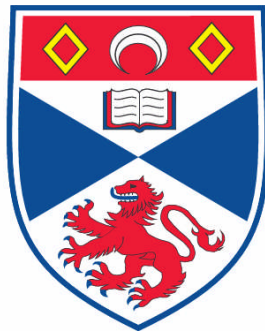


**THE FORMATION, CONSTITUTION AND SOCIAL DYNAMICS OF
ORPHANED CHILD HEADED HOUSEHOLDS IN RURAL ZIMBABWE
IN THE ERA OF HIV/AIDS PANDEMIC**

Monica Francis-Chizororo

**A Thesis Submitted for the Degree of PhD
at the
University of St. Andrews**



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**The Formation, Constitution and Social Dynamics of Orphaned Child
Headed Households in Rural Zimbabwe in the Era of HIV/AIDS
Pandemic**

Thesis submitted to the University of Andrews for the Doctor of Philosophy



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September 2007

I, Monica Francis-Chizororo, hereby certify that this thesis, which is approximately 92 508 words in length, has been written by me, that it is the record of work carried out by me and that it has not been submitted in any previous application for a higher degree.

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Dedication

To the following deceased members of my family

- My mum (Regina)
- Dad (Francis-Bernard)
- Husband (Joseph Chizororo)
- Sister (Chengetai)
- Brother (Oscar)

Abstract

This thesis focuses on children who have lost both parents and are currently living on their own as child headed households (CHHs) in a rural community in Zimbabwe. Children heading households and taking care of siblings is a very “un-childlike” behaviour yet these are growing phenomena. Through an exploration of how CHHs are constituted and evolve the thesis aims to examine whether local constructions of childhood are being (re) conceptualised as a result of Zimbabwe’s escalating HIV/AIDS crisis. In particular it examines whether the socialisation of children within ‘child only’ units is leading to social transformation and/or whether children are in some way attempting to mimic ‘normal’ family/gender relations. It also looks at CHH’s interactions with adults and explores how these affect survival strategies, socialisation and conceptualisations of childhood.

This thesis draws on an intensive ethnographic research project with five CHHs and their siblings in a rural community in Zimbabwe. Participant observation, narratives, drama, essays, focus groups, conversations and participatory techniques were employed to gain an in-depth insight into household evolution, the socialisation of family members, gender roles and survival strategies.

The thesis shows that while children living in CHHs are vulnerable, they exhibited considerable competence and capabilities to sustain themselves. However, state and non-governmental organisations’ definition of childhood and orphanhood on the other hand, and cultural and local understanding of childhood and orphanhood produce new conceptual struggles of childhood that impacts negatively on the CHHs’ integration into society and their capacity to function fully.

The ambivalent position of orphaned children in CHHs needs to be addressed if CHHs are to be recognised as an alternative orphan care arrangement.

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To my family for all the moral support over the years. I owe this to you.

Finally to my son, Tanaka-Wadzanai for enduring the difficult times and your willingness to assist mum to type the “BOOK” that never seemed to end!!!!

Acronyms

CBOCP: Community Based Orphan Care

CG: Children's Geographies

CH: Child Head

CHH: Child Headed Household

CRC: Convention on the Rights of the Child

CRS: Catholic Relief Service

CSO: Central Statistical Office

DSW: Department of Social Welfare

ESAP: Economic Structural Adjustment Programme

FGD: Focus Group Discussion

FHI: Family Health International

HBC: Home Based Carer

IDS: Institute for Development Studies

ILO: International Labour Organisation

LAMA: Legal Age of Majority

LSCF: Large Scale Commercial Farm

MPSLSW: Ministry of Public Service Labour and Social Welfare

NGO: Non- Governmental Organisation

OVC: Orphans and Vulnerable Children

PO: Participant Observation

PRF: Poverty Reduction Forum

PS: Post –Structualism (list)

SDF: Social Dimension Fund

SSA: Sub Saharan Africa

SSCF: Small Scale Commercial Farm

UN: United Nations

UNDP: United Development Program

UNGASS: United Nations General Assembly Special Session

UNICEF: United Children Education Fund

USAID: United Agency for International Development

WHO: World Health Organisation

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Chapter One

Introduction

1. Introduction

Although the majority of the people living with HIV/AIDS are adults, the pandemic's devastating effects reach the most vulnerable members of society, children. Whereas HIV/AIDS is a global issue, it disproportionately affects Africa, which remains at the global epicentre of the HIV/AIDS pandemic. UNAIDS (2006) estimates show that 64 per cent (24.5 million) of the world's HIV/AIDS infected population live in sub Saharan Africa (SSA), even though it only accounts for 10% of the world's population (see Table 1). About one in ten children below 15 years are HIV positive in SSA. In 2005 alone, an estimated 930 000 adults and children died of HIV/AIDS in southern Africa; one third of global AIDS deaths (UNAIDS, 2006). Even though HIV/AIDS is associated with adults, children can also be infected. Approximately 43% of all children (below the age of 15) living with HIV/AIDS are found in Africa (UNAIDS, 2006).

Although HIV/AIDS is not the only cause of early parental deaths, studies have estimated that from the beginning of the 1990s around half of all parental deaths in Africa were due to HIV/AIDS (Kamali et al., 1996; Foster et al., 1995; Gregson et al., 1994). Ghosh and Kalipeni (2004) showed that only 2 per cent of the children in SSA were orphans¹ before the advent of HIV/AIDS and the figures skyrocketed to 7 per cent by 1997 (see Barnett and Blaikie, 1992 for a similar situation in Uganda).

¹ Global and country-specific statistics on numbers of children orphaned due to HIV/AIDS are staggering. Current data are based on extrapolations from statistics on AIDS related deaths and demographic assumptions. Thus statistical information on the extent of orphans is fraught with the usual limitation of over-reliance on modelling, limited geographical space and projections. It is important to highlight the major sources of statistics on orphans, although it is not the intention of this study to question the authenticity and accuracy of the data sources. Most global and country specific data on orphans is estimated under the auspices of the UNAIDS Reference Group on Estimates, Modelling and Projections. Other estimates are derived from Demographic and Health Surveys and household surveys. Recent population censuses in Africa have included questions on orphanhood for the indirect estimation of adult mortality as well as to investigate the status of orphans (see also Central Statistical Office (CSO), 2002).

Table 1: Regional HIV and AIDS Statistics and Features, 2003 and 2005

Region	Adults (15+) and children living with HIV	Adults (15+) and children newly infected with HIV	Adult (15-49) HIV prevalence (%)	Adults (15+) and child deaths due to AIDS
Sub Saharan Africa				
2005	24.5 million	2.7 million	6.1	2.0 million
2003	23.5 million	2.6 million	6.2	1.9 million
North Africa and Middle Eats				
2005	440 000	64 000	0.2	37 000
2003	380 000	54 000	0.2	34 000
Asia				
2005	8.3 million	930 000	0.4	600 000
2003	7.6 million	860 000	0.4	500 000
Oceania				
2005	78 000	7 200	0.3	3 400
2003	66 000	9 000	0.3	2 300
Latin America				
2005	1.6 million	140 000	0.5	59 000
2003	1.4 million	130 000	0.5	51 000
Caribbean				
2005	330 000	37 000	1.6	27 000
2003	310 000	34 000	1.5	28 000
Eastern Europe and Central Asia				
2005	1.5 million	220 000	0.8	53 000
2003	1.1 million	160 000	0.6	28 000
North America, Western Europe and Central Europe				
2005	2.0 million	65 000	0.5	30 000
2003	1.8 million	65 000	0.5	30 000
Total				
2005	38.6 million	4.1 million	1.0	2.8 million
2003	36.2 million	3.9 million	1.0	2.6 million

Source: UNAIDS (2006:13)

In sub Saharan Africa, an estimated 12.3 million children (out of 15.2 million global estimates) under the age of 18 have lost at least one parent to HIV/AIDS (UNICEF et al., 2006)². The figure is expected to increase to more than 15 million by 2010 (Table 2) and in the following decade as HIV positive parents become ill and die from HIV/AIDS related illness (UNAIDS, 2006)³.

Table 2: Estimated Number of Orphans in sub Saharan Africa

Year	Population aged 0-17	Total number of orphans	Total number of orphans due to AIDS	Children orphaned by AIDS as % of all orphans
1990	271 000 000	30 900 000	330 000	1
1995	309 900 000	35 000 000	2 300 000	7
2000	348 500 000	41 500 000	7 000 000	17
2005	387 000 000	48 300 000	12 000 000	25
2010	427 000 000	53 100 000	15 700 000	30

Source: UNICEF et al., (2006: 10)

Zimbabwe (Appendix 1), once at the epicentre of the HIV/AIDS pandemic since its first recorded case of AIDS in 1985, currently shows a decline in HIV prevalence among pregnant women attending ante-natal clinics from 32 per cent in 2000 to 24 per cent in 2004 (UNAIDS, 2006; see also Gregson et al., 2005). The decline is attributed to delays in sexual debut, and people avoiding casual sex, increased use of condom coupled with AIDS awareness and fear of AIDS death. However, a significant contributory factor is attributed to high mortality rates (UNAIDS, 2006). Despite the decline, about 1.7

² While SSA has the highest proportion of children who are orphans, the absolute number of orphans is much higher in Asia, which had 87.6 million orphans (due to all causes) in 2003, twice the 43.4 million orphans from all causes in SSA.

³ Sporadic but massive orphanhood has been a result of war, famine or disease in countries such as Rwanda and Somalia respectively.

million⁴ people still live with HIV/AIDS. With only 23 000 people (out of an estimated 320 000) receiving antiretroviral drugs (UNAIDS, 2006), mortality levels continue to rise with over 3 000 people reportedly dying every week due to HIV/AIDS- related illness (PRF/IDS/UNDP, 2003). However, at the start of this century, UNAIDS (2002) estimated that AIDS related deaths in Zimbabwe will exceed 1 million. With a national HIV rate of 24 per cent and the resulting morbidity and mortality, the impact on Zimbabwean children living with sick parents or relatives and especially those living on their own, cannot be overemphasised. As early as 1992, a study in Mutare, the third largest city in Zimbabwe, recorded that over 10 per cent of children in the study area were orphaned due to HIV/AIDS⁵ (Foster et al., 1995). Current estimates show that 1.1 million children have lost a father or mother or both parents due to HIV/AIDS (Table 3) (UNICEF et al., 2006). Even with treatment, orphan prevalence is expected to rise as parents succumb to AIDS deaths. Although the traditional kinship based system plays a major role in orphan care, with nearly one household in five having taken in orphans, the development of child only households remains a concern (PRF/IDS/UNDP, 2003).

⁴ As HIV/AIDS is not a notifiable disease in Zimbabwe, accurate statistics on AIDS related deaths are not available.

Table 3: Orphan prevalence in Southern African countries in 2005

Year	Total number of orphans	Number of orphans due to AIDS	Children orphaned by AIDS as % of all orphans	Total number of orphans in 2010 (projected)
Angola	1 200 000	160 000	13	1 300 000
Botswana	150 000	120 000	76	170 000
Lesotho	150 000	97 000	64	170 000
Malawi	950 000	550 000	57	1 100 000
Mauritius	23 000	-	-	23 000
Mozambique	1 500 000	510 000	34	1 900 000
Namibia	140 000	85 000	62	170 000
South Africa	2 500 000	1 200 000	49	3 200 000
Swaziland	95 000	63 000	66	120 000
Zambia	1 200 000	710 000	57	1 300 000
Zimbabwe	1 400 000	1 100 000	77	1 300 000
Sub Saharan Africa	48 300 000	12 000 000	25	53 100 000

Source: UNICEF et al., (2006:11)

1.2 The development of child headed households

One of the most distressing consequences of the HIV/AIDS pandemic impact on children in SSA has been the development of Child Headed Households (CHHs); some headed by children as young as 10-12 years (Foster et al., 1995). The first cases of CHHs were noted in the late 1980s in the Rakai District of Uganda (WHO 1990; Alden et al., 1991 cited in Foster et al., 1997a). CHHs were also discovered in Lusaka Zambia (Ham, 1992) while Naerland (1993) observed cases in six villages in Masaka District, Uganda. In Zimbabwe meanwhile, CHHs were first noted in the mid 1990s in Manicaland (Foster et.al., 1995). In all these cases of CHHs, older children are assuming care-taking

⁵ At the time of the study an orphan was defined as a child less than 18 years who had lost a mother or both parents due to HIV/AIDS (Foster, et al., 1995). This contrast the definition used in the 2002 Zimbabwe population census (CSO, 2002).

responsibilities and developing survival strategies and support mechanisms for their young siblings when they themselves require parental guidance and support (Barnett and Blaikie, 1992; Drew et al., 1988; Guest 2001; Seeley et al., 1993).

Although in the global south⁶ working and taking responsibility are not activities peculiar to orphans, what is unique to CHHs is that they must assume all the roles once performed by their parents and/or other adult members of extended families. Like elsewhere in Africa, orphans in Zimbabwe would traditionally have been cared for within the extended family system in families headed by adults (e.g. uncles/aunts or grandfathers/mothers). The very existence of CHHs suggests that the kinship-based family system is deteriorating and is no longer coping with increasing numbers of orphans (Kaleeba, 2004; Guest, 2003; Nyambedha et al., 2001; Ntozi, 1997).

1.3 Justification and Rationale of the Study

Despite HIV/AIDS being the focus of concern over the last two decades, the pandemic's impact on orphaned children only received global attention from the mid 1990s⁷, because at the beginning of the pandemic, concern lay with developing intervention practices and prevention initiatives to curb the spread of the virus. Policy makers, international organisations and national governments responded slowly to the impact of HIV/AIDS on orphans (Foster and Levine, 1998) due to the perception that HIV/AIDS was more of a health rather than a developmental issue (Webb, 1997). However, early research on HIV/AIDS focused on cultural and behavioural patterns that promoted the transmission of the virus (Ulin, 1992). Later, researchers focused on the social and economic impacts of the disease on different strata of society since loss of productive, often well-educated young adults to the disease were often perceived as a serious problem not just for individual families, but for whole nations (Abel et al., 1988).

⁶ Developing countries

⁷ By September 2003, 39 per cent of countries affected had no national policies to support orphans and vulnerable children (UNICEF et al., 2004)

Studies by Hunter (1990) and, Barnett and Blaikie (1992) helped to draw attention to the situation of orphans affected by HIV/AIDS in Africa. Hunter's (1990) work in Rakai District, Uganda, showed the extent of lack of resources among the children and how opportunities for education greatly reduced especially among the orphans who had lost both parents. In Uganda, Barnett and Blaikie (1992) noted that while families were losing the contribution of economically productive workers and relying on diminishing resources, they also faced the added strain of providing sustenance for orphans coming from elsewhere in their extended families. However, it was only in 1994, that improving the welfare of orphans and other vulnerable children (such as those living with terminally ill parents and/or guardians, or providing care to sick parents), became a high priority both within countries and at the international level (Smart 2003). For example, a decade of international and regional events to shape global thinking and planning around orphans and vulnerable children (OVCs)⁸ suggests a commitment to addressing the burgeoning orphan crisis see (see Appendix 2). Although the United Nations (UN) General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS in July 2001 represented a true global dedication to action on HIV/AIDS, only three articles out of 100 addressed children orphaned and made vulnerable by HIV/AIDS (see Table 4). While global commitment on paper is beginning to show, action on the ground is still limited in scale and is often fragmented (Stephen Lewis cited in UNICEF 2002:5).

⁸ Orphaned children from all causes and includes children made vulnerable children by HIV/AIDS (Smart, 2003)

Table 4. Commitments to Orphans and Vulnerable Children

Articles 65-68 of the UN Declaration of Commitment on HIV/AIDS
<p>Children orphaned and affected by HIV/AIDS need special assistance</p> <p>Article 65. By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support, ensuring their enrolment in school and access to shelter, good nutrition and health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;</p> <p>Article 66. Ensure non-discrimination and full and enjoyment of all human rights through the protection of an active and visible policy of de-stigmatisation of children orphaned and made vulnerable by HIV/AIDS;</p> <p>Article 67. Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa.</p>

Source: World Vision (2005:8)

The situation of orphaned children is a cause for concern for several reasons: they may have been dispossessed of property by greedy and desperate relatives (Webb 1995; Bedri et al., 1995); they can suffer stigmatisation and discrimination associated with the illness and subsequent death of their parents from AIDS (Wright, 2000; Stein 1997; Ntozi and Mukiza-Gapere, 1995; Seeley et al., 1993); many are forced to migrate to extended family (Young and Ansell 2003a b; Ansell and van Blerk, 2004); and an increasing

number have left families and are living on the streets (Bourdillon, 1994; Dube, 1999; UNICEF, 2001; Kaliyati et al., 2002; Young and Barrett, 2001a b).

The consequences for orphans as they move from childhood to adulthood remain unknown. “We are talking about unsocialised, uneducated, and in many instances unloved children struggling to adulthood. The cost to them as individuals remains unmeasured” (Barnett and Whiteside, 2002: 210; see also World Vision, 2005; UNAIDS/UNICEF/USAID, 2004). Orphans lives are depicted as childhood in crisis (Ntozi, 1997). Similarly, Barnett and Whiteside (2002) see orphans as children whose dreams and hopes are shattered by the loss of their parents: “These lives [orphans] are hardly a preparation for the future as a member of a household or a community, least of all as a citizen” (Barnett and Whiteside, 2002:211). While the orphans’ lives are a struggle and hardly ‘prepare’ them for life and adulthood in different ways, Barnett and Whiteside (2002) are in danger of assuming that orphaned children are not survivors. If we recognise children’s agency, then we need to ask how the orphans especially CHHs are preparing themselves to adulthood with limited parental guidance, their level of competency and resilience (Kesby, Gwanzura-Ottmoller and Chizororo, 2006).

Although lots of work has been undertaken to investigate the impact⁹ of HIV/AIDS on children in general (Hunter 1990; UNICEF, 1994; Sengando and Nambi, 1997; UNAIDS 2001; Matshalaga and Powell 2002; Kamali et al. 1996; Foster et al. 1995; Gregson et al., 1994) very few have explored orphaned children’s everyday experiences and lives (Young and Ansell 2003a b; Robson, 2004, 2000a b) but rather they focused on establishing the numbers and general patterns of the orphan problem. Most studies have focused on adult households that have absorbed orphans, while there has also been a general tendency to neglect children’s voices, or lump them together with women (i.e. as ‘women and children’) (Reynolds, 1991).

Furthermore, very few (Foster et al., 1997a and Germann, 2005 being notable exceptions) have so far conducted detailed studies specifically on CHHs in Zimbabwe. While Foster

⁹ Most of the work on the impact is drawn from policy documents and there is little from academic sources

et al., (1997a) focused on reasons for the establishment of child headed households, Germann (2005) explored the quality of life and coping strategies of the orphans living as child 'only' units¹⁰. Unlike the studies of Foster et al., (1997a) and Germann (2005), this research explicitly focuses on child headed households living with no adult in the household in a rural community. What remains unclear is how these CHHs are constituted and the detailed reasons behind their formation (after Germann, 2005). Interestingly, anecdotal evidence from Zimbabwe recently indicated that while most CHHs did have extended family members who offered them help some children preferred to live alone for fear of losing household property after inheritance and also that some relatives preferred not to take children in but rather preferred to offer support to the orphans who continued to live at their parents' home (Foster, et al., 1997a; Germann, 2005). However, this scant evidence is not able to indicate whether CHHs are operating entirely outside the structures of the extended family or whether they are part of some innovative coping system or a new form of social transformation as a result of HIV/AIDS (Chirwa, 2002) and whether these households are permanent or temporary formations. Finally, given that the development of CHHs is a phenomenon, very little is known about the social structure of these households, their history, longevity, survival strategies or the experiences of and consequences for their members.

This research is situated within recent theoretical frameworks concerned with children's geographies and the social construction of childhoods. Until recently, children were not viewed as social actors or considered to be a significant group worthy of study in their own right. This perspective has changed with the development of the United Nations Declaration of Children's Rights, which calls for children to be recognised as equal citizens to adults (Valentine, 1997a). The Convention on the Rights of the Child (CRC) is the first legal instrument developed to guide action on behalf of all children including orphans in relation to their right to survival, development, and protection from abuse; the right to freedom from discrimination; the right to have a voice and be listened to; and that their best interests should be of primary consideration (Smart, 2003:10) (see Appendix 3).

¹⁰ Foster et al., (1997a) focused on both rural and urban areas in Mutare. Germann (2005) studied urban CHHs in Bulawayo after discontinuing plans to include rural areas due to political instability.

However, internationally recognised (mostly) human rights are not the only factor that influences the situation of children in any given country. In Southern Africa there are many customs and practices that contradict them. The ratification by all countries (excluding United States and Somalia) has reaffirmed children as “ fully human and who need to be accorded the same rights as adults” (Mathews and Limb, 1999:63). Since the ratification of the CRC, children have become central in global debates (Katz, 1993). Similarly, Valentine (1997a) observed a growing concern among academics about the status of young people. For example, sociologists (Mayall, 1994 cited in Valentine, 1997a) and geographers (James, 1990) have drawn attention to children as a passive and neglected “other”. Yet, in practice; “children have shown that they are active in the construction and determination of their own social lives, the lives of those around them and societies in which they live” (Prout and James, 1990:8).

Although the development of children’s geographies has placed children on the research agenda (James et al., 1998; Mathews and Limb, 1999, Sibley, 1995; Aitken 1994; Valentine 1996, 1997a b c), insufficient attention has been focused on children of the global south (Young and Ansell 2003a b; Ansell and Young, 2004; Robson, 2004, 2000a b; Kesby et al., 2006; Young and Barrett, 2001a b, Browne and Barrett, 2001; Young, 2004; Ansell and van Blerk, 2005) to reveal the limits of universalising childhood in the context of the devastating impacts of HIV/AIDS in SSA. This debate on children’s geographies (CGs) and the social construction of childhood in Zimbabwe are fully developed in Chapters Two and Three.

Young and Barrett (2001a b) noted how HIV/AIDS, socio-economic and internal conflict contributed to a rise in street children in Kampala, Uganda. They examined the survival skills and coping mechanisms street children develop as they live in urban socio-spatial space. Their work is important for this study for several reasons. Both street children and CHHs challenge the ideal notions of the ideal home, family and childhood (see also Beazley, 2000). In traditional rural Zimbabwe Shona society and in Uganda, the home is a site of social control for children. As a result, children who leave the home to seek alternative spaces in which they live alone are often regarded as social outcasts. Thus,

both street children and CHHs present an element of a 'geography of resistance' in which children re-define childhoods, create new forms of identities through social networks, in what Aitken (2001a: 135) refers to as the "politics of survival". Although street children's lives provides useful insights on the everyday experiences of children living independently, a fundamental difference between the research presented in this thesis and Young and Barrett's (2001a b) work are the geographical spaces through which the children's identities are created. For the street children, the home is a 'moveable concept' and a 'public space', while for CHH in rural areas the home is a 'fixed space' from which the orphaned children living with no adults develop their own networks and survival strategies (see also Beazley, 2000). Unlike street children, family based kinship ties existing in the rural areas influence the lives of orphans' living in CHHs through contact with adult relatives and neighbours.

Ansell and Young (2003a) focused on migration processes surrounding orphaned children in Malawi and Lesotho in response to HIV/AIDS (see also van Blerk and Ansell, 2006a b; Ansell and van Blerk, 2004; Ansell and Young, 2004; Young and Ansell, 2003b). These studies are particularly important in that they focus on the direct effect of HIV/AIDS on children. Children engage in "multiple moves" prompted by changes in household circumstances such as death and poverty (Young and Ansell, 2003a: 472). The authors suggested that continued household fragmentation due to the caregiver's death results in further migration of children to new households or public space (e.g. the streets) or institutions (e.g. orphanages). In addition to the children being excluded from the migration decision making process, Young and Ansell (2003a b) noted that siblings are often split across several households to live great distances apart. As a result, new forms of childhoods are (re) created as the children move to new geographical spaces. Although the studies in Lesotho and Malawi call for a more focused research on children's migration experiences, the experiences *and* migration experiences of children living alone remains unexplored.

Robson's (2004, 2000a b,) groundbreaking work on young carers in Zimbabwe is closest to the work on CHHs presented here. Robson explores how contemporary global

economic restructuring processes such as economic structural adjustment programmes (ESAP) created new localised experiences of childhood with children becoming care providers for parents or relatives suffering from HIV/AIDS related illnesses. Although historically children have provided care work, Robson (2004) notes that ESAP together with increased AIDS related morbidity forced children to become sole care providers with little support from government and extended family members. Thus, children and young people's care work 'remain invisible.' However, children are not simply passive recipients or victims of ESAP and HIV/AIDS; they actively (re) create and enjoy their childhoods despite the struggles they experience as 'invisible carers' (Robson, 2004, 2000a, b; Robson and Ansell, 2000; see also Robson et al., 2006; Ansell and van Blerk, 2004; Ansell and Young, 2004; Young and Ansell, 2003a b; van Blerk and Ansell 2006a b). Although Robson (2000a) reported temporary nature of children as 'young carers', not only does she fail to recognise that providing care is not an event but a process. In Zimbabwe Shona society, neighbours and the extended family structure often assist with the care of the sick, which is silent in Robson's (2004, 2000a b) studies. However, Robson 's (2004, 2000a b) study is relevant for emerging CHHs in Shona society where children not only provide care as part of their everyday features of social reproduction, but they become full time contributors to social reproduction and production activities within their household and the communities in which they live in the absence of parents.

Therefore this work extends Robson's work not only on children as carers for adults dying of AIDS, but considers the dimensions of children caring for other siblings after the deaths of parents. Furthermore, it explores the roles and responsibilities of orphans living in CHHs as another dimension of care and investigates the socialisation of children by children. It does so not only by taking a cross sectional survey, but also by attempting to access substitute longitudinal data. Surrogate longitudinal data helps to trace the CHHs' experiences through which they pass, and helps to identify crisis points, needs and workable solutions to ensure their survival. Although a lot of the work has been conducted on orphans, this has tended to be rather pragmatic (Madhavan, 2004). Such work is of course important given the pressing needs of OVCs and I recognise the practical and ethical necessity for further research on the immediate survival strategies of

orphans, and in particular, CHHs. However, in my study I want to extend this focus in order to situate these strategies within the context of a better understanding of the formation and social structures of those households, to understand them better and to inform workable policy that attempts to facilitate those strategies. Furthermore, while cross sectional data on material and practical needs of the orphans are important, it is also relevant to “theorise [CHHs] as [a] process, or perhaps as a series of pathways into adulthood” (Kesby et al., 2006:198). Through an investigation of child headed households this thesis makes a valuable contribution to the theorisation of these ‘other childhoods’ in the global south (after Robson, 2004). Given the focus and the momentum of the development of children’s geographies, I contend that this is also an appropriate time to re-conceptualise childhood especially in the era of HIV/AIDS reflecting on how HIV/AIDS has contributed to the shaping of children’s lives in the global south.

1.4 Aims and objectives of the study

This thesis focuses on orphaned children who have lost both parents and are currently living on their own in child headed households in a rural community in Zimbabwe. Children heading households and taking care of siblings is a very “un-childlike” behaviour (after Aitken, 2001a and Robson, 2004) yet these are a growing phenomena. Through an exploration of how CHHs are constituted and evolve, the thesis aims to examine whether local constructions of childhood are being (re) conceptualised as a result of Zimbabwe’s escalating HIV/AIDS crisis. In particular it examines whether the socialisation of children within ‘child only’ units is leading to social transformation and/or whether children are in some way attempting to mimic ‘normal’ family/gender relations. It also looks at CHHs’ interactions with adults and explores how these effect survival strategies, socialisation and conceptualisations of childhood. Thus, the research addresses two research questions:

1.4.1 Research Questions

- How do child headed households evolve?
- How do orphaned children living in child headed households organise themselves in relation to household roles, responsibilities and social networking?

1.5 Definition of terms

1.5.1 Orphans and Vulnerable Children

The term ‘orphan’ has both a social and legal meaning rendering it difficult to measure, define and compare data on orphans at different geographical scales. On the one hand it must be understood as a term bounded by legal definitions, and on the other, as a term that describes a host of relationships and social constructs, which vary over space and time. The concept is further complicated by the fact that different organisations have restricted the definition to suit their own objectives as they assisted orphans affected by HIV/AIDS. Traditional [European] understanding of an orphan defines an orphan as “a child, one or both of whose parents have died” (Bideau et al.,2000: 316). This definition is consistent with that provided in the report *Children on the Brink*, a joint report publication of UNAIDS/UNICEF/ USAID (2004) that has become the standard reference for global definitions and estimates related to orphans and vulnerable children (OVC). In this report the main variables to distinguish an orphaned child are parental loss, (mother, father, or both parents dead), age of child and in a few instances, the cause of parent death. Children who have lost their mother are referred to as “maternal orphans”; those who have lost their father are “paternal orphans” while those who have lost both parents are classified as “double orphans”. In the global south, these are important distinctions because fathers and mothers provide different types and levels of financial and emotional support. This is particularly relevant in the absence of a welfare state to support single parents. Chapter Four explains how the death of a parent of a particular gender has great implications on how children are dealt with and who is seen as responsible for them.

Orphans are further categorised by age. The age at which a person is no longer considered a child or orphan varies over time and space. The picture is further complicated by the fact that different countries use different age related distinctions (see Table, 5), which makes it difficult to compare orphan figures at different geographical scales. For example, the 1991 Ugandan census considered all those under 18 to be “children” and of these, those who had lost one or both parents to be “orphans”. However, in the 2002 Zimbabwean Population Census used 15 years as the cut off point for child/orphanhood (CSO, 2002). Meanwhile in academic studies 15 years has also often been used as the upper limit of childhood and the loss of at least one parent as the definition of orphanhood (e.g. Ghosh and Kalipeni, 2004; Preble, 1990; Foster et al., 1995). Until 2003, the UNAIDS/UNICEF/USAID’s *Children on the Brink* report (2000, 2002) also used 15 years as the age limit, but only for *maternal* and double orphans. In contrast the latest (2004) *Children on the Brink* report pushes the age limit for orphans up to 18, and includes *paternal* as well as maternal and double orphans.

Table 5: Definitions of Orphans from Selected African Countries

Name of Country	Orphan Definition
Namibia	A child under the age of 18 who has lost a mother, a father, or both – or a primary caregiver – due to death, or a child who is in need of care.
Ethiopia	A child less than 18 years of age who has lost both parents, regardless of how they died.
Botswana	A child below 18 years who has lost one (single parents) or two (married couples) biological or adoptive parents.
Uganda	A child below the age of 18 years who has lost one or both parents.
Rwanda	A child who has lost one or both parents [no upper age of childhood stipulated]
Zimbabwe	A child below the age of 18 year who has lost one or two parents

Source: Smart (2003:3)

In addition and more importantly these orphan definitions often excludes other children made vulnerable by HIV/AIDS namely: abandoned children, disabled children, children looking after terminally ill parents or who are living on the streets or in extreme poverty (World Vision, 2005 and Smart, 2003). These vulnerable children might be living in worse conditions than ‘orphans’, some of whom may have inherited their parents’ property or land or might be in the care of relatively well-off relatives. As a result, it is widely acknowledged that programmes that aim to assist “vulnerable children” should not only target children orphaned by HIV/AIDS, but efforts need to be directed to include children made vulnerable by the pandemic or other causes (German, 2005). Consequently, this thesis avoids using the term AIDS orphans, as it is known to contribute to inappropriate categorisation and discrimination (Germann, 2005). Moreover, many dying parents do not know their HIV status and/or many ‘orphans’ are not informed about what their parents died of. Orphans (AIDS or otherwise) prefer to be called ‘children’ (UNICEF/UNAIDS/USAID, 2004). In this study OVC is used to refer to children orphaned from all causes and made vulnerable by HIV/AIDS (after Smart, 2003).

1.5.2. Child Headed Households

In the preceding discussion we see that it is difficult to define an orphan. Similarly, there is confusion and inconsistency in the literature over definitions of CHHs. Many definitions do not pay enough attention to the agency of children themselves and their own self-identifications or definitions of households. The problem of the definition of a CHH is related to the general problems of conceptualising children and childhood, head of household and household. The notion of child or childhood is the focus of Chapter Two where some time is exploring the concept and in Chapter Three that focuses on how the HIV/AIDS pandemic is (re) conceptualising childhood in Zimbabwe.

The term CHH varies over time-space and refers to the different situations of children. According to Gow and Desmond (2002) CHHs are for the most part children living in a household without direct adult supervision, as they have been orphaned or abandoned by

parents or the parents are working elsewhere¹¹. Others have developed more subtle definitions by assessing the age at which a child took over responsibility for the household and the nature of the responsibilities taken on. Foster et al., (1997a) identify two working typologies of CHHs: namely accompanied and unaccompanied households, that is with an adult or with no adult respectively. In accompanied households, children are often forced to take over the responsibility to provide for the household when they live with terminally ill parents or an older grandparent. Among the Shona¹² in Zimbabwe such adults in the CHH are referred to as *munvuri* meaning ‘a shadow’. In spite of their incapacity to provide for the children, the adult’s presence offers protection and security to the children and property against those who would seek to inherit it unlike in unaccompanied households (see also Germann, 2005).

In this study, a CHH is used to refer to children whose parents have died and live alone as child only units in what Foster et al., (1997a) refers to as unaccompanied households. As a children’s geographer, I am faced with the difficulty of having to talk about the vulnerability of unaccompanied children in CHHs without at the same time suggesting that they are merely incompetent victims. While I focus explicitly on ‘child only’ units, I do not ignore the interaction that may exist between unaccompanied CHHs and ‘outside’ adults or neighbours who may offer support.

This study not only recognises that unaccompanied CHHs are a particularly vulnerable group of children and young people, but also that they are a small part of a much broader group of children in distress. Many of the problems facing CHHs are in fact common to all vulnerable children and children in CHHs are not always the ‘poorest’ of the poor. In the light of this, one cannot examine CHHs outside the broader context of orphans and other vulnerable children. However, the lack of an adult in CHHs increases their vulnerability and requires them to be studied as a special group of orphaned children.

¹¹ Children heading households when parents or caregivers work elsewhere is becoming a common phenomenon in Zimbabwe. I observed several households during the fieldwork. Most parents, (usually widowed women), leave children to look after themselves while they worked on the nearby commercial farms often coming back home at weekends or month end. Germann (2005) also noted households headed by children while parents live in the diaspora as legal or illegal migrants.

This work would be used to advocate for CHHs, who constitute a special group of orphaned children generally taken for granted and who continue to remain invisible (after Matshalaga, 2002).

1.6 Background to Zimbabwe's HIV/AIDS Crisis

Zimbabwe, a former colony of Britain¹³ gained its independence in 1980 after a long liberation struggle. During the pre-independence period, the colonial government engineered a geography of racially segregated land ownership that relegated the majority black population to overcrowded native reserves (referred to in this study as rural areas) and agro-ecological zones characterised by poor soils and prone to drought (Palmer, 1977; Moyo 1995). This land alienation was legalised by the Land Apportionment Act of 1931 (later superseded by the Land Tenure Act of 1969). This later Act allocated fifty percent of land to whites, who comprised the five percent of the population (Moyo, 1986). Further, the new settlers perpetuated white domination over many sectors of development such that at independence in 1980, Zimbabwe inherited a dual economy characterised on the one hand by a reasonably developed infrastructure and a well-developed industrial sector, and on the other poor by rural communities (IDS/PRF/UNDP, 1998). The impoverished African rural areas provided 80% of the migrant industrial labour force and subsistence agriculture and rural livelihoods were highly dependent on inputs paid for by wages remitted from men holding wage labour jobs in the industrial sector.

For nearly a decade after independence Zimbabwe made significant improvements in provision of social services such as education and health. On the other hand, land redistribution remained slow due to insufficient funds, lack of political commitment and the unwillingness of commercial farmers to sell highly productive land (IDS/PRF/UNDP, 2003). While progress was made to redress Zimbabwe's inequalities, the emergence of

¹² Shona is the dominant ethnic group and comprises over 70% of the population, followed by Ndebele and the minority white population.

¹³ Zimbabwe was called Southern Rhodesia (1890-1965) under British government. However, it became known as Rhodesia after the white settlers' declaration of independence (UDI) from Britain (1965-1979)

the ESAP in the early 1990s, designed to liberalise and reinvigorate a highly regulated and stagnating economy, has subsequently produced a very negative impact on social development. ESAP called for, among other things, the removal of subsidies on social services and basic commodities; an introduction of cost recovery measures in the social sectors such as health, education and housing limiting the government's role as a service provider; liberalisation of foreign exchange and foreign trade rules (IDS/PRF/UNDP, 1998).

The social and economic impacts of these policies cannot be overemphasised. ESAP saw soaring interest rates, increased cost of living, rising inflation, a decline in real wages, job losses leading to unprecedented levels of poverty and desperation (Ministry of Public Service, Labour and Social Welfare (MPSLSW), 1995; CSO, 2003a,b). Even with the existence of the Social Dimension Fund (SDF) to mitigate the effects of ESAP, the majority of the population (over 61%) continued to live in poverty with rural areas accounting for high prevalence (75%) of poverty compared to the urban geographical population (IDS/PRF/UNDP, 1998). The negative neo-liberal economic impacts of ESAP have been massively increased (and the positive impacts lost) by poor political decision-making and corruption, and the current land invasion, political instability, lawlessness and hyper inflation of over 3000%, have turned the country into economic chaos, caused a brain-drain and increased suffering among the population (see also Germann, 2005). These setbacks reversed the hard earned gains in social development achieved immediately after independence. While there is little literature on the impact of ESAP on children, Mupedziswa (1997) suggested that ESAP had negative impacts on children's education, health, nutrition, housing and other basic needs. Children became more visible on the streets in many towns (Muzvidziwa, 2000, Dube, 1994) including rural growth points (Mutisi and Bourdillon, 2000) where they engaged in vending for survival.

However, from 1997 Zimbabwe's economy declined dramatically and is currently in a chaotic state from a combination of factors such as war veterans compensation which caused the Zimbabwean dollar to crash, radical land reform characterised by land invasions, political violence, introduction of oppressive state laws, lawlessness, hyper

inflation over 7 600%¹⁴ and corruption (Germann, 2005). The result has been massive migration to neighbouring countries in search for food and employment. Zimbabwe remains isolated from the international community, and several international agencies have pulled out of the country. The current impact of the Zimbabwe crisis situation on children remains unknown (see also Muzvidziwa, 2000) apart from the existing devastating effects of the HIV/AIDS pandemic.

As in many African countries, Zimbabwe went through a phase of international ‘pandemic’ of blame and counter blame when the first AIDS case was recorded in 1985 (Meursing, 1997). It was only in 1990 that the government introduced a policy on AIDS, and increased its openness by publishing HIV/AIDS morbidity and mortality data. Similarly, official denial by the Zimbabwe government of the existence of HIV/AIDS meant that time was lost to reduce the present day impact of HIV/AIDS, especially among children. Attention was given to the effect of HIV/AIDS on orphans in the mid 1990s after almost a decade focused on awareness and prevention efforts among adults¹⁵. By 1990, there were 150 000 orphans and this increased to 570 000 in 1997 (UNICEF, 2001), as parents, aunts and uncles, once the traditional orphan carers, succumbed to AIDS. Faced with an orphan crisis, the Zimbabwe government developed a National Orphan Care Policy to mobilise resources for the support of orphans through institutionalisation, fostering and community based care (GOZ, 1999).

The negative demographic impact of the HIV/AIDS pandemic on Zimbabwe’s population growth cannot be overemphasised. Matinhure (2003 cited in PRF/IDS/UNDP, 2003) projected that without the effect of HIV/AIDS Zimbabwe’s population would have grown from 10.4 million in 1992 to an estimated 14 million in 2002 and to 16.6 million in 2010. In fact the population now stands at about 12 million. The decline in the population annual growth rate from 3% between 1982 and 1992 to 1.1% for the period 1992 and 2002 (CSO, 2002) suggests an increase in HIV/AIDS-related morbidity and mortality

¹⁴ Inflation rate released from the Central Statistical office is over 7 600 %, the highest in the world.

¹⁵ Prevention efforts concentrated on high-risk mobile populations such as long distance truck drivers, the army, and commercial sex workers. Young people in and out of school were included later when research and statistics showed that they were at risk.

and/or a decline in fertility (UNAIDS, 2006). Population projections suggest a change from a broad-based population pyramid typically of most sub-Saharan Africa to a 'population chimney' (see Germann, 2005). Life expectancy at birth has been reduced from 61 years in 1990 to about 43 years for the period 2000-2005. The estimated life expectancy in Zimbabwe is about 26 years lower than it would have been without HIV/AIDS (Matinhure, 2003 cited in PRF/IDS/UNDP, 2003). Forecasts predict a further decrease in life expectancy to 35 years or even lower by 2010 (PRF/IDS/UNDP, 2003) and this will impact negatively on household composition.

1.7 Organisation of the thesis

Chapter One provides the background of the study, its rationale, aims and objectives. Chapter Two summarises the evolution of the concept of childhood since the 16th century to contemporary 20th century which has seen the emergence of a Western conception of a universal child who is temporally segregated from adults, with no work and considered incompetent. Yet the lives of children in the global south (or developing countries) are dominated by work, a supposedly "adult" preoccupation as revealed by children geographers working with children in these regions. The chapter highlights that there are limits in trying to refer to children as a global social category. This limit is examined further by an exploration of the changing position of the Shona child in Zimbabwe through time and space in Chapter Three. The chapter shows that Shona childhoods have reproduced and mutated due to an interaction of various factors such as historical, cultural, economic, state policies, etc. The current HIV/AIDS pandemic has (re) created another form of childhood which assumes full adult roles. Chapter Four examines the impact of HIV/AIDS on households and in particular orphaned children. Methods are explored in Chapter Five. The chapter explores the use of a mixed methods approach of ethnographic techniques that include participant observation, in-depth interviews, drama, essays, focus group discussion and participatory diagramming techniques to understand the experiences of children in CHHs. Chapter Six and Seven contain the findings of the study. While Chapter Six examines the factors leading to the formation of CHHs, Chapter

Seven examines children's everyday experiences of living with no adult in the household. The last chapter, Chapter Eight, provides a discussion of the results, including conclusion and recommendations. The chapter concludes that the State and non-governmental organisations (NGOs) definitions of childhood on the other hand, and cultural and local understanding of childhood produce new conceptual struggles of childhood that impact negatively on the children in CHHs' integration into society and their capacity to function fully.

Chapter Two

Conceptualising Childhood and Child Headed Households

2.1. Introduction

The thesis is concerned with how local constructions of childhood are being transformed by Zimbabwe's escalating HIV/AIDS pandemic, and how they are being (re) conceptualised as a result. The thesis makes a contribution to reconceptualisation of childhood through analysing CHHs by discussing how the HIV/AIDS pandemic and growing poverty have impacted on local conceptualisations of childhood. The general notions of childhood are in fact western centric, yet many other conceptualisations exist in the global south. However the point is that these like all such conceptions are dynamic and HIV has changed that dynamic and thus the social production of childhood in those regions. CHHs are a manifestation of these changes but as yet neither researchers nor local people have come to grips with what it says about childhood given that CHHs deviate from western and local conceptions of what childhood is meant to be.

The starting point, therefore, is to review existing literature on the history of notions of childhood that is mostly western, and how this influenced the development of children's geographies and its research focus. Part One of this chapter takes a historical perspective on the changing perspectives of childhood. Part Two and Part Three considers the psychological and sociological perspectives on the notions of childhood from which children's geographies emerged respectively. I then discuss the emergence of children's geographies in Part Four. In this section, I explore the current research on children's geographies in both the global north and then focus on the 'other childhoods' of the global south (Kesby et al., 2006). Throughout the discussion, I address the following questions (a) what do we mean or what do we think we 'know' about childhood (b) where does this knowledge come from (c) what is the state of art on rethinking what we 'know' about children and (d) how is this itself flawed by a lack of attention to other

childhoods and more specifically to “other, *other* childhoods” such as children living in CHHs (see also Kesby, Gwanzura-Ottmoller and Chizororo, 2006:185).

2.2 Development of Childhood

2.2.1 The miniature adult

This section reviews literature that is focused (often unacknowledged) on western norms of childhood. Childhood discourses are (re) constructed and (re) produced over both space and time (Valentine, 1997). The western concept of childhood has changed since Aries’ groundbreaking work that explores the conceptions of childhood and children’s lives, family and age relationships from the Middle Ages to the 18th Century (Aries, 1962 cited in Valentine, 1997). During Medieval Times¹⁶ children ‘did not count’ and were unrecognised with no state, social or religious regulation and came under the general law. He points,

“In medieval society the idea of childhood did not exist; this is not to suggest that children were neglected, forsaken or despised. The idea of childhood is not to be confused with affection for children: it corresponds to an awareness of the particular nature of childhood, that particular nature which distinguishes the child from the adult, even the young adult. In medieval society this awareness was lacking (Aries, 1962: 128 cited in Corsaro, 2005).

Based on an analysis of Medieval art in pre-industrial France and to a lesser extent England, Aries revealed that in the Middle Ages children were regarded as miniature adults, not conceptually different from adults. From about the age of seven, when the child required less attention from the mother, the child ‘belonged to adult society’ (Cunningham, 1955) where they contributed to unpaid household domestic labour, agricultural work or craftwork and who were intensively exploited in the textile industry especially during the first decades of the industrial revolution. Aries (1962: 411) showed that pre-industrial “collective life carried along in a single torrent all ages and classes, leaving nobody any time for solitude and privacy”. Once children could demonstrate certain competencies such as reasoning, concentration and strength (Valentine 1997a),

¹⁶ Mediaeval “times” were also mediaeval *places*, that is European and explicitly were not representative of 12th Century Africa or the Middle East.

they were considered as “quintessential parts of public life” who could conduct “adult” roles and responsibilities (Aitken 2001b: 120).

The 16th Century saw the emergence of a change in attitudes to children. During this *coddling period*, childhood was a time of play not work or responsibilities, particularly among privileged families where children were idolised and valued as a source of amusement or ‘play things’ or escape for adults especially women (Corsaro, 2005; Holloway and Valentine, 2000) suggesting that feminisation and infantilisation go together. It was in this period that children ‘escaped into difference’ as the category of the child came to be viewed as inherently different from that of the adult (Jenks, 1966: 65). In moral terms childhood became seen as a period of immaturity, when children needed to be trained and disciplined in order to become responsible adults.

Although Aries’ *Centuries of Childhood* (1962) provides a historical analysis and benchmark for understanding contemporary childhood, his work has two main limitations. First, he generalises about Western Europe, yet his work is almost exclusively on pre-industrial France (Jenks, 1966). Second, Pollock (1983) criticises Aries’ work for using indirect evidence based on paintings and letters rather than relying on direct sources such as diaries, newspapers, autobiographies and court records as she did in her book *Forgotten Children*. She argued that diaries helped to reveal children’s lives rather than the attitudes of adults about childhood, and to show that there was continuity in conception of children, parental care and parent-child relationships. Third, although he addresses childhood in relation to the public and private spheres and time (for example the beginning of 17th century), his discussion on geography and place (e.g. something as obvious as the rural urban divide) remains vague (Aitken, 2001b).

However, Aries’ work laid the foundation of the idea that childhood must be perceived as a social construct. Consequently, the growing body of work on children’s geographies has adopted these ideas even though they have also tended to include children’s voices in their research. Further, Aries’ work laid the foundation for the development of grand theories of the family that maintain that for both families and children they are universal

stages in the family evolution, children and childhood (Corsaro, 2005). Meanwhile, the debates on the development of the family and contemporary childhoods tend to be western centric such that deviance from the (imagined) western norm is often interpreted [by the general public] as backwardness and underdevelopment (Aitken, 2001a). Finally Aries' work laid foundations for the development of child psychology, which has had a vast influence on contemporary notions of childhood including sub Saharan Africa as discussed throughout the rest of the chapter.

2.2.2 The 'angel' and 'evil' child – in western context

Jenks (1966) identifies two distinct categories of understanding of childhood which he named Dionysian and Apollonian. The Dionysian perceived children as little devils: naughty, unruly and unsocialised beings. Consequently, the Christian doctrine emphasized puritan child-rearing practices that involved strict discipline. The Apollonian view was that children were little 'angels' who are born good and innocent of adult ways. The innocent model of childhood suggests that children have a natural goodness and have characteristics that can be learnt from and have intrinsic values they bring to the world (James et al., 1998:13). Similarly, Shipman, (1972:8) stressed the angelic, unsullied, natural goodness of children and on the other hand children's 'devil' potential as evil and self-willed. Words such as 'best', 'fresh' and 'white' denote a quality of purity and newness used to describe the angelic nature of children. Shipman (1972: 9) quotes from the essayist John Earle, subsequently Bishop of Salisbury, who in 1622, at the age of eighteen¹⁷, wrote in *Microcosmographie*;

The child is the best copy of Adam before he tasted of Eve [here he shows the association between the inferiority of children and that of women] or the apple; and he is happy whose small practice in the world can only write his Character. He is nature's fresh picture newly drawn in oil, which time and much handling, dims and defaces. His soul is yet a white paper unscrawled with observations of the world, wherewith, at length, it becomes a blurred notebook (John Earle cited in Shipman 1972:9).

¹⁷ Note one of the reasons for difference in the past was that (like in developing world) people did not live very long and many were married adults by the age of 18

It was Rousseau's philosophical work that laid the foundation for contemporary concern about children's need, desires and even rights. Following Rousseau's work, there were both developments in intellectual conceptualization of children and various practical and material developments such as the growth of mass education each informing and reinforcing the other. From a practical point, education became the greatest event heralding a move towards the recognition of childhood (Postman, 1982). Crucially, these philosophical changes in the conceptualization of children and the institutional structures they spawned generated new geographies of child and adulthood. Thus, the discourse of innocent child in the eighteenth and nineteenth centuries laid the basis for contemporary child-centred education, special needs provision, nurseries and kindergartens (James et al., 1998: 15), to protect innocent children from the evil of the world. Therefore, during this period, much of the concern was with the education and welfare of children as evidenced in the provision or regulation of childcare, education and intervention welfare services. Therefore, general mainstream education led to the separation of children in time and space when large parts of the days were spent in child only (plus adult overseers) space (James et al., 1998). Children began to be defined in and through this spatial separation and these spaces.

In addition, other economic, political, socio-cultural and geographical transformations occurring between the 18th and 19th centuries brought further changes in the identity of children. Davin (1999) says that industrialisation concentrated people in towns, and the factory system created a separation between paid and unpaid labour whilst both intensified social differentiation in terms of class, gender and age. As the industrial revolution progressed in Europe and the United States state regulation over employment attempted, despite much resistance, to establish the workplace/public sphere as an adult, and predominantly male space, relegating women and children predominately to the private/domestic sphere (Aitken, 2001a). The situation in early capitalist Western Europe was complex and lived realities emerged from the fractious interactions between the demands of economic development and the ideology of Christian morality and ethics. Although it might have been economically rational to exploit children in factories, the Christian ideology proved stronger. As a result, children became institutionalised in

schools, which the state rationalised as being in accordance with (a) Christian ethics (b) and rational in the long term. The capitalist state realised that if capitalism was to function, the state needed to take responsibility for nurturing the next generation of educated healthy workers (Aitken, 1994).

2.2.3 The Natural and Biological Child

As suggested at the beginning of this chapter, much of the work on sociological and children's geographies on the notions of childhood has been influenced by dominant theories in development psychology. Since the late 19th Century, psychology offered a new "scientific" means to conceptualise childhood. Developmental psychologists argue that childhood is a natural rather than a social phenomenon, driven by biological change and physical growth (James et al., 1998). Based on Piaget's work¹⁸ on cognitive development theory, Piaget's growth shows a linear sequence of developmental stages in which 'the child's behaviour evolves from immaturity to maturity, 'simplicity to complexity, from irrationality to rationality' as they become adults' (Valentine 1997:66). In this model, age is used as a proxy to describe the developmental stages (physical and physiological) of human beings. Although the details of Piaget's experiments are beyond the scope of this study, he developed a four stage model of intellectual growth and bodily skills: they were (1) the sensorimotor stage, applicable to less than two year old children, (2) the pre-operational stage (2-7 year olds); (3) the concrete operational stage (7-11 year olds) and (4) the formal stage. These clearly defined stages are temporally and hierarchical starting from an infantile 'figurative' thought and moving to an adult 'operative' intelligence (James et al., 1998:18).

Piaget showed that intelligence is innate but develops through complex interactions between the child and its environment. Intelligence therefore develops through the child's participation with the environment (Aitken, 1994). James et al., (1998) sees these developmental stages as a demonstration of the perceived lack of competence among

¹⁸ This is the most influential work from psychology. Other works that emerged in the 20th century are based on the psychoanalytical works of Freud (1856-1939) that relates to the *unconscious* child (see James et al., 1998).

young children and this forms the basis of the justification for the authority and supremacy of adults over children. Thus, childhood is seen as inadequate, a precursor to becoming a grown up, competent human being (James et al., 1998). Recently, Piaget's work has received criticism for its weak empirical and theoretical grounds and that it tends to universalise childhood (Donaldson, 1978). In Piaget's theory, the child is seen as born with innate qualities, with individual development outcomes and on the road to *becoming* an adult. Little consideration is given to the interpersonal relationship, social context and cultural patterns that reproduce the children other than biological factors (Corsaro, 2005).

Piaget's linear model of development (with its features of measurement, grading, and ranking) remains important in shaping our contemporary understanding of children's competencies (James, et al., 1998). Such understandings being shaped are not (presumably) those of contemporary children's geographers who do not have a staged understanding of child development. However, age categories or the stage of development are such a dominant and influential force in both education and in the field of legal and policy practice that they have a massive impact on the whole issue of orphans in Africa. Global definitions of orphans (Chapter One) are based on western centric notions and orphan definitions are inextricably linked to western definitions of childhood. For example the United Nations (UN) Convention on the Rights of the Child (CRC) Part 1, Article 1, and African Charter on the Rights and Welfare of the Child Article 11, defines a child as "...every human being below the age of 18 years..." These conventions have tended to universalise certain key age categories and the idea that national governments should arrange key social and legal policies around age categories. Similarly, in Zimbabwe, the Legal Age of Majority Act (LAMA) 1982 defines a child as a person under the age of 18 years¹⁹. Persons of this age group are minors and they cannot marry without their parents' consent. A person becomes a legal major (adult) at the age of 21 unless they apply to the High Court to be declared as a major or they enter

¹⁹ Zimbabwean communities suggested an increase of LAMA from 18 to 25 years because at 18 children are still dependent (even though a majority have household roles) on parents (Bourdillon, 2000).

into a legal marriage before this age. Orphaned child heads between 18 and 21 years can be excluded from accessing resources because they are too young and because they are too old for various age-determined categories of statistical counting and resource allocation (Chapter One). The age demarcation fails to recognise that the problems of orphans extend beyond the age of (Barnett and Whiteside, 2000) because 15-21 year olds are not legally adults and as I will argue later, even young people who are over 21 but remain unmarried, are treated as 'children' by the community in Zimbabwe.

Even UNAIDS/UNICEF/USAID (2004) argue that for programmes on orphans to be effective, they need to recognise that the effects and risks that children face due to the effect of HIV/AIDS depend on the child's age and stage of development in terms of their physical cognitive, emotional and psychological development (UNAIDS/UNICEF/USAID, 2004). Again this reflects the sort of staged understanding of child development that Piaget's model made so explicit. They argue that age and developmental stage will influence how an orphan reacts to the death of the mother and what kind of support and protection he or she requires. Following Piaget's model, UNAIDS/UNICEF/USAID (2004) now advocates that the age-related needs of infants and those in early or middle childhood, and adolescence must inform programme responses to orphans and programming activities must no longer regard them as a homogenous group.

These age specific categories are rather universalising; implying that orphaned children of the same age share similar personal and household experiences no matter where they are located globally. In reality, the childhood experiences of children the same age are very heterogeneous, "in many parts of the world a child's age impinges very differently on local conceptualisations of children's physical and social skills" (James et al., 1998: 175). Accounting for differences between adults and children in terms of development and age ignores the many differences rooted in institutions and socio-cultural systems (Davin, 1999). Social conventions based on rituals and other kinds of perception play a great role in defining childhood and orphanhood in Zimbabwe (see Chapter Four).

According to Piaget's model and traditionally, children are seen as incompetent and children's geographies (discussed in detail later in this chapter) challenge this conceptualisation. The development of CHHs is a good example of such competence and this makes them very confusing and ambiguous for society to deal with and understand. Yet there is also a tension in academic debates and policy recommendations on how to balance conceptually and practically competence and vulnerability. For example, how does one explain and argue for vulnerability without mobilising stereotypical notions of the 'incompetent child'. Similarly how does one emphasise the competence of these children (that is CHHs) without suggesting that they should simply be left to get on with their lives (Kesby, Gwanzura-Ottemoler and Chizororo, 2006).

Therefore CHHs and children's geographies suggests that prove that many of our taken for granted ideas about children are incorrect. Thus the CHH category produces a lot of ambivalence in children's geographies. As Waksler (1986: 74) argues "in everyday life we adults take for granted that children *as a social category* know *less* than adults, have *less* experience, are *less* serious and are *less* important than adults". Alanen (1990: 16) concurs and says "the child, for social theory, remains negatively defined: defined not by what the child is, but by what he or she is not but is subsequently going to be". On the other hand Opie and Opie (1982) showed that children act as perfectly competent social beings in contexts, which are familiar and acceptable to them. Bourdillon (2000) supports the idea highlighting that children in the Third World are often given responsibilities to look after their siblings. He goes on to say that children are not simply passive objects but they make decisions and respond to the social world in which they live.

"They gradually acquire competence in different areas. In practice we have street children, who have to look after themselves to survive. They may be lacking competence in schoolwork and in middle-class social skills, but they develop a variety of skills for survival. We have mentioned the growing number of children who have become heads of their households. Whatever their limitations, children are sometimes forced to take on serious responsibilities, and often execute them successfully. Children are able to grow in competencies that are ignored or denied by adults (Bourdillon, 2000: 20; see also Young and Barrett, 2001a b; Beazley, 2000).

The development of CHHs seems to defy the essentialist views that children are passive and have no control over their lives. The major starting point of this study is that there is an inherent tension in studying CHHs but are highly competent only that their competing views are often overlooked. As Qvortrup (1994: 4) explains “the adult world does not recognise children’s praxis, because competence is defined in relation to adults’ praxis”.

2.3 The Sociological Study of Childhood

The foregoing discussion showed that childhood is not only a biological category, but is socially constructed. Historical analysis indicates that childhood has changed over time and space. The preceding discussion also showed that traditionally childhood in the west has been conceived as a biologically and age driven early phase of human development and growth. Psychological explanations dominated childhood studies of this genre and focused on children’s activities, their language, play and interactions as important markers of development progress (James and Prout, 1998). This section argues that age and biology cannot be taken as determinants of individual behaviour and their relationship with others in the society. It does so by reviewing literature on the new understanding of childhood as socially constructed.

The approach emerged as a reaction to criticism of positivism and an increased awareness by social scientists that other social groups (such as children and women) were largely ignored in research (Bailey, 2005). Existing patriarchal values often meant that children occupied a low position (below women), and ironically this meant that they were not only marginalised in the societies in which they lived but also in sociological studies (Qvortrup, 1993a cited in Corsaro, 2005). The adults’ view of children as ‘human becomings’, and not ‘human beings’ with their own lives, needs and desires often led to their marginalisation.

Two models of socialisation processes exist namely; the deterministic and the constructivist models. The former is influenced by developmental psychology where a

child plays a passive role, and is considered as a ‘human becoming’ (socialised and shaped by adults) who needs to be shaped into competent members of society rather ‘than a human being’ (actively taking part on their own development and identity etc) (Holloway and Valentine 2000; see also Corsaro, 2005). As such children are regarded as incompetent and incomplete; what Brannen and O’Brien (1995 cited in Holloway and Valentine 2000:5) refers to as ‘adults in the making rather than children in the state of being’. According to the deterministic model, individuals learn to conform to social norms through the family and institutional locales such as the school (James et al., 1998). Even though the deterministic model recognises that childhood experience varies according to social context, children are not seen as active participants with influence on the socialisation process (Corsaro, 2005). Although sociologists were concerned with how society, rather than biological factors influence childhood, it (childhood) was seen as a transition to adulthood and fixed (Holloway and Valentine, 2000).

The social constructionist approach to understanding childhood owes its origins to the works of Jenks (1966), Stainton and Stainton (1992) and James and Prout (1990). Subsequently, how adults construct childhood and the implications of this, have received increasing attention (Aitken, 1994; Sibley 1991, Valentine 1996, 1997a b c). Within the constructionist paradigm, “the child and its life-world depend on the predispositions of a consciousness constituted in relation to our social, political, historical and moral context” (James et al., 1998: 27). According to James and Prout (1997: 8) some of key features of the new paradigm to childhood are:

“Childhood is understood as a social construction.... Childhood, as distinct from biological immaturity, is neither a natural nor universal feature of human groups but appears as a specific structural and cultural component of many societies. Childhood is a variable of social analysis. It can never be entirely divorced from other variables such as class, gender or ethnicity. Children’s social relationships and cultures are worthy of study in their own right, independent of the perspective and concerns of adults”.

Social constructivists argue that childhood is a ‘structural form’ and a category is discursively produced. Central to the social constructionist approach is recognition that

children are competent and that they are responsible social actors, “agents of their own life” (Alanen 1990: 20), not adults in the making (Holloway and Valentine, 2000) and “adept at managing their own space and time” (Valentine, 1997a: 67). Thus children are not just passive subjects of social structures and processes (Prout and James 1990). Neither is childhood universal, nor exists in a finite identifiable form but that there are multiple childhoods (James et al., 1998). The social construction theory led to the development of the *New Social Studies of Childhood* in which a holistic approach was taken to understand childhood experiences from various social science disciplines (Holloway and Valentine, 2000).

Within the social construction school of thought James et al., (1998) identifies four approaches for exploring contemporary childhoods namely; the socially constructed child, the social structural child, the minority group child and the tribal group child. As already described above, the socially constructed child is varied according to culture and the socialisation process. The social structural child is considered universal and their universal characteristics are institutional structure of societies that is “their manifestations may vary from society to society within each particular society they are uniform” (James et al., 1998: 32). The minority group child sees children as “essentially indistinguishable from adults....they are seen as active subjects” (James et al., 1998:31). The minority group child is based on power relations between adults and children, where children just like women, tend to become marginalised due to their relative powerlessness. The minority group approach advocates for the rights of the children (such as the right of orphans) but the same time the model ignores the fact that childhood experiences are heterogeneous (James et al., 1998).

Based on the works of Opies and Opie (1982), the tribal²⁰ child approach conceptualises children as different from adults, focusing on the ‘otherness’ of childhood (Punch, 2003:280). The model respects children’s views and recognises the social worlds they inhabit which are unfamiliar to adults and need to be “revealed through research” (James

²⁰ In the context of this thesis “tribal child” does not refer to children in traditional society

et al., 1998:29) as in the case of CHHs under study. However, the notion of the 'tribal child' is a concept that has grown out of research in western schools and therefore tends to be eurocentric and has a limited view of what it means by tribal. For example the tribal child idea ignores the fact that children grow up in an adult world (a world structured by adults) so that their childhood 'tribal' experiences must be affected and structured by this spatial segregation in the schoolyard. For an 'Africanist' this use of 'tribal' seems inappropriate. In traditional societies both children and adults were part of one 'tribe' and children were given very clear guidance about its place in the world, thoroughly socialised and initiated by adults, very connected to the world of adults. The child would have very clear categories and progressions and with very clear understanding about respect, obligations duty etc. This assertion is discussed in detail in the next chapter.

2.4. Geography and the Study of Children

The study of children was not a major concern in geography until two decades ago. Sibley (1991) explained the invisibility of children from geography as the result of a lack of intellectual coherence and direction on children's research. Aitken (1994:3) countered, arguing that the lack of coherence was a function of a lack of systematic work in the area until the 1970s when there was a significant increase on research and writing on the geography of children. Early work focused on children's environments including children's cognition and mapping, and their access, use of, and attachment to space. William Bunge (1973) pioneered interest on the geography of children with his research on geographical expeditions in Detroit and Toronto, which focused upon the spatial oppression of children. Meanwhile, Blaut and Stea (1971)'s *Place Perception Project* generated provocative empirical research on children's mapping abilities. Although researchers started to make significant contributions on children in the 1970s/80s (Hart, 1979) this was incorporated in "adult geographies" such that James (1990) felt the need to ask at the start of the 1990s, "Is there a place for children in geography?" (James, 1990:278).

The last decade of the 20th century saw children's voices and experiences finally being incorporated within geography (Holloway and Valentine, 2000). The main contribution of children's geographies is its emphasis on place and space. Thus far my discussion of the literature on (re) invention of childhood since Aries's work has concentrated on time. Yet space is also critical. Although there is geography of the study of children, the Americans have one emphasis, compared to European countries. Most importantly, a major feature of any spatial perspective should be wide differences in the nature of childhood between north and south (Opie and Opie, 1982).

Matthews and Limb (1999) outlined a direction for new studies on the geography of children. They suggest that the geography of children is moving away from its roots in environmental psychological towards the social and cultural geography of children which "acknowledges processes of exclusion, socio-spatial marginalisation and boundary conflicts with adults and parents" (Matthews and Limb, 1999:82). Aitken, (2000) suggested that children's geographies (CG) is now split into two, one side that draws from psychological interests to explain children's spatial cognition and mapping abilities, while the other and bulk of the research draws from sociological perspectives and is influenced by feminist and poststructuralist theories (Johnston et al., 2000). Central to the later school of thought is the recognition (see above) that children are 'active social agents' and worthy of study in their right (see also Bunge, 1973). Recognition that children have a voice in an 'adultist world' has not only led to the development of child centred methodologies, but to the creation of the 'Children, Youth and Gender Research Group of the Royal Geographical Society'. Influenced by the sociology of childhood, geographers reflect on ethical issues that arise when working with young people. Many use participatory methodologies and child centered approaches that aim to promote the voice of children as marginal or 'othered' social group. Although child centred methodologies allow children to construct accounts of their lives, researchers might need to think about whether they could make their work more action orientated and whether children are being involved and empowered through their work and whether their work is actually further marginalising children even though this is not their intention. This thesis

draws on and contributes to the debates on children's geographies, which stems from sociological perspectives.

2.4.1 Children's Geographies in the North

In line with the notions of childhood, most of the work on children in the global north focused on the home, the street and school. In his annotated bibliography on the geography of children McKendrick (2000) showed that children's work has diversified from the initial interest in psychological/behavioral geography to include, the status of children in the family and society (Katz, 1991; Aitken, 2001a b); parenting practices (Valentine, 1997b), leisure lives of disabled children (McKendrick et al., 2000); gender issues and power relations within the home (Sibley, 1995); children's use technology (Holloway et al., 2000) children' access and use of public space such as the playground and the street (Valentine and McKendrick, 1997; Valentine, 1997c; Mathews and Limb, 1999; Matthews et al., 2000); and children and schooling (Smith and Barker, 2000).

However, to date, insufficient work has been done in the global south. One possible reason for this is that in fact children's studies maintain some of the prejudices of older perspectives and have a tendency to study things like play and place spaces. The dominance of Piaget's model of child development has created a mode of thinking that suggests that others care for children, children have no responsibilities of their own and decisions are made on their behalf. Yet the lives of children in the global south (that is Latin America, Asia and Africa) are dominated by work, a supposedly "adult" preoccupation (Punch, 2003; Robson, 2000). Indeed, McKendrick (2001) suggests that there are limits in trying to refer to children as a global social category. Drawing on the work of Robson (1996, 2000 in Aitken 2001b) in West Africa where children contribute to household income and in Zimbabwe where children care for the sick respectively, he shows the limits of a global social category where children are referred to as "cared-for-dependants". These 'working' children are often perceived in the global north as children without childhood (Roberts, 1998 in Aitken 2001b). Several children's geographers are now working to rectify this situation by working in the south and by bringing work into

the gambit of studies of childhood. In this final section of this chapter I provide an overview of geographical work on children in the global south by geographers and to some extent by those interested in geographical ideas (after Holloway and Valentine, 2000).

2.4.2 The 'Un-childlike' Child of the Global South

Katz (1991) was one of those who pioneered the study of children of the global south. Developing Hart's (1979) ideas on use of environment as a socialization tool, Katz (1991) explored the role of the physical environment in social and cultural reproduction of rural Sudanese children. As previously noted geographers are concerned with everyday spaces through which children's identities and lives are (re)-created (Holloway and Valentine, 2000). Katz's (1993) work was not only concerned with children's use of the public space, but also to the interrelationships between "space, place and power"; specifically, how localised experiences of children's lives are affected by processes of global economic restructuring. Katz (1991) contrasted the lives of children in New York and a Howa village in rural Sudan in which she examined the effect of a large scale state sponsored agricultural development project on children's social reproduction and local ecology. Katz (1991) had hypothesised that the development project would result in increased productivity through use of innovative agricultural technology, and a reduction of children's participation in agriculture and consequently, more children would attend school. However, the successful new project increased demand for children's labour, which meant that children dropped out of school to work on the irrigation fields, but also that young men increasingly migrated out of the area in search of work and this further increased women and young children's workload. Deforestation to make way for the agricultural development project not only meant that children had to travel long distances to fetch firewood, graze animals and fetch water but that they had to make several trips per week to meet the household demand for wood fuel (Katz, 1991:507). Other changes brought about by the irrigation project, which contributed to school dropouts were environmental degradation and the expansion of the cash economy. Children as young as

ten years old were becoming involved in selling vegetables, water and fuel wood to supplement household cash requirements.

Katz (1991) shows how children experience and respond to 'global' and 'local' changes to create their own worlds. They are not passive victims to such changes, rather they exercised control and created their own social worlds in which they coped with global and local changes. Although the rural Sudanese children were constrained by the household chores they undertook as part of their social reproduction, they were freer to move compared to their western counterparts, though girls' movements were restricted as they reached adolescence. Children organised their own day by deciding where they would search for fuelwood, the path they would use and the time they would take to execute their duties (Katz, 1993).

However, notwithstanding this independence, Katz (1991) argued that Sudanese children were learning farming skills that were irrelevant to them in a globalised rural economy in addition to lack of access of productive land in adulthood. Similarly, the out-migration of young men deprived young and adult women of the opportunity to develop the skills necessary for the global rural economy as they spent more time on household social reproduction and production, especially after reaching puberty, compared to when they were young and extensively engaged in agricultural production.

Katz's work has implications for the study of children orphaned by HIV/AIDS. In her studies Katz showed that the lives of children, far from being irrelevant or marginal to the mainstream issue of economics and social change are in fact central to these changes, and the lives of children are an excellent lens through which to view fundamental and more general social changes. In my study it remains unclear whether or not absence of parents or adults in child only units means an increase use of public space by the orphans. For example, increased workload especially for the eldest siblings may limit the time orphans play as they spend more time in sourcing their daily requirements.

How children autonomously develop ways to use time and organise work is illustrated by Punch's (2000) work with children in rural Bolivia. Punch (2003, 2001a, b 2000) explored the everyday lives of rural children in southern Bolivia as they combine work, school and play. The lack of limited financial resources often means that children in the global south, unlike minority world²¹ children, carry out household duties to ensure household survival and thus are often considered as miniature adults (see also Katz, 1991 for rural children in Sudan). Punch (2000) showed that the majority of children's participation in household reproduction and production activities provided them with opportunities to move freely. In the process children acquired 'temporary autonomy' in which they experienced independent social worlds. Just as in Katz's (1991), where children's work allowed them greater physical mobility and control of their lives, Punch (2000) noted that children's leisure time was constrained by household duties, as well as boundaries set by adults. Nevertheless, children created strategies (such as having lost an animal) to prolong their play, and competently integrated it with both work and school without the parents noticing it. In other cases Punch (2000) noted that children were prepared to put themselves at risk of being punished. While early work suggested that CG was focused on the west and was focused on play and school CG in global south focused on children's work. Here Punch (2000, 2003) showed that children in the south also play and that work and play are interlinked socially and spatially. Here, Punch shows that children are competent and socially active agents. In Bolivian rural households, children as young as 3-6 years learn to do household work. Punch (2001, 2003) however, notes that whereas children's work becomes gender-specific from 10 years, the tasks the children perform increase in complexity. Therefore children in CHHs are not unusual in the fact that children do work. In CHHs, factors such as age and availability might be more important than gender in determining household tasks (Punch, 2001) and roles might be negotiated in response to changing circumstances such parental deaths, migration of siblings, among other factors (Finch and Mason, 1993 cited in Punch 2001).

Some of the research conducted in the global south and that is relevant to my study has been discussed in Chapter One. For example, Beazley's work (2000) on culture

²¹ Minority world here refers to the global north or the developed countries

examines the cultures of street children, and their perceptions and how their experiences of home shape their lives on the street; the works by geographers on child care-givers has been conducted in Zimbabwe (Robson, 2004, 2000a, b; Robson and Ansell, 2000), Malawi and Lesotho (Ansell and van Blerk, 2004; Ansell and Young, 2004; Young and Ansell, 2003a b; Ansell and van Blerk, 2005; van Blerk and Ansell 2006a b) and Tanzania (Robson et al., 2006).

Ansell and Young (2003a b) focus on the migration processes of orphaned children in Malawi and Lesotho in response to HIV/AIDS (see also van Blerk and Ansell, 2006a b; Ansell and van Blerk, 2004; Ansell and Young, 2004; Young and Ansell, 2003a b). The authors noted that child migration is not a new phenomenon since historically, children have been spatially dispersed, often sent to live with relatives on a temporary or permanent basis (see van Blerk and Ansell, 2006a b). Household coping responses to HIV/AIDS involve ‘involuntary’ migration of children to different households across great geographical space (Ansell and van Blerk, 2004; Ansell and Young, 2004; Young and Ansell, 2003a b). Children engage in “multiple moves” prompted by changes in household circumstances such as death and poverty (Ansell and Young, 2004; Young and Ansell, 2003a: 472). The authors suggested that continued household fragmentation due to the caregiver’s death results in further migration to new households or public space (e.g., the streets) or institutions (e.g. orphanages) where they (re) create new forms of childhoods. In addition to the children being excluded from the decision making process, Young and Ansell (2003b) noted that siblings are often split across several households living great distances apart often resulting in dissimilar childhood experiences among the siblings. The authors argue that migration not only disrupts children’s lives, but it also traumatises them as they lose their social identity and often fail to integrate into new homes and communities (van Blerk and Ansell, 2006a, b). Many children’s education is not only disrupted but others can be removed from schooling permanently. Where migration involves movement between rural and urban space, children often find themselves learning new skills crucial for their survival. Although the studies in Lesotho and Malawi call for a more focused research on children’s migration experiences, the migration experiences of children living alone remains unexplored.

Just as Punch (2003) has argued, Gwanzura-Ottmoller's (2006) work focuses on children's sexual health lives and experiences rather than misrepresent their childhoods as predominantly one of suffering and victims of their circumstances. She began the difficult task of problematising the question of children's sexual knowledge and sexual activity through parent-child communication, and the existing traditional cultural norms that hinder their sexual learning. She argues that even though a number of studies have addressed adolescence's knowledge of HIV/AIDS related matters, very few (e. g. Francis-Chizororo, 2002; Kesby et al., 2006; Gwanzura and Kesby, 2005), focused specifically on children in primary schools. She further notes that if an HIV/AIDS free generation is to be achieved, sexuality issues including HIV/AIDS, must be addressed at very young ages. In Zimbabwe, migration and urbanisation have destabilised the traditional mechanisms of sex education. Often than not, nieces and nephews now live at considerable distances from their sex educators, aunts and uncles. Many of the sex educators have also succumbed to HIV/AIDS, leaving parents as the main source of sex education for the young children (see also Francis-Chizororo, 2002). However, Gwanzura-Ottmoller (2006) recognises the existence of "desexualised conceptualisation" of the Shona child concerned with what is good and wrong about sexual knowledge and sexual activity. Key to this is the argument by parents that young people are sexually inactive and ignorant about sexual issues, and that knowledge will lead to experimentation. Existing generational and intergenerational hierarchical structures that accord children to be respectful of adults mean that parents are conduits to safer sexual health education. However, in the Shona context, taboos preventing parents from talking to their children about sex remain very strong even in urban areas where nuclear families are on the increase. Yet, Gwanzura-Ottmoller (2006) notes that even if in their everyday lives, children talk about sex with each other, are sexually active and are willing to learn and discuss with parents, they expressed concern about parents' low knowledge and inappropriate sexual behaviour suggesting that children themselves are the panacea to promoting safe sex education (Gwanzura-Ottmoller and Kesby, 2005). Paradoxically intergenerational sexual relationships are commonplace among poverty stricken young people who exchange sex for cash or in kind with 'sugar daddies' and to

a lesser extent 'sugar mummies' (see also Francis-Chizororo, 2002; Browne and Barrett, 2001) and sexual abuse in extended families. The local construction of childhood as 'non-sexual' put young people at risk of contracting STIs including HIV/AIDS for many are ill prepared to negotiate safe sex and protect themselves when sex often involves coercion and takes place in marginal places (Kesby, Gwanzura-Ottmoller and Chizororo, 2006). From a policy perspective it clear that the sexual dimensions of childhood, such as knowledge, behaviour, health service requirements must recognised if a generation free of HIV/AIDS is to be achieved (Gwanzura-Ottmoller, 2006).

As in all the studies on children in the global south, the key point is that children's voices must be recognised and respected in this area, even though adults can continue to play a guiding and facilitating role from which children construct their agency (Kesby, Gwanzura-Ottmoller and Chizororo, 2006).

2.5 Conclusion

This chapter summarised the evolution of the concept childhood since the 16th century when children were considered as miniature adults to contemporary 21st Century which has seen the emergence of a western conception of a universal child who is temporary segregated from the adults (Valentine, 1997a). Childhood is considered a happy, free time, lacking responsibilities, a time of innocence, incompetence and vulnerably dependent on parents. Yet the reality is that the majority of children live in poor regions of Latin America, Asia and Africa where this global view of childhhood phenomenon is inapplicable as children are expected to contribute to both paid and non paid work.

Chapter Three

The Location of Shona Childhoods in Zimbabwe

3.1 Introduction

This chapter provides a review that traces the origins of the contemporary “problem” of child-headed households and current understandings of the status of Shona children in Zimbabwe. Although this chapter focuses on Shona children, most of the points also apply to the Ndebele, the Tonga and other groups in Zimbabwe. In trying to frame the history of the status of children, this chapter draws extensively from Schmidt’s (1992) work on ‘Peasant, Traders and Wives’ in Zimbabwe mostly because of the paucity of data focusing on children’s history in Zimbabwe. Like many gender studies, Schmidt’s work focused on the gendered experiences and changing status of adult men and women, and failed to treat children as separate entities, with their own historical and geographical struggles (see also Kesby 1999, 1996). Although Schmidt (1992) acknowledges that Zimbabwe gender struggles were made through time, she ignores the spatial dimensions of the phenomena she describes (Kesby, 1999). Thus, the paucity of child-centred studies renders a clear understanding of the historical position of children difficult. Until relatively recently, African children have remained largely invisible to historians and geographers alike. However, we can still learn a lot from the literature on women from which the same arguments can be applied to make an understanding of children possible and deepen and strengthen gender perspectives. Over time and through space the status of Shona children in Zimbabwe has been (re) shaped by an interaction of various factors (historical, cultural, economic, state policies, etc). My discussion below does not intend to present a homogeneous and universal account of ‘the definitive Shona child experience’, but attempts to take into account variations over time, space and place. Furthermore, although Shona childhood was a definite separate stage or category, it was also fundamentally gendered. Therefore, it is difficult to speak so much of Shona children, but rather there is always to be clear whether we are talking about boys or girls.

For ease of convenience I have organised ‘the history of the Shona child’ into four distinct time periods largely determined by major political events; i.e the pre-colonial,

colonial and post-colonial periods (Mhloyi, 1998). A fourth period is marked by the era of the HIV/AIDS pandemic. Each period might be said to be characterised by different concept of the Shona childhood and to have been influenced by the drastic changes in the political, cultural and socio-economic situation in the country. The first part of this chapter examines age and gender based social divisions of labour and power within pre-colonial Shona societies, and attempts to highlight childhood experiences within this context. The second part looks at childhood experiences during the century of colonial rule in Rhodesia (now Zimbabwe). It examines closely the struggles and resistances of African children under colonial rule, and in the context of adults' struggles to maintain and or escape traditional patriarchal structures during the colonial period. It also explores the liberation war and its impacts. The section argues that to a considerable extent many of the gender and generational inequalities of the pre-colonial system were maintained throughout the colonial period and together with many modern Western phenomena (such as formal education) produce new, locally specific hybrid childhoods (see Kesby, 1999, 1996; Kesby, Gwanzura-Ottmoller and Chizororo, 2006). The third and final part of this chapter looks at post independence childhoods. The fourth part era of HIV/AIDS is discussed in detail in the next chapter.

3.2 Pre- Colonial Childhoods

3.2.1 Shona Households and Patriarchy

The nature of Shona childhoods in pre-colonial Zimbabwe are highly are contested given the limited reliability and accuracy of available literature. With reference to all cultural issues, Kazembe (1986) argued that the bulk of foreigners who wrote on pre-colonial Shona history could have misrepresented facts as they lacked an understanding of the traditional African life. While there is some truth in this idea its general utility is debatable because it assumes that "insiders" have an inherently better understanding, ignoring the fact that insiders may have many prejudices about their own culture. Moreover, whether what we 'know' about pre-colonial culture comes from testaments recorded by foreign anthropologists or from the teachings of the elders (who themselves may draw partly on versions of culture that have been written down or enshrined in legal

statute), much of what is 'known' comes from the perspective of older adult men and neglects the perspectives, experiences and voices of women, youths [and children] (Kesby, 1999). However, although women [and children] were often not asked by researchers to provide historical accounts, this is not to say that they would have provided accounts that would have described a society whose basic power structures were radically different to that described by elder men (though no doubt they would have made such accounts richer) (Moore, 1986). Consequently while it is difficult to talk with certainty about how Shona childhood was conceptualised during the pre-colonial era, available accounts can give us some insight.

During the pre-colonial era the Shona lived in rural communities characterised by distinct "households" and "families". In Shona society, the household is referred to as *mana* or *musha* (meaning home). Shona households comprised a wife or wives (for monogamous and polygamous households respectively), children and other related family members such as grandparents, nieces and nephews, who lived in the same homestead or compound. Although extended family structures were focused around the men, the actual dwelling units (the hut/kitchen/hearth unit) were focused on mothers and their children. On the other hand, the "family"²² was much larger than the household. It included uncles, and aunts, mothers- and fathers-in-law, brothers and sisters, and many familial relationships whose ties were maintained through visiting or economic support (Kayongo-Male 1984; Schmidt 1992). This extended family based kinship provided a sense of belonging to a large family rather than individual households. Its security and social support cannot be underestimated as Bourdillon (1991:26) notes:

"It used to be, and still is, the ambition of a man to gather around him a growing lineage of descendants and dependants who would act as a corporate body for economic purposes and also a united body in times of crisis [such as HIV-related illness and deaths] or tension within the community".

The majority of Shona communities were built around a patrilineal and patrilocal kinship system and patriarchal authority. In many cases, members of the same patrilineage were geographically concentrated within residential groups comprising three to four generations. On the other hand, residents could spread over several households, each one

with an independent production, consumption and reproduction unit (see also Goody, 1976) but lived in the same kraal/village. Thus, lineage comprised of agnatically related men, their families and to a lesser extent outsiders (Kesby, 1999).

Territorial units and patriarchal power relations were intimately connected and constituted hierarchy of scales in society (Kesby, 1996) from the elite royal lineages/chieftainships who claimed guardianships over regions (nyika) by virtue of ancestral descent from a founding ancestor, to sub-chiefs (sadunhu), village head (sabhuku) and male heads of households. The spirits of the deceased ancestors had the highest powers and people worshiped them and sought their protection against illness and misfortunes. Bad things came from three basic sources namely environmental factors such as an accident or an illness that the ancestor did not protect the individual against; evil spirits wondering and the unhappy dead people or the spirit of another clan; and magic which might involve spirits or other evil creatures or it might involve poisons or curses (Gelfand, 1964 1967 1977). Although the ancestors were always good, they could get angry if decedents failed to honour them if they broke traditional customs (Holleman, 1951). The need for protection from one's own ancestors hinders Shona people from fostering children of other different patrilineage and has implications for the care of orphans especially for those living with maternal relatives. According to the hierarchical power structures, the dead ancestors occupied the highest position, followed by elderly men and 'dried' out old women. The 'wet' reproductively active women and children were the least, and like the 'wet' women the children were the lowest in the gendered and generational hierarchy (Kesby, 1999). The low position of the Shona child is summarised below:

“At birth, children are considered to be totally wet. Soft and bloody, they are thoroughly human and lack all authority. Like infants and small children, young women, during menstruation and childbirth, are also considered to be wet. Thus, it is only when they are post-menopausal, brittle, and dry that they possess a degree of authority” (Schmidt, 1992:23).

²² The clan was larger than the family

The above quotation shows that a key element of gender relations is structured by conceptualisations of children. Women were forever trapped in childhood, a childhood constructed as “less than” full adulthood, and full adulthood as conceptualised as masculine. This is very important actually for contemporary work because efforts to raise societies’ appreciation of children and efforts to see them as competent capable agents has knock-on effects for the position and status of women.

The above discussion showed that Shona children were defined as being less than adults, and as in the process of becoming a mature adult. Indeed in reference to the whole debate about whether children are “social becomings or social beings” Kesby (forthcoming) argue that all people are social becomings and social beings at the same time and that all Shona people were always in a process of becoming more like the perfect ancestors something achievable only after death (Kesby, 1999). Therefore the whole of life including adult life was a process of becoming. As a result, adulthood was never actually achieved in the way that it is often imagined in the western frame.

Gender and generational hierarchies overlapped and reinforced each other such that youths and children were feminised, while women were “infantilised”. While children had many responsibilities and undertook many important day-to-day tasks, and had a key position in the lineage mode of production, they had limited powers to make decisions. By the same token, women, unlike men, were given less voice so they continued to be infantilised. It was not women’s “place” to speak in their husbands’ households, their family was elsewhere and as aunts they played key roles elsewhere in the households of their brothers. In the household of the women’s natal home, their fathers’ voice was dominant (Kesby, 1999; Jirira 1995b). Men were given a space to speak literally. Mudenge (1988) shows how young boys, girls and women were excluded from the *dare*, a meeting place where the men shared meals and exchanged ideas every night.

Problems and issues affecting villagers were discussed at *dare*. It was common for young men, including mature but *unmarried* men to be sent away on frivolous mission while more fully [married] adult men discussed serious village matters. It is from this system of

exclusion that there is a saying “*kuvhiyiswa mbdudzi*” (to go and slaughter the goat) as an example of such a mission that young men would be sent on so that adults (men) would discuss important matters (Mudenge, 1988). Nevertheless, despite their socio-political marginalisation, Shona children were highly valued due to their role in the mode of production as producers and their role of production mode of marriages as transferrable assets and the mediums for political family bonds (Kesby, 1999). Thus adults had an obligation and many incentives to protect, nurture and socialise the young ones. While the adultery of a wife was not approved of, this did not mean that the offspring of such a relationship would necessarily be rejected. These children were taken in (most often by maternal uncles) and treated as a man’s own because they were valuable. However, there were many fights and deals struck over who got the children in the case of divorce, marriage and death.

Familial relationships being very hierarchical greatly affected the construction and experience of childhood. Age and sex are central to defining the hierarchical organisation of the extended family system. Older relatives had authority over young ones (Meursing, 1997). Given the importance of generational hierarchies, people including children were conceptualised as members of the extended family to whom they owed duties and obligations for their existence and everyone respected those older than themselves (Kesby, 1999). For example, children refer to any male adult as grandfather, father, or brother depending on the age of the person. Similarly, they referred to women as grandmothers, mother or sister. While age has been fundamentally important in the Shona hierarchy, adults also respected certain children by virtue of their relational positions in the kinship. Gelfand (1973) noted that an adult *muzukuru* (sister’s son) occupied a powerful position, so that he could publicly criticise his mother’s brother (*sekuru*) if he abused his power or neglected his duties to provide for the his own children. Although all children were in a lower position to adults, gender based hierarchies and roles also existed between children themselves. Young boys occupied superior positions in comparison to girls. The later were expected to be humble; commonly known as *kutsiga* (socially expected female humbling). According to Jirira (1995a), this notion (*kutsiga*) required girls to be socially upright, voiceless and

submissive to male leadership (including their brothers not all of whom need necessarily be older than them) in decision- making processes within both the domestic and the public space. By comparison more assertiveness was expected from boys.

Thus, Shona society expected children to show good behaviour such as not answering back to adults and or those older than them, not to argue or complain, not to refuse to do tasks as requested, telling the truth and respecting elders (Gelfand, 1973). Further, as a socially constructed phenomenon, childhood was conceptualised differently in different times and context. By age of four, children learnt good language, clapping hands and use the right hand when greeting adults (Burke, 1996). Use of left hand was socially unacceptable as it depicted bad behaviour.

Persons of all ages were not constructed as “individuals” but relationally and socially as part of the family kinship or clan group. This is a different situation to modern western society and to the individualised framework underlying much of contemporary human and child rights framework discussed in Chapter One. Gelfand (1973) points to the fact that every member in the household knew their position, roles and responsibilities. The gendered and generational hierarchical structure increased the social distance between children and their fathers or adult male heads. Children viewed fathers with respect and to a great extent with fear and someone who was “unapproachable”. Most often children used intermediaries such as mothers, grandparents, an aunt or uncle or elder sibling or muzukuru to access their fathers. Such familial hierarchies provided guidelines on how to cope with adversity, how and where to seek assistance particularly for orphaned children. Orphans were not left or abandoned, but were claimed because they were part of extended families not just the responsibility of dead parents and because they were socially and economically valuable and had a central role in the lineage mode of production. This is where the concept that no ‘social orphan’ existed in Shona society is derived (Foster et al., 1997a).

3.2.2. Shona Marriage and Childhood

Although children were at the bottom of the social order, they were central to adult identity and relations between adults in many ways. Women acquired status through begetting children for her husband's patrilineage. The name of the first child became part of the parents', especially women's identity even today. For example my first-born and only child is called Tanaka. Once I had a child I became known as '*Mai Tanaka*' (meaning mother of Tanaka). The sacred nature of a parent's first name means that it is disrespectful for a Shona child to call their parents or married adults by their first names. Many Shona children only learn their parents' first names when they reach adolescence (see Matshalaga, 2002). Men acquired status through control over women's reproduction and production activities including that of her children, and exchange of daughters. Thus, men who had many wives and children had greater social influence, and also more potential to gain material wealth, which enabled them to establish themselves as heads of lineages. Such was the value of children that a childless marriage could lead to a divorce, a woman's sister being offered as a compensatory second wife or to a brother secretly impregnating a man's wife to protect the men from being ostracised. Childhood was therefore, a *relational* phenomena (Kesby, Gwanzura Ottemoller and Chizoro, 2005). Aschwanden (1989) points to the fact that the walls of the Shona house symbolises mother because she provides warmth and love to the children. The husband is equated to a roof that protects the family against heat, cold and rain. Thus a childless marriage is described as 'the roof is leaking or the wall is broken' (Aschwanden, 1989:241). Thus children in the Shona society were and still continue to be considered a precious gift from God (see Kayongo-Male, 1984).

Children, especially sons were highly valued in any kin group. They brought in wives and produced further children for the extension of the family. They (sons and men) were lifelong and local political social and economic allies always loyal to the lineage. They provided labour and security in old age. Thus in the colonial society, the value of children was connected to the economy and basic survival. Large healthy families meant a large healthy workforce, allies and protection against the forces of nature (such as high mortality). Girls, on the other hand, were of great value during their childhood and up to

marriage. Although daughters retained alliances and served important functions, another clan enjoyed the majority of their capacities in adult life. Besides being valued for the contribution they made to household social reproduction and production, girls were also valued as their marriage brought wealth and cattle to the clan.

As in many African societies, the Shona practices of *roora*, the payment by a groom to the bride's family and/or father as part of the marriage contract, were central in shaping the position of women and girl children in society (Kesby, 1999; Jirira, 1995a; Meekers, 1993; Schmidt, 1992; Kazembe, 1986). Marriage remained an important indicator of female status even if the union was unsatisfactory (Meekers, 1993). Traditionally *roora* safeguarded against marital dissolution because it was generally expected to be paid back upon divorce²³ (Bere-Chikara 1970; May, 1983). *Roora* secured exclusive rights to the bride's sexuality and the children she bore. According to Bourdillon (1993) *roora* was meant to compensate the wife's family for loss of the woman's productive labour. Women only moved to the husband's family after bridepayments had started (May 1993). Thus, the movement by women to the husband's family was vital in the construction of female adulthood and identity (Kesby, 1999). Marriage like life was a process and *roora* was a process not an event. Women were impermanent in their husbands' homes because they were outsiders and could be threatened with expulsion if they stepped out of line. They were impermanent among their own kin because they were destined to be married and move elsewhere. After marriage they would live elsewhere and always have divided loyalties (Kesby, 1999).

Payment of *roora* created a social bond between the husband and the wife's lineages. Marriage maintained the subordinate the position of women because they hardly ever retained custody of the children at divorce or death. Thus, women were sometimes forced to remain in marital union under duress for fear of losing custody of children (Mhloyi, 1998). Traditional Shona marriage was a contract between two families (Meekers, 1993). Payment of *roora* involved the groom's family groups. Consequently, the bride became the wife of the whole clan, who had considerable influence on the married couple (May,

²³ A proportion was paid and key to how much was paid (cows or other material goods) dependant on how many children a wife had produced and whether they were to stay with the father or return with the wife.

1983). *Roora* payment involved negotiations by the heads of the two families or by their representatives (*munyai*). Bridewealth consisted of two parts, *rutsambo*²⁴ and *roora*. The payment of *rutsambo* gave the husband exclusive rights over her sexuality and this signalled her to move from her father's family to the husband's lineage. Payment of *rutsambo* consisted of either a goat or a hoe (Gelfand, 1965) and this was only paid if a girl was a virgin. *Roora*, the second part of the bridewealth payment, gave the man the rights over the children the woman bore. Traditionally baskets of grain, hoes, goats and cattle constituted *roora* (Schmidt, 1992, Bourdillon, 1993). However, in many cases *roora* was paid in cattle ranging from five to twelve. Although most of the cattle became the property of the bride's father, the mother of the marrying daughter received a cow, *mombe yeumai* (the mother's cow) (Gelfand, 1973). The mother's cow was very symbolic and could not be omitted and neither did the husband have claim over it. Thus, cattle obtained from the daughters' marriage became the main source of wealth for most women. The cattle received were also used to marry another wife from another lineage. As a result brothers often delayed marriage until their sisters got married (Gelfand, 1973). Thus *roora* involved exchange of cattle and goods for the bride to move from her father's home to the husband's family.

According to Kesby (1996, 1999) gendered adulthood was constructed socio-spatially, and was a process rather than an event. A girl became a woman at marriage and the boy became a man when he left his brothers' shared bedroom to set up his own hut. Although the woman brought a few kitchen utensils with her at marriage, the husband's family provided her with the means to production and reproduction. New wives lived with their mothers-in-law until they she gave birth to the couple's first child. Having a child not only strengthened the bond between the two lineages, but the couple gained adult status evidenced by the establishment of a separate household (Gelfand, 1985; Weinrich, 1982). While marginal in many ways children were at the same time absolutely central to adult lives and identities (Kesby et al., 2006).

²⁴ Nowadays there is no distinction between *rutsambo* and *roora*. *Roora* include *rutsambo*

The woman's status and security increased with each subsequent child she bore. As her own children married, she acquired authority over her daughter-in-laws and her social standing was augmented when she became a grandmother. Schmidt (1992) noted that women helped perpetuate male power and authority in Shona society. She indicated that women exercised control over other women, especially in polygamous relationships. Furthermore, young unmarried girls exercised control and had influence on their brother's wives. Illustrating the young bride's status, Schmidt (1992:17) wrote:

“The young bride's subordinate status was evident in terms of reference she used to describe her husband's family. She referred to her husband's sisters as *vene* (owners) and related to them accordingly.”

On the other hand, a fathers' status and economic well-being grew with increasing children and their subsequent marriage. Further, a young bride perceived her spouse's young brothers as *babamunini* meaning young father. Note that it is normal for women to call their husbands *baba*, meaning the father in the sense that he occupied a position equivalent to the father whose roles were discussed in an earlier section. Even in contemporary Zimbabwe *babamunini* (as potential widow inheritors) and young unmarried sisters (irrespective of age and marital status) exercise control on their brother's wives. In a rural study on the mediating effects of gender on women's participation in development, I (and colleagues) noted that sisters had a great say on their brother's wife's decisions on family size, child spacing and participation in productive activities outside the home (Francis-Chizororo, et al., 1998 see also Kesby, 1999). Similarly, orphaned girls in Germann 's (2005) study refer to their brothers as *baba* but in a poem written to their late parents, the girl expresses anger and frustration at the boys for their failure to fulfil the role of the father figure.

Although some authors have criticised the system of *roora* payments as treating women as a commodity and reinforcing women's subordination (Kazembe 1986a, 1986b; May, 1983; Schmidt 1992), others argue that *roora* fostered a sense of family unity between families, a sense of duty to maintain the bond between lineages (Holleman, 1952.) Although *roora* secured relationships between two different lineages, this was never viewed as buying or selling women. Women always remained part of their own family,

returning home for key events such as funerals, marriages or when she became ill (Kesby, 1999). Mathshalaga (2002) criticises Holemman 's (1952) argument for failure to realise that women stayed in oppressive unions for fear of stigma and as result many suffered in silence. Nevertheless, it is clear that the production of gendered and generational identities and behaviours were forged in and through institutions such as *roora* and marriage movements. Even today, *roora* is an essential part Shona marriage and without it, marriage is inconceivable (Gelfand, 1984 cited in Meekers, 1993).

Children were used as spaces of struggles, conflict and expression of dissatisfaction within families. Women used different means to express dissatisfaction and to criticise elders whom they could not approach. According to Schmidt (1992) child naming was forms of women's resistance to oppression. She notes that a woman could name her child "*Takawira*" meaning we have fallen into bad hands. Child's names were characterised by deep meaning. Every time a woman calls her child "*Takawira*", she publicly voiced her dissatisfaction. The point here is that children were very important, men wanted children because they gained status through them socially and economically and that status was diminished if society saw that a child's name reflected badly on the father. The wife could have cooked bad food or tried to withhold sex, but the importance of children made naming a very powerful means to protest. It is also true that a man who wanted to express love for his wife did this through his children. By caring for and providing for children the man showed he loved and respected his wife. This speaks to the centrality and relationality of children and childhood.

Ironically even if children occupied low position, they were of central importance and much value in terms of crisis. Children's marginal position in society made them vulnerable in times of crisis such as war and famine. Poor families traded children in exchange of food, while surplus women and children were evicted from patri-localities (Schmidt, 1992). As Schmidt (1992:30) points out the exchange was gendered, with the girl child at greater risk than the boys. She clearly notes: "If a poor man did not have cattle with which to pay a fine, to exchange for food in time of famine, or to pay tribute to a patron, he could offer a female dependent instead". They could be literally pawned or

taken hostage. Girls from poor families were more vulnerable as Schmidt (1992) pointed out. Although Schmidt's (1992) work focused on gender, rather than on children or childhoods, she showed that it was common for poor families to receive *roora* for a young girl, a concept referred to as *kuzvarira* (child pledging or betrothal of young girls to older men). While some girls eventually married in to these families when they grew up, some ran away and married men of their choice. Schmidt (1992) showed that girls were kidnapped and sold in exchange for elephant tusks and gold. Prized for their reproductive and productive values, girls were also objects of military expeditions and purchase as well as a resource for power and wealth by the chiefs in traditional Shona society. During the Ndebele raid of the Shona (during the colonial era), age and sex determined the fate of the boys and girls during the raid. Although Schmidt (1992) does not say what became of the boys²⁵, captured girls (including beautiful women) were surrendered to chiefs who took them as wives. Some girls were given to the chiefs' sons or offered as rewards to the warriors. While the ruling elite and warriors had access to girls, ordinary young unmarried youths' status declined as they faced stiff competition for the scarce resource; "girls" from whom they derived their status.

Schmidt talks of "vulnerability" and talks of children as if they were victims. In some ways they may have been, but from another perspective one could say that while children might be disposed of in ways over which they had no control, they were far too valuable a resource simply to be left to starve (in most cases, but it did happen). The question is were children marginal or were they central? With relevance to my own work on CHHs two points are worth making here. First relates to the disposal of children without their consent has a long history. Therefore current orphans being placed in families without being involved in the decision-making process is not a new phenomenon. Secondly, what is new is the reduced value of children such that they are now being abandoned. Children still have much of the social value and some of the economic value, but given the collapse of the lineage mode of production and its replacement with hybrid forms of subsistence and peasant agriculture propped up by wage labour and the new importance

²⁵ They could have been forced to join the army

of the monetary economy, children do not occupy the same central position they once did.

3.2.3. The extended family and child socialisation

As indicated earlier, the collective payment of *roora* meant that children not only belonged to the parents but to the wider extended family. Any adult had the right to discipline the child in instances of misbehaviour, confirming the notion that every child was everyone's child in traditional society (Foster et al., 1995); see also Matshalaga, 2002). Local conceptualisations of childhood revolved around the idea that children needed to be "disciplined" if they were to be socialised and grow up properly. A key idea from western literature about the "devil" was also a local Shona idea or an adoption of a universal notion. Thus in Shona society, children that acted as 'little devils' were physically punished either by being beaten or refused food (Kayongo-Male, 1984). The whole point "disciplining" was that children would learn to independently act in the "correct way" without being told to do so or needing any punishment.

In a pre-modern age education was undertaken within the family and in the home. The father, mother, grandparents, peer groups each had different roles in socialising the child. Parents socialised children into adult roles, particularly roles within the household gender division of labour. Grandparents were important agents of socialisation, mostly a result of their social standing. Consequently, children were expected to listen to their advice. Grandmothers taught grandchildren manners and socially expected roles. They instilled cultural values and the importance of history. Grandmothers relied on story-telling, proverbs, riddles, games and songs as techniques of socialisation. Evening folktales (*ngano*) were one of the most important didactic tools in Shona society (Schmidt, 1992). Mphahlele (1965 in Burman and Reynolds, 1986:17) illustrates the point clearly in his autobiography:

"We learned a great deal at the fireplace, even before we were aware of it: history, tradition, and custom, code of behaviour, communal responsibility, social living and so on".

Grandmothers were not just having a role with young children but also with older children. Although children were not expected to be sexually active until they were ready for marriage, they were expected to learn sexual knowledge as children before they were married. At puberty girls were sent to live with the paternal aunt or grandmother whose duties were to instruct her about menstruation, sexuality and the importance of keeping one's virginity until marriage and her expected roles as a future wife, mother and future daughter-in-law (Bourdillon, 1976). After the age of ten, female grandchildren became closely involved with the grandmothers and aunts, and male grandchildren with grandfathers and uncles especially when more sensitive topics such as sexuality were introduced. Girls and boys slept in separate bedrooms called *nhanga* and *gota* respectively. Purity was emphasised more among girls than boys. As a result, girls were often inspected for virginity as pre-marital sex brought shame to the family (Bourdillon, 1993). Although it was not that such a girl could not be married, virgins were more valued and got a higher price when *roora* was negotiated.

Given that Shona transition to adulthood was via marriage, early marriage especially for girls was common such that most girls were married by the age of 16. On the other hand, boys were expected to be strong, virile with evidence of sexual prowess (Bourdillon, 1993) and thus were given sexual freedom. However, young men paid fines or were forced to marry a girl if they had unsanctioned premarital sex and were caught (Bourdillon, 1976). Sex was viewed positively as an everyday part of life as it was connected to adult identities and status following the children's procreation. Shona believed in mystical forces that controlled sex and fertility. Sex education concentrated on what was socially acceptable and wrong such as having sexual relationships between clans and not the moral values preached in Christianity (Kesby, 2003).

The socialisation process by siblings was gendered and hierarchical according to age (Gelfand, 1973) and interwoven with inter-child relations. Younger siblings respected elder brothers and sisters in line with the general age based hierarchy of society generally. In large families there are often large age differences between the oldest and the youngest children. Consequently, elder siblings were expected to sacrifice for the

younger ones as if they were their own children. Much of this type of responsibilities has been carried over to the present day with older children being expected to put other children through school if the older ones obtain employment (see also Kayongo-Male, 1984). Therefore the new phenomenon of CHHs in which children socialise other children and adopt parental style relations over other children while different in many ways to the past are not in fact entirely new. This explains how children in Africa cope as CHHs.

Boys exercised their masculinity control and power over the girls whom they depended on for their own bridewealth and economic well-being. As indicated earlier, in traditional society, sons waited until the sister's marriage provide bridewealth which they could use to obtain their own wives. The eldest son married or not, commanded respect from the girls in the family. Girls were 'impermanent' who could only influence their 'home' lineages when they moved out to marry (Kesby, 1999). When the father died, his name was transferred to the eldest boy. If the father died pre-maturely, the eldest son received *roora* in the father's name. Thus he became the father-in-law of the man who married his sister (Gelfand, 1973).

Although the role of peer groups as agents of socialisation is not documented for Zimbabwe, scholarly literature elsewhere in African society points to their effect (Kayong-Male, 1984). Peer groups exerted control over young people's behaviour. Peer groups, just like the parents, were concerned with maintenance of family or kin values. Kayongo-Male (1984) notes that peer groups used a different approach of discipline; mostly ostracism. This consisted of open disapproval and rebuke. Peer groups often refused to talk or interact with deviant members. Peer groups' control extended over to sexual behaviour. Members who violated sexual codes of conduct (probably sex, or fondling) faced stiffer punishments. Young men often lost their right to interact with women if they were found guilty of a sexual offence.

While modern western constructions of childhood imagine it as a period of no responsibilities and therefore imagined children as irresponsible,²⁶ in this African context however, there was no correlation between responsibility and adulthood. While adults might have more and different responsibilities, this is not to say that children had none and this is a major regional time/space difference in conceptualisation of childhood. Even though Shona children were junior and marginal and not competent to engage in certain adult activities such as pre-marital sex, they were conceived as very competent in many activities that children in the modern west might not be expected to engage in as routine such as cooking, working, and caring for other children, etc. Females and male roles, older and young people's roles were accepted without question since such roles were considered 'natural'. Thus, children participated in the everyday activities of the domestic space and community (see also Kesby, Gwanzura-Ottomoler, Chizororo, 2006). Children were expected to assist the larger family unit and neighbours during peak periods of weeding and harvesting. Performing household tasks was intended not only to teach the child particular skills, it was meant to make the child diligent, persistent and responsible. From very early ages, children were expected to contribute through performance of tasks geared to their age and sex. By the age of seven, most children were capable of caring for younger siblings while the mother engaged in other activities such as farming or trading. From the age of 10 children's work became gender specific and increased in intensity. Boys engaged in activities that determined their masculinity, power and status such cattle rearing and hunting. On the other hand, girls' roles revolved around the domestic sphere. Therefore, not only were girls and boys in different ways key to agricultural production, but also the day-to-day reproduction of the family and its labour power.

Mothers, grandmothers and aunts taught the young girls skills pertaining to good housekeeping in preparation for marriage (Schmidt, 1992). Although the sleeping arrangements and the gender division of labour kept boys and girls apart, it is not that they never mixed. However, being competent in adultist household reproduction and

²⁶ Classic case would be the way children are dealt with by the law. They are often not seen as being responsible for crimes, are not sent to prison, but are put in care because

production roles did not give them autonomy to make decisions. Recent post-colonial debates have drawn attention to the distinction between child work and child labour²⁷ (Dube, 1999; Bourdillon, 2000).

3.3 Colonial Influence on the Shona Childhoods

3.3.1 Labour migration and effects on gender relations

The colonial period (1890-1980) produced ‘a system’ of racial segregation that catered for the white minority interests. During the same period culture was radically changed such that many aspects were retained and people struggled to retain them. The hybrid formations that emerged from the colonial period ended up being regarded as “traditional” even when aspects of them were the product of colonial laws (Kesby, et al., 2006). Culture and tradition are always in motion and changing even though by their very nature these ideas assume and claim consistency and changelessness (see also Bourdillon, 1993). Existing power structures that allowed the dominance of chiefs and village heads were reauthorized but in new ways and under the control of the overall territorial and political control of the state (Kesby et al., 2006; Kesby, 1999 1996; Ranger, 1993). Thus, the colonial period not only became a struggle over space, but over local cultural and social production of personhood, including childhoods (Kesby, Gwanzura Ottemoller, and Chizororo, 2006).

Having been previously delineated by marriage and other social norms, the conceptualisation of childhood changed during this period. State regulation rather than social convention came to delineate childhood, and did so primarily on the basis of age rather than marriage. For example, twenty-one became the age at which men became liable to pay state taxes (Schmidt, 1992). The imposition of hut tax on males created new socio-spatial relations, threatened existing lineage systems and created new adult and childhood identities. Young men were forced to sell their labour for cash in the new and

they cannot be held accountable or as being responsible as an adult would be.

²⁷ Although the notion of child labour is beyond the scope of this chapter, debates have centred on the distinction between bad work and good work. Good work does not impair the health and the development

rapidly growing capitalist modern sector, in the urban areas, mining and commercial farms usually as unskilled or semi-skilled workers (Schmidt, 1992; Mhloyi, 1998).

Male labour migration had a profound impact on the experience and constitution of childhood. It disrupted existing relations between men, women and children. It tore apart the old forms of household production and reproduction, and established new patterns of relations between sexes and generations and reframed adult and child identities (Schmidt, 1992). Race and gender determined access to employment and wages. Women as, as wives and mothers, remained de facto heads of the rural household supplementing the man's meagre wages²⁸ through subsistence production but had no decision making powers to dispose of the produce without consulting their absentee husbands (MCCDWA/UNICEF, 1985). Rural production acted as social security for the husband on retirement (MCCDWA/UNICEF, 1985). Movement by men to new socio-spatial spaces was temporary, once men established their economic base (or retired), they returned to the rural home and affirmed their masculine status as head of households (Kesby, 1999).

In pre-colonial society gender [and generational] identities were made in and through space and as the colonial economy changed spaces so identities changed or were threatened with change. The major part of the colonial system is how it affected childhoods. Men struggled to keep women and children on the land (and this also ended up suiting the colonial state and business) because existing child and female identities were more readily reproduced in those spaces (rural) than they were when women [and children] 'ran away' to the towns. Men wanted to try and hang on to the lineage mode of production and to marriage systems and to the traditional means to construct male identity through these mechanisms (Kesby, 1999). The migrant labour system has remained so entrenched in Zimbabwe that few efforts are made by either government or employers to keep spouses and their children together through provision of family housing near the workplace (Meursing, 1997). Although Mbiba, (2006) shows that the

of the child. In line with the western notion of childhood, good work should not detract the child from play and education (see Bourdillon, 2000, pps 1-24)

²⁸ There was cross subsidisation here as men's wages to a large extent popped up subsistence agriculture

practice is undergoing change, once a man loses a job due to HIV/AIDS-related illness among other reasons, he goes back to the rural areas to receive care from his wife and children until he dies.

3.3.2 State Laws and Childhood

Some colonial state legislation was directed at children such as that which barred child marriage (and established as a determinant of adulthood). While other legislation was not specifically aimed at children, nevertheless it had major impacts on the experience and constitution of childhood. The colonial state deemed certain “native” customs “repugnant” to European values and norms and moral discourse was the norm (Jeater, 1993, cited in Kesby, 1999). According to the colonial state, child pledging and forced marriages contributed to marital instability and forced girls to “run away” from the rural areas (even though there were few towns and new locations) (Schmidt, 1992). It therefore became imperative to introduce the Native Marriages Ordinance of 1901 that outlawed child pledging illegal. The law stipulated that men could not enter into marriage with a girl younger than 12 years. Young girls were not passive observers to the changes and loopholes in the state laws. Girls refused to marry polygamists and men to whom they had been pledged in childhood. They also reported their parents to the colonial administration. This early sense of identity by young girls influenced later attempts to run away to towns in the 1930s. Despite the ban, child pledging continued to be widely practised covertly. Even today age-based criteria are strongly contested. Girls often succumbed to ‘arranged marriages’ under duress and fear of physical abuse and torture from their fathers. Elijah Marwodzi (quoted in Schmidt, 1992:113) describes one of the methods that

“a father might take a very big branch of a tree, and split it into two and tie it on her head, and screw it, clamp it ..knocking so that it increased the pain...until the daughter says, “Leave me alone. Release me. I plead to go [to the husband]”.

By 1931 the colonial government had engineered a geography of racially segregated land ownership that relegated the majority black population to overcrowded native reserves (referred to in this study as rural areas) and agro-ecological zones characterised by poor

soils and prone to drought (Palmer, 1977; Moyo 1995). As noted earlier part of the geography had also resulted from African men's struggle to maintain the old ways and to prevent women [and children] from entering the new colonial space economy. The land alienation was legalised by the Land Apportionment Act of 1931 (later superseded by the Land Tenure Act of 1969). This former Act allocated fifty percent of the land to whites, who comprised five percent of the population. The dispossession of land rapidly undermined the indigenous economy, given the insufficient production from the poor 'reserves' (Batezat and Mwalo, 1989; Moyo 1986). The collapse of the African's sources of livelihood through agricultural production suited the white settlers as impoverished Africans entered into wage work but were denied permanent residence in the 'white' dominated urban areas (Kesby, 1999). Housing in the new spatial arenas were of the "dormitory type", meant for working men, and not their wives and families. The negative effects of the colonial land alienation and tax imposition are summarised by Mhloyi, 1998: 14). She wrote:

"This [colonial land alienation and tax imposition] was the birth of a migratory labour system characterised by split families, a social paralysis with far reaching and pervasive implications on the lives of men in Zimbabwe."

Social change threatened existing constructions of gender and generation hierarchies. Capitalism presented patriarchy with new challenges. The new colonial labour space attracted young unmarried and teenagers to seek employment. While men, as shown earlier, lived in the new areas temporarily, women who attempted to move to the new labour locations intended to stay permanently (Kesby, 1996). In the new space economy, and beyond the influence of guardians, women forged new sexual and economic identities (Kesby, 1996). According to Schmidt (1992) young girls entered into adulterous unions called *mapoto*²⁹ or engaged in illegal activities of petty trading, beer brewing and selling, and prostitution for survival. In *mapoto* relationships women not men controlled the children. The stigma attached to these activities was the birth of

²⁹ *Mapoto* refers to a living arrangement where a man provides accommodation and the woman provides domestic services. Under such situations no *roora* is paid to the parents. The arrangement was often mutual. Given the shortage of urban women, women were in control and they could move on if need be (see Barnes, 1992:598)

stigma attached to urban working-women to the present day (Mhloyi, 1998). On the other hand, the migrant men's creation of second homes referred to as mapoto now "small houses" increased the rural wife's social and economic insecurity as the "town wives" became active competitors of the husband's meagre income (PRF/IDS/UNDP, 2003). Casual sex became commodified albeit stigmatised particularly among female, notwithstanding the stigma already attached to them for being in the urban area, while for men it symbolised manhood (Mhloyi, 1998). The colonial government created compounds in which beer drinking and a small but ready supply of 'run away' women provided sex to pacify the workforce and act as labour retention as well as reduce potential rape of the white women (1992). Thus, the white authorities' policy to keep down the number of women in town encouraged prostitution (Larson, 1990). Thus when HIV was first identified in 1985 in Zimbabwe, a "fertile ground," characterised by social and economic changes, separation of spouses, deepening poverty, gender inequalities among others, existed for its rapid spread (PRF/IDS/UNDP, 2003).

The new spaces of opportunity threatened to allow women and children to create new identities and behaviours beyond the reach of elders. A key part of traditional female identities revolved around infantilisation. 'Runaway' women presented a new female identity, which not only challenged their own traditional roles, but also threatened the new colonial social order and masculine identities of the African men (Kesby, 1999:36; 1992; Schimdt, 1992 1991 1990). Run away girls became the source of conflict between African men and the colonial state. African men accused the colonial state for taking laissez-faire attitudes to the young women who simply slipped through into towns (Barnes, 1999 1992). On the other hand, colonial administration claimed lack of discipline by the fathers or males as the reasons for the girls' aberrant behaviour (Schmidt, 1992). What was threatening about the women and young girls presence in the towns? According to the colonial state adulterous urban "women" would cause male labour shortages. Further, 'runaway' young girls were labelled as 'sexually uncontrollable' and they needed someone to control their mobility. Urban 'runaway' women were accused of infecting the working-men with sexually transmitted infections,

which prevented men reporting for work (Schmidt, 1992). However, Barnes (1999 1992) notes that controlling women's mobility meant that the colonial state could pay lower wages for male employment, which the women and young girls subsidised through rural production. As mentioned earlier, female out-migration was a threat to African male supremacy and the socio-spatial organisation of the African household. Thus, female subordination was not solely the result of state laws. Rather, Shona patriarchy and state laws reinforced each other to create new forms of female subordination (Schmidt, 1992).

From the pre-colonial era there has been an ongoing struggle, which continues today around adolescence. During the pre-colonial period childhood was less defined but from the colonial time we see the category of adolescence threatening to open up between childhood and adulthood. The runaway women and girls (seen from the perspective of children's geographies (Kesby, et al., 2006) rather than that of gender-(Kesby, 1996 1999) shows how "children" in local terms (adolescents) threatened to develop more independent life systems, control over their sexuality, income etc, all of which would meant that adults (women, but particularly men) no longer controlled them in the same way. This battle started in the colonial period but continued after independence and in particular has centred on the question what defines adulthood? Is it marriage and social convention or age and legal statutes (Kseby, et al. 2006).

In alliance with the African males, the colonial state codified what they viewed as "custom" in order to create a legal instrument-"customary law" that was to become operational during the colonial rule, with the intention of bringing back runaway women to the rural space. Customary law pacified men and gave them a reason to collude with the state (Schmidt, 1992). It gave to men and chiefs rights of guardianship over children and women (classified as never fully adult and always needing the guardianship of a man as they were infantilised). This helped men retain women in the rural areas. This suited large part of the colonial economy (at that time) because it justified the single man's wage, as children and women lived elsewhere and could look after themselves (Schmidt, 1990, 1992; Barnes, 1992).

A gendered control of the movement of women was introduced through pass restrictions. Married women had to carry marriage certificates to justify their presence in town or face forced return to the rural areas. Young girls carried passes indicating they had obtained a male guardian's permission to be in town. It is unknown whether or not women forged marriage certificates. Young girls and new migrants seeking employment in the urban capitalist space were vulnerable to the colonial states' evictions. Barnes (1999) shows that 81 young girls aged between 14 and 22 were rounded up in Bulawayo in 1931. The majority (89%) were ordered to leave the capital within a month. In Harare, between 1931 and 1934, 336 women (ages unknown) were warned and 113 prosecuted for immorality or for living on doubtful means. Upon arrival in the colonial urban space, young girls seeking employment were to register with the Native Department. Under the registration system, the young girls had to produce proof to show that they sought approval of parents or a male guardian before leaving the rural home to search for work in the towns. Despite the attempts by the government officials to introduce a registration system, girls continued to defy the registration and control systems. They came to the towns too late to be registered and there was no accommodation provided for the 'late-comers' (Barnes, 1999). As a result the young girls sneaked in and became part of the permanent urban population. Some males, the long distance drivers, transported the girls into the new emerging towns, farms and mines (Schmidt, 1992). Although it is not clear what the drivers' motives were, one could postulate that the women offered sex in exchange for free transport. Many studies have shown how long distance truck drivers exchange sex for free transport to women cross border traders in Southern Africa (Mate, 2002 cited in PRF/IDS/UNDP, 2003).

The above data showed that 14 year olds were in town and this showed the agency of children and the desire to seek more independent ways of living and forms of identity. Unlike Kesby (1999) who focused on the ways in which gender was made in and through space this data (above) shows how childhood was made and remade in space. Where children could be confined to the rural areas, childhood could continue to be made along traditional lines (to a considerable extent). Running away to new locations represented a desire to enter a new space in which childhood identities (taking 14 year olds as our

example) could be made differently and/or in which childhood could be left behind and adult status gained on a person's individual terms and not the terms set by their fathers/mothers' lineage.

3.3.3 Children's Participation 'public' labour systems

The colonial period has been characterised by competing tensions and contradictions, and differing influences on the formation of child identity. Like all African people at this time children were also struggling to make their lives and identities in turbulent times, between the old ways and the new, between the old socio-spatial arenas of the village, home and field and the new labour locations, towns and the concrete abstractions of the state, market and legislation. Like women, although new opportunities and new spaces opened for the formation of identity (and while some occupied these spaces more effectively and permanently than others and remade the identities more radically than others), for the majority adults and elders they found ways to continue to locate them (children) within older frameworks of identity. The results were new hybrid childhoods, which by the 21st centenary are treated as "our culture" and as traditional even though it is substantially different to those experienced during the pre-colonial period.

In the early 1930s, the experiences of the Shona child were affected by changes associated with the growing capitalist economy. Again local manifestations of the capitalist economy had created a new form of childhood. Unlike in Europe where capitalism resulted in the confinement of children to the private sphere and to restricted and socially segregated public spaces such as schools, Shona children remained part of the 'public sphere', although they were relegated to domesticated space in a "racialised space economy" (Kesby, et al., 2006:190). Although much emphasis in the literature has been on how adults and specifically men were drawn into the migrant labour system in the early 20th century, it was also true the children undertook new wage work roles. Children were drawn into exploitative non-family labour for the first time where they worked on plantations, in mines and urban areas as domestic workers (Grier 1994) and this phenomenon has remained in contemporary Zimbabwe (Dube 1999; Loewenson

1992; 1991; Sachikonye 1989, Bourdillon 2000, Francis-Chizororo and Malunga, 2002). Thus, as early as 1898, 'piccanins' (small boys), as young as 10 years old, worked as domestic servants for the whites or in the private quarters of single and married African mine workers (Grier, 1994:27).

Colonial labour tenancies facilitated access to 'family labour' including children through the provision of Masters and Servant Act of 1899 (Grier, 1994). Although the passage of the Masters and Servant Act reaffirmed the low position of children, at the same time their participation in the new colonial space created a new form of childhood. Again the state introduced age definitions of a child. For example, the Act allowed fathers, mothers or guardians to contract children less than 18 years (although at 16 years children could contract themselves) to provide labour in the new capitalist space (Grier, 1994). However, no data is available to indicate the children's working, living and health conditions; there is therefore no record of child deaths in the work place. Yet this must have occurred, especially in the mining industry (Grier, 1994). Barnes (1992) noted that white farmers often made verbal agreements with children under 14 years, which had no legal binding and thus were unlikely to appear in court records in the case of any dispute. While internationally, regulations were being formulated to eliminate child labour in the early 1930s, children in African countries under colonial rule often competed with their fathers for jobs. Kayongo-Male (1984) showed that Kenyan children helped save the tea harvest or filled a gap in the labour force when their fathers were incarcerated during the political upheavals. The colonial systems therefore allowed children to participate in adult spaces and increased their social spaces.

3.3.4 Christianity Influences on Childhoods

Pre-colonial society treated both girls and boys were as producers and reproducers, and the European ideology of "domesticity" that viewed males as breadwinners and women as dependents, did not exist (Seidman, 1984). However, after colonisation, the domestication of African girls and women became central to the development of capitalism and missionary education. While education was made compulsory for all white

and coloured children aged 5-15 in 1930 and 1938 respectively and was provided by the state, it was not compulsory for the black population. Nevertheless, missionaries perceived African primary education as an important vehicle for evangelism, Zvobgo (1991) argues that missionaries saw African education as a powerful force and a means to weaken African beliefs and superstition, including witchcraft. Thus, targeting young children would expedite the acceptance of Christianity. Missionaries provided spaces (by building schools) for the creation of new forms of childhoods and rather than reject it, the children embraced education (Kesby, et al., 2006). Parents not only worried that children were being exploited, but also that the church was taking the labour that rightfully belonged to families and lineages (Schmidt, 1992). The missions supported children (in particular orphaned children) to exchange their labour for education. This created the first instances of the “social orphan” taken in by the church rather than their extended family structures. This early example suggests the kind of agency and choice observed among children who now choose to become CHHs rather than to live with their relatives. This phenomenon where children worked for their education has extended to post independence, in what Bourdillon (2000) refers to as “earn-and-learn”.

While mission education was changing childhood in some ways, on the other hand these new forces reproduced existing divisions. Boys and not girls were encouraged to attend school. Besides starting school at a later age (15 or 16 years) compared to boys (8 or 9 years), girls spent fewer years in school (Schmidt, 1992; Zvobgo, 1991). Compared to the boys, girls’ school attendance was erratic. Girls frequently dropped out due to financial constraints or to get married plus parental preference to educate the sons widened the status gap between the boy and the girl child (Kaziboni, 2000). Again, the fear that women would develop sexual and economic identities independent of existing patriarchal structures was another hindrance to women’s education (Kesby, 1999; Schmidt, 1992). Many girls were pledged in childhood, but educated and run away girls often attempted to persuade parents to use their limited resources to return the bridewealth to the future husband (Schmidt, 1992). As a result, some women and children ran away to mission space and worked, and lived there. Others visited the mission for their education.

However, changing economic geographies and the opening up of new spaces presented an environment that genuinely required alternative identities for working men. The colonial administration argued that excluding girls from education counterbalanced efforts to raise African men's civilisation. Many settler farmers and mine owners only wanted blacks to work and had cared little for their civilisation. It was only in the 1950s that a section of the business community began to worry that low education levels and high labour turnover was actually a cost to industry that was not offset by low wages. Similarly, exclusion of girls from mission education limited the spread of Christianity as the educated men married the uneducated women who believed in superstition. It became crucial to admit girls into missions as prospective wives of African evangelists, teachers and artisans (Schmidt 1992; Muchena 1983; Barnes, 1997; Summers 1996). According to Burke (1996: 37) missionaries became "critical sites for colonial discourse about racial bodies, cleanliness and manners". It is not surprising that discipline and cleanliness became part of the education of African pupils, aimed at meeting the objectives of British civilisation.

Although children embraced missionary education, which with modernisation became increasingly important, the kind of education offered reinforced male authority and colonial state objectives of female domestication. Mission education offered male students technical subjects or vocational programmes such as carpentry, agriculture, and teaching, leadership, which equipped them for the new capitalist job market. On the contrary, girls learned domestic chores, were instructed how to be good wives, and were taught to respect and obey male authority (Schmidt, 1992).

The changes in gender and generational relations taking place in and through space were a struggle for many children. Not only did the reformation of child and youth identity undermine the authority of elders, but the mission education system also produced African elite (mostly men) who played an important role in various professions before and after independence (Schmidt, 1992). As an unintended consequence, education opened up new arenas for children, particularly the girl child, in the form of employment in the new capitalist space. Consequently, mission children developed conflicting

identities; torn between home and school. Kayongo-Male (1984) researching elsewhere in Africa, noted that mission educated young girls and boys regarded farming as dirty work and refused to work at home.

Mission educated girls became teachers and nurses (Schmidt, 1992; Barnes, 1997). Even though missionary education became an important tool for young girls' enhancement and empowerment as they acquired rare skills, it failed to provide women's emancipation (Jirira, 1995a) but rather further created new forms of gender and racialised struggles. The employment of both boys and girls as domestic servants became an intense contestation of race and gender mostly targeted at controlling Shona girls' sexuality. In the white dominated residential spaces, white women perceived Shona girls as a constant temptation to their husbands and sons, what the settlers called the 'black peril' (Schmidt, 1992). However the dangerous 'peril' was between white women and black men and this often led to prosecution (of the black men) (Schmidt, 1992). The 'perils' reaffirmed racial and gender differences, with the male white constructed as the highest supreme in the capitalist social order (Pape, 1990). Struggles of resistance continued in the racialised space economy and women created and reinforced their new gendered identities in the colony. Many girls not only refused to work for low wages, but also preferred to engage in self-generating income and "illegal" activities, and such spaces gave them more economic and 'sexualised' freedom (see above). Therefore children's agency has a long history and it is not something new to orphaned children living as CHHs.

3.3.5 Children and the War of Liberation

As noted earlier, colonial state land alienation marginalised African natives into unproductive agro-ecological zones. Land marginalisation and colonial state racial segregation policies and the subsequent loss of male power formed the basis of the liberation struggle of 1966-1980. The liberation struggle opened new spaces in which youths [and children] constructed identities and behaviours (Kesby, 1996). Although guerrillas were trained outside the country (mostly in Mozambique), the war of liberation was fought in the rural areas in Zimbabwe. Children also left and lived in the camps. The

Rhodesia military killed women and children in their external raids into Mozambique. About 130³⁰ black children are reported to have been killed between 1970 and 1980 (Reynolds, 1990). While many children lost their lives and many children lost parents and relatives during the war, numbers of deaths were few compared to those caused more recently by HIV/AIDS related deaths (Kesby, Gwanzura-Ottmoller and Chizororo, 2006).

Although the support girls provided was along traditional gender roles, they also developed new roles and identities in the new spaces of freedom in the rural bush where the war was fought. These war spaces (rural bush) were also places of fear and oppression. Most importantly, these roles were performed in new spaces and for new “masters”, (the young men) and not for parents or elders. Thus childhood was dramatically changed by war. Although children and young people developed a sense of autonomy they were constantly being instructed, but it was a break from the family and lineage power structures. Youths dominated elders and usurped their colonial control mostly because of dangerous roles and bravery (Reynolds, 1990). For example, girls and boys, as young as 10-16 years, acquired positions of power as *chimbwidos* or *mujibhas*³¹ respectively (Reynolds, 1996). Such power put constraints on the relationships between children and adults. Reynolds (1996) reiterates that male adult authority weakened as youths instilled fear on parents as she noted: “If a mujibha denounced someone as a sell-out the comrades [guerrillas] took action that sometimes resulted in that person’s death (Reynolds, 1990:7) (see also Kesby, 1996).

In the “liberated” and contested areas, guerrillas undermined adult male authority and men lost control over sons, daughters and wives. Further, getting away from home and parental oversight gave young people opportunities to explore their sexuality (Kesby, 1996). Sexuality in traditional society was largely confined to marriage and both were confined to the realm of adulthood. Transition to adulthood was marked by marriage and not a specific age. Thus the war period was marked by social confusion with “children”

³⁰ Not all deaths were recorded given that some areas were inaccessible due to insecurity.

³¹ Young girls and boys who carried supplies and information between guerrillas and villagers during the Zimbabwe liberation struggle.

engaging in “adult” activities. Children disappeared from villages for days or weeks assisting comrades (Reynolds, 1990).

The rural areas were not only the liberated spaces for youths and young people. In many areas children were forced to flee their homes as refugees or forced into protected villages (PVs) as the state attempted to restructure rural areas in an attempt to separate the guerrillas from the people (Reynolds, 1996; Kesby, 1996). These villages were another space in which childhoods were reconstructed in a slightly different way. Kesby (1996) like many authors before him interprets this period primarily as one about the struggle over gender. However, his own data can be read as also a struggle over generation and the nature of childhood and young adulthood. Young guards controlled the villages and had the power to punish villagers regardless of age for failure to abide by the rules. As gatekeepers, security personnel controlled adult movement and like the guerrillas they also engaged in sexual relationships with young women. Girls took the opportunity to defy sexuality control by adults. Thus parents lost control of daughters (and *roora* resources), as they became girlfriends of the new elite, state guards (Kesby, 1996).

End of war signalled the end of both *mujibhas* and *chimbwidos* power. As Kesby (1999; 1996) points out that the end of war marked the collapse of the alternative spaces in which new forms of identities and behaviours had taken place. While the memory and experience remained, the spaces of performance did not and since to a large extent identity and behaviour is made in and through space, children’s war –time identities could no longer be sustained as people returned back to everyday village life/spaces. Thus the end of the war meant that childhood behaviours and identities changed as life returned to the space of the village where male adults found it easier to shape youths and children’s behaviours.

3.4. Post Independence Childhood

3.4.1 Legislative Reforms and Children

The preceding discussion showed that childhoods in Zimbabwe are the result of complex interactions over many different spaces from the pre-colonial, colonial and post colonial periods. Inequalities of the pre-colonial system were maintained and mutated throughout the colonial period to produce new childhoods. Childhood in contemporary Zimbabwe is a hybrid combination of, among other things, modern legislation, economic conditions, traditional values and the influence of HIV/AIDS. Although the end of war restructured the position of children to a lower position, it created new aspirations for women and children in post-colonial Zimbabwe. In view of the crucial support women offered during the liberation struggle, the prominence of a few key women in the political hierarchy and the politicians' desire for popularity with women who were a major element of the new electorate encouraged the new government to commit itself to ending women's subordination (Seidman, 1984). However, this search for popularity back fired as men and women complained against some of the new legislation that redefined the status of children e.g. LAMA. This section examines some of the legislative reforms implemented by the post-colonial government to improve the conditions of children and how they impacted on adults and childhood experiences especially for the orphaned child.

In the first few years of independence the government enacted legislative reforms targeted directly at women and children to address social inequalities. Women were granted equal rights, and rights to own property, claim maintenance in the event of divorce and deaths, including inheritance (Cheater, 1987). Post-colonial state definitions of childhoods based on age continued at independence. The first part of post liberation reform was the Legal Age of Majority Act (LAMA) (No. 15 of 1982) (now known as the Zimbabwe General Amendment Act) which officially made young people independent adults at 18 years (Government of Zimbabwe (GOZ), undated) (see also Table 6). According to LAMA, children over 18 can own property or enter into marital union without the father receiving *roora* as they are no longer considered children. At the same time parents cannot sue for damages or force a girl to marry when she gets pregnant once

she attains 18 years (Kazembe 1986; Jirira, 1995b). As in the colonial era, resistance to the state and its impositions in the domestic arena continued and LAMA has remains problematic even three decades since it was first passed. Adults continually dispute young people's right to act independently and assert that LAMA conflicts with cultural conceptualisation of adulthood based on marriage rather than age. Because LAMA gave children over 18 years the right to act independently, parents feel that they have lost control and authority especially over girls' sexuality and have lost a valuable source of wealth and status through marriage. Often it was the threat rather than the actual fact that these issues (fear of child control, loss of *roora*, etc) happened.

Despite the existence of LAMA, patriarchal discourses and practices remain functional on the ground (Kesby 1999; Seidman, 1984). While children welcomed the fact that they can act independently, they fear that by not respecting their parents' views or by marrying without their consent they are bound to have future problems. Thus young people's insecurity (whether to abide by state or custom) further marginalises their ability to act independently even beyond 18 years. For example, marriage without *roora* not only presents problems for married couples, but children born of the relationship. Anecdotal evidence suggests that children born from marriage unions where *roora* has not been paid often have problems of care provision in the event of parental deaths (PRF/IDS/UNDP, 2003). Similarly, parents may refuse to bury their daughters where *roora* have not been paid (personal family experience).

The Government of Zimbabwe (GOZ) is a signatory to the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACC). The GOZ ratified these in 1990 and 1995 respectively. Article 1 of the CRC and Article 2 of the ACC define a child as someone below the age of 18 years (UNICEF, 2004). These acts are consistent with LAMA described above. Crucially, from the perspective of this thesis, both LAMA and the CRC fail to recognise the culturally specific local understandings of Shona childhoods (Kesby, et al., 2006). Just because state legislation says an 18 year old is an adult does not mean that society will recognise them as such. At 18, many children still live in their parents' home and have to comply

with parents' wishes. Independent living is associated with marriage especially for girls. Although the law views children of 18 years as adults, often they cannot be legal guardians of their siblings until they reach 21 years when they are considered 'major' and can attain full legal adult responsibilities. Therefore, orphaned CHHs, aged 18 years and looking after siblings, require adult representation to access certain services in the event of parental death (Kesby, Gwanzura-Ottmoller and Chizororo, 2006).

Table 6: Child-related legislations and gaps in fulfilling children's rights

Legislation	Provision	Gap
Children's Protection and Adoption Act 1997 (Chapter 5:06)	Seeks to protect children from abuse, neglect, abandonment, general ill treatment and exploitation	Numbers of orphans exceed the capacity of orphanages Limited financial and human resources Bureaucratic and cumbersome process Shona beliefs of sorcery, witchcraft, and spirit possession deter willing people from fostering a child not related by blood kinship
The Guardianship of Minors Act 1997 (Chapter 5:08)	Deals with custody of children when parents divorce, separate or die. The state is empowered to put the child in custody of a parent who serves the best interest of the child	Legislation is silent on the custody of children in cases where both parents are deceased. Children are rarely consulted over care arrangements and cannot refute such decisions
The Maintenance Act 1997 (Chapter 5:09)	Stipulates that all children have a right to be maintained by their parents	It fails to provide the provision for double orphans.
The Deceased Family Maintenance Act 1997 (Chapter 6:03)	Provides for automatic inheritance of women and children in the event of the father's death.	Implementation of the legislation not policed as relatives continue to grab property leaving children with limited resources
Births and Deaths Registration Act 1994 (chapter 5:02)	Seeks to register a child's birth with the Registrar of Births within 42 days of birth. Registration of births is the full responsibility of the parents.	Parents often die without registering births. The bureaucratic procedures, coupled with transport cost and time The need for an adult representative deters CHHs from registering births.
The Education Act, 1987, 1991	Makes it compulsory for children to receive primary education and that a child has a right to education.	CHHs are most likely to be out of school because of poverty or lack of birth registration

Source: Adapted from UNICEF (2004) Government of Zimbabwe (GOZ) (undated)

3.4.2 Traditional Change, *Roora* and Child Inheritance Practices

Earlier it was noted that traditionally, *roora* served multiple functions related to the distribution of material resources, the forging of relationships within and between patrilineages, the maintenance of social control over women and children and construction of adult identities (Ansell, 2001; Kesby 1999; Schmidt 1992). The meaning attached to *roora* and its purpose is highly contested in contemporary Zimbabwe society. In a study with secondary school children in Zimbabwe, Ansell (2001) noted that although many girls consider *roora* an important part of Shona culture, some see it as a disadvantage and as 'buying women'. Some girls preferred to regard *roora* as a gift rather than view it as a transaction that disempowered them or which would subject them to male control. However, for young people *roora* remains an important part of Shona culture and without *roora* marriage is currently considered meaningless (Gelfand, 1984). While couples can marry at 18 without *roora*, this is a rare phenomenon. Thus, the social value of customary marriage rather than state recognised marriage often puts pressure on the bride to demand that their husbands pay *roora* for them. Therefore, customary marriage that involves payment of *roora* continues to take precedence over legal marriage (see also Meekers, 1993). However, nowadays *roora* is often a cash payment especially in urban areas, earned by the husband to be, rather than cattle and other possessions raised by members of his extended family (Bourdillon, 1993). The change in the life systems and the introduction of education meant an increase in the cost upbringing of children, hence the high payment charges for *roora*. Thus, marriage has become more a contract between two individuals leading to weaker links between and within the extended families. The sister can no longer claim that the children of her brother are the fruit from her *roora* (Bourdillon, 1993), thus weakening her authority over the brother's children. The individualisation of *roora* has to some extent lessened the ability of older people to exert control over the woman's sexuality including fertility.

Although tradition is often seen as static, stable and unchanging, it is in fact highly dynamic and ever changing (Bourdillon, 1993). As noted in this chapter traditionally culture has never been static, but has been reproduced in new ways throughout pre-colonial, colonial and post-colonial period. Traditionally, *roora* did not only transfer

rights in genetricem to the father, but also gave husbands rights of responsibility over their offspring (Meekers, 1993). At divorce children often stayed with their father and lost their mother's care. Where children were still infants, they went with their mother and were sent back to their patrilineage once they grew. When parents died, children remained within the care of their fathers' lineage. However, Bourdillon (1993) notes that traditional institutional structures to protect children from neglect, abuse and orphanhood have changed drastically in contemporary Zimbabwe. Rather than being seen as an asset to household production, children are now viewed as a liability. Nature and experience of childhood has changed as education and other expectations increase the costs of bringing up a child. As a result, many people are reluctant to take in children in the event of parental deaths. Although high costs linked to childcare are a disincentive to taking in orphaned children, Bourdillon (1993) argues that society emphasise traditions that serve their own interest. He noted that greed and selfishness, force relatives to observe the inheritance of property, but not children. Thus parental deaths in the context of HIV/AIDS now put children in vulnerable situations as they are left with no resources for their survival. Legislation to protect children (and widows) seems to be ineffective as evidenced by the number of reported cases of relatives fighting over the property of deceased relatives (PRF/IDS/UNDP, 2003).

Further, people's circumstances have changed over the past one hundred years. In the past, people lived around patrilineal families that comprised kinship groups. Childhood experience revolved around the domestic space, though this changed with the introduction of the capitalist economy. Childhood experience currently revolves around institutions (such as the school, the church-see Mate, 2002 and health centres), the public sphere including the street. However, the opening up of new agricultural spaces after independence through land resettlement schemes and more recently land invasions, have reduced contact between children and their grandparents, uncles and aunts, traditionally viewed as agents of child socialisation. At the same time parents have not been able to take on the role of sex educators as discussion of sex between parents and children is considered a taboo (Gwanzura-Ottmoller, 2006, Gwanzura-Ottmoller and Kesby, 2005; Francis-Chizororo, 2002). Some urban children often view rural grandparents as

backward and might not listen to them (Francis-Chizororo, 2002). Although older siblings still socialise with younger siblings, they have less control because they spend more time in schools. Parents still expect older siblings who work to finance the education of the younger siblings even if they feel that they are not obliged. In addition to changes in family formations new agents of socialisation have entered the households such as paid domestic workers. It is very common for working-women to hire domestic workers (maids or popularly known as 'sisi') to take care of young children. Wealthier parents have moved from physical punishment to psychological techniques of socialising their children. Kayongo-Male (1984) notes that wealthier parents tend to discuss with their children withdrawing love and affection, and use rewards in socialising children. Use of physical punishment compared to psychological techniques of child discipline is still prevalent (own observation during fieldwork).

Although contemporary childhoods share the same space as adults, their participation in this 'adultist' space is limited to activities related to production rather than reproduction. Thus child work in the household is still regarded as part of the child's socialisation process, a vehicle for imparting knowledge and skills development. Hebnick and Bourdillon (2001) note that children's contribution to household work remains crucial in rural areas and among impoverished families. The lack of state benefits to cater for the unemployed or the poor families (James, 1998), means that children's labour contribution is important for family survival especially for families that depend on agriculture for their livelihood. The current poor economic performance of the country has exacerbated children's work as they contribute to household income. Families are cutting or avoiding costs of childhood by not sending children to school or paying for healthcare to cope with the high cost of living. In a weak economic environment even little children earnings becomes important. Researching in Zimbabwe, Mangoma and Bourdillon (2001) showed that on average children are now performing 35-40 hours work within and outside the household. The situation is often worse for children nearby tea and coffee estates (now occupied by new settlers) where children especially boys do contracted work to supplement their education.

In addition, the post independence period also points to a new era for young children especially the girl child, marked by reduction in the time spent on tasks associated with everyday household reproductive task and increased opportunity for productive roles (employment and education). Young girls see opportunities to change their roles, but they are met with resistance from society (Francis-Chizororo et al., 1998). Young girls are currently caught in a transition marked by ambivalence, where society still believe that girls should maintain their cultural responsibility for care of the home even if they work outside the home. This affects girls' aspiration, and their ability to pursue education or professional careers fully.

The decline in the economy undermined the state's ability to deal with the challenges arising from HIV/AIDS, recurrent droughts, and political instability among others. Thus, the HIV/AIDS pandemic is closely intertwined with the country's economic problems and the prevailing political instability which all have contributed to inflation of more than 1000 per cent, brain drain increased poverty among the general population. These setbacks reversed the hard earned gains in social development achieved soon after independence. Poor economic performance has had a great impact childhood experiences. Childhood continues to be produced and reproduced in contemporary Zimbabwe, more so since the advent of HIV/AIDS. New forms of childhood are being reproduced as parents die of HIV/AIDS- related illness and young people find themselves heading households and performing full adult roles. This discussion is the major focus of the next chapter.

3.5 Conclusion

This chapter analysed the changing position of children in rural Zimbabwe from pre- to post-colonial period. The present status of children is an outcome of a combination of events over different spaces from pre colonial to the present day. Shona children geographies have been reproduced and mutated strategically throughout a century of social-spatial change. HIV/AIDS is now producing another hybrid form of childhood, one in which children's lives and hopes for a better future are shattered by the loss of both parents as shown in the next chapter.

Chapter Four

Impact of HIV/AIDS on Childhood

4.1 Introduction

HIV/AIDS is now a global crisis, with impacts that will be felt for many years to come. More than 28 million people have died since the first HIV/AIDS case was first reported in 1981. The pandemic has brought suffering to countless millions. It has reversed development gains achieved over generations (ILO, 2005). Consequently, HIV/AIDS is no longer perceived as a health issue, but a development crisis. It is a major threat to the attainment of the Millennium Development Goals, especially in Africa where it has devastated families and is having unbearable impact on children.

This chapter aims to provide an overview of the impact of HIV/AIDS on childhood. Although examples will be emphasised on Zimbabwe, the study also draws from other Southern African countries experiencing the highest rates of HIV/AIDS infection. The chapter begins by giving theoretical perspectives on the background to HIV/AIDS in Zimbabwe. Secondly it outlines the impact on demographic factors and at the household level where its impact is felt most. Thirdly, the situation of orphans is highlighted. This part highlights the difficulties extended families are facing in coping with the orphan (and other vulnerable children living in poverty). Lastly, the chapter provides responses by communities and government to orphan care problem.

4.2. Theoretical perspective: a vulnerability approach

The theoretical starting point for this chapter is vulnerability theory (Barnett and Whiteside, 2002). Current theoretical debates on HIV do not only focus on biomedical factors but also consider a range of factors such as social and psychological, cultural context, gender relations, structural factors, human rights etc (Akeroyd, 1997). Thus although an emphasis on risk groups, risk behaviors and risk situations persists in biomedical discourse on HIV infection (Campbell, 1997, 2004), several authors have

developed the notion of ‘vulnerability’ as a means to explain why people remain susceptible to HIV infection despite being aware of risks and consequences of certain behaviours (Barnett and Whiteside, 2002). Vulnerability is broadly defined as the state of being prone or susceptible to harm or loss in the face of a potentially perturbation in nature or society (Blaikie, et al., 1994) (see also Oppong 1998; Parker 1996; Barnett and Blaikie 1992).

While all human beings are biologically susceptible to HIV/AIDS infection, certain socio-economic factors place some individuals and social groups in situations of increased vulnerability (Parker, 1996). Consistently, Oppong (1998) contends that adverse life circumstances such as hunger and disease do not affect social groups uniformly. Key characteristics of these socio-spatial variations of impact include class, caste, ethnicity, gender, disability and age (Blaikie et al., 1994). Barnett and Whiteside (2002) claim that economic, political and cultural characteristics influence the HIV/AIDS pandemic affecting ‘susceptibility’, and ‘vulnerability’, which in turn create risky environments (see also Campbell, 2004). In particular migrant labour systems dominant in SSA continue to heighten the vulnerability of migrant workers to HIV/AIDS primarily through spousal separation, and exposure to risky environments that encourage extramarital relationships (Campbell, 2004; 1997). Depressed economies, declining agricultural economies, and worsening poverty often force vulnerable groups such as orphans to engage in risk survival activities that make them more susceptible to HIV.

The discussion argues that a general vulnerability to HIV/AIDS exists within Zimbabwe’s population because of deep-rooted socio-economic and cultural formations. (after PRF/IDS/UNDP, 2003). I argue that colonial and postcolonial policies of inequality created an ideal situation for the Zimbabwe’s burgeoning HIV/AIDS epidemic. While examining the fundamentals of the vulnerability of the population to HIV infection is not meant to apportion “blame” about the pandemic (PRF/IDS/UNDP: 33), the approach facilitates our understanding of the vulnerability factors that currently inhibit efforts to combat the HIV/AIDS pandemic. As Packard and Epstein (1991) note, understanding the social, economic and political determinants that make certain social groups such as

orphans and poor women vulnerable, is crucial if HIV/AIDS prevention and control programmes are to be effective.

Chapter One and Three described how colonial policies created a new but gendered geography of inequality and poverty that continues to exist today and influences the current patterns of marriage and sexual relationships. Consequently, when HIV was first identified in 1985 in Zimbabwe, a “fertile ground,” characterised by social and economic changes, separation of spouses, deepening poverty, gender inequalities, a culture of multiple partnering existed to facilitate its rapid spread (PRF/IDS/UNDP, 2003; see also Meursing, 1997). The continuation of separation of spouses has increased the vulnerability and risk of HIV infection among both men and women. Although the migrant labour system is undergoing change (Mbiba, 2006), it has remained so entrenched in Zimbabwe that few question its ‘normality’ and few efforts are made by either government or employers to keep spouses and their children together through provision of family housing near the workplace (Meursing, 1997). Furthermore, current massive unemployment continues to drive back people to the rural areas and still cause them to circulate to look for jobs thereby increasing their vulnerability to HIV/AIDS and consequently, high orphan problem.

Other authors have opened new ways of thinking based on human rights approach and about empowerment to HIV/AIDS discourses. Farmer (1999) used a human rights and empowerment framework to her work on HIV/AIDS, and highlights the importance of factors such as inequality, worsening poverty and political disturbances. Although Farmer (1999) noted the importance of social factors in explaining the spread of HIV/AIDS, she emphasised the need to recognise gender inequity as a form of structural violence that facilitates the spread of HIV/AIDS. Campbell (2004) reiterated that the vulnerability of women is not only increased by the social dominance of control by men, but also by regionally specific cultures of gender violence. Cultural practices such as genital mutilation are not only a form of violence against women’s body causing health problems and even immediate death, but can also facilitate the transmission of HIV/AIDS. In Zimbabwe, the difficulties women experience in negotiating safer sex and or pleasurable

sex increase their vulnerability to domestic violence, which in turn can increase forced and unsafe sexual encounters (Kesby, 2004; Francis-Chizororo and Matshalaga, 2003).

4.3 The Socio-Economic Impact of HIV/AIDS

The problem of predicting HIV/AIDS impact is compounded by the fact that the pandemic has taken a different path across different geographical areas. In Southern Africa HIV/AIDS infection is common among heterosexual populations, while it affects intravenous drug users or gay populations in the developed countries. Although HIV/AIDS is prevalent among heterosexuals in Africa, homosexual transmission is only just beginning to be contemplated as a possibility (Phillips, 2004). Lack of data on this does not mean that it does not exist, but just that social scientists, government and the public like to assume that homosexuality and drug related HIV is not widespread.

HIV infection is followed by a period five to eight years of opportunistic infections such as tuberculosis, which is eventually followed by terminal AIDS-related illness and death (Gadd, 2006). Accompanying this progression, and depending on the HIV/AIDS prevalence and availability of treatment, various macro economic and social impacts accumulate at the household, community and national levels. The 'long wave' nature of the period of HIV infection makes the impact felt over several years (Gillespie, 2006; Barnett and Whiteside, 1999).

Barnett and Whiteside (1999) categorise literature on the pandemic into four types of impacts: demographic, macro-economic, health sector and household impacts. The complexity of HIV/AIDS and the influence of other factors such as political and economic factors render it difficult to estimate its effect at the national or macro level (Whiteside, 1995). As a result, several studies have tended to focus on the impact of HIV/AIDS on the different sectors of the economy (PRF/DS/UNDP, 2003) a topic beyond the scope of this chapter. The discussion concentrates on the impact of HIV/AIDS on the household where it is greatly felt (Barnett and Whiteside, 2002). While all levels of society are affected by HIV/AIDS its effects are felt hardest at individual, household, family, and community level (Barnett and Whiteside, 2002).

HIV/AIDS tends to cluster in the household and its effects there are enormous. Barnett and Blaikie (1992:99) provide evidence of “remnant households” in rural Uganda, households which are on the verge of disappearance. This is consistent with my own field observations in rural Zimbabwe. It was not uncommon to find households that were deserted and I remember one in particular in which a young couple and their two children had recently perished (presumably due to HIV/AIDS) soon after getting married.

4.3.1 Household and Community Impacts

There have been significant changes in traditional community norms and customs as a result of increased HIV/AIDS-related deaths. Periods of mourning have been reduced drastically. The HIV/AIDS pandemic has brought changes in family functions and structures as well as household composition (Ntozi and Zirimenya, 1999; Mukiza-Gapere and Ntozi 1995). In Zimbabwe as in many African countries hard hit by HIV/AIDS, a new household structure has emerged where widows, single women, grandparents, and even children under 18 who are orphans head households. Due to the loss of adults between the economically productive ages 15-45, an increasing number of orphans are relying on elderly relatives who may lack sufficient resources, both mental and physical, to provide for them (see also Barnett and Blaikie, 1992; Matshalaga, 2002; WHO, 2002).

When a parent, especially a mother, dies of AIDS, orphaned children often go to live with an impoverished grandmother, a practice referred to as ‘skip-generation parenting’ (Levine 1995:193 cited in Foster et al., 1997a). Grandparent-headed orphan households are becoming increasingly common as result of AIDS. Grandparents not only care for their own terminally ill children, but they also care for the orphans. In a study of 810 households, a study on orphan care in Zimbabwe showed that grandparents cared for 80% of orphans over 50 years (WHO, 2002). Similarly, in Rakai District, Uganda, in the early 1990s most of the guardians were found to be over 50 years old (Hunter, 1990). Grandparents are being forced to become the primary care givers for orphans when they

themselves expected support from their own children (Matshalaga, 2002: see also Drew et al., 1998; Hunter 1990; Ntozi and Mukiza-Gapere 1995; Foster et al., 1996; 1997b).

Even without the added threats created by HIV/AIDS, many older people struggle to survive and suffer poverty, social exclusion and age discrimination and often make up a significant proportion of the poorest of the poor (WHO, 2002). In most countries of Africa and Asia, older people have few forms of support outside their families (WHO, 2002). The large number of orphans, which grandmothers inherit from their sons and daughters, limits their capacity to provide (Matshalaga, 2002). Inheriting grandchildren from polygamous unions, is even more of a strain as evidence in Zimbabwe's Masvingo Province when a grandmother cared for 13 children from her son and his two wives (Department of Social Welfare, 1995. In the past, the small numbers of children under the foster care of grandmothers meant that they could manage to look after the children with the little resources they had and the support from the children's parents. In the era of HIV/AIDS, the sheer number of orphans left behind multiples the burden of the caregivers and limits their ability to cope:

“Traditionally although grandmothers were expected to help with child raising they were baby sitters only and helped to ease the pressure on young mothers. They were not expected to be sole providers and carers of infants and children. With the HIV and AIDS pandemic, the elderly are full time parents without any backup service” (PRF/IDS/UNDP, 2003:91).

4.3.2. Depletion of household resources

Rising morbidity and mortality due to HIV/AIDS-related illness not only changes the demographic structure of the household, but also impacts negatively on households' viability. In many situations, households are forced to sell assets in order to finance provision for long illness and/or funerals. Care for AIDS sufferers also impacts negatively on household income. Available evidence shows that by the time a patient succumbs to AIDS, large amounts of household income has been spent on medical treatment, provision of home care, and funeral expenses and few assets remain (Bond, 2006). In a Zimbabwean study, about 24% of households reported selling assets such as livestock, furniture, clothes to cope with the death of an adult woman (Mutangadura,

2000). It is both the labour of adults and children that is being lost to production, one through illness and the other through increased care and other duties.

Rural subsistence households are more acutely affected as they suffer loss of productive labour, loss of income, loss of food reserves, savings and assets to meet health care and funeral costs (PRF, no date). In Zimbabwe, sick people are sent to rural homes where they are cared for and eventually die (Mbiba, 2006; Matshalaga, 2002). It is not just that rural households have to cope with the burden of their own household members, but that the legacy of the migrant labour system means that absentee household members working in the city return home to demand support. As a result, rural households often bear the costs of the care and funerals for relatives. Bond (2006: 192) observed that although the motive for this is spiritual connections, other motives are more discriminatory. Those sending sick people 'back' to the rural areas want to grab property in the town; save on hospital costs and funerals as people dying at home and can be buried in a blanket or a homemade coffin. Many poverty stricken rural communities lack the human and material resources to sustain culturally desired funeral rituals.

Some studies suggest that women spend long hours caring for sick family members as well as attending funerals and this has implications for their participation in development projects (PRF/IDS/UNDP, 2003). Caring for the sick invariably reduces the time a woman can spend caring for children, other family members and herself. Anecdotal evidence shows that HIV/AIDS has contributed to the disintegration of households and families. Many women feel a strong obligation to take care of their own family's relatives (mothers, fathers, sisters and brothers) and there is a strong social expectation that they will do so. Thus young married women often leave their husbands to take care of sick relatives. However, such care provision involves the risk of losing their husband to another woman and/or their husbands' exposure to high-risk sexual behaviour during her absence (PRF/IDS/UNDP, 2003).

4.4 HIV/AIDS and orphanhood

4.4.1 Orphan care in Zimbabwe

The situation of orphans cannot be examined without the historical and socio-cultural context of child fostering practices that existed before the devastating impacts of the HIV/AIDS pandemic. In this section I therefore look at traditional orphan care practices and trace how these have changed with the advent of HIV/AIDS. As noted in Chapter Three, women in patriarchal societies marry outside their clan. Once they get married they move to the husband's family. In the event of the husband's death, the extended family had an obligation to inherit the widow and 'his' children (Nyamukapa and Gregson, 2005, Foster, 2000; Bourdillon, 1993; Gelfand 1973), which they did because women and children represented economic and social assets. Where the mother died, children stayed with their father, but a maternal relative (a mother figure) was selected to make regular visits to provide motherly care³². Very young children went to live with the maternal aunt, and were sent back to their fathers' family once they were above five years (Nyamukapa and Gregson, 2005). Another option involved the provision of a replacement wife (*chimutsamapfihwa*) to raise the children especially when the widower was not in a polygamous marriage. This explains the concept that a 'social' orphan [i.e. one cared for by society as opposed to a specific and related family] did not exist in traditional Zimbabwean Shona society (Foster, et al., 1997a; see also Preble, 1990)³³. However, even at that time relatives failed to meet their obligations and responsibilities over the care of orphans (Nyamukapa and Gregson, 2005; Bourdillon, 1993; see also Madhavan, 2004). There are notable changes in the traditional cultural practices such as *kugara nhaka*— widow inheritance (PRF/IDS/UNDP, 2003; Nyamukapa and Gregson, 2005; see also Ntozi and Nakayiwa, 1999; Oleke et al., 2005; Lugalla et al., 2004). While the decline of such practices might help reduce the transmission of HIV at one level, it

³² Inheritance of children and property took several meetings between maternal and paternal relatives usually after a year preceding the death of the father or mother (see Nyamukapa and Gregson, 2005 and Gelfand, 1973; 1977 for details on inheritance and funeral rituals among the Shona people)

³³ Similar systems of adoption by the extended family were common in Europe until the 1700s. Bideau et al., (2000) in their study on orphans and their family histories in France found that in the 19th century the surviving parent, relatives or neighbours took responsibility for the custody and guardianship of the orphaned children and placing orphans in domestic service was rare or a temporary occurrence.

can also leave widows without financial support and so reliant on income sources that might themselves be high-risk such as commercial sex work. Thus, parental death now puts children in even more vulnerable situation than in the past and many are left with no resources for their survival and no caregiver.

Even before parents died, children in Zimbabwe were sent to live with relatives, especially grandmothers. Literature on the dynamics of child fostering in Southern Africa, including Zimbabwe is scarce compared to that available for West Africa (Bledsoe, 1990, Castle, 1995; Goody, 1982; Isiugo-Abanihe, 1985; etc). In West Africa, voluntary child fostering provided the natal family with a means to manage high fertility in addition to reducing the burdens of monitoring and supervision of parents' own children. For example, studies in West Africa showed that child fostering had locational, kinship, educational and economic dimensions (Bledsoe, 1990; Isiugo-Abanihe, 1985; Oni, 1995, Bledose and Brandon, 1992). Isiugo-Abanihe (1985) suggests that voluntary fostering pertains to informal arrangements between biological and foster parents in which the main object entails re-allocation of resources and strengthening of the extended family ties or for labour or companionship.

These fostering arrangements did not necessitate or require the death of a parent, but were (and still are today) used by living parents. HIV/AIDS has led to 'crisis fostering' (Madhavan, 2004) in which reciprocal obligations become less important (Goody, 1982). Even if Goody (1982:33) states that the "kin who have the right to claim a child in purposive fosterage have a *duty* to accept the role of foster parent in a crisis", the situation on the ground contradicts this as evidenced by the emergence of CHHs and the fact that over half of orphans are cared for by grandparents and not relatives of their parents' own age (see also Oleke et al., 2005). Traditional roles, duties and responsibilities of family members have become blurred as HIV/AIDS places additional demands and pressure on the care of huge numbers of orphans. Thus the development of CHHs questions the strength of the extended family to care of orphans. On the other hand CHHs can be seen as a new form of adapting to the orphan crisis. Chirwa (2002) observed that communities in Malawi have adapted new ways of orphan care in the

context of HIV/AIDS. Based on Chirwa's (2002) argument, CHHs could be a new form of social organisation (see also Dube 1999), which have always allowed African communities to cope with the orphan crisis (Ankrah 1993; Hunter, 1990). Although both Ankrah and Hunter recognise the pressures exerted by HIV/AIDS on the extended family, they fail to recognise new forms of non-based family kinships in caring for orphans (Madhavan, 2004). In spite of the combined effect of HIV/AIDS, deteriorating economic performance, political instability and natural disasters, the extended family system still provides the bulk of the social safety net for orphans in Zimbabwe (Foster, et al., 1995, Wood et al., 2006, Nyamukapa et al., 2003).

Even though Ankrah (1993) warns against the dismissal of the role of the extended family in orphan care, like many other authors she notes the extended family is undergoing profound change in response to HIV/AIDS, and its traditional safety net is being unravelled (Ntozi, 1997; Nyambedha et al., 2001;). Furthermore, it remains unclear how much coping can be expected of families and communities in view of the increasing numbers of orphans. For example, an increase in the number of children in a household, increases costs to that family (who may themselves be facing increased medical bills due to HIV/AIDS in their own household). Although children do bring benefits, such as labour, to the household, the traditional value of children has been reduced due to the declining agricultural economy and income opportunities such that extra 'hands' do not make up for extra mouths as they used to. Consequently orphans can be considered a burden where families and communities struggle to fend for themselves and the ill-treatment of orphans is not uncommon within the context of poverty (Bond, 2006; see also Foster, et al., 1995).

4.4.2. The Impact of HIV/AIDS on Children/Orphans

This section explores the small amount of evidence currently available about the problems faced by orphans. In this section, I will review literature pertaining to Zimbabwe, and also southern Africa. Not much is known about the orphans living as 'child only' units. Therefore the discussion focuses on orphans. However, I take note of

the fact that the situation of orphans described below is not different from the many children (with parents) living in poverty and that there has been inconsistent results between orphans and non-orphans (Meintjes and Sonja, 2006). As shown in Fig 1, orphans face a plethora of problems that include the loss of their childhood and infringement of their rights and an uncertain adulthood (Williamson, 2000).

Several studies have shown that orphans and other vulnerable children are at higher risk of missing out on schooling, live in households with less food security, suffer anxiety and depression and are at higher risk of exposure to HIV/AIDS (UNICEF et al., 2006: 6). Poor socialisation and movement from one household to the other exacerbate children's situation notwithstanding the effects of poverty and economic hardship in many developing countries (Young and Ansell, 2003b). Anecdotal evidence in Zimbabwe shows that orphans are easily identified in the community because of their poor status and their involvement in arduous activities to survive (PRF/IDS/UNDP, 2003).

4.4.3. Age and Gender Differential Impact

The effects and risks children face due to HIV/AIDS depend on the child's age and stage of development and a failure to recognise this has often resulted in responses that regard orphans as a homogenous group ignoring the "physical, cognitive, emotional and psychological differences that characterise children and adolescents in different stages of development" (UNAIDS/UNICEF/USAID, 2004:13). Following Piaget's age related model described in Chapter Two, UNAIDS/UNICEF/USAID (2004) argue that the effect of illness and death of parent or caregiver will be different for infants, young children, children in middle childhood and adolescents. In this model, the orphan's age and stage of development are key factors in determining the kind of support and protection the affected children require. Although this age and developmental approach provides a clearer understanding of the effects of HIV/AIDS on children, it fails to recognise that orphanhood is a *process*, and fails to identify that many of the problems orphans face begin well before the deaths of the parents and extend beyond adolescence. Furthermore, it fails to take into account that childhood and orphanhood are not only biological

phenomenon, but are deep rooted in socio-cultural and institutional factors that determine how communities respond to the situation of orphans. This is detailed in the Chapters Two and Three.

Furthermore, the age and developmental approach fails to take into account the effect on the child if the mother or father or both parents die. In almost every country in SSA, there are notable differences in the roles and responsibilities assumed by men and women. Thus depending which parent is ill or dies, the impacts on the vulnerability of children will be different. There is controversy about what these impacts are however:

“The health and life situation of any woman is crucial to the health and life chances of her children, not only during pregnancy but throughout the entire childhood. A mother’s capacity for child care-the time and energy she can devote to her children, the conditions in the home, her material resources, her skills and resources-continue to govern a child’s passage from childhood to maturity, socially, physically and emotionally” (Mutangadura, 2000:3)

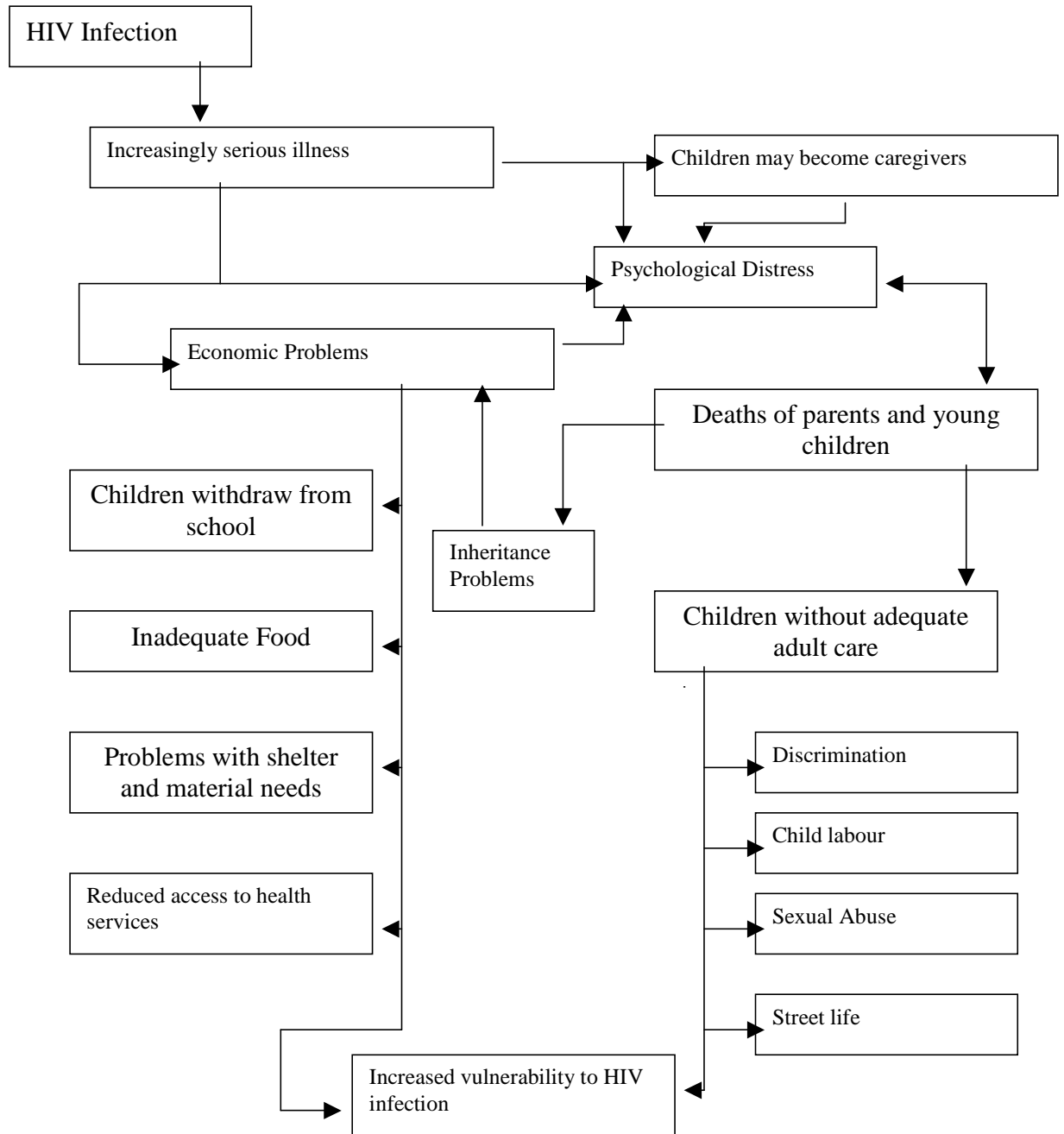
While the role of mothers is crucial to the nurturing of children, we must question Mutangadura’s romantic image of maternal care when it comes to the care of orphans in this context. While there is some evidence to suggest that Shona mothers sometimes ill-treat their own children, there is more that suggests they are likely to neglect orphaned children in favour of nurturing their own. The Shona have an expression that says: “*Nherera inoguta musi unofa mai*” the literal meaning is that an orphan is last fed on the day of its mother’s funeral. The meaning to this proverb suggests that maternal orphans, unlike paternal orphans, are more vulnerable to suffering once their mother dies. Thus, among the Shona, the gender of the deceased plays a crucial role on how the children are inherited and later cared for. Young orphans below the age of three are at a higher risk of death than orphans above five, especially when the mother dies of HIV/AIDS related illness. Zaba et al., (2005) showed that these children were 3.9 times more likely to die in the year before or after their mother’s death. Although young orphans aged 0-5 years comprise only 6 per cent of all orphans (UNICEF et al., 2006), their need for care makes them very vulnerable to illness and death if the mother dies. Irrespective of age of the child, Monasch and Boerma (2004) showed that widowed mothers were more likely to be directly responsible for the care of their children than widowed fathers making children

who lose their mothers less likely to live with the surviving parent. While fathers might have financial resources to support maternal orphans, this does not necessarily mean that children will be sent to school or have adequate food especially where fathers remarry. Although when fathers remarry, stepmothers provide an environment for the care of the children, orphans are often ill-treated by stepmothers. The application of the framework is currently limited as it is relatively new and as a result data on the situation of orphans tends to generalize about all orphans.

While UNAIDS/UNICEF/USAID (2004) provide useful frameworks for understanding the effect of HIV/AIDS on children, experiences of orphans vary across geographical space and are reflective of local contexts (UNICEF, et al., 2006). Furthermore, the situation of children is influenced by a variety of factors, such as relationships with the foster parents (Germann, 2005), household and community wealth and the prevalence of HIV/AIDS within the community (see also Matshalaga, 2002). The impact of HIV/AIDS on children in Zimbabwe needs to be understood within the current hostile socio, political and economic environment already described in Chapter One.

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Figure 1. The Impact of HIV/AIDS on Orphaned Children



Source: Williamson (2000).

4.4.4. Differential Treatment of Orphans

While at the beginning of the epidemic literature showed little evidence of discrimination or exploitation of orphans (Foster et al., 1995; Kamali, et al., 1996) more recent data suggests that the coping capacity of the extended family is becoming overstretched as the pandemic evolves, with adverse negative consequences for orphaned children. Available evidence indicated that differential treatment between biological and foster children occurred even before HIV/AIDS (see Gelfand, 1973). Similarly, scholars researching in West Africa (Oni, 1995; Bledsoe, 1990; Bledsoe et al., 1988; Bledsoe and Brandon, 1992) have shown that foster children are generally marginalised although they note that the circumstances leading to fosterage need to be examined before making assumptions of differential treatment. Thus, Castle's (1996) Mali study found that children who were voluntarily fostered suffered less malnutrition than those fostered out of necessity. The nature of past relationships and/or conflicts between the deceased and the surviving relatives determine whether children will be taken into foster care and how they will be treated (Germann, 2005; Bledsoe, 1990).

Although under researched, I and colleagues have shown that some families in Zimbabwe take in orphans to provide labour in the households (see Kaliyati, et al., 2003). Scholars such as Matshalaga (2002) showed that it was common for orphaned children under foster care to remain at home performing household chores including herding cattle while the caregiver's biological children attended school. When living in poverty, there is even more reason to be alarmed about the welfare of orphans' economic hardships intensifies their vulnerability (Madhavan, 2004; see also FHI, 2003). A study on the perceptions of children and community members concerning the circumstances of orphans in rural Zimbabwe showed that relatives were unwilling to foster orphans due fear that this would result in a reduction of their own children's standard of living (Foster et al., 1997a). In the same study orphans expressed feelings of differential treatment with biological children. The orphans' concerns ranged from "stress stigma, exploitation, [lack of] schooling, and lack of visits [from adults and relatives] and neglect of support responsibilities by relatives" (p4). Under such circumstances the relatives preferred to make regular visits to

the children rather than have them live with them in their own households. Differential treatment often forces orphans to leave their foster homes to engage in risky livelihood strategies such as commercial sex work, stealing and informal and illegal business such as street vending (Muzvidziwa, 2000). As they merge with other children living on the streets they frequently lose contact with their relatives and their lack of adult protection exposes them to sexual exploitation³⁴ (Dube, 1999; UNICEF, 2001; Kaliyati, et al., 2003). A few create their own CHHs where they struggle to meet day-to-day needs (Germann, 2005).

4.4.5. Orphans and Abuse

The sexual abuse of children is a growing concern especially among OVCs. While information on child abuse is limited, Madzingira and Chizororo, (2003) point to the fact that in the shadow of the HIV/AIDS crisis, sexual abuse of orphans is on the increase in Zimbabwe. Most cases of sexual abuse go unreported (Francis-Chizororo, 2002). Orphaned girls are particularly vulnerable to sexual abuse by relatives or males in their communities, particularly in Zimbabwe where myths about how having sex with a virgin can cure HIV or slow disease progression have circulated in the past and still have some effect (PRF/IDS/UNDP, 2003; Madzingira and Chizororo, 2003) and where some men seek to have sex with youths and children in the hope that they are free from HIV/AIDS (PRF/IDS/UNDP, 2003). Children's vulnerability to sexual exploitation may result in orphans themselves becoming infected with sexually transmitted infections (STIs) including HIV/AIDS. The problem is compounded by lack of reproductive and health care services targeted on adolescents and many young orphans require an adult to accompany them to access health services (see also Kesby et al., 2006).

³⁴ Children are subject to this in the home too even when they live with biological parents

4.4.6. Psychological Impact

The trauma experienced by children as they take care of their terminally ill parents, look after HIV infected siblings or when they themselves are also infected is under researched (see also Robson, 2000a b; 2004). The long term and unpredictable debilitating effects of illness exposes children to periods of suffering, stress and depression before parents die (German, 2005) as orphans are deprived of love, affection, and a sense of security. As far back as the mid 1990s, Sengendo and Nambi (1997) observed that loss of parents during childhood brings depressive thoughts and feelings of sadness, anger and guilt and yet psychological effects are rarely noticed and too often neglected or dismissed as temporary (see also Wood et al., 2006; Germann, 2005). Atwine et al., (2005) found that AIDS orphans in a rural community in Uganda had consistently higher levels of psychological distress than non-orphans. The provision of material support to orphans is clearly insufficient on its own because orphans also require psychological support for the sequential trauma caused by multiple losses and successive orphaning as several members of the household and family get sick and die (Atwine et al., 2005).

4.4.7. HIV/AIDS effect on Orphans' Education

Both UNECSO and UNICEF believe that education is key to HIV/AIDS prevention, (PRF/AIDS/UNDP, 2003) especially for children between 5 and 14 years as they are the least likely to be HIV infected and provide a 'window of hope' for the future of the hardest hit countries. Schools provide orphans with knowledge and life skills that will help them from being trapped in a vicious cycle of poverty and HIV/AIDS, completing the cycle begun by their parents (Ghosh and Kalipeni, 2004). The pandemic is having a negative impact on orphans' education, which is key to promoting economic and social development.

While Huber and Gould (2002) showed no effect of orphanhood on primary school attendance in Tanzania, several authors do argue that the pandemic is having a negative impact on the education of orphans. Ainsworth and Filmer (2002) caution that poverty

tends to distort enrolment figures between orphans and non-orphans. In contrast, Case et al, (2004) observed that lower enrolment of orphans was not only accounted for by their poverty, but also the closeness of their relationship to their caregiver. Such discrepancies might be that school attendance is not a good indicator to measure the effect of HIV/AIDS on education. Measuring the school performance of orphans and non-orphans might provide a better understanding of the impact of HIV/AIDS on education (Germann, 2005). For example, Salazar and Glasinovich (1998) noted that working children from the poorest families had poor school performance. Such children dropped out of school, repeated classes, failed and generally achieved lower grades. Generally, orphans are less likely to have proper schooling due to limited resources, having to care for ill parents, social stigma surrounding their parents' illness, the unwillingness and inability of caregivers to send the orphans to school (see also Matshalaga and Powell, 2002). Rural families in Zimbabwe found it difficult to send their own children to school despite free education³⁵ (Matshalaga, 2002). She further argued that even if primary school is deemed free, school children still have to pay for "Building/Development Fund, buy textbooks and exercise books, pencils and pens, provide school uniforms" (p.23). In addition gender of the deceased influenced school completion. Nyamukapa and Gregson (2005) showed that maternal orphans have lower primary school enrolments compared to paternal orphans (see also Nyamukapa, et al., 2003). They noted that orphans who lost their mothers received little support from their surviving fathers and stepmothers and were ineligible for government assistance as they were considered to be from higher economic status households.

The likelihood of girls missing or dropping out of school increases when their mothers die first because they are expected to replace mother's domestic labour contribution (Mutangadura, 2000) and when both parents die and they have to take care for siblings. Girls are more likely than boys to drop out of school to take care of their terminally ill parents (Robson, 2000a b) find a job or become carers to their siblings (see Ntozi, 1997; Germann, 2005). Orphans have little say in their education arrangements once parents are sick or die (Ansell and Young, 2004).

³⁵ According to the Government of Zimbabwe free education here entails non-payment of school fees.

Gender inequality in education, means that girls, especially those in rural areas, are ill prepared for the dangers of engaging in sexual activities and are disadvantaged in understanding key issues in HIV/AIDS transmission (Meursing et al., 1995 cited in Meursing, 1997). In some situations girls depend on “sugar daddies³⁶” to keep them in schools especially when they lose parents while in secondary education (Francis-Chizororo, 2002). Adolescent girls often have two boyfriends: an older man or “sugar daddy” who provides basic needs such as underwear, cosmetics and food, most of which they cannot get from their parents or guardians and a younger partner who is viewed as the potential husband (Francis-Chizororo, 2002). Even if orphans are aware of the existence of HIV/AIDS, many do not know how to protect themselves (Kaliyati et al., 2003). Moreover, young women involved in intergenerational relationships have more difficulty refusing sex or negotiating safe sex when they are more concerned in meeting their day-to-day survival needs (FHI, 2003). In this context, orphaned girls are more likely to engage in paid sex (cash or kind) to meet their basic needs.

Lack of knowledge about contraception among young girls often leads to teenage pregnancy. Negative attitudes towards condom use, e.g. that they promote promiscuity and reduce sexual pleasure, further puts them at risk of contracting sexually transmitted infections (Francis-Chizororo and Matshalaga, 2003; Kesby, et al., 2006). The context in which sexual intercourse occurs further aggravates girls’ vulnerability to HIV/AIDS. In most cases sex between the adolescents is not planned, “it just happens” (Francis-Chizororo, 2002). Access to condoms remains a major problem, especially for orphaned children, who generally have limited access to health facilities. The traditional role of aunts and uncles as agents of socialisation regarding sexual issues has diminished with increased urbanisation and the many adult deaths due to HIV/AIDS meanwhile surviving parents have not taken on the role of sex educators because discussion of sex between parents and children remains a taboo (Gwanzura-Ottmoller, 2006; Gwanzura-Ottmoller and Kesby, 2005).

³⁶ Sugar daddies are older men who have sexual relationships with young adolescent girls.

4.4.8. Orphans and Nutrition Levels

Hunter and Williamson (1998) have since noted that the majority of the African population has limited access to proper nutrition. Although there is no data on orphans who are affected by malnutrition, it can be argued that orphans are more likely to suffer malnutrition due to limited access to food (Ghosh and Kalipeni, 2004). This is especially the case among rural households who depend on agriculture or on self-operated family enterprises (and rural customers) for their survival. Earlier, it was argued that the HIV/AIDS pandemic has reversed and worsened the hard-won gains in social services. Thus, despite earlier improvements in child health and nutrition, stunting levels have been rising as the country continues to be devastated by HIV/AIDS (Ghosh and Kalipeni, 2004). Although there is no data available for orphans, about 32 per cent of all children were stunted by 1999.

Despite the complexity of the impact of HIV/AIDS on food availability and consequently on the nutrition of orphans, de Waal and Whiteside (2003) suggests that HIV/AIDS, rather than environmental factors, account for the new variant famine (NVF) among households including orphans in Malawi. The NVF hypothesis in the context of HIV/AIDS explains why many households face food shortages and why there is limited recovery even if there is no drought. De Waal and Whiteside (2003:3) postulate that “household labour shortages due to HIV/AIDS related morbidity and mortality, loss of household assets and skills, the burden of caring for the terminally ill adults and orphans and the vicious interrelationships between malnutrition and HIV” are distinctive new features of the food shortages in Africa. In contrast to NVF, Bryceson and Fonseca (2006) suggest that poverty and famine are the major cause of HIV/AIDS. They later argue that the inadequacy of traditional coping mechanisms forced households on the verge of poverty to engage in risky coping strategies such as transactional sex. The debates surrounding the NVF are beyond the scope of this chapter, and anyway still require empirical substantiation (Bolton, 2003). However, the hypothesis provides a new paradigm for analysing the causes of food shortages for HIV/AIDS affected and infected households, including CHHs.

Like the NVF hypothesis, Barnett and Blaikie (1992) have shown that HIV/AIDS morbidity and mortality has a direct impact on household agricultural production among rural communities. The death of economically active family members or the presence of chronically ill patients has been shown to have effects on labour availability and food production (Barnett and Whiteside, 2002), especially among rural households that depend on human labour for subsistence agriculture (Senefeld and Polsky, 2006). Shortages of labour leads to a progressive decline in land under cultivation and shrinkages of crop yields and livestock numbers and a lack of transfer of farming knowledge and skills to children. In Zimbabwe, households with chronically ill adult members often show 30-35 per cent reductions in annual household incomes (Webb and Mutangadura, 1999 cited in Barnett and Whiteside, 2002). Researching in Zimbabwe, Senefeld and Polsky (2006) also showed that chronically ill households were more likely to change to less nutritious diets, and with over 40 per cent reporting a reduction of cultivated land these households continue to be trapped in a vicious cycle of increasing food insecurity. The overall result is a decline in quality of life, food access and nutrition levels amongst orphans' (Hunter and Williamson, 1998) especially among maternal orphans who are often denied equal access to food if their father remarries (Castle, 1996). As more orphans (and other vulnerable children) continue to grow up in poverty they are forced to engage in activities such as crime, alcohol and substance abuse and prostitution which are likely to increase their vulnerability to HIV infection (Guest, 2003).

4.5. Responses to Orphan Crisis

Given the enormous orphan crisis, who has an obligation over orphans? Is it the state, the family, or the community? According to Barnett and Whiteside (2002), most governments, politicians, policy makers in international agencies and local communities have always answered these questions by suggesting that the extended family will absorb and provide care for orphans. At one level suggesting that the extended family system can cope is an ideological position that reflects people's desire to believe in and validate their traditions (Barnett and Whiteside, 2002). On the other hand, the view that extended

family can cope relieves governments from providing additional support to orphans (Barnett and Whiteside, 2002). Although households are often perceived as coping, there is not sufficient empirical data to support this notion or that such coping is sustainable (Gillespie, 2006). Given that Zimbabwe is suffering from internal political strife, natural disasters, increasing poverty, economic sanctions, the care of children affected by AIDS poses a major challenge to the general population.

4.5.1. Community-Based Orphan Care Programmes

Like elsewhere in SSA, households and communities in Zimbabwe have been rising to the challenge of the orphan crisis in spite of an un-conducive environment characterised by drought, high unemployment and shortage of basic commodities. Although various initiatives have attempted to alleviate the orphan situation through provision of care and support, these have fallen short of the rising orphan crisis and its devastating impact on the children in Zimbabwe. Communities are not only concerned about the impact of HIV/AIDS, but the majority have prepared ways to mitigate the impact of HIV/AIDS on orphans (PRF/IDS/UNDP, 2003). Placing orphans in institutions is seen as the last resort when other options noted in Table 7 have failed (Department of Social Welfare (DSW), 1995; Drew et al., 1998). Communities see orphanages as undermining the traditional system of orphan care and separates children from their traditions (Whiting 2000). Among the Shona society a child has to grow up among his or her relatives to forge relations with kin and identity (Matshalaga and Powell, 2002; UNICEF/UNAIDS/USIAD, 2004). Cultural beliefs such as fear of invoking *ngozi* or 'avenging spirits', militates against taking unrelated children into the household. While institutions have better accommodation and sanitation than most family homes, they have a limited capacity to absorb all orphans. Indeed, less than 4000 orphans out of an estimated 1.1 million can be accommodated in the country's 45 registered institutions (Matshalaga, 2002; Matshalga and Powell, 2002). Other than the extended family kinship based system, community based orphan care programmes have been seen as the best option. One of the main government and NGO strategies in Zimbabwe has been to promote and support community based orphan care programmes (CBOCP). The

Zimbabwean orphan care policy views and encourages CBOCP as the best model and cost-effective approach to orphan care (DSW, 1995).

Table 7: Levels of Priority Care for Orphans in Zimbabwe

Level	Model of Care
1	The Extended Family: This is the preferred strategy for care of orphaned children and every reasonable attempt must be made to trace the child's relatives.
2	Substitute or Foster Care Families: Vulnerable children, particularly those without traceable extended family, are absorbed into known, non-relative units after careful caregiver selection.
3	Family Type Groups: This level of care consists of paid foster mothers living together with small groups of orphans within the community, almost as quasi-substitute family.
4	Child Headed Households: This level consists of adolescents caring for younger siblings, preferably within the family home, but with some level of support and supervision from the community, especially neighbours.
5	Orphanages: As a last resort, when all other options are inappropriate or have failed, there is place for orphanages. The situation of babies and very young children needing care often fall into this category until alternative solutions are found.

Source: Poverty Reduction Forum (undated:19)

Although a wide range of care options for orphans exists, from less costly informal to expensive formal care models (see Table 7), community-based orphan care programmes (CBOCP) are widely used because the state and donors view the system as cost efficient. CBOCP are based on the traditional premise that a child in a community is 'everyone's child' where the community and the immediate family are all responsible for the socialisation of a child. The impact of the HIV/AIDS on orphans has revived these traditional values, providing support for orphans along the traditional crisis coping mechanisms. However, theoretical literature on community care is limited and tends to rely on descriptive and evaluative reports from NGOs.

As far back as the early 1990s, communities in Zimbabwe took concerted action and mobilised resources to support orphans and other vulnerable children in their

communities. Many communities in Zimbabwe have long traditional mechanisms or initiatives in response to crisis or to cope with illness, death and hunger. Most of these traditional coping responses includes savings clubs, burial societies, grain saving schemes, labour-sharing schemes and many others (see also Germann, 2005). These informal groups also proved material support and are major sources of psychological support. Under this approach, community-based volunteers identify the neediest children within the community and visit them regularly (Drew et al., 1998). An example of a CBOCP pioneered in Masvingo and Mwenezi Districts in Zimbabwe is the Zunde RaMambo (the chief's fields), in which the chief reserves a piece of land to be cultivated communally. The produce is harvested and under the control of the traditional leader who distributes it to families living in difficult circumstances. In addition to contributing labour to the fields, local leaders mobilised villagers to contribute Z\$5.00³⁷ per household to go towards orphan care (Ministry of Social Welfare, 1995, Matshalaga, 1997). Communities in Chimanimani District (see Appendix 1) formed groups to support orphans. The 'volunteer mothers' visit orphans to provide them advice and have engaged some of the orphans in income generating activities (Mate, 2001 cited in PRF/IDS/UNDP, 2003). The Families Orphans and Children Under Stress (FOCUS) administered by Family AIDS Caring Trust (FACT), supports orphans in four rural sites in Manicaland Province (Foster, et al., 1996; Lee et al., 2002). At each site volunteers (mostly women and widows) from different churches are identified and provided basic training to identify and register orphans in addition to making home visits to the identified orphans.

Although emphasis is placed on "self reliance" and community ownership of the programme (Drew et al., 1998:S10), the question of sustainability of CBOCP and 'burn out' of volunteers are of great concern in the context of growing poverty and the increasing large numbers being orphaned and increasing workload on women, the main actors. Lee (2002) and Drew et al., (1998) noted that although volunteers might have the commitment and enthusiasm to support orphans, they needed continuous support and training to maintain the momentum to avoid 'burn out'. Furthermore, Ansell and Young

³⁷ Approximately equivalent to £2 in the early 1990s

(2003b) CBOCP pointed out that communities are not static and orphans and their guardians do not always belong to it due to in and out migration of orphans. Participation of children is limited or almost non-existent as society still views orphans as passive recipients rather than a resource to the programme (Lee et al., 2002). Consequently, issues affecting orphans might be given less priority than the adults' views. Yet, and paradoxically, orphans have shown great resilience when they care for their ill parents, head households before and after the deaths of parents and guardians. Therefore one of the most important points is to recognise that orphans are part of the solution to their situation and therefore need to be involved in decisions that affect their survival as UNICEF/UNAIDS/USAID (2004) and Hunter and Williamson (2000) pointed out.

4.5.2 Government Responses to Orphan Care

Government responses to the orphan crisis have been more oriented towards introducing legislation to protect the rights of the child (see also Chapter Three) and the development of a national AIDS and orphan care policies. National HIV/AIDS Policy has 43 guiding principles in which the policy calls for a multisectoral approach HIV/AIDS interventions. It looks at gender issues, public health debates, care and support of the sick and the affected, information and education and research on issues on HIV/AIDS (GOZ, 1999; PRF/IDS/UNDP, 2003). The National Orphan Care Policy seeks to ensure that every orphaned child continues to be cared for, preferably within an environment to which the child is accustomed. Institutionalisation is the last resort. However, I (and colleagues) have since highlighted the constraints of implementing the policies and 'policing' the legislation given that the state is cash strapped (Kaliyati, et al., 2002).

4.6 Conclusion

The foregoing discussion shows that the impact of HIV/AIDS threatens both the survival and development of children. The discussion has shown that the increasing numbers of orphans and prevailing economic malaise is overstressing the traditional, mainly kinship-based structures, which previously cared for orphans. As in many sub-Saharan

African countries, grandmothers, in spite of their old age, are forced to assume responsibility as caregivers of their grandchildren. Such children are vulnerable to becoming CHHs in the event the grandmother dies. Although communities are involved in addressing the plight of the orphans, many of the initiatives to provide care and support of these orphans are limited in geographical coverage and suffer lack of financial resources.

Chapter Five

Methodology and Methods

5.1 Introduction

This chapter discusses the processes of research design adopted as well as the theory underlying the study. Warwick and Overton (2003) identify three overlapping areas in research design, namely philosophy, methodologies and, logistics and practice. “Philosophy covers issues of ontology (theories of what the world is) and epistemology (theories of what it is possible to know about the world and how we might know it)” (Warwick and Overton, 2003: 17). Methodologies (theories of how the world can be interpreted) and methods (sets of techniques for interpreting the world) are guided by philosophy. Logistics and practice relates to selecting the study area, proposal development, budgeting and planning for ethical research (Warwick and Overton, 2003). This chapter explains and justifies the research design process adopted from Warwick and Overton (2003) covering the following elements: the ontological position, the epistemological position, the type of research, and the analytical framework. The chapter addresses the rationale for choosing qualitative methodologies guided by post-structuralist approach to address the research questions; explore how orphaned child-headed households become satellites of extended families, how these evolve over time to better identify their needs, crisis points and policy intervention areas.

5.2 The Adopted Theoretical Framework: Poststructuralism

Following Haberman’s taxonomy of different types of science, Unwin (1992) identifies three epistemological positions that underlie both qualitative and quantitative research. They are an empirical-analytical approach, a historical-hermeneutic or interpretive perspective and a critical science approach. Limb and Dwyer (2001) refers to these qualitative epistemological positions as positivism, humanistic geography and, postmodern and poststructuralist geographies respectively. This section is not intended to provide an overview of theoretical ‘paradigm shifts’, as Kuhn (1962) calls them, but

rather to justify why a poststructuralist/subjective position is adopted to address in this research.

The methodology adopted in this study has been influenced by post-structuralist (PS) turn, as its underlying assumptions are suitable to respond to the research problem in different ways. The theory of PS can be traced from the French School through the works of Strauss, Lacan, Bataille, Foucault and Derrida (see Weedon, 1997). PS is considered a more radical approach as it is not based on one philosophy and unlike Marxism does not offer a systematic alternative. Although the focus of this section is not to provide the history of PS, there seems to be a general agreement that PS has caused considerable confusion, frustration and anger among geographers, as it is not clear to whom and what the term refers (Harrison, 2006). Mumby and Putnam (1992) view PS as one of many schools within PM that focus on discursive and linguistic patterns and as an approach that focuses on the individual, methodological and epistemological issues rather than orientation towards society and cultural critique. In agreement Harrison (2006) adds that PS is based upon principles of plurality and complexity, and demands a critical assessment of existing social institutions, cultural beliefs and political systems. This pluralistic view in PS allows CHHs to be analysed in a comprehensive approach by acknowledging that CHH is a complex process influenced by multiple actors with different perceptions about the problems of CHH. PS approaches share a vision of human geography where 'situated' (Haraway, 1988) or 'local' knowledges (Geertz, 1983) are given prominence over 'grand theory' and searches for universal truth and meaning through metanarratives (Wylie, 2006; Cloke et al., 1991; Dear 1988). To this end, no one is excluded from conversation and no one dominates the other. Meaning is produced within language rather than being reflected by it (Thrift 1989).

Faced with the notion that language is a critical aspect of defining and contesting social organisation and culture, the main concern of 'representation', 'authority' of the researcher and 'truth' move to centre stage and the task of explanation becomes one of deconstruction (Martin, 1994). PS posits that the way people live within society, the constraints and empowerment takes effect through language influences this study.

Drawing from this view, the study examines and deconstructs exclusionary practices of society targeted at CHHs as expressed through cultural practices and articulated through language (Kitchin and Tate, 2000). As a method for analysis deconstruction is described by Cloke et al., (1991:192) as “a technique for teasing out incoherencies, limits and unintended effects of a text” based upon how meanings are conveyed through language and an ‘actual process’ already existing and inherent in language (Wylie, 2006). In deconstruction meanings are relative and are examined through relationships between words and concepts. Meaning is constituted by what it is not. Such binaries are real, but are never pure or coherent and not produced in isolation from each other, but are inextricably interrelated, what Derrida (1994 cited in Wylie, 2006) describes as ‘hauntology.’ In such binaries, one of the terms is superior to the other and is considered a dominant one. In the context of this study, the presence of a parent/adult remains crucial in explaining childhood, and without an adult, children are not adequately explained. Conceptualisation of orphan child-head (as other ‘other childhoods) lies in trying to find out how they differ from the ‘normal child’. Thus the meaning of a ‘child-head’ is not stable, as it never acquires presence, or validity and is highly contested by different groups of people and its meaning varies both spatially and over time. Deconstruction involves the destruction of the dominant concept (in this case normal child) in favour of the hidden one (orphaned child-head) and it “hauntingly demands questioning of normalised assumptions and procedures...” (Wylie, 2006: 303).

In applying PS aspects to this study, I remain concerned with its emphasis on concepts and language. Too much PS research, although addressing some real world issues (such as the way our lives are discursively constructed) have tended to be rather too theoretical and distanced from real world problems (Dear, 1988; Johnston et al., 2000; Harrison, 2006). Its anti-essentialism and anti-foundationalism leads to a lack of an insightful social analysis and fails to take note of differences between text and social organisation. Its historical self-consciousness aspects lead to production of commentaries and marginal texts focused on local contexts only (Harrison, 2006). Pile and Keith (1988) also state that PS is criticised for being an ‘add-on’ to structuralist and Marxist approaches that emphasise power, society and identity in terms of narratives. However, although Harrison

(2006) criticises PS for generating confusion, frustration and arguments in geography, it has nevertheless influenced the study of new areas (Dwyer and Limb, 2001). Faced with these limitations this study remain concerned with the fact that the problems CHHs experience and their ambivalent position in society is due to insufficient knowledge to conceptualise them as a new and growing phenomenon. A PS perspective can help focus on the need to “deconstruct” prevalent global discourse that construct children and orphans without reference to local knowledges and understandings, although at the same time a PS approach also reveals local conceptualisations as social constructions (rather than authentic real, definitive alternative truths). These “discourses” are not abstract or merely textual, they are very material and reproduced in and through grassroots daily life. By analysing and deconstructing these discourses around childhood and orphanhood, and by exposing their inconsistencies, weaknesses and limitations and by showing how global/modern discourses interact with traditional/local ones, and where they fail to intersect and thus leave “orphaned” “children” in an ambiguous and socially unrecognised situation. Such a crisis provides an essential base knowledge from which in-depth underlying conceptual factors could be traced to explain the formation, integration and exclusionary processes facing CHHs in developing countries. PS influenced approach can make very real and effective policy orientated contributions towards addressing CHHs’ ambivalent position in society.

5.3 The Qualitative Approach

This research rejects positivists, empiricists and realist positions that would assume that the existence of orphanhood and child headed households is independent of the intersection of various factors and agencies (Johnston et al, 2000). Sayer (1994), a realist, criticises a positivist approach for forcing respondents into pre-defined conceptual ‘grid’ or categories with a main concern of causal relationships. As Cloke et al., (1991) point out, use of a positivist approach to research separates the researcher from the researched. This failure to engage with the research subjects stems from the fiction that research should be neutral, value free and objective (Rose, 1993). Applying Kitchin’s (2006: 26) argument, a positivist approach will make the study ‘peopless’ and this would fail to

acknowledge the orphans' "beliefs, values, opinions, feelings" and their role in shaping their lives.

Chapter One showed that much research on orphans has been concerned with defining the term orphan using age-based categories and the collection of cross-sectional data focused on basic material needs and immediate experiences. Numeric data of this kind has much utility: it has been used to predict orphanhood in the context of HIV/AIDS and show the spatial distribution of the phenomenon in African countries. This data can be used to identify areas that require policy intervention to address orphan needs. However, measuring orphanhood numerically tend to create the category of "orphan" in a static way because of its over reliance on age. As argued in Chapters One and Two, age-based categories are problematic as they ignore the more complex social construction of orphanhood as an experience that varies over time and space. Although numbers (e.g. prevalence of orphans) are good at describing general patterns they do not necessarily explain why they occur and what the experience is like for those experiencing orphanhood. It therefore as Dear (1988:268) says, "makes little sense to talk about 'facts', 'truths', the 'correctness' of a theory, or even 'science' itself, without further qualifications". Thus I sought to use qualitative methods to explore why CHH are created and what the experiences is for those living in child only units. Furthermore, I have attempted to overcome the limitation of most cross sectional studies that focus on the needs of the orphans at one moment in time and space by seeking surrogate means (because a fully longitudinal study was not possible) to explore orphanhood and CHH as pathways into adulthood. Qualitative methodologies that "see the social world as something that is dynamic and changing, always being constructed through the intersection of cultural, economic, social and political processes" are adopted (Limb and Dywer, 2001: 6).

Furthermore, the very existence of CHHs indicates agency and competency. While it may be hard for them to survive in adult-less households, the fact they do shows that they have agency. Then epistemologically, if this is what children are like, then it makes sense to try and make knowledge about them by treating them as agents and by seeking their

voices. The fact that some of the orphaned children in my study area are heading their own households necessitates that we hear from them about their own experiences and challenges to survive through conducting research ‘with’ them rather than ‘on’ them. Such an approach has become central to the new paradigm for the study of childhood which views children as competent informants and interpreters of their own and others lives and experiences (James, 2001). Epistemologically then, this thesis adopts a methodology that seeks to allow respondents/orphans to speak for themselves in order to better understand their own perceptions and experiences of their struggle to survive as they shape their own lives without parental guidance and support. My epistemological perspective is as much PS as it is humanist however, and thus I did not assume that children’s voices would necessarily provide the only or most “authentic” perspective on the rapidly expanding phenomenon of orphans in southern Africa. However, the voices of children are currently un-represented in the field of orphan studies and thus will offer vital insights thus far ignored.

Although qualitative approach is based on the notion that knowledge is partial, situated and socially constructed issues of representation, subjectivity, the researcher’s position, boundaries between the ‘insider’ and the ‘outsider’ become crucial and highly contested as detailed later in this chapter (Limb and Dywer, 2001). Although feminists have been criticised that not all research is empowering (Stacey, 1988), the study borrows from its concern with writing about women in this case children, as the missing half of a peopled geography (Limb and Dywer, 2001:4). Its emphasis on reflexivity, criticised by Rose (1997) for being too ambitious, is crucial in this research as it values and calls for sensitivity to power relations between the researcher and the researched and that interpretation in qualitative research is a gendered and subjective process.

5.3.1 Ethnographic methods

Researching with children necessitates further consideration of various theoretical, methodological and ethical issues, which can arise when research strategies designed with adults in mind are applied to the study of children. Research that uses (mostly

quantitative) methodologies that treat orphans as *objects* of research rather than engaging with child-headed households (CHHs) as *subjects* results in child-focused rather than child-centred initiatives. Child-centred research approaches allow children to speak for themselves. However, working with orphans is a challenge because poor orphaned children are marginalised and emotionally affected by the death of parents. Creating space both in the intellectual research literature and in the field that enables their voices to be heard is an urgent necessity. As indicated earlier, ethnographic approaches, by dint of their level of engagement with respondents, inherently help researchers to recognise children as competent contributors to and interpreters of the social world, and steers researchers towards doing work ‘with’ rather than ‘on’ children (Alderson, 1995; James, 2001). Ethnography and the attempts to enable children’s voices to be heard are fast becoming the new orthodoxy in children’s studies (see James, 2001).

Anthropologist Clifford Geertz (1973) views ethnography as an interpretive act of ‘thick description’. This interpretive approach is achieved through immersion in the lives of the informants over a lengthy period of time in order “to understand the world views and ways of life of actual people from the ‘inside’, in the contexts of their everyday, lived experiences” (Cook, 1997: 127). Thus traditional ethnography has its roots in anthropological studies of other cultures. Ethnography originally prioritised participant observation over long periods and it is later that shorter duration techniques such as interviewing have been thought of as “ethnographic.” Various qualitative techniques may now be employed as part of an ethnographic approach ranging from unstructured interviews, conversation, simple observation of the informant’s daily life to full participation alongside them in different work activities (Hammersley and Atkinson, 1995). Differences have emerged with regard to ways of conducting ethnographic research over the past twenty years (James et al., 1998) such that Hammersley (1990) observes that it is increasingly difficult to assess what actually counts as ‘ethnography’. Many contemporary ethnographic studies of children’s lives continue to use participant observation as the mainstay research technique beyond its “traditional” location in the school to other settings such as the hospital (Alderson, 1993), the home (McNamee, 1998

cited in James, 2001; Reynolds, 1989), the community (Baker, 1998) and the street (Young and Barrett, 2001a b; Dube, 1999; Bourdillon, 2000).

Although ethnography has potential for the study of childhood, contemporary debates centre on its limitations, particularly its ethics. Consequentialists are more concerned with whether or not the researched have been harmed while deontological approaches focus on the rights of the study participants to privacy, respect and self-determination (Murphy and Dingwall, 2001). Referring to ethnography Geertz (1973) writes, “what we call our data are really our own constructions of other people’s constructions of what they and their compatriots are up to” (1973: 9). He goes on to say that, what ethnographers do is to try to analyse or make sense of the ‘structures of signification’ (1973: 9-10). Both feminists and postmodernists have challenged Geertz’s (1973) assumption that the ‘researcher can speak for the ‘other’ (Coffey 2002) and contest what Denzin and Lincoln (1998) refer to as ‘cacophony of voices speaking with various agendas.’ Similarly Murphy and Dingwall (2001:344-345) questions, “Who has the right to interpret another’s reality, to define what should or should not be excluded and what meanings should or should not be attributed and by what right do they do so?” Thus issues of representation and legitimation cannot be ignored in this study (Clifford, 1988). Even though this study is giving the orphaned children a voice, I remain concerned with causing harm to the orphans, who are emotionally affected by the death of parents and struggle to meet their daily needs.

5.4 Research Design

5.4.1 Study area and research partners

The research was conducted in the rural areas of Mhondoro North District in Mashonaland West Province, about 65 kilometres north east of Harare (the capital city). Mhondoro North Communal Land falls under Mubayira Growth, under Norton District and Chegutu Provincial town (see Appendix 1). Each district is divided into political and administrative units, called WARDCOs or WARDS, which on average comprise 500 households. These are subdivided into VIDCO/EA (the smallest unit of enumeration)

with on average 100 households. I selected the Mhondoro North District and Ward 8 for several reasons. Firstly the district has a small NGO that provides HIV/AIDS prevention projects and orphan care in both rural and urban areas. The NGO was set up in response to the growing prevalence of STI/HIV cases at Norton District Hospital from the communal land and small-scale commercial farms in Mhondoro North and Musengezi Districts (now the main operating districts of the NGO). The growing numbers of orphaned children and the terminally ill, prompted local leaders to call for information and action in the communities leading to the establishment of the NGO. The NGO pays school fees and supplies uniforms for both orphaned children in primary and secondary school through the NGO's STRIVE programme³⁸. A rural community was selected because rural areas (as indicated in Chapter One) have high poverty levels and this has implications for the survival of CHHs. Zimbabwe like many countries in Southern Africa, are still predominantly rural and over 60 per cent³⁹ of the total population live in rural areas. Further, there has not been enough work on orphans on rural areas as most work on children has targeted urban areas or street children. The study complements the only two studies in Zimbabwe on CHHs (Foster et al., 1995; Germann, 2005) that have focused on the urban areas of Mutare and Bulawayo respectively. Thus, this rural based study would offer comparison between the two research settings. Other factors influencing the choice of rural areas, are related to mobility. Urban populations are highly mobile as they move in search cheap of accommodation. This had the potential to increase the drop-out rates for the study. The decision to exclude urban areas proved crucial with the introduction of 'Operation Murambatsvina'⁴⁰ (Operation Clean Up) implemented during the study period (May to July 2005) and beyond.

³⁸ None of the CHHs or their siblings in my survey were benefiting from the programme at the time of the survey. However, two had received funding from the NGO before they became 'child only' units suggesting that they had an adult to represent them see results/analysis (Chapter, 6 and 7).

³⁹ Based on estimates (see IDS/PRF/UNDP, 1998)

⁴⁰ The operation involved destruction of illegal residential and business structures in all urban areas. Thousands of people, mostly the urban poor, were displaced and forced into homelessness, forcing many to go back to rural areas. The operation affected orphan care programmes as children being assisted left for rural areas.

Two field officers⁴¹ oversee the programme activities in the study area, as well as Home Based Carers (HBCs) who care for the terminally ill in the villages. My supervisor has a close working relationship with the NGO. Secondly, I intended to build linkages with the NGO to make my research more policy and action oriented as the NGO had the potential to act on the findings (Scheyvens and Storey, 2003). At one of the first meetings I conducted with the NGO, a staff member indicated their desperate need for information on the CHHs. A donor expressed interest to fund the construction of houses for CHHs and the NGO needed background data about the children, their situation and needs. The NGO requested that I conduct a needs-analysis as I address my research question. Unlike Walcott (1995), I felt happy and encouraged that this research would benefit not only me as a researcher but some of the children I was studying or others somewhere. At this stage I felt that my research was not unethical even though I felt I gained more out of it than the study participants. Working through the NGO facilitated identification of the study area, accessing the target population, getting permission as well as field logistics.

Given the prevailing political situation,⁴² approaching the community and the orphaned children on my own would have had the potential to raise suspicion and threaten the safety of the children. The NGO's support throughout the project was critical to the success of the field data collection. In Zimbabwe, it is advisable to seek permission from both traditional and political structures before any research is conducted in an area. Given the political instability at the time of the study, communities had been warned against talking to strangers and it is now a requirement that one is politically cleared to gain entry to a community (personal experience 2002): the NGO staff emphasised that this was a must for me "to avoid future problems." The study coincided with the time the Government of Zimbabwe was passing the NGO Bill. Several NGOs had been denied licences to operate forcing them either to scale down their operations or close down as they were accused of supporting and funding the opposition party during their programme operations. Therefore, if the fieldwork was to be successful it was thus

⁴¹ I got news that one of them died two months after the data collection process.

⁴² The study was conducted soon after the parliamentary elections. Although very few cases of violence were reported (unlike in 2002 elections when hundreds died due to violence) the atmosphere was very

crucial to be attached to a local NGO, which was considered to be ‘politically correct’ by the ruling party. I sought permission from the both the political and traditional structures (ZANU PF leaders, the chief, councillor, the village head, head teachers, health and other key community members). Although I had planned to conduct meetings with the villagers to select and identify the study areas (and the child informants), the NGO were against the idea as this would lead to the research being ‘politicised’ (see also Germann 2005).

Travel within the study area is mostly by bus, bicycle or foot. Communication in the area is difficult. Bus services are erratic due to the ongoing fuel crisis and the few available telephones are mostly found at the local school, clinic and some selected shops. However, the mobile telephone network system is available for some parts of the communal areas (we nicknamed one of the orphan’s homestead ‘the telephone booth’ because mobile network was not a problem there and we made several calls from her homestead). Like many rural communities, unemployment is high in Mhondoro particularly among the youths and most men with paid jobs work in Harare or nearby towns. Some commute daily others only come home at weekends and at public holidays. Although the rural community depends on subsistence farming for their livelihood, wage remittances also play a vital role to the rural. Women and youths with no other employment work on the adjacent former large-scale commercial farms (LSCFs)⁴³ where they supply labour to the new settlers and/or farmers and are paid cash or in kind (see the next chapter). Historically the economies of the local communal areas have always depended on incomes, however meagre, from the neighbouring commercial farms and estates (Bourdillon, 2000; Francis-Chizororo, 2002). For most families including the CHHs, this paid employment, usually on a casual and contract basis provides an option that enables them to contribute to household livelihoods and sometimes pay their school fees. Despite the harsh conditions on some of the farms (as detailed in Chapter Seven), farm work provides one of the few options for the children household heads who would otherwise not be able to provide food for their siblings.

tense. People in the communities are suspicious of strangers especially from urban or outside the country (as these are considered opposition members).

⁴³ Most of the commercial farms were now occupied by the new settlers. The few that were white owned belonged to large companies

Role of researcher assistant

Munorwei⁴⁴ took part in this research as a research assistant. The assistant has experience as a volunteer in HIV/AIDS counselling and is fluent in Ndebele, Shona and English. She assisted with all stages of the data collection process. My main roles were to develop the research methodology, keeping control over data collection techniques and materials, and data analysis and writing. However, we worked closely together to collect data though I played a bigger role in the data collection process. The data collected were discussed together during the fieldwork to determine specific issues to be followed up. The research team is often referred to as we in this chapter to symbolise the close cooperation between the research assistant and myself.

5.4.2 Sample selection

It was my intention to recruit participants from CHH that not only contained 'double' orphans, but which also contained no adults. The NGO through its local Home Based Carers (HBCs) offered to help identify the research participants. HBCs work directly with the families in the village and were aware of the location of some of the CHHs. We also involved local schools to identify the target population. Participants were recruited based on a purposive sample and thus cannot be expected to be representative. The NGO had no records of child alone households in the community, despite the fact that they are running an orphan care programme. No child from the CHHs currently benefits from the orphan care programme. As I struggled to recruit the target group of research participants I realised that the orphans that are being assisted by the NGO all have an elderly person in the household who can represent them and help to access the services such as the NGO within the community. The issue of adult representation became one of the crucial issues for the children's struggle to survive. One of the committee members of the orphan care programme acknowledges that the study revealed anomalies and these basic issues around sampling turned out to be major findings that will be discussed in detail in the results section.

⁴⁴ Second name omitted. I trained her before she assisted with the field data collection.

The school was involved in the selection process and identified the CHHs. Some names the school provided tallied with that of the HBCs list, but the later had the largest number of children. The discrepancies between the two lists made me realise that it could have been a problem of conceptualisation. Despite several meetings with the HBCs in which we explained the selection criteria most of them continued to include orphans with guardians. They saw no reason to exclude these ‘accompanied⁴⁵’ orphans as some of them lived in dire poverty and the grandmother was there as a ‘shadow’. On the other hand it could have been a problem of perceived potential benefits during or after the research. While I acknowledged that some orphans with guardians could be worse off than my actual target population (after Meintjes and Sonja, 2006), I had to stick to my conceptual definition of a CHH partly driven by my epistemological questions and to raise awareness on the plight of children living in ‘child only’ units, an area under researched.

5.4.2.1 Sample size and demographic characteristics of orphans

In total 5 CHHs (4 male headed, 1 female headed) participated in all stages of the research (see Picture PI). As in many qualitative studies I did not worry about the number of informants who participated in the study. Rather, the quality, depth, understanding and the richness of the data was my main concern. Thus, this small sample size is used as illustrative and is not aimed to be statistically representative of orphans’ situation in Zimbabwe as with most quantitative approaches (see Valentine 2001). Pseudonyms were used for anonymity. These names have meaning to me as the researcher as naming was based on expressions the children would have said during the data collection process (see also Chapter Three). The pictures show the orphans and their siblings. The households are named after the child head’s (CH) name (pseudonyms).

⁴⁵ Foster et al (1995) distinguishes between accompanied and unaccompanied child headed households. Although accompanied orphans often live with a grandmother or a terminally ill adult, the child is usually the sole provider in the household.

Picture I: The Five Child Heads



From above and from left:

1. Chenjerai (male) is aged 17 years old lives alone. However, at the time of the study his brother (Mbadzu) had come to visit from Harare.
2. Tererai (male) lives alone. He has two siblings living with paternal aunts, a boy (Bvumai) and a girl aged 14 years and 12 years respectively.
3. Tendai (male) currently lives with his two young sisters, Ndakaitei aged 16 and Netai aged 14.
4. Chemai (female) lives with two siblings Chigere (boy aged 13) Svodza (girl aged 10);
5. Below is Mufumi (aged 19) lives with his young brother, Rovai (aged 12).

5.4.3 Consent

Although the NGO notified the child heads in advance of our arrival, I personally sought the children's consent to participate in the study. Most researchers undertaking research with children must deal with situations in which children live with an adult who in most cases occupy positions of power and control in the domestic sphere and who act as gatekeepers to the children. In such circumstances, James (2001) suggests that children may find it difficult to opt out of the research. James (1993: 40-1) describes how during the course of interviews with children, parents (often the mother) took charge of the interview and signalled when the child's response was required. This study was unusual not only because there were no parents (although there were other adult-relatives, tribal leaders and NGO staff), but the child heads acted as gatekeepers to their siblings.

At first, I explained the purpose of the study to the child heads, the benefits and possible risks involved. I emphasised that the study was for research purposes only and had no direct material benefits (Appendix 4). However, in seeking the consent⁴⁶ of these child heads I had made the classic mistake of gaining surrogate consent for participation via a care giver seeking consent rather than seeking it directly from all children themselves (see James, 2001; and Nieuwenhuys, 1994). I had marginalised the siblings and affirmed the child-head position of power in the household even though Chemai and Tendai are still children. After realising my mistake later, I asked Chemai's two siblings for their consent. Instead of saying yes or no, they both looked to Chemai [for approval]. The child head laughed and said to them, "*Ah why are you looking at me?*" The siblings smiled and the eldest (Chigere aged 13) said, "*Yes*". The youngest sibling (Svodza, aged 10) also agreed after the brother suggesting respect for the elder sibling alluded to in Chapter Three.

At the beginning of the study no children refused to participate in the research. I was concerned about this seeming willing participation because I worried that that the

⁴⁶ The child heads refused to sign the consent forms. As a result verbal consent was sought. At the same time each child was given a copy of the statement of the research (Appendix 4).

children felt powerless to refuse to participate in the study because they did not want to be seen to go against the decisions of community leaders who had already given us the go ahead to conduct the research in the community. For example, we visited household Tererai and sought the consent to participate in the research. After that we went to inform the village head about our presence. After the formal greetings, we explained the purpose of our visit, the village head said that the orphan should get involved (whether or not the child liked) to acquire knowledge and keep occupied. Further, the NGO had already informed the children about our coming and the research might have influenced their decision to participate for perceived potential benefits during the research process. It was common to hear statements from villagers such as, *“We now know the NGO does not just do a research for nothing. Something is coming up for these children”* (a villager we met walking to Tendai household). Thus we had a big task to explain that the research had no imminent benefits to both the informants and the non-participating villagers we met. Although gatekeepers are crucial to facilitate the process of accessing children, they render it impossible for children not to assent to research, at least initially. However, once the research commenced some orphans effectively exercised their right to opt out of the project as discussed in the preceding section.

5.4.4 Building trust and rapport

This section examines the process of data collection, the relations with the child informants and how some of the difficulties were overcome during the research process. Before we started the actual data collection we made repeated visits to the households to build trust and rapport with the children. At first the visits to the households were by appointment mostly because I was avoiding situations where after walking long distances, I failed to find the children. The staff from the local NGO accompanied us on our first two visits to each household. These visits were meant to introduce us to the children, the village heads and most importantly to show us how to navigate our way through the forests, often using shortcuts. Some of the households were several kilometres away. Given the political situation in the country strangers were viewed with great suspicion, as alluded to earlier. Thus it was an advantage for us to ‘be seen’

associating with the local NGO and thus we were viewed as NGO staff. Even the bus crew operating in the area regarded us as NGO employees and they often suggested that we be exempted from paying bus fares (an offer I declined). The bus crew became crucial to the success of my fieldwork because they informed us when they were on or off the road.⁴⁷ This meant that my research assistant and I could plan our trips to and from Harare where we took breaks and went through the notes but I was responsible for storing data and the any detailed analysis. The bus crew were also able to inform us about which individuals had taken the bus out of the area and so would be unavailable to us for research.

I observed during our initial visits that children were not very free to express themselves in the presence of the NGO staff, to whom some of them were related. At first the NGO said that they would accompany us to visit the children throughout the study period as a security measure. However, given the close kinship ties and general closeness of the community, asking questions in the presence of the NGO staff would have jeopardised the confidentiality I was keen to ensure for participants. Thus, I negotiated with NGO staff that we would move on our own after they introduced us to the children and the villagers. Nevertheless, we informed the staff of our plans for each day and provided feedback at the end of each day if we returned from the field before the NGO offices closed. Thus working with the NGO staff at the beginning was crucial to initiate rapport process and building trust with the orphans and the community in general, yet being able to operate independently after that was essential for the independence, academic integrity and data quality of my research.

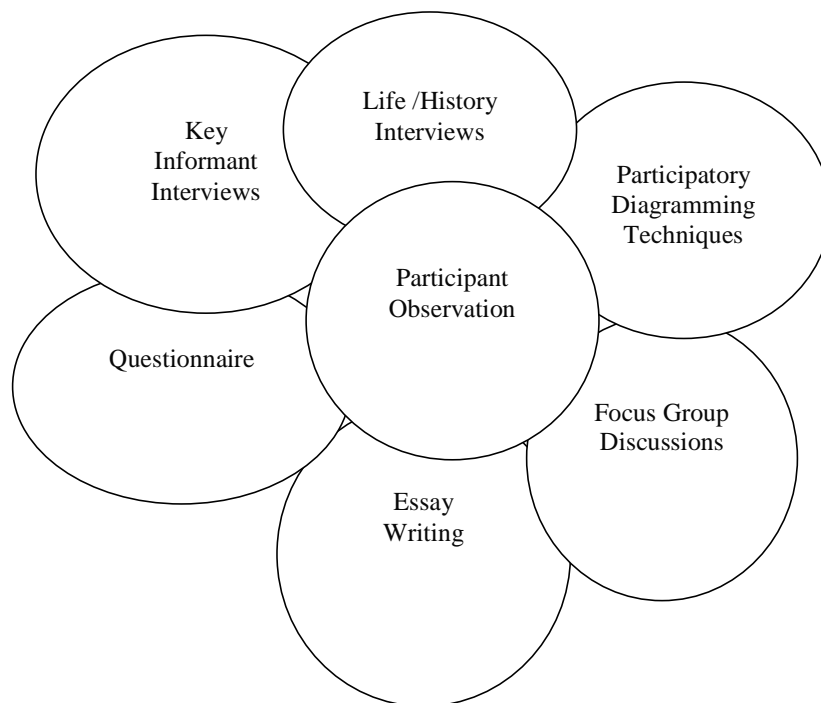
5.5. Data collection process

This section details the methods used to collect field data for this project. I focus on the use of participant observation, in-depth interviews, informal conversations, drama, essay writing, focus groups, key informant interviews and participatory diagramming activities

⁴⁷ The fuel crisis in the country had a direct impact on the availability and reliability of transport. There were times when the country ran dry of fuel for two weeks. The shortage of fuel meant that our study was limited to one ward because of the lack of vehicular transport.

as ethnographic techniques applied in this research. The mix methods allowed data triangulation and corroboration allowing a more in-depth understanding of the research question (Valentine, 2001). Although these ethnographic approaches provide rich data, each technique has particular advantages and disadvantages in terms of being distressful for both the study informants and the researcher, and in addressing certain research questions and themes (see also Punch, 2001b).

Fig 2: Data Collection Techniques Employed



The research was conducted in six phases but it was impossible to avoid overlaps throughout the research process (see Fig 2; Table 8). The first stage involved administering a questionnaire (Appendix 5; Table 8) to the child heads. The questionnaire approach was not the main method used in this study as described in an earlier paragraph. However, methodologically the questionnaire was used to gather data about the socio-demographic characteristics of the household. Ethically it was easier to start with the more formal questionnaire approach. The questionnaire allowed certain issues to be followed up during the qualitative approaches. The second phase of the study was

participant observation (PO). PO provided a more in depth understanding of the informants as well the context in which they lived. Further, PO facilitated the establishment of rapport with the children, which proved useful for their active participation in all stages of the research. PO was a continuous method until the research ended. The third stage entailed in-depth interviews (Appendix 6) with the child headed households. The approach covered a range of topics some of which arose from participant observation. The detailed narrative interview with child heads provided accounts about how the children got to where they are and the strategies employed by the household to eke out a living, the support received from family members, community, etc (Table 8). This included a discussion of their “experiences” of being a household head and being a decision maker. The fourth stage involved the use of participatory diagramming techniques (Appendix 7) and this overlapped with focus groups (Appendix 8) and essay writing, stage five. It was not easy to group the children together for both the participatory diagramming techniques and the focus groups. Thus stage four and five were conducted on the same day. Participatory diagramming techniques provide data on the sources and social support networks for the children’s survival. The accounts and experiences reported by household members through use of participatory techniques also revealed the distribution of roles and responsibilities of household members and how these are negotiated since the deaths of parents. The last stage was the key informant interviews (Appendix 9). Interviews with professionals and community members provided data on the types of support they provide to the child headed households and their perceptions about the child headed households. Although the mixed method approach was important to maximise the understanding of the research questions, I remain concerned about the contradictory findings each methods produced (Valentine, 2001) as discussed in the following sections.

Table 8: Chart linking research questions and methods

Research question	Data sources and methods	Justification
What are the socio-economic demographic characteristics of households?	Senior members of the household: Interview	A household questionnaire was used to provide the characteristics of CHHs in relation to their age, education, assets, sources of income and illness of parents. Methodologically this enabled the researcher to get quantitative data on the demography of the household. Ethically this formal approach made it easier to start the sensitive study.
How did the child headed household evolve?	Senior members of the household: Life history/interview	Detailed narrative account with senior members of the household provided data on the formation of the household.
How do the children organise themselves in relation to household roles and responsibilities?	Senior members of the household; Interview. Siblings living with the child head: Participatory diagrammes. Observation	Narrative account by senior members of the household and their capability to take up the responsibilities. Participatory diagramming techniques revealed the distribution of roles and responsibilities of household members. This involved a general observation (and participation) of what happened in the household during the home visits.
How do the children organise themselves in relation to social networking to meet their needs?	Senior members of the household; Interview. Participatory techniques including focus groups Observation Key informant interviews: Unstructured interview guide.	Narrative accounts with child head provided accounts about strategies household employ to eke out a living. Group activities provided information on the sources of support, both current and expected, including their needs and support that they require outside assistance. Home visits and hanging out in the village enabled the researcher to observe the interaction of the children with other members of the community. Interviews with community leaders informed the researcher about the general attitudes of villagers and officials towards the CHH and what support they provided the households.

5.5.1 Participant observation

Participant observation (PO) is a labour-intensive and time-consuming ethnographic technique involving immersing with the community to understand the context of their everyday lives and experiences. Taking into account that what constitutes participant observation varies, this research adopted overt roles as a ‘partial’ participant and observer (Cook, 1997). As will be discussed in this section PO allowed a broader understanding of the community in which the children lived and their relationships within it (Valentine, 2001). Therefore PO was carried at two levels: the community and the household level in which the later involved spending full days and nights with the CHHs. This approach involved making notes about events, activities and the interaction of the study informants. Like any field data collection method, PO required considerable thought and planning that ranged from negotiating access and establishing rapport with the study informants to becoming immersed in the community.

5.5.1.1 Walking/talking in the community

This stage involved “hanging out” in the villages to gain an understanding of the context of the environment in which the children lived. Hanging out in the villages entailed talking to villagers and also participating in village activities such as visiting the sick. Usually hanging out was conducted on our way to visit the children. The process was stressful both physically and emotionally. The physical stress arose as a result of the physical environment in which we worked, the distances between respondents’ houses and the lack of transport. My research assistant and I were housed at Chivero Clinic and from there we made visits to the children’s households. The farthest household, Tendai was about 5 kms from Chivero Clinic and the nearest was Chemai household, which was less than a kilometre. Sometimes we walked over 15 kms a day. I felt vulnerable as we walked through the forests. I feared to be robbed given the incidences of household break-ins and cattle rustling in the community. I was also scared of snakes and vicious dogs, all this raising ethical issues regarding health and safety. The fear I had made me reflect on how the young children of these vulnerable CHHs must feel, especially at night.

The villagers often questioned why we walked and did not use a car or bicycle. They really felt sorry that we had to walk such long distance we are not accustomed to. I had disregarded use of a car for three reasons: the first reason was practical and logistical. I simply did not have adequate funds to hire a car and fuel crisis further complicated the issue. However, a second reason was more social/academic: driving in the villages and visiting the poor children would widen the class and power differences between my field assistant and myself and our respondents. I felt that the children would think I was there to exploit them. On the other hand I felt that this would create a barrier to communication because they would have seen me as superior elite that they could not relate to. A third reason was that although use of car would have made the research process logistically easier I felt it would result in my missing a lot of what was happening in the villages that would help to contextualise the children's survival strategies. For example, it was through "hanging out" in the community and around the community service area and daily walks around the community that we encountered and visited several households with terminally ill people mostly young adults from the urban areas. We realised that the community spent a lot of time attending funerals or memorial services. For example, we witnessed a household [neighbour to Chenjerai's house] distributing the deceased's property. We passed through another homestead where the father showed us the kitchen household goods he had taken after the daughter passed away. We observed that many children (including those with surviving parents) missed school because they were too weak from hunger to make it to school or were simply absent because the parents would have gone to work on the nearby farms⁴⁸. We observed the villagers coming from the farms including women with babies on their backs. We also discovered the community members who were concerned about the welfare of orphaned children and who showed their African hospitality when we visited orphaned children. The villagers offered us hospitality because we were important visitors and as a result the children were helped too. Some of the villagers were already helping the children before our arrival and others

⁴⁸ There were several households (of single and mostly widowed women) who left their children whilst they went to work on the farms. Some commuted daily to the farms but others lived there and came back at weekends. We witnessed cases where a 5 year old was left to babysit two siblings whilst the mother went to work.

were prompted to help when we arrived. Some villagers felt bad and ashamed by the orphans that they could not offer us food, so they provided us something to eat. We ate the food because we always felt hungry and because it would have been culturally inappropriate to refuse such hospitality. We gave these households nothing to reciprocate although the community would not have expected this. This method yielded key insights into how CHHs are viewed and positioned in the community, mostly that CHH are poverty stricken.

“We saw you come. We have left food for you because these orphans have no food to provide you”. (Neighbour to Chenjerai household, 5 July, 2005)

Our daily walks enabled us to talk to the villagers as we walked past their homesteads. Most of them bemoaned the drought, mourned the deaths of the many people coming from the towns to die in the villages, and complained about the rising cost of living and their struggle to survive. We also talked to children we met on the way though it was difficult because children are not expected to talk to strangers, although children are culturally expected to greet people wherever they are. We learned from some children how they cannot attend school because have no stationery or uniforms. They told us about the absent teachers who take days off to engage in cross border activities or are ill.

While walking was a very successful field method it also involved a lot of physical strain (despite catching malaria, I was as fit as a fiddle by the end of the research). It was challenging to sit down to discuss and write notes at the end of the day for we were always physically exhausted and besides we had to cook as well. In the end we decided to write notes in the middle of the night after having slept for a couple of hours. Sometimes we left it until the following morning, but we always made sure that we completed the task before the next home visit.

Walking with the members of the NGO staff provided an opportunity to discuss their programme activities. The informal discussion we held as we walked proved to be vital as a data collection technique. We learnt about the NGO and their programme activities, about the selection process for orphaned children for funding, about the happenings in the

villages and the rampant 'commercial sex work' on the farms. Although I had planned to have a formal interview with the NGO field officers I abandoned the idea because I had obtained most of the information I needed via informal walking/talking sessions. The information was so rich that I would not have obtained such data during the face-to-face interviews. No data was recorded and I relied on recall notes.

5.5.1.2 Living with the Orphaned headed Households

During the first phase of the PO at the household level, my research assistant and myself spent a full day with the child head, participating with whatever household tasks they were doing for that day. I got involved in the household domestic chores, cooking, sharing meals, going to the shops, washing plates, sweeping the yard, fetching water, watering the gardening and planting vegetables, 'hanging' around in the villages with the children where possible as well visiting their friends and relatives.

Originally, I had planned only to spend full days (excluding nights) with the children but I soon realised that I was missing a lot of what happened early in the morning and later in the evening when the siblings of household heads were back from school. I wanted to observe what happened at night when the siblings came back from school and early morning when they woke up but because it was winter and got dark very quickly it was risky for us to walk at night. Moreover it was evident that spending the night with the household was crucial to addressing the question related to the gendered distribution of roles and responsibilities and interactions between the children. I would have liked to stay overnight with all the households in my survey but was not able to due to lack of accommodation and fear for own security. Eventually I decided to spend a few nights at household Tererai and Tendai. The two households had adequate accommodation, having spare rooms unlike household Mufumi who lived in a single roomed hut. Although Mufumi cares for a sibling we failed to observe their interaction in detail because the sibling spent most of the time at school. We never felt very safe at Chenjerai household because the eldest brother was said to be a thief. In addition I also felt patronised by the many youths (male) who always visited the household during our presence.

We did not conduct interviews during the first few days we visited the children and only did so after we established the rapport with them. However, the days of establishing rapport were very much a part of the data collection process for we learnt a lot about the households during this stage. Being able to speak the native language, Shona, helped to establish rapport, as there were no language barriers. Most of the households were enthusiastic to participate in the research. Borrowing from feminist scholars, Taylor et al. (1984) suggests that field tactics such as running errands and doing favours facilitate the process of establishing rapport. Participating in household chores made it very easy to establish the much-needed rapport and trust with the children at the beginning and throughout the whole study. Active participation increased the depth of understanding through *doing* as well as *observing* (see Picture 2). It was useful to capture what children do in practice and not just what they children say they do (Punch 2001b). Chemai was threshing maize on the second day we visited her. They were five children including two-twin boys who had had come to play. It was difficult simply to start a conversation with the children so we first joined in the activity threshing the maize. We sat under the sun for 5 hours chatting. We talked about the harvest, the lack of rains, the high cost of foodstuffs, etc. By the time we left Chemai had provided us a synopsis of her life from parental illness to the present day.

Picture 2: Myself at Chemai Homestead



Participation facilitated rapport and trust with the children.

From left, Chigere, myself (Monica), Chemai and her friend⁴⁹ threshing maize at Chemai household

Despite spending a couple of days establishing rapport, the children were very reserved and they only opened up when their friends visited. The friends frequented the orphans mostly out of curiosity and also to hear what we talked about (although we never revealed what the research was about). We sat and joined in the conversation and laughed with them. Thus the friends' visits were crucial at the beginning because they made the children open up and they would just laugh about their shared experiences. However, later, when we were making visits to the households specifically to conduct interviews, visits from these friends were more disruptive of the interviews and the process of recording the children's life histories and forced us to stop the interviews. For example,

⁴⁹ The friend (aged 25) is married with 4 children. She is quite well off by rural standards. The husband works in Harare. She is the main source of support for Chemai

Chemai was reserved until a friend (see Picture 2) came to visit, after which she opened up. The friend joined in the work we were doing. We obtained a synopsis of the household's history. We got information about Chemai's family, education, and her struggle to get food and source of income, her work on the farms, her parents' illness and subsequent deaths.

The way we conducted ourselves was crucial for the success of the research. For example, positioning ourselves at almost the same level with the informants reduced the power gradient the researched and myself as the researcher even though I felt uncomfortable at times (Scheyvens and Storey, 2003). The friend said that she liked us because we were not "showy" despite the fact that we lived in the UK! She (the friend) was amazed that we threshed maize and ate *mangai* (boiled maize grain) that Chemai served for lunch. We became part of orphaned children's friends network and they also became our research informants as we interacted with the orphaned children. Orphans' friends voluntarily became a key source of information and filled in the missing gaps and reminded the child heads of incidences about their daily struggles. Every time Chemai's friend reminded her of an incident, Chemai would say "Oh yes! You [referring to the friend] have reminded me another story. You [referring to us], your hands will ache from writing because I have lots of stories to tell. She did have lots of stories, both happy and sad ones. In Janesick's (1994 cited in Matshalaga, 2002) words, we shared the children's experiences "warts and all", especially the girls and the women of the community in general. We also discovered who the orphans' genuine friends were and the form of assistance they provide.

My relationship with the children grew stronger as fieldwork progressed. By the end of the fieldwork, I had become the orphans' surrogate mother, friend, sister, mother-in-law and a substitute relative such that it was difficult to leave the field leave because we (my research assistant, the children) experienced loss (Patai, 1991).

Picture 3: Myself cooking at Tendai's home in an open make shift kitchen



By the end of the research I had become the children's mother, sister, mother-in-law, a friend, etc

Although we had established a very close relationship and leaving was hurtful, nevertheless, the children preferred to be involved in the research than not. Chemai felt dejected when I reminded her that we were due to leave the community in a week. She cried:

"I had forgotten you were leaving soon. Time flies. I enjoyed myself but I hate going to work on the farms again. My friends would laugh at me because my office work⁵⁰ is finished. Oh but I had a good life in these three months. I will never forget this"

⁵⁰ We employed Chemai to assist with our household chores at our clinic base during the study period. We could have got someone else to do this but I felt I would rather pay her because she was struggling. Although I might have used my power or acted unethically, at least I felt I had to reciprocate her time. I was concerned about the ethics of paying her and of putting her into this service relationship. On the other hand, I needed time to focus on the research and walking everyday was too tiresome for someone to come and fetch water, search for firewood in case there was no electricity, cook, wash plates and have time to reflect on the day by writing notes. She was desperate for school fees, uniforms and schoolbooks and so on. The advantage was that she lived 5-10 minutes' walk from our home. I made sure I did not behave like a domineering employer and had to strike a balance between being her employer, friend, big sister, mum, a researcher and an adult. I became her employer and teacher and an adult when I showed her how to use the

PO provided me with the opportunity to understand the lives of the children and I found the experience enriching although I have no doubt that I also influenced the research results as I became part of the social world of the researched (Hammersley and Atkinson 1995; see also Picture 3). It was crucial not to disturb the daily routines in the household. So we always found out what their plans for the day would be, sometimes we would know this through talking a couple of days before and participated in the activity. For example, we discovered that Chemai always watered the garden on Wednesdays. The garden was in a different village. (30 minutes walk from her home). Chemai's parents' friends allocated a portion in their own garden for Chemai to grow vegetables for sale. She also had a garden at the homestead and these they grew for household consumption. Wednesday was the day she collected money from vegetable sales. We visited the parents' friends and they became a source of information. Most of the children expressed amusement when we carried the tins of water on our heads, pushed the wheelbarrow with containers, or when we dug in the garden or ate their poor quality food.

As in Nieuwenhuys' (1994) study on the lives of working children, the participants expressed that they felt honoured to have 'outsiders' coming to visit, talk to them and even share their food and [dirty] blankets during our sleepovers. The villagers expressed their gratitude for the 'wonderful' work we were doing especially spending time with the children. They felt it was of therapeutic value to the children just having someone to talk to and offer psychosocial support, something that the community cannot give on a day-to-day basis. Visiting the poor orphaned children raised their self-esteem to some extent and made them feel that they are worthy subjects in the community. Tendai's siblings expressed disappointment when we cancelled our trip to sleepover after I suffered an ear infection. One of the CHs stated that it felt like starting a new life for them for they have never had visitors who spent days and months eating and living with them. They were

electric iron and cooker. She joked that she will burn our clothes, food or the house. She confessed that it was her first time to using electric gadgets and she had informed her friends that she has learnt a lot from her work. She had access to the home. We trusted and gave her keys that she kept until we left. She joked one day that she would not have problems if she looks for a job as a maid in Harare (now she works as a maid in Norton-about 50 km away from her home)

surprised by our lack of fear to live in an unfamiliar environment with complete strangers.

“Imagine you came here to visit poor orphans. You did not know us, and what kind of people we are. I would never do it” (Communication with Chemai, 3 July 2005).

Little did they know how much I feared being robbed, and how I worried that the children would drop out of the research due to loss of interest and lack of perceived benefits. They viewed our visit as important because they rarely get people visiting them and sharing their lives and experiences.

Participant observation was a challenge at first because it has been some time since I last ‘lived and ate’ with a community. The greatest challenge was when we slept over at the orphans’ household that is at Chemai and Tendai house. The level of poverty in the household was far worse at Tendai than those in other households in the study. We stayed for two nights in Chemai and Tendai’s homes. In both households we slept on the floor but it was at Tendai house where we felt very cold because we slept on the cement floor with limited blankets unlike at Chemai where they had a Persian carpet which we used as an under blanket. Thus PO as an embodied (and not a discursive) method enabled me to collect data not only with my eyes and ears but my “body” as well. It was my body that felt the cold floor and gnaw of hunger. Although the children would have informed me of their problems of hunger and cold in interviews, PO method enabled me to experience them and this (1) gave me a better understanding of the children’s experience and (2) gave to insights to issues that may not have come up or may not have appeared so important via interviewing.

Furthermore, PO allowed me to have a broader perspective of the children’s interaction within the household. For example, during the night at Tendai household the elder sister (Netai, aged 16) wanted to go out to use the toilet⁵¹, but she failed to unlock the door, as it needed a certain skill to open it. The younger sister (Ndakaitei, aged 14) knew the trick but she refused to wake up to open the door. The two sisters exchanged words. The

⁵¹ The toilet is outside about 30m from the house. At night and due to darkness use the open ground to pee (very common in many rural areas). Using the ‘toilet’ at night was one of the problems we experienced when we slept over.

younger sister argued that the eldest sister should know how to open the door and in any case she (the young sister) did not like to go to the toilet and refused to get out of the blankets. I pretended to be sleeping and let them argue. After a while the brother intervened with a harsh voice and told the younger sister to unlock the door and not to disturb the visitors (my research assistant and myself) she jumped before he even finished talking. I found the youngest sister's behaviour very amusing. By refusing to open the door the young sister shows her power over the elder sister. Reflecting on her behaviour she did not pretend to be happy despite our presence. By the time we woke up, she was different person, happy and carefree. She asked me to help her to do the dishes since it was her duty. In the end I found myself doing the dishes alone as she played netball. Access to such information was only possible after sleeping over in the households and the incident reminded me that observing such incidences was useful for capturing the context of sibling's interaction with one another (see also Valentine, 2001). I maintained a record of observations throughout the research process. However, it was impractical to tape data or to record exact quotes since most of the informal interviews were conducted whilst doing household tasks (see Picture P4) (see also Punch, 2001b).

Picture 4: Chenjerai and myself fetching water from a well to water the garden



Although active participation increased the depth of understanding through doing as well as observing, I had to make 'head notes'.

My research assistant and I jotted notes or reminders wherever we could. In most cases however, the nature of the household task (e.g. such as watering the garden (Picture 4), walking to the shops, fetching firewood, etc) rendered it impossible to do so at the time. In attending to events and processes as they unfolded during the course of the day meant that we took 'headnotes' only (Lofland and Lofland, 1995) which I later converted to full field notes. Thus it was very important to write notes as soon as we got back home. My research assistant and I always reminded each other of the day's events and quotable quotes. Although most ethnographers work alone and do the head notes on their own, working together at certain times helped me to remember and develop ideas in a way that may not have been possible on my own. In addition working as a team gave me insights that I was not able to witness directly (while I washed up the dishes, she swept the

kitchen). Lastly, working together allowed me to get the two PO perspectives on the same events.

5.5.2 Narratives/In-depth Interviews

The preceding section described how immersing myself in the daily activities of the study subjects through participant observation enabled me to gain an experience of the lives of the orphaned children. However, the approach was time consuming and could not address all the anticipated research questions, capture all the salient experiences of the children's lives, or identify children's own interpretations of their lives. Thus life histories were employed to compliment the other ethnographic techniques employed. Using in-depth life history interviews in my study allowed the children to speak for themselves about their own lives, experiences and survival strategies and about how to overcome their predicaments. This provided an opportunity for the children to provide an account of their current situation and past histories. The narratives were conducted with the child heads, usually in the absence of the other siblings when they had gone to school. It was difficult to capture the siblings because they spent most of their time at school. The household heads told their stories guided by a memoir I provided for them (see Appendix 6) structured according to events and experiences illustrated by feelings, meanings, relevance and interpretation (Cortazzi, 2001) The life history approach allowed the children to make sense of their situation and how their own action and that of others shaped their lives. According to Bruner (1986) the interpretive nature of life histories gives meaning to events and processes, and enables the researcher to see the present as part of a set of relationships constituting the past and the future. The life histories represented different voices. For example Chemai's individual experience is illustrative of a more general experience in the community when she narrates her experiences at the farm focusing on the nature of the work, the working conditions, her working relationships with the farm manger and the community. In the process we hear the voices of the farm managers which she presented negatively through description of poor work conditions and her call for improved work and living conditions on the former large scale commercial farms on which she depends for her livelihood as an orphaned child.

Although the children gave their stories in chronological order as guided in the memoir, it was not uncommon to get deflected into other areas that were not the focus of the study. It was common for the children to give contrasting information about similar events, raising the issue of validity, truth and deception. Therefore, I remain concerned with 'truth' as the children shared their experiences with me. I did not necessarily treat the life histories as authentic and accurate accounts and recognised that (a) they were subjective memories and perspectives of individuals that were (i) their best memory and subject to recall. What the children were able to construct and/or reconstruct was also influenced to what they could recall or remember. This is reflected in the interviews with Tendai and Tererai who always said that they could not remember the events leading to the divorce of their parents because they were too young to understand what was going on. In some cases the presence of the other siblings or friends helped the child informant to recall certain events, and (ii) their account of how they experienced or chose to recollect and make sense of the experience, (b) that respondents may have told their histories to the researcher in particular ways to achieve to achieve particular effects that they are worse off. I attempted to triangulate and corroborate accounts of specific events by comparing different life history accounts. Although using triangulation was a means to evaluate what the children constructed, I take from Bruner (1993:39 cited in Cortazzi, 2001) that there is no such thing as a "uniquely, true, correct or even faithful autobiography" and that any form of narrative is artificial, variable and partial.

There were stories that were started but which stopped before being completed. For example, Chenjerai's brother refers to how their father was bewitched but refused to elaborate. Chemai refused to talk about experiences when she cared for her father. However, she went at length to narrate her mother's illness, the care she provided her until her death. Like Robson's study (2001) on young carers in Zimbabwe, the in-depth interview approach brought memories that often led to the children crying (and the researcher) as they narrated the deaths of the parents or ill treatment by relatives. Thus, while life histories were very useful in capturing the lives and experiences of the children, potential harm was unavoidable as the approach was harsh and the research intruded into the children's lives. For example, Chemai cried when she spoke about the

death of her mother. Bvumai shed tears when he narrated how he is ill-treated by one his nephew's wife. As a method developed for work with adults and often with the elderly adults, this life history approach raises the appropriateness of using it with children. However, children as competent agents are capable of giving account of their life histories.

5.5.3 Participatory diagramming techniques

This study employed participatory techniques as another approach that allowed children and young people to talk about their survival strategies in and outside their family networks. Chambers (1994) shows how participatory techniques provide depth, richness and realism of information and analysis. The approach is innovative, fun and suitable for the study of children for through their participation children are able to take an active role and talk about their daily struggles. The participatory techniques and/or task-centered activities have the ability to engage children's interests and exploit their talents (Young and Barrett, 2001a b). The various techniques used in this study involve the use of flow charts, filling in charts to show meal patterns, essays and drama (see also Kesby 2000; Robson 2001; Young and Barrett 2001a b). As Christensen and James (2000) suggests, these are commonly used in combination with qualitative interviewing or participant observation or stand-alone techniques in ethnographic research. Although both the researched and the researchers are recognized as active participants in the data collection process, issues of power, control and authority need careful consideration (O'Kane, 2000).

In this study participatory techniques were combined with other ethnographic methods already alluded to in this section. The participatory activities responded to the question of how the children organise themselves in terms of roles and responsibilities and their social networks. In another activity, the children were given sheets to indicate meal patterns and the type of food they ate, including the source of the food. Although this addressed food security at the household level, it also identified the main sources of support of the children. The children completed the sheets but in some cases they had to

re-do the work after failing to follow the instructions. I was also worried about getting a true picture because the children had the potential to underestimate or over estimate the information. In some cases the children did not record the data when prompted to see the sheet. I also realized that two of the sheets were missing when I got back from the field. Most of the children expressed interest in writing essays.

Participatory techniques have the advantage of allowing the researcher to take a 'back seat' (Kesby, et al., 2005). After discussing the visual representation and raising questions, the children then discussed that diagram with the researcher asking them to explain and to justify their responses. The diagrams were copied and notes taken. This activity was useful to identify the children's needs, their coping challenges and how to solve the problems they encountered (Chambers, 1997). The activities were fun, but challenging to conduct given that the children were not familiar with the approach. It was difficult to find a convenient time for every child to participate and as result the participatory diagram on social networks was conducted with three of the five child heads only. Morrow and Richards, (1996) warn of power imbalances between adults and children when such methods are used in mixed groups. This was also evident when Chemai tried to edit her young sister's data. The sister refused with her work. As a result I still remain concerned with the data recorded on the one-week meal sheets as the child head seemed to have recorded the data without consulting the siblings. However, triangulation through participant observation and other methods played a useful role in validating the data provided on the sheets.

5.5.4 Focus groups

The group discussion was a one-off meeting with child heads only. I had no problems of recruitment and selection because it was a purposive sample, guided by the theoretical and conceptual issues underpinning the research (Burgess 1996). The group was mixed by gender (two girls and three boys⁵²). The small sample size did not allow separate

⁵² One of the girls became a drop out. Mufumi (aged 19) failed to attend the meeting as he had gone to sort his birth certificate registration

groups of boys and girls. The focus group discussion (FGD) was conducted half way through the study period. Like the participatory diagramming techniques, preparing for the group discussion was demanding in terms both of time and financial resources. We provided a meal and refreshments. It was difficult to bring children together as a group because of the distances they had to travel and because of the time required, which clashed with working patterns. For example, the child heads' siblings failed to participate because they were in school. Only three siblings from Chemai and Mufumi households joined us for lunch, when the discussion was almost over, because the school was next door (approximately less than 300m) to the NGO offices the venue of the FGD.

Using a focus group guide (Appendix 8) the group discussion provided insight into the ways the children constructed their “environmental and social issues; shared their knowledge, experiences and prejudices; and argue their different points of view” (Bedford and Burgess, 2001). The FGD placed the individual child head in a group context in which other participants, instead of ‘knowledgeable’ researcher, questioned and challenged their opinions, beliefs and attitudes. As Goss (1996) suggests the approach allows the researcher to access multiple and transpersonal understandings influencing social behaviour. I guided the group discussion and my research assistant took notes mostly relating to group behaviour in terms of gestures, silence, etc. The discussion was tape-recorded.

At first the children were not sure how to relate to each other even though they shared the same characteristics and experiences (Burgess, 1996). They were strangers as they were meeting for the first time. Thus, it was common that the first two questions were consensual responses. Later the children were able to debate issues and challenge responses. It was also difficult to promote a topic of conversation at first because the group was not sure what was expected of them, due probably to lack of experience in being researched. Two child heads (Mufumi and Tendai) seemed to dominate the discussion at first (Krueger, 1994), but they later realised that they had to give each other a chance to talk and encouraged others to participate. It was common for Chemai to say, “*What I wanted to say has been said already*” prompting me to ask her to repeat what has

been said. The group was in control of the discussion for at one time they asked for a break just to listen to their voices from the tape. Given the opportunity and with the guidance the children were competent to conduct research. For example, during the FGD the researcher was called to greet an official from the ruling party whom we had failed to see before the start of the study. Instead of waiting for me to come back they stated point blankly that they would continue with the discussion. Mufumi volunteered to guide the discussion. He made sure that everyone gave a response including him. They discussed one question of the focus group guide. At the end of the discussion we made a briefing of each question and topic covered, the group dynamics, and their suggestion about issues to include in the analysis.

The FGDs took on a particular relevance in this study and helped it to achieve some action beyond the study. The study allowed the children to meet for the first time and they would never have known each other's experiences if it had not been for the study (see Picture 5). The children discovered that they were related to each other or they knew each other's parents or relatives. As James (2001) indicated, the discussions were a learning process for the children, they were humorous and supportive as they provided each other advice on how to deal with crisis.

Picture 5: Childs Heads at a focus group discussion



Tendai: (3rd from left) "I did not realise that there were other children heading a household. It was a very good day. I enjoyed meeting the other children. We had a lively discussion. It was an eye opener because I thought I was the only one heading a household".

5.5.5 Key informant interviews

Key informant interviews (Appendix 9) were conducted with the village heads, the teachers and children's friends and some of their relatives. Generally the key informants provided data on an overview of the orphan care issues in their surrounding communities and their perceptions of CHHs as an alternative care arrangement. Most of the key informants sat on the school committees and are involved in the selection of orphaned children for the local NGO programme assistance.

5.6 Reflexivity and Positionality

Drawing from feminist, postmodernist and poststructuralist philosophies, I consider how my position (in terms of ethnicity, nationality, age, gender, social and economic status and others) and personal feelings influenced the research process (Madge, 1993). Although Strauss (1969) highlighted the difficulties of being reflexive in research, attempting to reflect on my position may address crises of representation and legitimation to research (Denzin and Lincoln, 1998).

The emotions I felt could be the emotions involved in supposedly “scientific” fieldwork. Most importantly my ‘insider’ position as a Zimbabwean adult who spoke the local language and knows how children should behave made me feel more angry and frustrated at times than I might have been, had I been a foreign outsider researcher. I tended to have negative feelings at Tendai’s household. Sometimes I felt anger with everyone at Tendai’s household. I found the children rude and had no manners. The word ‘thank you’ never existed in their vocabulary unlike in the other four households. Sometimes I felt like not going to sleep-over because of their rudeness and the way they relate to each other. For example on the second night we slept over at Tendai’s household, we arrived late when they were about to go to bed. The youngest sibling, Ndakaitei was in a bad mood and was rude to the eldest sister, Netai. The youngest sister was lying down on the floor while the elder sister was doing her homework on the small table. I felt uncomfortable as the tension between the two sisters grew, but I never intervened. I decided to have a look at Netai exercise books. After I finished perusing the books I asked the young sister if she could pass the books to Netai. She said “*They are not my books what do you want me to do with them*”. I felt anger but controlled myself saying: “*Come on please*”. She just grabbed the books and threw them on the table. I felt provoked and I thought she wanted to see how I would react to her cheeky behaviour. I ignored her. I did not want to take a mother or adult role to reprimand her.

Although they were generally receptive and open, I felt that the issue of gender separated us. I felt that they always saw me as female researcher, or their “mother” or potential

“mother in law.” This also explains why I felt uncomfortable at spending a night at Chenjerai household despite availability of accommodation notwithstanding the fear of theft as we were warned. All ethnographic research has issues of power and positionality, but in work with children these take a special significance and take a particular dimension. The participants positioned me as a researcher and an adult and their mother. In this particular research, the children have a longing and need for a mother figure in the household. This was a very real ethical issue about being unintended but perhaps unavoidable consequence for an ethnographic approach. Perhaps this would not be a risk in quantitative research in which the researcher “keeps a distance” but one questions whether this makes their work more or less ethical given the children’s needs. One questions whether becoming a mother figure is more or less traumatic for the children despite my desire to avoid it. Although they suffered a second “loss” when I withdrew from the field, on the other hand they got a brief experience of the kind of adult help and affection they crave. At least it is comforting for the children to discover that they can still have such relationships given that they experience social marginalisation from adults most of the rest of the time.

My position as an adult always meant that the children regarded me with respect as expected in Shona society, as echoed in Chapter Three. According to culture my being a mother failed to erase the power differentials as they always called me mum or mother in law or sister in law. Although I tried to negotiate this power position by getting involved in their activities, (see also Corsaro, 1977) often than not this failed to hide the differences in age, size and authority. Even if I tried to erase the power differentials between the researcher and the researched the orphaned children I found myself giving advice in many cases. The children always respected and put me in that position of power, a position Mayall (2000) argues that researchers need to accept. Bvumai cooked food but he refused to serve arguing that it was the duty of the mother [me] to serve food. My interaction with the boys was different from with girls or the household headed by the girl (that is Chemai). We never cooked in Chemai household [despite our offer to help]. She politely declined saying that we would burn ourselves on the fire despite the fact that she had witnessed me cooking on the fire when there was no electricity at home.

Maybe she felt that we were intruding too much or she felt that we could not cook the type of food they served but most importantly, perhaps she regarded herself as the mother with powers that she did not want to relinquish. Even if we participated in other outside activities we were considered 'outsiders' in as far as cooking was concerned. Chemai's behaviour reflects the cooking/hearth within the African culture discussed in Chapter Three. For example in a monogamous or polygamous household a mother and her children are defined around her cooking hut. When a young woman becomes a mother she also takes charge of her own hearth. The situation was different in Tendai household. The eldest female sibling, Netai cooked everyday. She felt relieved of cooking and she never hesitated to hand over the cooking to us. During cooking and serving food I also learnt how the children save food and how they leave leftovers to eat the following day as breakfast or lunch (see also Matshalaga, 2002).

As in all ethnographic research, I recognise that some differences and power differentials simply cannot be overcome or removed, but need to be acknowledged. Drawing on Mayall (2000) and McDowell (1992) my stance in this study is that there are differences between myself as the adult researcher and the children being researched and that difference is inevitable and needs to be accepted. By giving the children the choice to participate, as well as choice of when, where, how and with whom the meetings take place placing children in control of research equipment, for example the tape recorder, and maintaining their confidence seemed to break down the power balance (O'Kane, 2000, see also Young and Barrett 2001b) as observed during focus group discussions.

5.7 Empathy and Reciprocity

Although participant observation provided rich data, I endured some very unpleasant situations ranging from eating *mangai*⁵³, dried vegetables boiled and no oil or tomatoes or slept without eating because there was nothing to eat. I slept on the hard cemented floors with very limited blankets. As a qualitative researcher I expressed gratitude for what the households offered without showing a dislike. This ensured that I experienced to some

⁵³ Boiled maize kernels.

extent the child headed households in their normal and usual settings and their daily struggles (see section on PO). However, I could not avoid empathising and sympathising with the struggles and social problems the CHHs experienced every day. According to Walcott (1995: 87) the “human relations aspect of fieldwork is enhanced for those to whom such qualities as empathy, sympathy, or at least everyday courtesy and patience come naturally”. All the households had limited material resources to use for cooking, bedding, etc. For example Tendai had two blankets to share between him and the two girls. The girls slept on the cold cement floor in the living room while the brother slept on the bed in a separate room. One blanket they put on the floor and the other to cover. When we visited we carried four blankets the NGO had provided us. It meant that we had to share the six blankets between four of us. I have never felt cold in my life and as a result I dreaded sleeping over at this household because of the cold. The two girls informed us that there more blankets that belonged to the owner of the house, their cousin, but they had no access to them. Shortage of blankets not only prompted me to discuss the issue with one of the relatives we had befriended, but it was because I was worried about the health of the older sister. She always coughed throughout the night. Although the girl looked very sick, with enlarged lymph nodes, thrush and sores on the left ear, she had never sought health care.

The degree of poverty in the CHHs was something that affected me emotionally and made me feel guilty. Most households had one meal a day. The meal was based on carbohydrates and some vegetables, but lacked protein. The meal usually comprised of sadza (staple food made from maize meal) and vegetables with no oil. This meal was usually in the evening only as children preferred not to eat during the day and have supper. Their argument was that during the day they are distracted from feeling too hungry because they have household chores to occupy them or talk to friends. They described that it’s very painful to sleep without eating. I had to make reasoned decisions such as giving assistance instead of remaining impartial and sticking to regulative codes of ethic procedures (Murphy and Dingwall, 2001) (see also Picture, 6). On the other hand I did not want to offer assistance because I could not afford to every time I visited the households and I did not want to change the environment that I was observing. However,

several incidents occurred that I felt I had a moral obligation to assist the children with whom I ate and lived with on certain days. For example, three siblings from Mufumi and Chemai households were sent away from school for non-payment of school fees. This occurred during my absence when I had taken some tapes and data to Harare for safekeeping. By the time I came back, two of the children's fees had been paid. Mufumi paid the fees himself and a friend paid for Chemai's young sister. Unfortunately, Chemai failed to raise the required amount for the brother. The sibling missed school for a week. Morally it was unavoidable to assist given that the school fees were from my perspective only equivalent to 20p (at the black market rate for sterling and about £6 using the official exchange rate). I judged that it would have been morally/ethically unjustifiable to ignore the plight of the child and continue my interviews with the same child who should be at school. Thus, I felt that in many ways I was any way exploiting the participants because I was going to get a PhD out of the research process whereas the benefits to them were going to be much more modest. I did not feel that I could ignore their plight and simply paid for the boys' fees as in order to for him to acquire a basic education.

I could not help feeling guilty every time I went back to our temporary home and had a proper meal. I felt guilty when I could go the local shops to buy a cool drink (which cost twice the price of a bar of soap, or 500ml of cooking oil that the children needed desperately) or to go to the butcher to buy meat for lunch or supper. I could not help thinking of the children and about their impoverished situation. I wondered if I should more completely emulate their situation but I had to eat for my health. I needed energy to continue walking and carrying out the research. I could not change the children's situation (though I hope the local NGO would do something given that they are desperate for the information from this research). As a result of the guilty conscious I decided I would rather buy something for the children than a cool drink or meat for myself. Like Razavi (1992) and unlike Robson (2001), I considered acts of reciprocity during data collection and beyond. However, I kept in mind Patai's (1991) observation that such acts of reciprocity have the potential to raise the community's expectations. Thus, I offered them simple gifts ranging from material and food resources: the sort of things that might also have been given by caring relatives and neighbours. I was aware that some of the

CHHs might have tried to exploit my kindness. For example, I noticed that every time we visited Tendai they always said their food resources were finished. It was always cooking oil, maize meal or soap they needed. Another incident also occurred when we visited Chenjerai household. One of the cousins (also a CHH who later dropped from the research) rushed in the hut to change his clean shirt to a dirty and torn T-shirt. Chenjerai informed us that the cousin wanted to portray that he had no good clothes. Chenjerai added that that one of his relatives asked him to get money from us. I did not introduce any material needs at the beginning of the study and borrowing from Matshalaga (2002: 119) I tried to ensure that my acts of reciprocity and empathy did not “distract me from conducting valid research and do anything that might affect the research findings [process]”.

Picture 6: Svodza and Chigere in their new uniforms (Chemai’s siblings)



“ I had to make reasoned decisions such as giving assistance instead of remaining impartial and sticking to regulative codes of ethic procedures” (Murphy and Dingwall, 2001)

The children's kindness surprised me. They always offered to share with us the little they had. Rovai (Mufumi's young brother) brought us avocados. He said he went to collect them from their maternal relatives (10 kilometres away). He said that the avocados were the only 'free' item and present he could get to give us. I had planned to collect clothes from relatives and friends as a token of appreciation. Unfortunately my research assistant and I both felt ill on the day we had intended to do this. We were diagnosed with malaria at the local clinic. This was our last day in the field. I recovered after two weeks, only three days before my return journey to the UK. My efforts to change the travel date were unsuccessful. Later I realised that this would not have been wise because the fuel crisis was now affecting airlines. There was no jet fuel and flights were being cancelled or delayed for hours (The Herald, 119 July 2005: 1). At that point I could not wait to get the next flight back to college. I left some issues incomplete. I had planned a dissemination workshop, interviews with the NGO director, secondary data collection, and to give the children gifts. I never went to say goodbye to the community or the participants that I spent three months crying tears of joy and sorrow with. I managed to visit the NGO in Norton to bid them farewell. I gave the NGO a donation. I felt guilty, especially when I heard that one of field officers who had escorted us in the field had passed away three months after I left Zimbabwe. I still feel connected to the participants; mostly through the photos I took of them and of course as I write about them. At the back of my mind I have plans to visit the community and the orphans to see if those households still exist and how they have survived since I left them on 9 July 2005 especially in the prevailing severe economic crisis.

5.8 Study Problems

One of the problems related to the difficulties of recruitment of children in the research and exclusion of some participants. Before we commenced the actual data collection, the NGO field officers took us on a familiarisation tour of the study area during the first week. We walked past deserted households whose family members have died of HIV/AIDS. We visited the terminally ill suffering from HIV/AIDS related illnesses. We discovered that both the patients and the carers were in denial as they blamed the illness

on witchcraft. We walked past households with children who lived alone during the week because the parent lives on nearby farms where they work and 'live in' with boyfriends. We were also shown many grandmother/orphan households and households where orphaned children [mostly girls] had run away from physical abuse by relatives because they were accused of engaging in prostitution. It was during the tour and the hanging out that we discovered some CHHs that had been excluded in the selection process. One of the households contained a single ten-year-old boy who lived alone, but he left a few days later to live with a grandparent outside the study area. Another household comprised a young girl aged twenty with two children, and cared for two young sisters aged 16 and 11 years. I intended to include her in the sample because she went through the process of being a child head and had the two children with different men after the deaths of the parents. At the time of the study the younger pregnant sister 'eloped' but we understand the unemployed guy was denying paternity. Unfortunately the child head dropped from the research at a later because she went to work on the farms daily. This could have been an interesting household because it would reflect the gender dimensions in the experiences of the orphans. The reasons why the above households were excluded were never clear. I had relied too much on the NGO and failed to involve the village heads and some villagers in the identification process. I regard this as a learning process not to entirely depend on the local NGO staff in sample selection as they served their own interests. There was no solution to this (making sure that all orphans were included) as involving village heads could lead to a similar problem. For example one village head stated that he disliked one of the orphans for his bad behaviour. He questioned why we included him in the sample.

Despite the fact that interaction and observation provided rich detailed data, there were problems related to confidentiality. Maintaining a high level of privacy at both the household and community level was crucial in this study. At the household level, sibling sometimes gossiped about each other and asked us not to mention anything they would have told us (Punch, 2001b). Sometimes what was supposed to be confidential information was revealed in a humorous manner (in the presence of the other siblings)

providing an insight into sibling dynamics and to uncover individual characteristics (in this case thief) as shown in the following excerpt during observation

Chenjerai said to us, [In the presence of the older brother, Mbadzu, who was presumed to be a thief] “ *Why do you always carry your bags. Are you afraid that someone will search your bags and steal from you.*” [Laughing]

Later [in the absence of the accused and on our way to fetch water from the borehole].”*Never [with emphasis] leave your bags unattended. You will find everything gone. That’s his nature [to steal]. I am sure he stole from someone in Harare. Why is he here? I do not even trust him with my clothes. Last time he took my jean trousers with him.*

Some of the community members became spontaneous informants and we were amazed at the level of gossip among the adult women who wanted to know our daily programme, what we did with the children or what we ate at the children’s households. I had to abide by the code of conduct relating to confidentiality. It was difficult because having failed to get information from me; some villagers manipulated the children and harassed them to reveal what we discussed. On one occasion we witnessed a neighbour [a member of NGO staff] visiting one of the household we were studying early in the morning at around 7 a.m. She wanted to know from the child head the questions we asked and if we had given the household food or non food items. We heard her say that she found us too secretive and she just did not understand us. I could not blame her given the current political situation where strangers are viewed suspiciously and that we could belong to the opposition party as we came from Harare. The whole incident was embarrassing because it affected everyone one involved in the project (the child subject, the researcher, the NGO field officers and the NGO’s work activities). In the end the woman took days off from work and never came to visit us again (as she often had done previously) before we left the area. This happened a week before we were due to leave the field. Such people have potential to influence children not to participate in research. I felt that the woman held a position of power in the community and abused it to harass the child. However, the child perceived this as a moment of excitement as it humiliated the influential villager. It was a solution to the harassment and this signalled the end of the visits until we left the community. Reflecting on this it raises two issues: How researchers can protect children during the research process. It also raises generally questions about how children are

vulnerable to this kind of manipulation from community figures whose role is to oversee and help these children. Such behaviour could have implications for community involvement in orphan care programmes. This was not a simple case because I felt I had no position to protect the child head. Although at first I felt I was an insider by being virtue of having grown up in the country and considered myself to be Shona, the incident made me feel like an outsider. I did not want to be entangled in the village gossip, and I never reported the incident to the village head or the NGO director, but I did with one of the NGO field officers.

5.9 Translation and transcribing

The research interviews were conducted in the Shona language. Data recorded on tapes were coded with date and name of the interviewee. At the end of the study I had a stack of cassette tapes of recorded interviews from the in-depth interviews and FGDs, participant observation notes, key informant interviews and participatory notes. The biggest challenge was to translate the recorded data from Shona to English. Some words, proverbs and expressions were uncommon to the researcher or they had no English equivalence. I had to rely on my friends in the linguistic department at the University of Zimbabwe to translate the words making sure original meaning was not lost in the process. In situations where I failed I use Shona expressions and provided the closest English equivalent in brackets (after Matshalaga, 2002). I found the process of translation and transcribing tedious, tortuous (Dahlgren, 1988) and dull, but I had to do it. Burgess et al., (1988) estimates a ratio of ten or twelve hour's transcription to one hour of discussion. I took much longer, in some cases two days of hard work per cassette to ensure an accurate translation process. Capturing voices was difficult when the children talked over one another especially in the FGDs or they spoke quietly or a baby cried⁵⁴. Personally I found the process mentally exhausting and was able to work only 3 hours at any one sitting. A colleague introduced me to Express Scribe programme where one can input the raw data onto the computer and does the transcription from the computer (see Gwanzura-Ottmoller, 2006). Personally I found this process slow because I had to learn

⁵⁴ The girl who later dropped out had a three year old baby

the programme. After mastering the technique I decided to do it manually direct from the tape recorder. However, I found this risky because pressing buttons play, pause, stop, fast forward or rewind had the potential to damage the tape as I tried to work out what was said. I also realised that I could not work from one place so I changed venues all the time. Transcription allowed me to become close to the data and recall my memories, prompting me to make notes, annotations and memos.

5.10 Data analysis

Data analysis was conducted using QSR NUDIST⁵⁵, a compute package designed to aid users in handling non-numerical and unstructured data in qualitative analysis (www.qsrinternational.com). As this was my first time to use the software, I felt the process of learning delayed my progress at this stage. At first I was tempted to do the analysis manually since as I had a small sample. But after a careful examination of the large volumes of data I had, I decided to go for NUDIST. NUDIST was going to make my analysis much easier once the data was input onto the programme. Secondly, learning new software was capacity building given the current paradigm shift to qualitative methods. Although I eventually attended NUDIST classes, I still felt strongly that my first year would have been better spent on learning this software because it took me ages to go through the data analysis stage. However, the time I spent learning was more than saved later as I later discovered during the analysis. I learned NUDIST by doing. NUDIST involved processing word documents, formatting them and importing them into NUDIST for analysis. Each interview transcript was created as separate files. Headers were created for each interview to enable the transcript to be identified for reference. Information in the header included the person interviewed, location, date of the interview and name of the interviewees. Five files were imported, and also one focus group and the essays, and the discussions on participatory diagrams.

The first procedure in NUDIST involved coding data into various conceptual categories. Coding forced me to read the material line by line to find meaning of what was done and

⁵⁵ QSR-Qualitative Solutions and Research, NUDIST-Non-Numerical Unstructured Data Indexing Searching and Theorising

why. I jotted ideas as they emerged, made annotations and developed memos. As there is no one correct approach to coding data (Bryman, 2004), I used three different sources of categories, inferences from the data, the research questions and theoretical knowledge. To a limited extent I employed Strauss (1987) advocate for line-by-line approach to generating categories and then moving on to integrated analysis around the core category (see also Brymann, 2004) On the other hand I also began with categories based on general comprehension of the data and from my ideas based on the research questions (Jones, 1985). Generally codes were not pre-given and thus cannot be reproduced as they emerged or were grounded from the data and they rely on my own creativity (Crang, 1997), but most importantly my research questions guided the development of emerging themes. I found the process of coding interactive as it allowed me to go from materials to ideas, back to materials and so on (Crang, 1997) what Glaser and Strauss (1967) call analytic induction. Categories were developed in terms of their properties and dimensions and were further broken down into sub-categories through the process of index coding. In order to refine my analysis in some cases I further split the sub categorised data bits within a category and also spliced or re-integrated small sub categories that were small in size. However, I was careful not to ignore such cases as some were significant and offered illustrative results (after Kitchin and Tate, 2000). Some categories overlapped and the whole process of categorising is highly contestable as there is no standard meaning of what one tries to categorise or code. Although the coded materials were put into piles (Agar 1986), cutting and pasting removed the original sequence of the conversation often resulting in loss of context (Bedford and Burgess, 2001) and flow of the conversation (Jackson, 2001). Discursive maps were also constructed, enabling the researcher to establish linkages and interpret the data. This interpretive stage involved going back to original data and asking questions. For example, regarding parental illness, I asked the following questions: (1) do parents discuss their illness with the children? (2) If the answer was “no”- why was this the case? (3) If the answer was “yes” was there something in the data that explained this? (3) What were the children’s feelings about the parents not discussing the illness, etc? I also had to refer to literature around the topic to determine patterns and most importantly to cross check the evidence (after Kitchin and Tate, 2000).

5.11 Conclusion

Researching poor orphaned children who are marginalised and emotionally affected by the death of parents remains a major challenge especially in creating space that enables their voices to be heard. This research rejects the positivists' notions of understanding child headed households' evolution and their coping strategies, calling for a qualitative approach that engages with children. While the use of an ethnographic approach provided rich data, each technique had particular advantages and disadvantages in terms of being distressful for both the study informants and the researcher, and in addressing certain research questions and themes. CHHs found task-centered activities more engaging and participatory compared to face-to-face in-depth life history interviews that often led to tears.

Chapter 6

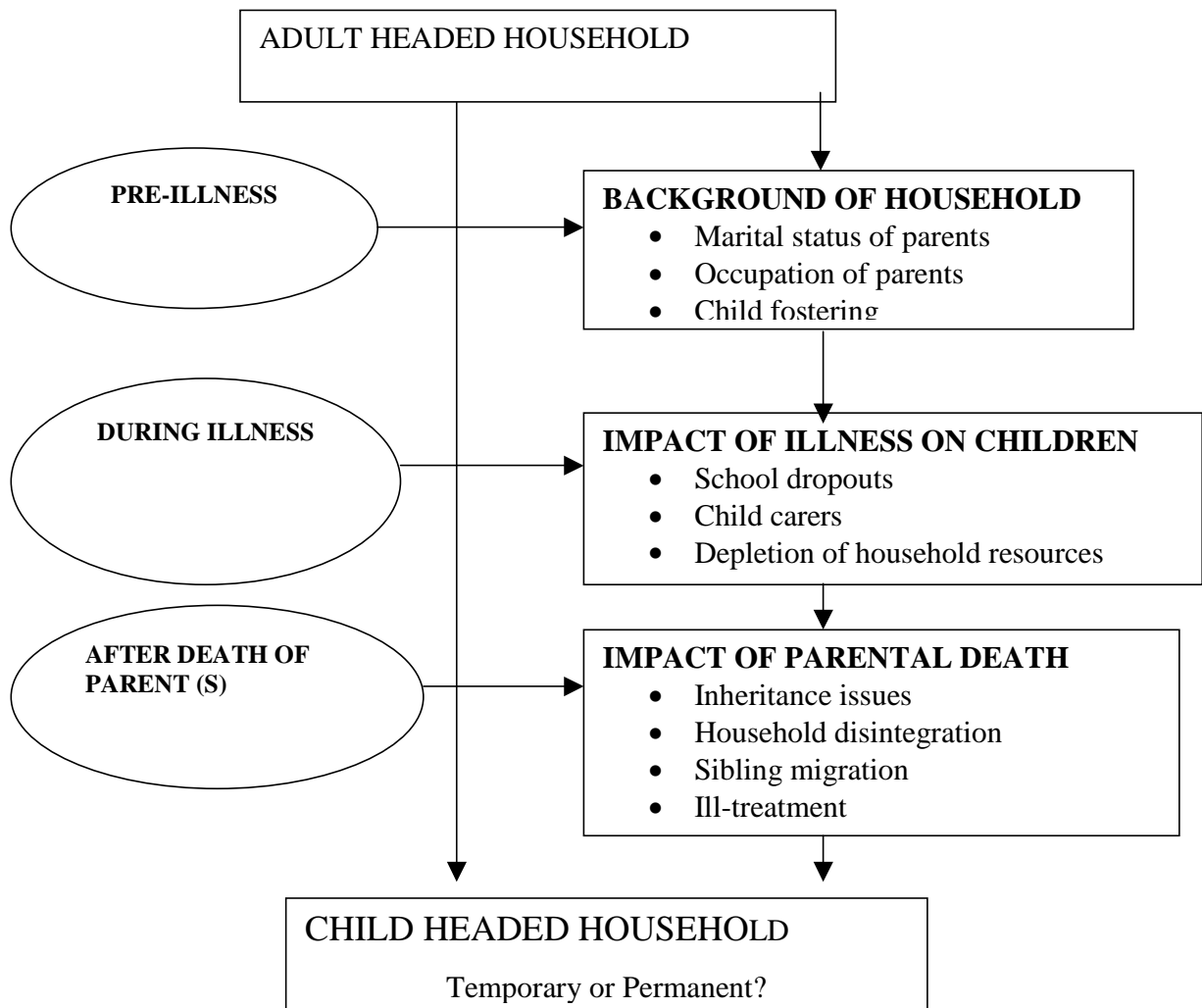
Evolution of Child Headed Households in rural Zimbabwe: the results of an intensive qualitative study

6.1 Introduction

Chapters 6 and 7 contain the results of the present study. Chapter 8 will discuss the findings. This chapter addresses the first research question that proposed to explore events and processes leading to the creation of child headed households in rural Mhondoro. The study takes a substitute⁵⁶ longitudinal approach exploring children's lives before parents became ill, during the period of parental illness and after the deaths of parents in order to trace the experiences and places through which children pass on the way toward creating their own households. A summary of these stages is presented in Fig 3. Such a geo-chronological approach encourages a continual analysis of key questions: (1) how does each event and stage impact on the children and how does it contribute to the establishment of child only units (2) what are the key critical points and crisis moments that require policy and programme intervention and (3) from a theoretical perspective, how are local constructions of childhood being (re) conceptualised as a result of Zimbabwe's escalating HIV/AIDS crisis. Adopting the HIV/AIDS impact timeline approach used by Drimie and Mullins (2006) this study also notes children are affected differently at each stage and this calls for different types of support as each event occurs. In addition, I am also sensitive to how place and space affects orphaned children. The substitute longitudinal approach has the advantage of not responding only to the totality of the impact of parental deaths on children but allows for the analysis of each stage and for the development of specific policy responses to each stage (pre-illness, illness and post parental deaths). For example, separate strategies to support children caring for ill-parents, and others that facilitate access to resources when parents die. This approach recognises that each stage is a process not an event or static phenomenon, but always evolving and inter-connected and that it is a pathway into and through CHH.

⁵⁶ It was not in fact longitudinal as I asked the children about their past, rather than having done an earlier survey.

Fig 3: Events and processes leading to the creation of a CHH



Adapted from Germann (2003:4 cited in Germann 2005)

Note: German's (2003) model fails to show the spatial dimension of the phenomenon. The double headed arrows between the adult and child headed households provide a sense that children may move temporary into relatives' homes before and after being a CHH. Although the model begins with parental or an adult household, my methods however were in retrospective, that is it started with CHH and tracing back their formation to a time when they were with their parents or caregiver.

6.2 Pre- parental illness⁵⁷

This section provides background information on the particular CHH households that were surveyed for this thesis with regards to their situation prior to the illness and subsequent deaths of their parents. This data provides a backdrop against which to compare and understand information about participants' lives and experiences and the factors influencing the creation of CHHs. Given that CHHs are not the norm and that many other orphans are inherited, the main question that this section addresses is what was it about these families that ensured that CHHs emerged? What were the factors that contributed to the establishment of CHHs? Is poverty a key factor or is the character of a family and its relationships with its extended family structures and the larger community the determining factor in whether children end up living on their own? The discussion begins by examining the socio-demographic characteristics of the orphaned children studied, followed by that of the parents to contextualise the findings.

6.2.1 Background to the Households

6.2.1.1. Demographic characteristic of the orphaned children

As noted in the previous chapter, only five households were sampled. The informants' (the child heads and their siblings) ages⁵⁸ ranged between 10 and 19 years (see Table 9). The eldest child head was Mufumi aged, 19 years and Tererai was the youngest aged 16 years at the time of the study. Overall, the sample contained more boys than girls. Only one girl headed a household. As shown in Table 9, two of the households (Chenjerai and Tererai) were 'lone' households. However, Chenjerai's brother was home after he was displaced by Operation Murambatsvina⁵⁹ (Operation Clean up). Three of the households

⁵⁷ This stage provides an overview of the living arrangements of parents and the children before parental illness. I consider the 'pre-illness' stage to be the period before illness becomes apparent although in the case of HIV/AIDS of course, parents might have been infected for some time before AIDS related illnesses were manifested.

⁵⁸ Age refers to completed years as used in the Demographic Health and Survey (DHS)

⁵⁹ The operation was a government initiative to clean the cities of illegal structures. Thousands of people were made homeless after their 'illegal' houses were destroyed. Chenjerai believed that his brother could have fallen victim of the Operation. As a result, he like many other displaced people, returned to the rural home.

were composed of siblings. They were either all boys (Mufumi), or a gender mixture, but either female headed (Chemai household) or male headed (Tendai household).

Table 9: Demographic Characteristics of the orphans living in CHHs

Household Name	Person No.	Sex	Age	Level of Educ ¹	Year mum died ²	Year father died	Period of Orphanhood	Period of CHH (yrs)
Chemai	Chemai	F	18	9	2003	2004	1	1
	Chigerere	M	13	7				1
	Svodza	F	10	4				1
Tendai*	Tendai	M	18	11	2000	1997	5	1
	Netai	F	16	9				1
	Ndakaiti	F	14	4				3 weeks
Chenje rai*	Chenje rai	M	17	8	1998?	2001	4	3
	Mbadzu	M	23	11				2 weeks
Mufumi	Mufumi	M	19	11	2004	2001	1	1
	Rovai	M	12	5				1
Tererai*	Tererai	M	16	10	1996	2003	1.5	1

Note: ¹ Level of education in completed years. Zimbabwe has a 7-year cycle of primary education, followed by secondary education Form One to Form Four (that is level 8-11), then two years Advanced level (A-Level) and tertiary education.

² The deaths refer to the biological mothers. Note that some of the parents divorced and remarried. Where bracket the deaths are either step parents or care givers.

? Not sure

*Parents were divorced and/or separated at the time of death. However, the deaths refer that of biological parents

Although all the child heads were not attending school, their siblings were still in school (Table 9) Tendai and Mufumi had completed Ordinary level but failed to attain the minimum required five passes that included English and Maths⁶⁰. Chemai dropped out of school after completing Form Two to take care of his terminally ill father, after her mother died (Fig 4). Other drop outs were Chenjerai whose father failed to pay his fees and Tererai due to lack of a birth certificate.⁶¹ Even though the some of the children lost both parents over 5 years (e.g. Tendai household), they had only lived as CHHs for a year at the time of the study (see Table 9). This suggests migration of the orphans between adult headed households prior to becoming CHHs. None of the child heads was formally employed.

Profiles of the child headed households

Chemai Household

Chemai (see also Fig 4) is the only girl in this study heading a household. Chemai dropped out of school when she was in Form Three to care for her ill mother and father (Fig 4). She cared for her father for over a year until his death. She currently looks after two siblings, a girl (aged 10 years) and a boy (aged 13 years). The youngest sibling (Svodza) is in grade 5 and the boy (Chigere) is currently studying Form One. Chemai reported that they have a half brother who is older than her. Rumours say that she also has a half sister, but she informed us that it is her cousin. Chemai always lived with her parents until they died. Her father worked at nearby farms, whilst Chemai's mum looked after the family. Chemai's father is originally from Malawi. The children were left with a very good modern house, and well-furnished and carpeted sitting room. Each of the two bedrooms has a bed and a wardrobe. The family owns a radio and a bicycle including a wheelbarrow. She keeps the homestead very tidy. However, they have limited kitchen utensils. Her mother's relatives took most kitchen households goods when the mother

⁶⁰ Maths and English language must be two of the o-level passes. Without these two subjects, one cannot find formal employment.

died. Chemai is resource poor, with no livestock, including pets and dogs. However, she has over a dozen chickens and rabbits. She receives most of her support from neighbours and a few friends. She has a very good social support network. She raises household income by working on nearby farms as well as beer brewing. The later she does with a neighbour, her mother's friend. During the dry season Chemai maintains two gardens one at the homestead where she grows vegetables for household consumption. The other garden is in a different village. Her late parents' friends allocated a portion in their garden. She grows vegetables for sale. Chemai can be described as a very hard working girl. The community loves her good behaviour and sense of humour despite her daily struggles. She is better off than other child headed households studied.

Tendai Household

Tendai currently lives with his two young sisters. The two sisters had been living with relatives before they joined Tendai in Mhondoro (Fig 5). The youngest sister (Ndakaitei) had been with Tendai for three weeks when the study commenced. The older sister (Netai) has been living with Tendai for one year. She also lived with a maternal aunt prior to coming to Mhondoro. Both girls are currently in school and are doing extremely well, always in the top five of the class. Tendai completed O-level but failed. Tendai has older siblings who are all married. Tendai grew up in a very unstable family. Tendai's mum worked as a maid for his father before he married her as a second wife. Tendai's father divorced the first wife whom he had three children. When Tendai's mum got married she left Harare to live in the rural areas while the husband worked in the town. However, Tendai's father reconciled with his first wife, leading to the divorce of his mum in 1994 when Tendai was 7 years old. Tendai never saw his father until he died in 1997. Tendai's mum left with her children to her natal home. There she remarried but never had children. Tendai's mum worked as a fore person at a farm. She had a company house where she lived with Tendai and his sisters and their step father. The death of his mother signalled the disintegration of the family. Later Tendai went back to his paternal home

⁶¹ It is compulsory for everyone to have their birth registered. Without a birth certificate, one cannot sit for O-Level examinations and cannot apply for a national identity card that is compulsory and is required to access government or NGO assistance

where he lived with an uncle for about three years (Fig 5). He has moved out of the uncle's house and currently looks after a relative's house. The relative lives in Harare. The situation can be described as disastrous. Their paternal relatives are unwilling to look after the children for fear of further conflict with the stepmother who has declared 'war' on anyone willing to look after the family. The household is extremely poor they have no land to farm or own a house. They have virtually no resources from kitchen utensils to use for cooking and blankets. Tendai depends on the community for piece jobs to feed his young sisters. Tendai receives no support from his older siblings.

Chenjerai Household

Chenjerai is aged 17 years old. He dropped out of school when he was in Form Two mainly due to lack of uniform and decent clothing (see Fig 6). Chenjerai has been living alone for the past two years. At the time of the study his brother (Mbadzu) had come to visit from Harare. Chenjerai has always lived alone for most of the time since the death of his grandfather who he lived with after the death of his father in 1998. The grandfather died in 2002 leaving over 8 grandchildren in the household including Chenjerai and his older brother to fend for themselves. However, the eldest brother (Mbadzu) had joined him two weeks prior to the study. He lives in Harare. Most of the grandchildren have left (mostly girls) in search of work on the nearby farms. Relatives took in two of the cousins. Chenjerai chased away two of the cousins for being promiscuous. Prior to their parents' divorce, Chenjerai and Mbadzu lived with their mother in the village whilst the father worked in Harare for a manufacturing company. When the parents divorced, their grandparents looked after them (Fig 6). The family was large with children from their divorced aunts. When their father remarried they continued to stay with the grandparents. In fact their stepmother cooked for them but they slept at the grandparents' household. Chenjerai lost contact with his mother when she remarried and moved to her new marital home. Chenjerai and his family can be described as "things fall apart". There have been many deaths in the family including that of Chenjerai's grandparents, uncles and aunts. The impact of HIV/AIDS is evident in this family. Households have perished. It is mostly children that are left in this family. However, Chenjerai is still survived by a very poor

great great aunt (sister to their paternal grandfather) living in the same village with Chenjerai and two aunts married in different districts. Although the household have access to cattle Chenjerai is not clear about owns them. This is a very poor household. Although Chenjerai owns land he has no farming equipment. They were left with very few kitchen utensils. Chenjerai provides labour on the farms to raise income for his survival. He runs a vegetable garden during the off agricultural season.

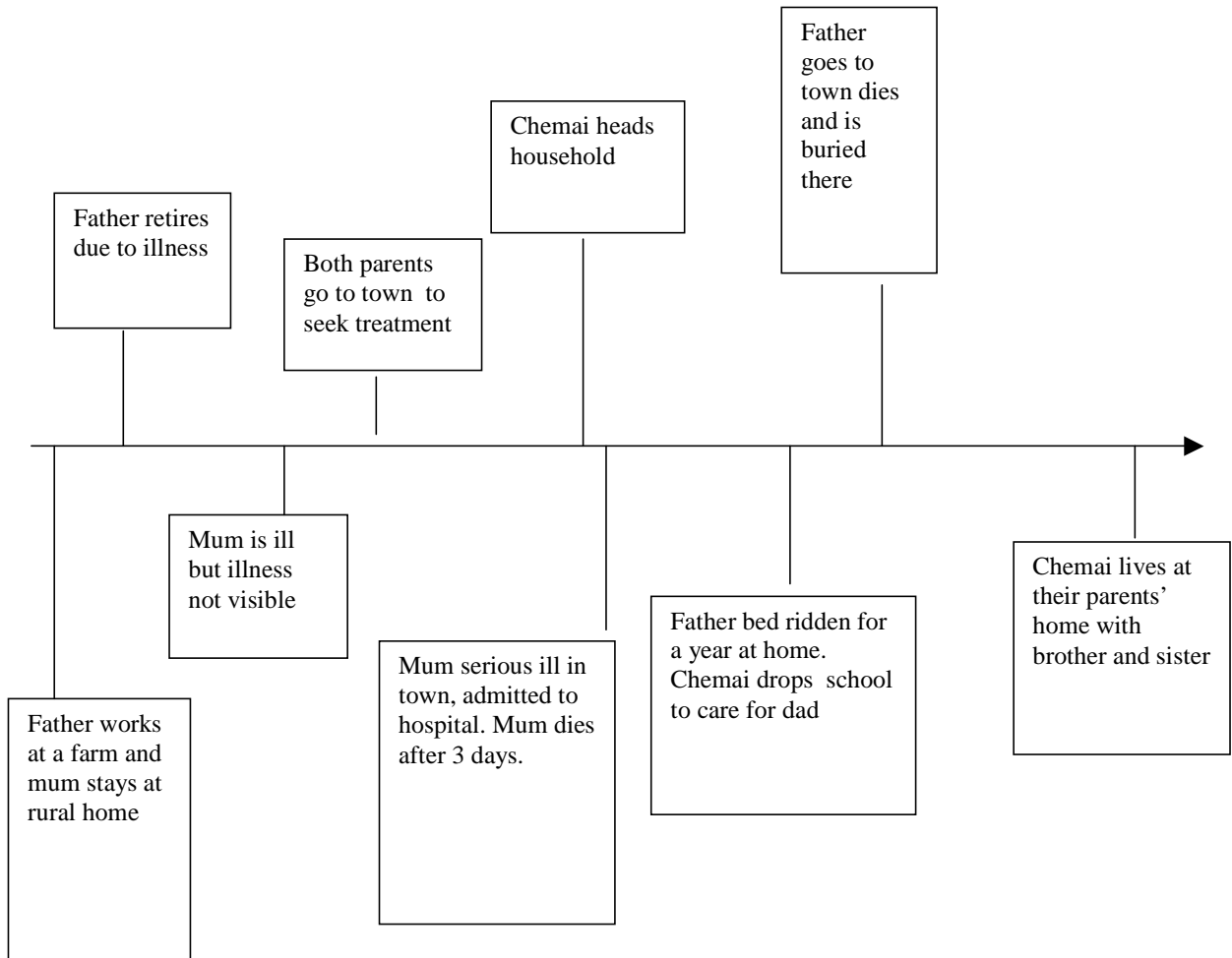
Mufumi Household

Mufumi is the oldest of the child heads studied. He was aged 19 years at the time of the study. Mufumi's mother was married before and had one child who is older than Mufumi. The community including the village head informed us that Mufumi has his own father. But Mufumi denied this as false information. However, the difference in age of 7 years between him and the young brother (aged 12 years) seems to confirm the community's statements. Mufumi and his step-brother have always been fostered by their maternal grandmother. Their mother lived on the farm with his two siblings, a boy aged 12 and a girl aged 10. Mufumi currently lives with the youngest brother, Rovai currently in grade 6. The young brother unlike Mufumi has very few clothes. He always put on the same dirty clothes every time we met him. A maternal aunt has taken in the girl (Fig 7). Mufumi's parents bought a stand in the village where they built a big round hut, which served as both a space for cooking and sleeping. Mufumi's mother lived in the village and their father continued to stay on the farms until he resigned from work due to illness. Mufumi's step- brother provided the largest amount of support to the family until he was jailed for public fighting for over a year in Harare where he worked. Mufumi completed Form Four but failed. His young brother is still in primary school. Mufumi has no paternal relatives. Their father is Malawian by origin and he lost contact with all his relatives in Malawi when he came to Zimbabwe several years ago. Mufumi's father came to Zimbabwe with his brother but they lost contact. Mufumi's behaviour is a cause for concern in the community and the village head is unwilling to provide support for him. Mufumi mainly depends on the farm for income. He also grows vegetables for sale.

Tererai Household

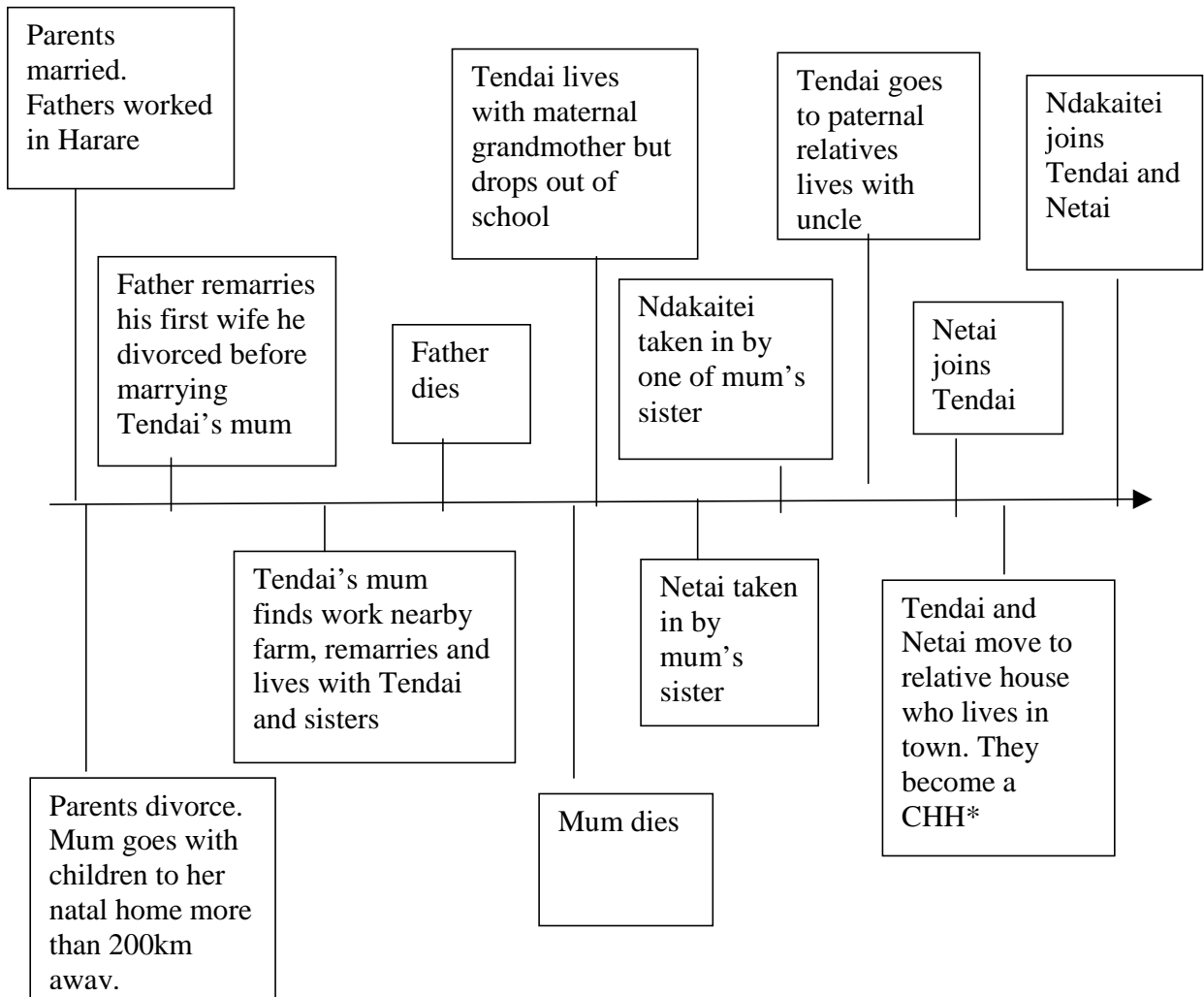
Although Tererai lives alone he has two siblings, a boy (Bvumai) and a girl aged 14 years and 12 years respectively. The lack of a birth certificate led him to drop school in Form Four. The siblings live with different paternal relatives in the same ward. However their niece took in Tererai's young brother before the father passed away to assist with household chores, especially herding cattle. The girl moved to a relative after the death of the father and when Tererai moved to his new home. Both siblings currently attend school. Tererai's parents divorced when he was very young, before he started primary school (Fig 8). They remained with their father. The father however left his home to go and live with his mother (that is Tererai's grandmother). Note that the mother was also divorced and went back to her natal home. Tererai's father never remarried. They lost contact with their mother when she left after divorce. Tererai's father was a fisherman but mainly depended on subsistence agriculture for survival. Tererai moved back to claim his father's land after his death. He receives a lot of support from paternal relatives, especially the paternal grandmother as well as the village head whom he is related. Tererai household can be described as very poor. He has a very small hut he built when he left his maternal relatives. Tererai is very hard working and a very well behaved child. His relatives adore him for his good behaviour.

Fig 4. Life Line: Chemai Household



Note: Parents were married. The father worked at a nearby white owned large scale commercial farm .

Fig 5: Life line: Tendai Household



* This house belongs to an uncle who lives in Harare with his family. Tendai provides security to the house

Fig 6: Life line-Chenjerai Household

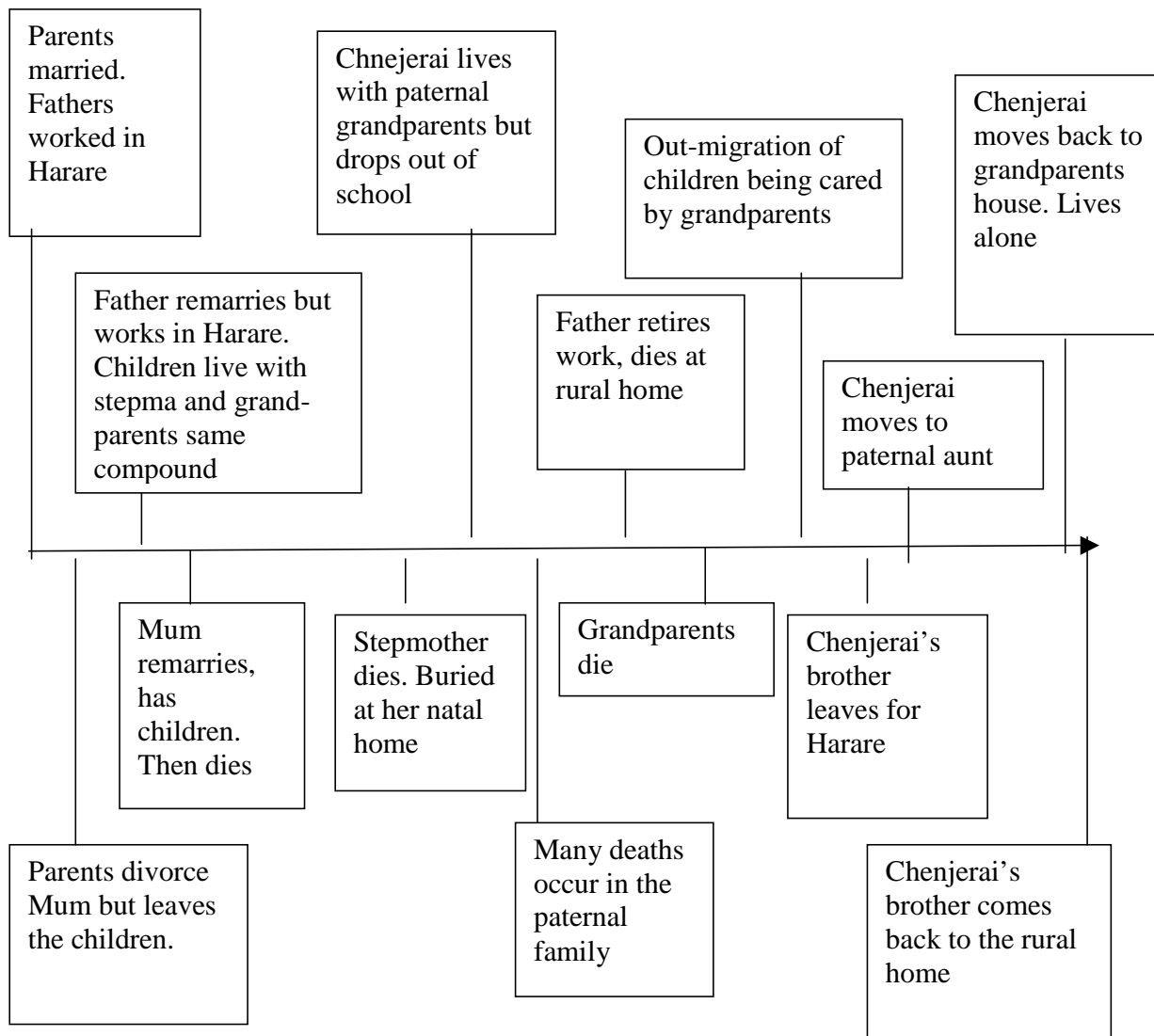


Fig 7: Mufumi Household

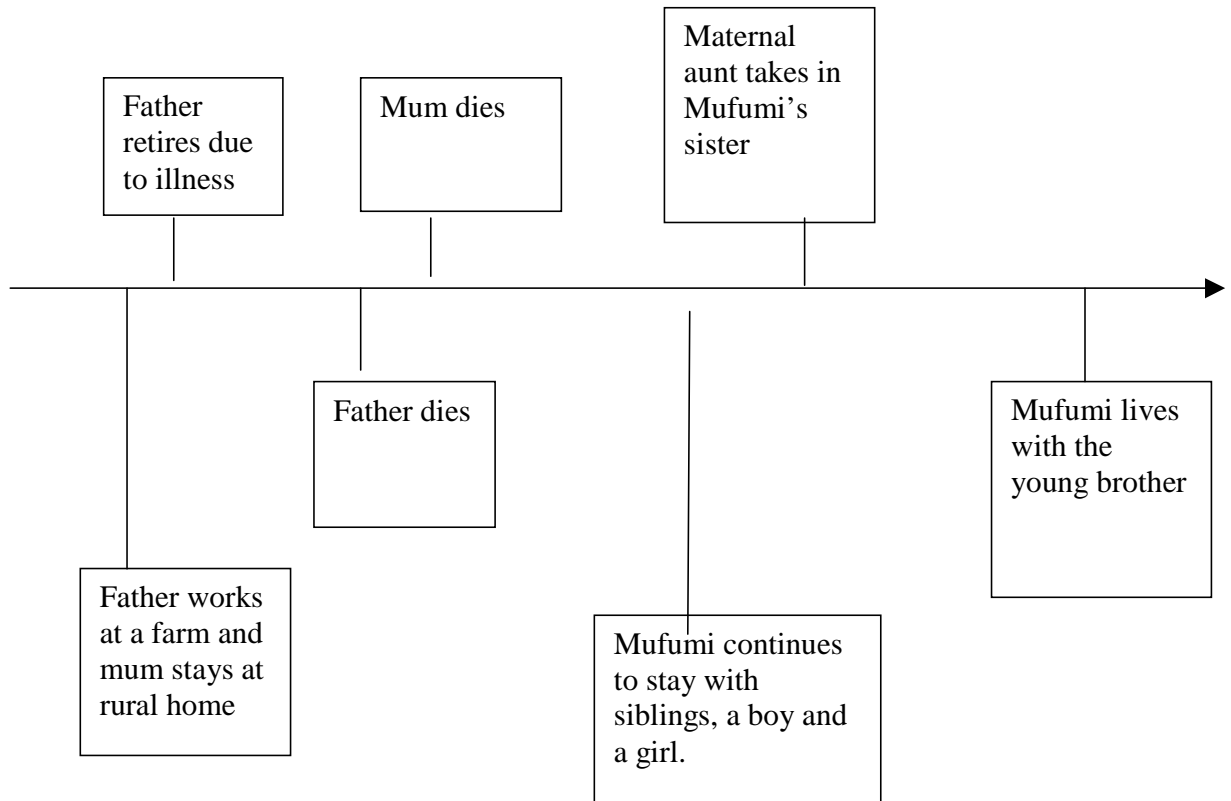
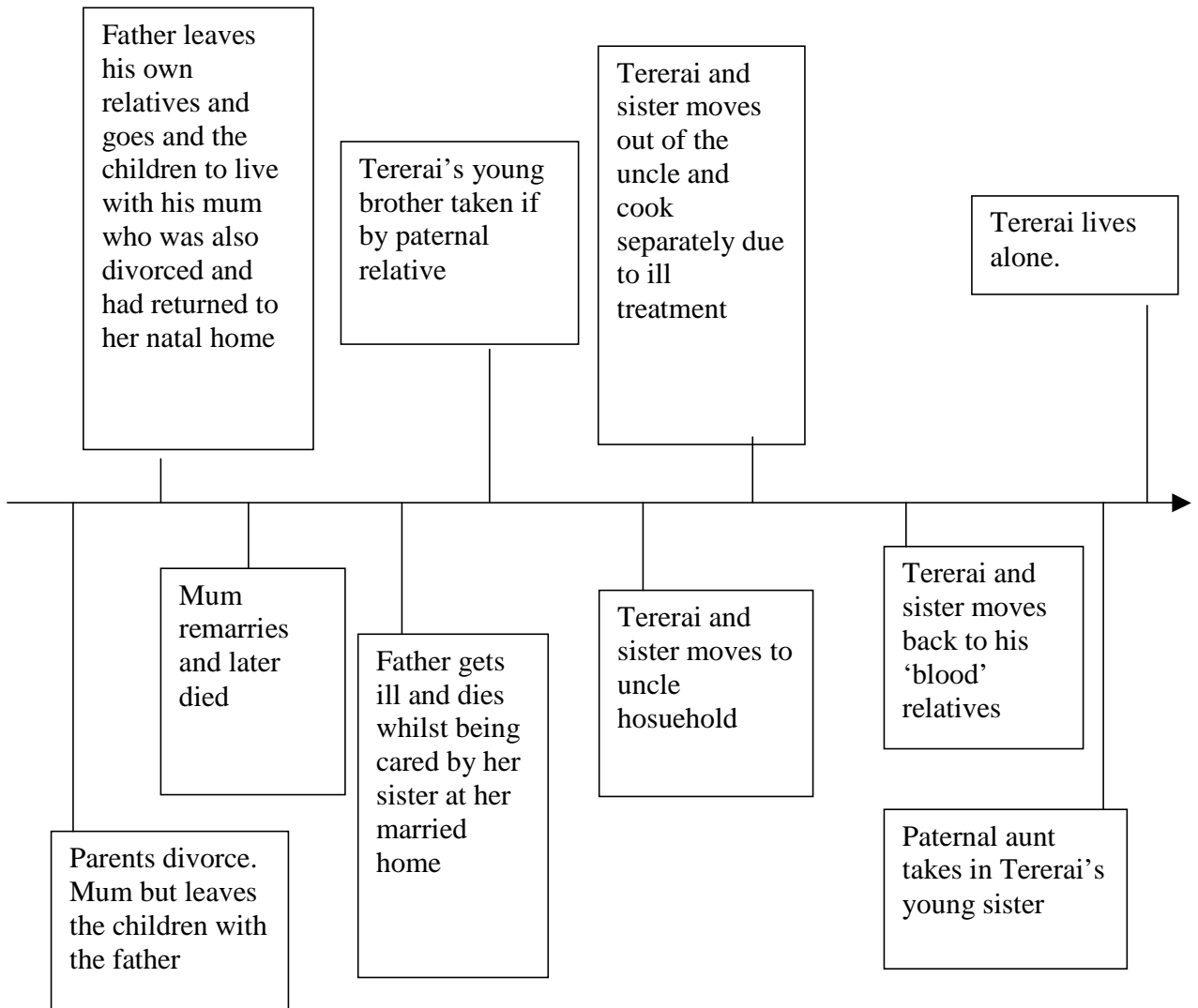


Fig 8: Life line-Tererai Household



6.2.1.2 Marital status of parents

As was argued above, parental marital status has considerable relevance in Shona society and has implications for the care arrangements of children in the event of death. In the mid 1990s, available data estimated that one million children in Zimbabwe were born to divorced, widowed and never-married women (CSO, 1994). Marriage (customary and or civil) and the payment of *roora* remain important and continues to have a direct impact on children's future in the event of parental death (see Chapter Three). Existing literature suggests that children from single mothers are at risk of neglect if the mother dies. Maternal relatives often refuse to provide support for children⁶² whom they consider illegitimate especially if the mother was a commercial sex worker and where *roora* had not been paid (Foster et al., 1997a).

The children's life histories are illustrative of the increasingly common phenomenon of marital breakdown in Zimbabwe. Out of the five households studied, only Chemai and Mufumi's biological parents were married at the time of their deaths. Although Tendai, Tererai and Chenjerai's parents had divorced, Tendai and Chenjerai's parents remarried, while Tererai's father never remarried (see also Fig 4,5,6,7,8). Divorce impinges directly on the children. In traditional (pre-colonial and colonial) Shona society, if parents divorced, men retained custody of children (see Chapter Three). Where children were very young, they went with their mother, but were later sent to their patrilineage at about the age of five years and above (see also Nyamukapa and Gregson, 2005).

In Tendai's household, when the mother and father divorced, he and his siblings went to live with their mother at her natal home⁶³. In both Chenjerai and Tererai households, they

⁶² In Shona culture children born to unmarried women are usually taken care of by their maternal relatives even if the mother marries. It is culturally unacceptable for a married woman to bring her 'illegitimate' children in to the husband's family. Such children are given derogatory names, *mubvandiripo*-litetary meaning I was brought in or an outsider)

⁶³ Although no reasons were given to explain the reason why the all the children including older ones went with their mother after divorce, it is not an uncommon phenomenon in Shona for some mothers to take their children with them at divorce especially where normal traditional procedures of divorce are not followed. Just like marriage, divorce (which traditionally hardly happened) involves discussion between the two families and it is during the several meetings that child care arrangements are discussed. This process did not occur with Tendai's parents, as no adult members of the extended families were involved.

remained with their fathers after the divorce of their parents. However, in Tererai's case his father left his own kinsfolk and went to live with his own elderly mother (Tererai's grandmother) at her natal home⁶⁴. Therefore, Tererai grew up with his fathers' maternal relatives⁶⁵. Chenjerai was looked after by his paternal grandparents⁶⁶ before their father re-married. Chenjerai and the older brother had different living arrangements when the father remarried. Although Chenjerai reported that their new step-mother cooked for them, lack of accommodation meant that they slept at their grandparents' place a couple of houses away, even though they had previously shared the same room with their biological mother. Although the stepmother did not bring any children and that Chenjerai and his brother were still young (both below six years when the father remarried), the changing social relations meant that the use and meaning of the 'hut' also changed producing a relative lack of accommodation.

Other factors helping explain these divisions in living arrangements could have been the presence, in the grandparents household, of the many young cousins (about 8) who were also under the care of the grandparents. On the one hand, if all the various grand children slept at the grandparents house it meant that they could all play together, however, on the other hand all these children represented many mouths to feed, hence the need for the step mother to cook for Chenjerai and his siblings. Chenjerai reported that most of the cousins had either lost their parents or were 'illegitimate' children. In Shona there is a saying: 'there is no elephant whose trunk is too heavy for it' meaning that as "individual and family are one, one cannot be a burden to the other" (Meursing, 1997: 209). Whereas children may no longer have quite the same value they once did, cultural discourses and practices still make people feel that they should take even 'illegitimate' children in if they can. Like many societies, Shona society is very child positive, but particularly when children are linked by blood ties to specific adults. This is an example of the complex ways in which extended families cope with many orphans.

⁶⁴ The grandmother was a divorcee. She had returned to her own natal home/area without the children (that is Tererai's father) after divorcing Tererai's grandfather who was deceased at the time of the study. There the grandmother had an illegitimate son (Tererai's half uncle).

⁶⁵ Therefore Tererai and his father were considered outsiders or *mubvandiripo*.

Separation or divorce causes children to lose contact with either parent especially where deep-rooted conflict exists between the parents. Marriage and wife movement at marriage often involves a considerable distance between her natal and marital home. As a result geographical distance and cost determine the frequency of contact with children. A loss of contact has implications for children who are initially raised by maternal relatives but who then have to return to their paternal home after the death of the mother. Where divorce occurs, it is likely for children to lose contact with one of the parents, especially the one without custody. Life histories in this survey suggested that children in the custody of mothers were more likely to lose contact with their father's family while children in the care of fathers, had contact with their mother's family. However, once the mothers remarried they found it particularly difficult to maintain contact with children from the previous marriage. Chenjerai reported that his mother only used to visit them once a year. Originally she provided support for the children, but this situation changed when she remarried and moved to Gokwe (date unknown), more than 400 kilometres away from Mhondoro. She eventually lost contact completely and Chenjerai only learned she had died in 2000 a month after she was buried. At the time of the study they had still not gone to see where she was buried. Nevertheless, despite moving to Gokwe, Chenjerai's mother's natal home was only a short distance away from her first marital home and therefore Chenjerai had been able to maintain contact with his maternal relatives. Tendai reported a similar story. He had last seen his father in 1994; on the day his mother left him and took Tendai and his siblings to Murehwa. He next 'saw' his father at his funeral three years later.

6.2.1.3 Occupation of Parents

Parental occupation (as a proxy for income status) is important determinant of children's quality of life before parental illness/death, and also with regards to access to resources after the death of parents (see Germann, 2005). The respondents were asked about their mother and father's occupation. With regard to mother's occupation only one (Tendai's mother) was either working at the time of her death or had ever worked in paid

⁶⁶ The father's house (one hut) was built around less than 50 metres from the grandparents'

employment. The preponderance of unemployed⁶⁷ women in this survey is in common with the national picture and the common pattern of women being confined to household domestic work while men work away from home as paid workers in towns, mining areas and farming areas⁶⁸. When Tendai's mother went back to her natal home, she got a job as a 'foreperson' at a nearby farm in order to raise money for her children's school fees and general upkeep. Tendai's mother continued to work when she remarried. Tendai reflected nostalgically that his mother's job had entitled her to a company house on the farm. Tendai's mother resigned from this position a month before she died.

Male labour migration is still common in Mhondoro communal area and in more prosperous times it was possible to work in Harare during the week and return relatively easily at the weekends. Women continue to maintain the rural home as defacto heads, supplementing household income through subsistence farming and market gardening or working as contract workers on nearby farms⁶⁹. This is consistent with social patterns that emerged during the colonial era when women were expected to stay in the village whilst the men migrated in search of employment in the urban areas (Chapter Three). As expected, all the children reported that their fathers worked away from home except for Tendai's step-father who worked at the same farm as his wife, their mother. While Tererai's father was self-employed as a fisherman, the rest were formally employed but in low paying jobs. Tererai and Chemai's fathers worked on nearby farms as general labourers. Meanwhile, Tendai was not sure of his father's exact occupation although he guessed that that it was a good and well paying job because he had hired a maid⁷⁰ to do

⁶⁷ This refers to unemployed in paid employment and or the official sector. It does not refer to the important women do in the informal sector.

⁶⁸ Although in the last few years with national unemployment rates running at 70% many men are also unemployed (at least not employed in formal sector work) even if they continue to live away from home – though many of course cannot afford to and return home to rural areas.

⁶⁹ Mostly owned by white commercial farmers before and after independence until end of 1990S, but now owned by black commercial farmers/absentee landlords. At the time of the survey land invaders occupied the farms. Opportunities for farm work were declining due to lack of farming. This explains why the child heads spent most of the time at home during the study.

⁷⁰ As argued in Chapter Three most urban households employ maids (commonly known as sis) to assist with housework and childcare. A very important point to note here is that Tendai's mother used to work as a maid to his father and first wife. Tendai's mum developed a relationship with Tendai's father. He divorced his 'first wife' and married the maid (Tendai's mother). However, Tendai and his 'first wife' reconciled, leading to the divorce of Tendai's mum. Cases where maids have become married to their employer or employer's husbands are very common in Zimbabwe and this has caused tension and deep

household chores, had built a five roomed house⁷¹ in the rural area where they lived prior to the divorce and had bought land and was building a house in one of Harare's high density suburbs at the time of his death. Tendai's CHH was a particularly interesting case as one would not expect children of such a father to be in a CHH, but their experience shows the complexity of the issue. Chenjerai's father worked as tailor in Harare for an international company that manufactured clothes, towels and blankets largely for export.

6.2.1.4 Children's feelings towards absent fathers

During the in-depth interviews, the children talked about their feelings towards their migrant fathers and about how their long absence affected them. This long absence of fathers was a common experience for Chenjerai, Mufumi and Chemai whose fathers were migrant workers. Some of the children developed "negative attitudes" towards their absentee fathers whom they accused of "not caring" for them. The study suggested that children's "care needs" were not only material, but also emotional and social and father's inability to spend time with children was a common cause for resentment. In traditional Shona society, the generational division of labour in which children did household tasks allowed children to spend time with adults. Around the age of seven, boys doing tasks spent time with men and girls doing tasks spent time with women. However, current separation of children from fathers (and increasingly also working mothers) for long periods has lessened the time children spend in the company of parents especially fathers or male guardians. Where fathers or male guardians returned home at weekends, they spend the time with friends rather than their children as Mufumi's sibling, Rovai, stated in his essay:

Our father hardly spent time with us. He [the father] spent time at the beer hall with his friends instead of us, when he supposedly had come to visit my mum and us.

rooted conflict between families. Working-women are often accused of neglecting their social reproduction and production roles to maids. As a result husbands end up marrying maids whom they often perceive as 'almost their wives' because of the roles that they perform. This is a hot issue in Zimbabwe society and a cause of marital problems among working couples.

⁷¹ We visited the house Tendai lived with her mother before the divorce. Although the house is intact, Tendai reported that their step mother removed windows, doors and the roof.

The desire to spend more time with their parents reflects children's sense of hurt and loss at being a CHH. Although children might want love and attention, some children living in CHHs as well as the child heads consider a good father as someone who not only visits the rural home frequently, but also is also able to provide economically for them. Chenjerai and his brother felt a sense of abandonment and neglect from their father who after their parents divorced, has spent long periods without coming to visit them. The two boys reported that the father never paid their school fees or bought them clothes even though he worked for one of the largest clothes-manufacturing companies in the country. The truth of this statement is unclear as it is unlikely that a parent would entirely neglect the children. Although I want to respect the choices of children, this might be an "untruth" and they might be exaggerating, as resentful people often do. On the other hand it might be entirely true. However, I failed to validate these statements with their great aunt. Certainly Chenjerai's face expressed pain when he talked of his experiences and about his feelings of a loss of "dignity" and "humanity" at having to wear old and worn out clothes that exposed his flesh, a factor that forced him to quit school in Form Two just before his father died:

Chenjerai: [with pain and bitterness] Imagine I always wore a short with several mended patches and yet our father worked for the biggest company in the country, which even exported clothes. Our grandma mended the torn shorts. It looked ugly because all the threads would be visible. "Zvaindivisa unhu". (I ceased to be a human, as I felt naked as the indecent clothes made him look indecent). It was better for me to put the tattered clothes at home than go to school looking like that because of fear of being laughed at -own emphasis].

The two brothers (Mbadzu the older and Chenjerai the youngest) spoke with hatred, anger and resentment towards their father for neglecting them during his lifetime

Mbadzu: Ah Baba [father]! Vaichona. (meaning he would disappear) [Here the word vaichona is commonly used to emphasis long absence]. He rarely came home. Yet he would be in Harare [very near]. He used to come during the rainy season. We never went to Harare [after the divorce of their mum]. He came here after a very long time [make a sounds that in the Shona society is used to express his hurt and hate over the father]⁷².

Chenjerai: Oh! Ya [agreeing]. He would disappear for ages [laughs and shakes head]

⁷² Having grown up in Shona society, I was able to pick up such expressions (see Chapter Five)

Mbadzu: *He stayed in Harare [about 65 km away]. He forgot that he had children back in the rural areas... Our father just disappeared. We could even see him once in two years⁷³. Ha! Ha! ha!. He would never send money home or pay fees. Our uncle [paternal] used to pay for everything. I can say our dad never educated us [the local NGO paid the fees for Mbadzu]. Our grandpa did everything. He fed us and paid our school fees. I never cared [showed love or respect] when he [dad] came to visit because he brought us nothing. Takanga tisisina shungu navo nekuti vaingouya vari munhu"-Meaning we no longer cared for him because he came from town empty handed. He always said that he did not have money when we asked for school fees. You know we had expectations when he visited after such a long time. We wanted him to buy us something. We went to school barefooted. We had no option we still went to school. We really suffered. Our stepma only stayed here during the farming season when she had to plant, weed and harvest. After that she went to Harare to stay with dad. She also did not plant every year. She would say, "This year I am not engaging in farming because I have no kids to feed" [she never had kids with their father]. So she stayed in Harare and came here once in a blue moon to collect maize for consumption.*

Neglecting children provides a ground for children to develop hatred towards parents. Chenjerai's brother explicitly indicated a loss of remorse towards their father during his illness and after his death. While we must recognise the competence and agency of children, this does not mean that they do not also need and desire love and guidance (Kesby, Gwanzura-Ottmoller, Chizororo, 2006).

6.3 Parental Illness

This section reviews findings about children's personal experiences during the period of their parent's illness and the roles they played. The discussion also examines the extent to which events in this stage affected children's lives and experiences. The section begins with the general situation in the study area regarding illness and the high mortality rates in the villages to contextualise the children's individual experiences with illness and the deaths of their parents.

⁷³ He hardly came home after his divorce. It would seem that by then the father had another relationship with the woman he later married (Chenjerai's step mother). Even after marriage, the two boys reported that their step- mother spent most of her time with their father in Harare and at times she would stay in town and not come back to farm as expected of most rural women.

Like elsewhere in Southern African countries where communities are experiencing high HIV/AIDS rates, illnesses and deaths were also a common feature in the study area. During the period of field data collection we visited four adult households with terminally ill patients⁷⁴. One adult female was caring for a 10-year-old girl whose parents were said to have died of HIV/AIDS.⁷⁵ The remaining three patients were two young women and one young man in their late twenties. Their parents were caring for them. The three sick adults lived in Harare before they came to the rural home where they were all “waiting to die”⁷⁶. Each of the two women had their own child of less than 5 years. One of the women was widowed and the other was single parent. The young man was unmarried. However, he succumbed to his illness and died during the data collection.⁷⁷ Although one of the young women was still bed-ridden when we left, the other had recovered. She looked fit and healthy. Such temporary recovery is of course not uncommon for patients suffering with AIDS related illness because for a while the body retains the ability to fight off opportunistic infections (Gadd, 2006; Meursing, 1997). The effects of AIDS illness on women are well documented (see also Chapter Four). When a member of the household falls sick, women including children, take extra time to care for the sick. Caring for the sick not only places a heavy burden on care providers, but also disrupts household production activities (see Chapter Four). In this study, research participants (and other villagers) spent a lot of time visiting the sick and attending funerals or memorial services.

My observation and discussion with the community regarding illness and deaths was also consistent to the experiences of the CHHs. None of the children associated or acknowledged that their parents could have died of HIV/AIDS related illness although from the symptoms they described and the prevalence of the virus it is reasonable to assume that they did. Clearly denial, stigma and concerns about sorcery still surround the

⁷⁴ We made these visits during the familiarisation tour with the NGO staff.

⁷⁵ The 10 year old lived with a sister to her mother’s biological mother. She was receiving assistance for her education and health from the NGO.

⁷⁶ Earlier I noted that many Zimbabweans have two homes, the rural and the urban. In the event of terminal illness, people go back to the rural home to be cared for and in the event of death they are buried in the rural home. The saying “all wait to die” was commonly used in the community

⁷⁷ This caused us to cancel our interviews with Chenjerai’s great-aunt as she spend most of the time attending funerals that were common in the surrounding villages.

issue of HIV/AIDS despite several NGO HIV awareness and training programmes (e.g. stepping stones) as well as various national level campaigns. However, in this study I did not seek to find out whether the parents of the study participants died of AIDS. At the same time the child heads never mentioned it. Given that I was aware of the stigma associated with HIV and AIDS related illness I did not think it was ethical to press the issue directly since the children did not choose to address the topic themselves.

The distribution of property was a common occurrence for households where deaths had recently occurred and we actually witnessed a household [a neighbour to Chenjerai's] distributing a deceased's man's property. At another household, the father showed us the kitchen household goods he had taken after the death of married daughter.⁷⁸ Later I will discuss in more detail how the issues of inheritance became a crucial element affecting the survival of children in my own study.

6.3.1 Nature and pattern of parental illness

The nature of illness varied and most parents suffered from a combination of chronic illnesses, which is consistent with AIDS. Tuberculosis, which for both medical professionals and common people in Africa has often been taken as a short hand for AIDS, was reported in three households, Chenjerai, Mufumi and Chemai. Other chronic illnesses stated included chronic diarrhoea, headache, swollen legs, malaria, herpes and sores that "never healed". The fact that I have no medical qualifications and had no access to the parents' death certificates makes it difficult to relate the parent's illness and death to HIV/AIDS. However, in the context of 25% HIV rates, it is reasonable to believe that the parents died of HIV/AIDS- related illness.

Children spoke about their parents' long illness as a progression from light, to moderate and then severe illness eventually ending in death. The description fits the

⁷⁸ While most property in a household was traditionally assumed to belong to the male head, kitchen goods were one of the few things that a woman's kin could legitimately claim (though seemingly not modern goods such as fridges, cookers, etc over which there is much dispute)

epidemiology⁷⁹ and the 'long wave' nature of HIV/AIDS as noted in several studies (Gadd, 2006; Gillespie, 2006; Barnett and Whiteside, 1999) (see also Chapter Four). They associated illnesses with emaciation and also described "on and off" periods in which parents vacillated between sickness and relative health. "On and off" is commonly associated by most community members in Zimbabwe to describe AIDS illness, and means that good health sometimes accompanies episodes of moderate to severe illness. The fact that the child heads were using it shows that they were subconsciously admitting that it was AIDS.

Many respondents had no idea when illness started especially where parents were absent from home for long periods.

Mbadzu: Ah a, a [with a low voice]. We just heard [from our grandparents] that he [father] started with a cough and was later diagnosed of TB. He was in Harare then. I do not know exactly when he started to be ill because of his long absence. The problem with coughing is its difficult to say when he was ill. Usually you think it's a cough associated with a cold and would disappear.

Monica: Did he cough when he came here to visit?

Mbadzu: Oh yes [emphasis]. He always coughed. He was sick but "vairwara vachifamba" (He used to get around to do work at home). It was 'on and off'

Q: From what you can remember how long was he seriously ill

Mbadzu: I would say he was serious for 6 months, 'on and off'⁸⁰...The wounds worsened but [he] managed to do some work at the house. I feel he was aware that he was too ill but he forced himself. He kind of improved. After retiring from work he ventured into a self-paying job in the village, sewing clothes a job he has been doing in Harare for many years. He got his pension and bought a sewing machine. He did a lot of sewing here but ah oh the business was not very successful. Anyway he then had these wounds that never healed.

This excerpt from Mbadzu showed that retirement from work occurred some time before Chenjerai's father died. Given the relative failure of his self-employment initiative, this indicates that family income was already declining and under strain before he either became chronically ill or died.

⁷⁹ See Gadd (2006) about the staged AIDS, from HIV infection to AIDS and then death.

⁸⁰ This is a very common statement in the country usually referred to individuals with AIDS related illness

6.3.2 Non-Disclosure of parental illness to children

In talking about parental illness, the issue of parent's silence about the nature and cause of their illness emerged as a theme of central concern to most of the child heads.

Mufumi: "It's a problem [to say what the parents were sick of] when dealing with adults. They just say oh my headache, oh my headache [without elaborating]."

Almost all the children stated that they were unaware of the name of the illness until a few months before they died. Where parents fail to disclose the nature of the illness, children often relied on information provided by relatives or parents' friends (see also Mbadzu account above in section 6.3.1). However, children reported that not all parents were willing to inform them about the nature their illness. For example, Tendai's mother never talked to her about her illness and what would happen to Tendai and her siblings after her death and preferred to discuss these matters with her sisters and own mother. Similarly, Tererai's father's preferred to talk to his nephew about his illness:

Tererai: [recounting what his father had told him] "My son, I am very sick. I want you take care of the [other] children...However I cannot say much to you because you are still very young" He sent Bvumai [Tererai's young brother] to call his nephew [sister's son or the muzukuru]. He lives on the plots (Small Scale Commercial Farms⁸¹). He is the one he talked to at length. My cousin (whom Tererai also refers to as muzukuru in the complex Shona relations) had not said anything to me about what my father said. He only says to me that father said something to him. He would tell me when the right time comes. I am just waiting and of course am curious also

Traditionally, a nephew's powerful position as an intermediary between the cognate families means that he is trusted with keeping secrets (Gelfand, 1973). However hiding the nature of their illness from children, can result in feelings of guilt among children following the parents' death:

Chemai: She [the mother] also complained of a headache. She once said to me, "Oh Chemai my daughter I have a terrible headache. I even sleep when all of you go to school". I did not know that it was that serious. Maybe I was young then [I

⁸¹ Even though Small Scale Commercial Farms (SSCFs) were mostly allocated to blacks before independence, production on these farms have always been very low, and have always recorded worse poverty compared to people living in the communal lands (see Zimbabwe Human Development Report 1998).

should have probed further but it was clear that this was an upsetting topic for the child].

Giving children superficial information about illness fails to prepare them for the parents' death especially when children hope their parents will recover. The psychological impact of this is yet to be investigated.

*Monica: You talked about him dying. How did you know that he was going to die?
Mufumi: I am not sure really [that the father was dying]. (...) A.a.a ah. Okay I never thought he would die at first when he complained of headache. I thought it was just a minor illness that would go away. I only realised one and a half months later that he was very ill and was actually getting worse. He had sore legs and they were swollen. He had high temperatures [fever]. It was so frightening. I used to take him to the clinic in a wheelbarrow..."*

Chemai noted a similar experience. When Chemai's father fell ill, the parents travelled to Harare to seek treatment. Whilst in Harare, Chemai's mother fell ill, was admitted to hospital and died within three days. Her death was a shock to the community, family and especially Chemai. They had all assumed that the father would die first because he was so "visibly" very ill:

Chemai: "Remember she was not ill when she left for Harare. She used to complain of sore feet, as if there were needles prickling her. She would soak her feet in warm water everyday before she went to sleep. Viazvishingisa [She pretended to be very strong]."

Where children gathered the courage to initiate dialogue on their parents' illness, the severity of the illness often deterred them children from probing too deeply. In some instances it was even too late to undertake such a discussion because a parent had become too ill to talk:

Mbadzu: No! It is not that I did not want to talk to him [father]. We used to spend most of the time at school. We left home early morning and came back home around 5pm in the evening⁸². Sometimes when we got back from school I would want to say hello [intending to initiate a conversation]. But uncle would say,

⁸² The distance to the school was about 5 km and this partly explains the long school day. Further, it usually gets dark soon after 6.30 p.m. and a sick person might be expected to sleep in the dark (in a rural area with no electricity)

"Leave him he is sleeping". Plus when a person is very ill they do not want to talk or be bothered. They want to be left alone!"

Chenjerai: Even if we wanted to do that [talk to the father] it was too late. He was too ill during the last week and could not talk completely for three days before his death. He no longer ate. We were all waiting for him to die.

Even though children were not informed about the nature of their parents illness, in most cases they seemed to competent to have determined the severity of the illness, particularly when illnesses became "visible" and/or had reached an advanced stage. Most often children observed changes in physical appearance such as emaciation, inability to walk or and being bedridden for most part of the day. Strange behaviour due to mental illness was also reported in the case of Chemai's mother. The children also mentioned clinical observations such as fever and sores that "never healed", persistent coughing as well as episodes of being 'on and off'. Early retirement was seen as the final evidence, and thereafter children said that they "waited" for their parents to die. Tererai illustrated his ability to 'diagnose' the severity of his father's illness:

The measles would bleed a lot especially after taking a bath. I think it's because he scratched them. This occurred for several days. Later the measles had pus. At the same time I also noticed that aa a a a [shaking his head] he was losing a lot of weight. He used to be a huge person. Even the way he walked uh uh ah ah (...). I was in Form Three.

Chemai related a similar experience when she had cared for her mother for three days in a government hospital in Harare. Although earlier in the interview she had noted her own failure to observe that her mother was ill, seeing the mother lying in a hospital bed had clearly brought her feelings of fear and hopelessness. Her fears were exacerbated by limited emotional support from her relatives and her mother's friends who had accompanied Chemai's parents to Harare⁸³. She spoke with anger about the failure of these adults and indeed the hospital nurses to do anything that would have prepared her for the death of her mother. Chemai (then 15 years old) described tearfully her experiences when her mother was dying in hospital in Harare⁸⁴:

⁸³ The parents had gone to seek to seek spiritual healing from their church leader based in Harare.

⁸⁴ At this time both parents were now in Harare and Chemai also. Chemai's siblings were left in Mhondoro. A neighbour was 'keeping an eye' on them.

Chemai: On Monday uuu.u.u [the night she died] I refused to stay⁸⁵ to feed her like the other days. Mai Jenny said I should stay but I said no. You! I have never seen that. She had started shaking a sign that she was dying. I heard that if someone is ill like that and they start shaking they are about to die..... Then came the last visiting hour of the day, 5-6pm, she had deteriorated. Everyone [the visitors] just looked at her and kept quiet. It was total silence. This time nobody touched her like what they were doing previously. Then some white stuff came out of the mouth. I took a towel to wipe her.... I said to the women that I overheard the nurses say she is dying but they [mum's friends] said it was not true. They [mum's friends] tried to move her but oh she was too heavy and cold as well. The nurses came to us and said that we should come tomorrow. She was on oxygen. I was about to cry. People held me. You know when we came back to see her at lunch we had no hope....On Monday the nurses said to me I should not feed her. She did not say why. Vanga vava kutyisa kutarisa. (She looked fearsome). She had changed so much. It's difficult to recognise a person when they are about to die. I asked myself "Is this the same person?". For example, I failed to sleep on the last day we visited her [saw her alive] that is Monday evening. I tossed and turned but sleep could not come. I think I slept around 3 a.m. I was reflecting on mum's condition all the time. She had wasted and was too ill. I questioned myself if she will ever recover, walk and come back home...

In a western setting, best practice in the case of a child witnessing or experiencing a traumatic event, would be extensive counselling. In this developing world context, professional counselling is generally unavailable and unaffordable to most ordinary people, but children face the additional problem of not being able to discuss the experience with surviving parents or other adult relatives. The lack of someone to talk to and to express their feelings could have huge psychological impact on the orphaned children. Such impacts could be even worse for children directly involved in the care of their terminally ill parents or for children with ill mothers whose fathers are immigrants and for children who have no known paternal relatives:

Mufumi: It [the father's illness] worried me a lot. I worried about what would happen to us in the event that he dies. The fact that he had no relatives was the main problem. We do not even have a single paternal relative, even a distant one.

⁸⁵ Lack of human resources has forced relatives of the sick to assist with feeding, bathing etc as the nurses are overwhelmed.

6.3.3 Caring for sick parents and its effect on children

The theme of ‘care’ frequently emerged during the in-depth interviews with the CHHs. Increased HIV/AIDS morbidity has worsened the ability of hospitals to cope with the high numbers of people with incurable and chronic illness (PRF/IDS/UNDP, 2003). The result has been early discharge of terminally ill patients, who often return to rural homes where they receive care from relatives, children and/or Community and Home Based Carers (CHBC) and eventually die (Bond, 2006) (see also Chapter Three). Although the local NGO had an existing CBHC programme at the time when Chemai and Mufumi’s parents died, none of them reported having received home based care support during the period of their parents’ illness. A failure among some HBCs to maintain patient confidentiality can influence families not to seek their services⁸⁶. Releasing patients from hospitals for community or home based care not only increases the burden on the carers, but such family carers often have little knowledge, equipment or resources to care for patients with chronic illness. With the exception of Chemai’s mother, who died in hospital, all the children’s parents were cared for in the home before they eventually died. Most of the households had inadequate water and poor sanitation, and could not easily deal with incontinence or maintain good hygiene for the patients or to protect themselves from infection.

In Chapter Three it was noted that Shona children contribute to household work. In the context of HIV/AIDS, children’s work now extends to caring for sick parents and relatives (Nicola and van Blerk, 2004; Robson, 2004 2000a b). Various care systems were noted. Some relatives took the ill parent into their homes and provided full care (e.g Tererai’s father), but other relatives sent their own children to offer care to the sick parents and also got the orphans to help (e. g. as with Mufumi’s mother). On the other hand, some relatives were not always willing to offer ‘full care’ for their terminally ill relatives, and passed care roles onto the ill person’s own children. Chemai was the sole

⁸⁶ For example, some of the local Home Based Carers informed us about the status of villagers who tested HIV which was unprofessional. A mobile voluntary and counselling test (VCT) clinic often visited the study area. The NGO facilitated the VCT clinic in the study area. Some villagers we interacted with knew

care provider and found herself providing care for her dad alone for over a year despite the fact that the father had a surviving brother with a good job. However, the brother took Chemai's, father to Harare when he was terminally ill. She did not give us a reason for the lack of support and why her brother later took him (the father) to Harare. Her situation was worsened as a result of family conflicts that arose after the death of her mother. The village head and another key informant also corroborated this story of conflict.

Mamoyo: Look at Chemai for example she has an uncle, his father's blood brother and he is well off. He drives a car and has a working wife. But he has never set foot at her house since the deaths of the parents. Yet he comes every month and drives past Chemai's house that is less than 500 m away. He just passes without even stopping to see the children. He will be visiting his in laws. The wife comes from here. Maybe they never saw eye to eye with the brother. But he took him to Harare when he was sick and buried him there⁸⁷.

Chemai spoke of the care she provided for her mum, but refused to provide details about the care giving she provided her father⁸⁸. Refusing to talk about the care she provided for her dad suggests extreme trauma, especially where care-work was intimate. Prevailing taboos about intimate contact between fathers and daughters means that it was probably a humiliating experience for Chemai to care for her dad. Her silence could even indicate that she has suffered abuse from community members who may have believed that the father was having sex with his own daughter in an attempt to cure AIDS (incest, though taboo, has a long history as a magical cure and or means to obtain wealth in this region).

Even though Mufumi, Tererai and Chemai reported caring for their parents, the availability of relatives and gender factors determined whether or not the orphans cared for their parents. Although caution is needed in a study with such a small sample, my results suggested that girls were more likely than boys to have been involved in care, irrespective of gender of the care recipient. Existing gender norms that prescribe care

who tested HIV positive. As a result this could be one of the reasons why some of the children's parents refused care support from the home based carers.

⁸⁷ Although the informant did not explain why he did this, cultural beliefs that the spirit of the dead will haunt them for the neglect often cause some relatives to assist the ill person (see also Chapter Three).

⁸⁸ Chemai refused to talk about her father's illness and the care she provided and only stated that she cared for him for one year without any assistance from relatives, an account confirmed by several people in the village.

work to women, prevented Mufumi and Tendai from providing care for their respective mothers. The influence of gender roles is evident in Tererai's household where the paternal married aunt moved in to care for Tererai's father, despite the fact that Tererai was old enough to care for his father. Furthermore, Shona culture regards it as a 'strong taboo' for sons to care for their mothers. In the rare cases that this happens a son will have to make a form of payment (cow or goat) to the mother or her relatives. Although Mufumi had a sister, her young age (9 years at the time of the mother's illness) inhibited her from providing total care to the mother prompting his family to call in their mother's niece⁸⁹ to care for her.

Mufumi (male now aged 19 years): "I was here [when the mother was ill] and I was the eldest at that time [the older brother was working in Harare]. But I am a boy. If someone like mum gets sick ah there was nothing I could do"... Shuvai [the young sister] was a young girl and could not do any care work except a few errands like being sent to fetch water, or take soap"... My mum's niece was called in.... She is aged 19 years. She had completed her O-Levels when she came here.

Although the excerpt emphasises the dominant construction of care work as women's work, Mufumi highlight the complexity of providing care to mothers. Tradition limits the capacity of the household members to provide care to married women. Wives are part of a different lineage (*mutorwa*), or an outsider to her marital home. When they get sick the family send them back to their natal home where they are cared for by their own relatives (Matshalaga, 2002). In this study Chenjerai's stepmother went back to her natal home where her relatives cared for her until death. In some situations, where women as wives remain at their marital home during illness, their own relatives are called in to take care of them. Similarly, although Chemai's mother did not go back to her natal home in Mutare, her family members living in Harare were called in to take her to the hospital, and this transferred the burden of care to her relatives. Within the home, the nature of care varied from intimate (that is bathing and dressing the patient) to general care giving such as taking the patient to the hospital, and running errands (after Robson, et al., 2006).

⁸⁹ According to Shona culture, the nieces are usually from the woman's patrilineage. In this case the niece was the daughter of Mufumi's mother's brother)

Not all caring by children occurs at home, some occurs within the health institution when parents are being treated. Children's care giving in institutions is a neglected area, and studies on 'young carers' have tended to focus on the domestic space (Robson, 2000, 2004). The level of care provided by children in institutional spaces varies from bathing the patient, feeding them to just making sure that they are comfortable. Chemai narrated her experiences when she cared for her mum for about two days at Chitungwiza General Hospital where she died:

I stayed in Chitungwiza at my Mai Jenny's [mum's friend] place. She said to me that it was good that I had come because mum was helpless. She needed me to look after her while she was in hospital. Dad was in Highfields at grandma's [paternal grandma's young sister] place. ...The nurses said to me that I should stay behind to feed her. "Nobody feeds helpless patients [terminally ill] at the hospital" I had to do it. The people who brought the food seemed not to care. They will leave the food and then come back later to pick up the dishes irrespective that the patient had ate or not. So I stayed behind during the day and went back home to sleep after the last visiting hour at 6 p.m. Ah! Ah! She (mum) had a big appetite. I would feed her with a spoon. She would bite the spoon with the teeth. In the end I decided to feed her with my hands. She was not talking. She tried to say something. It was the same thing on Sunday. She had not changed. She looked worse...")⁹⁰.

Full time care had negative effects on the child heads of household. Chemai dropped out of school to care for her dad for one year before the uncle took the sick father to Harare where he died and was buried without the children being informed. Thus Chemai's experience in this period not only involved caring for her father, but also the experience of becoming the sole provider to the household at 15 years old. Overall, the increased burden of care not only limited her time to socialise with peers, but also the time available to cultivate land and this had had repercussions on household food security especially after her father died:

⁹⁰ Care provided by relatives in institutions is undocumented. In low resource settings such as Zimbabwe, relatives often accompany their ill patient to hospitals where they provide care such as providing food, bathing and feeding the patient. This is also based on personal experience when my young sister (then aged 14) and myself had to live at a mission hospital for a week in order to care for our sick mother who later died. The nurse in charge asked me to help bath my mother after I had fed her lunch. Just like Chemai's experience, even though I could see that my mother had turned blue and was cold, none of the staff prepared us about our mother's pending death an hour later.

Chemai: "I did not grow any crops...dad did not want to be left alone. I had to be there all the time. There was nothing in the house to feed my siblings. So I got a job at the farm...It was tough because I had never worked before and farm work is tough. After working for a week we [new staff] were made redundant. It was during the farm invasions...I cried. I was so desperate..."

In situations where ill parents moved to be cared at their relatives' homes, the children became responsible for their young siblings. For example, Tererai reported that he the sole provider when the father fell ill and a relative took him to Norton hospital. When he was discharged, Tererai's father went to live and be cared for by his married sister until he died. The preceding discussion showed that children not only take responsibilities after the deaths of the parents. By the time the parents die children are already *de facto* head of households especially when parents become incapacitated due to ill health.

6.4 Events after the Death of Parents and effect on Children

6.4.1 Becoming an 'adult' after parental death

Traditional practice of widow inheritance acted as a means of social protection of orphans after the death of their father (see Chapter Three). According to Kesby (1999), it also acted to prevent the independent lives of women and their control over children. He further noted that spatially, it was also one of the few ways they could continue to justify their place in their husbands' community and it also kept children in their 'right place'. As noted earlier, the practice of widow and orphan inheritance is becoming less common, while at the same time 'property grabbing' by relatives (the practice by which relatives of a dead man claim their customary right to inherit his movable and immovable property) has increased, leaving both the widow and orphaned children impoverished and often destitute. In this section I explore participant's accounts of the causes and events that led to their becoming CHHs. It explains why the children were not absorbed into the extended family as per traditional practice. It starts by exploring at events that occur once the children are informed of the deaths of the parents.

Respondents suggested that even though they were treated like children in every other way, when they were informed about the death of parents they were expected to respond

in very adult ways to the news and to show adult attributes when reacting to the death of parents. For example, Chemai's mum's friends expected her to be "strong" and "calm" and "not to cry": typical "adult" attributes:

Chemai: We [with the friends of her mother] went to the hospital as usual...[Tuesday morning at 0600] My fear got worse when I saw those women [other women who had come to visit the mother at the hospital] outside and a young man (aged about 22 years) carrying mum's stuff. I said to the woman I was with, "something is wrong". I am sure the woman I was with knew what had happened [that the mother had died]. She said to me, "Let's sit on the bench.... That's when they broke the death news. One of the women said, "You have to be strong and act like a mature person, Chemai. Your mum died last night [Monday] around 7 p.m." I thought I did not hear properly [that she had died] so I asked, "What did you say?". They repeated, "Mum is dead". The women cried (...). I cried on the top of my voice. They did not know what to do with me. They had to calm me down and said, "Chemai you have to stop crying because we need to plan. We need you to inform us how we can contact your father". I grew up in one day [although I was only 15 years].

Q: What do you mean you grew up in one day?

You become more responsible. We went at a phone shop where we informed my uncle [my father's brother] about mum's death. I phoned the rural home [through the local primary school. We [with mum's friends] went to Highfields [where dad lived with his maternal aunt]. Dad was about to leave. He said to me, "Go home [to Mhondoro] to inform the community about mum's death. I am worried that they might have received wrong information" [said Chemai in the voice of the father]. Chigere and Svodza were at home alone.... You grow up in one-day ladies. You become strong because there is no one else to arrange things for you. I went to Mbare [main bus station in Harare] Transport was a problem then because of the fuel crisis.... I travelled alone... You give yourself strength..."

6.4.2 Orphaned Children and Inheritance

I felt it was important not only to find out what the children inherited from their parents but also their degree of participation in inheritance procedures. This research highlighted

in all the households studied many instances of property grabbing by relatives. Traditionally inheritance was conducted a year after the death of the parent. It was at this inheritance ceremony known as *kurova guva* (beating the grave) that main decisions were made regarding widow inheritance, care of children, settlement of outstanding bridewealth and distribution of the deceased's property took place. Soon after the funeral, and where the deceased is an adult, the deceased's property was gathered together and protected until the inheritance ceremony a year later. One of the deceased's brother was appointed to provide temporary care or act as the provisional father figure for the children. At inheritance property of the deceased was gathered and then an appointee usually a *muzukuru* distributed the property to the relatives (Nyamukapa and Gregson, 2005). Most of this property as illustrated was 'grabbed' by relatives and children received very little. Property taken away depends on the gender of the deceased. When a woman dies her relatives usually take almost all the kitchen goods⁹¹ as it is said to 'belong' to their relative. As suggested in previous chapters, a woman's identity is defined around her hearth; thus, it is taboo for another woman to use the kitchen goods of their new husband's dead wife. In this study, the child heads reported that maternal relatives took almost all the kitchen goods⁹² after the deaths of their mothers and stepmothers. Another complexity is that children can be totally disinherited if they are orphans living with a grandmother who then also dies. Thus multiple losses of parents and caregivers also increases severe depletion of household resources, both material and financially.

Chenjerai: When grandma died [in 2000] relatives took all that property (mostly kitchen stuff) including some of the girls' plates [items that had belonged to Chenjerai' mother, the grandmother' daughter which] she had inherited after their death [and which the children were actually using]. They took everything [the kitchen goods and some blankets]. They never asked whom it belonged [to].

In this study the nature of their fathers' work, poor remuneration and their level of general impoverishment meant that respondents had limited personal effects and assets

⁹¹ In the modern day this includes fridges, microwaves, cookers, anything used in the kitchen. Now bedroom and living room furniture especially the bed and sofas respectively taken especially where the wife was working or relatives knew she bought them with her own money.

such as land⁹³ available for inheritance. Except for Chemai's father who owned one cow, none of the other children's fathers had accumulated livestock. Although Chemai remained unwilling to talk about the fate of the cow, village gossip suggested that her paternal uncle slaughtered it, probably to cover the cost of her father's funeral. Although Mufumi reported that their father owned a goat, the family sold it to raise income for the father's medical care. Tererai's father had four hens, all slaughtered at his funeral. Therefore of what was left for the children to inherit it was not much use, shabby clothes and unproductive land:

Tererai: "Most of the clothes he [the father] had were torn and tattered. My uncles said they would throw them away".

Tererai's sibling, Bvumai (aged 14) received the only pair of shoes the father had.

"These shoes [pointing them out to us – they were the only pair he had] I got them as inheritance as well as a jacket and a pair of socks".

Tererai's young brother stated that the shoes were too big when he got them in December 2003. Bvumai noted that the shoes were getting too tight. Traditional inheritance practices are bound by lack of choice and one does not refuse what one is given as refusal angers the ancestors especially the deceased whose property it was.

Children are expected to accept whatever they are provided as inheritance even if it is not their priority. When Tererai inherited land, he saw it as of no immediate value to him, "*I only got land*" because it did not solve his urgent need for clothes. In addition land has always required labour. When the eldest child is only 15 and can only draw on the labour of young children or his own labour, this may mean that the amount of land that can be worked is limited. Tererai regretted not 'volunteering' to take the clothes he described above as being "torn and tattered" and "oversize".

⁹² In most cases the children were left with two cooking pots (one for relish and the other to cook *sadza*-the staple food), plates and cups depending on the number of the children and a few basic kitchen utensils. Girls are usually given one or two of the mother's dresses whether they fit them or not.

⁹³ Except in the case of Tendai's father, none of the parents owned an urban home. Accommodation was rented for the urban worker (as with Chenjerai's father) or belonged to the farmer (as with Chemai and Mufumi's father).

The few clothes [good clothes] he had were oversize. I could not fit. I never thought that I could have got the clothes even if they wouldn't fit that time. At that time I felt that it was all right for the uncles to take the clothes. I really regret that because I could be putting the clothes now even if they were old. I would have mended them.

The foregoing discussion shows the in-betweenness of the children's situation. Earlier, it was not noted that relatives expected children to act like adults when their parents died. Yet they are not expected to be in charge or having influence in the inheritance process that impoverishes them. On the other hand the children are expected to "act" like adults, without knowing all the adult issues and can end up being taken advantage of by unscrupulous relatives.

Monica: You said something about property distribution.....

Chemai: People [some women in the community] advised me not to take out all the goods for distribution. Imagine I had taken out even threads and needles. They [villagers] realised that I did not know that I have to leave some stuff for us to use⁹⁴. By the time one of the neighbours noticed this it was too late because I had already taken almost all my mum's clothes [and kitchen goods] for distribution. My maternal grandmother said, "We are not leaving anything because Chemai might take the goods with her when she gets married". We were left with 5 new plates, teapot and cups and pots with holes. The pots are home made. This pot (showing us) has no holes. I said it's not ours but belongs to a neighbour. Of course I was lying to them. That's how I managed to have two pots because they wanted to leave us one pot. They destroyed all the clay pots because they could not carry them⁹⁵. They should just have left them for us to use. They are coming to collect this stove [four legged stove used to cook on the fire].

Particularly evident in this study was the way some of the children later resisted further acquisition of property after getting advice from villagers as Chemai continued in our discussion:

My maternal uncle came to the memorial service a month later⁹⁶. He wanted to take this umbrella [showing us]. I refused with it. I said to him "I am using it".

⁹⁴ According to tradition Chemai was right to take out all her mother's property for distribution. In the context of property grabbing, it is common for sympathetic relatives to 'hide' the deceased's property so that the property is not distributed. Some relatives are known to turn up when property is being distributed even if they had never visited the deceased for years or attended his or her funeral.

⁹⁵ Although it sounds malicious, and seems to go beyond lack of care, traditionally clay pots were viewed as very sacred. If a child broke one of the clay pots, they had to replace them. Certain rituals were followed during the replacement.

⁹⁶ This is part of the usual rituals of death. Traditionally, this is usually done a month after the death of an adult (and a children). Nowadays property distribution is done at this stage, although *kurova guva* is still conducted after one year.

Intervention from “concerned” relatives and neighbours can offer children some protection from being totally disinherited. However, such intervention cannot only create a rift between two families, but can have direct negative impacts on the care of the orphans.

Chemai: He [my maternal uncle] said, "Oh Chemai I would have taken the sofas had it not been that Mutare is far away from here [over 400km]. The house will be empty like a football pitch". He wanted to take carpet but my dad refused. They had conflict with my father. They wanted to take the bed, wardrobe, everything. My father said to him, "Leave me alone I am a sick man. I want to die in peace". The paternal grandmother intervened and questioned the uncle. "Hapana vana here pano?" (Are there no children here?) It was a sad situation....

Although I did not find out why the maternal uncle had a right to the sofas, particularly while the father was still alive, it could be that the mother had bought them with her own money. In addition the uncle could have been taking advantage of the fact that the father was too sick to resist (or so they thought). While Chemai later resisted further property grabbing, Chenjerai and other child heads left it to the relatives to take their mothers' property:

Chenjerai: "Sometimes you do not want to argue with the relatives when they grab property because it can lead to misfortune or ngozi [avenging spirits]

6.4.3 Orphan Care Arrangements

Despite the increase in CHH and given the limited state provision, relatives still remain the main caregivers of orphans (Chapter One). Children's migration as a response to the death of parents has been noted in several studies (Young and Ansell 2003a b; Ansell and van Blerk, 2004). In the present study, out-migration of siblings occurred or was initiated at some stage in all the households studied. Several factors determined the migration of the siblings and not the child themselves. Migration of siblings occurred or was suggested (in Tendai household only) after the death of the surviving parent. This was especially the case after the death of mothers even if they were the first or last to die. In most cases the death of the mother represents the loss of the primary carer and necessitates a new strategy to ensure security and care for young maternal orphaned children. The study

revealed that migration of orphans is a gendered process with young girls more likely to move out of their parents' home. For example, Chemai's father felt that his youngest daughter (Svodza) was too young (aged 8 years then) to be cared by him and also another child. Being a man, he was not expected to care for young kids and moreover he was too sick to care for the children. This prompted him to beg his in-laws to take the child. No relative responded and she remained living with the father, Chemai and the rest of the children.

Mufumi and Tererai⁹⁷'s respective households had no adequate accommodation for boys and girls to sleep separately, forcing relatives to take in the young girls a couple of months after the death of their parents. Although in some cultures this would not be a problem, in the Shona culture its taboo for girls and boys to share the same bedroom. Therefore, when the children lived in one room, they were 'publicly' living in immoral circumstances that shamed the family into sorting its 'private' problem. As a result, the girls were adopted several months after the deaths of their parents in the two separate households. For example, when Tererai moved back to his paternal relatives to claim his father's 'land,' he built a one-roomed hut, which he shared with the young sister. The unavailability of accommodation prompted the paternal aunt to take in Tererai's young sister. Similarly, Mufumi's young sister moved to her aunt due to shortage of housing.

Mufumi: "Aunt [father's sister] was worried about sleeping arrangements

Although relatives took in young girls in Tererai and Mufumi's respective households, in Tendai's household, his little sister (Ndakaitei aged 14) remained with Tendai because there was an elder sister (Netai) to take care of her. Both Tererai and Mufumi stated that there were certain tasks that they could not do for the young girls such as washing their underwear and providing them with reproductive health information.

Mufumi: Aunt [mum's sister] took her [the young sister] in recently [in April/May, 2005] . She is in grade four now. She went during first term of the school calendar. She said she is concerned that Shuvai is still very young and also that us as boys cannot manage to look after her. Aunt said that Shuvai could not stay with boy. I think they felt we could not advise her. She said that Shuvai

⁹⁷ As already stated Tererai's young brother (Bvumai) was being fostered by a paternal aunt (a widow) well before the father died. Tererai lived with his sister after his father died.

wanted someone to instil values and to assist with her own laundry [washing underwear]

Tererai: Uh I cannot do it [perform motherly roles because ah its difficult [to advise girls]. It's also one of the reasons why my sister went to live with aunt because I could not advise her [about boyfriends]. It's easier to advise a boy than a girl

Although traditional practice would be that children would remain in their patrilineage after the death of their parents. In this study, this did not always happen due to parents' poor relations parental with and/or loss of contact with and or lack of knowledge of the paternal relatives. An example of children who were estranged from their paternal kin was the household headed by Mufumi. When Mufumi's father migrated from Malawi before independence to work as a migrant worker on the farms, he lost contact with his brother and the rest of his family in Malawi. As a result, when his father died, and later his mother, Mufumi's sister went to live with maternal aunts due to unknown paternal relatives in addition to the problem of accommodation of boys not being able to stay together. Although Mufumi and his brothers remained at their parents' home after their deaths, he describes the loss of contact with paternal relatives as his main source of worry.

Mufumi: "Our father's situation [not having relatives in this country] is a pathetic one. This makes me feel unimportant. "I am a nobody". Its difficult to look up at your maternal relatives all the time ..."

Similarly, when Tendai's parents were divorced, she went to her natal home with the children in Murehwa. When she died, two of the younger girls were taken in by the maternal aunts, but not Tendai⁹⁸ who remained to be looked after by the maternal grandmother and her two unmarried sons. Tendai's late mother asked her two young sisters to look after Tendai and the other girls when she died.

While maternal kin had taken children in these cases, not all maternal kin were prepared to take on responsibilities for children that were traditionally the paternal kin's responsibility. In the case of divorce, where mothers get children, they are trying to

nominate their own kin but these are reluctant to look after the orphans. Tendai's maternal relatives pointed out to that it was not their responsibility to look after Tendai and his sisters. Tendai stated that one of the maternal uncles said:

Tendai [quoting his uncle] "You [referring to the paternal relatives at the memorial service of Tendai's mother in Murehwa⁹⁹] must take your children because their mum is dead and there is no one to look after them¹⁰⁰". My paternal uncle replied that he had not planned to take us with him. He said he was going to come back after sourcing bus fare and also discuss with the family. Ah he went and never came back to Murehwa. I stayed behind under the care of my two unmarried uncles [mum's brothers] and grandmother. I had no choice then but to live with them because at the memorial services, we were left behind. I had already stopped going to school due to lack of fees. I had to work to raise money for bus fare to come to Mhondoro". My two sisters went to live separately at my aunt's place.... The two sisters joined me [in Mhondoro] years later."

The above excerpt seems to indicate that maternal relatives felt that they had *already* played their part in assisting the children when Tendai's parents divorced. Moreover, the fact that Tendai's father had not followed divorce procedures and never supported the children after he divorced the mother could have influenced the decisions for the family to let the children go to live with their paternal relatives in Mhondoro.

Furthermore, in this study, maternal kin fail to perceive any benefits flowing from their taking over responsibility for children that are not 'of their kin'. For example they feel it is unlikely that they will receive any roora when a girl child eventually marries because in customary law and everyday practice the father or his relatives could 'legitimately' claim this. So for example, Chemai reported that when her father made a request for the wife's relatives to take in the youngest daughter, her maternal uncle refused stating that he would never benefit from fostering Svodza.

Chemai: Svodza was asked to change so that she goes to Mutare. I will change her surname and she becomes my own daughter. I will even get roora [the bridewealth] when she gets married (said Chemai in the voice of her uncle). But the grandmother [the aunt to Chemai's father¹⁰¹] refused Svodza to go... That's

⁹⁸ Two of Tendai sisters lived elsewhere. One was working as maid in Harare. The eldest was married but lived on a nearby commercial farm with her husband and child.

⁹⁹ Tendai's paternal relatives came to the funeral of his mother even though the parents had been divorced. Tendai's father had already died.

¹⁰⁰ At this time the two young girls were already living with the aunts.

¹⁰¹ Chemai's father's mother had died. This was Chemai's father's mothers' sister.

how we ended up staying together". But my father was insisting. He was worried about who will care for her, as I was also very young. Dad was begging but my grandma said, "No. Svodza would stay here with the others". He [the father] was also due to travel to Harare for treatment."

Although the uncle was willing to take the child, the threat he made meant that the father would desist asking for his help. Therefore it was a polite way of saying no. Interviews with the Chemai showed that she did not want to be separated from her siblings especially when such decisions were made without consulting siblings.

"I cried when they said this because I did not want her [the young sister-Svodza] to go" (Chemai).

As noted earlier (see also Young and Ansell, 2003a b) migration of siblings is a complex phenomenon, often involving movement between several households, caused by disputes between maternal and paternal relatives and changes of circumstances of the caregiver. For example, from the age of nine years, Ndakaitei found herself migrating between five households before she went to Mhondoro to stay with her brother and sister.

6.4.4 Experiences of Living with Relatives

The preceding discussion indicated that some of the orphans left to live with either paternal or maternal relatives after the death of their parents. The child heads I interviewed suggested that ill-treatment or potential ill-treatment by relatives was a major factor contributing to their decision to establish their own CHH. This section examines the relationship between the children in CHH and their temporary guardians immediately after the death of their parents, the nature of the ill-treatment and the reaction of the children and some relatives to the mistreatment of orphans. The discussion draws principally from the case studies of Tendai and Tererai's families both of which lived with relatives after both parents died. Examples will also be drawn directly from Bvumai (Tererai's young brother) who was living with a paternal relative in a nearby village. Data are not at all available from the sisters of Mufumi and Tererai who were living with paternal relatives as no interviews were conducted with them as they lived a considerable distance from the study area (see Chapter Five).

6.4.4.1 Differential and Spatial Variation of Ill-Treatment of Orphans

Out of the five households studied, the two headed by Tendai and Tererai respectively lived with relatives after the death of the parents. The two households provide both striking differences and many similarities in their experiences when living with foster relatives. Both Tendai and Tererai had parents who had divorced. I begin with two excerpts from Tendai and Tererai taken from FGDs about their experiences of living with relatives.

Tendai¹⁰²: The family comprised of my paternal uncle¹⁰³ who worked in Harare but came to visit at weekends, the aunt and myself before my other sister [Netai] came to join us later. A-a-aa (...) it was very difficult to live with them [then]. I felt overworked like a “bandit” [meaning a jailed prisoner doing hard labour]. Yes I am aware that I am supposed to do work but sometimes I worked like a slave. Usually when you are being looked after you do not start by scrutinising the way they [relatives] treat you...

Tererai: I can see [now] that my siblings and me were being ill-treated. It will be different from the way they [foster parents] treat their own children. You will be like a “bandit” as Tendai said. You feel you are in prison. Everything that needs to be done at home becomes your responsibility even if their kids are around and sitting idle. Even if you come back from school with their own children, it's the orphan who starts working. Their children can go and play football in the village with friends.

These comments reflect several issues regarding differential treatment, the spatial variation of ill-treatment, the nature of the treatment and its effect on the children. Relatives tend to favour their own children over foster children, a situation that places orphans as unequal members of the household in spite of “being blood relatives”. Both Tererai and Tendai reported that they contributed almost all the housework while the foster parents’ own children “played”. The two (Tendai and Tererai) describe their living conditions as equivalent to a “prisoner” or a “slave” when they refer to being “overworked”. Similar situation occurred in Lesotho where children are “incorporated into households as workers” (Young and Ansell, 2003a:470). Being overworked denies

¹⁰² Tendai is at this stage referring to his experiences in Mhondoro when he now lived with his father’s brother.

¹⁰³ The paternal uncle lived with his children in Harare where they attended secondary school.

the orphans freedom and opportunities to “play” with other children in the village notwithstanding the physical strain and exhaustion the orphans experienced.

Socialisation in these households is differential and not always following tradition. In Shona culture, any scuffle between siblings is usually blamed on the older child because they are expected to be exemplary to their siblings and discipline them where necessary (see Chapter Three). Sometimes orphans reported that they were reprimanded for wrongdoing done by older members of the household.

Tendai: “Like in my case [Tendai] my aunt [his father’s brother’s wife] has children¹⁰⁴ who are same age with me and others are older than me. But what happened was that if anything went wrong they would shout at me. Yet I would be the younger child and need to be taught by the older cousin brother. It was obvious we were treated unequally even though we were the same family.”

Orphans seem to feel that they were regarded as inferior and faced a combination of dislike and disrespect and that this impacted negatively on their social integration into the foster household and community in general. Furthermore, the differential treatment of foster parents leads to their own children developing a negative perception of the orphans treating them as “labourers” and “outsiders”

Tendai: “They [the cousins] take the attitude of their mother because it’s them [mothers] who set the rules in the household”.... They treated me as a second class citizen”.

Although the orphans reported that they did not necessarily remain passive in the face of ill treatment, their reaction to differential treatment was often met by harsh words that have long-term psychological impact on them:

Tererai: “As times goes by you feel that it’s not fair at all. The guardians often shout at you if you join their kids to play. They [foster parents] say bad words that make you think of your parents.”

Orphaned children are exposed different forms of ill-treatment as they move between households such as harsh words, harassment and denial of food. Before Tendai left for Mhondoro he lived with his maternal grandmother and two maternal uncles. Tendai noted

¹⁰⁴ Although the children lived with their father (Tendai’s uncle) in town, they came to visit at weekends and also spent the school holidays (usually 4 weeks long) at the rural home.

that the uncles, unlike the grandmother wanted him to go back to his paternal relatives. As a result, the uncles harassed him until he left to live with his father's relatives in Mhondoro.

Monica: *What else made you decide to come here? [To Mhondoro]*

Tendai: *They [uncles] never said bad words really but it was their actions. It was the way they asked me to do things for them ah ah ...(hesitates). I realised that they wanted me to leave. I then decided to work to raise money for transport. I came to Harare at my other paternal uncle's [not the one he lived with] house. I knew where they [uncle and family] stayed. They [maternal uncle] drank and smoked dagga. They used to send me in the middle of the night to search for fodya (dagga). I think they did this on purpose. They wanted to hurt me so that I leave.So they started harassing me. They asked me to cook for them in the middle of the night..... I decided to leave and come here where the treatment I got was even worse...[he came to live with his paternal relatives in Mhondoro where they treated him worse and eventually he set up the CHH] .*

Although the men had a say in whether the children were taken and whether they were kept and whether they were educated but (a) from the child's perspective (b) and on a day to day basis, it was the women folk who seemed to be most powerful and influential on their immediate wellbeing. Echoing the discussion in Chapter Three that married women are defined around their cooking hearth over which they amass great control, and therefore can use this as a weapon to ill-treat the orphans.

Tendai: *"In any case she [the aunt] is the one who cooks for you daily and the uncle [father's brother] has less control even if he likes you. Ah it's the women who have power in these households".*

This finding resonates (FHI) (2003) that denial of food was the worst form of ill-treatment orphans had experienced. FHI (2003) noted that some orphans in Zambia put up with various forms of ill-treatment as long as their foster parents provided them food. As a strategy for survival, the child heads noted that it was crucial to establish good relations with the aunts who cook for them whereas it was less important to establish relations with their uncle despite the fact that he was the head of the household (FHI, 2003). Similarly, Tererai reported incidences when he lived with his fathers' brother's family where they were not left food after school.

Tererai: "What happened most of the time is that we [including the sister] never ate lunch. We were not left food at all after school (which finished at lunch time). [He repeats the last statement]. Sometimes the aunt would say they had not cooked food. Their children especially the one I am close to [the aunt's step-child] would say to me that his mum [step mum] cooked food and everyone ate. Food was the main problem we faced in that household."

Although the aunts mistreated the orphans, the children did not want to inform the men who were their actual relatives. Firstly, the orphans felt that disclosure of how the aunts were denying them food would worsen their position and further fuel ill-treatment given that the women have control over household food provision. Secondly, men are hardly present at home to notice what's going in the household. For example, Tendai's uncle worked in Harare before he retired to the village and that meant that Tendai spent weekdays with his aunt. Lastly the children feared causing conflict between the foster parents. Bvumai who currently lives with paternal relatives illustrated the above last point. Although Bvumai spoke highly of and had lots of praise for the kindness of his paternal relatives (their father's niece¹⁰⁵ and her son) he reported that he has problems with the *muzukuru's* son's wife. Prior to the son's marriage, Bvumai had access via a key to the *muzukuru's* bedroom during the day which is also a store for household food. The transfer of keys to the *muzukuru's* daughter in law meant that Bvumai's access to the bedroom became limited.

Bvumai: "Sometimes she hides soap when I want to wash my clothes or school uniform. This happens when my niece is not around, usually when she goes to church. My niece would have said that I get the soap from her bedroom. But the daughter in law would refuse to give me the keys. She says that I am not allowed to take soap or even enter the room. "It's all lies, I have always had access to the room. Ah she is a problem" I would inform the muzukuru when she gets back. She would shout at her."

The daughter in law's limited power to chase Bvumai from the household means that the only form of ill-treatment she can exercise is to deny him food especially when both her mother-in-law and her husband are away. Although Bvumai used to report denial of food, he has since stopped because every time he reported, the husband beat the wife. Having realised the problem of food denial, the *muzukuru* leaves Bvumai money to buy

drinks at the shops during her absence. Bvumai's experience shows that although some adults care, there is dispute within families about how and if orphans should be helped. Thus Bvumai is in a highly vulnerable situation in the event that the muzukuru dies. Interesting Bvumai is well aware of his vulnerable situation, "*I know my problems start the moment my niece goes away*" [Bvumai cries but insists he wants to proceed with the discussion].

Bvumai's experience suggests that ill-treatment of orphans in this study varies over time and over socio space. Different household experience different treatment as households change in character, and also depending on who is in there and in charge. The time-space variation of ill-treatment of orphans is reported by Tendai. As noted earlier, Tendai lived with his aunt and uncle¹⁰⁶ and their own children lived in Harare where they went to school. Tendai reported that the aunt's attitude towards him changed when her own children came to the rural area to visit.

Tendai: "Its only when their own children [the children lived and attended school in Harare with their working father] came to visit that I felt the difference. When these children were in Harare we [Tendai and the aunt] had no problems. They [aunt and uncle] really treated me like their own biological child. Come their children, oh I became second-class citizens. They even forget that you live or exist at all..."

Shortage of food resources impacts negatively on relative's ability to provide for the orphans, and this can create tension in the household. Following his retirement, Tendai's uncle joined his wife in the rural area. Tendai reported that the flow of income to the household declined and this put pressure on the available food resources within the household. As a consequence, Tendai found himself being informed and occasionally reminded that he should fend for himself as soon as he turned 18 years (became an adult).

¹⁰⁵ She is a muzukuru in the Shona culture. The important role of muzukuru in the Shona culture is described in Chapter Three.

¹⁰⁶ Tendai used to live with his aunt while the uncle lived and worked in Harare. The children also lived in Harare with the father. That meant that Tendai lived with the aunt most of the time until his uncle retired when Tendai was in Form Four.

Tendai: When I was in Form 3, aunt said to me, "I want you to leave this house when you are 18 years, because you will be grown up and able to look after yourself". She always reminded me about 18 years.

Q: Is there a reason why she said this to you?

Tendai: Ah! [Hesitates] Maybe it was food problems we were now facing in the house [he says this in a low voice]. [Then loudly] I think it was because uncle had stopped work in Harare. The flow of income to the house [household] declined. That's when it started. I mean telling me what to do when I reach 18 years. There was not enough money to buy food. He [uncle] bought a plough with his pension. The pension and other benefits took too long to be released. This [lack of money] affected our relationships [between Tendai, the aunt and the uncle] in the household because things had changed [we were experiencing food shortages]"

Although the child heads noted earlier that the women had powerful positions, the women's negative feelings towards their husband's relatives' children may result from lack of role in decisions making regarding orphan care. Sometimes men impose decisions to care for orphans without consulting their wives. For example, when Tendai left his maternal relatives, he said that he met his uncle in Harare and the two went to the rural home together. Tendai's aunt suddenly found herself having to look after the children without being informed by her husband. By comparison, where woman requested to foster a child before parental deaths, they often provided love and support to the foster child, as is the case of Tererai's sibling, Bvumai. However, it is not clear whether Tererai's sister as well as Mufumi's sister were being treated fairly given that both were taken under a situation of crisis. This study did not conduct any interviews with the sister and their caregivers. They lived far away, and outside the study area.

6.4.4.2. Responses to ill-treatment

In this study some relatives interfered where orphans were being ill-treated and even suggested that the orphans live alone. For example, once Tererai and Tendai's members of the extended family structures (uncle, aunts and grandparents) became aware of their ill-treatment, the families conducted a meeting to discuss alternative care arrangements.

Tererai moved out of his uncle's house in the same compound and cooked separately¹⁰⁷ whilst arrangements were being made for him to come back and claim his father's land¹⁰⁸ in Mhondoro. The urgency in which Tererai's one roomed round hut was constructed (within a day) with the help of other villagers showed the desperation of his situation. Similarly, after a family meeting, Tendai moved to his father's cousin brother's house in the same village. The uncle and his family lived in Harare and they wanted someone to take of their homestead¹⁰⁹ in their absence.

Children can be independent agents and decision makers in their own right. Even though some of the child heads had never lived with relatives, they were aware that relatives have the potential to mistreat foster children and that partly explained why they preferred to live alone. This suggests that these orphans had experiences of other orphans before they themselves became orphaned. These child heads noted that as 'children' they can be unruly at times and this can cause conflict between children and foster parents:

Chemai: Suppose you do something wrong or you do not listen like failing to do your tasks. They say, "Stop troubling me! I am not the one who killed your parents". I hate these words.

Some child heads such as Chenjerai refused to move into the household of a relative due to fear of resentment from other children in the new foster home. Even when Chenjerai was struggling to survive and was very young (then 14 years), he declined his maternal aunt's offer to stay with him. His fears were worsened by the fact that the aunt was married in a polygamous relationship. Chenjerai preferred to stay at his parents' home to protect land and remaining property that was left (Foster et al., 1997a also observed this in their study). Furthermore, migrating to another household meant that there was no one

¹⁰⁷ Tererai and his late father lived together at his maternal grandmother's homestead in the same compound. The homestead comprised of two separate huts and the main house which comprised the living room and bedrooms. Tererai's father shared the main house with the married half-brother and his children but they cooked separately. When Tererai's father died, Tererai and the young sister continued to use their bedrooms in the main house and their late father's wife cooked for them. When they became ill-treated, they reverted to the separate cooking arrangements they had with their father before Tererai came to live with his paternal relatives (Fig 8).

¹⁰⁸ When Tererai's father divorced he left his relatives to go and live with his mother, who was also a divorcee and had gone back to her natal home.

¹⁰⁹ The house was very modern. It had all the modern goods including electricity (solar driven)

to herd the family cattle¹¹⁰, their only source of wealth. In addition Chenjerari noted that living with relatives denies them the freedom to make own decisions and choices. This desire for independence forced Chenjerai at the age of 14 years to leave his paternal great aunt after staying with her for less than a week after the death of his grandparents who looked after him when his father died:

Chenjerai: "If you stay with relatives you have no choice for example the choice to choose what you want to eat or the freedom to say anything. For example if they cook food you do not like, for example derere (okrah), which I hate, they say, "Where do you think you will get the food?"

Where relatives invite children to live with them and the orphans refuse, this can be met with anger and irreconcilable relationships between orphans and the relatives concerned. When Chemai's father was ill, he advised her not to leave home because he feared his brother would take over the homestead including the land or sell both even though none of the relatives in this study disputed the children's inheritance of land. Chemai's desire to fulfil her father's dying wish outweighed the risk of losing contact and support from her uncle:

Chemai: "[the uncle said] that's what you want [not to leave the parents' home to live with me [uncle and his family in Harare]. So do not expect any assistance from me".

The Shona belief that a misfortune can strike if one disobeys a dying person's wishes made Chemai defy her uncle's suggestion to sell the homestead and to go and live with him and his family in Harare, apart from her desire for freedom and fear for potential ill-treatment. Chemai's experience to inherit land is unusual and significant given that women rarely inherit land in practice, even though the general law under LAMA now allows female inheritance of land. Chemai's decision, though revocable, has been hard to live with, not only due to her desire for her uncle's support, but because of the struggle she experiences to fend for herself and her siblings (see also Chant, 1997).

¹¹⁰ At the time of the study, this household only retained three cattle. One of the herd was stolen. Cattle rustling is very common in Mhondoro. Thieves steal and slaughter the cows and sell them to butcheries in nearby Harare.

6.5. Conclusion

This chapter considered the events leading to the establishment of the CHHs in the context of HIV/AIDS. In considering the CHHs' formation the study used a substitute longitudinal (life history interviewing) and stage-by-stage approach to understand events and process that influenced the orphans to create their own households. Generally the fact that relatives had taken in some orphans in this study is an indication that the extended family system is still intact in the rural area. However, the fact that the relatives have failed to take all orphans and that the orphans failed to live within adult headed families suggests the extended family system is weakening or that it's becoming overwhelmed by large numbers of orphans. The next chapter explores how the orphans manage their households as they live alone as CHHs.

Chapter 7

Children's Experiences of Heading Households

7.1 Introduction

This chapter explores the child heads experiences of heading households. It examines the children's social interaction with the community. It also explores how siblings are socialised within these households and how children meet their daily food needs. The chapter picks up themes and debates on childhood and children's position in Shona society that were introduced in Chapter Two and Three respectively in order to draw attention to the ways in which CHHs are perceived by society as well as to explain how children within these households view themselves. It uses these themes to explore and illustrate the impact of gender on the roles and responsibilities of household members in the five child headed households studied. These issues are explored not only in relation to the strategic and practical needs of the children, but considers the position of the children in the communities they live as well as their social networks.

7.2. Attitudes towards child headed households

7.2.1 Community perceptions

Given the logistics and the methodology it was not possible to ascertain the views of the children's own families about their becoming CHHs. However, it was possible to explore what the community in general felt about the children living in CHHs. Part one of this section reviews the predominant attitudes of the community towards orphans. The findings are based on informal interviews with villagers and key informants.

As noted earlier, the development of CHHs is a new phenomenon in Zimbabwe. At present other community member's perception of CHHs seems to be mixed, with both negative and positive attitudes being expressed (see also Germann, 2005). On the negative side, the poor living conditions of the orphans were a major concern for the

villagers. Indeed some villagers were prompted to provide us with food during data collection process because they knew children could not feed us (see Chapter Five). When adult interviewees were asked to characterise orphans (note: not specifically CHHs) people tended to identify them in the following ways: dirty children; school dropouts; always borrowing; working to survive, and having no food. Villagers who showed greater concern for the plight of the orphans displayed a sense of obligation to provide support to the orphans. “Well-behaved” orphans tended to receive sympathy and support from the community. Statements such as “*He is a child who respects and listens to elders*” were common to Tererai from his aunt and the village head and other villagers. Similarly villagers liked Chenjerai for not abandoning the rural home in search of fulltime employment at the nearby farms or towns, unlike his elder brother and cousins as Chenjerai’s neighbour, a female noted:

“He [Chenjerai] is a good child and very nice because he is the only one who stayed home through thick and thin. If you see him sitting quietly by the wall, you know there is a problem, mostly lack of food. I then call him to come and collect something to eat” (Communication with Chenjerai’s neighbours female on 8 July 2005)¹¹¹

Not only do communities sympathise with children with good behaviour and who come from a good family, but also sympathise with those that were neglected by relatives after their parents died or experienced ill-treatment from temporary foster parents.

“Look at Chemai for example [with a sorrowful face] she has an uncle his father’s blood brother and he is well off. He drives a car and has a working wife. But he has never set foot since the death of Chemai’s parents [Chemai had also said the uncle had only visited them once since the father died]. Yet he comes every month and drives past Chemai’s house less than 500 m away]. He just passes without even stopping to see the children. He will be visiting his in laws. The wife comes from here. May be they [parents] were not seeing eye to eye with the brother [village head confirmed this]. But he [uncle] took him [father] to Harare when he was sick and buried him there [without telling the children of his death even though the man’s daughter [Chemai] had cared for him for a whole year]. Chemai has got relatives. She [Chemai] has a half brother [older than her but age unknown though he is unmarried] but [he] is nowhere to be seen. She has maternal relatives who are in Mutare... It’s so painful for her to support the

¹¹¹ She cooked for us when we visited Chenjerai

[other] children [without support] when she has all these relatives....”
(Communication with HBC, 8 July 2005).

On the contrary, where orphans were viewed as “unruly”, communities not only provided little support but they also isolated the orphans. For example Mufumi was suspected of growing and selling *marijuana*¹¹². Although growing marijuana attracts a minimum jail sentence of 7 years in Zimbabwe, smoking the weed is a common local practice. Smoking it is disapproved of generally and especially among children. Furthermore, Mufumi was suspected of stealing, and although this could have been a strategy to survive, such behaviour led to his being ostracised by the community at large¹¹³.

“I do not want you (referring to us-the research team) to assist Mufumi. He is a problem in the village...He is a thief! Everyone complains about him and we want them [and his elder brother currently in jail] out of the village. I have contacted his uncles (one of them is the councilor) about this decision....” (The village head)

Chenjerai a distant relative of Mufumi also confirmed the village head’s accusations. During one of our informal conversations, Chenjerai informed us that Mufumi stole a wheelbarrow and fencing wire belonging to a neighbour, a point also confirmed Mufumi’s young brother, Rovai.

Although some key informants associated orphans with “*wild behaviour*”, they also blamed relatives for neglecting orphaned children and “*not following tradition*” (i.e. not taking in the orphan-see Chapter 3). The desperate situation of some orphans often cause strangers to volunteer to take in orphans. Although fostering non-relatives has not been a common feature in Shona culture, these examples might signal change in tradition caused by the effects of the HIV/AIDS pandemic (although more quantitative data would be necessary to confirm this).

¹¹² This was also confirmed by one of the research partners. One day when we helped Mufumi in the garden, later our companion asked us if we saw marijuana in the garden. My ignorance meant that I could have seen it but thought it could have been just another weed in the garden.

¹¹³ The first day we visited Mufumi we had problems in getting to his place. The majority of the people were unwilling to show us the house including his neighbours. Although the villagers were suspicious of us later one of them confessed that he was not sure of our mission as Mufumi “*is always on the wrong side of the law*”.

7.2.2 Orphans' Perceptions

This part explores the child heads views about the attitudes of the community towards them.

While many un-related adults' views were concerned about the orphans' behaviour, child heads themselves were worried with issues of achieving social integration into the communities in which they lived. One of the child heads stated that they suffer a "triple tragedy": (1) the loss of parents [may be due to HIV/AIDS related illness], (2) ill-treatment from relatives, and (3) the difficulties of acceptance and community integration which affects their ability to meet daily needs. The third point is the main focus of this section as the first two have been the central discussion in the previous chapter.

Child household heads' voices remain un-heard within the family and at the village level. Although some child heads (Tendai, Mufumi and Tendai) stated that they had been allowed to participate in their parents' funeral and after death, they mainly acted as observers because of their young age. Furthermore, the majority of the communities did not accord these CHHs adult status even though some of them had reached the legal age of majority (18 years old) at the time of the study. Even though some of these older individuals reported that they were called to attend village meetings (an invitation normally only extended to 'full/married adults'), they felt marginalised at these events because they were usually assigned 'child like duties' such as running errands for the community leaders:

Mufumi "...They [community leaders and villagers] see us as children's households. We sometimes are invited when there is a community meeting. And when we are invited, they [local leaders just] say go and call so and so [adults] as if you do not exist in the village. This is when you realise that they are treating you as a child who knows nothing".

Concurring, Tererai (aged 16 years) suggested

"...That children [us as child heads] are excluded is the norm in our everyday lives..."

Yet the community assigned the child heads adult roles when it suited them. For example, the child heads stated that they are expected to participate in community related work activities such as funerals, repairing boreholes, soil conservation and many others. Another example of children's community work is that in the event of a funeral in the village, the young male child heads are expected to assist with digging the grave, while Chemai helped with the cooking and comforted the bereaved family. The child heads interviewed said they were forced to participate in community work as a social and reciprocal obligation because the villagers were their main source of support (see section 7.4).

Q: Why do you have to do these community activities? Is it compulsory?

Chemai: " Iii . Iiii Ah You! [With a face to say I should know this]. I have to be seen participating in these community activities, in case my sibling also dies or get sick. What will happen if no one comes to help me also when my sibling gets sick or dies? Remember I told you about the tractor incidence in which I was hurt and was sick for many weeks. Villagers came to assist me with bathing, cooking and nursing me. Some of the women even slept over to check on me. It's all because I do help a lot" [discussion conducted during observation and participation]

During the study, Chemai sent her his brother to represent her household at a memorial vigil for a neighbour. Even though the child heads expect to participate in community labour activities as an extension of their household work, they not only felt overworked as a result, but also feel exploited, as the community seemed to involve them when their labour was required.

Tendai: These people (the villagers) recognise us when there is demand for community labour. They say go and work [repair boreholes] because you have young blood [energetic]. But regarding access to food aid we are not counted. They [adults] say that we are children as if we do not eat [their households are often excluded as they are regarded as child households].

Chenjerai: Things are not fair in the villages because when it comes to receiving food aid they say we are able bodied and are able to source [our] own food. They say 'matova madhara' meaning old people [and are old enough to source food by working on the farms] [He makes a sound used to show anger].

Chemai: People see us as parents because of the household roles we do as the eldest...As a result of these roles we play, society [villagers] even expects us to participate in community work and functions such as funerals."

The child heads reported that having no parent or an adult in the household is often a disadvantage for young CHHs. All the child heads reported that they require an adult representative to access material needs.

Chenjerai: It was very difficult to access the food. I forced myself in [to] the programme after my [adult] neighbours represented me. I even went to Chegutu with a neighbour to find out why my household was not on the list. But they said the village head provides the list of beneficiaries and they could not do anything [confirmed by the neighbour during an informal conversation].

Similarly, Chemai's household was removed from the village list of names of beneficiaries for the food aid programme after the death of his last surviving parent, her father. Although she did not know how her household was de-listed, she noted that it was due to her young age [she was aged 17 years at the time]. Chemai recounted her three-month struggle to have her name and her household's name back on the village list during a time in which other villagers continued to receive food aid from Catholic Relief Services (CRS) at the peak of the 2003/4 drought.

Chemai: I support Chenjerai [during the focus group discussions] because I faced a similar problem in my village. The elderly always said that we could not receive food aid because they [adults in the village] say to us, "You are still young and are able to work. You can jump onto the tractors." I failed to get food aid [cooking oil, bulgar [a variety of wheat] and beans for three months. I approached CRS officials [local staff working for the international agency]. The woman said that [why my name was not on the list] it was a computer problem as it failed to read my name, as I was less than 18 years then. No one in the village wanted do have their names removed so that mine is included and yet the majority had working spouses. I cried. My friends always laugh at me now when they see me because I cried as if someone had died. It was the children I was worried about...."

A lack of adult representation was one of the reasons that explained why no sibling from the CHHs was benefiting from the local NGO's orphan care programme, despite being under 18 years. One of the key informants, who was also a committee member of the STRIVE programme acknowledged that my study revealed anomalies in their own

programme which was shown to be excluding CHHs who needed to be prioritised to receive benefits such as school uniforms and fees from the STRIVE orphan programme. Orphans that benefited from the orphan care programme lived with an adult in the house, and some of the beneficiaries had working parents or relatives.

“Some orphans on the NGO’s STRIVE programme are single orphans [only one parent dead]. Your study has revealed that we have overlooked the double orphans who live alone. Grandmothers provide care for the majority of the single orphans. These grandmothers often receive support from their working children or some relatives. This support also benefits the orphans. A woman [a school committee member that select children for the BEAM programme] has two children on the orphan care programme. But she works and can afford the school fees...”. (Communication with a HBC, 8 July 2005).

One of the key informants a local teacher working closely with the NGO reiterated this flaw in existing provision for orphans in this particular community:

“Nepotism is the main problem. The CHHs would never benefit because they have no one [an adult relative] to represent them during the selection process”. Very desperate cases [orphans] are not supported. Sometimes you see a child in a class and its obvious they are better off compared to some. Yet you find them on the list of pupils being funded. In fact many pupils with working parents and/or guardians are being funded at school. We have no control over decisions about selection process. Sometimes as a school we provide our own list of pupils for assistance. We always have a waiting list but our children on the list are rarely funded. We have no power or control over the selection process in view of the fact that there is now a ruling, which says that community owns the school. As a result the community does the selection as they are said to live with the kids but usually it’s whom you know [that determines whether you get selected for education funding]. These orphans [living in CHH] do not participate in the decisions that are made and they have no relatives [most have poor relations with relatives because of disputes over inheritance] who represent them. Criteria used are not transparent and there are no clear guidelines.”

The above excerpt confirmed my own observation of a boy who lives with his grandmother and receives government assistance but appeared to be very well off by local standards¹¹⁴. Furthermore, one of the local NGO staff freely informed us that her children receive uniforms and fees from the STRIVE and BEAM programme

¹¹⁴ The grandmother owns a television, modern furniture, livestock and a beautiful house. Her sons have professional jobs and all have a good quality of life compared to the many villagers who are very poor.

respectively. The fact that the staff member was married and was working illustrates the level of corruption and nepotism that hinder the orphans to access government or NGO assistance. This is an area that needs further investigation by policy makers and donor agencies, particularly in the context of the increasing orphan crisis, low resources and declining external assistance due to poor relations between the government and western communities.

7.3 Orphans' household roles and responsibilities

Having looked at the children's social interactions from the preceding sections, the following sections focus on how the child heads and their siblings manage their households. It explores the child heads and their siblings' roles and responsibilities. The last part of the chapter looks at the children children's social support networks. The data in this section is based on focus groups and group activities.

7.3.1 Negotiating Headship

I was interested in finding out whether the CHHs mimicked the 'normal' Shona households headed by adults and which have clear age and generational hierarchical structures (described in Chapter Three). Although I left open the possibility that there could be more than one head, in this study all children indicated that single individual as the household head. Being the eldest (except in the case of Chenjerai's household) emerged as the most important feature that defined a head in a CHH. That the eldest child was responsible for other household members is consistent with the principle of generational hierarchy observed across Shona culture and practice. Households were called after the eldest member (irrespective of gender) who usually resided at the homestead that is Chemai's house or the house of Chenjerai. Although this is the same way adult headed households are referred too, the difference is that adult households are usually referred to after the male head of the household. In this study the community referred to as Chemai's household despite her gender (female)

Headship seemed not to be contested but to be treated as given based on age superiority. Cultural expectation makes older children's obligation over young siblings compulsory.

Chemai: In fact you are obliged from a rights [cultural] perspective to play these parental roles as the eldest in the household, and the main provider even if you are still a child.

Even if the child heads found it hard to assume full adult and parental roles, the younger siblings expect their older siblings to look after them and to meet their demands.

Mufumi: "The siblings look up to me [as the eldest] for everything needed in the household even if I am unable to meet their requirements"

Although the child heads do not see themselves as mum or dad, they described their roles as providing food for the siblings, giving advice to the younger ones than themselves in the way adults would advise children (though often this will be the role of an aunt or an uncle rather than mother or father), making decisions, participating in community related non-paying activities, paid work and providing support for siblings living with relatives elsewhere¹¹⁵. The child heads perceive their roles as divided along normal gender lines in which they amass and 'Act' the roles of both the father and the mother.

Tendai: In the house we never use these terms; 'father' or 'mother'. The community says them. I might source for food, fees, etc but I never consider myself father because of this role. But the people in the village are the ones who view me as father because of the provider role I have. One who does the cooking most of the time acts like the mother. We do not call each other father or mother. We are orphaned children who happen to live in the same household.

Chemai "One Acts Like mum if they source food for the children [siblings] and dad if they make sure the children are clothed, school fees has been paid, etc [through sourcing income]"

As a result of their parental roles, the child heads not only had the most influence on the day to day running of the household, but also to discipline and reprimand siblings when they 'misbehave'.

Chemai: I had an incident where the boy I live with (she does not mention the name I wonder although she was referring to the brother) beat a small girl going to the millers. He was playing with friends when they came across this girl

¹¹⁵ For example Tererai pays school fees for his brother who lives with a relative. Sometimes he also sends a bag of maize meal to the paternal aunt looking after the young sister.

pushing a wheelbarrow with maize. They stopped her. They demanded that she push them while they sat inside. The girl refused. So this boy beat her. She ran back home, leaving the wheelbarrow and maize along the path. I was not around when this happened for I had gone to work on the farms. I found the girl and her mother waiting for me. The woman was fuming and said to this boy "What were you going to do if my maize and wheelbarrow have been stolen?" Oh! I was furious. I beat him in front of the woman and the girl. I asked him to apologise. Thereafter I also apologised on his behalf. The woman was not angry with me as I thought. We ended up talking that kids sometimes misbehave especially with their own peers.

Being a child head has no fixed boundaries, but it's a position that is continuously negotiated and contested among the siblings themselves. Earlier, it was noted that the child heads were always the eldest. In relation to the claim made above, eldest siblings are not always considered head if they do not play a very important role in household food provision even if they are present in the household. Chenjerai viewed himself as head of the household because of his ability to source food and negotiate for assistance from his established social networks, while the eldest brother¹¹⁶ is considered the 'child' in the households.

Chenjerai: At present my elder brother [Mbadzu] is at home. Although I am the younger in our household, it's me who is running around [heading the household] at the moment. Actually I say to my brother "Stay home whilst I go to search for food". Oh I am sitting pretty these days because he [Mbadzu] is doing the dishes. I am the 'chef' [used to refer to the head]. Look at my hands [showing us]. All these cracks you see developed due to scrubbing the soot off the pots with sand. He [Mbadzu] is doing it these days."

Absent elder members were also considered head of the CHHs if they contributed a large proportion of their income to the household. Mufumi used to be a *defacto* head of household because his eldest brother¹¹⁷ who provided cash to the household was considered the real head.

Furthermore, gender and cultural expectations influenced the extent to which girls considered themselves head of the household. Being a female, social convention dictated that Chemai was limited in her capacity to make certain decisions without consulting a

¹¹⁶ The eldest brother had recently come from Harare where he had been staying over the past years. He had been home for about three weeks at the time of the field data collection

male member of the family. She tended to consult her half brother on how to get a birth certificate and national identity card, even though her half brother had never lived with her since their parent's death and that he contributed nothing to the household. Chemai reported that she could not apply for her birth certificate or that of her siblings¹¹⁸ because her half brother was away and she said: *I am waiting until he comes*¹¹⁹. The findings generally supports literature that suggests that women do not always perceive themselves as household heads even if they are the main provider of the household (Chant, 1997). *De facto* status of women is nevertheless significant as it can lead to a more general social change. For example, it led to women in Zimbabwe becoming heads of agriculture which had not been the case in the past (before male labour migration system).

7.3.2 Household chores

As above the data in this section are based on group activities in which child heads listed the most important household tasks and assigned individuals from their households mainly responsible for each task Discussions were then conducted in which the orphans (child heads and siblings) came up with the final data shown in Table 10.

¹¹⁷ Mufumi's brother was in prison at the time of the survey.

¹¹⁸ The lack of birth certificates has featured prominently in problems affecting orphans and often hinders them with education in countries where birth certificates determine entry into schools [0](PRF/IDS/UNDP, 2003).

¹¹⁹ However, the half brother had only visited the family once since the death of the father at the beginning of 2004. However, Chemai has since collected her birth certificate and that for the siblings (in May 2007) after I assisted her with transport and planned the best way to approach the uncle who kept hold of the parents' death certificates in Harare

Table 10: Gender distribution of household roles and responsibilities in households with siblings

Activity	Scores ¹²⁰	Name of household		
		Chemai	Tendai	Mufumi **
Cooking	100	M/F	F	All
Make fire	100	M/F	F	All
Wash dishes	100	F	F	Youngest
Clean the house	100	F	F	All
Fetch water	100	M/F	M/F	All
Source firewood	100	M	M	Youngest
Gardening	65	M/F	M	Eldest
Farming	65	M/F	N/A*	All
Miller	34	M	M	Eldest
Work for cash or food	90	CH	CH	Eldest
Thatching	85	M	M	Eldest
Build fowl run	85	M	M	All
Attend funeral	55	CH	CH	CH
Repair fencing	20	M	M	All
Chatting	15	CH	CH	CH
Dig well	25	M	M	Eldest
Laundry and mending clothes	70	F	F	All
Sweeping the yard	10	F	F	Youngest

Notes: Chemai (18yrs) household is composed of a boy (13yrs) and a girl aged 10 yrs.

Tendai (18 yrs) household composed of two girls aged 16 and 14

Mufumi (19) household is composed of boys only. The youngest is 12 yrs.

* Have no land to farm

**As an all boys household, roles are distributed according to age

M-Male

F-Female

The domestic chores were noted as the most important tasks of the household each activity scoring 100. Paid work was ranked the second most important task with a score of 90 (see Table 9) suggesting that work around the home and paid work are crucial for the survival of the children living in CHHs. The study showed that all members in the CHHs irrespective of age and gender are an integral part of household labour including

food production (Table 10). Under normal adult headed households, domestic work in Shona patriarchy is usually identified with women and young girls. However, the data shows masculinisation of domestic chores especially in households where boys live in 'lone' households compared to households whose household composition includes girls (Tendai and Chemai households) where, to a certain extent, household roles tended to be follow gender norms.

Lack of choice often forces boys in lone households to do all the tasks usually seen as girls' work such as cleaning, washing, sweeping the yard, among others. Although the lone boys showed general competency to carry out 'socially defined girls work', Tererai and Chenjerai stated that they felt "pressurised" to marry early to relieve themselves of domestic work. In the absence of sexual difference, age hierarchies substitute and younger boys are feminised by having to take on the female roles. For example, in Mufumi's household the youngest brother carried out most of the out-door tasks such as sweeping the yard and washing dishes. In addition in households with both boys and girls, it was common for boys to refuse to assist with activities such as washing dishes and sweeping the yard although they did help with cooking (see Table 10). Boys were conscious that they will be "laughed at" by their friends. Unlike cooking, conducted indoors, sweeping and washing dishes are tasks are pre-dominantly conducted outdoors. When we had lunch at Chemai's house one day Chigere, the brother, refused to take plates away for washing. He immediately left to join his friends to play. When I joked with him that I have cooked and that it was his turn to wash up, he just laughed and the sister, Chemai said to me,

Ah! What? You are asking him [Chigere] to wash dishes. You will be lucky because he always refuse. It's Svodza [the youngest sister] who does the dishes when I am off to work on the farm. But he cooks.

Chigere's help with cooking stems not so much from the desire to cook or that it is an indoor task, but fear that he could be denied food if he refuses to assist with the cooking. Further, the fact that Chemai goes to work on the farms where she starts work at 6 a.m. and comes back home after 8 p.m. leaves Chigere with no option but to cook for all the

¹²⁰ The higher the score the greater the importance of the activity

household members. Thus, Chigere largely contributes to household cooking during the peak agricultural season when his eldest sister goes to work on the former large-scale commercial farms¹²¹. The young sister's (Svodza) age (10 years) limited her capacity to cook using the big pot from which supper is prepared in bulk and includes a share for next day's breakfast and the siblings' lunch as well as Chemai's 'packed' lunch that she takes when she goes to work¹²². Therefore, even if domestic work within the home is shared in Tendai's and Chemai's households, girls were confined to the home by the work they did. On the hand, the boys helped greatly with heavier tasks outside the house such as fetching firewood¹²³, repair work such as fencing the garden and homestead, thatching, going to the shops to buy food or non-food items, activities not conducted on a daily basis unlike the girls' work.

7.3.3 Paid Work Role

Although the search for paid work was reported as the main responsibility of the child heads (Table 9), siblings also contributed household income. Tendai's sisters provided domestic labour for teachers in exchange for stationery and school uniforms. In addition the girls reported that they also baby-sat their relatives' children when their mothers go to Harare shopping. Similarly, Chemai's brother, Chigere, also weeded a neighbour's fields to raise money for his school trousers. What is clearly evident in this study is that child heads found it difficult to meet their own needs, let alone their siblings' requirements. To overcome the burden on the child heads, the siblings participated in paid work to meet their own specific needs. Interestingly, even if the child heads had no control over the use of the money received, the siblings' decision to work involves a consultative process with the head.

¹²¹ The study was conducted outside the peak farming season. In addition there was very little 'winter' crop farming due to land invasion. As a result,(and unlike previous years before the invasion of the farms) most of the child heads spent time at home doing piece work in the village.

¹²² Depending on food availability

¹²³ Although this is traditionally women's work, it is common to see men involved in activities such as fetching firewood and water. Usually when the men do these activities they use wheelbarrows or scotchcarts as means of transporting the water or firewood to the home unlike women who carry the water or woodfuel on their heads.

Except for Tendai, all the child heads reported that they worked on the farms to raise income or food for the family. When not working on nearby farms¹²⁴, the child heads do any available piece jobs in the village such as digging manure, fetching firewood, watering gardens, moulding bricks for sale and beer brewing¹²⁵. Lack of choice and desperation often force the child heads to do strenuous work even poor adults would rather avoid and pay (underpay) orphans to do.

Monica: How are you feeling today¹²⁶?

Tererai: I feel much better. The pain went away. I think it was the heat. Remember that day I said I am going to dig manure from the kraal. I worked under the scorching sun. I worked for two days. First day I dug the manure and then had to shovel the manure out of the kraal and heaped it. Someone else then shovelled the manure into the scotchcart and transported it to the fields.

Monica: How did you benefit from this work?

Tererai: I got one geisha soap and ZWD 5,000¹²⁷. Yet we originally agreed that he was to pay me a tin [30kgs] of maize. It's hard work. I felt underpaid. It took me 3 hours to dig the manure and then another 3-4 hours to shovel it out of the kraal. Ah the problem is that I could not refuse the payment because I did not have the money and the soap, else I would not even do this kind of strenuous work.

Similarly, during in depth interviews Chemai and her friend, a married woman with four children narrated their experiences about the nature of work and the work conditions on the farms¹²⁸

Monica: What time did you start work at the farms?

Chemai: We are usually picked around 4 am [by a tractor at a picking up point from the village]. We woke up early in the morning. It would be very dark. I wash my face and take the saga bag. We could not take a full bath. How could you? There is no time for that. Plus in any case we would have taken a full bath around 12 midnight when we come back from the farm. After sleeping for a short while I hear my friend [present during the discussion] calling "Chemai lets go" [to the pickup point]. It would be as if I had slept for an hour... Sometimes it's very

¹²⁴ At the time of the study few farms were working commercially. The new settlers owned the majority of the farms.

¹²⁵ Beer brewing was reported by Chemai only

¹²⁶ He was recovering from a headache when we had this conversation with him.

¹²⁷ All (the soap and cash) were equivalent to one British pound at the time of the study in 2005

¹²⁸ We talked about the farm work as this did not raise any ethical issues about confidentiality and the topic was general. Note that villagers contribute farm labour to several farms depending on the availability of work. At the time of the survey, the farms had been invaded but production was going on a small scale. However, in April 2007 Chemai informed me that farming has been severely affected by drought, coupled with shortages of agricultural inputs. As a result, demand for farm labour has declined forcing people as Chemai to seek alternative employment in the nearby towns. She called my family in Harare that she was in a desperate situation. She had withdrawn the brother from school for 2 months but later sent him back. She needed assistance with the school fees and food as she had no one to approach.

slippery [the un-gravelled road] and it's difficult to get in [in the truck-usually a trailer attached to the tractor or a big lorry]. You keep falling. At the same time the rain would be pouring [if its during peak rainy summer season]. We will get soaked all the way to the farm. After that you say I am not going back. Surprisingly ah next day you go back (she repeats the statement) It's unfortunate that I am not going to the farms. I would have asked you to accompany us one day just to see how we go onto the trucks. You will drag me back home. It will be raining early in the morning. Ah (with a low voice) it's very difficult to jump onto the lorry. (She makes a sound of helplessness but laughs)

The friend: Oh yeh you still go back to work whether you like it or not

Chemai: There was a time when I really thought it was better to go and work in Harare as a maid¹²⁹. One day this woman who is a foreperson said bad words about me when we run away from work...I was angry with her because I would be feeling tired. I said to her I do not care if the children die of hunger because I cannot manage. It s not easy and the money is so little.

The aforementioned discussion shows the survival strategies orphans adopt to meet their daily needs. In contrast to the siblings paid work that is conducted within the community in which they live, the child heads often travelled long distances to neighbouring farms in search of work. The movement of villagers to work on nearby farms as contract workers during peak agricultural season has been noted in Zimbabwe (Francis-Chizororo and Malunga, 2002; Bourdillon, 2000). Although the villagers got cash to pay fees and for basic commodities, Francis-Chizororo and Malunga (2000) observed that working on the farms affected rural subsistence production as the women spent more time on the farms and neglected their rural plots. In the case of the orphans I worked with, not only is such neglect of subsistence production even more likely with inevitable results of household food security. Furthermore, Chemai's narration indicates the vulnerability of orphans to labour exploitation; poor work conditions, and for those young siblings left at home during the child heads absence.

¹²⁹ She now works as a maid in Norton where, in addition to her bed and board she only gets paid ZWD 60 000 (less than 20 pence (British currency) on the black market rate). She has hired a friend to oversee the siblings during her absence. She informed me that she can only go home after two months after saving enough for the bus fare or send the children food through friends when they come shopping in Norton.

7.3.4 Relation between boys and girls

The study revealed that although adolescent boys (irrespective of the age) exercised control over girls in the absence of parents. Ever since Tendai lived with his two sisters he has never sent them to the shops, the reason being that *vanonyengwa netukomana* (the boys would harass and ask them out). The issue of boy's control over adolescent girls often create tension and conflict between the two sexes. Particularly intense conflict was noted where girls started having relationships with boys. However from the data collected, it was not clear whether the relationships were to raise resources, or they were just boyfriends¹³⁰. Chenjerai and one of his friends narrated an incident where Chenjerai beat his cousins for bringing boyfriends into the household to sleep over. A similar incident was reported as having occurred in one of the household that eventually dropped out of the study where the male child head (aged 20 years old at the time of the incident) beat her two adolescent sisters of 15 years for having boyfriends. This reaction is a very "adult" response to instances of youth sexuality (see also Chapter Three). Mbadzu described his cousins (girls) as very "naughty", "uncontrollable" and "lazy" in the absence of parents or an adult in the household:

Mbadzu: We never experienced food shortage in this house. The grandparents were great farmers. We grew a lot of maize and used to sell surplus. So people started leaving one by one mainly due to hunger. They (the girls) were lazy. They did not want to engage in farming. So they left and went to live with boyfriends. There was nobody to control the girls. Aingova mazvake-mazvake, madiro (each person did what they wanted with no one to control them). The problem with girls is that they do not want to be seen working on the fields at home (sharp contrast with Chemai who is well behaved). These girls spend most of the time at the shops. But they used to work on the fields when our grandparents were still there. I think it's because they were forced to go and work. So they left when hunger struck the household.

While the male heads worried about the girls' sexuality, Chemai (a female head) worried about potential substance abuse by her young brother, Chigere aged 13 years. As result she strove to keep the boy in school.

Chemai: "Iiii-iii I will die working so that I send the two [brother and sister] to school. Imagine Chigere at home and everyday [when he is a school drop out]

¹³⁰ No interviews were conducted with the girls as they were not at home at the time of the study

*doing nothing...He will end up stealing or smoking marijuana. What will I do?*¹³¹”

7.4 Children’s Networks and Forms of Support

In this section of the chapter, I look at the orphaned children’s social networks. There are certain strategies the children employ for their survival on a daily basis and in the process there are people who have been very helpful to the orphaned children. I was interested to know who these people were and the ways they had assisted the children in terms of food and non-food resources to help them meet their needs. The data presented here is based on fieldwork diagramming techniques (see also Kesby, et al., 2005) in which the child heads¹³² addressed the following themes: (1) ‘their main sources of support (other than their own efforts)’ (2) ‘their forms of support they obtained from these sources’ and (3) ‘the expected source of support other than the observed at the time of the interview’. This third theme therefore addressed the question, Who should support you? Each theme had specific questions that the children addressed separately and sequentially. The children scored the diagram to address themes one and three stated above, that is the observed source of support and the expected people who should provide them support. Therefore, the three child heads agreeing on the scores together produced the diagram. The data was also augmented with information obtained from informal discussions with the children throughout the study to elicit similarities and differences between the households. Although the diagram is a composite of three child heads agreeing on the themes and scores, however their individual experience was different and this is the main weakness of this method.

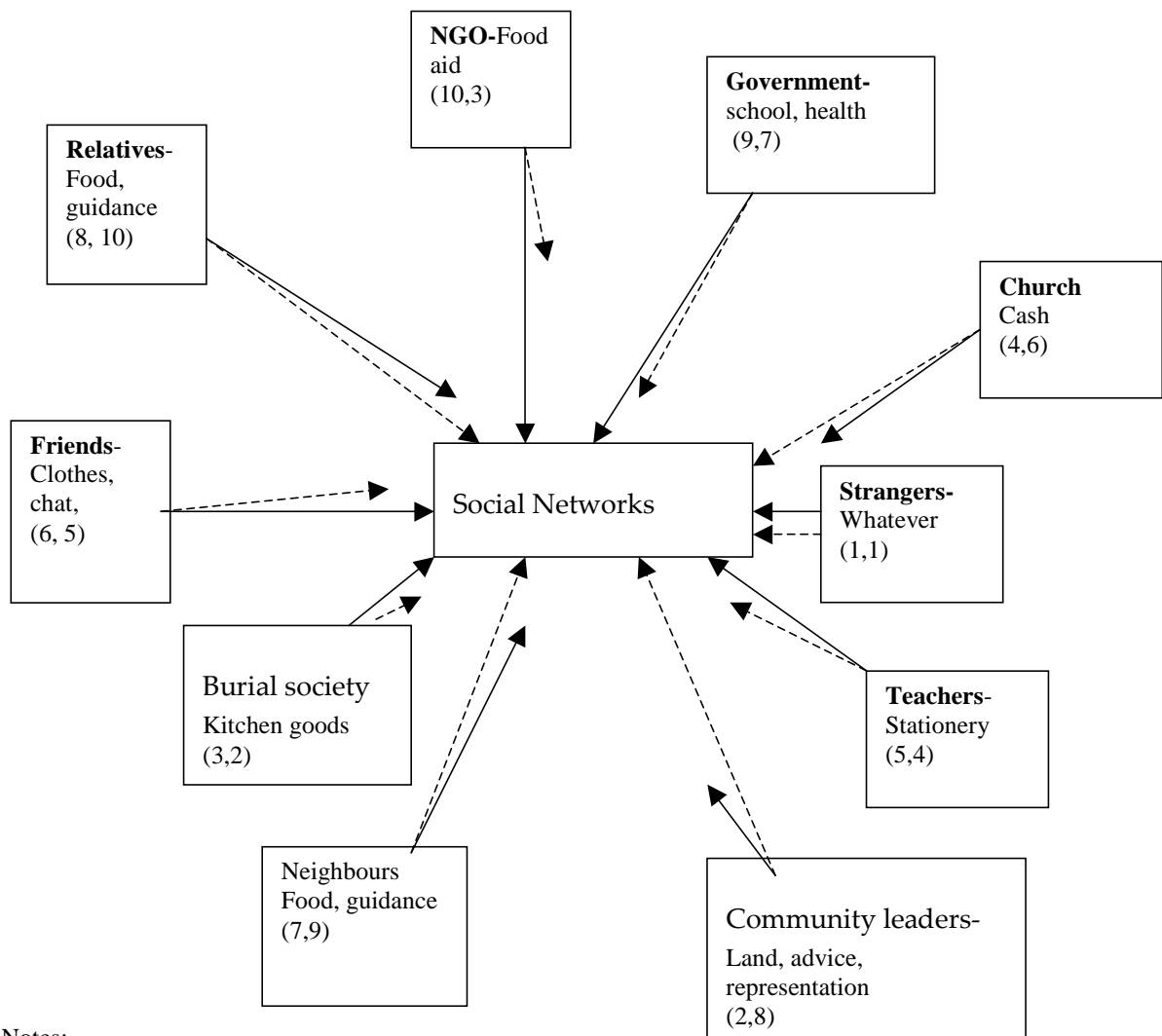
¹³¹ Chigere was out of school for two months in the first term this year due to lack of school fees. He has since returned to school after I paid his fees.

¹³² This activity was conducted with three child heads, Chemai, Mufumi and Chenjerai. Tererai and Tererai were doing piece jobs in their respective villages.

7.4.1. Links with formal institutions

Sources of support range from formal institutions such as government departments, NGOs and the church, to informal social networks of relatives and non-relatives (Fig 9).

Fig 9: Orphans' social networks and type of support received



Notes:

- With reference to the scores in (brackets): the first is a score representing the frequency of use while the second represents the children's expectations for support from that source. The higher the score (individual score not combined score), the higher the importance of the source in the children's support networks. The scores are given out of 10.
- Main sources of support at the time of the study —————→
- Expected or preferred sources of support. - - - - -→
- Lines not drawn to scale, but the longer the line, the higher the score.

The NGOs and government were listed as the main sources of support scoring 10 and 9 respectively (see Fig 9). The church was seen to play a weak role as a social support institution even though Mufumi noted that it could be a major source of moral support and inspiration. Despite the fact that Chenjerai was not going to church at the time of the study, he reported once having received maize meal from its members.

Food was the main form of support the children previously obtained from CRS¹³³ in the form of maize meal (used to cook staple food), cooking oil, bulgar, (a variety of wheat) and sugar bean. As indicated earlier, the child household heads had problems accessing food aid from NGOs, unless an adult represented them. Moreover, where communities rely on external support for food support, they become vulnerable to food shortages when the NGO pulls out. As such it is not surprising that the orphans gave a lower score to NGOs (3) (see Fig 9) as institutions that *should* assist them on daily basis because they had no faith in the NGO even though it supported them during the drought year. For example, CRS's provision of food aid had ceased at the time of the survey. Given that food is always an urgent and immediate need for orphaned children, withdrawal of food aid increases children's susceptibility to food shortages and was clearly stressful for orphans who often lacked agricultural inputs to sustain themselves through subsistence farming.

Chenjerai lamented: "it is *a total disaster and we are in hot soup*" [referring to the withdrawal of food aid by CRS].

The temporary nature of NGO activities makes NGO's support unreliable and thus orphans gave them a lower score. As already stated, the NGO provided food only, but the kids preferred the NGO to fund their practical needs such as building houses, providing proper water and sanitation facilities, clothes, as well as facilitating their employment through income generating projects (IGPs).

¹³³ Due to suspicion by government that some NGOs were campaigning against the government through their activities, the government tasked/trusted only three NGOs (including the CRS) to distribute food aid in the country at the peak of the drought period that also coincided with political upheaval

Although children gave the government a high score (9 out of 10) as the main sources of support, further discussions with the children revealed that state support had ceased at the time of the survey, a factor also confirmed earlier by two of the key informants. Again, institutional support was received only when the orphans had an adult or a surviving parent in the house. For example, Tendai reported that his sister received funding from the BEAM programme¹³⁴ when they lived with their uncle. Similarly, Mufumi's sister's access to government assistance ceased when her mother died and the girl migrated to a new adult household.

Although the orphans feel they could be self-sufficient in providing their own food resources and feel they can afford to buy small items such as plates through their “*own hands [work]*” they struggle to meet the most expensive of everyday household needs. As a result they desired government assistance with school fees and uniforms as well as meeting their health needs. However, most child heads and some key informants noted several limitations in government support. Firstly, the limited funds mean that the majority of the needy orphans were not receiving adequate support. Mufumi noted that where the government did help pay school fees (mostly in households headed by adults), it paid half the amount required and families were expected to top up the rest. Further, government support was limited to help with school fees and yet ancillary items such as uniforms and stationery were also required and an inability to fund these affected the children's school attendance even when fees could be met. This was one of the factors that forced Chenjerai to drop out of school. Secondly, bureaucratic procedures significantly delay the release of funds to needy children with some orphans having to wait for over a year to hear the outcome of their applications:

Chemai: I went to the school and completed the forms. There were two women who gave us [she and other applicants] the forms. I completed two forms, one for Chigere, and the other for Svodza. But nothing has materialised up to today. We have not even heard anything up to now. It's over a year!” (She shakes her head)

¹³⁴ Basic Education Module (BEAM) provides support to very needy children, both orphans and non-orphans. The parents on the school committee select needy children.

Lastly the prevalent practice of ‘*nepotism*’ together with the lack of an adult to represent children in CHH often means that the orphans have difficulties accessing government support

7.4.2 Informal Networks

7.4.2.1 Neighbours

As Fig 9 shows, links with relatives and neighbours are the main informal sources of support for the CHHs with relatives, neighbours and friends scoring 8, 7 and 6 points respectively. However, the main source of support varies according to household. Even though the child heads felt exploited, orphans benefited from reciprocal arrangements with the community members in the villages they lived. Where children had limited contact with relatives or were isolated from their relatives, they developed strong links with neighbours and friends for support (see Table 11). Chemai’s household exemplifies the first point. Chemai lost contact with both maternal and paternal relatives after the death of her parents, (see Chapter Six), forcing her to rely on neighbours and friends for support mostly based on reciprocal arrangements. Chemai usually borrows from her married friends food items such as maize meal, cooking oil, salt, etc. In addition to growing and selling vegetables, Chemai is involved in ‘rotational money savings club’ with two women she usually goes to work with on the farm. Chemai and her brother once received health assistance from neighbours when she was involved in a tractor accident on her way from the farm and when the brother got a cold respectively.

Chigere: My sister Chemai and my neighbours helped me when I had a cold for two weeks. I got the cough mixture from the village head's wife and some warm clothes. The cold got away after a couple of days. I missed school for two weeks.”

Table 11: Sources and Level of Informal Support by Household

Name of Household	Main Sources of Informal Support
Tendai	Few friends and neighbours
Chenjerai	Neighbours, friends
Tererai	Relatives, neighbours
Mufumi	Relatives, few friends
Chemai	Friends, neighbours

The neighbours' close proximity to the orphans mean that they have daily contact with them unlike some of the children's relatives who generally live one or more kilometers away. Most of the orphan households received material resources, ranging from food to non-food items. Neighbours' feelings of care and responsibility towards some of the orphans facing extreme poverty sometimes extended to the frequent provision of staple food supplies and even feeding children for considerable periods

Q: Who usually assist you with food or anything?

Chenjerai: It's my neighbours most of the time. They usually provide maize meal. I usually approach them when I run short of the maize meal. There was a time when I was really in trouble. I had no food, nothing. It was during the farming season, last year. I approached my neighbour. He asked me to eat at his house. I did that for a very long time. One of our cattle was stolen so he came to till the land for me with his own cattle. He gave me maize seed to plant. I go there even right now. He said that I should approach him if I have problems with food or anything.

Q: Why does he help you?

Chenjerai: I have a very good relationship with him.... I also work with Mr. Mafaro during the off agricultural season. He once went with me to Chegutu offices to ask them why I was not receiving food aid.

The poverty that some of the neighbours themselves experience limits their capacity to provide material support to children living alone. Nevertheless, neighbouring households can also provide moral and emotional support and encouragement to the child heads, and also attempt to instill moral values to the child heads.

Gogo¹³⁵: *I see Chemai everyday. I see her in the morning and in the evening. I go to drink [traditional beer]. I come back home, "Oh my granddaughter [referring to me-the researcher] I would be drunk. I say to myself, "I have to see Chemai and the kids before I sleep". I live with two grandchildren and I worry a lot if they inform me that they have not seen Chemai during the day. So I come and knock on the door. She (Chemai) replies, "Who is it?" I tell her its me and I ask her, "How are you and the kids?". Now Chemai knows me she does not open the door.*

HS: *Oh yes [laughing]. Ah I do not open the door for. You can go up to 10 p.m chatting and we will be standing outside in the cold.*

Gogo: *You know how it is when you are drunk.*

Q: *What would you do if you find that one of the kids is not feeling well?*

Gogo: *I will knock at villagers' doors for help. That time I would become sober [we all laugh]. One day I went to Norton and came very late. I went to sleep. I failed [to sleep because I had not seen Chemai] and I woke up. I came to check on Chemai. I knocked on her door. Chemai asked, "Is that you Gogo? Is that you back from Norton? I said, "Yes my granddaughter. I have come to check how you are and the kids". After that I went home and slept. Even Chemai gets worried when she does not see me. So she will come home. "It's the young ones I care about" [she was one of neighbours who showed genuine care for Chemai household as I observed during the study period. Sadly, she seemed to spent considerable sums on alcohol rather than the children (non- orphans) she lived with].*

Chemai reiterated this point during the focus group discussion

Chemai: *I teach the siblings manners but my neighbours and people in the community mainly support us. They tell us not to do this or that.*

Q: *What do you mean this and that?*

Chemai: *They teach us to say thank you and respect elders or to provide advice regarding the general upkeep of the homestead.*

Besides instilling values, neighbours were quoted as the sources of information regarding working opportunities.

Mavhu: *(a female CHH who dropped out of the study): Usually, it's my friends and neighbours. They tell me to have good relations with the villagers and they also inform me if there is work on the farms.*

All the child-heads stated that neighbours visited them everyday "just to see how we are getting on and to chat with us" commented Chenjerai. Adults making the time to visit and chat was seen by Chenjerai, Mufumi and Chemai as a very important factor deterring

¹³⁵ Gogo here means grandma. She was Chemai's a neighbour. She became one of our informants during the field data collection. We held this conversation when we went to fetch water from her well she dug in the garden.

them from thinking of their parents, deserting their siblings or even committing suicide. Chemai's neighbours, Gogo and Mai Ruru¹³⁶ often commented that their greatest fear was that Chemai would commit suicide if she fails to cope. Although it was unclear whether this was actually a real risk, the fact that Chemai was prone to crying all the time she talked about her mum's death could account for the community's fear.

Although the children valued the neighbours' assistance with regard to advice, they wished it were their parents advising them. Most orphans noted that parents always created time to advise them, whereas neighbours only gave advice on an ad-hoc basis.

Tendai: They [neighbours] give you advice when they happen to pass through your home or you meet them somewhere. It's not like it would be their mission when they see you or pass through your home that they provide advice. My parents would be advising me daily.

7.4.2.3 Relatives

Despite the fact that the orphans live alone and that they receive more support from neighbours, relatives still play an important role in the orphans' lives (except for Chemai who had no contact with relatives). The child heads indicated that they want to have more association with their relatives (see Chapter Five) and that they are still and still want to be "*part of the extended family.*" Mufumi suggested that their aunts (mother's sisters) should treat them as their own biological children. As a result, the children gave the relatives the highest score (10 out of 10) as people who should support them out of all the people mentioned as social support networks (see Fig 9).

The extent to which the children received support from relatives depended on the factors that led to the creation of the CHHs in the first place and the relationship between the two. Links with relatives were strong where relatives are supportive of the creation of the CHHs. Where the orphans left the relatives' houses due to ill-treatment, children receive little support from relatives as Tendai reported during the in-depth interviews. However, further observation revealed that while Tendai's relatives did not give him direct support

¹³⁶ Mai Ruru is one of Chemai's neighbours. Mai Ruru's first-born child was the same age as Chemai.

such as food they did nevertheless gave him work for which they paid him in cash or in kind (see also 7.3.3). Instances where children work for the relatives was noted during focus group discussions when the child heads all agreed that relatives do not give food for free, rather orphans have to work for it.

Tererai received lots of emotional, social, economic and material resources (especially clothes and food) from his many paternal relatives, not only for his 'good' behaviour, but because the relatives approved that he should live alone. Situations where relatives support the CHHs while orphans continue to live in their parents' home have been noted since the late 1990s (Foster et al., 1997a). According to Tererai not even a single day passes without him visiting the great grandmother or her coming to see him. If he is not working, Tererai spends time with the great grandmother where he receives advice or assists with housework.

Even though the orphans still rely on the relatives, some noted that relying on relatives for support shows failure to be self-sufficient, especially when the children had left the care of relatives after being mis-treated. Some child household heads reported that relatives ridiculed them when they failed to support the siblings themselves. Consequently such child heads hardly borrow from relatives. For example, Tendai instructed her sisters not to borrow from the relatives, as "*they will be laughed at us*" (Netai wrote in her essay). Similarly the lack of confidentiality and fear of being mocked were some of the reasons why Mbadzu stated that he hardly approached his great aunt when he needs support.

Mbadzu: But our aunt [great paternal aunt living in the same village] has a problem. I expect her to be the main source of assistance because she is our close relative. The problem with her is that she wants to be felt that she is very important. If you borrow from her you are in trouble because the whole community will know about it. She will say that we would have starved if it were not that she chipped in. You will hear this through the grapevine. You really have to think twice before you seek support from her."

The girl was already married and had a child. The girl was best friends with Chemai

In the highly patriarchal rural communities in which this study was conducted, one of the key elements of masculine identity is that men are strong and are capable of family leadership. In the context of this study, failure to meet the household needs is a sign of weakness and incompetence in the case of boys unlike girls. Male heads only approached relatives after they had exhausted all means of support from their daily links or they have no capacity to solve the crisis. As a consequence, boys suffered in silence as they hardly borrowed food from relatives.

Tendai: If there is crisis in terms of hunger, and I would have failed to solve it, the last option is to approach relatives both maternal and paternal even if they live far away. I am sure they would give you if you approach them and talk about your crisis. Whatever they provide at least the kids would be fed that day.

Therefore, to avoid too frequent food shortages, the child heads devised means to save the little they have. For example, the households by boys reported that they skipped meals. Most of them ate once a day, supper. This was also confirmed during the visits to the children' households as they hardly cooked during our whole day visits to the household.

7.4.3 Local leaders -village heads and teachers

Some of the child heads' social networks were local but significant figures in the community such as teachers and village heads (Fig 9). Although the community leaders provided little support to the orphans (score 2 out of 10), at the time of the study, they scored 8 out 10 as the most preferred sources of support for advice and representation (Fig 9). Significantly village heads are often used as gate- keepers or are a point of entry for most development programmes in villages. The child heads stated that they expect village heads to be kind and sympathetic about their situation. Furthermore, the child heads noted that if the village "ignore" the orphans, they are unlikely to be represented or involved in decisions that affect them (see also section 7.2.2). This suggests that the children are attempting to conform to established modes of thinking in the hope of gaining the village head or any other significant local leaders' support.

At the time of the study the orphans rarely approached the village leaders for assistance except where the orphans had conflict with each other or siblings became too naughty. Chenjerai reported his cousin to the village over conflict of food within the household, which was then followed by bad words. Similarly, Tendai reported her brother to the village head when he (and some friends) harassed a young girl on her way to the miller (see section 7.3.1). Not much was commented about the teachers. However, the children appreciated their role in assisting with stationery such as pens or exercise books.

7.4.3 Feelings of living alone

During the focus group discussion, the child heads were asked about how they felt about living alone with no adult in the household. Although almost all stated that they prefer to live alone after having fallen out with relatives, they admitted that it was a struggle to take care of oneself, let alone run a household and take care of siblings. The orphans expressed that they feel lonely, and constantly worry about being able to sustain the household or deal with illness or death of a sibling¹³⁷.

Monica: *Describe how it feels to be a child living alone?*

Tererai (boy aged 16): *Oh it's very lonely. Ah (...) boys (.) it's tough to be alone on the homestead. I just wish I had my parents.*

Chenjerai (boy aged 17): *Its very difficult. If someone insults or even beat you. You have nobody to report. The only option is usually to fight back.*

Mufumi: *It's not nice at all. It's a problem. Imagine what I would do if the sibling I am caring falls sick or even dies. You know people get seriously ill such that you are afraid to touch. It's really a pathetic situation*

Tendai (boy aged 18): *It's not a big deal [to live alone] as long as you are able to fend for the siblings. But having said that uh.uh.uh. (...) It's not a good idea because when the situation changes and life gets tough I wonder how I will manage to survive. So it's okay to live alone as long as there are not many difficulties one faces in sourcing food. When things get tough it also affects the children.*

¹³⁷ No death of a sibling was reported although quite serious illnesses were observed: Chigere coughs at night. Netai has swollen glands, earache and reddening of lips. In both cases children rely on communities for traditional medicine. Mbadzu went to a traditional healer to cure his enlarged glands during the time of the study.

The impact of living alone is felt in many aspects of the children's lives, especially when they receive little support from own relatives to sustain the household and with no one to take care of them or visit them regularly. Even though the children prefer to live alone, there is always a sense of feeling insecure in the absence of adults. Therefore, orphans living with no adults require urgent protection.

Chemai (girl aged 18): We cannot do anything or we have no option because our parents are deceased. But what is very painful is to look after the siblings and one has to look for food and clothes. It affects us and pains me. These problems make you think of your parents. You cannot forget them at all. They are always in your head. I think the difficulties everyday to make ends meet as I just said is the biggest issue here. If we stayed alone, but having someone who takes care of us, it will be a great relief to us. Therefore as long as we face daily poverty we cannot avoid wishing our parents were alive.

7.5 Conclusion

The creation of CHHs is a new phenomenon in the context of HIV/AIDS in Zimbabwe. Although the communities in the study area were sympathetic to the plight of the orphans, they generally perceive CHHs as a phenomenon that defies traditional household structures. However, most of the child heads and their siblings are in contact with their relatives, many who live within the same village with the orphans. Despite the fact that the child heads displayed survival competencies, they are hardly recognised or appreciated within the communities they live.

Chapter Eight

Discussion and Conclusion

8.1 Introduction

Child headed households are not well understood since they are a new phenomenon in Africa's burgeoning HIV/AIDS crisis. This study has been concerned to explore processes and events that lead to the formation of CHHs in the era of the HIV/AIDS pandemic. It also aimed to explore how the CHHs manage their households by examining the distribution of roles and responsibilities among siblings within these households as well as the process of socialisation occurring within and through them. This study was conducted in a rural community in Zimbabwe with five child household heads and their siblings over a three-month period. At this point it is important to highlight that this data is already dated and the situation of orphans will already have changed [probably for the worse] given the continued rapid decline of the economy since 2005. Nevertheless, this research is timely in the light of the current HIV/AIDS pandemic and given that the orphan problem in sub Saharan Africa will continue to increase over the coming decades. Stephen Lewis (2006) questions why and how 20 years into the HIV/AIDS pandemic there seems to be no solution to the orphan crisis. At the closing session of the XVI International AIDS Conference in Toronto, Canada, he commented: "*It is impossible to understand how, in the year 2006, we still continue to fail to implement policies to address the torrent, the deluge of orphan children*" (2006:3). In light of this, this thesis represents a major contribution to the current debates and growing literature on orphan care systems. Furthermore, the study helps to identify potential needs and problem areas that could be targeted for intervention to assist Zimbabwe's recent but burgeoning CHHs crisis.

From a theoretical perspective, the study aimed to contribute knowledge to the field of children's geographies by exploring the childhood experiences of orphans who live without parents or other adults in their household. The thesis rejects attempts to universalise childhood as 'a time for play, dependence, innocence and incompetence'.

Children's geographers familiar with developing world contexts would reject such universalism as western centric and would point to the way that poverty, natural disasters, conflict and most importantly HIV/AIDS structure the lives of these children in very different ways in the global south. As a result, this thesis has been concerned to trace how the HIV/AIDS pandemic has led to the (re) construction of childhoods in contemporary Zimbabwe. The ideas presented here address agendas in children's geographies which call for more work that records *and* theorises 'other' childhood in the global south and which also records and theorises *other dimensions* of these other 'other' childhoods of the south; specifically the 'un-childlike' phenomenon of those children raising other children (Kesby, Gwanzura-Ottmoller and Chizororo, 2006).

In this final chapter, I provide a discussion of my findings. In the process I demonstrate whether the objectives were met as well as highlighting the limitations of the study. The first section of this chapter summarises the major findings - focusing on the factors leading to child-only units and then how the orphans manage their households. Throughout the discussion, I examine how local perceptions of childhood are being (re) conceptualised as orphans lose parents and some establish CHHs. The discussion then proceeds to offer recommendations for future research, policy and intervention.

8. 2 Pathways into Child Headed Households

This section discusses the events and process that led to the creation of CHHs among the study population. The creation of CHHs raises two key questions: (1) while children living alone may have lost the support of their immediate family/parents, have they also entirely lost the support of the extended family? (2) is the development of CHHs a new form of coping strategy in the wake of increasing numbers of orphans? (see also Chirwa, 2002). My study suggests that the fact that CHHs exist in a community does not mean that extended families are no longer supporting the orphans living in these new household formations. Traditionally, orphans were physically taken into the space of the paternal extended family structures. In my study, physically CHHs were satellites of extended families, nevertheless socially, many of these households are still produced in relation to

and with extended patrilineal kinship groups. The extended family remains intact in this rural community as evidenced by relatives' support and provision of foster care to some of the orphans I worked with and by their efforts to visit and provide food for these children. In four out of the five households studied (i.e. not Chemai household) children had been physically absorbed into the domestic space of their extended families at some stage of their lives, and some had siblings who continued to live with relatives at the time of the study (e.g. children in Mufumi and Tererai households had sisters who lived with maternal or paternal aunts). Thus, the study showed and supported existing literature that one of the main pillars of orphan support is the extended family system (Ansell and Young, 2004). Pathways into CHH can include a movement and or migration into, through and out of the surviving extended families. Moreover, when CHH are observed on the ground they must be seen not as a static phenomenon, but as potentially in the process of a dynamic movement out of or into the adult headed households of the extended family and via the satellite CHH.

Although the illustrative study showed that the extended family still plays a major role in supporting orphans, its support was sporadic through time and in most cases not all members of the kinship provided support. Most of the support offered was provided by family members who lived in the same village as the orphans. In some cases male relatives from the maternal family refused to take care of orphans whose deceased parents had divorced regardless of whether female relatives from the maternal family (especially grandmothers) were willing to take care of the children because they felt this was the role of the paternal clan as per tradition. In this small qualitative study, both Tendai and Chemai's maternal uncles refused to look after the siblings. This contemporary rejection of children stands in stark contrast to what we know about attitude in the pre-colonial era; then, although paternity mattered, maternal kin would welcome opportunities to take in children (for example the illegitimate children of their daughters, or children captured in military raids), because children were highly valued during that era. In the era of HIV/AIDS and economic collapse, children are a liability and a drain on resources available to fund the education, health and day-to-day living of the nuclear family/children from the paternal extended family. Furthermore, in the

current climate of economic collapse the longer term value of taking in children is further reduced because of doubts about getting any *roora*. In a cashless economy the pre-colonial situation might re-emerge where women [orphaned young girls] might be exchanged for food as they were in the ancient past in desperate times. Therefore, one pathway from a child becoming an orphan to their becoming a member of a CHH might be seen as being marked by a refusal of the maternal kin to adopt them and the orphan would need to have been refused by the paternal kin also. This is not to say that that maternal kin never take other kin's children, but it's just that these case studies illustrate one of the pathways through which CHHs can come into being.

Furthermore, the fact that not all siblings from each household were taken in (which would have been the traditional expectation), suggests that families are already overstretched due to the growing numbers of orphans and the increasingly levels of poverty prevailing in the country. Although this study did not explore in detail the conditions under which the children in the foster care of their relatives are being cared for, studies of orphan prevalence and extended family care in a peri-urban communities in Zimbabwe suggest that, in the period immediately before the current economic crisis at least, orphaned children living with relatives were being cared under difficult circumstances (Foster et al., 1995; Nyambhedha, et. al., 2001). HIV/AIDS is an additional challenge to an already fragile family system currently weakened by among other things, internal political strife, lawlessness, periodic drought, increasing poverty, economic chaos and shortage of basic commodities. Even in households where paternal relatives have taken in some of the siblings of children who head households, these heads themselves were still expected to provide material support to their 'fostered' siblings. This shows that the community in which this study was conducted is being overwhelmed by the scale of the orphan problem and is unable to meet all of their needs regardless of their willingness to assist (see also Oleke et al., 2005; Aspaas, 1999; Drew et al., 1998).

Traditionally after the death of parents a temporary guardian was appointed to look after the children and the property of the deceased until final, post-burial funeral rituals (*kurova guva*) were conducted a year later. It was at this meeting that decisions regarding

orphan care would be discussed. Among the households studied in this thesis at least, it was clear that such customary processes had broken down. Another major pathway into the condition of CHH is the failure in some instances of the extended family to follow tradition. This failure is a combination of (a) long term demographic and economic structural changes (b) short term economic collapse (c) more interpersonal and personality issues where all other things being equal (i.e. two families with equal poverty and difficulties) some individuals are more greedy and selfish than others. Children in this study currently in child headed households reported that they had neither been taken into foster care immediately after the death of their parents nor even had someone appointed to look after them. They suggested that in the immediate post death situation relatives were more interested in the deceased's property.

However, at a later date, pathways out of the CHH opened for some children when certain events and arrangements within a satellite CHH prompted relatives to absorb some of the orphans into their own households. One such arrangement was when boys and girls within a CHH shared the same sleeping arrangements. Thus in my study, in households in which the head was a boy, and in which there were no older girls, it was unlikely that girls younger than 10 years old would be living with them. This was attributed to fear of incest and that it is socially unacceptable for boys to provide 'motherly care'. Whether incest or sexual abuse within a CHH was a real threat was not established within this research project, however, the fact that it was mentioned is significant. Fears of incest could be real as there is always a risk of sexual abuse by siblings even when children live in households headed by their parents. However, alternatively and or simultaneously, they could also be mythical; the product of general social taboos about incest and the appropriate socio-sexual socialisation of children. In adult headed households, space (and time) is frequently used to separate the genders, both through separate work tasks and locations and separate sleeping dwellings. Earlier it was noted that, after about the age of seven, girls work along with women and boys with men. These gendered spatial separations also create and reinforce gender identities. Thus when households are devoid of parental oversight, external adults worry that socialisation will not take place 'correctly'. As male children become heads, they take over some of the

roles of being a parent, and “act” like a parent. As males [just as fathers] however these child heads would not be expected to wash the underwear for a sister or give her sex education. In addition relatives chose to take in girls rather than boys, because of the valuable contribution girls make to domestic labour, a pattern that is recorded in most literature (Kaliyati, et al., 2003). It would have been useful to see if girls would have been taken in had they been older than the boys; however, in-depth qualitative study was too small to capture any such case.

Although a relative taking in some children from a CHH is a positive thing, the children who remained within the CHH expressed concern about being separated from their siblings, moreover children also feared losing their own (paternal) identity when obliged to live with maternal relatives. In Chapter Three the ancestors of the lineage were described as protecting the family. Each lineage has its own beliefs, rituals and religions. Fostered children do not participate in the rituals of their host maternal family because of differences in lineages. Orphans living with maternal relatives need the protection of their own ancestors and it is believed that they can only be protected if the children live with blood relatives. Thus in the event of illness, orphans are usually taken back to their relatives who might know the cause of illness. It is the main reason adoption is a rare event in Shona society.

Neighbours also played a major role in supporting CHH by providing food and non food items such as information regarding employment opportunities, and emotional support through visiting the children and spending time with them. However, there were observable differences in the support received by each of the orphan headed households and these differences were related to multiple factors that ranged from the behaviour of orphans’ themselves, to the quality of the relationship that had existed between the children’s parents (before they died) and local neighbours. The desire among orphans to get support from the neighbours is reflected by the fact that they ranked neighbours second as the people who should continue to support orphans with food, work opportunities, advice and counseling. Many orphans expressed gratitude for visits by adult neighbours as they distracted them from thinking about their deceased parents. Thus

it was significant that adults visited the orphans as they offered a feeling of adult care and protection. All child heads surveyed expressed a desire to be guided by adults, suggesting that they desire to conform to social norms of socialisation whereby adults constantly guide children. The support children received from the neighbours indicated that in this community child socialisation is not done entirely within child headed households, and there is evidence of continuation of the tradition that every child is everybody's child. Greater emphasis should therefore be placed on neighbours in community mobilisation programmes that seek to support orphans, especially CHHs. This is something that policy makers need to think about, given that these children at least, preferred to receive help from neighbours rather than from various institutions such as NGOs.

Although it is clear that there were many and various pathways that led different groups of siblings into a CHHs, and significant differences between those children whose parents were married at the time of their deaths and those that were divorced, children in CHHs also shared many common experiences. In this study, orphans of married parents tended to follow a fairly linear pattern from living with both parents, then one parent and to being CHHs. In contrast, children from divorced and/or separated parents exhibited a series of movements between foster homes before they became CHHs. Thus the most crucial factor in explaining the variation in movement to being a CHH was family stability. Children of divorced parents are vulnerable especially where the father's death preceded that of the mother. Literature has shown that children from divorced parents undergo many unusual and often difficult situations, including family breakdown, abuse and neglect (Whiting, 2000) leading to an upbringing that is considered socially to be improper. Therefore, having divorced parents is definitely one pathway into CHH but there are other vulnerabilities that can also affect children with married parents. At this stage it is important to note that the study is not claiming this as a general pattern, i.e. children of divorced parents will experience the same process. The point is that by doing this deep study, the research has uncovered some of the mechanisms and understandings that are likely to underlie more general patterns yet to be established.

Traditionally, children were retained within the father's lineage at divorce or death. Therefore where normal procedures were not followed and children went with their mothers, complications regarding the care of such children often arose. After their mother also died, such children would, in some cases be taken in by paternal relatives that they might have never known, as in the case of Tendai's story. Because Shona society strongly values and regards marriage as universally the norm, children from broken families are regarded with suspicion and are often accused of not listening to adults and of misbehaving. As a result, ill-treatment of such children then becomes the social norm, especially where relations between fostering adults and the deceased parents had previously already been strained following divorce. Further, in polygamous households, rivalry between co-wives further influences attitudes towards orphans. These two points are illustrated by Tendai's story where deep conflict exists between the paternal and maternal relatives. Similar observations about the negative impacts on orphans due to interfamilial conflict between adults have been noted elsewhere (Germann, 2005; Nyambedha et al., 2003; Kayongo-Male, 1984). Fostering relatives may fail to understand that children from divorced families have experienced both the trauma of being neglected, and the confusion and disruption of being taken in by relatives who they do not know or who they had last seen as toddlers (see the experience of Tendai and his siblings). Fostering relatives need to be helped to understand the circumstances of such children, and their experiences before, during and after the divorce and deaths of their parents.

Data from this study indicated that where children stayed with male blood relatives it was the wives of these men that were the main perpetrators of ill-treatment. Most orphans who stay with relatives stay with paternal kin and women folk in these households are unrelated to them. Given the gendered nature of Shona society women should play a key role in the socialisation of children in their care. However, in the case of children fostered by their paternal family it is difficult for aunts to have a 'motherly' attachment to the orphans for two main reasons. Firstly, as outsiders, the aunts are only related to the orphans by marriage and not by blood, which is the primary kinship bond in Shona society. Secondly, 'outsider' women are rarely consulted on decisions regarding the care

arrangements of orphans (which are taken mostly kinsmen but also kins women) yet they are obliged to take over responsibility of looking after such orphans (see Nyambedha et al., 2003).

Even though extended families took in orphans, some children felt that they were not treated equally compared to the biological children of the host family and suggested that they were overworked, were given no time to play and were often denied food. Statements such as “overworked like a bandit” [*meaning a jailed prisoner doing hard labour*] were used to describe the children’s treatment by relatives especially unrelated women. The question that remains unanswered is for the sake of the “listen to children’s voices” approach to what extent are these experiences real or imagined. The fact that the child feels marginalised does not mean that they are not real feelings. In this limited number of households, these children showed that they are vulnerable and emotionally damaged and as a result they may feel ill treated or left out even when this is not intended. It is not that ALL unrelated female relatives will act this way, but when looking at why some children pass down a path to CHH, we need to look at these personal, intimate, interpersonal issues not just issue like class, gender and poverty

Earlier it was emphasised that the labour of children is now less valuable and that the contemporary costs of childrearing (such as the costs of education, feeding and health) mean that children are a liability. Therefore, where people do take in orphans it might be that they do not treat them like their own children as they are basically going to be a drain on their resources. Consequently some foster parents may treat foster children as an asset to be used and do not allow them to become a drain. Furthermore, it may be that relatives are extracting some kind of payment or justice out of dead relatives who have burdened them with their children (especially when pre-death relations were anyway strained). These experiences pointed to the existence of hybrid and dual experiences of childhood in Zimbabwe. Interestingly these spatially and socially different experiences of childhood (a) a western influenced notion of childhood as a time to play and not have responsibilities and (b) a ‘traditional’ notion that childhood is a time of labour and responsibility which together produce effective socialisation, actually occur in the same

households with some children experiencing one and some experiencing the other. The fact that the children complained about the lack of time to play, which is not simply a western idea (though there may be an influence) suggest that play is an important element of childhoods in the south which are not just all about work (see also Punch, 2003).

Customary law (based on tradition) was that household property belonged to the man's relatives unless the eldest son was old enough to inherit. The widow and children were also inherited, either by the man's brother or by her own son, giving her the right to stay in her husband's clan area. Their rights therefore were to maintenance and not inheritance. Although the government of Zimbabwe enacted several legal reforms to protect the rights of women and children to husband's/father's property and is signatory to international treaties related to children's rights, the problem is that the general laws and treaties tend to run in parallel with customary law and generate confusing grey areas (see UNICEF, 2004). The current practice of property grabbing violates customary law both in spirit and in terms of the actual written customary law in the following ways: (a) wives and children are neither being inherited or being given maintenance (b) on the other hand the new general law may also be being violated if young people who are over 18, and therefore 'adults' within the terms of the LAMA, are being dispossessed and treated as 'children' by families and communities. Girls in particular might find themselves in a legal grey area because while LAMA says (or said at one point) that an eldest girl child could inherit a father's property, relatives do not like this. The social convention that suggests that it is a girl's destiny to get married and move away to another family remains strong. Property grabbing suggests that Shona people, including the community I studied, are currently reproducing the aspects of tradition that best suit their needs at the time (as arguably, they always have done). Tradition is and always has been very flexible and malleable as in this study relatives are keeping inheritance rights but ignore maintenance responsibilities (Bourdillon, 1993). Although a woman could inherit her pots and kitchen goods, male relatives often claim new white goods such as fridges microwaves, etc. Household property in urban areas might be common to both wife and husband because many wives have their own jobs and incomes, yet man's relatives often attempt side to claim all household property by mobilising "tradition" as a

justification. From the perspective of socially and economically vulnerable children (and women), traditions that worked well for a rural patriarchal mode of production are dysfunctional in modern society.

As Kesby (1999) suggested, this study also shows that many people act outside the “law” inventing or interpreting tradition according to what is socially acceptable in the communities and not according to what general or customary law actually stipulates. The trouble is that the general economic malaise probably inclines some people to try exploiting these opportunities for inheritance even though they know it is “wrong” (morally and in terms of the law) with respect to the surviving orphans. Consequently, such everyday practices and social pressures mean that the courts offer children little protection from being disinherited of their fathers’ property (Bourdillon, 1997). As foregoing discussion shows, relatives of the children took property in the name of ‘culture’ yet, not a single relative related to the children in this study suggested taking over the children soon after the death of the parents. All this points to the need for a public debate about the nature of culture and tradition that surrounds inheritance practices in a time of economic crisis and HIV. Because children are conceived as the relatives of the father, relatives on the mother’s side seem to have little guilt about leaving them destitute. Maternal relatives were reported as taking ‘women’s goods’ which were the bare and essential kitchen utensils vital for the surviving children’s well being. Tradition and modern interpretations of tradition are producing a situation in which no one is taking full responsibility for orphans. This claim is not a general situation, but it is for those children who become CHHs as others are being absorbed into the extended family structures. Therefore, limited follow up of traditional practices is another pathway into CHH.

Another complexity is that children can be totally dis-inherited if they are orphans living with a grandmother who then also dies. As indicated above, tradition was that male relatives would hold certain property in trust for children until they were adults. So assets such as land and cattle, and people (children and guardians) would all be living together in the same location. Therefore, in the contemporary situation, when an adult household

dissolves, relatives take the property and send children to the traditional seat of the paternal family which is the rural home of a grandparent or another relative. However, in the present period, this location is not where the majority of valuable family assets are located. Many rural satellites of the extended family are very poor with nothing of value to inherit. When these elderly rural guardians die, the other relatives, who originally took the goods of the children's parents, do not turn up to return wealth held in trust (see Chenjerai's experience).

Evidence from this study suggests that relatives were more interested in personal effects (household goods and clothes) rather than land even though the parents feared that relatives were after the land. Interestingly, even the children preferred to have effects than land as an asset. Unlike studies in Uganda (Hunter 1990), it is interesting and significant that land is not a conflict of inheritance given that Zimbabwe's history has been centred on the land issue. Land is not a great asset to inherit for several reasons. Firstly land is not owned but held via a usufruct right. Secondly, land is of limited value in the modern economy and the current crisis when few people including the orphans have the incomes necessary to invest in rural homes or productive agricultural production. Land needs other assets to make it viable such as cattle and ploughs and for the last 100 years or so African agriculture has been reliant on inputs (e.g. fertiliser) that have often been paid for by wage labour incomes. Thirdly, land has always required labour. When the eldest child is only 16 and can only draw on the labour of young children, this limits the amount of land that can be worked. Fourthly, inheriting land might make inheriting children unavoidable and this would be an added burden in view of the poverty prevailing.

The child heads reported that illness was prolonged with periods of illness and good health until the parents succumbed to death. During parental illness resources were used to seek traditional, spiritual and modern treatment. At the same time children were expected to take 'adult' roles such as caring for sick parents. Consequently girls (the main care providers stated in this study) dropped out of school. Therefore, pathways to CHH begin long before children are orphaned and also worsened by interfamilial

relations and family break down before death. In addition, tradition compounds the material loss to surviving children because of the need to afford “proper” funerals. Evidence from the study showed that it was the dead person’s own estate that was used to pay for the funeral even when this is clearly impoverishing the children who remain rather than other relatives financing entirely from their own pocket. Similarly, Nyambedha et al., (2003) in their study of changing patterns of orphan care due to HIV in Western Kenya, observed that traditional funeral customs where a lot of resources are used to meet the funeral costs and death rituals made the orphans’ situation worse. Various traditions are producing pathways into CHH in economic conditions of crisis, which is a combination of crisis and tradition open the pathway. Therefore, even before a CHH comes about, households have been “worn down” economically, emotionally and in terms of the personal health of caregivers by the long periods of illness of parents. Therefore there is a degradation of the household as both a social and material unit (and a degradation of its individual members) even before the death of parents and the orphaning of children. This is of particular significance in the case of AIDS created CHHs because the illness is long and drawn out.

In Shona society, it is at funerals that problems such as child inheritance are actually solved. So even if the parents are sick for years they still wait for their death to solve the problem of orphan care. In the present day, such decisions are made hastily because the funeral and mourning periods have been reduced to less than three days due to increased deaths and the inability to have lavish funerals anymore (PRF/IDS/UNDP, 2003). Ironically, the very process through which solutions are supposed to be found actually impoverishes the surviving children. As a result, at funerals relatives may actually fail to solve the situation of surviving children. That is they may refuse to inherit them because of their own impoverished circumstances, and may be more interested in “grabbing” property. Finally the children themselves refuse or resist being inherited. In terms of children’s geographies perspective this (refusing to be inherited) is significant and shows children to be independent actors making their own decisions.

8.3 Children's Geographies and Conceptualisation of Childhood

This section provides an analysis of the thesis' theoretical contributions to the examination of how Shona childhood is being (re) conceptualised with the Zimbabwe's burgeoning HIV/AIDS crisis. The notions of the classic western version of childhood and also local customary understanding too are being challenged with the advent of HIV/AIDS in Zimbabwe. In this study children were often perceived and regarded as vulnerable, incompetent and in need of protection often leading to their ability to managing their own lives being overlooked (Valentine, 1997c; Prout and James, 1990). Children's geographies call for greater recognition of children's competency and agency, and the need to recognise children's competencies. Children's geographers who work in developing countries suggest that the childhood as an era of play and few responsibilities is a myth, particularly for children in the global south (e.g Robson 2004 and Aitken, 2001a). However in a paper I co-authored with colleagues (see Kesby et al., 2006), we argue that the more realistic view of Third World childhood championed by these authors has been just a little too brutal, to the extent that they have neglected that all people (adults and children) need play in their lives. In traditional Shona societies not only was the extended family more involved in the upbringing and the socialisation of children than it is today, but the community also played a stronger role, and the child belonged to everyone. Shona childhood was very complex because children were seen as very competent, as they took on considerable responsibility for tasks and for other siblings in a way western children rarely do (or did). Despite that fact children are granted considerable practical competence in Shona society, they are not given credit for moral, social competence or given the right to make decisions independently. These points are the major focus of the discussion in this section.

In this study, the parents' illness was a guarded secret from the children until the parents became terminally ill and death became imminent. The aversion to talking about their illness was not without basis as children in Shona society cannot be trusted with keeping secrets about their parents' HIV/AIDS related illness especially in societies where HIV/AIDS patients are stigmatised and discriminated against. The failure to inform

children about the illness of adults has deep roots in traditional Shona culture. Meursing (1997:207) noted that while an individual facing a major health problem would often consult elders in the extended family (paternal relatives) they would not discuss the matter with children because they are “regarded as ignorant” and too young to understand illness. Yet children can keep secrets when they are so serious and when they are taken seriously and taken into confidences, but adults often do not believe they are capable of this. Children need to be informed about parental illness to avoid feelings of resentment and anger (Wood et al., 2006).

From the perspective of adults, the problem of talking about HIV/AIDS with children is that it undermines adults notion that the innocence of children needs to be protected and issues of sexuality including HIV/AIDS are considered taboo for adults/parents to discuss with children (see also Gwanzura-Ottmoller, 2006). In the context of HIV/AIDS this is particularly difficult, because the sexual matters they would have to discuss would not even be in the abstract but would necessarily involve revealing something about their own personal sexual behaviour. Added to this is the general stigma associated with HIV/AIDS, and it is possible to understand the rational that underlies the seemingly irrational decision not to inform children about the inevitably terminal nature of their ongoing illnesses. An additional factor may be that parents want to protect children from the upsetting truth. As a consequence, parents kept their children ignorant or provided them with superficial information about their illness. Yet the children had some kind of contextual sense of the imminent death in the view that they lived in communities where such illness and deaths are frequent and were aware of other children’s parents dying around them. Further, they “knew the bad signs” when their parents (fathers) retired in their early 50s¹³⁸ or were sick “on and off” an expression commonly used to refer to HIV/AIDS related illness in Zimbabwe including the study area.

Although the emotional and psychological effects of withholding information from children are far from clear (Germann, 2005) the orphaned children in this study reported their anxiety in witnessing parents debilitating illness. In this study there is no sense of

¹³⁸ 65 years is the official retirement age in Zimbabwe

whether any younger siblings in the household witnessed their parents deteriorating and dying and the issue of silence and secrecy surrounding parental illness. In addition the study did not capture if the child heads talk to their siblings or friends about their experiences or if my interviews with them were the first time they had discussed these deaths. Perhaps the behaviour pattern set by the parents and other adults means that children feel that they cannot or should not discuss these issues. As they narrated the detailed accounts of their parents' severe illness and subsequent deaths to me, most participants talked about how they had worried about parents' illness, the persistent cough and the wounds that never healed. Even though they coped during this period, taking on adult caring roles, they still worried about who would provide care for them when the parents died in a society that does not accept the independence of unmarried youths and children. There is potential psychological impact given the terribly "adult-like" experiences the orphans have to deal with.

Paradoxically, while the parents did not want to discuss their illness with their children, they expected their children to shoulder the burden of caring for them while they were sick (Chemai's story) and some requested their eldest child to look after the younger children when they died (Tererai and Chemai). This indicates tension and inconsistency in how parents view children. It is indisputable that parents are failing to conceptualise their children's full competence and potential: they contradict themselves by treating children as 'children' (by not disclosing their illness) and then as 'adults' (when they expect the children to head the household and take care of siblings). This confusion among parents raises the question, when does childhood begin and end in the context of HIV/AIDS among the Shona people. While Chapter Two pointed out that childhood in Shona culture traditionally ended with marriage in the contemporary period, premature HIV/AIDS-related morbidity and mortality are not the socio-biological phenomena determining the beginning of Shona adulthood. The changing nature of childhood in Zimbabwe confirms Valentine's (1997a) view that childhoods are cultural inventions and ideologies that are (re) constructed and (re) produced over time. While Shona childhood has always been filled and structured by a mass of household responsibilities, the HIV/AIDS pandemic has created a new form of childhood where children [child heads of

CHHs] are expected to take full adult responsibilities and behave as adults do, such that the community even refers to the children as ‘mother’ and/or ‘father’. These statements suggests (a) the signs of a begrudging recognition of the mature and adult status of children (b) or (and/or) an attempt in some way to maintain traditional notions, that is labelling the children with heterosexual marital social norms, rather than recognise their independent unmarried social status. Moreover it confirms the theory that childhood is a social construct and social relation that is if one is doing what adults do then society is in some way compelled to label that individual an adult.

Expressions such as “if you are a mother now then act like one” is an attempt to reinforce existing social norms of virtual motherhood and fatherhood even though the traditional mechanism of marriage no longer plays a direct role. This is particularly evident when Chemai’s mother’s friends told her to behave and ‘act like’ an adult by not ‘crying’ when they informed her that her mother had died. In the context of HIV/AIDS illness and death of parents determines adulthood. Identity is therefore relational, it is not something one can simply make for one’s self. These accounts (e.g. Chemai’s experience) seem to confirm that while children are highly competent, how they get positioned is often out of their hands. Adults sometimes treat them as children, sometimes as adults and what children can and are expected to do changes accordingly. These positions and identities are dynamic and unstable across time and space. Chemai described her experiences after the death of her mother as a turning point in her life, which she changed from being a “young” girl to a mature and responsible person, “I grew up in one day”. From the very day of the death of one or both parents the (eldest only) child enters a strange, complex and ambiguous positionality, somewhere between child and adult, but neither fully one nor the other. Therefore, CHHs occupy this difficult in between status whose households I shall refer to as ‘sandwiched’ households. Even then this in ‘betweenness’ is not stable, it is not always in the same position between, but moves sometimes towards a more adult status and sometimes towards a more child-like status. Children try to take control of this but the socially available resources they have available mean that they cannot simply take control over their positionality.

Sadly, for many heads of households interviewed in this study, heading a household does not mean that the community would *treat* them as adults even if they are above the official age of adulthood of 18 years. Many child heads and their siblings continue to be marginalised and unrecognised as was shown when the NGO we worked with during the fieldwork had difficulties in identifying the CHHs for us to interview (see also Kesby, et al., 2006) but could easily identify orphans in grandmother headed households. At the same time, adults conveniently appealed to and mobilised modern legal definitions when it suited them (Tendai's experience) even though turning 18 would make very little difference to the children's ability to look after oneself. In Zimbabwe (at least before the most immediate economic collapse) many young people aged 18 are still at school and therefore unable to fend for themselves economically, especially given the lack of availability of state social security as in the developed world. In addition, socially, 18 year olds will not be treated as adults and so cannot apply for food aid or land in their own right.

Attitudes towards the social status of child heads are profoundly fluid, and their positioning changing constantly from being viewed as 'children' to 'partial adults' but in both cases they are treated as having no voice. The ambiguous nature of orphans is shown when communities occasionally invited them to community meetings (as it invites all other 'adults' heads of households) but it could not bring itself to treat them as entirely adults. Existing age and generational hierarchical structures dominant in Shona culture prevented the child heads from having a 'voice' during community meetings even though they were physically present. Moreover, the child heads felt that local society only recognised them as functioning as a head of a household when they expected them to contribute to community work and this made the children feel exploited.

Although the ambivalent position of CHs is detrimental to their survival, as they can be exploited and excluded from development projects targeted at vulnerable children, at the same time the complex nature of their positioning is crucial for their survival. This position of the CHs is highly inter-subjective and depends on intimate familial and intimate social relations that influence their integration into society. The child heads need

to be on good terms with the community. As a result, the child heads have to accept this positioning because it's crucial to get community support; and yet at the same time such positioning is detrimental to their struggle for survival for reasons stated above. Therefore, the situation of orphans in 'child only units' is very complex indeed! Refusing to engage in collective community activities would imply lack of community support among children from CHHs. Moreover, social networking with adult headed households in the community allows them access to information and resources important for their survival. This demonstrates that orphaned child heads must not only take on 'adult-like' parental roles, caring for their siblings within their own households, but must also take on 'adult-like' responsibility at the community level to ensure that they and the siblings establish good relations with villagers who are their main sources of support.

In this study, some of the orphans who were involuntarily dispersed to their relatives' households did not however become passive actors, but the exhibited high levels of competency to respond to their ill-treatment (see also Maturan and Varela, 1992 cited in Whiting, 2000). In their accounts the children who now lived in child headed households, described how they had been ill treated when living with relatives and how this had prompted them to make the difficult decision to leave their foster parents' home and seek the 'adultless' living that, paradoxically, they had feared when their parents were dying. Seemingly many children [older ones] would rather face the struggle of caring for themselves than face the repression and neglect of adults that resented caring for them. According to the children, repressive situations meant a lack of choice of what to eat or freedom to play. Where as many in children's geographies (Aitken, 2001a and Robson, 2004) have played down the international/western myth of childhood as a time to play. Play is in fact important to all children (in deed all *people*) and is an important part of their own accounts of their lives and motivations. Pathways to CHH often pass through adult headed HH first and pathways are not simply something foisted on children, they actively choose the pathway to CHH sometimes when they can and when it seems possible and desirable.

The extended family structure was a space where the orphans had limited time to play and socialise leading to them 'running away' as Sibley (1995) summarises regarding the home:

The home [household] is one place where children are subject to controls by parents [caregivers] over the use of space and time and where the child attempts to carve the use of space and set its own times. The possibilities of conflict here are considerable. Children may find the domestic [including relatives' foster homes] regime oppressive because of rigid parental control of space,.....(129)

Ill-treatment makes orphans desire to find ways in which they create own social worlds over which they feel they have more control. This is not simply saying children are "restricted" by foster parents, because they are "restricted" by their own parents. In a way these points make it more likely that children's stories of mistreatment are true because "normal" family life has many burdens and restrictions for children. But choosing a CHH is a pretty extreme and risky choice to make especially when some of the children lived with no parents at the age of 14 (see Chenjerai). Some of the children reportedly chose to opt out of the 'hostile' domestic environment to avoid more conflict with the foster parents. The point here is that the orphans are already traumatised from the effect of parents' illness and deaths, and ill treatment by relatives and their only wish is to seek for freedom and independence from an abusive environment. This again shows the importance of interfamilial relations in influencing the development of CHHs. Therefore orphans are providing a new model for childhood. Orphans are different to other children not only because they are treated more harshly than parents would treat their own children, but because in some desperate sense they have a choice. They can walk away from the household in a way that most other children do not. This suggests that the orphans are providing a new independent model for childhood as a result of ill treatment. The orphans' departure from the relatives also reflects the historical strategy of resistance to unbearable situations and a desire to search for freedom and emancipation by young women and girls as discussed in Chapter Three. The orphans' resistance supports literature from radical feminism where male [in this study caregivers] are seen as women's oppression [orphans' oppression] and moving out of the caregivers' household to create alternative satellite households in which the orphans live alone becomes the norm (see Chant, 1997).

This movement from repressive extended family households provides an opportunity for orphaned children to create their own household, a new space of power in which they 'hope' to define their own social identities. This independence and identity formation is thus very linked with space, and is made in and through space as Kesby (1999) argued for gender back in the 1990s, and this is also true for childhood. The Shona traditional system was very deeply embedded in space and place and resistance to it and alternative identity formation, has also always been linked to the strategic use of space. Similar findings were found by Chant (1997) in her study on women headed households in Latin America. She found that women opted out of their marital homes not only to satisfy their personal interests, but members of the households in which they lived. Although this study did not explore the impact of the orphans' departure on the caregivers' households, informal discussion with the children revealed that the departure of orphans caused worry for the caregivers.

Barth (1969) and Cohen (1982) have since noted that the home [household] is a key source of rootedness, a place where self and personhood are acquired. Similarly Guyer and Peters' (1987:209) have asserted that households do not only serve as "clusters of task-oriented activities": simply places to live, eat and reproduce, they must also be recognised as sources of identities. In this study the child heads noted that although some people laughed at them (e.g. calling them 'tiny hut' in the case of Tererai) they value their households because they define who they are: "lone orphans". At the same time the new household formations become a locus of identity formation through the establishment of social networks and survival strategies. However these particular socio-spatial formations are radically different from those that dominate the rest of Shona society because households as socio-spatial entities are usually identified or associated with married adult identity.

The household has multiple functions. It is the site of biological and social reproduction, of socialisation, of nurturing and [a place to make] of fundamental decision outside the home" (Brydon 1993:47). Thorner and Ranadive (1992) point out that households are not only spatial units, but can be kinship or economic units. The support orphans generally

receive from the extended family, neighbours and community members (Chapter Two), validate Gardner (1995) argument that household activities depend on a wider social network of kin, friends, and neighbours and not just on the capacities or household members. Thus like all households, CHHs have fluid boundaries as many of their multiple social relations are performed outside the residential unit (Guyer and Peters, 1987). The fact that by the time parents die, household resources are depleted often means that CHHs struggle to fully perform all the functions ‘normally’ associated with household. In this study the CHH became a site of conflict over roles and responsibilities between the household members.

Traditionally (and today) women and men performed different tasks around the home. While women’s work was largely confined to the domestic space (the home), men engaged in productive roles such as farming, hunting and trade performed outside the home. Generally the child heads seemed to try assuming pre-existing social roles but were being done in a very different manner, when for example, girls take over fatherly roles. While, child heads in households with boys only assumed both father and mother roles other children within household with both girls and boys ‘largely’ assumed roles that were appropriate to their gender. Generally all boys were more embarrassed to perform girls/women’s work in particular domestic chores conducted outdoors such as sweeping the yard and washing dishes. Although young men and boys (particularly those living in households with no girls) are breaking the gender taboos, they are not happy doing so. Many suggested they wished to marry in order to “return” to the norm as soon as they can. However, for these male child heads, marrying seems an unrealistic wish/strategy in a society where age at marriage among men is generally higher than women and many men have historically married late due to lack of resources to pay roora.

The new household became a new site for the young boys to explore their masculinities often subjecting girls to controls in movement and sexuality. In this way the male children are reproducing older normative adult masculinities (and by default, femininities) in new ways even though they do not comply with established adult

masculinities in other ways. The young men try to mimic normal adult patriarchal households where male have power and control over women and girls. Girls that visit townships are seen as 'naughty' and 'out of control' and are accused of 'looking for boyfriends at the townships', which are locations that historically have been associated with promiscuous activities. Again mimicking established roles is perhaps an attempt to generate an image of normality, for themselves and others that in some way compensates for or disguises the social abnormality of their position within a child headed household. This could be another form of socialisation and construction of identity within CHHs.

In one of the households that had contained teenagers, conflict also arose over headship roles. Patriarchal societies such as the Shona, accord male members the status of 'breadwinner'/head even if they are younger or earn less than their female partners and as a result, males exert authority as household heads (Chant, 1997). Such deep-rooted and integrally bound masculinities put pressure on the male child heads in CHH. Unlike the girls, boys hardly ever borrowed money from relatives because it showed failure and undermined their manhood. Given normal socio-gender relations in Shona society, one might assume that the eldest male would automatically be the head. However, this study revealed that if a younger sibling (male) had more established social networks than their older brother, then he might come to head the household. At the same time, if there is an older girl in the household and the boys cannot provide, she becomes the head. Although the study recorded that girls took responsibilities for heading households when their brothers were younger, it remains unknown whether they will continue to maintain this position of authority when their male siblings grow up.

Even though the eldest female child became the 'head', inherent cultural practice that accord power to the boy child can often lead to tension between girls and boys when the later fails to fulfil their expected roles (Germann, 2005). In one of the households that had contained teenagers, conflict emerged over gendered work roles. Girls tended to fulfill their culturally defined roles but boys were not. In this study, boys felt that girls were challenging their patriarchal authority and control. However, although boys attempted to exercise control over girls' behaviour, girls resisted by; (1) refusing to cook

when they got home from the local shops if they had already eaten food bought by their boyfriends and (2) running away to live with their boyfriends or in search of work on the nearby farms where no one controlled their behaviour. Such strategies have a long history as forms of resistance as described in Chapter Three. First, wives who were displeased with husbands (e.g. husbands who do not bring resources) refused to cook or to cook good food such as chicken. Second girls have long escaped the communal lands and the surveillance of fathers/brothers and the community for a “freer” life on the farms. The response of girls to run away represents some kind of normal situation. Girls are expected to move away from the parental home at some stage of their lives in particular when they get married. As a result it is not their duty to secure the “paternal” household. However, the key point is that normally their departure would be accompanied by an inflow of resources, *roora*. It would seem that the boys regret this lack of exchange of resources and the lack of bridewealth could be another reason why CHHs might remain impoverished.

Like the ‘normal adult households’, CHHs are not static, but are subject to constant restructuring when members migrate to live with relatives, non-relatives or leave in search of work, marry or runaway (after Brydon and Chant, 1989, see also Ansell and Young, 2004). The movement in and out of the CHH by girls reminds us that households are dynamic entities, subject to constant change (Chant, 1997). Thus not only do children challenge adults when they ill-treat them (see Sibley, 1995), but also challenge each other when other children in the new household type attempt to limit their freedom and their autonomy. Girls challenge to boys supports Christensen and James (2000) view that identities are dynamic, and are negotiated or challenged continuously. Therefore orphaned children (especially girls) are continuously (re) negotiating their identities and childhoods as they try to seek their independence in their everyday struggles for existence. Therefore, the movement of girls away from CHHs supports post-structural discourse that the search for self is “inextricably tied to fluidity or movement across time and space” (Rapport and Dawson 1998:4).

In discussions with the child heads and some community members about commercial farms, they were described as being centres of sexual activity and described as being like ‘Sodom and Gomorrah’¹³⁹. It is unknown whether or not these children use condoms to protect themselves against HIV/AIDS or whether they have information about the dangers of having premarital sex. When children prefer to live alone after the deaths of parents, in addition to the skills and resources to ensure availability of food in the household they also need information on how they relate to each other especially on sexuality issues. Whether and how children in CHHs get access to sexual health information is an urgent area that needs to be addressed given that many orphans do not attend school regularly or at all. Given that parents probably died of AIDS it is imperative that they do not go the same way. Although parents would have been unlikely to have give instruction on condoms, their surveillance and pressure when they were still alive might have delayed or prevented sexual experimentation.

8.4 Epistemological /Methodological Issues

The qualitative approach adopted in this study was found to have both advantages and disadvantages. I feel that the larger quantitative methods could have been incorporated to help the study to be valid, reliable and representative (Miles and Huberman, 1994). The use of an illustrative sample in this study means that the research cannot be said to be representative of all CHHs in Zimbabwe. However, it was not intended to uncover general patterns, but to examine the detailed experience of children living in CHHs. Moreover, the detailed and in depth findings of this small scale qualitative study could provide a foundation for a quantitative study that seeks to discover whether my finding have a more general utility. If we want to answer the questions related to the orphans’ experiences, then we need to think hard about appropriate methods, theoretical and ethical issues. What then is the most critical way to do this? As researchers, how do we study or initiate dialogue with poor orphaned children who are marginalised and emotionally affected by the death of parents? How do we create space that enables

¹³⁹ The biblical town famed for its wickedness and debauchery.

orphaned children's voices to be heard? What techniques shall we use that engage with children in order to facilitate the development of child centred intervention programmes for orphaned children or children in general. These are some of the issues that I found to be major challenges in addressing the research questions for this study. In the end I found the importance of in depth ethnographic research and surrogate longitudinal study as opposed to briefer cross sectional survey work focused on basic needs that may observe the households to be CHH but miss the complex networks in which they are embedded and the complex evolution process and lifecycles they experience.

The philosophy of children's geographies means we should recognise and listen to children's voices and their agency. Traditionally, adults have been informants in child focused research such that the focus was on what happened to the children, rather than what they had to say (Whiting, 2000). The main limitation of this study is that I emphasised the children's voices and ignored the views of the relatives. How authentic are the children's voices? Relying solely on the views of the children without hearing from the adult can lead to distorted information (if there is a truth to be discovered). Although I have done this conceptually, children need not be studied separately from the family. It would have been important to include the adults' (the relatives) views to a certain extent to hear their experiences in fostering orphans. But I have not included what the adults say partly because my epistemological stance prevented me from doing so, as adult views have always dominated children studies and partly due to my interests in hearing what children have to say if we are to develop child centred programmes to assist orphans.

Thus by using qualitative methods and by putting the children at the centre of the research, this study attempted to give orphans who have hitherto been socially marginalised a voice. My approach to deciding the best methods was limited by the relative absence of guidelines on researching children in general, and more so vulnerable children. To address the research questions I grappled with the following question: what methods will best allow me to get up close and personal with these marginalised and vulnerable children in ways that (1) will make them open up and talk and (2) help me

understand their experience of being in a CHH. I also felt that it was important for me as a researcher to have an embodiment experience of life in a CHH and not just to hear what children had to say.

I was interested to see, not just how the CHH live day to day, but also how they have evolved over time so I used life histories/in-depth interviews. Like all people, children need to be listened to no less than adults. Children are always agents and they have input into their lives. However their lives are structured. They may not be listened to or consulted by adults on major decisions or even day-to-day activities. Whereas I would argue that it is necessary to utilise in-depth ethnographic methods to work with and understand children and their life experiences, the use of such methods come at a high emotional and ethical cost to the researched. The research raised a lot of ethical issues especially the distress it caused to the orphans and the researcher. At first I hoped that the local NGO staff would provide counselling for the orphans as they had an orphan care programme. However, the study revealed that only orphans in grandmother headed households received support from the NGO. Furthermore, the NGO's activities were more focused on the terminally ill rather than the orphans' welfare. As a result no psychosocial support was offered to the children studied despite the distress the study caused. Further, I as a researcher had received no training on how to deal with situations where orphans cry during the research process.

However, while my questions were difficult, the children are not strangers to distress, it was perhaps an unusual and cathartic experience to have someone really listening to their story. Group work had many positive impacts (section Chapter Five) but was difficult to organise because (1) the participating households were geographically dispersed and (2) the orphaned children had little free time in their day, which was dominated by work. Earlier it was suggested that children left relatives homes because they were not given time to play. Very little play was observed in CHHs during the study, suggesting that many of the child heads played and worked at the same time (see also Punch, 2003). This means that when children lived with the relatives, it was less about playtime and more about lack of love, concern and care that drove them out of the adult headed households.

Nevertheless the children found the study fruitful for they each realised that they were not the only children living alone. The research provided a basis for which the participating CHHs could find solidarity in the face of the hardship and marginalisation they continue to face from society.

Researching children who had been traumatised by parental deaths, ill-treated and who struggle to survive was a daunting venture. Firstly, getting data from the orphans required patience, and the establishment of a relationship of trust. I found that such children do not easily share their experiences. For example, Chemai refused to talk about her care experiences for her terminally ill father. Being reflexive and seeking not to judge the children's responses was one of the greatest challenges of this work. Even though in-depth interviews provided rich data, the approach raised a lot of ethical issues. For example, the ethical principle 'do no harm' is supposed to guide all research in social science. But in this study some of the orphans cried during the interviews (see also Robson, 2001). Negative emotional impacts are not only issues for the participants but also for the researcher, and emotionally the stress of working with vulnerable children impacted on my traditional social science understanding of the need for the researcher to remain 'impartial' (Chapter Five).

In terms of both ethics and customary behaviour (given my positionality as a researcher from the same culture as the researched-cultural insider), I still question whether it is justifiable for a privileged outsider researcher to undertake a close and personal ethnographic work with such marginalised groups, when the research has no immediate benefits or a positive change in their lives? However, I feel it is justifiable given that the study opened a field and an understanding that hopefully will inform policy and other research. The children showed they have agency and they used it in various ways; they got me to cook for them, help them by providing resources and for some this still remains even after I left the field.

8.5 Conclusion

This research explored the growing but unknown phenomenon of child headed households in the context of HIV/AIDS. The development of CHHs is one of the most fundamental concerns for society in Zimbabwe and other southern African countries experiencing the orphan crisis. Several practical and theoretical issues emerge for this study. First, the many orphaned children and more particularly, the growing numbers living in child headed households raises practical questions about how the children will cope without parental guidance during their childhood, how this experience will affect their adulthoods and how it will all impact on social change more broadly. The question is particularly relevant in Zimbabwe where economic malaise, drought and internal political strife threaten the well being of the whole population.

The ability of the extended family to take its traditional role in supporting and caring for orphans is being challenged by the scale of the HIV/AIDS pandemic and the depth of the current economic crisis. Most families do still take children in and it is a minority, where children are set on a pathway to CHH. In those minority of cases families only seem to intervene when social taboos threaten to be breached i.e. the sleeping arrangements. Various factors determined why relatives were generally not taking in the orphans. There are structural and cultural issues i.e. the issue of maternal families not seeing it as their duty (2) there are economic issues, of poverty and desperation that mean that even paternal families will sometimes avoid their duty (3) there are historical/demographic issues, basically the changes in the nature and costs of child rearing and (4) there are intimate interpersonal and interfamilial issues i.e. some people are greedy and or uncaring and some families have internal disputes etc. Therefore where one or more of these factors intersect, then children are set upon a pathway to a CHH.

A major theoretical implication emerging from the study is the (re) conceptualisation of childhood in Zimbabwe in the current HIV/AIDS era. CHHs actively challenge local conceptualisations of childhood in Shona society, as well as already discredited western centric generalisations about the nature of childhood. They do this because children in

these households have often voluntarily rejected their integration into the adult headed households of their relatives. They then set up domestic social structures that are almost without precedent in both local and international experience: functional households that are headed and entirely populated by children. Furthermore, children living alone in these alternative households also display the competence to survive (although not without difficulty) in the absence of permanent adult guidance. Living alone is a solution to a variety of problems the children face that threatens their survival (Beazley, 2000, Bourdillon 1994 cited in UNICEF, 2001). When children live alone, they solve the problem of being ill-treated by relatives and potential land grabbing by relatives. In addition leaving as 'child only units' is an expression of the children's desire for freedom and social recognition. By opting out to live alone as a CHH they, like street children (Bourdillon, 1994, cited in UNICEF, 2001) have become visible and have become part of the society's concern and problem. The new households become a site where the orphans have greater scope for decision making, self-esteem, control over household resources, freedom, a chance to move beyond the confines of the conceptualisation of a child and reduced emotional abuse from relatives (Chant, 1997). However, they also suffer from emotional neglect there too, and from loneliness and impoverishment. Therefore living alone is an expression of agency and independence, but should not be celebrated unproblematically as it is a "weapon of the weak".

Initially, living alone was a solution to ill-treatment, but it becomes a new site of belonging for the CHHs. However, living alone does not mean that children have detached themselves from their relatives and extended family structures. The CHHs in this study wanted to be associated with their relatives and, except for Tendai, the children were all in contact with their immediate relatives even if those relatives did not offer them material support. Further, the new households are spaces in which children form new identities (Massey, 1992; Chant, 1997). The CHH provides a site for the children's (re) construction after the deaths of their parents, a site that provides a sense of togetherness despite the orphans' struggle to meet household needs. On the other hand there is a pervading assumption by some community members that living alone is something the children brought upon themselves (see also Chant 1997) and that they have

offended normal tradition household structures headed by adults. Consequently some CHHs were regarded by other (adult headed) households in the community as being social misfits, or as deviant and as manifesting bad behaviour. The negative attitudes have implications for the support children get from the community leaders and villagers.

Cultural and local understanding of childhood fail to understand the new CHHs phenomenon and this impacts negatively on the CHHs' integration into society and their capacity to function fully. CHHs' social exclusion is a result of their ambiguous position and the ad-hoc interpretations of their identities and status at the international, national and local scale. Use of age-based categories (15 or 18 years) to define CHHs by non-governmental organisations (NGOs) and the international community and, local conceptions that accord adult's status with marriage, feed into exclusionary processes that marginalise CHHs and prevent them from exercising their rights without adult representation. Age categories do not work in societies where marriage and now HIV/AIDS parental death defines adulthood.

Furthermore, CHHs are places for further oppression of the adolescent girl often leading to deep-rooted conflict that leads to girls to make a further escape from new forms of patriarchy domestic living arrangements constructed by boys in the CHH. CHHs are not domestic units in which members enjoy equality. Like adult headed households, CHHs are also structured by hierarchies and by power relations. Children's geographies often tends to focus on power relations between children and adults, but here we very clearly shown that children like other human beings also seek to dominate and exert influence over each other.

Although the children constructed their own identities by living alone and have shown high levels of competencies in managing the household, they are anxious about their ability to sustain the household, they feel lonely and fear being robbed or attacked at night, suggesting that they aware of their vulnerability and that they need adult protection. The above finding questions whether children's geographies recognition of universal children as independent, competent, resilient is not too harsh given the adverse

experiences of orphaned children in terms of their daily struggles to meet basic needs and their vulnerability in the era of HIV/AIDS (Kesby, et al., 2006). While the heads of these households might show high levels of competency in heading a household, the sub discipline of children's geographies need to re-conceptualise the meaning of competence as it relates to children in the era of HIV/AIDS. When that competency becomes detrimental to the child's development then we need to re-visit the notion of competence and incompetence. Although having to look after siblings, managing a household is seen as competence, however, it robs orphaned children of opportunities to life, education and play.

8.6 Recommendations

8.6.1 Community Education

Many children in this study were not informed about parental illness and deaths. They had no choice in deciding whom to live with after their parents' deaths. Yet many were able to observe the extent and severity of the parent's illness before they died. As the number of orphans and CHHs continue to rise, communities need to redefine traditions and culture of exclusion to include children in issues that affect them especially where death is imminent. Children need to be prepared for parental death so that they are less traumatised by the experience and are may be able to cope with it. There is a major need to educate the community about the nature and experiences of CHH and to engage them in discussions with children from CHH that enables such children to participate in the decision-making process. For example, children need to be prepared about death and how they will be cared for in the event orphanhood.

8.6.2 Appropriate research methods

My own experience showed that orphaned children, as competent agents, are capable of giving accounts of their own experiences and the challenges they face. Qualitative research approaches with such a vulnerable group is indispensable. Thus as researchers we need to build knowledge or develop child focused intervention programmes based on

data obtained through children's own voices and appropriate methods that are child friendly.

8.6.3 Intervention Support

The study demonstrated that CHHs are a neglected group. At the time of the study no single orphan from the CHH I was able to study was receiving government or NGO support despite the existence of such support in the community in which the research was conducted. The study also revealed that communities (especially neighbours and friends) are greatly involved in providing support for orphaned children. Given the willingness of the communities to support CHHs it is imperative that the community be assisted to set up programmes to support orphans. Chapter Four suggested that Zimbabwe had successful CBOCP from which the Mhondoro community can draw lessons. These initiatives have been shown to be cost effective, based on local needs and available resources. However, the main challenge for such an intervention is whether such CBOCP should target CHHs specifically, or orphans and vulnerable children in general. There is a danger in missing other vulnerable children if intervention efforts target orphans living in CHHs, because some of them may not be the 'poorest of the poor.' Therefore some of the intervention efforts could entail the following;

Collection of data that identifies vulnerable children's needs and how best these might be met and supported.

The need to assist orphans with their specific needs as these tend to vary between households and over time. In this study the children suggested that it is vital for intervention efforts to discuss with them what needs they can provide for themselves and which they need assistance with. Although the situation of the children and the reason behind formation of household varied, many orphans suggested that they could afford to meet their daily needs such as food, water, among others. The needs they struggled with were more long term needs such as education, employment, income earning support projects, and farming equipment.

Before this research was conducted, the CHHs recruited into the study had not met other orphaned children within their own community who shared similar experiences to their own. It is crucial that such children interact with each other so that they share experiences and can become sources of emotional support and empathy for each other. Networking as CHHs can be a means through which orphaned children can voice their concerns at the way society or state treats them.

Governments need to re-dress the deepening poverty at the national level and police the implementation of policies to protect the rights of the children especially orphaned children.

8.6.4 Further Research

My experience during data collection process is that CHHs will continue to grow given the growing number of AIDS related deaths among young to middle aged people and the natural deaths among grandparents currently looking after orphans (see Matshalaga, 2002). Despite the potential increase in CHHs, data is extremely limited especially in Zimbabwe (with the notable exception of Foster et al., 1997a and German, 2005). There is need for further research on CHHs to better understand their experiences and inform policy and programme interventions notwithstanding the theoretical contributions (see below). This study was limited in its geographical coverage and scope. Thus there is need for a nation-wide research on CHHs that could address the following findings of this study: (1) the gender dimensions of CHHs, (2) the psychosocial impact of parents deaths and living as CHHs, (3) coping strategies and (4) understanding the dynamics of orphans living under foster care.

8.6.5 Theoretical Contribution

Lastly, the discussion in Chapter One noted that CHHs are non-existent in household theory. The existing notion of the household is that it comprise of adults and children.

Yet the HIV/AIDS pandemic in Zimbabwe has created other forms of new households composed of children only. Existing literature suggests that there is difficulty in conceptualising households (Chant, 1997) let alone CHHs. CHHs have not featured in theoretical debates on household formation. Prevailing assumptions of a household is comprised of male and female and, children become part of the household (Chant, 1997). Thus more research on CHHs could contribute to theorising such new household formations in what I and colleagues refer to as other 'other' households (Kesby, et al., 2006).

References

Abel, N; Barnett, N; Bell, S. et al., (1998). The impact of AIDS on food production system in East AND Central Africa over the next ten years: a programmatic paper. In Fleming, A.F.; Carballo, M; FitzSomons, D.W. et al., (eds). The global impact of AIDS, Alan, R. Liss, New York, 145-154.

Agar, M. (1986). Speaking of ethnography. Sage, Beverly Hills.

Ainsworth, M. and Filmer, D. (2002). Poverty, AIDS and children's schooling: a targeting dilemma. World Bank Policy Research Working Paper No. 2885, Washington, DC.

Aitken, S. (2001a) Geographies of Young People: The morally contested spaces of identity, Routledge, London.

Aitken, S. (2001b). Playing with children: immediacy was their cry. Geographical Review, 9 (1/2), 496-508.

Aitken, S (2001c). Global crises of childhood: rights, justice and the un-childlike child. Area, 33 (2), 119-127.

Aitken, S. (2000). Play, rights and borders: gender-bound parents and the social construction of children. In Holloway, S.L. and Valentine, G. (eds) Children's geographies: playing, living, learning. Routledge, London.

Aitken, S (1994). Putting children in their first place. Association of American Geographers, Washington D.C.

Akeroyd, A.V. (1997). Sociocultural aspects of AIDS in Africa: occupational and gender issues. In Bond, G., Kreniske, J., Susser, I., et al., (eds). *AIDS in Africa and the Caribbean*. Westview Press, Boulder, CO.

Alanen, L. (1990) Rethinking socialization, the family and childhood. *Sociological Studies of Child and Development*, 3, 13-28.

Alderson, P. (1995). *Listening to children: children, ethics and social research*. Barkingside, Barnados.

Alderson, P. (1993). *Children's consent to surgery*. Open University Press, Buckingham.

Alvesso, M. and Skoldberg, K. (2000) *Reflexive Methodology: New vistas for Qualitative Research*. Sage, London.

Ankrah, E. M (1993) The Impact of HIV/AIDS on the Family and Other Significant Relationships: the African Clan Revisited. *AIDS Care* 5,5-22.

Ansell, N (2002) 'Of course we must be equal,...' imagining gendered futures in two rural southern African secondary schools. *Geoforum*, 33,179-194

Ansell, N (2001) 'Because its our culture!' (Re) negotiating the meaning of lobola in southern African Secondary Schools. *Jou. of Southern African Studies*, 27 (4), 697-716

Ansell, N. and Robson, E (2000). Young carers in Southern Africa: exploring stories from Zimbabwean secondary school students. In S. L. Holloway , and G. Valentine (eds.). *Children's geographies; playing, living, learning*. Routledge, London. 174-193.

Ansell, N. and van Blerk, L. (2005). Where we stayed was very bad: migrant children's perspectives on life in informal rented accommodation in two Southern African cities. *Environment and Planning*, 37,423-440.

Ansell, N. and van Blerk, L. (2004). Children's migration as a household/family strategy: coping with AIDS in Lesotho and Malawi. *Journal of Southern African Studies*, 30 (3), 673-690.

Ansell, N. and Young, L. (2004). Enabling households to support successful migration of AIDS orphans in southern Africa. *AIDS Care*, 16(1), 3-10.

Aries, P. (1962). *Centuries of childhood*. Vintage Press, New York.

Aschwanden, H. (1989). *Karanga Mythology*. Mambo Press, Gweru

Aspaas, H, R, (1999) Impact of HIV/AIDS in Uanda: geographical and gender interpretations of household resources. *Social Science and Medicine*, 36,2 201-226.

Atwine, B., Cantor, G. and Bajunirwe, F. (2005). Psychological distress among AIDS orphans in rural Uganda. *Social Science and Medicine*, 61, 555-564.

Badge, C. (1993). Boundary disputes: comments on Sidaway (1992). *Area*, 25(3), 294-299.

Bailey, A. (2005). *Making Population Geography*. Oxford University Press Inc., New York.

Baker, R. (1998). Runaway street children in Nepal: social competence away from home. In Hutchby, I and Moran-Ellis, J. (eds). *Children and social competence*. Falmer, London, 46-64.

Barnes, T (1999). We are afraid to command our children: responses to urbanisation of African women in colonial Zimbabwe, 1930-1944. In Raftopoloulos, B and Yoshikuni, T (eds) Sites of Struggle Essays in Zimbabwe's Urban History.

Barnes, T (1997). "We women worked so hard": gender, labour and social reproduction in colonial Harare, Zimbabwe, 1930-56. D. Phil Thesis. University of Zimbabwe, Harare.

Barnes, T (1992). The fight for control of African women's mobility in colonial Zimbabwe, 1900-1939. *Signs*, 17 (3), 586-608.

Barnett, B. Konate, M. Mhloyi, M. Mutambirwa, J. Francis-Chizororo, M. Taruberekera, N and Ulin P (1999). The impact of family planning on women's lives: Findings from Women's Studies Project in Mali and Zimbabwe. *African Journal of Reproductive Health*, 3 (1), 27-38

Barnett, T and Blaikie, B (1992) AIDS in Africa – Its present and future impact. Guilford Press, New York.

Barnett, T and Whiteside, A (2002) AIDS in the Twenty-First Century: disease and globalisation, Palgrave Macmillan, New York

Barnett, T and Whiteside, A. (1999). HIV/AIDS and development: case studies and a conceptual framework. *The European Jou. Of Development Research*, 11 (2), 200-234.

Batezat, E and Mwalo, M (1989) Women in Zimbabwe. Jongwe Printers, Harare

Beazley, H (2000). Home sweet home?: street children's sites of belonging. In S. L. Holloway , and G. Valentine (eds.). *Children's geographies; playing, living, learning*. Routledge, London. 194-212.

Bedford, T. and Burgess, J (2001). The focus-group experience. In Limb, M. and Dywer, C (2001). *Qualitative methodologies for geographers: issues and debates*. Arnold, London, 121-135.

Bedri, A., Kabede, S., and Negasa, H. (1995) Socio-demographic profile of children affected by AIDS in Addis, *Ethiopian Medical Journal*, 33(2), 119-127.

Bere-Chikara, F. (1970). Cattle: The life blood of Shona society. In Kileff, C. and Kileff, P (eds) *Shona customs*. Mambo Press, Gweru, 20-23.

Berger, S (2007). Zimbabwe inflation rates hit 7 600 per cent. www.telegraph.co.uk. Accessed 4/08/07.

Bicegos, G. Rutstein, S. and Johnson, K (2003). Dimensions of the emerging orphan crisis in sub Saharan Africa. *Social Science and Medicine*, 56, 1235-1247

Bideau, A. Brunet, G. and Foroni, F. (2000). Orphans and their family histories: a study of the Valserine Valley (France) during the Nineteenth and Twentieth Centuries. *The History of the Family*, 5(3), 315-325.

Blaikie, P., Cannon, T., Davis, I. and Wisner, B (1994). *At risk: natural hazards, people's vulnerability, and disasters*. Routledge, New York.

Blaut, J. and Stea, D (1971). Studies of geographic learning. *Annals of the Association of American Geographers*, 61, 387-393.

Bledsoe, C (1990). No success without struggle: social mobility and hardship for foster children in Sierra Leone. *Man (N.S)* ,25,1,70-88

Bledsoe, C. and Brandon, A. (1992). Child fosterage and child mortality in sub-Saharan Africa: some preliminary questions and answers. In van de Walle, G.P. and Sala-

Diakanda, M (eds). Mortality and society in sub-Saharan Africa. Claredon Press, Oxford, 279-302.

Bledsoe, C., Ewbank, D. and Isiugo-Abanihe, U.C. (1988). The effect of child fostering on feeding practices and access to health services in rural Sierra Leone. *Social Science and Medicine*, 27(6), 627-636.

Bond, V. (2006) Stigma When There is o Option: Understanding how poverty fuels discrimination toward People Living with HIV in Zambia In Gillespie, S. (ed) *AIDS, Poverty, and Hunger: Challenges and Responses. Highlights of the International Conference on HIV/AIDS and Food and Nutrition Security, Durban, South Africa April 14-16, 2006.* 181-198

Bourdillon, M.F.C. (2000). *Earning a Life: working children in Zimbabwe.* Weaver Press, Harare.

Bourdillon, M.F.C. (1993). *Where are the ancestors: changing culture in Zimbabwe.* University of Zimbabwe Publications, Harare

Bourdillon , M. F.C.(1991). *The Shona Peoples.* Mambo Press, Gweru, Zimbabwe.

Bourdillon, M.F.C (1976). *The Shona people: an ethnography of the contemporary Shona with special reference to their religion,* Mambo Press Gwelo

Browne , A.N. and Barrett, H (2001). Moral boundaries: the geography of health education in the context of the HIV/AIDS pandemic in Southern Africa. *Geography* 86(1), 23-36

Bruner, J. (1986). *Actual minds, possible worlds.* Harvard Univesity Press, Cambridge, MA.

Bryceson, D.E., and Fonsesca, J. (2006) In S. Gillespie, (ed). AIDS, poverty and hunger: challenges and responses. Highlights of the International Conference on HIV/AIDS and food and nutrition security, Durban, South, 97-108.

Brydon L. (1993) Gender, Households and Rural Communities. In Brydon, L. and Chant S (eds) Women in the Third World: Gender Issues in Rural and Urban Areas. Edward Elgar, England.

Bryman, A. (2004). Social research methods. 2nd edn. Oxford University Press, Oxford.

Bunge, W. (1973). The geography. *The Professional Geographer*, 25, 331-337.

Burgess, J. (1996). Focusing on fear: the use of focus groups on a project for the community forest unit countryside commission. *Area* 28 (2), 130-135.

Burgess, J., Limb, M. and Harrison, C.M (1988). Exploring environmental values through the medium of small groups: Theory and Practice and Planning, A. 20, 457-76.

Burke, T. (1996) *Lifebouy men, lux women: commodification, consumption, and cleanliness in modern Zimbabwe*. Duke University Press, Durham.

Burman, S and Reynolds, P (1986) *Growing up in a divided society: the context of childhood in South Africa*. Ravan Press, Johannesburg.

Campbell, C (2004). Migrancy, masculine identities, and AIDS: the psychological context of HIV transmission on the South Arican Gold Mines. In E. Kalipeni, S. Craddock, J. Oppong, et al., (eds.). *HIV and AIDS in Africa: beyond epidemiology*. Blackwell, Malden, 144-154.

Campbell, C (1997). Migrancy, masculine identities and AIDS: The psychological context of HIV/AIDS transmission on the South African gold mines. *Social Science and Medicine*, 45(2), 273-281.

Case, A., Paxson, C. Ableidinger, J. (2004). Orphans in Africa: parental death, poverty and school enrolment. *Demography* 41(3), 483-508

Castle, S. (1996). The current and intergenerational impact of child fostering on children's nutritional status in rural Mali. *Human Organization*, 55(2), 193-205.

Castle, S.E. (1995) Child fostering and children's nutrition outcomes in rural Mali: the role of female status in directing child transfers. *Social Science and Medicine*, 40, 679-693

Central Statistical Office (2003a) *Income, Consumption and Expenditure Survey (ICES) (Provisional report)* Harare, Zimbabwe.

Central Statistical Office (2003b) *National Accounts 1985-2001*. Harare, Zimbabwe.

Central Statistical Office (2002) *The 2002 Zimbabwe National Population Census, Preliminary Findings*. CSO, Zimbabwe.

Chambers, R. (1997). *Whose reality counts: putting the last first*. Intermediate Technology Publications.

Chambers, R. (1994). *Participatory Rural Appraisal (PRA): analysis of experience*. *World Development*, 22(9), 1253-1268.

Chant, S. (1997) *Women headed households: diversity and dynamics in the developing world*. Macmillan Press Ltd, London.

Cheater, A. (1987) Fighting over property: the articulation of dominant and subordinate legal systems governing inheritance of immovable property among blacks in Zimbabwe. *Africa*, 57, 173-196.

Chirwa, W.C. (2002). Social exclusion and inclusion: challenges to orphan care in Malawi. *Nordic Journal of African Studies*, 11 (2), 93-103.

Christensen, P. and James, A (2000). *Research with children: perspectives and practices*. Falmer Press, London.

Clifford, J. (1988). *The predicament of culture*. Harvard University Press, Cambridge, MA.

Cloke, P. Philo, C and Sadler D. (1991) *Approaching human geography*. Paul Chapman, London.

Cook, I. (1997). Participation Observation. In Flowerdew, R. and Martin, D (eds). *Methods in human geography: a guide for students doing a research project*, Longman, England, 127-149.

Corsaro, W.A. (2005). *The Sociology of childhood*. Pine Forge Press, London.

Cortazzi, M. (2001). Narrative analysis in ethnography. In Atkinson, P. Coffey, S. Delamont, J. Et al.,(eds) *Handbook of ethnography*. Sage Publications, London, 384-406.

Crang, C. (1997). Analyzing qualitative materials. In Flowerdew, R and Martin, D (eds). *Methods in human geography: a guide for research doing a research project*. London, England.

Cunningham, H (1995). *Children in western society since 1500*. Longman, London.

Dahlgren, P (1988). What is the meaning of this? Viewers' plural sense-making of TV News. *Media, Culture and Society*, 10 (285-301).

Danziger, R. (1994) The social impact of HIV/AIDS in developing countries. *Social Science and Medicine* 39(7), 905-917.

Davin, A (1999). What is a child? In A. Fletcher, and S. Hussey (eds) *Childhood in question: children, parents and the state*. Manchester University Press, Manchester, 15-36.

De Waal, A. and Whiteside, A. (2003) New variant famine: AIDS and food crisis in southern Africa. *Lancet* 362, 1234-1237.

Dear, M (1988) The postmodern challenge: reconstructing human geography. *Transactions of the Institute of British Geographers, New Series*, 13 (3), 262-274.

Denzin, N.K and Lincoln, U.S (1998). *Collecting and interpreting qualitative material*. Sage, London.

Dept of Social Welfare (1995). *Orphans and children in need: community based care for orphans and children in difficult circumstances: Masvingo and Mwenzi Districts*. Dept of Social Welfare, Masvingo.

Derrida, J (1994) *Spectres of Marx*. Routledge, London.

Drew, R.S., Makufa, C. and Foster, G (1988). Strategies for providing care and support to children orphaned by AIDS. *AIDS care*, 10(supp. 1), S9-S15.

Drimie, S. and Mullins, D. (2006). Mainstreaming HIV and AIDS into livelihoods and food security programs: the experience of CARE Malawi. In Gillespie, S. (ed). *AIDS, poverty and hunger: challenges and responses*. Highlights of the International Conference

on HIV/AIDS and food and nutrition security, Durban, South Africa. April 14-16, 2006. International Food Policy Research Institute, USA, 283-303.

Dube, L. (1999) Street children: A part of organised Society. Unpublished D.Phil Thesis, Department of Sociology, University of Zimbabwe.

Family Health International (2003). Voices from the communities: the impact of HIV/AIDS on the lives of orphaned children and their guardians. <http://www.fhi.org/NR> Accessed 21 August, 2007.

Farmer, P. (1999). AIDS and social scientists, critical reflections: In C. Becker, J Dozon, C. Obbo et al., (eds.). Experiencing and understanding AIDS in Africa. Codesria, Karthala Editions, IRD. Dakar, 33-39.

Foster, G (2000) The capacity of the extended safety net for orphans in Africa. *Psychology. Health and Medicine*, 5(1), 55-63.

Foster, G., Makufa, C., Drew, R., Kambeu, S and Saurombe, K (1996) Supporting Children in a Community-Based Orphan Visiting Programme. *AIDS Care*, 8, 389-403.

Foster, G., Makufa, C., Drew, R and Kralovec., E (1997a) Factors leading to the establishment of child headed households. *Health Transition Review, Supplement 7(2)*, 157-170.

Foster, G., Makufa, C., Drew, R., Mashumba, S and Kambeu, S (1997b) Perceptions of Children and community members concerning the circumstances of orphans in rural Zimbabwe. *AIDS Care*, 9(4), 391-405.

Foster, G., Shakespear, R., Chinemana, F., et al. (1995). Orphan prevalence and extended family care in a peri-urban community in Zimbabwe. *AIDS Care*, 7(1), 3-18.

Francis-Chizororo, M and Matshalaga, N.R. (2003). The Female Condom: Acceptability and Rejection by Rural Women in Zimbabwe. *African Journal of Reproductive Health*, 7 (3) 101-116.

Francis-Chizororo, M and Malunga G. (2002) Gender Roles and Wage Earnings: Women Seasonal Labour Migrants to Large Scale Commercial Farms in Zimbabwe. Centre for Basic Research, Kampala, Uganda.

Francis-Chizororo, M. (2002) Adolescent Reproductive Health Project in Mashonaland Central Province. Unpublished consultancy report submitted to AFRICARE-Zimbabwe

Francis-Chizororo, M. Wekwete, N and Matshaka, M (1998) Family planning, women's participation in development: the mediating effects of gender. In Mhloyi, M (1998) (ed) *Women's Participation in Development: the role of family planning*. Friedrich Ebert Stiftung, Harare, 71-89

Gadd, C. (2006). HIV and AIDS treatment directory. NAM, United Kingdom.

Geertz, C. (1983) *Local Knowledge: further essays on interpretive anthropology*. Basic Books, New York.

Geertz, C. (1973) *The interpretation of cultures*. Basic Books, New York.

Gelfand (1977) *The spiritual beliefs of the Shona: a study based on field among the East-Central Shona*. Mambo Press, Gweru

Gelfand, M (1975) *Growing up in Shona society: from birth to marriage*. Mambo Press, Gweru.

Gelfand, M (1973) *The genuine Shona: survival values of an African culture*. Mambo Press, Gweru.

Gelfand , M (1967) *The African witch, with particular reference to witchcraft beliefs, practised among the Shona of Rhodesia.* Livingstone, Edinburgh.

Gelfand, M (1965) *African background: the traditional culture of the Shona-speaking people.* Cape Town.

Gelfand, M (1964) *Witchdoctor: traditional medicine man of Rhodesia.* Havill, Press, London

Germann, S. E. (2005) *An exploratory study of quality of life and coping strategies of orphans living in headed households in the high HIV/AIDS prevalent city of Bulawayo, Zimbabwe.* Unpublished PhD thesis, Development Studies, University of South Africa.

Ghosh, J. and Kalipeni, E. (2004). *Rising tide of AIDS orphans in Southern Africa.* In Kalipeni, E., Craddock, S., Oppong, J.R. and Ghosh, J. (eds) *HIV/AIDS in Africa: beyond epidemiology.* Blackwell Publishing, USA 304-315.

Gillespie, S. (2006). *AIDS, poverty and hunger: challenges and responses. Highlights of the International Conference on HIV/AIDS and food and nutrition security, Durban, South Africa. April 14-16, 2006.* International Food Policy Research Institute, USA.

Glaser, B. And Strauss, A. (1967). *The discovery of grounded theory: strategies for qualitative research.* Aldine, Chicago.

Goody, E (1982) *Parenthood and social reproduction: fostering and occupational roles in West Africa.* Cambridge University Press, Cambridge,

Goody, J. (1976). *Production and reproduction: a comparative study of the domestic domain.* Cambridge University Press, Cambridge.

Goss, J. (1996). Focus groups as alternative research practice: experience with transmigrants in Indonesia. *Area*, 28 (2), 115-123.

Government of Zimbabwe (1999). National HIV/AIDS Policy . GOZ, Harare.

Government of Zimbabwe (undated) Convention on the rights of the child: a report from Zimbabwe submitted to the United Nations Committee on the Convention on the rights of the Child. Government of Zimbabwe. Harare.

Gow, J and Desmond, C. (2002). The HIV/AIDS pandemic and the children of South Africa. University of Kwazulu-Natal Press, Pietermaritzburg

Graham, E (1997) Philosophies underlying human geography research. In Flowerdew, R and David, M. (eds) *Methods in human geography: a guide for students doing research projects*. Longman, Edinburgh, 6-30.

Gregson, S., Nyamukapa, C. A., Garnett, G. P., et al., (2005). HIV infection and reproductive health in teenage women orphaned and made vulnerable by AIDS in Zimbabwe. *AIDS Care*, 17 (7), 785-794.

Gregson, S, Garnett, G.P and Anderson, R.M (1994). Assessing the potential impact of the HIV-1 epidemic on orphanhood and the demographic structure of populations in sub Saharan Africa. *Population Studies*, 48,435-458.

Grier, B. (1994). Invisible hands: the political economy of child labour in colonial Zimbabwe, 1890-1930. *Journal of Southern African Studies*,20 (91), 27-52

Guest, E. (2003). *Children of AIDS: Africa's orphan crisis*. University of Natal Press. Pietermartizburgh.

Guyer, J and Peters, P (1987) Introduction to special issue conceptualising the household: issues of theory and policy in Africa. *Development and Change* 18, 197-214.

Gwanzura-Ottmoller, F. (2006). 'They tell us we are still young children!' HIV/AIDS related knowledge and the extent and nature of the sexual knowledge and behaviour of primary school children in Zimbabwe. Unpublished PhD Thesis, School of Geography and Geosciences, University of St Andrews, Scotland, UK.

Gwanzura-Ottmoller, F. and Kesby, M (2005) Let's talk about sex, baby...: conversing with Zimbabwean children about HIV/AIDS. *Children's Geographies*, Vol. 3, No. 2, 201-218.

Ham, M. (1992). Children learning to be strong. *Africa South Magazine*, June, 40-41.

Hammersley, M. (1990). *Reading ethnographic research*. Longman, London.

Hammersley, M. and Atkinson, P. (1995). *Ethnography: principles in practice*, 2nd edn. Routledge, London.

Haraway, D. (1988). Situated knowledges: the science question in feminism and the privilege of partial perspective. *Feminist Studies*, 14 (3), 575-599

Harrison, P. (2006). Poststructuralist Theories. In Aitken, S. and Valentine, G. (eds). *Approaches to Human Geography*. Sage Publications, London, 122-135

Hart, R. (1979). *Children's experience of place*. Irvington, New York.

Hebnick, P. and Bourdillon, M. (2001) *Women, men and work: rural livelihoods in South-Eastern Zimbabwe*. Weaver Press, Harare

Holleman, J.F.(1952). Marriage, bridewealth and women in an African society. Issues in African Law. The Haige, Paris.

Holleman, J.F. (1951) Some 'Shona' tribes of Southern Rhodesia. In M, Gluckman and C Colson (eds) Seven Tribes of British Central Africa. Oxford University Press, Oxford, 354-395.

Holloway, S. L. and Valentine, G (2000a). Spatiality and the new social studies of childhood. *Sociology*, 34 (4), 763-783.

Holloway, S.L. and Valentine, G (2000b). Children' geographies, playing, living, learning. Routledge, London.

Holloway, S.L., Valentine, G. and Bingham, N. (2000). Institutionalising technologies: masculinities, feminities and the heterosexual economy of the IT classroom. *Environment and Planning A*, 32, 617-33.

Huber, U.S. and Gould, W.T.S. (2002). Primary school attendance in Tanzania-how far is it affected by orphanhood? Paper presented at the Annual Conference of the British Society for Population Studies, University of Newcastle, 9-11 September, 2002.

Hunter, S and Williamson, J (2000) Children on the brink. USAID, Washington, D. C.

Hunter, S. and Williamson, J. (1998). Children on the brink: strategies to support children isolated by HIV/AIDS. USAID, Washington, D.C.

Hunter, S. (2000) Reshaping Societies: HIV/AIDS and social change: a resource book for Planning, Programms and Policy Making. Glen Falls, New York.

Hunter, S. (1990) Orphans as a window on the AIDS epidemic in sub-Saharan Africa: initial results and implications of a study in Uganda. *Social Science and Medicine*, 31(3),681-690

ILO, (2005). HIV/AIDS and work in a globalizing world. ILO, Switzerland.

Isiugo-Abanihe, U.C. (1985) Child fosterage in West Africa. *Population and Development Review*, 11 (1), 53-73

Jackson, P. (2001). Making sense of qualitative data. In Limb, M. and Dywer, C. (2001). *Qualitative methodologies for geographers: issues and debates*. Arnold, London, 199-214.

James, A. (2001) Ethnography. In Atkinson, P. Coffey, S. Delamont, J. et al.,(eds) *Handbook of ethnography*. Sage Publications, London, 246-257.

James, A. (1993). *Childhood identities: self and social relationships in the experience of the child*. Edinburgh University Press, Edinburgh

James, S (1990). Is there a place for children in geography? *Area*, 22, 278-83.

James, A. and Prout, A. (1997). A new paradigm for the sociology of childhood? provenance, promise and problems. In James, A. and Prout, A. (eds) *Construction and Reconstructing Childhood*. Routledge Farmer, London.

James, A. and Prout, A. (1990). *Constructing and reconstructing childhood*. Routledge Farmer, London.

James, A., Jenks, C. and Prout, A. (1998). *Theorizing childhood*. Teachers College, New York.

Jenks, C. (1966). *Childhood*. Routledge, London.

Jiririra, O. K. (1995a) Our struggle ourselves: shaping feminist theory in our context-the Zimbabwean scene. *SAFERE Southern African Feminist Review*, 1(1): 77-85.

Jirira (1995b) Gender, politics and democracy: Kuvaka patsva [Reconstruction]- the discourse. *SAFERE Southern African Feminist Review*, 1(2): 1-29.

Jones, S. (1985). The analysis of depth interviews. In Walker, R. (ed). *Applied qualitative research*, Gower Press, Aldershot, 80-87.

Johnston, R.J; Gregory, D.; Pratt G. and Watts, M (2000). *The dictionary of human Geography*, 4th edn. Blackwell, Oxford.

Kaleeba, N. (2004) Excerpt from we miss you all: AIDS in the family. In E. Kalipeni, Craddock, S. Oppong, J. R., et al., (2004). *HIV and AIDS in Africa: beyond epidemiology*, 259-278, Blackwell, Australia.

Kalipeni, E., Craddock, S., Oppong,J.R. et al., (2004). *HIV and AIDS in Africa: beyond epidemiology*. Blackwell, Australia.

Kamali, A., Seeley, J.A., Nunn, A. J. et al., (1996) The orphans problem: experience of a sub-Saharan Africa Rural Population in the AIDS Epidemic. *AIDS Care*, 8,509-515.

Katz, C. (1993). Growing girls/closing circles: limits on the spaces of knowing in rural Sudan and US cities. In Katz, C (ed) *Full circles: geographies of women over the life course*, Routledge, London,, 86-106.

Katz, C. (1991). Snow what you know: the struggle for social reproduction in rural Sudan. *Annals of the Association of American Geographers*, 81(3), 488-514.

Kayongo-Male, D. (1984). *The Sociology of the African Family*. Longman, New York

Kazembe, J (1986) The women issue. In Mandaza, I. (ed) *Zimbabwe: the political economy of transition*. Codesria, Ethiopia

Kaziboni, T (2000) Picking up threads-women pursuing further studies at the University of Zimbabwe. *Studies in the Education of Adults*, 32, 229-240

Kesby, M (2000). Participatory diagramming as a means to improve communication about sex in rural Zimbabwe: a pilot study. *Social Science and Medicine*, 50(12), 23-41.

Kesby, M. (1999). Locating and dislocating gender in rural Zimbabwe: The making of space and the texturing of bodies. *Gender, Place and Culture*, 6(1), 27-47.

Kesby, M. (1996). Arenas for control, terrains of gender contestation: guerrilla struggle and counter-insurgency warfare in Zimbabwe 1972-1980. *Journal of Southern African Studies*, 22 (4), 561-584.

Kesby, M; Gwanzura-Ottmoller, F. and Chizororo, M. (2006) Theorising other 'other childhoods': issues emerging from work on HIV/AIDS in urban and rural Zimbabwe. *Children's Geographies*, 4 (2), 185-202.

Kesby, M., Kindon, S. and Pain, R. (2005). 'Participatory' approaches and diagramming techniques. In Flowerdew, R. and David, M. (eds). *Methods in human geography*. Pearson, England, 144-232.

Kitchin, R. (2006) Positivist geographies and spatial science. In Aitken, S. and Valentine, G. (eds) *Approaches to human geography*. Sage, London, 20-29.

Kitchin, R. and Tate, N. J (2000). *Conducting research into human geography*. Prentice Hall, London.

Krueger, R. (1994). *Focus groups a practical guide for applied research*. Sage, Thousand Oaks, CA,

Kuhn , T.S. (1962) *The structure of scientific revolutions*, Chicago University Press, Chicago.

Larson, A. (1990). The social epidemiology of Africa's AIDS epidemic. *African Affairs*, 89.

Lee, T., Foster, G., Makufa, C., et al., (2002). Families, orphans and children under stress in Zimbabwe. *Evaluation and Program Planning*, 25, 459-470.

Levine, C. (1995). Today's challenges, tomorrow's dilemmas. In Geballe, S, Gruendel, J. and Adiman, W. (eds). *Forgotten children of the AIDS epidemic*. Yale University Press, New Haven.

Lewis, S. (2006). Closing remarks at the session of the XVI International AIDS Conference, Toronto, Canada, 12-18 August, 2006.

Limb, M. and Dywer, C. (2001). *Qualitative methodologies for geographers: issues and debates*. Arnold, London.

Loewenson, R. (1991). Child labour in Zimbabwe and the right of the child. *Journal of Southern Development in Africa*, 6 (1),19-31

Loewenson, R. (1992) *Modern plantation agriculture: corporate wealth and labour squalor*. Zed Books, London.

Lofland, J. and Lofland, L.H. (1995). *Analyzing social settings: a guide to qualitative observation and analysis*, 3rd edn. Wadsworth, Belmont, CA.

Lugalla, J., Emelin, M., Mutembei, A., et al., (2004). Social, cultural and sexual behavioural determinants of observed decline in HIV infection trends: lessons from the Kagera region, Tanzania. *Social Science and Medicine*, 59, 185-198.

Madge, C. (1993). Boundary disputes: comments on Sidaway (1992). *Area*, 25 (3): 294-299.

Madhavan, S. (2004) Fosterage Patterns in the age of AIDS: continuity and change. *Social Science and Medicine*, 58, 1443-1454.

Madzingira, N. and Chizororo, M. (2003). Documentation of experiences and lessons learnt in community based orphan care interventions. Unpublished consultancy report submitted to UNICEF-Zimbabwe.

Mangoma, J. and Bourdillon, M. (2001). The work of children in impoverished families. In Hebnick, P and Bourdillon, M (eds). *Women, men and work: rural livelihoods in south eastern Zimbabwe*. Weaver Press, Harare, 13-36

Martin, R. (1994). Economic theory and human geography. In Gregory, G; Martin, R. and Smith, G. (eds). *Human geography: society, space and social science*. MacMillan, London, 21-53.

Massey, D. (1992). A place home. *New Formations*, 17 Summer, 3-15.

Mate, R. (2002) Wombs as God's laboratories: pentecostal discourses of femininity in Zimbabwe. *Africa: Journal of the International African Institute*, 72 (4), 549-568.

Matshalaga, N.R. (2002). Social dynamics of orphan care in the era of the HIV/AIDS pandemic: an insight of grandmothers' experiences in Zimbabwe. Unpublished PhD Thesis. University of Syracuse, Sociology Dept, USA.

Matshalaga, N. R. and Powell, G. (2002). Mass orphanhood in the era of HIV/AIDS. *British Medical Journal*, 324, 185-186.

Matthews, H (1995). Culture, environmental experience and environmental awareness: making sense of young Kenyan children's views of place. *The Geographical Journal*, 16 (3), 385-295.

Matthews, H. and Tucker, F. (2000). Consulting children. *Journal of Geography in Higher Education*, 22(3): 311-324.

Matthews, H and Limb, M. (1999). Defining an agenda for the geography of children: review and prospect. *Progress in Human Geography*, 23, 61-90.

Matthew, H., Limb, M. and Taylor, M. (2000). The street as thirdspace. In Holloway, S.L. and Valentine, G. (eds). *Children's Geographies: playing, living, learning*. Routledge, London.

May, J. (1993). *Zimbabwean women and customary law*. Mambo Press, Harare.

Mayall, B. (2000). Conversations with children: working with generational issues. In Christensen, P. and James, A (eds). *Research with children*. Falmer, London, 120-136.

Mbiba, B. (2006). *Death and the city in east and southern Africa*. Urban and Peri Urban Research Network (Peri-Net). London

McDowell, L. (1992). Doing gender: feminism, feminists and research methods in human geography. *Transactions of the Institute of British Geographers*, 17, 399-416.

McDowell, L. and Massey, D. (1996). A woman's place. In Agnew, J. Livingstone, D. N. and Rogers, A (eds). *Human geography: An essential anthology*. Blackwell, Oxford.

McKendrick, J. (2001). Coming of age: rethinking the role of children in population studies. *International Journal of Population Geography*, 7(4), 461-472.

McKendrick, J.H., Bradford, M.G. and Fielder, A.V. (2000). Time for a party!: making sense of the commercialisation of leisure space for children. In S. L. Holloway, and G. Valentine (eds.). *Children's geographies; playing, living, learning*. Routledge, London.

Meekers, D. (1993). The noble custom of roora: the marriage practices of the Shona of Zimbabwe. *Ethnology*, 32(1), 35-54.

Meintjes, J.S. and Sonja, G. (2006). Spinning the epidemic: the making of mythologies of orphanhood in contexts of AIDS. *Childhood* 13(3), 407-430.

Meursing, K. (1997). *A world of silence: living with HIV in Matebeleland, Zimbabwe*. Royal Tropical Institute, The Netherlands.

Mhloyi, M. (1998). *Women's participation in development: the role of family planning*. Friedrich Ebert Stiftung, Harare.

Miles, M. and Huberman, A. (1984). *Qualitative data analysis: a sourcebook of new methods*. Sage, London.

Mills, J. And Mills, R (2000). *Childhood studies: a reader's in perspective of childhood*. Routledge, London.

Ministry of Cooperative and Community Development and Women's Affairs and UNICEF (1985). *The Zimbabwe Report on the United Nations Decade for Women*, UNICEF, Harare.

Ministry of Public Service, Labour and Social Welfare (1995). 1995 Poverty assessment study survey (PASS) Government Printers, Harare, Zimbabwe.

Monasch, R. and Boerma, J.T. (2004). Orphanhood and childcare patterns in sub-Saharan Africa: an analysis of national surveys from 40 countries. *AIDS*, 18(suppl.2), S55-S65.

Moore, H. (1986) *Space, text and gender: an ethnographic study of the Marakwet of Kenya*, Cambridge University Press, London

Morrow, V. And Richards, M. (1996). The ethics of social research with children: an overview. *Children and Society*, 10(2), 90-105.

Moyo, S. (1995). A gendered perspective of the land question. *SAFERE Southern African Feminist Review*, 1 (1), 13-31.

Moyo, S. (1986) The land question. In Mandaza I (ed) *Zimbabwe: The political economy of transition 1980-1986*. CODESRIA, London.

Muchena, O. (1983) Are women integrated into development. *Africa Report*, 28 Mar/Apr, 45-47.

Mudenge, S.I.G. (1988). *A political history of Munhumutapa C1400-1902*. James Currey Zimbabwe Publishing House, Harare.

Mukiza-Gapere, J. and Ntozi, J. P. M. (1995). Care for AIDS orphans in Uganda: findings from focus group discussions. *Health Transition Review*, 5 (Suppl) 245-252.

Mumby, D. and Putnam L. (1992) The politics of emotion: a feminist reading of bounded rationality. *Academy of Management Review*, 17, 465-486

Mupedziswa, R. (1997). Empowerment or repression?: ESAP and Children in Zimbabwe. Mambo Press, Gweru.

Mutangadura, G.B. (2000). Household welfare impact of adult females in Zimbabwe: implications for policy and program development. Paper presented at the AIDS and Economics Symposium, IAEN, Durban, 7-8 July.

Murphy, E. and Dingwall, R. (2001). The ethics of ethnography. In Atkinson, P. Coffey, S. Delamont, J. Et al.,(eds) Handbook of ethnography. Sage Publications, London, 339-351.

Mutisi, M and Bourdillon, M. (2000). Child vendors at a rural growth point. In Bourdillon, M. (ed) Earning a life: working children in Zimbabwe, Weaver Press, Zimbabwe, 75-94.

Muzvidziwa, V. N. (2000) Child vendors in the streets of Masvingo. In Bourdillon, M.F.C (ed) Earning a Life: working children in Zimbabwe. Weaver Press, Harare, 59-74

Naerland, V. (1993). AIDS-Learning to be more helpful. Redd Barna, Kampala.

Nieuwenhuys, O. (1994). Children's life worlds: gender welfare and labour in the developing world. Routledge, London.

Ntozi, J.P.M. (1997). Effects of AIDS on children: the problem of orphans in Uganda. Health Transition Review, Suppl. to Vol. 7, 23-40.

Ntozi, P.P.M. and Nakayiwa, S. (1999). AIDS in Uganda: how has the household coped with the epidemic. In J.C. Caldwell, O. Orubuloye, and J.P.M. Ntozi (eds.). The continuing African epidemic. Health Transition Centre, Canberra, 155-181.

Ntozi, J. P.M. and Zirimenya, S. (1999). Changes in household composition and family structure during the AIDS epidemic in Uganda. *The Continuing African HIV/AIDS Epidemic*. Health Transition Centre, Canberra, 193-209.

Ntozi, J. P. M. and Mukiza Gapere, J. (1995). Impact of AIDS on the family and mortality in Uganda. *Health Transition Review*, 5 (Suppl.), 191-200.

Nyambedha, E.O. Simiyu, W. and Aagaard-Hnasen, J. (2003). Changing patterns of orphan care due to the HIV epidemic in Western Kenya. *Social Science and Medicine*, 57, 301-311.

Nyambedha, E.O., Wandibba, S. and Aagaard-Hansen, J. (2001). Policy implications of the inadequate support systems for orphans in western Kenya. *Health Policy*, 58, 58-96.

Nyamukapa, C. and Gregson, S. (2005). Extended family and women's roles in safeguarding orphans' education in AIDS-afflicted rural Zimbabwe. *Social Science and Medicine*, 60, 2155-2167.

Nyamukapa, C., Foster, G. and Gregson, S. (2003). Orphans' household circumstances and access to education in a maturing HIV epidemic in eastern Zimbabwe. *Journal of Social Development in Africa*, 18(2), 7-22.

O'Kane, C. (2000). The development of participatory techniques: facilitating children's views about decisions which affect them. In P. Christensen and James, A. (eds.) *Research with children: perspectives and practice*, Falmer Press, London.

Oleke, C., Blystad, A. and Rekdal, O.B. (2005). "When the obvious brother is not there": political; and cultural contexts of the orphan challenge in northern Uganda. *Social Science and Medicine*, 61(12), 2628-2638.

Oni, J. B. (1995). Fostered children's perception of their health care and illness treatment in Ekiti Yoruba households, Nigeria. *Health Transition Review*, 5(1), 21-34.

Opie, I. and Opie, P (1982). The lore and language of school children. In C. Jenks (ed). *The sociology of childhood: essential readings*. Batsford Academic, London, 173-204.

Oppong, J.R. (1998) A vulnerability interpretation of the geography of HIV/AIDS in Ghana 1986-1995. *Professional Geographer* 50(4): 437-448.

Packard, R. M and Epstein, P (1991). Epidemiologists, social scientists and the structure of medical research on AIDS in Africa. *Social Science and Medicine*, 33(7), 771-794.

Palmer, R (1977) *Land and racial domination in Rhodesia*, Heinemann, London.

Pape, J. (1990). Black and white: the 'perils of sex' in colonial Zimbabwe. *Journal of Southern African Studies*, 16(4), 699-720.

Patai, D. (1991). US academics and third world women: is ethical research possible? In Gluck, S.B. and Patai, D. (eds). *Women's words: the feminist practice of oral history*. Routledge, London, 137-154.

Parker, R.G. (1996). Empowerment, community mobilization and social change in the face of HIV/AIDS. *AIDS*, 10(3), 27-31.

Phillips, O. (2004). The invisible presence of homosexuality: implications for HIV/AIDS and rights in Southern Africa. In E. Kalipeni, S. Craddock, J. Oppong, et al., (eds.). *HIV and AIDS in Africa: beyond epidemiology*. Blackwell, Malden, 155-166.

Pignanansi, L.A. and H. Lawson (eds) (1988). *Dismantling truth: reality and science in postmodern Times*. Weidenfeld and Nicolson, London.

Pile, S and Keith M. (1988) *Geographies of Resistance*. Routledge, London.

Pile, S. (1991). Practising interpretive geography. *Transactions of the Institute of British Geographers*, 16, 458-469.

Pollock, L. (1983). *Forgotten children: parent- child relations 1500-1900*. Cambridge University Press, Cambridge.

Postman, N. (1982). *The disappearance of childhood*. Delacourt Press, New York.

Preble, E. A. (1990). Impact of HIV/AIDS on African children. *Social Science and Medicine*, 3(6), 671-680.

PRF/IDS/UNDP (2003) *Zimbabwe human development report 2003: redirecting our responses to HIV and AIDS*. Poverty Reduction Forum and Institute of Development Studies, Harare.

PRF/IDS (no date). *HIV/AIDS and the rights of children in Zimbabwe: challenges for families and communities*. PRF/IDS, Harare.

Prout, A and James, A. (1990). A new paradigm for the sociology of childhood? Provenance, promise and problems. In James, A. and Prout, A. (eds). *Constructing and Reconstructing Childhood: contemporary issues in the sociological study of childhood*. Falmer Press, Basingstoke.

Punch, S. (2003). Childhoods in the majority worlds: miniature adults or tribal children. *Sociology*, 37(2), 277-295.

Punch, S. (2001a). Household division of labour: generation, gender, age, birth order and sibling composition. *Work, Employment and Society*, 15, (4), 803-823.

Punch, S. (2001b). Multiple methods and research relations with children in rural Bolivia. In M. Limb, and C. Dywer (eds.). *Qualitative methodologies for geographers: issues and debates*. Arnold, London. 165-181.

Punch, S (200). Children's strategies for creating playspaces: negotiating independence in rural Bolivia. In Holloway, S.L. and Valentine, G (2000b). *Children' geographies, playing, living, learning*. Routledge, London, 48-62.

Qvortrup, J. (2000). Macroanalysis of childhood. In Christensen, P. and James, A (eds). *Research with children*. Falmer, London, 77-98.

Qvortrup, J. (1994). Introduction. In Qvortrup, J; Bardy, M.; Sgritta, G. et al., (eds) *Childhood matters: social theory, practice and politics*. Avebury, Aldershot, 1-23.

Raftopoloulos, B. (1992). The fight for Control of African Women's mobility in colonial Zimbabwe, 1990-1939. *Signs*, 17(3), 586-608.

Ramphela, M (2002). *Steering by the stars: being young in South Africa*. Tafelberg Publishers, Cape Town.

Ranger, T. (1993). The communal areas of Zimbabwe. In Basset, T. and Crummey, D. (eds) *Legitimacy and the state in Twentieth Century in Africa*. Macmillan, London, 1-30

Rapport, N. and Dawson, A. (1998). *Migrants of identity*. Berg, Oxford.

Razavi, S. (1992). Fieldwork in a familiar setting: the role of politics at the national, community and household levels. In Devereux, S and Hoddinott, J. (eds). *Fieldwork in Developing Countries*. Hemel Hempstead, Harvester Wheatsheaf, 152-163.

Reynolds, P (1996). *Traditional Healers and Childhood in Zimbabwe*. Ohio University Press, Athens

Reynolds, P. (1991). *Dance civet cat:child labour in Zambezi Valley*. Ohio University Press, Ohio.

Reynolds, P. (1990). Children of tribulation: the need to heal and the means to heal war trauma. *Africa: Journal of the International African Institute*, 60,(1), 1-38.

Reynolds, P. (1989). *Children in cross-roads: cognition and society in South Africa*. David Phillip, Claremont.

Robson, E (2004). Hidden child workers: young carers in Zimbabwe, *Antipode* 36 (2) Antipode 227-248

Robson, E. (2001). Interviews worth the tears? Exploring dilemmas of research with young carers in Zimbabwe. *Ethics, Place and Environment*, 4(2), 135-142.

Robson, E. (2000a) Invisible carers: young people in Zimbabwe's home based health care. In Bourdillon, M.F.C (ed) *Earning a Life: working children in Zimbabwe*. Weaver Press, Harare 109-123.

Robson, E (2000b). Invisible carers: young people's in Zimbabwe's home-based healthcare. *Area*, 32, 59-69.

Robson, E. and Ansell, N. (2000). Young carers in Southern Africa? exploring stories from Zimbabwean secondary school students. In Holloway, S and Valentine, G. (eds). *Children's geographies: living, playing, learning and transformation everyday worlds*. Routledge, London, 174-193.

Robson, E., Ansell, N., Huber, U. S., et al., (2006). Young caregivers in the context of HIV/AIDS pandemic in sub-Saharan Africa. *Population, Space and Space* 12, 93-111.

Rose, G. (1997). Situated knowledges: positionality, reflexivity and other tactics. *Progress in Human Geography*, 21 (3), 305-320.

Rose, G. (1993). *Feminism and Geography*. Cambridge University Press, Cambridge.

Rosenau, P.M. (1992) *Postmodernism and the social sciences: insights, inroads and intrusions*. Princeton University Press, Chichester

Sachikonye, L.M. (1989). *Child labour in hazardous employment: the case of Zimbabwe: a study prepared for the International Labour Office, Harare.*

Salazar M.C and Glasinovich W.A.(1998) (eds). *Better schools, less child work: child work and education in Brazil, Columbia, Ecuador and Guatemala*. International Child Development Centre, UNICEF, Florence.

Sayer, A. (2006). Realism as a Basis for Knowing the World. In S. Aitken and G. Valentine (eds). *Approaches to Human Geography*. Sage Publications, London, 98-105

Sayer, A. (1994). *Method in Social Science*. Hutchinson, London.

Scheyvens, R. and Storey, D. (2003) *Development fieldwork: a practical guide*,. SAGE Publications, London.

Schmidt, E. (1992) *Peasants, traders and wives: Shona women in the history of Zimbabwe, 1970-1939*. Baobab, Harare.

Schmidt, E (1991). Patriarchy, capitalism and the colonial state in colonial Zimbabwe. *Signs: Journal of Women in Culture and Society*, 16(4), 753-756.

Schmidh, E (1990). Negotiated spaces of contested terrain: men, women and the law in colonial Zimbabwe, 1930-1939. *Journal of Southern African Studies*, 16,4, 622-648.

Seeley, J., Kajura, E., Bachengana, C., et al., (1993). The extended family and support for people with AIDS in a rural population in southwest Uganda: a safety net with holes? *AIDS Care*, 5(1), 117-122.

Seeley, J., Kajura, E., Bachengana, C., et al., (1993). The extended family and support for people with AIDS in a rural population in southwest Uganda: a safety net with holes. *AIDS Care*, 5(1), 117-122.

Senefeld, S and Polsky, K (2006). Chronically ill households, food security, and coping strategies in rural Zimbabwe. In S. Gillespie, (2006). *AIDS, poverty and hunger: challenges and responses. Highlights of the International Conference on HIV/AIDS and food and nutrition security*, Durban, South, 129-139.

Sengando, J. and Nambi, J. (1997). The psychological effect of orphanhood: a study of orphans in Rakai district. *Health Transition Review*, Supp. to vol 7,105-124.

Shipman, M.D. (1972). *Childhood: a sociological perspective*. NFER, Great Britain.

Sibley, D. (1995). Families and domestic routines: constructing the boundaries of childhood. In S.Pile and N. Thrift (eds) *Mapping the subject*. Routledge, London, 123-42.

Sibley, D. (1991). Children's geographies: some problems of representation. *Area*, 23, 269-270.

Siedman, G.W (1984). Women in Zimbabwe: post independence struggles. *Feminist Studies*, 10 (3), 419-440.

Silverman, D. (1993) *Interpreting qualitative data: methods for analysing talk, text and interaction*. Sage, London.

Smith, F. and Barker, J. (2000). 'Out of school', in school: a social geography of out of school care. In .S.L Holloway and G. Valentine, (eds.) Children' geographies, playing, living, learning. Routledge, London.

Stacey, J. (1988). Can there be a feminist ethnography? *Women Studies International Forum*. 11, 21-27.

Stainton, R. R. and Stainton, W. (1992). *Stories of childhood: shifting agendas of childhood*. Harvester Wheatsheaf, Hemel Hempstead.

Strauss, A (1987). *Qualitative analysis for social scientist*. Cambridge University Press, New York.

Summers, C (1996) if you can educate the native woman: debates over the schooling and education of girls and women in Southern Rhodesia, 1900-1934. *History of Education Quarterly*, 36 (4), 449-471.

Susser, I. and Stein, Z. (2004). Culture, sexuality, and women's agency in the prevention of HIV/AIDS in Southern Africa. In Kalipen,E., Craddock, S., Oppong, J.R. and Ghosh, J (eds) *HIV/AIDS in Africa: beyond Epidemiology*. Blackwell Publishing USA, 133-143.

Thrift, N. J. (1989). New times and new spaces? the perils of transition models. *Society and Space*, 7, 127-129.

Ulin, P. (1992). African women and AIDS: negotiating behavioural change. *Social Science and Medicine*, 34, 63-73.

UNAIDS (2006). *Report on the Global AIDS epidemic: AUNAIDS 10th anniversary special edition*. UNAIDS, Switzerland.

UNAIDS and UNICEF (2005). Unite for children, unite against AIDS: a call to action: children the missing face of AIDS. UNICEF, New York.

UNAIDS/UNICEF/USAID (2004). Children on the brink: a joint report of new orphan estimates and a framework for Action. Population, Health and Nutrition Information Project for USAID, Washington, DC.

UNICEF (2004) Children and women's rights in Zimbabwe: theory and practice. UNICEF, Harare.

UNICEF (2002). Report on the Africa leadership consultation: urgent action for children on the brink. Johannesburg, UNICEF.

UNICEF (2001). A situational analysis of orphans and vulnerable children and adolescents in Zimbabwe: Background Papers. UNICEF, Harare.

UNICEF (1994). AIDS, and children victims: the state of the world's children. Oxford University Press, Oxford

UNICEF/ UNAIDS/USPEPFAR (2006. Africa's orphaned and vulnerable generations: children affected by AIDS. UNICEF New York

UNDP/PRF/IDS (1998). Zimbabwe human development report 1998. UNDP/PRF/IDS, Harare.

Unwin , T. (1992) The place of Geography. Longman, Harlow.

Valentine, G. (2001). At the drawing board: developing a research design. In Limb, M. and Dywer, C (2001). Qualitative methodologies for geographers: issues and debates. Arnold, London, 41-54

Valentine, G. (1999). Being seen or heard? The ethical complexities of working with children and young people at home and at school. *Ethics, Place and Environment*, 2, 311-324

Valentine (1997a) "Oh yes I can," Oh no you can't.": children and parents' understandings of kids' competence to negotiate public space safely'. *Antipode*, 29 (1), 65-89.

Valentine, G (1997b) "My son's a bit dizzy". "my wife's a bit soft": gender, children, and the cultures of parenting'. *Gender, Place and Culture: A Journal of Feminist Geography*, 4(1), 63-88.

Valentine (1997c) A safe place to grow up? parenting, perceptions of children's safety and rural idyll. *Journal of Rural Studies*, 13 (2), 137-148.

Valentine, G. (1996). Angels and devils: moral landscapes of childhood. *Environment and Planning D: Society and Space*, 14, 581-599.

Valentine, G. and McKendrick, J. (1997). Children's outdoor play: exploring parental concerns about children's safety and the changing nature of childhood. *Geoforum*, 28(2), 219-235.

Van Blerk, L. and Ansell, N (2006a). Children's experiences of migration: moving in the wake of AIDS in Southern Africa. *Environment and Planning D: Society and Space* 24, 449-471.

Van Blerk, L. and Ansell, N. (2006b). Imagining migration: placing children's understanding of moving house in Malawi and Lesotho. *Geoforum*, 37, 256-272.

Waksler, F.C. (1986) Studying children: phenomenological insights. *Human Studies*, 8, 171-182.

- Walcott, H.F. (1995) *The art of fieldwork*. AltaMira Press, Walnut Creek, CA
- Warwick, E. and Overton, J. (2003). Designing development research. In Scheyvens, R. and Storey, D. (eds). *Development fieldwork: a practical guide*. SAGE, London, 17-35
- Webb, D. (1997). *HIV and AIDS in Africa*, Pluto Press, London.
- Webb, D. (1995) Who will take care of the AIDS orphans? *AIDS analysis. Africa*, 52(2), 12-13.
- Weedon, C. (1997). *Feminist practice and poststructuralist theory*. Blackwell, Malden, USA.
- Weinrich, A (1982) *African marriage in Zimbabwe*. Mambo Press, Gweru.
- Whiteside, A. (1998). *Implications of AIDS for demography and policy in Southern Africa*. University of KwaZulu-Natal Press, Pietermaritzburg, South Africa.
- Whiteside, A. (1995). *The economies of Africa and HIV/AIDS: what needs to be done?* International Conference on AIDS and STDs in Africa, Kampala.
- Whiting, J.B. (2000). The view from down here: foster children's stories. *Child and Youth Care Forum*, 29(2), 79-95
- Williamson, J. (2000). *What can be done to make a difference? situation analysis concerning children and families affected by AIDS*. Displaced children and orphans fund of USAID, Washington, D.C.
- World Health Organisation (1990). *Draft discussion paper on the care and support of children of HIV infected parents*. Geneva, 14 September.

Wood, K., Chase, E. and Aggleton, P. (2006). 'Telling the truth is the best thing': teenage orphans' experiences of parental AIDS-related illness and bereavement in Zimbabwe. *Social Science and Medicine*, 63, 1923-1933.

World Vision (2005). *More than words: action for orphans and vulnerable children: monitoring progress towards the UN Declaration of commitment on HIV/AIDS*, World Vision, Milton Keynes, UK.

Wright, K. (2000). The stigma of HIV/AIDS on the household, *AIDS bulletin*, 6(4), 20-23.

Wylie, J. W. (2006) Poststructuralist theories, critical methods and experimentation. In Aitken S and Valentine G (eds) *Approaches to Human Geography*. Sage, London, 298-310.

Young, L. (2004). Journeys to the street: the complex migration geographies of Ugandan street children. *Geoforum*, 35, 471-488.

Young, L and Ansell, N (2003a). Fluid households, complex families: the impact of children's migration as a response to HIV/AIDS in southern Africa. *The Professional Geographer*, 554 (4), 464-479

Young, L. and Ansell, N. (2003b). Young AIDS migrants in Southern Africa: policy implications for empowering children. *AIDS Care*, 15(3), 337-345.

Young, L. and Barrett, H. R. (2001a). Adapting visual methods: action research with Kampala street children. *Ethics, Place and Environment* 4(2) 141-152

Young, L. C. and Barrett, H.R (2001b) Issues of access and identity: adapting research methods with Kampala street children. *Childhood* 8 (3), 383-395.

Zaba, B., Whitworth, J., Marston, M., et al ., (2005). HIV and mortality of mothers and children: evidence from cohort studies in Uganda, Tanzania and Malawi. *Epidemiology*, 16 (3), 275-280.

Zvobgo, C.J.M. (1991). *The Wesleyan Methodist Missions in Zimbabwe 1891-1945*. University of Zimbabwe, Harare.

Appendix 1: Location of Zimbabwe and the study area



Source: <http://www.pnm.my/mct/images> Accessed 02/08/06

Appendix 2: A Decade of Events Related to Orphans and Vulnerable Children in Africa

Year	Event
1994	Lusaka Declaration at the Zambia workshop on support of children and families affected by HIV/AIDS
1998	United Nations General Discussion on 'Children living in world with AIDS. The discussion suggested the relevancy of adopting holistic, rights based approach rather than a medical perspective.
1998	A regional conference on Children in Distress (CINDI) held in Pietermaritzburg, South Africa committed country representatives to set up OVC Task Teams in their countries.
2000	The first East and Southern African regional meeting on OVC was held in Zambia. Countries committed to draw plans to address the growing crisis on OVCs.
2001	Global Commitment to enhancing and intensifying efforts to address the problem of HIV/AIDS at the United Nation at General Assembly Special Session (UNGASS).
2002	United Nations Special Session on Children resulted in the World Fit for Children Declaration. It reaffirmed the goals set at UNGASS
2002	Regional workshop on OVC was held in West Africa. Country representatives committed to setting up task teams in their countries to develop action plans to ensure the realisation of the UNGASS declaration targets.
2002	African Leadership Consultation entitled 'Urgent action for children on the brink'. This was aimed at developing consensus on priorities for a scale-up response to the OVC crisis.
2002	Eastern and Southern Africa workshop on OVC was held in Namibia to assess the progress of countries towards meeting the UNGASS goals.

Adapted from Smart (2003)

Appendix 3: Guidance Provided by the United Nations Convention on the Rights of the Child

Article	Provision
3	The best interests of the child shall be a primary consideration in matters concerning children
5	Recognises the responsibility of members of the extended family, community or legal guardians to provide for the child in a manner consistent with his or her evolving capacities
6	Recognises that every child has the inherent right to life
8	Concerns the right of the a child to preserve his or her identity, including name and family relations
9	Concerns a child's right not to be separated from parents
12	Concerns a child's right to freedom of expression and to be heard in any proceedings that concern him or her
16	Concerns a child's right to be free from arbitrary attacks and or reputation (stigma)
17	Recognises the right of access to appropriate information
18	Recognises the responsibility of the State to support parents and legal guardians in their child bearing responsibilities and to develop services for the acre of children
19	Concerns the protection of children from abuse, neglect, maltreatment or exploitation
20	Concerns the responsibility of the State to provide special protection for a child deprived of his or her family environment
21	Addresses safeguards regarding adoption
24	Recognises the right of the children to the highest standard of health and access to health services
25	Concerns the periodic review of the situation of a child who has been placed in care
27	Recognises the right of the child to an adequate standard of living
28	Concerns the right of every child to education
31	Recognises a child's right to rest, leisure, play and recreation
32	Addresses the protection of children form economic exploitation
34	Concerns the protection of children from sexual exploitation and abuse

Source UNICEF et al., (2004) www.aidsalliance.org accessed 21/03/06)

Appendix 4: Children's consent form

My name is Monica Francis-Chizororo. I am a Zimbabwean student reading for a PhD with the University of St Andrews' School of Geography and Geosciences, Scotland, United Kingdom. As part of my studies, I am conducting research on the survival strategies of child headed households in rural Mhondoro. Munorwei Chitemamuswe will be assisting with the data collection process.

The objectives of the research are to examine the process leading to the formation of child headed households; to explore the roles and responsibilities of household members living in child headed households; explore the strategies child headed households use to meet their livelihoods and how the former are negotiated. This study is expected to take three months from May- July 2005.

The research procedure will involve a household survey and narrative analysis with senior members of the household as well as participatory diagramming techniques with the other members of the household. The research techniques will also include taking photographs, tape (voice) recoding of interviews as well as observation during home visits and listening to conversations as we hang out in your village.

The study is very sensitive as it may bring sad memories about the deaths of your parents or caregiver. You do not have to participate in this study if you do not wish to and there is no prejudice to any existing benefits if there are any. You have a right to withdraw from the research at any time and your information will be removed from the pool of data collected and destroyed. There is no right or wrong answer.

No one will have access to this data and no names will be recorded if you do not wish. Field notes, tapes or transcripts from the research will be stored in safe place and the information will be used for the purpose of the research. You can ask any questions about the study at any time and will receive information about the research results.

This research is not a prelude to an imminent new orphan care programme in this village, but your thoughts, views and experiences are important since this will help improve the welfare of orphans and vulnerable children in general across Zimbabwe.

If you have any queries about this research do not hesitate to contact Mr Elliot Chabvongora (Director) Tsungirirai, Norton, Tel 062-2080 or 011 415 072. Note that this is a joint research project between Tsungirirai and myself. I am reached at 091 232 692 or 073-23887 or through Tsungirirai staff (Mrs L. Makoni and Mr T. Mhembere) who are based at Chivero Clinic, Mhondoro.

Do you want to participate in this research? Yes/No

Signature of Interviewee (not compulsory).....Date

Comments by interviewer.....

Appendix 5: Household schedule

A. IDENTIFICATION

District.....
 Ward.....
 Village/EA.....
 Household Number.....
 Interviewer.....
 Date.....

B. CHARACTERISTICS OF HOUSEHOLD MEMBERS

We would like some information about the people who usually live in your household or who are staying with you now

Person Code or name.	Relationship to the eldest member of the household	Sex	Age	Marital Status	Parental Survivorship of all household members			
					Is name' natural mother alive	If alive where does (name) natural mother live?	Is name' natural father alive	If alive where does (name) natural father live?
1	2	3	4	5	6	7	8	9
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								

Codes for Q2

1. Son or Daughter 2. Brother or Sister 3 Spouse 4 Grandparents 5. Grandparent 6. Other relatives

Person Code	C. EDUCATION							
	Ask for all household members aged 5 years and above							
	Has (name) ever been to school? If yes, go to Q11 If no go to Q18	If yes to Q.10 what is the highest level of education.. has completed	Is... currentl y attendin g school? If Yes, go to Q13, If No & u24 go to Q18 If no &24+ go to Q24	If yes to C..12 which educational institution is ..attending?	Who paid for...’s education al fees this term?	Which 3 main problems, if any, did he/she experience at school/other institution during the past 12 months	Was..ever absent from school on any day during the past week?	If yes to Q16, what was the main reason for..’s absence
10	11	12	13	14	15	16	17	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

Codes

Q10

1. Yes 2 No

Q11

1-7= Grade 1-7

8-13 =Forms 1-6

20 Vocational Training after primary

21 Vocational Training after secondary

22 Diploma

23 Graduate/post graduate

24 Other (specify)

99 Not completed Grade 1

Q12

1. Yes
2. No

Q13

1. Government School, 2 Council School 3 Mission School, 4 Mine School 5 Commercial Farm School 6 Satellite School-commercial farm 7 Private/Trust School 8 Non-formal Institution 9 University 10 Technical/ other training institution 11 Other (specify)

Q14

1. Parent-father 2 Parent-mother, Both parents
2. Relative-male
3. Relative-female
4. BEAM (social welfare)
5. Other government assistance
6. NGO
7. Scholar works for own fees
8. Other (specify).....

Q15

1. Lack of books
2. Lack of uniform
3. Lack of teachers
4. Poor teaching
5. Sick teachers
6. Non-payment of school fees/levies
7. Shortage of class rooms
8. Hunger
9. Insufficient subsistence money
10. Illness of child
11. Illness of family member
12. None
13. Other (specify).....

Q16

1. Yes 2. No

Q17

1. Chased away for non payment of fees and levies
2. Lack of school stationery
3. Hunger
4. Illness of child
5. Illness in the household
6. Other (specify).....

Person code.	EDUCATION							
	Ask for all household members aged 5 years and above							
	If person is currently out of school or has never been to school, what is the main reason? If code is 1, go to Q19 else go to Q24	Has..ever applied for BEAM?	If yes was application accepted	If No to Q20: what was the reason for not applying for BEAM	If No to Q20: why was application not accepted	If...has ever been but is now out of school, what was the year he/she last attended school?	Can..read a letter?	Can..write a letter?
18	19	20	21	22	23	24	25	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

Q18

1. Financial constraints
2. School too far
3. Ill health
4. Religious/cultural reasons
5. Too young
6. Education not important
7. Became pregnant
8. Could not cope with school
9. Truancy
10. Completed education
11. To work at home or on farm
12. Other (specify).....

Q19

1. Yes 2. No

Q20

1. Yes 2. No

Q21

1. Lack of knowledge about program
2. Don't know how to apply
3. Not interested in program
4. Other (specify).....

Q22

1. Not eligible
2. Deserved but allocated not enough
3. Other (specify).....

Q23

1. Yes 2. No

Q24

1. Yes 2. No

Q25

1. Yes 2. No

Q26 How far is the nearest primary school?

1. Less than a 1 km
2. 1km-5km
3. 6km or more

Q27 How far is the nearest secondary school?

1. Less than a 1 km
2. 1km-5km
3. 6km or more

D. HEALTH

Person Code	28	29	30	31	32
	Did ..suffer from any illness during the past 12 months	If yes to q28: what was the major illness/injury that ..suffered from in the past month	Was ..unable to engage in his/her usual activities such as working, going to school or playing due to the illness/injury	Did..seek treatment?	If no to Q31 why did...not seek treatment?
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Q28

1. Yes 2. No

Q29

1. Malaria
2. Diarrhoea
3. Injury
4. Skin condition
5. Eye condition
6. Ear/nose throat condition
7. STIs
8. Tuberculosis
9. Other (specify)....

Q30

1. Yes 2 No

Q31

1. Yes 2. No

Q32

1. Facility too far
2. Lack of funds
3. Home treatment sufficient
4. Religious beliefs
5. Condition cannot change
6. Illness/injuries not serious
7. No time
8. Other (specify).....

HEALTH cont

Person Code.	33 If yes to Q31 where did...seek treatment	34 How did they pay for treatment?	35 If cash in Q34 how much did ..pay for treatment (state amount in ZWD)	36 Was...satisfied with the service provided	37 If No to q36, what was the main reason....was not satisfied?
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Q33

1. Public clinic/hospital
2. Private doctor/clinic/hospital
3. Traditional/Faith healer
4. Other (specify)....

Q34

1. Cash
2. Medical Aid
3. In kind
4. Did not pay

Q36

1. Yes 2. No

Q37

1. Long waiting time
2. Drugs too expensive
3. Drugs not available
4. Staff rude/uncaring
5. Incorrect diagnosis
6. Facility understaffed
7. Under qualified personnel
8. Was not cured
9. Other (specify).....

E. LIVING CONDITIONS

No.	QUESTIONS AND FILTERS	CODING CATEGORIES
38	What is the main source of cooking and drinking water for members of your household	<ol style="list-style-type: none"> 1. Piped water inside dwelling 2. Piped water outside dwelling 3. Communal tap 4. Well/borehole protected 5. Well unprotected 6. River/stream 7. Other (specify).....
39	What is the distance to the water source	<ol style="list-style-type: none"> 1. Inside dwelling 2. On Premises 3. Less that 500m 4. 600m to 1000m 5. More than 1km
40	Who in the household fetches water most of the time (record person code)	
41	Is the household able to get all the water it needs for normal household purposes?	<ol style="list-style-type: none"> 1. Mostly yes 2. Sometimes 3. Mostly no
42	What kind of toilet or sanitation facility do most members of your household use (observation by researcher)	<ol style="list-style-type: none"> 1. Flush 2. Blair 3. Pit 4. Communal 5. None
43	With how many other households do you share this facility?(record "00" if toilet not shared)	Other Households.....
44	What type of fuel does your household mainly use for cooking	<ol style="list-style-type: none"> 1. Electricity 2. LPG/Natural Gas 3. Biogas 4. Kerosene/Paraffin 5. Coal, Lignite 6. Charcoal 7. Firewood, Straw 8. Dung

		9. Other (specify).....
45	What is the main source of energy for lighting?	1. Electricity 2. LPG/Natural Gas 3. Biogas 4. Kerosene/Paraffin 5. Coal, Lignite 6. Charcoal 7. Firewood, Straw 8. Dung Other (specify).....
46	What is the distance to the nearest source of fuel wood?	1. Less than 500m 2. 600m to 1000m 3. More than 1km
47	If wood is used as the main source, who in the household usually collects the wood? (Record person code)	
48	Does your household have:	Ownership 1 yes 2. no Access 1 yes 2 no Electricity Radio Television Telephone Refrigerator Bed
49	Does any member of your household own:	Ownership 1. Yes 2. No Access 1 yes 2. no Modern Oxcart Plough Bicycle Wheelbarrow Livestock Tractor Land (arable)
50	Type of dwelling unit (by observation)	1. Traditional Thatched 2. Mixed 3. Modern Thatched

F. EMPLOYMENT AND INCOME

51. What is the estimated monthly income of the present this household.....

52. Who mainly sources income in the household (list person codes) (multiple answers).....

53. What is the main activity from which the household derived major income during the last 12 months?

1. Self employed (agricultural activity)
2. Self employed (non agricultural activity)
3. Agricultural labour
4. Other casual labour
5. Regular employment (other sectors)
6. Commercial Sex Work
7. Pensions, dividends, interest, property, rent, etc
8. Other (specify).....

54. Do household members work to source income or for food or school fees? 1. Yes 2. No

If yes

55. Person code	56. Nature of work (describe in a minimum of two words).

57. Does this household sometimes receive money/goods?
1. Yes 2. No

58. If yes, from who does the household receive money/goods.....
1. Brother
2. Sister
3. Maternal Relatives
4. Paternal Relatives
5. Other (specify)

59. When was the last time the household received the money/goods
1. A day ago
2. One week ago
3. A month ago
4. Three months ago
5. Over six months ago

G. FOOD SECURITY, ADAPTATION AND COPING STRATEGIES

60. On average how many meals per day has this household been consuming over the past 7 days?

61. If less than 3 meals per day, what is the main reason?
1. Could not afford
2. Food not available in household
3. Food stocks not enough
4. Other (specify).....

62. How many meals per day do the following people normally have?
1. Adults.....
2. Children.....

63. Has this household experienced any food shortage in the last month? 1. Yes 2. No
(If no go to Q70)

64. If yes, why? State 2 main reasons
1. Drought
2. Lack of production capacity
3. Poor/small land
4. Food not available
5. Lack of income
6. Other (specify).....

65. If yes to Q63 how has the household coped with the food shortage?
(Multiple Answers Acceptable)

- 1 Skipping meals 2. Eating less preferred food 3. Eating wild Fruits
- 4. Zunde RaMambo/Ispala Senkosi 5. Sale of Household Assets 6. Sale of Livestock
- 7. Slaughtering of Livestock 8. Reducing expenditure on health care 9 Reducing expenditure on education/agric inputs 10. Food aid from government. 11 Food aid from donors and NGOs 12. Support in cash or in kind from relatives/friends 13 Begging 14 Forced to migrate to find work 15 Other(specify).....

Who sources the food in this household in times of food shortage?
(If person is a member of household, only record his/her person code in the first column;
Otherwise proceed with filling in the other columns

Person code	Age	Sex	Relationship to the respondent
66	67	68	69

70. If you have no food shortages, what is your main source of food?

- 1. Own production
- 2. Remittances
- 3. Government handouts
- 4. Neighbours
- 5. Begging
- 6. Buying
- 7. Other (specify).....

H. LAND AND OTHER NATURAL RESOURCES

71. Does this household have access to land for cultivation? 1. Yes 2. No

72. If yes, what type of title does this household have on the piece of land?

73. Who holds the title?

- 1 Eldest household member 2 Other (specify).....

74. What is the land holding size (in hectares).....

75. Who mainly works on the land?

- 1. Yes 2. No

- 1. Household labour (state boys, girls or everyone)
- 2. Hired labour
- 3. Community Labour
- 4. Other (specify).....

76. What do you use for tillage/ploughing?

1. Zero tillage
2. Mechanised draught power
3. Digging by hired labour
4. Digging by household members
5. Animal draught power
6. Hired draught power

77. Was the household able to cultivate the whole land last season? 1 Yes 2. No

78. If No what was the major reason you did not cultivate the whole of your land last season?

1. No draught power
2. No ploughing implement
3. Labour constraints
4. No or little rain
5. No seed and/or fertilizer
6. Illness
7. Other (specify).....

79. Do you think that the problems will be resolved this season?

80. How does the household access agricultural inputs?

1. Government
2. Donors
3. Own resources
4. Relatives
5. Remittances
6. Producers contracts
7. Other (specify).....

81. Who makes decisions on where and what to grow?

1. Eldest member of the household
2. Joint decision
3. Relatives
4. Other (specify).....

I. MORTALITY

In this section we will talk about the death of your parents and/or caregivers. This discussion could be sensitive since it brings sad memories about the illness and deaths of your parents or caregivers.

Number	Question	About the Father	About the mother	About the death of the caregiver
82	Age of the deceased			
83	Cause of death			
84	Length of illness of the deceased			
85	Date of death (record year and month)			
86	Did the deceased leave any property for inheritance?			
87	If yes, how was the property of the deceased distributed?			

Other deaths in the household

Other than the deaths of your parents and/or caregiver did any deaths (of brothers and sisters and grandparents occur in the household in the last twelve months? 1. Yes 2. No

If yes	88	89	90	91	92	93	94
No.	Age of the deceased at death	Sex of deceased	Cause of death	Date of the death	Did the deceased leave any property for inheritance?	If yes, how was the property of the deceased distributed?	What was the deceased's relationship to the respondent or eldest household member (current)
1							
2							
3							
4							
5							

Q90

1. Long illness
2. Short illness
3. Abortion
4. Accident/Suicide
5. Pregnancy
6. Post pregnancy complications
7. Other (specify).....

Q92

1. Yes 2. No

Q93

1. All property was taken by the patrilinear side
2. All property was taken by the matrilinear side
3. All property was assigned to the eldest son only
4. Spouse and remaining children were provided with part of the property
5. Spouse and the remaining children were provided with all the property
6. Property not distributed
7. Other (specify).....

Q94

1. Son or Daughter 2. Brother or Sister 3. Spouse 4 Grandparents 5. Grandparent
6. Other relatives

Did this household experience any of the following due to chronic illness or deaths in the family?

No.	Experience	Response
95	Sale of assets	1. Yes 2. No
96	Reduced area planted	1. Yes 2. No
97	Agricultural input shortages	1. Yes 2. No
98	Withdrawing children from school	1. Yes 2. No
99	Looking after orphans	1. Yes 2. No
100	Failure to pay rent/rates (including water and electricity)	1. Yes 2. No
101	Increased indebtedness	1. Yes 2. No
102	Loss of employment	1. Yes 2. No
103	Other (specify)	

J. MIGRATION OF HOUSEHOLD MEMBERS

104. Did any usual household members (brothers and sisters) leave the household after the deaths of the parents? 1. Yes 2. No

If yes

No.	Where do they live?	Whom do they live with?	Did they move after the death of mother	Did they move after the death of father	How old are they?	What is their sex?	What is their relationship to respondents
	Q105	Q106	Q107	Q108	Q109	Q110	Q111
1.							
2.							
3.							
4.							
5.							

112. Did other people move into the household after the deaths of the parents and/or caregiver? 1. Yes 2. No

If yes

Line No.	Where did they live before	With whom did they live with	Why did they move to the household	How are you related
	113	114	115	116
1.				
2.				
3.				
4.				
5.				

K. GENERAL

117. If you were to change something about your situation, describe what it would be

.....

118. If you had one wish today, what would that wish be?

.....

119 Do you have anything you want to add or comment regarding our discussion?

.....

Thank you

Appendix 6: In-depth interview guide

The guide below will help the researcher to make sure that all the questions listed are addressed during the conversation. However, the child head will narrate about their lives in their own words and in any format.

(Triangulation – some data revealed by questionnaire was checked and extended here)

From adult headed to Child headed Household

- Length of illness
- How medical costs were met?
- How funeral arrangements and burial were met?
- Who cared for both parents during illness? Who was most helpful?
- Year of death of parents/caregiver
- Who died first?
- Age of parents/caregiver (at death)
- Awareness on the cause of parents/caregiver's deaths
- Child head and other household members feelings during illness and death of parents
- Any changes in living arrangements during illness and after the deaths of each of the parents/ caregiver (probe for remarriage of parents, any children under foster care, change of households by current or absent household members, property distribution, etc)
- Any changes on school attendance of household members before and after the death of the parents/caregiver
- How illness and death of parents/caregiver affected the child emotionally and mentally

Roles, responsibilities and decision as part of survival strategy

Note: Here I left open the possibility that there may not be ONE head

- How the illness and death has changed your life? How you became the child head?
- How would you describe your role as a child head?
- Do you see your self as a “parent” – what does being a parent mean to you – what is the role of a parent – do you feel you can fulfill all these roles
- Have these roles changed since you became the child head?
- What is your relationship with the other household members
- How would you describe the roles and responsibilities of each of the household members (in terms of household chores) Do these roles differ and in what way?
- Do you think that this household is the same/run the same as other (adult headed) in this area – or is it run/structured differently – explain /how is it the same/different

- How have household members responded to the changes (if any) in roles with the household since the death of the parents/caregiver?
- How has the household dealt with these changes?
- Describe what it is like to look after siblings? How does the experience differ from when the parents were still alive?
- How do you make decisions within the household with regard to roles and responsibilities? Why have you taken such an approach of decision-making? Who always has the final say and on what decisions?

Survival and social support networks

- How do you source for food or meet your basic needs within the household?
- Do you have a social support network? What are some of the supports that you have received and how you used the support?
- Describe how you use the support on a daily basis?
- What forms of social support do you feel have been most helpful
- How would you describe the support that you have received from your family members, your community, the church, NGO, etc
- How do community children perceive you and your household members? In what way (s) are they your friends?
- Describe your extended family members' (grandparents, aunties, uncles, cousins) general attitude towards you
- Describe the attitude of members of your community/neighbourhood towards you and your siblings (are they taken seriously, are they marginalized, exploited ignored, etc
- Describe any community programmes which you or household members belong

Strengths/ Weaknesses

- What are some of the strengths or your household?
- How does your household generally deal with crisis (e. g, child misbehaves, illness, hunger, etc)
- How would you describe the siblings' attitude towards you? In what way (s) do feel your siblings like or do not like you?
- Describe the closeness or cohesion within your household?
- What keeps the household together?
- What are some of the family values in the household?

General

- If you were to change something about your situation, describe what it would be
- If you had one wish today, what would that wish be?

Appendix 7: Participatory diagramming techniques

Roles and responsibilities

A. Flow diagram:

Introduce by saying that there are certain roles performed in the household on a day-to-day basis. Given that some tasks were performed by parents/caregivers, we need to know how the roles are now distributed in the household. We are interested to know all the roles performed in the household and who does them most of the time.

Ask the group members to list the household roles/and or tasks in a typical day noting that these roles may differ according to seasons (i.e. agricultural and off-agricultural season. (A guide to some of the activities: bathing, washing clothes, sweeping the yard, cleaning the house, cooking, fetching water, work (excludes domestic work), fetching firewood, shopping, queuing for food, child care, counseling, socializing, care for the sick, help with school work, funerals, gardening, other agricultural activities (e.g. dipping cattle) other activities such as repair of home fences, taking manure to the fields, etc.

- The children put scores to prioritise what they think are the most important tasks.
- Working as a group the children, indicate who is responsible for each of the tasks listed above by putting scores (these scores should reflect the most tasks conducted by the adults versus children).
- Interview the diagram (Why do the children perform the duties they have indicated? What are the gender dimensions of the roles and responsibilities? What are the emerging issues of power and control with regard to household chores?)
- Discuss if they used to do the same tasks prior to the death of the parents if applicable.
- How do the roles influence your relationship with other household members (e.g. appreciation, listening to, support and comfort, etc)
- Record the diagram in the notebook. Make notes on the conversation and discussions.

Flow Diagram: Social Network

A. Flow diagram:

Explain that we understand that there are certain strategies the children employ for their survival on a daily basis and that in the process there are people who have been very helpful to them. We are interested to know who these people are and the ways they have assisted the child in terms of food, money or any other material resources to meet their needs.

- Ask the children to list the people (relatives-maternal, paternal), strangers, friends, the church, government departments, NGOs, institutions they help them or they use to get by.
- Working as a group, the children put scores to indicate the most important (the higher the score the more important is the reason).
- Ask the children to indicate the most frequently used institutions, etc
- Ask the children to list their needs and wants
- For each person or institution or NGO list what form of support they frequently receive (probe material or non-material resources, counseling, advice etc.)
- Interview the diagram-what forms of support do you feel have been most helpful, ask the children to state the reasons for getting support from these people and/or institutions. (Find out if these people have always been helpful and identify others who might have stopped helping the children and the reasons for it.
- Probe for the general attitude of the community and other networks stated above towards children living on their own, are they marginalized, exploited, ignored, etc).
- Describe any community programmes the children belong e.g. food for work programmes, BEAM.
- Make a record of the diagram in the notebook and record the conversation and discussions

Appendix: 8 Focus Group Guide

(Tape recorded)

- What do you understand by the term an 'orphan'
- What do you understand by the term 'child'?
- How do you perceive yourself, children or adults? Explain
- In what way does the community relate to you? Children or adults. Explain
- Who heads the household? How is the headship negotiated? Probe for the head's roles
- To what extent do you participate in community activities
- Are households run the same or differently to adult headed households? In what ways are they the same or different?
- Describe how it feels to be an orphan child living alone or with siblings? (Probe if willing to live with relatives, the challenges they face, etc)
- How are you socialised? Probe who gives them advice and what kind of advice they get
- How do you meet your needs? (Probe for food, fees, etc.)
- How do you deal with crisis in the household? (Probe: hunger, illness, misbehaviour, etc)
- How do you while up time?
- Any other questions or anything you like to say relate to our discussion

Appendix 9: Key informant Guide

- What is the extent of the orphan problem in the area? Is it increasing or decreasing?
- What are the main problems affecting orphaned children (CHH) in your community?
- Since you are in the school committee. Could you please explain to us how the kids are selected and what criterion is used?
- What problems do you have with the orphans in the community?
- The kids claimed that they are underpaid when they are given piecework to do. Do you have any comments regarding this?
- What can the community do assist the orphans especially the child headed households?