felt that it was better if they were dispersed because this eased the burden on the guardians, and consequently made life easier for them and also increased the chances of them continuing with their education.

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Participants also strongly felt that female OVCs were less likely to complete their education after the death of a parent. They attributed this to the feeling that females were expected to take on certain roles at home that reduced their time and energy to study and/or do homework. For instance, they were expected to prepare meals and clean up after meals regardless of whether they were going to school or had schoolwork to do.

A rundown of outcomes from the focus group discussion with these children brought out the fact that girls were often the first to be taken on by relatives whenever sibling dispersion took place. Sadly, though, the girls felt that this was because they were generally viewed as extra household help by the guardians. In this regard, the girls felt that they were less likely to complete their education because they were often forced to do too many household chores, leaving very little time for them to attend to their school matters.

Irregular School Attendees

This group had female OVCs who attended school but not on a regular basis. In some cases, participants had lost track of some of their siblings since the time that they were separated. This worried the children especially that they did not know how their siblings were doing or whether they were in school or not. Some of them said they particularly did not know where their brothers were, as relatives had not wanted to take on male children. Interestingly, the children said they noticed that relatives preferred to take on female children as opposed to male children. They felt that this was because the relatives liked that females were more able to help with household chores than males.

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"When my aunt said she was going to look after us she said she didn't want to take my brother because he would just be eating and not helping at her home."

The main theme that came out of the focus group discussions was the large amount of work that the OVCs were forced and expected to do at home, at times before they went to

school and at times after they got back from school. The children said at times they did not have enough time to do their homework after school. Most of the children came from homes that did not have electricity, and so by the time they finished their chores it was already dark and they could not do their homework. They said at times there was no money for them to get paraffin to use in the traditional lamps and at times their guardians did not allow them to do so. Those who could woke up early to do their homework and/or reading. Others said they had work to do in the morning and so the other option they had was to wake up extremely early in the morning.

Generally, children in this group expressed great concern as to the whereabouts of their siblings. After their families had been dispersed, some of them had changed homes a few times as had some of their siblings, and as such had lost track of them. However, they agreed that sibling dispersion at times gave them a better chance of getting an education as it spread out the financial burden on their guardians.

Sadly, though, the children felt that as girls they had very little chance of completing their education when living with a guardian. A primary reason was that guardians often expected them to take on many household chores, thus lessening the time that they could spend on their school work.

OVCs Who Have Never Been To School

This group of participants was made up of girls who had never been to school. The participants agreed that guardians generally expected them to do more household chores than their own children.

"……I always have to wash dishes and her children never help me….."

They felt that their guardians preferred to send the boys to school than the girls, even where education was free. The girls simply did not have enough time to go to school and also to do their schoolwork.

A few of the participants said they had to assist their guardians to make ends meet. Some of the girls were rather vague when the researcher asked them how they helped their guardians to 'make ends meet'. The researcher sensed a feeling of reluctance in the girls when they were probed further in the individual interviews and so was unable to get a solid response. Others said they had to sell fruit and/or vegetables in the rainy season, and at other times other foodstuffs to assist their guardians. This did not leave time for them to go to school even though they would have liked to do so.

These children seemingly gave rather guarded answers during the focus group discussions and the follow up interviews. As a researcher, I was getting the feeling that the discussion had taken a sensitive route and the children were not ready to discuss issues.

4.2.3. To explore whether the differences in access to education and participation in schooling are increasing levels of risk for females and also perpetuating the feminisation of the pandemic.

Regular School Attendees

This group had children who were able to attend school regularly. Noteworthy is the fact that double orphans are probably the worst off and rely heavily on the extended family for support. Paternal orphans are probably the second worst off because most widows, unlike widowers, find it difficult to remarry and hence most of them fall into poverty soon after the husbands' death in cases where the husband was the sole breadwinner for the household (Serpell, 1998: 52). The participants agreed that double orphans were less likely to go to school than paternal or maternal orphans. Reasons that were brought out included lack of finances and emotional support for children.

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Participants also strongly felt that female OVCs were less likely to complete their education after the death of a parent. They attributed this to the feeling that females were expected to take on certain roles at home that reduced their time and energy to study and/or do homework. For instance, they were expected to prepare meals and clean up after meals regardless of whether they were going to school or had schoolwork to do.

"……a boyfriend can at least give me money for the things that I need…."

Additionally, they felt they were more susceptible to having 'intimate' relationships with males in order to get the financial and material support for them to go to school or live

what they perceived to be ‘normal’ lives i.e. like those children whose parents were still alive.

From this group of girls it was apparent that although they were able to attend school regularly, they still strongly felt that girls in similar circumstances were less likely to complete their education because of roles and responsibilities that they had to take on at home, particularly when they were living with a guardian. Sadly, they also stated that having intimate relationships with males was a way in which they could get financial and material support to live like other children whose parents were still alive.

Irregular School Attendees

This group of OVCs was able to attend school, though not on a regular basis. The children felt that they were particularly vulnerable as girls because they were less likely to complete their education successfully. As girls, their guardians expected them to do too much work at home. They said they were constantly scolded if tasks were not well completed regardless of the reasons they would give. They were not expected to regard education as a very important part of their lives even though they knew this as not being true.

“My aunt always tells me that I should concentrate on school but she gives me too much work……I am always too tired to study.”

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In summary, these children felt that as girls the chances of them completing their education were rather slim. As most of them lived with guardians, the general response was that they were often forced to take on too many household chores and hence had too little time to attend to their school issues. Considering the relationship between education and risk to HIV and AIDS, their circumstances were putting these girls at a much higher risk to the pandemic.

OVCs Who Have Stopped Going To School

This group of participants comprised girls who had stopped going to school after the death of one or both parents. The participants felt that their inability to continue with their education decreased their chances at decent lives. They also said their being female disadvantaged them more because guardians often opted to have them stay at home and help with household chores than to send them to school. They felt that the easier way out would be to 'get a man to take care of them'. Again, this put them at a higher risk to the pandemic.

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OVCs Who Have Never Been To School

This group had orphaned girls who had never been to school. The participants generally seemed to have accepted their way of life. However, they agreed that a lack of education put them at a disadvantage, as their future seemed uncertain. It was interesting to note that they all agreed that marriage was the one way that their lives could be more positive. A couple of them already had children despite their being rather young (13 and 14 years

old respectively). These two said they had been hoping for marriage to the fathers of their children but they were currently not with them.

This naturally heightened their levels of risk to the HIV and AIDS pandemic especially that few of them were already parents despite their children themselves, with the additional burden of an uncertain personal future.

4.3 MAIN THEMES FROM THE RESPONDENTS

From the results of the study, noteworthy is the fact that six main themes were brought out by the respondents. These are

4.3.1 The impact of HIV and AIDS on the educational outcomes of OVCs

4.3.2 The impact of sibling dispersion and/or family displacement on the education of OVCs

4.3.3 The impact of the lack of supplementary finances/subsidies on the education of OVCs

4.3.4 The impact of living with a guardian on the education of OVCs

4.3.5 Vulnerability of these children and levels of risk to HIV

4.3.6 The impact of the lack of support structures on the education of OVCs.

The next chapter will discuss the findings of the study under the various themes that came out of the research.

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CHAPTER 5

DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

5.1 INTRODUCTION

The aim of this study was to look at the gender differences and difficulties that exist in the access to education and participation in schooling of orphans and vulnerable children, and to speculate as to how this phenomenon contributes to the feminisation of the AIDS pandemic in Zambia. The objectives of the study were a) To examine the obstacles being faced by HIV and AIDS orphans in accessing formal education, b) To explore and consider the gender differences in access to education and participation in schooling of OVCs in Zambia in the era of HIV and AIDS, c) To explore whether the differences in access to education and participation in schooling are increasing levels of risk for females and also perpetuating the feminisation of the pandemic, and d)To create a foundation of knowledge about female orphans and girls and risk upon which intervention programmes and policies can be developed.

A sample of female OVCs who manage to attend school regularly was used as a control group with which those that do not were compared. This chapter will provide a brief discussion of the significant findings within the study in line with the themes that came out strongly in the study. The chapter will also highlight the limitations of the study and

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also look at possible recommendations both for intervention programmes and for further studies.

5.2 DISCUSSION

5.2.1 Impact of HIV and AIDS on OVCs Educational Outcomes

All the respondents agreed that the infection or death of a parent due to HIV and AIDS had a definite impact on children's education, particularly that of girls. Some of the effects were the inability to attend school regularly, and in the extreme case a total inability to attend school. This confirms Paul Bennell's statement, as referenced in section 2.4, that it is widely believed that the HIV and AIDS pandemic is adversely affecting the education of OVCs in many ways, the main contention being that given the difficult home situations, both orphans and children in AIDS affected households are often forced to drop out of school altogether with little chance of ever returning to school (Bennell, 2005: 473).

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The participants said parents played a major role in ensuring that the girls went to school. My personal experience attests to this. Both my parents have given me their greatest support to ensure that I got an education. I was fortunate enough to have my mother provide for me even after her death, and also a father who is totally supportive of my education.

For the respondents, however, the illness of a parent demanded that they looked after the parent even when or if it was at the expense of their school attendance. This affirms the findings from studies undertaken in Zambia, Botswana and Lesotho, that reported that girls are often taken out of school to care for one or both parents who are ill from HIV and AIDS (United Nations, 2004: 10). I have seen this happen with a cousin of mine. Living with my old grandmother and an aunt who was rather ill to HIV, she was many a time forced to stay home and look after my aunt's baby and also my aunt. This meant that she was unable to fully participate in schooling from a very young age.

For children like me, my cousin, and many other orphans in Zambia, the death of one or both parent(s) often meant that the financial and material support that they needed to get to school was unavailable, and where it was available often inadequate. When poor families are forced to make difficult choices about household expenditure, school is often the first thing dropped, and daughters are often the first casualties. Even when education is free, poor children may be forced to leave in order to work (UNICEF, 2004:20). These children may need to provide extra household income or care for younger siblings or ailing parents. This substantiates the findings in a UNICEF report that said the direct costs of schooling may also soon become unbearable for such affected families, where in the worst cases girls may even be forced to provide for themselves and their families by engaging in relationships that may heighten their risk of HIV infection (UNESCO, 2004: 127). Girls' education is an important means of breaking such patterns of economic deprivation and dependence.

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5.2.2 Impact of Sibling Dispersion/Family displacement on Education of OVCs

The death of a parent in Zambia often results in siblings being dispersed or at times whole families being displaced. Foster (2005: 65) has attributed this to the duty of the extended family and distant relatives as the first line of support for orphans and vulnerable children. Participants affirmed this and attributed it to the duty of the extended family to assist and take care of the needy within the family, while also supporting and strengthening familial identity.

Recent studies have found that many people now believe that orphans should be cared for in family units through extended family networks, foster families and adoption, and that siblings should not be separated (Panos AIDS Programme, 2001). However, in many cases children have been separated after the death of one or both parents, and this has often resulted in some children losing track of their siblings, and sadly also stopping going to school. Sibling dispersion particularly affected girls because they are often viewed as 'extra household help' in many guardians' homes. Despite the higher chances for the girls than for the boys to be taken on by relatives after the death of a parent, the implications are far worse for them. As discussed in chapter 2, girls in particular may be taken in by relatives because of their economic value in carrying out domestic chores (Foster, 2005: 68).

Several studies have demonstrated that orphans are disadvantaged compared to non-orphans in other families (ibid). Cases of abuse, mistreatment or exploitation of fostered children have been reported, even by the participants of this study. They stated that girls

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in particular may be taken in by relatives because of their economic value in carrying out domestic chores. For these girls, this means more household chores to do and less time for schoolwork.

5.2.3 Supplementary Finances/Subsidies

Of all the respondents who took part in the study, almost none of them had any supplementary finances for their education that had been left for them by their deceased parents. Apparently, it is very uncommon for parents to set up funds for their children in Zambia. Additionally, the respondents were not aware of any government subsidies in schools that were available for children like them. Apparently, the children are not aware of the Free Basic Education Policy that the Zambian government implemented in 2002. The researcher established that many schools found the policy to be retrogressive because the schools were often unable to meet the basic running costs without financial contributions from the children. However, the respondents were able to identify a few NGOs that offered financial and material assistance to orphaned and/or vulnerable girls. The Catholic Church was identified as one organization that offered free primary education to OVCs.

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Sadly, the participants felt that in the few NGOs that assisted OVCs, the disbursement procedures were rather subjective and many of the children who needed assistance did not get it. Additionally, the community schools only offered primary education. As a result, those OVCs who were able to get a free primary education were often unable to continue up to secondary school.

5.2.4 Living with a Guardian

In traditional African society, no child is likely to be 'orphaned' in the literal sense of the word, as there would be many others to automatically take up the responsibility for his or her upbringing should he or she lose a parent, as a duty and a privilege. As the first republican president says in one of his books, "The extended family system constitutes a social security scheme which has the advantage of following the natural pattern of personal relationships rather than being the responsibility of an institution. It also provides for richness in knowledge and experience for those fortunate enough to be part of it", (Kaunda, 1966:28). Unfortunately, many of the participants were unhappy about living with a guardian. The female guardians were said to be particularly harsh. They pointed out that many a time they were given too many household chores to do such that they had very little or no time to attend to their schoolwork. At times some of them were also denied meals. However, though several studies have demonstrated that orphans are disadvantaged compared to non-orphans in other families, few studies have demonstrated significant differences in the ways relatives treat their own biological children compared to fostered children (Foster, 2005: 68).

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Respondents in this study stated that school requirements were often unavailable to them even where the guardian was providing these for his/her own children. Furthermore, these girls were not encouraged to go to school. Some of the respondents actually stated that their guardians preferred to support the boys when it came to education needs.

Noteworthy also was that the respondents said that where finances and property were available from the deceased's estate, guardians were said to misuse these things.

5.2.5 Vulnerability of Children

Participants all agreed that as female OVCs, they were more vulnerable than their male counterparts. Often emotionally vulnerable and financially desperate, particularly in the case of girls who more often than not take on the bulk of the responsibility, these children are more likely to be either sexually abused or forced into exploitative situations such as prostitution, as a means of survival (UNICEF, USAID and SIDA, 2004: 11). The respondents agreed that they were less likely to get educated, and in cases where they were already in school, to complete their education. They attributed this to the household roles and responsibilities that they often had to take on, and also to the guardians' reluctance to support their education. For instance, they were often expected to take on many household chores despite the fact that they had to go to school and attend to schoolwork.

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Worrying, however, was the general feeling that some of the respondents said that they needed intimate relationships with males in order to have a source of support for them to complete their education where possible, and also to lead what they perceived to be 'normal' lives. As alluded to in chapter 2, orphans and vulnerable children live in an extremely volatile and threatening world, and the HIV and AIDS pandemic exposes and exacerbates their vulnerability. This is especially true in urban areas, where these children are "prime targets for HIV infection…..emotionally vulnerable and economically hard

up, these children are more easily drawn into higher risk activities" (UNICEF, 1999: 11) such as early marriages and the sugar daddy syndrome.

5.2.6 Availability of Support Structures

Support structures for OVCs were generally said to be inadequate in the community. The respondents were aware of few centres and organisations that took care of OVCs and their needs. However, there was a feeling that the officers who were running these centres were not objective in the way they disbursed the assistance among the children that needed it.

The community schools in the area only provided primary education. This meant that those OVCs who were receiving free education at these schools because they could not afford to go to other schools could not go on to secondary school as free secondary education was not available for them. Additionally, the respondents were not aware of any government efforts to assist the OVCs to attain or complete their education.

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5.3 LIMITATIONS OF THE STUDY

A study of this nature cannot be free of limitations. Therefore, the results must be seen in this light. The relatively small sample limits the generalising of the findings of the study to the broad population. To this effect, the representation of the findings to the broader population was affected. However, the study was confined to a homogenous group of participants in a particular geographical area to enable the findings of the study to be as representative as possible. This also limited and confined the scope of the study. Factors

such as the possible effects of which parents were deceased, who the current guardian was, and the present family composition were not incorporated into the study.

Furthermore, translation of questions from English to the local language and of responses from the local language to English proved to be a barrier in the study. The local language that was used to communicate with the children is a fairly subtle language that at times has no equivalent words or phrases for particular words or phrases in English. This called for quite a bit of improvising and substitution with what the researcher felt were the closest terms or phrases that would maintain the original meaning as much as possible.

Conducting a study of this nature that is also purely academic often calls for a lot of caution and patience on the part of the researcher. Some of the questions elicited extreme emotions in the children that at times rendered the researcher helpless. In many instances this prevented the researcher from probing the respondents further and eliciting more detailed responses from them. Additionally, the respondents and their guardians showed a degree of reluctance to take part in the study on hearing that they would not be rewarded for taking part in the study.

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5.4 CONCLUSION

The results of the study strongly affirm the premise that: *"Female orphans and vulnerable children are disadvantaged in their access to formal education and this is perpetuating the feminisation of the epidemic."*

Within a country like Zambia known for its large numbers of children orphaned and/or made vulnerable to the HIV and AIDS pandemic, children are increasingly becoming victims of circumstances that they have no control over. The evident obstacles that the female OVCs are facing in accessing education and participating in schooling are not only denying them of this basic right as children, but are also raising their levels of risk to the pandemic. As a tool that can lower their levels of risk through knowledge and empowerment, education is perhaps the one mechanism through which the increasing feminisation of the pandemic can be reduced in countries like Zambia in which society has defined females by particular roles and responsibilities that in turn increase their levels of risk to HIV and AIDS.

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This research also poses many questions on societal and familial structures in Zambia. For instance, in the era of HIV and AIDS, the much exalted extended family that is supposed to give support and identity to these girls is seemingly pushing many of them out 'into the cold' by taking them in for somewhat negative reasons. This questions the norms and values of the very entity that this all important group of children needs the most for identity and generativity. What does this mean for the future of orphaned girls? How does this affect the development of these children into productive, loving human beings? What does this mean for their sense of identity and humanness?

5.5 RECOMMENDATIONS

The findings of this study call for urgent and fervent intervention programmes if the changing face of the epidemic is to be addressed. The results explicitly highlight the need for the Government of the Republic of Zambia to put down particular measures through respective ministries to encourage and ensure that female orphans and vulnerable children have greater access to education and increased participation in schooling. For instance, the Free Basic Education Policy that was implemented in 2002 could be followed up with further assistance from the government to ensure that schools are able to meet their basic running costs without putting further strain on OVCs and their guardians. The use of a blanket approach to encourage children in Zambia to go to school does not fully cater for the specific case of the female OVC. This study shows that this group of children faces an even greater obstacle to accessing education and/or participating in schooling than other children.

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The researcher also recommends that the Zambian Government should put up a deliberate strategy to ensure that as much as possible parents are encouraged to save money in order to secure education for every child that they bear. For instance, this could be in the form of a compulsory tax for all Zambian citizens who are employed that would specifically go towards subsidising the costs of education of OVCs. This would also call for the implementation of a government programme that looks at the registration and welfare of these children so that they could be better and more easily identified and assisted.

Additionally, the government could also put up given numbers of places in both primary and secondary schools for female OVCs to get free education.

As the government puts up implementation programmes under the Ministry of Education, the Ministry of Social Welfare, and the National HIV/AIDS/STD Strategic Framework to tone down the impact of HIV and AIDS in Zambia, this group of children should be treated as a specific case with suitable referral procedures and support structures.

As the first republican president of Zambia, Dr. Kenneth Kaunda, said in his book A Humanist in Africa, African society is naturally inclusive and accepting, made up of a "web of relationships which involve some degree of mutual responsibility that is widely spread," and can not just determine or assign responsibility for the welfare of another human being (Kaunda, 1966:27). The onus therefore lies on the people of Zambia to ensure that our humanness is nurtured, protected and preserved through these children in whom the future lies.

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"Kwacha!" (Wake up, the dawn is here!).

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