This is a real problem because on all corners human factors are involved, that's not easy to resolve. You can better look after cattle then after humans.

Manager of principals on the increasing number of orphans suffering from AIDS in Namibia.

The HIV/AIDS epidemic and orphans

The HIV epidemic spread quickly during the last decennium affecting African countries south of the Sahara the severest. One of the most disturbing consequences of HIV/AIDS is its impact on children. UNICEF/UNAIDS (2003) estimates that over eleven million children under the age of fifteen in Sub-Saharan Africa has lost at least one parent to AIDS.\(^1\) SIAPCAC calculated that

\(^1\) UNICEF/UNAIDS (2003) expects that by 2010 around twenty million children will have lost at least one parent to AIDS. Worldwide this number in 2010 will have increased up to forty million. Monk (2002a) claims that this number is far below the actual number of AIDS orphans. According to him, the definition of AIDS orphans used by UNAIDS – children up to fifteen years of age that have lost both parents or their mothers – excludes an important group of children. Children that lose their father often end up in a worsened financial position and orphans between the age of fifteen and eighteen are usually dependent on their caretakers. Monk also states that
Namibia had about 115,000 orphans in 2003, which is twelve percent of the estimated population of children up to fifteen years of age in 2001 (IPPR 2003). Two thirds of these children, 77,000, are supposedly AIDS orphans.² Considering the regional variations of Namibia, half of all orphans are located in the rural central northern region. Moreover, orphans from the cities are regularly sent to rural areas after the death of one or both parents. This means that the Central North receives over sixty percent of all orphans (SIAPAC 2002).

The issue of the increasing number of orphans in Sub-Sahara Africa is described in various studies. Research has been conducted on different aspects of taking care of orphans: the support of orphans within the family (Booysen & Arntz 2002; Monk 2002b; Kamali et al. 1996; Foster et al. 1995; Hunter 1990); the changing systems of orphan care (Nyambetha et al. 2003); the impact of orphans on households (Levine et al. 1992) and the evaluation of strategies of orphan care (Jackson 2002; Desmond & Gow 2001; DCOF & WVFC 1999; Drew et al. 1998). The researchers concluded that most orphans are received by the ‘extended family’. This system is, however, under increasing pressure by the extensive number of children that need care and by the lack of material and financial means. Interventions by the government, aimed at the support of reception by the extended family, are considered necessary. The position and issues of orphans have also been investigated. Various researchers state that the access for orphans to education is more limited than for children whose parents are living (Bicego et al. 2003; Booysen et al. 2002; Muller & Abbas 1990). Some researchers (Richter 2003; Nyambetha et al. 2003; Kelly 2002; Foster et al. 1997; Levine et al. 1992) also indicate that orphans have to deal with issues such as lack of nourishment, limited access to health care, stigmatism, a high risk of exploitation, feeling different from other children, and worries.

In this study, I will discuss the living environment and experiences of some young orphans in North Central Namibia. Although many children have lost their parents to AIDS in this region, only limited research has been conducted

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² Some countries have not been taken into consideration for the calculations of UNAIDS, e.g. countries in Eastern Europe and Central Asia, while other countries are not sufficiently represented. By adding these groups of children and countries, the number of AIDS orphans is much larger. Monk predicts that by 2010 a hundred million children worldwide are vulnerable because of the virus.

² The report of SIAPAC does not completely correspond to the estimations of UNAIDS (2003). UNAIDS estimates that the number of children up to seventeen years of age that have lost their mother, father or both parent to AIDS, and that were alive at the end of 2003, is 57,000 children. A low estimation of this group of orphans by UNAIDS amounts 38,000 orphans while a high estimation calculates 81,000 AIDS orphans.
on how these children deal with the loss and their changed circumstances. This study has been done under the flag of the Danish NGO Ibis that supports schools and guides in the setup of AIDS prevention and care projects. Ibis considers it of great importance that experiences and opinions of children are integrated into their advice and council. When current research is compared to the before mentioned research on AIDS orphans, two differences appear. Firstly, I have focused on the perceptions and experiences of the children themselves. Although in research on older orphans, attention is given to their perceptions, in studies on younger orphans the caretakers are mostly questioned. Secondly, in the aforementioned studies the position of orphans is investigated by means of surveys, interviews or short-term focus group discussions. In this study I have observed the children over a longer period of time and in different contexts. This type of research, with attention to the perceptions and action of children and research methods that are in keeping with this, falls within the new terrain of the anthropology of childhood.

Anthropology of childhood

Anthropological research on children and childhood has been very divers, without being coherent (James & Prout 1997). Over a long period of time, children were seen as future adults, as pre-social beings (Schwartzman 2001b). Within the research on children and childhood approaches from other fields of anthropology were used due to this, instead of developing own theories (Rapport & Overing 2000). Socialization processes were given much attention in this (James 2001; Corsaro & Molinari 1999). In research on playing for instance, the relevance for playing for adult activities was stressed (Schwartzman 2001b). Hirschfeld (2002) states that the marginalization of research on children can be explained by the association of this research with the home environment and a lack of interest of future adults.

Hardman (1973) is the first anthropologist that assumed that childhood is not necessarily a pre-mature state and that children live in a world with their own social meaning. Only lately, more attention is being paid to the perspectives, experiences and actions of children within the anthropological research on children by the rise of more interpretative and literary approach (Rapport et al. 2000). Attention for agency and structure in the lives of children and making children a central issue can be ascribed to the work of James and Prout (1997). The new paradigm that they propose consists of the understanding of the childhood as a social construction and the view on children as social actors. Childhood to them is not a natural or universal feature of human groups, but a
specific structural and cultural component of many societies. Besides, so they claim, children are not the passive subjects of social structures and processes. Children are active in the construction and determination of their own social lives, the lives around them and the societies they live is. The new field of researching with this starting point has several labels: new studies of childhood (Christensen & James 1999a), anthropology of childhood (Hirschfeld 2002), and child-centred anthropology (Schepers-Hughes & Sargent 1998).

This new approach of children and childhood is described from various angles. Some authors describe the structures, differences, definitions and communication cultures (Mayall 1994; Qvortrup 1994; Christen & James 1999a; Corsaro et al. 1999). Other authors mention that besides agency and structure, attention should also be paid to the local and global aspects in the lives of children (James et al. 1998; Hockey & James 1993; Schwartzman 2001a). To look on children as social actors, thus state Hockey and James (1993), it should be realized that they are individuals that participate in different areas of tension. Thus a child is both an actor and a part of a world with social-cultural structures that are determined by adults. Moreover, a child is a phenomenon of local diversity and of global generality. Schwartzman (2001a) also states that children live, work and play in different worlds that are both local and global; a worldwide epidemic like AIDS influences the everyday life of children.

An important and useful method to study children is ethnographic research (James & Prout 1997; Prout & James 1997; Toren 2000). James (2001) claims that ethnography makes the everyday social world of children understandable in the way children understand it. Children are competent informants and interpreter of their own lives; it can be tried through ethnographic research to directly retrieve the perspectives and opinions of children. In ethnography children can have a more direct voice and participate in the production of data, than what is possible through other research such as surveys. The reason, as Scott (1999) stated, is that information on the perspectives, actions and attitudes of children can be best brought to the attention by children themselves.

In the next chapter the methods that I have used in the current ethnographic research on children are described. After the fieldwork, it turned out that these methods make up an important part of this study. Because the anthropology of childhood is a relatively new turf, the methodology of it is still developing. Thus, various authors have described methods that can be used in research on children. In previous anthropological studies however, methods to come into conversation with children on sensitive matters, have not been described. The setup of this research, the used methods of data collection and the relation between the researcher and the child will be elaborately discussed in the first chapter for this reason. The second chapter describes the influence of HIV/AIDS on the living environment on orphans. In this chapter the spread of
HIV/AIDS in the region and the impact of the virus on the home situation and school situation will be discussed. Chapter three contains the experiences of the fourteen children that were the basis of this study. Different themes will be treated, such as the treatment of orphans, experiences of orphans in schools, the loss of their parents and the knowledge and reserved attitude of children concerning HIV/AIDS. This study will end with some concluding statements.
This chapter describes the methods that were used to conduct research on the world and experiences of fourteen young orphans in north central Namibia in the period from September 2003 up to March 2004. This study has an exploring and qualitative character. An exploring study is often used when the subject of the study is relatively new and when little research has been done on the subject (Babbie 1995). Moreover, it is flexible; the subject can be changed when new insights come to light. Because almost no research is done on the experiences and perceptions of AIDS orphans, and because I did not have great insight on the access to orphans before I started the fieldwork, a flexible subject was important. In qualitative research on children, often methods are used that are based on research with adults. However, these methods need adjustment when children are the focus of research. In this study, a Kidsclub has been started to get into conversation with children. Considering that such methods are not usual within anthropology, the way in which this research has been conducted will be elaborately discussed here. The setup of the research, the methods of data collection and the relation between researcher and children will be discussed.
Research setup

Area of research
North central Namibia is populated by about 786,500 people, which makes up 46 percent of the total population of the country. Ovambo mostly live in this part of the country, an ethnic group that settled in the north central region around the sixteenth or seventeenth century (Mendelsohn et al. 2000). In the early Ovambo society, agriculture stood central and now self-supporting agriculture still dominates the economy of the region. The region also shows various business and trade activities. The largest part of the commercial life of north central Namibia centres around two cities: Oshakati and Ondangwa. Although this economical centre grows, a large part of the population is unemployed and especially young and middle-aged men go to the mines and urban areas of central and west Namibia to search for work. This migration finds its origins in the forced contract labour during the South-African occupation which lasted up to 1990. The consequence of the migration of man to other parts of Namibia, like the migration from rural areas to urban areas, is that many women run the household by themselves (Mendelsohn et al. 2000).

The current study has been conducted in the central part of the region, in the village of Omaalala, which, like other villages in north central Namibia, consists of wide apart homesteads. Omaalala lies next to the paved road between Ondangwa and Oshakati and has a relative good access to urban areas because of this. Omaalala is a part of the electoral district called Ongwediva which in its turn is part of the political region of Oshana. With a surface of 204 square kilometres, the district counts 15,800 inhabitants (Mendelsohn et al. 2000). Most inhabitants of Omaalala belong to the Ndonga, one of the eight ethnic groups that form the Ovambo. ‘Oshivambo’ is the collective name of similar languages or dialects that is spoken by these groups (Malan 1980). Although a shift to the nuclear family as a social organization is occurring in north central Namibia – in Oshakati more than half of all households is organized in this manner – the extended family is the dominant pattern of the organization of households (Unicef 1995). Because the extended family comprises many forms, the term ‘household’ will be used throughout this study to indicate the social unity in which children live.

The landscape of north central Namibia is marked by plains and sandy soil. There is however regional variation in vegetation and soil. The stretched landscape of the Ongwediva district consists of sandy soil on a high level and Oshanas on a low level: infertile basins that fill with water in the rainy season. Mainly mahangu and a limited amount of sorghum are cultivated on the poor ground. Next to this, almost all households keep goats and chickens. The pos-
session of cows and even asses varies strongly; eighty percent of all cows are property of twenty percent of all households (Mendelsohn et al. 2000). Children are considered important labour in many of the agricultural activities like ploughing and harvesting. They also collect firewood and water and tend the animals. By cultivation of the land, only a little of the natural growth has been undisturbed. Some of the preserved trees are of high value. The Mopane, Marula and Berchemia trees supplies building material, firewood, fruits suited for consumption and trade, and oil from its seeds. The Makalani palm trees supply materials to make baskets out of (Mendelsohn et al. 2000). The semi-arid climate has rain falling mostly in the months of January, February and March. The amount of water and the time of falling are of a great influence on the harvest.

Like in the rest of north central Namibia, different sources contribute to the income of a household in this district. Besides agriculture for own use, jobs and different trading activities contribute to this income. The most prominent business activity in the region is seen in the ‘cuca shops’, small family businesses that sell groceries and alcohol and function as a bar as well. Distribution of alcohol is one of the most commercial activities in north central Namibia (Cooper 2001). There is also the trade and sell of meat, mahangu, clothes and fish from the oshanas. Different family members often combine their income to make up the total income of a household, but one person in this household can also be responsible for various incomes. There is also a mix between types of households; households in a city often have close contacts with family members in the country (Mendelsohn et al. 2000). In the two neighbouring villages of Omaalala health clinics can be found (MOHSS 2000). The health centres in Ondangwa and Ongwediva however, can be reached much easier than these. The nearest hospital is in the city of Oshakati, which lies at a distance of twenty kilometres from Omaalala.

School board support project ‘circles of support’
This research has been conducted within the School Board Support Project (SBSP) of the Danish NGO Ibis. The SBSP was founded in 1998 to train school boards to have parents participate in the board and help with the policy of a school. This is in confirmation with the ministry of Primary Education, Sports and Culture. At the start of 2003 the SBSP takes another direction, the initiative called ‘circles of support’ is developed. This has several reasons. First of all, Ibis as a development organization, decides to make HIV/AIDS part of all her projects. The HIV/AIDS policy is implemented in the educational sector; schools are given the responsibility to focus on the prevention of HIV/AIDS

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3 Education Act, December 2002.
and the protection of and support to her students. One way of accomplishing this is through ‘circles of support’, building up networks to support orphans and vulnerable children. On top of that, there is the question from participants of the workshops of school boards to do something at the impact of HIV/AIDS as a school community. This resulted in the initiative ‘circles of support’, in which the SBSP assists school boards in the setup of supporting networks. One of the aims of the project is to ‘listen to the voices of children’, and to give children and adolescents the opportunity to help create the policy concerning orphans and HIV/AIDS prevention. The current research on the experiences and living environments of orphans and vulnerable children seconds this cause.

Research group
Because schools offer a good access to children, the research has been conducted at the Omaalala Primary School. This school is involved in the ‘circles of support’ initiative and can be reached fairly well because it is on a paved road. The Omaalala Primary School is the only primary school in Omaalala. The school has 448 students, divided over seven grades. During the preparations of the field work it was unclear whether AIDS orphans could be the focus of this study, because contamination with HIV and death by AIDS is often hidden in this region. The initial idea of this study then was not specifically aimed at orphans. However, the director of the Omaalala Primary School indicated that it was possible to work with orphans, because teachers are aware of the backgrounds of their students. After consulting with Ibis and some teachers I decided to start an after school Kidsclub, focusing on a group of OVC between the ages of ten to eleven. OVC, or Orphans and Vulnerable Children, is a term used by the Namibian government, because they consider orphans part of a population of vulnerable children. OVC are defined as ‘children up to the age of eighteen whose mother, father or both parents have died, have been affected by HIV/AIDS, and who are in need of care including those that are less privileged, are in conflict with the law, or exposed to abuse and violence’ (MOHSS 2002).

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4 ‘Circles of support’ is a model for the support of vulnerable children, based on the development of networks with accessible sources within and outside of the school. A main cause is to support and coordinate the community and other initiatives, but not to undermine them.
5 Normally children start school at the age of six.
6 The initial research plan was aimed at the perceptions of children concerning sickness and health.
7 I have founded a Kidsclub because it is in compliance with the Education Act (2002) in which schools are encouraged to start AIDS clubs for children. Permission for this research was granted by Ms. Sinyemba, head of the regional Ministry of Primary Education in Ondangwa.
In Namibia an orphan is defined as an individual up to the age of eighteen that has lost one or both biological parents (MOHSS 2002). These definitions are also used in this study. My preference for children between ten and eleven is connected to the question which specific experiences are shared by orphans in this specific age group in the Ovambo community. In total, teachers chose fourteen children from their groups 3A, 3B, 4A and 4B that they considered OVC. From some of these children the teachers knew they had lost a parent, the other children were chosen on grounds of poor clothing and a lack of food. At the start of the research the group consisted of eleven girls and three boys of which two were nine-year-olds, seven were ten-year-olds, three were eleven-year-olds and one was twelve years old. As is common in north central Namibia, these children have two names: an ‘Oshivambo name’ that is used at home, and a ‘Christian name’ that is used at school. During the research it turned out that five of these children had lost both parents and six children were missing one parent. The other three children came from families where both parents were alive, but were in a difficult financial position because of various factors.

**Research setup**

After a period in which I accompanied SBSP staff in school visits and workshops to gain insight into the AIDS related problems of students, the Kidsclub was started. The children came together twice a week during two months. Every Tuesday and Thursday afternoon the interpreter, the fourteen children and I gathered in one of the classrooms of the Omaalala Primary School. The club was from two to four o’clock in the afternoon and took place during the ‘study’, a period in which the other children at school were doing homework. Usually the afternoons were made up of a group discussion and the drawing and talking about pictures, alternated with a game or the singing of a song. The interpreter translated my questions and assignments from English into Oshivambo and translated questions and answers of the children into English. During the Kidsclubs various themes have been talked about that started off with a general character and that got more personal along the road; from meeting people, friendship, helping each other and nice memories to family, the home situation and sad memories. I also interviewed teachers of grades three and four on the background of the orphans that were enrolled in the Kidsclub, about the way in which the school deals with orphans and how they inform them on HIV/AIDS. I also sat in at a few of these classes. I visited children at home; after school, the interpreter and I walked one of the children home to meet their parents or caretakers, interview them and get an idea of the home situation of the child. Up to the summer holiday nine home visits were conducted, the rest of the children were visited during the holiday. After the holiday, the Kidsclub continued, and
the experiences of the children concerning orphanage were discussed. These conversations took place with only half of the group because a topic like that is hard to discuss in a large group, and some of the children of the initial group were not orphans. I have revisited the caretakers/parents of these seven children and interviewed them on their perceptions and expectations of children, taking care of orphans and HIV/AIDS. On top of this, the school principal has been interviewed, a manager of school principals, a school counsellor and the head of the Ministry of Primary Education. The research was closed with a final meeting with the fourteen children at school.

During the research I have worked with two interpreters, during the first period of the study I worked with Sarah, the second period with Ossor. Both are students (22 and 23 years of age) who are educated to become teachers at a primary school. Because the Kidsclubs took place during the day, they could combine the interpreting with their lessons which took place in the morning. Working with these young women was pleasant and offered many advantages; the children of the Kidsclub appreciated their being there, they made me familiar with the rules of visiting people at their home, we discussed the behaviour of the children at the Kidsclub and our observations during the home visits, both Sarah and Ossor were good at remembering the routes to the isolated houses and finally, it was nice to work with them during a long period. The research also offered Sarah and Ossor advantages; besides a nice income, they told me that the research had given them more insight into the problems of AIDS orphans and vulnerable children; a subject barely spoken about during their education. One of them for example disciplined a group of children that were bullying a poor girl because she was plucking berries to still her hunger after children at the Kidsclub had told about bullying. She indicated that she would not have noticed this problem in the past. Sarah and Ossor also indicated that they had learned methods to talk to children about their problems and that their English had improved.

Ethic matters
Johnson (1998a) claims that ethic dilemmas are the cornerstone of the research on children. One of these ethic matters is the consent for participation (James 2001; Johnson 1998b). In this research the caretakers/parents were asked consent for the participation of their child in writing. The children had to bring a letter from the principal home. During the home visits however, it turned out that not everybody had received this letter and the caretakers/parents were asked for their permission later on. The voluntary participation of children and the alertness considering their consent is also of importance (Children’s Rights Alliance n.d.; O’Kane 1998; Fine & Sandstrom 1988a). During the first meeting of the Kidsclub, the children were asked if they wanted to participate and it was
explained that this participation was voluntarily and they could stop coming at any time. Another ethic matter in the interaction with children is transparency (Johnson 1998b; Children’s Rights Alliance n.d.). By explaining the aim and the setup of the Kidsclub as clearly as possible, I tried to make the research transparent for the children. Clarity has been offered on the extent of the research by giving the children calendars on which the dates of the various activities of the Kidsclubs were indicated. At the beginning of every meeting the children were asked how they had experienced the last meeting and if they wanted to change anything. I also talked to them about the reason for writing down their stories, remarks and explanations. Baker et al. (1996) also state that the expectations of the children participating in a study should be taken into account. By using a transparent approach I have tried to bring the expectations of the children in one line with the actual research. As a ground rule for trust, the Children’s Rights Alliance states that the researcher cannot reveal anything of what the participant says during the research to the parents, caretakers, family or friends, unless the child asks otherwise. This rule has been used in this research and has been explained to the children. Moreover, I spoke with the children whether their stories and drawings could be described and published in a thesis and a report to Ibis, with which the children agreed.

O’Kane (1998) states that the payment or rewarding of children knows both advantages and disadvantages and brings along ethic objections. Payment could show that the time of children is valued, but it could also be seen as manipulation or it could cause an instrumental relationship (Fine et al. 1998a). Because the Kidsclubs took place during school hours, the students were done with their ‘study’ around three o’clock while the club ended at four; it was decided not to pay to students. Moreover, the Kidsclub was popular; other students came and asked whether they could participate and even parents asked where they could enroll their children. By paying the children of the Kidsclub, their distinct position would perhaps become too large. During the Kidsclub the children did receive food and drink. Besides this, the children received several presents and they took part in activities; a festive closing off of the first period of Kidsclubs, a Christmas party in the summer vacation and a closing weekend at the guesthouse of Ibis in Oshakati. At the end of the research period they received pictures of themselves and the drawing materials they had worked with during the Kidsclub. Ibis paid for most expenses of these activities. Because this study deals with sensitive issues I found it of great importance to approach things carefully. Like Fine et al. (1998a) indicated, a researcher needs to ensure himself that the subjects of research do not suffer harm as a result of their participation. The methods I have used in this approach will be discussed in the following paragraph.
Methods of data collection

During this research, different methods of data collection have been used. Through the Kidsclub, home visits and interviews with caretakers/parents and teachers, the world of the orphans has been looked at from different angles. The use of multiple methods gives a broader view of the amount of factors that influence the lives of children (Baker et al. 1996). Participative observation, unstructured or semi-structured interviews and diagnostic tasks are suitable ethnographic methods for the research on children (Toren 2000). These methods have been used in this study. Semi-structured group discussions took place during the Kidsclubs and children made drawings during the club and at home. The use of different methods during the Kidsclub offered some advantages. The children liked the variation and thus their attention was held over longer periods of time. The different methods also each supplied a different kind of information. During the Kidsclub some themes have been discussed with the children in group interviews that were later worked out through the drawings. In this paragraph the use of group interviews and drawings will be elaborated on, the used themes will be discussed and attention will be paid to the home visits.

Group interviews with children

The environment

When children participate in research the context in which this is conducted is of importance since the location of the study influences the topic the child will talk about (Scott 1999; O’Kane 1998). By talking to the children at school and not in their homes, the children were freer to talk about the home situation. James (2001) however, claims that although schools are increasingly used as a setting, researchers need to stay reflexive of this. The children were very shy during the first meeting of the Kidsclub; they did not dare to give an answer and they held their hands in front of their faces when asked a question. Besides the fact that I was a stranger to these children and that they were not used to personal questions, there was a strong similarity between myself and the teachers in the context of this school. In north central Namibia, teachers have an authoritative attitude that works against a trusting relationship with the children. At the next Kidsclub I therefore tried to create a comfortable setting that did not remind as much of a school situation. The chairs and tables were shoved aside and during group discussions the children sat in a circle on carpets on the floor. This created a more relaxed atmosphere in which the children laid back quickly, lay on their stomachs and talked more freely.
The group
A group of fourteen children turned out to be relatively big to have a group discussion with. I had however, started with this number because I expected that part of the children would drop out soon, which did not happen. The second part of Kidsclub, in which the emphasis was on the discussion of the experiences of children, took place with only half of the group. This number complies with the recommendation of Scott (1999), who claims that children should be interviewed in small groups of eight children tops. I selected these children based on their contribution to earlier discussion and/or they were children whom I still wanted to visit at home. Various authors (Fine et al. 1998a; Johnson 1998b) point out that with focus group discussion the differences like age and sex between children should be acknowledged and understood. Scott (1999) claims that children should be of the same age and that boys and girls need to be interviewed separately. In the current investigation the age differences were small. The boys and girls however were not interviewed separately. In general this did not seem to be a large obstacle during the conversation, especially when it was on everyday topics. The children also got to know each other during the research. It is, however, possible that certain topics were dealt with in less depth because the presence of the other sex somewhat affected the children. During the second part of the Kidsclub, the differences in knowledge of HIV/AIDS and sexual aspects linked to the age of the children were noticeable.

The methods of interviewing
The approach that has been used in this research: the interviewing of children in a group and the gathering of this group over a longer period of time in an informal manner is supported by various authors (Blagbrough 1998; Johnson 1998b; James 2001). According to the authors this method aids the communication and it supplies more attentive and personal information. In group interviews it is important to give attention to the order in which children speak (Johnson 1998b). For this cause I used the ‘talking ball’ during the conversation with the children. This was a funny looking ball that was passed along in the group. When a child held the ball, it was his or her turn to answer a question. Some rules were set for holding the ball: “when you are holding the ball the other children will listen to you and cannot laugh at you”, and “if you don’t want to answer the question, you pass the ball to the child sitting next to you”. This method worked well, especially because the children liked to hold the ball. When the ball was not used, the interpreter asked them to give an answer one by one. During the first group interview the children were shy and only answered

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8 The splitting up of the group has been discussed with the children; the research was closed with a meeting of the entire group.
the questions I had asked them; only during the last sessions did they respond to each other’s answers. Below an example is given of the way in which the first group interviews went.

**Question:** What does ‘friendship’ mean to you?

**Saima:** Being a friend to someone.

**Liina:** A person who you are playing with.

**Annelli:** A friend, you call somebody a friend when you are playing together.

**Loide:** If somebody is a friend then she is respected and you play together.

**Paulina:** A friend.

**Anna B:** Playing together.

**Anna:** She’s a friend because we play together and we stay together at home.

**Susana:** She’s a friend because we help each other at school and at home.

**Petrus:** He’s a friend because we play soccer together and run to school together.

**Victor:** He’s a friend because we stay together and play soccer together.

**Johannes:** We wait here at school for each other, and stay together at home.

**Selma:** Being friends is to play together and to help each other.

**Anneli L:** She’s a friend, because we laugh together and help each other when someone gets stuck in class.

**Bacilia:** A friend; we play together, laugh, and help each other.

Because in general the answers of the children were short, and had to be translated by the interpreter, I had enough time to write the answers down. During the second part of the Kidsclub I used a different method of interviewing. When personal subjects are being discussed, a sensitive way of posing a question is important (O’Kane 1998). Especially when asking about personal experiences and questions relating to HIV/AIDS I tried not to pressure the children. I introduced questions with “many children experience … how do you view this?” Children could respond when they wanted to and not everybody was asked for an answer. The questions below, which are part of a conversation on HIV/AIDS, are an example of this method.

**Question:** What can you do to protect yourself if you don’t want to get infected?

**Selma:** You buy a condom.

**Anneli L:** You buy a condom.

**Petrus:** A condom.

**Selma:** You put a condom in the anus. (All laugh)

**Anneli L:** You can put it on the penis.

**Johannes:** Yes, you can put it on the penis.
Question: How does a condom work?

Johannes: Because it covers the penis.

Selma: You cover the penis when the woman doesn’t want to get pregnant. When the woman doesn’t want to go the man’s semen in her. When you are having a baby, the child is having a long tail that is coming from the stomach.

Anneli L: That tail divides itself two legs, and then the fetus develops. It is when the child is still in the womb.

I got the impression that the children had to get used to the questions and the interest in their experiences because this does not seem to be obvious in many rural Ovambo households. Because it is extraordinary for many children that they are asked for their opinions, the semi-structured interview could have an emancipating role (Swift, 1998; James, 2001). The question is to what extent this study has had an emancipating influence. The only information on the impact of this research on the children consists of conversations with some caretakers/parents, six months after the study. In this, the caretakers/parents claimed that the self-confidence of the children had grown. Johnson (1998b) finds that researchers have to investigate what motivates children to participate in a discussion. Are they pressured, not consulted or do they actively and willingly participate and do they have fun? During the group interview the children participated willingly, paid reasonable attention and were consulted. The size of the group, the translating of questions and answers and the shyness of the children caused the answering of the questions to take a long time. It made the first series of group interviews somewhat boring which caused the children to lose interest after a while. During the second part of the clubs the children were highly involved in the conversation and participated actively. After a group interview, or in between conversations, I played a game with them or we sang a song to keep their attention. The children found this fun to do and the physical exercise offered a good variation and brought the children and myself closer together. Johnson (1998b) claims that the use of games, songs and dancing helps communication in the research on children. One of the children’s favourites was the circle activity in which the children and the group leader sat and later laid down on the ground with their legs stretched in front of them. In a simple rhythm – humming or softly singing – the children followed the group leader or another child in relaxing movements like: flexing the foot, stretching the arms,

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9 These conversations have been conducted by people of Ibis to investigate the possibilities for communication workshops with children at the Omaalala Primary School.

10 Children proposed songs and dances themselves and songs and games based on the UNICEF activity guide were also used.
tapping the feet, move from one side to the other or stretching the body while lying down. The exercise ended with sitting movements.

*Drawings and other methods*

**Drawings**

The use of drawings in the ethnographic research on children offers a few advantages. Firstly, the children can express their ideas on the research question in a visual and concrete way instead of reacting verbally. With this method information can be deducted from the children without exposing them to questioning (Blagbrough 1998). During the Kidsclubs it appeared that some children were troubled when answering a question while they made a drawing on the subject without hesitation. The shy children also seemed more at ease by expressing themselves in a drawing that is according to O’Kane (1988) less open to critique and judgment than verbal answers to a question. Another advantage is that children enjoy drawing. The children drew enthusiastically and concentrated during the Kidsclub and they often wanted to stay longer to finish the drawing. Drawings also offer possibilities for the participation of children in research; in drawings children can create images that are about themselves (Christensen & James 1999b) and can interpret and explain their own data (O’Kane 1998). The use of drawings also widens the dialogue and encourages researchers to be reflexive (James 2001).

Drawings can be the start of a small conversation. During drawing the translator and I sat with one of the children and asked them if they wanted to talk about what they had drawn. The discussing of the drawings possibly makes the children also more reflexive on their situation and can get them to think (Christensen & James 1999b). The children were very shy in this situation at the start but after a while they got used to the method. “I like to draw and talk about the drawings” one of the children said. Because of the size of the group the discussing of the drawings did take much time. Often it was not possible to discuss all drawings straight away, which caused drawings to be discussed in a later gathering. The example below shows a drawing the children made on ‘the nicest thing you have done with your family’.

*Anna N:*  My sister and I baked a cake for my birthday party. *Who attended the party?* My friends Hileni and Susana and my family, the people in my house, my father and mother. It was before my father died, my father was there. *When did it happen?* I can’t remember the day.

*Anna B:*  It was Kapanda’s birthday. We played etanga and netball. It is the car from Kapanda’s uncle. This is a tap and water. My brothers were playing soccer. These are Kapanda’s presents, Kapanda’s brother and herself. I am playing netball together with a friend.
Annelli: It was a party for Cecilia, Sarafina and me, when we passed. This is Linus, he is staying in with us. We killed a chicken. (Drawing 1)

Drawing 1: Annelli draws a party that took place some years ago. This party was organized because she and two other girls finished one year at school successfully. The main figure is Anneli, her mother is the small figure sitting right at the table.

Annelli L: We watched TV with the family; afterwards I played soccer with my sisters. We watered the plants; we baked a cake and cooked thin porridge. There is also a car and a house on the picture.

Saima: We were celebrating Igo’s birthday (sister), she is staying in my grandmother’s house. There is food on the picture and Igo’s mother. It was the whole day. Was it nice? I liked the bread.

Liina: We are playing. Where do these friends stay? Prenaria is staying in my granny’s house, Raucha is staying in my father’s house.

Loide: We were playing with my two sisters and then my father and mother prepared food for us after we finished playing. They cooked rice, macaroni and cabbage. We were also playing with Thomas, my brother. I was happy on birthday parties with my family.

Paulina: It was my birthday. This is me and Loide. The food and cake were prepared by my mother. What did you do at your party? I went to fetch water with Loide.

Basilia: We were playing netball, with some family (Maria, Martha), and with some friends. When? During the holiday, it is nearby the house. What other nice things did you do with family? I can’t remember. This is the hut, where we put the water.

Victor: It was John’s baptize party, one of my cousins. We went to Onluno, where the child was baptized in the church. We cooked a lot of meat, very nice with rice. Simeon, Andrew and Selma are carrying the meat. Who are the people behind the table? Granny, meme Frida, Willem,
Andrew. *Who is that woman?* Aunt Hilma, she is showing people the food. Meme Frida bought some balloons. *Who of your own family were there?* Only granny and I. *When did it happen?* We did it long ago.

**Johannes:** It was Pandu’s birthday. *Who were at the birthday?* Many people; neighbors and some from Oshakati. My mother bought some balloons. The neighbors helped us with the cooking; salads, spaghetti, cakes, potatoes and meat. Mother made lemonade.

**Petrus:** I was Christmas. We slaughtered a cow and cooked it. We bought apples, bananas and balloons. We also baked cakes, and we invited our neighbors. We went to church. *Who was there that day?* Only mother, father was not there. At that time he was already dead. Also my mother, sister and brother were there. *When did it happen?* Long time ago.

**Susana:** We were playing eduwa, with my two sisters Hileni and Omalia. This is the door of the house. *What other nice things did you do with your family?* I don’t know.

**Selma:** This is my sister Laina, and that is a shop. I went to visit my granny’s sister, together with my big sister. We went by car to buy clothes.

**Drawing difficult experiences**

While the subjects of the first drawings were aimed at getting insight into the daily life of the children and positive experiences, later drawings were meant to give children the opportunity to express uncomfortable, difficult or hard aspects of their lives. One assignment was: ‘something that happened in the family which I will never forget’. Most children drew a nice event like a birthday, the slaughter of a cow or goat for a party or the when they got shoes. One girl drew a happy memory of her parents: the time she went into town to buy soap. Two girls however, used to assignment to draw uncomfortable memories:

**Saima:** These figures are my mother and father. One day mother beat me and father did nothing. We were playing with rain water and then we were beaten. All three of us were beaten. *Does this happen more often?* Yes, we play with water often. We were told not to play with water and then we were beaten. My father works in Walvisbaai. *With whom are you staying in the house?* With mother, Nampolo, Ismael and sometimes with father. When father came home last time, he brought nothing, only sweets.

**Anna B:** It is a drawing of a woman who is yelling at a small child that is sleeping. The child is Andreas, my cousin. *Who is the woman?* Aunt Teresa, who passed away. I don’t know what the child did. *Why will you never forget this?* Because it was bad that Teresa yelled at a sleeping child.
The next assignment, which followed the previous, was: ‘what things happen in the family which are not pleasant?’ Most children drew situations with animals; a snake that entered the homestead or kills chickens, scorpion stings, cats that ate the meat, a cow that attacked a child or entered the homestead and a boy hitting a dog. Three girls drew about violence; a neighbour that hit a child, being beaten at home and a drawing about fighting:

*Loide:* Children were fighting. The children are Susana and Immanuel, people at my mother’s village. Susana send Immanuel, he refused, so they started to fight. *Was it a bad fight?* Nobody was crying or hurt after the fight. I don’t like it when people are fighting. *Do you sometimes fight?* Yes I do. *When?* I fought two times with my sister Martha because she poured water on me. And two times she beat me with a stone.

One girl drew about the death of her father – see picture below. When she handed in the drawing she held it upside down and hid it under the stack of drawings, so other children could not see her drawing. This is obviously a topic she can draw about but does not like to talk about in the group. She tells about her drawing:

*Susana:* My father passed away. He was sick. These are the people that came. My mother was there. My father was not married; he was staying in the family house with his father, his parents. I stayed with granny. Mother came from Windhoek and together we went to my father’s house. *What did you get from your father when he passed away?* Nothing, they said we would get money, but nothing came. He died last year during the rain time. *Do you think about your father often?* Yes. *Did you see him a lot when he was alive?* No. Even though he did not visit me often, I miss him a lot. *Do you have a photo of him?* No.

**Drawing together**
The drawings of children that sit next to each other do show similarities in some cases. Christensen *et al.* (1999b) state that drawing together supplies less usable data, but it does give information on the ideas of children considering difference and equality. It can also point at the idea of children that research is something fun in which copying is allowed and nothing is obligated. The example below shows the descriptions of the drawings that three boys made when doing the assignment ‘draw the one you love very much’. The drawings and answers of these boys sharing a table were almost identical:
Johannes: I draw my granny because she gives me money, she buys me clothes, she buys me food and shoes.

Victor: I like my granny because she gives me a dollar to buy cakes or sweets at school. Something else? I like her because she makes traditional beer (Omalova).

Petrus: Granny is carrying her wallet and she is sending me to buy bread. I like my granny because she gives me money to go and buy myself cake; I also like her because she buys me shoes.

The use of tools
At two drawing assignments structure had been implemented at the start. For the assignment ‘this is my day’, the paper was divided into six parts in which the children could draw the course of their day, from getting up in the morning up to going to sleep at night. Another assignment consisted of three circles in which the child had to draw itself in the middle. In the next circle the people that help the child had to be drawn, and the outer circle had to be filled with things the child needs. \(^{11}\) For an example, see the drawing below.

\(^{11}\) Based on: ‘Children’s Forum: A project of the Children’s Institute, University of Cape Town’. (Giese et al. 2002)
In the second circle Basilia drew her grandmother, friends and a niece.

According to Christensen et al. (1999b), aids serve as mediators in the communication between researchers and children more than a usual assignment. It is of interest to see how the children consider the drawings and whether there are difference between boys and girls. The use of aids helps to gain new insights in the social experiences and habits of children. The reflexivity of children is also structured; through the drawing the children will for example think about the course of their day or about whom they are helped by. Below is an explanation of some of the drawings the children made on the course of their day.

**Petrus:**
I am greeting my parents, I wash my face, sometimes I drink tea, I am going to school. Then I am at school, I am coming home, I am going to fetch water, I am playing soccer and I am sitting, doing nothing. *What happens after that?* I collect the goats and put them in the goat house. I don’t pound, only sometimes and I don’t cook. Afterwards I eat and sleep. *Do you eat when come back from school?* Yes, porridge. *With whom do you play soccer?* With my friend Matthias.

**Paulina:**
I am waking up. I am washing my face. I am drinking tea. I am greeting my mother. I am going to school. I arrive at school. *When*
you come home, what do you do? I go to fetch water, then I pound, then I fetch firewood, then Helena has to do the cooking, then we eat and then I go to sleep. I go to sleep when it’s dark. My other sisters do the same, we do it together.

**Johannes:**
I am waking, wash my face, drink tea, I eat (thin porridge), play soccer, come home (not a school day). I sweep the floor. *What else do you do?* I fetch water sometimes. I only pound when I want, I don’t cook. The thing I like to do most is to play. (Drawing 4)

**Loide:**
I wake up, I wash my face, and I greet father and mother. I drink tea and go to school, mother stays at home. I look at the sun if it is time to go to school, I am arriving at school. *What do you do when you come back from school?* I stay in the house and I play. Then I fetch firewood, I make a fire for the meat, I make Oshikundu, then I cook porridge. Then we eat, afterwards I take all the things and put them in the hut after we ate and then I go to bed. *Do you cook every day?*

Sometimes mother is cooking as well.

**Victor:**
I wash my face, I bath, I drink tea, I do exercises at school. When I come home I play soccer. Then some are going to fetch firewood, I fetch water. *Are you doing other work as well?* I don’t pound, but I do the cooking when the girls are not around. I don’t like cooking, but I do it because I want to eat.

**Other methods**
During the Kidsclub I have tried various other methods, like the writing of a story, a Sentence-complete-test and role plays. As is the case while drawing, during the writing of a story children are not exposed to interrogations, they do not have to answer questions in the group and it offers an opportunity to participate. The children wrote a story on activities that they had done together with a friend and they described a person they love greatly. Although this method supplied useful data, it also had some disadvantages. Not all children were capable of writing a clear story, a story is less accessible to discuss with the child than a drawing is, and it took a long time to translate the stories to English. I also presented the children a Sentence-complete-text. In this the children were presented with an unfinished sentence which they had to finish.

An example: ‘My mother …’ This method supplied data, but it was not reliable enough because it could be told from the answers that the children did not understand all the sentences. The translation of the sentences also took much time. The sentences below give an impression of this method:
I don’t have enough Oshikundu.
I don’t like to listen to others.
I don’t have much food.
I don’t like eggs.
I don’t like to listen to the radio.
I don’t like to stay at home when others are going to church.
I don’t have much money.

For the role playing the children were divided into four groups that each had to portray a situation. One of these situations was the following: three girls are going to school; two of them are carrying some Osikundu. They are all hungry and thirsty. What happens? This situation was acted out as following:

Three girls are going to school; only two carry a bottle of Oshikundu.
First girl: I am very thirsty.
Second girl: I have Oshikundu, but I have only a little left. Although I am thirsty too, I will give it to you.

With a role playing game the behaviour of children comes across more clearly than during drawing or conversations. None of the girls for instance wanted to be girl who did not have Oshikundu. This dependent position is probably a
situation they recognize and find uncomfortable. This method however has many disadvantages. Because of the size of the group it was difficult to guide the activity and to discuss it later on. The children were not used to acting out a play and thus had many questions and were very shy. Although many children during the evaluation said they were bad actors, they were also positive. “We helped our friends in the drama, and that feels good”.

The themes of the Kidsclubs

I have tried to look into aspects of experiences and the world of orphans according to certain themes during the Kidsclubs. The first part of Kidsclubs was mainly aimed at the everyday life and the backgrounds of the children. These clubs started with general themes such as friendship and family and got a more personal character with themes such as fear and loss during later Kidsclubs. During the second part I spoke with the children about HIV/AIDS and about their experiences as an orphan. When a researcher wants to deal with certain topics, the topics will have to relate to the children’s perception of their environments. Baker et al. (1996) label this ‘starting where the children are’; to understand the everyday experiences and emotions of children and their position in society. The situation of the child should be the starting point and questions should be relevant according to the experience, knowledge, age and culture of children (Johnson 1998b; Scott 1999). For the structure and themes of the Kidsclubs I found inspiration in different manuals for teachers/caretakers of orphans and other vulnerable children. I also talked about the lives the children in north central Namibia with the staff of the SBSP and I used my own experiences in working with children.

First part of Kidsclubs

The first part of Kidsclubs consisted of twelve meetings. During the first meeting the aim of Kidsclub was explained and in order to get to know the children, some introductory games stood central. The children introduced themselves by mentioning their name, age, grade, favourite animal, favourite colour and favourite food. Next was the remembering of the names; amongst other things we played a ball game in which the children had to call the name of the child they threw the ball at. With a game called ‘conversation starter’ it was tried to get children used to group conversations. In this, features of the children were

compared to each other, for example who has the biggest hands, who is the shortest, who has most brothers or who has made the longest journey.

The next four meetings were devoted to the theme ‘friendship’ to see what part friends play in the lives of the children. This theme was introduced with an assignment in which the children were split into pairs to gather information about each other and to then talk about this in the group:

What can you tell about your friend?

Petrus about Victor: He likes soccer, he has two sisters, one brother, he likes school and math.

Victor about Petrus: He likes soccer, he has three brothers, four sisters, he likes English, likes to be at home, he likes to play at home.

Basilia about Pauline: She likes her mother and father, netball, she likes her 3 sisters, bread, school and Math.

Paulina about Basilia: She likes singing, netball, mother, father and running.

Next was a group conversation about the question: ‘what is friendship?’ There was also a game in which the children had to help each other. Two children, one with and one without a blindfold followed a course in which the child without the blindfold helps the child with the blindfold across obstacles. Afterwards it was discussed with the children how they had experienced this assignment. The children then made a drawing about ‘the most fun thing you have done together with a friend’.

Anneli L: We are playing the rope game. This is me and Saima. Two are holding the rope. When one goes in, the other goes out. It’s at school, there are flowers at school. It’s a nice game I remember.

Anna: One day we were watching TV, we baked a cake, and we cooked food. This is a pot with firewood, and these are washing clothes on the line (iikutu).

Basilia: This is an apple; I shared it with a friend. We were also cooking food on my friend’s birthday and we watched TV.

Johannes: Together with a friend, my father and I went to town with my father’s car, we bought dog food, bread and jagwors (Russian sausage).

In a group discussion I talked with the children about the activities they liked to do with their friends. The children also made a drawing of who their friends were. They had to write in the drawing where they had met these friends and what they usually do together. The helping of friends was the next topic within this theme. A group conversation took place in which the following topics were discussed: ‘when do you help a friend, (brother or sister)?’ and ‘when did a friend help you?’ The example below gives an impression of these conversa-
tions. The theme was closed with a role playing game in which the children acted out situations about helping a friend (see also above in *Other methods*)

**Johannes:** I helped with food. I gave food to a friend who was very hungry.

**Anna B:** I helped a friend who lost her shoes. She went to get water and then lost her shoes. We found them at the water tap.

**Victor:** I helped my brother who had a terrible headache; I took over the cattle at the grazing yard.

**Paulina:** I helped my sister with pounding; my sister was very tired. I helped her to finish because my sister had to collect water also.

**Saima:** I was making fire to cook, my friend did it for me. I went to look for firewood.

**Anneli L:** I was washing my clothes, then I called a friend to help, then the friend came. I was tired because I had pounded

**Petrus:** I was helped by my friend Matthias by fetching water, I was looking after the cattle.

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*Drawing 5* 'This is my house’. Paulina drew from left to right with on the top row her father’s hut and her mother’s hut next to the tree. On the second row are the huts for the children, a hut to stay in, a tree and the kitchen-hut, on the third row is a hut for her brother, a hut to sleep in and the place to stamp the mahangu and to stack the flour. On the bottom row is the chicken run.
Four meetings dealt with the theme ‘family’ to get some insight in the home situation of the children and to get information on how the children experience this situation. This theme was introduced with a group conversation answering the question “what is family?” Following on this I asked the children about the name, age and address of their brothers and sisters. Next the children made a drawing about ‘something nice I did with my family’ and ‘my family’. Especially this last assignment gives the opportunity to see who the children consider family.

To figure out the perception of family of these children when family members are portrayed symbolically, I asked them to draw their family members as animal. This assignment was introduced with the question what animals were the children’s favourites and which features they connected with the animals. A next assignment within this theme was: ‘this is my house’ (see drawing 5) in which the children had to draw the homestead they live in. This assignment was also used as an introduction to talk about the home visits with the children.

The children also did a Sentence-complete-test in which the questions were aimed at the family situation of the children (see also Other methods). As a final assignment the children made a drawing on ‘something that happened in the family which I will never forget’ (see drawing below). With this assignment the children have the opportunity to draw about something positive or something negative. The assignment is a first step towards talking about negative experiences with the children.

*Drawing 6* Victor (something that happened in the family which I will never forget: the slaughter of a cow)
Victor:

It was my uncle, Johannes, and Jason; they were slaughtering a cow. I will never forget it because I ate very nice that day. This is the pot with meat. First we ate the meat, my uncle decided about this. Who is the little figure? Myself

One of the meetings was aimed at the daily life of the children. In this meeting I talked with the children about topics such as: ‘what is the first thing you do when you wake up?’, ‘what do you do when you get home?’, ‘who determines what work you should do?’, and ‘what do you want to change about this?’ Next the children made a drawing about ‘this is my day’.

The last two meetings were a step towards the second part of the Kidsclubs in which the experiences of the orphans were topic of discussion. This topic was introduced with a conversation about the nice things children do with their families, something the children already drew about. Next I talked to the children and explained that difficult things can also happen in a family. Then the children made a drawing called: ‘something that happened in the family which was not nice’. Because many children drew animals or situations which they did not like or were afraid of, I talked about these things that cause fear and what they could do to stop it. The first part of the Kidsclub ended on a positive note with a drawing called: ‘somebody I love greatly’, to see who is an important figure in the life of the child (see drawing below).

*Drawing 7* Victor’s grandmother.
Second part of Kidsclubs
The second part of Kidsclub consisted of four meetings in which the topics had been discussed in group discussions. During the first meeting the topic of HIV/AIDS was introduced with questions on sickness and health. I asked the children if they were ever sick, where they went when they were sick and who helped them when they are sick. The example below is a part of this conversation.

Have you ever been sick?
Anneli L: I had malaria, for three days. But I didn’t go to the hospital. When did it happen? This holiday. How could you tell it was malaria? Because sometimes I felt cold and sometimes hot.
Selma: My breast was swollen. It was in the holiday, but now it’s okay.
Petrus: I was having a wound on my leg, but now it’s gone. It was in the holiday. I don’t know what brought it. It just started, but now it’s gone. You were having a headache when we were visiting you, how are you now? It happens when I am sleeping and when I wake up, and then I can’t wake up because of my headache
Anna B: I was having a terrible pain in my leg and my arm. It was on my right side, for the whole month. But now it is fine.
Johannes: I haven’t been sick for a long time. When I was younger I just had pain in my stomach.
Anneli: Have you ever been sick? Never.

What happens when you are sick?
Johannes: I go to the hospital.
Selma: Sometimes I get medicines; sometimes I go to the hospital.
Petrus: Sometimes I just stay at home; sometimes I go to the hospital.
Anna N: Sometimes I get medicines from my mom; sometimes she takes me to the hospital.

How do they help you?
Selma: Sometimes my mother buys me pills; sometimes she takes me to the bush doctor. She just stays in the same village. When do you go to the bush doctor? For pain in my stomach, it makes your legs swollen. They told me only she can cure that. She is an old woman. What did she give you? She gave me some sticks to chew; I don’t know where she takes it.

Next I asked the children whether they had heard about HIV/AIDS and what this disease does to people. After a short explanation about how a person gets HIV, I talked to the children about methods to protect yourself against HIV/AIDS.
The next three meetings were aimed at the experiences of children that are AIDS orphans. To introduce a conversation about the loss of a parent, I told them: “there are children that have lost someone they loved very much. Many children feel sad then and sometimes angry. Other children have lost their mother or father a long time ago but they still miss them. Do you recognize this?” Some of the children indicated that they were treated differently than children who are not orphans, a topic which I later discussed with the children. This was a difficult topic for some of the children and one girl had to cry. I asked the children why this was so hard on them. After a short pause, the children talked about a nice memory of the parent they had lost and then made a drawing about this – some children indicated that they did not have any memory of this parent, these children made a drawing about a memory of someone they love. In the next meeting I talked to the children about other problems they have to face: getting bullied by other children, a lack of food, concentration problems at school, the high workload and a lack of time to do their homework. I also talked to them about what they wanted to do when they are grown up. The children finally made a drawing called: ‘my safe place’. In the last meeting, in which all fourteen children were present, I evaluated the research together with the children and they made a drawing called: ‘draw yourself, people that help you and the things you need’.

Home visits
Besides the meetings at school the children were also paid a visit at home. Research in multiple settings, at school and at home, bears some advantages. First of all an observation of the home situation can give information a child itself will not give. It is possible this way to investigate (untrue) answers which are given to be socially accepted. The portrait below is an example of information which is only retrieved when a child is seen in multiple settings.

The situation and the problems of the three ‘vulnerable’ children that did not come to light during the Kidsclub became clear in the home visits. In three of the families poverty was caused by a handicap of the father, by a great number of children and by a mother suffering from a psychological disorder.

The children can also be observed in their home situation. This environment however, is not suitable for the fluent ethnographic techniques of participating observation (James 2001). This also went for this study. During the home visits, there was little opportunity to talk to the children or to be around them. The visits were aimed at the conversations with the parents/caretakers, the children were not, or only partly present and were expected not to interfere in these talks. Adults usually determine the space and time of children (Mayall 1994; Caputo 1995) and children often have a powerless position within the family (James 2001). The relative powerlessness of children is much clearer in a home
situation than in a setting where participating observation is possible and access is no obstacle, like a school setting (James 2001). The powerlessness of some of these children could be observed in their homes. The interpreter and I went by unannounced at one of the girls whose aunt was just giving her household tasks. From the situation it was evident that the girl was beaten with a stick if she did not do what she was told. The home visits showed large differences in the way caretakers deal with orphans and they offered some insight into the children’s contact with other family members like brothers, sisters and cousins.

| Victor |

Victor is one of the three boys that participate in the Kidsclub. With his twelve years he is the oldest of the group and he is much taller than the rest. Victor is somewhat stubborn when giving answers and does not always want to participate. His teacher says: ‘he makes a lot of noise and sometimes he beats others. I always have to correct him.’ During the Kidsclubs too he gets into fights. During the group interview and when discussing the drawings, Victor gives the impression that he lives with his grandmother. When asked who gives the children their chores Victor answers that his grandmother does. For the assignment ‘draw someone you love very much’, Victor draws his grandmother and tells me: ‘I am staying with my granny’. Victor draws a large homestead with multiple houses made of stone when everyone is asked to draw their homes. The day that the interpreter and I are going to visit Victor at home, he does not come to school. After searching for a long time, we find his homestead; a poor house with not much ground. Victor, however, is not present. He appears to be hiding in his hut when he saw us coming. His twenty two year old cousin Anna, who is in charge of the household, tells us that the grandmother has died six months ago and that they are on their own now. Anna takes care of the four children. There is a great lack of mahangu and the older brother and sister who are also staying at the house regularly are unemployed, which causes them to be dependent on their oldest brother who owns a bar and a cuca shop. The house Victor drew is not his own home; it is the home of this uncle where he has lived for a year. There is lack of food, clothing and blankets. Victor appears to have held back his real situation at the Kidsclub because he is embarrassed by it.

The home visits also offered possibilities to get into contact with the caretakers/parents. In the research on children it is important to negotiate with the parents and to not undermine the authority of adults (Johnson 1998b). In this study too the introduction to the caretakers/parents was important. Besides asking them about the orphans and the home situation, I also had the possibility
Liina, Paulina & Saima

Liina is a ten year old girl chosen by her teacher to be part of the Kidsclub because she suffers from a lack of food: “I know that the parents have food, but it is not enough. I look at her body and the situation. I don’t find her with fruit or bread, she only comes with Oshikundu”. Liina turns out to be a friendly, cheerful girl that likes to play with her girlfriends. Her father has lost an arm which is the reason he does not have a paid job. He works together with his wife on the farm. They take care of seven children, including two orphans they took in. The house has been well taken care off, they have land of a reasonable size and own cows and goats. Although the family has a hard time getting by because of the lack of income, Liina does not appear to be a vulnerable child.

Paulina is also ten years old, but looks younger and more vulnerable. Paulina was chosen by her teacher because she is absent many times, her clothes are old and dirty, she is quiet in the classroom and she suspects that Paulina is hungry on a regular basis. Her teacher says: “her parents at home are suffering; there is not enough food and clothes. They have a problem at home. They say the father is in Oshakati. Maybe he is having another lady there.” Paulina is a quiet girl that comes from a big family. Her father works as a night watch in Oshakati and comes home once a week. Her mother takes care of eight children and works on the land. The family does not own cows and has only a small piece of infertile land which does not supply enough mahangu. Paulina’s mother makes some extra money by selling baskets. The poverty, the lack of food and her character make Paulina a vulnerable girl.

Saima is ten-year-old who has also been introduced by her teacher. She tells that in the past Saima often slept during class because she was hungry. She warned Saima’s mother that the aunt where the girl was living did not take good care of her after which Saima returned to her own mother. The teacher claims that Saima is better fed now: “it is not good or enough, but it changed. It is better then before”. In the clubs Saima turns out to be a bossy girl that has a hard time concentrating. She lives together with her mother, sister and a cousin. Her father works in a far away Walvisbaai and only comes home once in a while. The homestead is small and decrepit, there is no mahangu storage, the surrounding land is small and the father does little for his family. Her mother is distrustful towards us and does not talk about the home situation during our visit. After our visit, Saima’s sister joins us on our way back and tells that their mother has a disorder; she regularly has fits in which she talks unclearly, screams, attacks people and eventually passes out. After one of these fits, she has to be taken to hospital. The children do not want to stay in the mother’s hut because they are afraid of her fits. When the mother is in hospital, the children have to turn to the neighbors for food. Saima’s sister tells us: “I don’t feel equal to others, I am poorer. I am feeling bad because others have normal parents; fathers who are working and mothers who are not sick. They have enough food and can pay their school fees.” Saima is a girl in a vulnerable position and her alternating behavior stands out; while she is bossy at school, she seems to be childish at home.
to explain the setup of the Kidsclub, answer questions and guarantee them confidentiality. The way the translator and I were received also gave out information. We were often welcome to come by, but in some cases we turned out to be unwelcome. The caretakers were not present or distrustful, we were looked away and we received only little information. We suspected mistreatment of the child in some of these cases. When children are visited at home, it is of importance that the issues of confidentiality are spoken about; children could be afraid that adults find out what they have said and their identity needs protection (Johnson 1998b). I told the children that what they told during the club would not be told to their caretakers. I visited the home of the children that participated in the second part of Kidsclub a second time. During these visits I talked more about the role of the government and of schools in taking care of orphans and the spread of HIV/AIDS.

The relation between the researcher and the children

Confidentiality between researcher and child
An important aspect in the research on children is the building of a relationship between the researcher and the child and to win the trust of the children. A good, confidential relationship between the researcher and children can encourage more response (Scott 1999). The attitude of the researcher can bring about such a connection. I tried to show commitment and friendliness and be interested in the children. An emphatic attitude is recommended by various authors: a researcher should be genuinely interested in the children and demonstrate patience and should not be authoritative (Bleeker & Mulderij 1984); he or she should be emotionally involved and have the skill and desire to listen to the children and be affirming, sympathetic and supportive (Fine et al. 1988a), be relaxed, give clear explanations and talk about him or herself (Johnson 1998b). A researcher can build trust by keeping the promises he made (Johnson 1998b), to assure the children that their answer are dealt with discreetly (Fine et al. 1988b; Scott 1999), be on the same level as the children and be prepared to join them (Caputo 2001; Bleeker et al. 1984). To increase the trust of the children I sat on the floor with them during group discussions and I participated in games. A useful source for an emphatic attitude can be the researcher’s own experiences (Fine et al. 1988b). I used my own experience as a child to better understand the children during this study. In this, it is important that researchers look at their own ideological baggage and preconceptions on the skills and roles of the children (Johnson 1998b). The emphatic attitude of the researcher can however lead to the children saying things they think the researchers want to
hear because they are so happy that someone listens to them (Fine et al. 1988b). I did not get the impression that this played a big part during the current research. When I stumbled across something during the home visit that did not comply to what the child had told during a Kidsclub, embarrassment towards the other children and myself was often the reason for this. The children also partially knew the background of the others and once in a while they corrected each other when untruths were told.

The relationship between the interpreter and the children is also important. The interpreter communicates directly with the children and an emphatic attitude results in more response. From the drawings it could be interpreted that several children had a good relationship with the translators and me. When asked to draw ‘someone you love very much’ and ‘draw people that help you’ the interpreter and I were drawn by several children. This confidentiality also showed in the behaviour of some children; some of them always wanted to sit next to me or the interpreter and they even defended their spot when someone else sat there: ‘this is my spot!’.

The participating approach

Although participating observation is one of the fundamentals of research on children, true participating research can be problematic, and the question is whether or not true participating observation is possible (Baker et al. 1996). James (2001) thus speaks of a ‘participating approach’ when listening to children and taking them seriously stands central. A researcher can never go unnoticed. This does however has the advantage that the researcher has the possibility to act in a ‘non-kid way’ and to ask questions that would not be asked otherwise (Fine et al. 1988a). This became clear in the second part of Kidsclub in which I talked to the children about HIV/AIDS, bullying and pain, topics the children do not talk about amongst themselves. Within the participating approach the goal of a research can be made clear to the children in a few ways. The aim can be made explicit at the start (explicit cover), during the course of the research (shallow cover) or the aim can not be made explicit at all or only at the end (deep cover) (Fine et al. 1988a). In this study I used shallow cover. This method has the advantage that children do not behave towards the aim, but the disadvantage is that the children can develop their own ideas on what the researcher is looking for (Fine et al. 1988a). I used this method because of the lack of openness considering HIV/AIDS and because I did not know the background of the children. At the start I told the children that I wanted to know more about their lives. In the progress of the research I explained that the understanding of their situation and experiences as orphans was the real aim. With this in mind I asked the children if they knew why they were in the Kidsclub. One girl answered: “maybe it is because I am an orphan” which
the others agreed with. I then explained the aim of the research and spoke to them about what would happen to the data.

A different aspect of the participating approach is the question whether researchers should correct children or stop fights. Fine et al. (1988b) claim that the challenge of the observer of preadolescents is to tolerate uncomfortable behaviour and not to intervene. In the participating research there are however various roles to play: the role of supervisor, leader, observer and friend (Bleeker et al. 1984; Fine et al. 1988a), that each ask for a different approach when it comes to fighting and conflicts. I took on the role of leader, interviewer, observer and once in a while participant, in which it was difficult to combine observer and group leader. Conflicts, such as commotion about who was excluded at playtime and arguments about the distribution of food, were informative from an observing point of view but also had to be solved to restore the order in the group. At points the interpreter intervened unwanted although the translating usually went well. In spite of my instructions, the translator sometimes corrected the children during the discussion. These were interventions of which the negative effects were visible. One girl from a poor family for example, where they have no money for fruit, made a drawing in which she comes to school with an apple. Although this exchange between wish and reality gives out much information, the interpreter told her she was not allowed to tell lies because she knew they did not have apples at home. After this the girl barely talked about what she drew. Another girl made a drawing of her cousin as a pig “because she is lazy as a pig”. The translator had to laugh hard at this which mortified the girl who also did not want to share much what she drew after this. These examples show that respect for the child is of great importance for an effective participating approach (Fine et al. 1988b) and that the researcher should look into the effects of the used method (Christensen et al. 1999b; Baker et al. 1996).

Participation of children

There is an increasing interest in the participation of children in research. Authors support a bigger participation of children through active involvement in the topic of investigation (Baker et al. 1996; Theis 2001), active interpretation of the research process (Christensen et al., 1999a), the involvement of children in the where and when of the interviews (O’Kane 1998; Johnson 1998b) or complete involvement in which children participate in all activities of the research (Mayall 19943). Participation in the research process makes children able to be more aware of their own social experiences (Christensen et al. 1999a). The confidentiality of the data is also increased because researchers can see whether their own information and sources differ from what the children indicate (Baker et al. 1996). Finally, children can play a more active role in
their society through participation to make society aware of the children as active and participating members (McNeill 1998). To bring about this participation, it is of importance to form a relation in which the children are stimulated to participate in the process and to use a dialogue which the children control (Christensen et al. 1999a). In this, the children need to be listened to and elements of control and power should be released (Johnson 1998b). In this study the children were involved in the making of agreements and the evaluation of the Kidsclub. The children also contributed to the reliability of the research data by explaining their drawings. A further input of the children on the subject and the form of this research was not possible because of the time for this research was limited and because the children were shy and were not used to bringing ideas to someone’s attention.
Impact of HIV/AIDS on the world of children

The high numbers of HIV infections and the high death rate due to AIDS in Namibia influence the lives of many children; it influences both their home and their school situation. In this chapter the impact of HIV/AIDS on the world and environment of children will be discussed. The stories and opinions of caretakers and teachers are central in this. Firstly, a number of factors that possibly aid the quick spread of the disease in Namibia will be discussed. Factors that people have an influence on by participating in risky sexual behaviour and the lack of openness towards the disease will be inspected more closely. Next the impact of HIV/AIDS on the home situation of the children will be discussed. The following questions will be asked: in what way does HIV/AIDS influence the certainty of food in a household, what households take in orphans and how can households affected by HIV/AIDS be supported? In the last paragraph of this chapter attention will be devoted to the different aspects of the impact of HIV/AIDS on education; the access of orphans to school will be discussed as will the barriers of education. Finally attention will be given to the reaction of schools to the increasing number of orphans.
HIV/AIDS in Namibia

Spread of HIV/AIDS in Namibia
Like all southern African communities, Namibia is in the epicentre of the current HIV/AIDS epidemic. Ninety percent of all infections which have caused over forty million people to die worldwide, can be found in Africa. Internationally, over 26 million people have died of AIDS (UNAIDS 2002). With a national percentage of 22.5% of the adult population (15-49 years of age) that carries the disease, Namibia holds the fifth position on the chart of countries struck by AIDS (UNAIDS 2000). This percentage knows geographical variations in which north central Namibia has most HIV infections. In Oshakati for instance, the percentage was 34% in 1998 (MOHSS 1999). After a period of increase in the life expectation, it has dropped over the last years with 5, 7 years between 1995 and 1998 (UNAIDS 2000). It is expected that life expectancy will drop from 61 years to 40 years in 2005 and that it will stabilize at 46 years in 2021 (The Namibian, May 2000). HIV/AIDS also have an impact on the economy through a decrease of 2.5% of the gross national product (UNAIDS 2000).

The cause of the quick spread of HIV/AIDS in Namibia seems a complex matter of various factors. Different researchers have noted processes that could possibly have been a part of this quick spread. Mufune (2002) emphasizes the role of the ‘subconscious levels of the development processes’. He claims that the heritage of apartheid – migration and poverty – has led to the strong increase of HIV infection. Migration from the northern areas to the southern areas to work in the mines and on farms, finds its origins in the apartheid. According to Mufune, the risk of infection increased when the sexual behaviour away from home is marked by an increase in sexual partners. Migrants display this behaviour because they are out of the reach of their families and friends, and because they use more alcohol. Mufune also states that the relocation of police and militaries and the migration of many young men from the rural areas to the cities has affected the spread of HIV/AIDS. Poverty too is affecting the numbers, people would not participate in risky behaviour for economical reasons, and poor people would not take precautions because of a fatalistic attitude (although this can be questioned). And because of analphabetism poor people would be less informed about HIV/AIDS than the rest of the population. Mufune seems to wield the rhetoric of ‘blame colonialism’. Although the causes Mufune mentions, migration and poverty, probably do play a role in the spread

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13 This number is based on a sero-survey in 1998, conducted on women that visited pre-natal clinics with STD’s.
of the disease, an increasingly quick spread can not solely be explained through them. In other countries, where there is migration and poverty as well, the numbers are not as frighteningly high as those in Namibia. Other authors emphasize the role of other factors. Contrary to Mufune, Robbow (2001) searches for the cause in the inadequate current regime. In 1990 the National AIDS Control Program was started in Namibia, the first national health program after the independence. Because of the limited attention for this program within the ministry and the inconsistency and incomplete approach, as was judged by an independent investigation board, the spread continued. In 1997 the fight against AIDS was taken over by the Strategic Planning Process. The new program which was launched in 1999 was based on seven strategies. Among these were the necessity for social mobilization, attention for prevention and access to the health services for affected individuals and their families. According to Rabbow, the plan shows little progress because the responsible regions do not receive the money they need to implement the program. There is also a lack of skilled staff within the government, partly because of the loss of capable public servants due to the disease. The government employees are also not active in the promotion of safe sex, the distribution of condoms is not sufficient and the attempts to make people more aware of HIV/AIDS have been inconsistent.

An inadequate response of the government on the spread of HIV/AIDS, as Rabwow described, causes the spread to continue. But what causes the government to pay inadequate attention to HIV/AIDS while the epidemic has such consequences for the country? Some authors (Fox 2002; Rakelmann 2001; Tresbol 2003; Wieringa 2002) stress that there is not enough attention for the social cultural context of the spread of the epidemic in Namibia and claim an understanding of social cultural processes will give insight into the spread of the disease. Fox (2002) is mainly interested in the question why the extensive health campaigns have had little or no impact on the spread. (During this study it became clear that although the campaigns are extensive, they do not reach the rural areas of north central Namibia adequately.) According to Fox, the health campaigns conceptualize sexual activity as an individual matter and they are aimed at the ‘rational choice’, while individual behaviour, and therefore also risky behaviour when it comes to HIV/AIDS, if often influenced by cultural systems and structures. The next paragraph is aimed at gaining insight into the social cultural factors in north central Namibia that can influence people to partake in risky sexual behaviour, and with this, aid the spread of the disease in this region.
Factors that contribute to risky sexual behavior

First of all there seems to be a contradiction between polygamous values and a Christian culture that encourages the spread of the disease (Fox, 2002). Christian religious influences prescribe monogamy. Although the Catholic Church tolerates the use of condoms in Namibia, various protestant church leaders and their communities are very much against the national health campaigns for the use of condoms (Rabbow 2001). These points of view seem to be the opposite of the elements of a pre-colonial polygamous culture. During a research on health risk behaviour in north Namibia (LeBeau et al. 1999) respondents regularly pointed to the existence of polygamous affairs in north central Namibia, before and during the formal marriage. For many men, a relationship with only one woman would have a negative connotation and would be associated with poverty, a low status and weak masculinity. Fox (2002) claims that a female variant of multiple partner relationships is rising in Namibia now and many women search for boyfriends or sexual partners that bring in income and goods. Especially young women and single mothers would trade sex for money and gifts. For teenagers, a relation with a so-called sugar daddy would be a way to overcome their limited material lifestyle. This increasing sexual self determination can increase the risk of being infected by HIV/AIDS.

Many adolescent Ovambos are also involved in so-called love relationships in which choices probably have to be made that are damaging to the reproductive health. Tresbol (2002) describes that in comparison to other African communities only a few Ovambos between the ages of fifteen and thirty five are married, but they do engage in relationships in which the partners do not live together and there is no involvement of relatives. The parents of a large group of orphans also seem to have been involved in a similar relationship; the parents were not married and had not lived together. Tresbol (2002) claims that in the love relations men are often thought to support the woman financially with money and goods, and to take care of the children. Because of these gifts, the man has sexual access to the woman. Men often engage in relationships with multiple women and promise to take care of them all, while mostly they cannot keep their promises. The number of unwanted pregnancies, teen pregnancies and children that are left abandoned at their grandparents also increases because of this. Women can also choose multiple partners to be sure of sufficient support. In many of these love relations, men and women have unprotected sex. LeBeau et al. (1999) claim that according to discussions with respondents in focus groups, condoms are not popular. They decrease the fun, they break and disappear in the body of the woman, they decrease the fertility of the women and they are often associated with a lack of trust. Tresbol (2002) claims that these relationships are engaged upon mostly by people with low education,
people that are unemployed or those who have a low income. For many men it is not possible to marry because they do not have enough money. A love relation as an alternative also offers some social status and cultural acceptance. Women often choose for a love relation because of the possibilities it offers in terms of marriage and children.

Patriarchal values – that also apply to sexuality – are probably strongly present in north central Namibia, and are another factor that may influence people to participate in risky sexual behaviour. Sexuality is often seen as the domain of the male (Tresbol 2002). Many males feel the need to prove themselves as experienced, active and fertile and they should be in charge of the sexual atmosphere. The woman is often presumed to be uninterested, passive and innocent. Respondents of the above mentioned research by LeBeau et al. (1999), describe that the male often determines when sex takes place and that an Ovambo female cannot refuse her partner when she is not pregnant, not having her period and if the male is financially capable of supporting her. Fox (2002) describes that especially in marriage, refusal of the female can lead to physical violence and forced sex. Young people indicated that girls are often pressured to partake in sex and that this can be accompanied by violence. Many women have trouble protecting themselves against HIV infection; many men have an attitude that is against the use of condoms and often respond violently at the request of a woman to use a condom (Fox 2002). Susser (2000) emphasizes the importance of prevention methods among Ovambo women which they themselves can control, like the women’s condom.

Wieringa (2002) also indicates that many Ovambos consider homosexuality a great taboo, even though homophobia was not usual in the pre-colonial Ovambo society. Although AIDS in Namibia is a specific heterosexual disease more than a homosexual disease, this kind of infection should still be considered. According to Wieringa (2002), it is important to see which power based relations are connected to this in order to develop effective prevention. Another possible factor in the spread of the disease might be the definition of sexuality and sexual practice. Talaverna (2002) indicates that the Himba, an ethnic group from the Kunene region in north west Namibia, have the so-called Ouruwo game for children between the ages of four and thirteen, in which the world of adults is acted out. In the game, children act out the mating ritual of animals and the sexual acts between adults. According to Talaverna this is often accompanied by sexual intercourse with vaginal penetration, already starting between the age of four and six, which creates a danger of HIV infection. Many adults do not see this act as sexual, but as an observation of the environment. This fact has consequences for the HIV/AIDS awareness programs. Talaverna (2002) claims that the sexuality of children is underestimated and is not understood enough in the Kunene region and possibly also in other parts of Namibia. Many
initiatives, such as the program ‘My Future is My Choice’\textsuperscript{14} which focuses on fifteen to eighteen years old, promote the postponing of the first sexual intercourse. In the Kunene region similar programs reach a community of young people who have had intercourse for years. The program called ‘Feeling Yes, Feeling No’\textsuperscript{15} which focuses on children in their pre-teens would be more relevant for the region. A campaign for children should also explain the dangers of penetration (Talavera 2002),

\textit{Lack of openness}

The aversion of many Ovambos against a public discussion on sexual matters is probably an important factor in the spread of the disease (Fox 2002). According to Rompel (2001), the lack of openness about the topic can also be seen in the Namibian media, and indicates that their contribution to the information on HIV/AIDS and the possibilities to change the attitudes of the people, is small. The media do talk about HIV/AIDS, but only in general terms and not in relation to personal experiences. There are little infected famous people in prevention campaigns and only few people speak about their status publicly, possibly because of embarrassment, a fear of being isolated and the chance to lose their insurance and job (Rompel 2001). Campaigns for an open discussion on sexuality do seem to have had an influence on the decrease of the infection in Uganda and Thailand (Fox, 2002). The breaking of the silence that lingers around cultural and sexual matters that increase the risk of infection, could be important in the process of having a healthy and safe sexual life (Wieringa 2002). Rabbow (2001) indicates that Namibian young people are already more open towards sex, which is expressed in for instance their active participation in radio programs about sex. Another possible obstacle in dealing with HIV/AIDS is the resilience of many Ovambos to openly speak of death. Aarni (1982) states that Ovambos have never known a ‘regular death’; only members of a community that were old and sick died a natural death. Diseases or accidents were not real causes of death, but witchcraft was (Omulodhi), which could be a reason why many Ovambos do not like to talk of death openly.

In this study the avoidance of talking about death also played a role in the reserved attitude of the caretakers to talk with the orphans about their deceased

\textsuperscript{14} ‘My Future, My Choice’ is a training program by UNICEF, aimed at the teaching of life skills. The program consists of a participating training that is given by peers and which contains information on HIV/AIDS, STD’s, reproduction, alcohol abuse, the use of condoms, etc. Part of the training is aimed at teaching social skills such as assertiveness, decisiveness and negotiation.

\textsuperscript{15} This programme is an initiative of the Ministry of Basic Education, Sports and Culture.
parents. One grandmother who had lost two children to AIDS tells hat others advised against showing her grandchildren pictures of their deceased mother:

‘Sometimes I look at the pictures [of my children who died], and then a child comes and says: ‘This is my mother.’ So the child knows. I also have church books with their names in it, and the children were looking in these books. Other people say: ‘Don’t do that’. Should I keep the photos of my children who passed away? I think it is good, so the children can know their parents.’

A lack of openness about HIV/AIDS was noticed in the conversation with the caretakers of the children of the Kidsclub. Most caretakers did not speak openly about HIV/AIDS but spoke of ‘that disease’; only a few caretakers called the disease by its name. Below, the opinions of the caretakers about the prevention of HIV/AIDS in their community are discussed, as is the importance of openness about HIV/AIDS and the worrying some grandmothers do about the danger of HIV/AIDS to their grandchildren.

The caretakers of orphans, mainly grandmothers, respond dividedly when asked whether AIDS/HIV is existent in their community. One grandmother denies at first: “It is not here. Even if it’s here, nobody can tell you.” Later she says: “Nowadays they are dying too much, they are just dying younger, at young ages. It wasn’t like that. We don’t know where this disease comes from. Nowadays children will be alone in the house. Long time ago I just heard about it, but now you know. You just experience it. Because people are dying.” Other negating responses are also given: “I just heard from the radio that there is a killer disease.” Some of the caretakers describe the presence of HIV/AIDS according to the number of funerals: “I used to hear about it. It is now a few days that we didn’t go to a funeral, but the disease is still in the village.” And: “I used to attend funerals, maybe because of AIDS, but people don’t talk about it. People are dying of this disease in this village.” One of the grandmothers is clear about the prevention of the disease: “I don’t think there is anybody who doesn’t know about it. We know it and we hear about it.”

The caretakers tell that people are not very open about the existence of HIV/AIDS in the family: “People are hiding it, because they are shy. You can only know the truth when a person dies, because maybe a neighbor will talk. When he is sick in the house, they normally don’t show it.” And: “Nowadays people say, ‘he is sick’, but they don’t say about what. They just say that one is bewitched.” One of the caretakers does not want to talk about HIV/AIDS because she is afraid of the reactions of others in the community: “they don’t want to say that relatives are dying of Aids. People don’t talk about it. That’s why I am scared to say it, because maybe later people will say: ‘she said this, etc.’” These grandmothers state that people with AIDS should let everybody know about their disease so that they can be helped by others in the community: “To hide it, is not good. Because when I am in a room and people know I am sick they can take better care.” Another grandmother also says: “I think it is good to be open because people can help, otherwise nobody knows.” One of them makes the following comparison: “I think it is better when you are open
about it because, for example, when I have a wound and I cover it, it will still be hurting. It is better to leave it open and get it cured.”

Nevertheless, there are only a few caretakers talk openly about the existence of HIV/AIDS in their own family. A woman that is taking care of one of the grandchildren of her sister tells: “Anneli’s father passed away, her mother is sick and her younger brother and half-sister are sick as well. They haven’t told they are infected with HIV/AIDS but I am a human being, I know what is happening.” The grandmother of one of the orphans also tells: “Anneli’s mother died because of this disease.” Other grandmothers only tell that their child has died of a disease or they avoid the subject altogether. During the home visits I met some family members of whom I suspected they had AIDS, but this is not talked about at all. One of the mothers of the orphans is not at home during the first visit; she has been in hospital for a while. During the second visit she receives me and the interpreter with some suspicion. She looks ill; she is very skinny, her hair does not shine and she has a rash – signs that point the disease. Without asking about her health, she tells us that she is suffering from tuberculosis and shows us her medication. During the conversation she is very suspicious of us and it is clear that she tries to hide the disease from her environment.

The grandmothers are very worried about the spread of the disease and the danger it puts the children in. “I don’t know how this disease will stop. I feel pity for the kids. There is no medicine.” Another grandmother tells: “If you have one that is having that disease in your family, you just pray to God that the rest stays healthy.” One of them offers a solution: “People just drink and go to coca shops. The government should make traditional beer very expensive or put sugar in it, so people won’t drink it. Even children of 14, 15 years drink it. This way the disease comes, people don’t know what they are doing. It is our country and God created us, maybe one day we will have peace of mind.”

Fox (2002) claims that many Ovambos not only feel aversion against public discussion on sexual matters, openness in the family is also often seen as unacceptable. He indicates that respondents tell that they had not received sex education from their parents. Many also did not approve of discussing sexual matters with children. Some of the interviewed members of the community, who were younger than thirty, were of the opinion that it was time to break with the taboo revolving around sexual matters. In this study, the caretakers of the orphans indicated that they found it important that the children could protect themselves against HIV. The caretakers however do not see themselves capable of this which carries the consequences that the children do not receive sex education.

One of the grandmothers tells: “I want to protect them, but I can’t do it. We are scared when children are developing breast and grow older because we know they are going to be in a difficult period with that disease.” Some of the grandmothers indicate they do not have enough knowledge to protect the children against the disease: “I want to teach them but I don’t have enough knowledge.”
Some of the grandmothers are determined to give the children the sexual information: “Maybe I will just protect them with telling them: ‘do not go around’. When I was growing up, there was no other protection then this: ‘don’t sleep around with boys’.” This information cannot be given to young children: “I want to teach them but I don’t think they will accept it, they just make fun of it. But maybe the older ones”, one of the grandmothers says. Another says: “I do talk about it, but not in detail. I say: there is disease, you must protect yourself.” They talk about other ways as well. “Maybe we just let them hear from the radio. I don’t talk about these things with my children.” The lack of supervision over these children is seen as a big problem. “There is no way to protect the kids, because you don’t know what they are doing in the field and they have their own rooms.”

Several caretakers indicate that they would like the school to educate the children: “The school should do it, and they can even start when the children are young. I am worried because it is a bad disease.” Another grandmother says: “I want them to be protected. Many people hide it, but some don’t and they tell about it, they explain that this disease is dangerous. At the schools they should tell the children about it, but it depends on how old the person is. Because some children don’t take it serious, then wait until children know what is right and wrong.” And another grandmother says that the caretakers should also be informed about HIV/AIDS: “We want it to be in their education, so children learn about HIV/Aids at school. We heard there are also clubs who discuss these things. Children should be involved in these clubs. The disease is spreading because people don’t want to come to meetings. They go to bars. People should go there because it is important to be taught how to protect yourself. I prefer to have HIV/AIDS lessons for all of us. In the village is also bible study, why can’t they bring education on HIV/AIDS? It has to be for everyone, because then I can tell to others what I heard.”

The impact of HIV/AIDS on households

The impact of HIV/AIDS on the food security

The HIV/AIDS epidemic has an obvious influence on households; because of disease and death of members of the household who are of a productive age, the number of labour forces decreases and less money is brought into the house. This causes an increase in poverty of the already poor communities in the rural areas of north central Namibia (Matanyaire & Timpo 1999). About 60 percent of all households in north central Namibia are poor and 35 percent belongs to the poorest group. This group does not own cattle, usually has one goat, does not have large land and usually consists of six people. The other 40 percent belong to the richer households of which the wealthiest twenty percent own 25 cows on average, 17 goats and own land of about five hectare and the household usually has eleven people in it (Mendelsohn et al. 2000). Four of the HIV/AIDS affected families from this study belong to the poorest group; they do not own cattle and have only a small piece of land. Two of these households have to get
by on the pension of the grandmother, while they have a large number of children. One of the households is a ‘child headed household’, and in the final household a grandmother takes care of seven grandchildren without receiving pension.

Anna B

With her nine years Anna is the youngest in the Kidsclub. According to her teacher she is a good student. During the clubs she was somewhat quiet and shy, but seemed to be having a good time. Anna lived together with her parents, two brothers and one sister. Her father, followed by her youngest sister, died of AIDS when Anna was young. After this her aunt and her children came to live with them. When her aunt and her mother got sick too, Anna’s grandmother moved in to take care of them. The aunt died, so did the youngest child. Next Anna’s mother died. Now Anna lives together with her grandmother, brothers and four cousins. The homestead is a single house made of stone; the huts burned down when Anna tried to make dinner while her grandmother had gone to church. All they own are some goats and a few chickens. The lack of food is a huge problem. They only have a little land but not enough labor force to work the land properly. Because the grandmother does not receive pension yet, she tries to make some money by selling eggs and homemade baskets. This however, does not bring in much money. Grandmother tells: “My field is very small. It is only enough for three months. From there I just struggle. If I have money I buy food, otherwise I ask neighbors. I pray to God every time and ask to answer my prayer.” Anna’s teacher tells that she is often hungry in school. “She is a little bit okay. Sometimes she is sleeping, crying or unhappy. When I give her bread or Oshikundu, then she is playing and jumping like others.”

Five of the HIV/AIDS affected households are poor but do not belong to the poorest group. They own middle sized fields and cattle. In four of these households many children have been taken in, but because of financial help of other family members or by extra income of the main caretaker – like traditional healing – these households are in a better position. Although some of these households can afford to rent a tractor to do the ploughing, and thus have a larger harvest than the poorer household, the fields of these households do not supply enough mahangu to feed the household for a year. During six months, mahangu and cornflower have to be bought. Two orphans live in households that do not belong to the 60 percent of poor households. One of them has been taken in by an aunt that works as a teacher and in the other household an uncle with a good job supplies enough money for the family.
Matanyaire et al. (1999) did research on the impact of HIV/AIDS in farmer’s communities in the Oshana region\(^{16}\) and the negative influence of HIV/AIDS on the food security of households in the region. First of all, fewer labour forces to work the fields are available in the household because of sickness and death. The harvest is smaller because of this; due to the lack of labour only small fields can be laboured on. Taking care of the sick, mourning for deceased family members and the visiting of funerals outside the community also takes up much time which results in less production. A mourning period for near family is four to eight days, and the neighbours are present half the time. In this period, no labour is done on the field. The consequences for the production are mostly huge when the mourning falls in the same short and critical moments of reaping and sowing. There is also an impact on the households of relatives; the extended family helps in the costs of illness and death. The decrease of income within the household due to the death of family members outside the farm also has a negative effect on the food security. In this study the grandmothers talk about effects of death on the income of the household during the home visits:

“All the people that supported the family died. Anneli’s mother and Anneli’s uncle; they used to support the family, but they died. Now I only have my pension. And we have to depend on buying cornflower because the mahangu won’t be enough for the whole year.” Another grandmother also says: “The people who were helping the children are all dead. I am the only one who is left.”

The selling of meat and cattle to pay for the hospital, the traditional healer, the transport and the funeral also has consequences for food security. With the sale of cattle, resources for working the field disappear, like strength to carry the plough and manure. Cattle also supplies meat and milk and in time of draught, the cattle are sold to be able to buy food. Poor households which do not own cattle sell their crop, which often has negative consequences for the food security. Matanyaire et al. (1999) claim that this often leads to serious food insecurity in the future.

In the Oshana region, the effects on the food security of households is different for when the husband or wife deceases (Matanyaire et al. 1999). When the husband dies, the woman is still responsible for working the land. In the matrilineal Ovambo culture it was usual that the land and the possession of the male were inherited and taken over by the brothers of the deceased. The Equality Act of 1996 partially ended this; the woman can stay in the house and can keep working the land, but the cattle are partially removed from the woman and children. In some cases the sheep, goats and chickens are also taken (Matanyaire et al. 1999). With the disappearance of cattle the food insecurity

\(^{16}\) This is the region in which this study also took place.
increases. During the home visits of this study, one of the grandmothers describes this use:

“When my husband died, his family inherited all the cattle and goats. They even refused to kill cattle for the funeral. When we were dealing with the death of my husband, many called us and asked many questions about the inheritance. You know, you only remain with what you brought; what a woman possesses before marriage she will keep after the death of her husband. He didn’t write a paper, which meant he wanted his things to go to his family and not to me and his children. His own children don’t inherit anything. They even wanted to take the bed. But then one person said: “no, leave the bed.” The children in the house used to eat a good meal (milk etc.) when my husband was still alive. But the family took all the cattle.”

Many husbands also work outside of the farm, and with his death, the household loses a regular income. Matanyaire et al. (1999) claim that the impact on the food production of a household is not as big when the wife dies; the grain production stays about the same. When both parents die the household is badly struck. In the so-called child-headed household there is a total lack of opportunity to grow enough mahangu. Children do not have enough skills and knowledge to work the fields properly and take care of the animals, which often results in failed harvests and the death of cattle and other animals (Matanyaire et al. 1999). In this study these problems came to light during the visit of a household were one of the orphans lives. The grandmother recently died in this household and now a youngster is in charge. The organization of the mahangu production was insufficient in this household: while the mahangu was growing on all surrounding fields, this household still had to plough and sow.

Taking care of orphans
The HIV/AIDS epidemic also has an influence on households through the reception of the increasing number of HIV/AIDS orphans in the extended families. Support for orphans is mainly given by relatives. They take the children in their own homes, move in with the children, support poor families with orphans financially or take care of the school fees, clothing or food (Foster et al. 1997; Jackson 2002). Reception by relatives is often seen as a family obligation. In Kenya the community is responsible for the support of related orphans (Nyambedha et al. 2003). In Zimbabwe too the extended family is responsible for the care of related orphans. Community members exercise criticism regularly, especially towards uncles and aunts who do not take their responsibility towards the extended family (Foster et al. 1997). According to an interviewed manager of school principals relatives are held responsible for taking care of orphans in Namibia as well:
“To refuse to take a child, you must have a very good reason. People will look with astonishing in the eyes. A human is very precious; you can’t refuse. When a child becomes an orphan, uncles and aunts come. They will say: I will take care of that child.”

Because of the growing number of AIDS orphans many households take in orphans. In Zambia two thirds of the rural households take care of one or more orphans. Rural households receive more children than city households; orphans are sent to the country more often because the costs of living are lower there (Jackson 2002). Especially the loss of the father means urban-rural relocation (Foster et al. 1997). Although households show flexibility in dealing with the loss of family members and the structure of the extended family is an outstanding and efficient network of social security that can receive many children, the pressure on the families due to the number of orphans is too high (Foster et al. 1997). Especially poor households receive most orphans (Monk 2002b). These households know an increasing poverty and the other children in these households are also struck by this. This high burden of the extended families is sometimes called the ‘myth of coping’ (Kelly 2002). The reception brings problems when the grandparents take care of the child. From the conversations with the grandmothers in this study it came to light that the number of tasks is a burden to them; the care for the children and the working on the fields often gives stress. Grandmothers do not only worry about the amount of food or the paying of school fees, but they are also worried about who is caring for the children when they themselves die:

One grandmother says: “I am always happy to see my children go to school when they have eaten something or when I have lunch when they come from school. I am happy when I see them play when they have eaten. I am sad when they have nothing to wear, nothing to cover themselves and don’t have anything to eat. Sometimes there is nothing to eat, only some dinner. I also get disappointed when they are beating each other. I am old now, if I die, how are they going to take care of each other when they are fighting? What will happen to the children when something happens to me? I really don’t know; that is in God’s hands. Maybe some aunts can come and take care of the children.”

Categories of care
After the death of one or both parents orphans are divided amongst various family members. There are different categories of care: the surviving parent, a grandparent, uncle or aunt, brother or sister, foster homes, or orphanages and orphan villages (Monk 2002b; Jackson 2002). The children from the HIV/AIDS affected households of this study were received in the following categories of caretakers:
• **The surviving parent**

Johannes is taken care of by his mother who lives at her mother’s with her sister. Johannes’ grandmother leads a household in which nine grandchildren and two great-grandchildren live. Three of these children are orphans. Johannes has lived in this household for some years; after the death of his father Johannes left Windhoek together with his mother, brother and sister. His mother however, is often not present, due to her illness (probably AIDS) she stays in hospital for long periods of time.

• **Relatives of the mother**

*Three children are taken care of by their mother’s mother*

Anneli L lives in the household of her grandmother. The grandparents and their daughter lead the household. Fourteen grandchildren live in this household: two of which are orphans and one is a great-grandchild. Anneli L grew up in this household, her older sister lives in Windhoek with her aunt.

Anna B has also been received by her grandmother. She is the only adult in the house. She takes care of seven grandchildren; four of which are orphans. Anna B and her two brothers grew up in this household and the grandmother moved in with them during the illness of Anna’s mother.

Petrus is also being taken care of by his grandmother. She takes care of five grandchildren and one great-grandchild. Three of the grandchildren are orphans. Petrus and his half sister grew up in this household. His older sister lives with their father.

*Three children are taken care of by the sister of their mother’s mother:*

Susana lives with her grandmother’s sister. This aunt is divorced and takes care of five children; two of her own, two adopted children and one orphan: Susana. Susana has stayed there for a year now, her sister lives with her grandmother and their brother lives with their great-grandmother.

Anna N also is received by a great aunt. This woman has always taken care of the four children of her sister. Besides Anna’s mother, all these adults still live at home with their own children. There are nine children in the household of which five are orphans; Anna and her two brothers, a half sister and one adopted child. Anna and her brothers and half sister grew up in this house.

Anneli also lives with her great aunt. Seventeen children and adolescents live in the household of this aunt; her seven own unmarried children of whom some are still in school, two grandchildren, five cousins and four adopted children who are related. Four of these children are orphans. Anneli moved in with her aunt when she was younger, her brother and sister live with their mother.

*Two children are taken care of by their mother’s sister:*

Bacilia is taken in by her aunt. Her aunt leads the household and takes care of three children: her own baby and two related orphans. Bacilia has lived with her aunt for several years, her four brothers and sister live at home with their mother.

Loide is also taken care of by her aunt. Loide is usually alone with her aunt. Her uncle is not present due to his work and comes home every once in a while. Loide has lived in this household for a year. Her eight brothers and sisters live at home with their mother.
• **Relatives of the father**
  Selma is taken care of by her father’s mother. Her grandmother is in charge of the household. Five of her unmarried children stay in the house every once in a while. She takes care of eleven grandchildren of which two are orphans. Selma has lived in this household for a year. She grew up in the household of her other grandmother. Her brother lives in Windhoek, her sister with other family.
  Victor is taken care of by the twenty year old sister of his father. After the recent death of Victor’s grandmother she took over the household and takes care of four children, of which two are orphans. Both Victor and his sister grew up in this household.

Most children in this study are taken care of by a grandmother, a great aunt or an aunt from the mother’s side; a pattern that is also seen in the situation analysis of orphans in Namibia (SIAPAC 2000). Reception of children within the mother’s family is related to the matrilineal structure that the Ovambo community has always known; children were connected to the line of descent and the clan of the mother (Malan 1980). Mr. Mandy, an interviewed manager of school principals describes this as following:

> “When I take my child and my sister takes her children to my mother, the last ones have more status. These children have more advantages; they are in a better relationship with my mother. They are in a better position; they have more influence and appreciation. This again depends on personalities. If my children are nice, my mother will say: ‘they are my grandchildren’.”

Half of the groups of orphans grew up in the household of the grandmother or great aunt, which means that their living environment does not change when the parent dies. A number of these children lived together with their mothers in this household; unmarried women often come to live in the household of their parents with their children. The other children have been left in the care of their grandmother or great aunt.17 Women often choose this option when they have a job far from home, are in school or are looking for a job in the city. Because of this many grandmothers take care of a large number of grandchildren. The burden for these grandmothers is especially felt when their children do not support the household financially. The grandmothers in this study said that it did not used to be accepted when a woman left her children with her mother. They claim that this development is caused by the loss of values, HIV/AIDS and poverty:

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17 This pattern agrees with the results of the situation analysis of orphans in Namibia (SIAPAC 2002).
One grandmother tells: “In the old days, a grandmother didn’t have so many grandchildren in the house. If there were, then they were together with the mother. You also had to be married before having children. Now they get children but they can’t take care and the children stay at the grandmother’s place.” Another grandmother also says: “Long ago a mother could not leave the child with the grandparents. Unless you were educated and you had a job to do somewhere. Otherwise it was not accepted.” The HIV/AIDS epidemic plays an important part in this according to one grandmother: “At that time there were not many people dying of diseases, leaving their children at their mother’s place. But now people die of diseases and leave the children with the grandmother.” Other causes are also mentioned: “Namibia is free, and there is development, so everybody is just doing what they like to do.” And: “There is poverty and no respect for the grandmother.” The lack of financial support is also mentioned: “I have children, but they don’t help much. They go to Windhoek and they don’t bring anything.”

The other half of the orphans is taken care of by an aunt, great aunt or grandmother after one or both parents died. Two children have been taken into the home of a great aunt or aunt because the households the children previously lived in (at the mother or the grandmother) lacked food or had too many children. One girl has been received by her father’s mother after her caretaker – her mother’s mother – had died. Two girls have been taken in by an aunt, some time after their father died. The motives for their reception seem to be their ability to work. In both cases the children end up in a household where there are none or few children and both take care of a large part of the households. The girls themselves come from great families where their working skills can be missed. While most children that grew up in the household where they are taken care of now, live together with some or all brothers and sisters, the children that have been received by a different household are separated from their siblings. Most households take care of several children. Some households have also taken in ‘adopted’ children. These are often children from far relatives, orphans from the vicinity or children from next door that have been left in the house- hold. One of the interviewed women who takes care of two adopted children says she took them in because they needed help. The adopted children are treated differently than her own; she pays her own children for the work they do on the fields, but she does not pay the adopted children.

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18 This does not completely agree with the findings of SIAPAC (2002). SIAPAC claims that because of the economical circumstance children are often separated from their siblings but in most cases more than one child is taken in by the same household.
Anneli L

Anneli L is a ten year old girl that lives with her grandmother. Some years ago her father died. Her mother, who lived in Windhoek, died six months ago. Anneli’s grandmother takes care of fourteen children in her homestead. One is a heavily handicapped boy and one is a great-grandchild. These grandchildren belong to three of her own children who have died, one daughter who lives in Windhoek and one daughter who is remarried (and her new husband does not accept the children from a previous marriage), and one unemployed daughter who lives there with her four children. The older grandchildren take care of themselves, the rest has to get by on the pension of the grandmother and the sale of berries and other things. The small field supplies mahangu for a small part of the year and the household does not own cattle. The mother of the handicapped boy lives in Windhoek and does not give financial support. The child needs sugar in its food but the family struggles to buy this. Anneli’s grandmother says that she wants to pass her knowledge to the children so they can survive when she dies: “I believe that I have to teach my kids to work, because I am old and I will not stay long. So that they already know the work. It is the same thing my mother and father taught me, and now I teach the children.” She indicates that the children have to work hard: “The small children are the ones who work in the field; the children are working very hard.” Anneli’s aunt adds: “I get unhappy when they don’t do the things I told them to do. Then I even beat them to discipline them.” Anneli’s teacher thinks she does not get enough to eat: “maybe food is a problem, there are many children in that house.” Anneli has trouble at school: “she didn’t do well, she is not active. When I say she has to do something, and when I come back, she didn’t do anything.” During the Kidsclub she has much contact with a few girls and she likes to interfere with others and to tell them how to do things. She also needs much attention and likes to help with the giving out and picking up of paper and pencils. She is also strongly focused on the food during the club; almost every session she is interfering with the distribution of the bread, fruit and drinks.

Support to HIV/AIDS affected households

With the increase of the number of orphans the burden on a household also increases. Because formal models for the care of orphans costs too much, orphans will have to be taking in by the family in the future too (Desmond & Gow 2001). These affected households can be supported by the strengthening of two social security networks; the extended family and the community (DCOF & WVFC 1999; Kelly 2002). DCOF & WVFC (1999) indicate that the support should be aimed at the community based programs that focus on care, protection, food and health care and helping the households not to slide into total poverty. In a research on AIDS orphans in Zimbabwe Foster et al. (1997) identified various activities to support the households and claim that the existing coping mechanism should be strengthened. Several community members were
active in a visiting program for orphans and traditional community leaders practiced moral pressure on the relatives to take their family responsibilities. Some orphans also received financial or material support for immediate needs.

From the SIAPAC (2002) study it becomes clear that almost none of the affected households is supported by the community, church, community based organizations or NGOs. Traditional aid like the helping hand when working the field after a family member has died; do no longer exist in most communities. Neighbours and community members help affected households merely at the funeral and not afterwards (Matanyaire et al. 1999). In this study too it becomes clear that the affected families in Omaalala are not supported by the church, the community or by NGOs. In the region only one NGO is active which is aimed at community based nursing of AIDS patients. Social workers too said they could not handle the orphan problem because every region only has a few social workers. During the home visits the caretakers of the orphans in the Kidsclub tell that they do not receive support from the church or from anything:

“The government and church should support the family” a grandmother states: “now the church doesn’t do anything. The church is not helping because even old people who don’t have money still have to pay a gift for the church every year.”

To support HIV/AIDS affected households in Namibia, community based interventions should be financially and administratively encouraged to give support (SIAPAC 2002). Households that receive orphans should also be financially supported by the government. Currently there is the possibility to apply for a maintenance grant for orphans in Namibia. The application for this grant is problematic however, and the procedure of acknowledgement is unclear. In this study some of the caretakers said to have heard nothing from their application. Often older caretakers are also unaware of the maintenance grant or do not know where to apply:

One of the grandmothers says: “Once I registered one of my grandchildren, I still haven’t heard anything.” Another grandmother has not heard of the grant: “I don’t know about grants, I didn’t hear about it.” Other caretakers struggle with the demanded certificates: “The death certificates of Selma’s mother is with Selma’s brother. He wanted to register Selma, but was told he wasn’t the one to do it.” One of the children in the Kidsclub receives a grant; his mother made sure his brother and he would: “I registered my twins. It is the first time to get grants this month; I registered them in April 2003. I will get 250 Namibian Dollars for each child. I brought the birth certificate of the children and the death certificate of the father. I got advice from the counselor of the region.”

The IPPR (Institute for Public Policy Research, 2003) researched the possibility to grant orphans and vulnerable children in Namibia a so-called welfare
grant. Fundamentally is the question whether it is better to support the OVC by taking measures to keep them in school – for instance by taking care of hostel accommodation, school food programs and the paying of their fees – or to support them financially. Research shows that the support through services is more direct and less expensive. It is however useful to also give a grant, especially when the government wants to keep the OVC in the family environment. The current Namibian system of grants should be fundamentally adjusted then. The welfare grant has to be financed through new or existing taxes. In this, it is possible to introduce a special OVC grant, in which the identification and stigmatization of OVC forms a problem. Or, an allowance for each child can be introduced which, however, is precious and logistically complicated (IPPR 2003). The research of SIAPAC (2002) shows that respondents thought a separate allowance for the orphans was a good solution. The respondents shared the opinion that a similar allowance would indeed end up with the child that needs it and that it would not be misused. In this study, however, some examples pointed towards problems in this system. On of the grandmothers indicated that two of the children in her home had been brought to another family member because there was not enough food. This only happened after it had become clear that they were granted an allowance. The caretakers also gave examples of birth- and death certificates that were kept to fight over a child that could possibly get an allowance.

Impact of HIV/AIDS on education

The impact of orphan hood and poverty on the access of children to education

Various studies indicate that AIDS orphans start school at a later stage than other children. Leaving school early or not starting school at all are the most important indicators of the state of orphans within education; thus claim Kinghorn et al. (2002). Kelly (2000) and SIAPAC (2002) also state that there are age differences between orphans and non-orphans when they start school. UNAIDS (2000) claims that the number of orphans that sign up for school is thirty percent lower that the number of non-orphans that is signed up. Orphans also have less chance of ending up in the correct grade (Bicego et al. 2003). Ainsworth and Filmer (2002) however, suggest that orphans do not make a substantially late start in education but that the income of a household is a better indicator for this late start. This same principle goes for the presence of orphans in school according to Giese et al. (2003). While the number of factors which are of influence on the absence of orphans at school – e.g. housekeeping and caretaking responsibilities and mourning – most causes of absence are the same
for poor orphans as for poor children. The difference between orphans and non-orphans in going to school becomes most clear in the period around the death of a parent (Gies et al. 2003; Kinghorn et al. 2002). The dropping out of school early by orphans, is a situation that differs within a country and between countries (Bennell et al. 2002). According to researchers, the countries in the sub-Sahara that have a high HIV/AIDS prevalence also have a low orphan non-attendance gap. In these countries a high percentage of children goes to school and this strong school culture is what keeps the children in school. In Botswana for example the attendance rate of orphans is high because of the food supply at school and the material support of households. Kinghorn et al. (2002) claim that not much data is known in Namibia on the numbers of children that start school and leave prematurely. There are, however, strong suggestions coming from qualitative research in schools that a large number of orphans leave school before they are done. A quarter of the interviewed students knew children that dropped out after the death of a parent. A tenth of the teachers indicated that the death of a parent is a cause for students to drop out of school. Half of all teachers claimed that the performance of the students often lapsed after becoming an orphan (Kinghorn et al. 2002). Some schools that are involved with the School Board Support Project started tracking the absence of orphans. From these numbers it showed that especially in lower grades the attendance of these children was remarkably lower than that of other students.

Barriers in education

One of the problems in the education of children in HIV/AIDS affected households is the payment of fees and the buying of the school uniform and school materials (Foster 1997; Giese et al. 2002). Bennell et al. (2002) describe that in Malawi and Uganda the main reason for the absence of orphans in high school is not being able to pay for school fees. In a South African study both children, caretakers, social workers, teachers and NGOs claim that children can be expelled from school, flunk a year (sometimes repeatedly), are not allowed to take their exams and that their rapports are held back when the fees are not paid (Giese et al. 2003). In Namibia the fee and the uniforms are also large obstacles in the education of orphans and vulnerable children. A quarter of the interviewed high school teachers and a tenth of the primary school teachers indicated that problems with fees is an important reason for students to leave school (Kinghorn et al. 2002). The situation analysis on Namibian orphans also shows that many children fear they cannot finish school because of the costs (SIAPAC 2002). In this study the caretakers also indicated during the home visits that they had trouble raising the fee:
A grandmother that takes care of a large number of grandchildren tells: “It’s just so difficult to pay. For each child we have to pay fifty dollars. For the one in grade 10 we have to pay for the exams. It’s more than 100 dollars; we don’t know what to do. We are struggling to get the money. We will be relieved when everything is paid. Sometimes I sell my chicken, so I can get the money for the school.” Another grandmother does not have income because she does not yet receive her pension: “The school should not let the children pay because I am not getting enough money. I sell my chicken, eggs and Marula oil. This is the only way to get money to pay school fees.”

Most caretakers would like to see that orphans did not have to pay school fees: “I want the government to change the curriculum. Kids who are orphans, they should not have to pay because we don’t have the money. Now, if you have to pay for the school, you can’t pay for the school uniform. They have to wear torn clothes.” Another caretaker states: “The government should just help with anything they can. In this house we have seven orphans. They need school uniforms, school fees, school bags and shoes. The government should not let them pay school fees.”

The Education Act is a national policy in Namibia in which attention is given to the needs of OVC, amongst other things is the exemption of school fees. A policy officer of the ministry of Basic Education indicates that the identification of children that can apply for this is, however, not exactly going hasty. Because of the lack of social workers only a small number of children have been registered to be taken into consideration for exemption. Also, schools do not have an interest in the decreased income because the costs of the school – e.g. maintenance – have to be paid out of the fee. The decreased income could be increased again with the help of the School Development Fund which was founded in 2002 to take care of the needs of schools. According to Ms. Shinyemba (director of the regional department of the Ministry of Basic Education) this fund deals with various problems. The assignment of money to schools is problematic and the foundation will be insufficient when it turns out that a large number of children in Namibia can apply for exemption. South Africa also deals with this problem; the provisions of the government to poor schools are insufficient which should bring in enough fees for schools. Because of the pressure on schools to subsidize themselves, the will to inform children and their caretakers about exemption is low. While exemptions are theoretically possible, they are usually inaccessible and the application process is rarely transparent (Giese et al. 2003). Although all children should be presented with the possibility of application, there are also schools in Namibia that do not provide the parents/caretakers with this information, thus says Shinyemba.

The director of the Omaalala primary school describes the matter of the fees as following: “More than 80 percent of the learners can manage to pay the school fund. From the other twenty percent, some of the parents come to the school. If you find you cannot pay, you apply to the school board to ask for exemption. This is written
in the Education Act: you can apply for 25, 50 or 100 percent of exemption. Some come to postpone it. Last year there were 517 children and only 40 couldn’t pay. The school board decides whether you can be given exemption or not. They make some investigation and then they decide.” According to the director this information is passed on to parents: “We give all the information during the parents meeting; this is once a year. Also when a parent comes to school you can tell about the procedure.” The question is whether the director has informed the parents/caretakers. During the home visits it turned out that none of the caretakers knew about the arrangement while they did visit parent meeting. One of the orphans participating in this study did not have to pay for school. Victor’s cousin, the head of their child-headed household, visited the school after the death of the grandmother and she now does not have to pay for Victor nor his sister.

School uniforms are also an obstacle in education. In some cases the children are not allowed to enter school when they are not wearing their uniform or shoes (Giese 2003). Other children remain at home because they feel embarrassed by their torn or ripped school clothing (Foster et al. 1995). In this study the school counsellor of the Omaalala region, states that for this reason schools should allow children to wear something other than their uniform. This is also said by the caretakers of the orphans in the Kidsclub:

The caretakers of the orphans in Omaalala are not happy about the strict rules on wearing a school uniform. “Another problem is the school uniforms. Sometimes a child is very intelligent but it can’t go to school because it is not having a uniform”, so says a grandmother. Another caretaker says: “I just want the government to help me with anything because sometimes I don’t have money to buy school uniforms. I have two orphans in the house. It is better to accept the children without a school uniform or they shouldn’t have to pay school fees.” The uniforms are also not sufficiently warm: “sometimes the children go cold to school because the school doesn’t allow them to wear anything else.”

Absence due to housekeeping
Housekeeping can be another obstacle for children from HIV/AIDS affected household that are not able to go to school. Different studies describe that orphans are kept at home because they have to do chores (Richter, 2003; Panos.org; Giese et al. 2003). Some family members and members of the community use orphans as cheap labour (Kelly 2000). A study on orphans in Zambia shows that especially girls are kept at home; they have to earn their stay by doing chores and some are forced in prostitution (Panos.org). The South African study by Giese et al. (2003) shows that some children are punished by their caretakers when they go to school and while they did not finish their chores first. In Namibia these problems are also found; a school principal from the Oshana region states that different school children that are being taken care of by related families, are forced to work for their own maintenance that this is
often the reason they do not come to school. Children from HIV/AIDS affected households that are not really being held away from school do have less time for school because these households are increasingly dependent on the labour of these children (Kelly 2000). In Swaziland, the pressure on school going children to do work around the house and on the fields has increased because parents and caretakers that are ill can no longer do this work. The households in which the children are received after the death of their parents are also often households that lack in labour (JTK 2000). These children have to maintain themselves which means an increase in the number of street children. It also turns out that absence is regular amongst children that take care of ill or aged caretakers and siblings (Giese et al. 2003). Another reason for the staying at home of these children is hunger (Bennell et al. 2002). In South Africa children leave school or are absent because they are begging in the streets or are into petty crime to supply themselves and their family with food. When children are absent for longer periods of time they often look up to returning to school (Giese et al. 2003). A study in Namibia also shows that hunger leads to absence; especially children coming from the child-headed households and children that live with their grandparents perform badly in school and drop out of school early to make money to buy food (SIAPAC 2002).

The principal of the Omaalala primary school states that his strict absence policy lead to the fact that now more children come to school: “There are two choices to be absent. When a learner is ill or sick, he or she has to go to clinic or to the hospital, and has to bring proof. A learner may also be absent when somebody from the house has passed away.” The teachers however indicate that some children of the Kidsclub are absent on a regular basis. Most caretakers think it is important that the children go to school: “I advise them to go to school, so they can have a bright future”, one of them says. Another tells: “I expect the children to go to school.”

The school as a surrounding to identify and support vulnerable children
Schools are in the position to support vulnerable children. They have the potential to decrease the worst effects on children of the AIDS epidemic; schools offer stability and normality in the experience of children (Richter 2003), teachers can be a source of direct support and care (Foster et al. 1997) and orphans and vulnerable children can be identified (Giese et al. 2003). The South African study by Giese et al. (2003) however, shows that schools and teachers have different levels of support for children that experience trouble, other schools are ambiguous in the support of children and still other schools have a discriminating and uninterested attitude towards vulnerable children. The identification of orphans and vulnerable children is the first step towards

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19 Information gathered during school visits with the SBSP.
supporting them. Only a few schools have formal identification methods and thus have little information on the number of orphans and children from HIV/AIDS affected households at their school (Giese et al. 2003). In the course of this study it showed that the Omaalala Primary School was also unaware of the number of orphans and vulnerable children amongst their students. After the school got involved with the School Board Support Program they started the identification of orphans and made plans for the identification of vulnerable children.

“There are 448 learners in this school, 143 of them are orphans (32 percent)”, the school principal tells: “Some have no father, some have no mother or they have lost both. To register the vulnerable children we are going to make a list with whom the children are staying. Most of the parents are away from the village, most of them are in the south. You are not sure weather they are working or not. To register the vulnerable children we need more information about the learners. We will make a questionnaire and all stakeholders can fill it in and respond; the teachers, the students and the parents. It is difficult to identify who’s vulnerable. The next term we try to register them; we will sit down and make points. How are the people living? How many times do you eat? When do the parents come home? How do your parents treat you? Then we know that these children need attention. For this we will sit down as a group, together with all teachers. We also pay attention to the way the child is performing in the class. With this information we come to the conclusion whether somebody is vulnerable.”

Teachers are usually unaware of the home situation of their students; often they only suspect what a child’s circumstances are. The interviewed teachers from the Omaalala Primary School indicate that they obtain their knowledge of the home situation by asking children about it in the classroom:

“I get the information from the children themselves. Sometimes I call for the parents, but they don’t come. Some children say they stay with their grandmother; she is old, she can’t walk a long distance.” Another teacher states that she is unaware of the home situation of her students: “I don’t know anything about this; I just asked them in the class.”

Teachers ask the students whether their parents are alive or deceased; some also know who takes care of the children. The teachers identified vulnerable children for the Kidsclub based on this background information and their appearance (an old, dirty or torn school uniform, no shoes and or unwashed body and hair). All teachers recognize hungry children: “they are feeling sick and start sleeping in class.” South African teachers too were capable of naming various indicators associated with the vulnerability of children even though the formal mechanisms were absent: children were hungry, wore a too small or torn uniform, showed exhaustion, a change in behaviour, were dirty, their perform-
ance level dropped, were to themselves and sad, were absent and were often late for class (Giese et al. 2003). Giese et al. recognize a number of factors that that complicate the identification of HIV/AIDS affected children: the silence and stigmata surrounding the disease, the lack of possibilities to support vulnerable children and the fact that only a few caretakers show up for information meetings at the schools.

Response to signs of vulnerability

The study of Giese et al. (2003) shows that many teachers do not respond adequately to signs of the vulnerability. Children that fall asleep, that cannot do homework and that cannot concentrate are punished more often than the reason of their behaviour is being checked. Children that do not pay the fees are threatened to be expelled regularly and their grades are held back. Teachers also punish corporally. When there are signs of abuse, teachers often do nothing. Also, in many cases it is not questioned why the children are absent although is it usual to check up on children that do perform well. Many teachers share the opinion that the teacher does not need to assist a child in its personal needs. Giese et al., claim that even though the resistance of teachers to take their responsibility is understandable in many cases, the attitude of several teachers is in fact alarming. Caretakers are often labelled as ‘irresponsible’ and ‘lazy’. Many orphans and vulnerable children have the most chance of support when they are noticed by a concerned teacher.

During the visits of several schools in the Oshana region 20 it also became clear that many teachers do not feel responsible for the wellbeing of their students. Especially the teachers that come from another community do not seem to be involved with the school and its students. “I am not from this community”, is regularly mentioned by teachers as an explanation for their lack of involvement. Most teachers of the Omaalala Primary School do not live in the community but are from the city nearby. Although teachers recognize the signs pointing to difficulties in the home situation, they do not take the trouble to get more insight into this. None of the interviewed teachers ever visited the children at home. One of the teachers stated: “maybe next year, the problem is transport.” All the teachers said that children are not bullied in school for being an orphan and they do not make a connection between the student’s behaviour and their home situation. The principal of the Omaalala Primary School does not seem to be interested in the problems of students. He made a nice speech on the needs of vulnerable children but does not seem to be motivated to bring his own advice into practice. While more than thirty percent of the students is an orphan, and the school does not support them, he says his school is doing well:

20 These visits have been conducted with the SBSP.
To my question about what he wanted his school to do for orphans and vulnerable children the principal replies: “We will make a project proposal: how to work with OVC. We will start a feeding program, or do something else to let this type of children be interested in school. They suffer at home but school can be seen as second home. We will also try to get school uniforms, and we will try to counsel them. We have to show him or her what is life and what is the future. If you don’t counsel them, they will become a victim for everything that can happen in their community. Vulnerability means: somebody who is victim for everything. There is risk for rape, sexual abuse, the risk to become a criminal. Others don’t accept them; they have no self-confidence, self-determination and self-esteem. They can just find that they are simple and not fitting in society. Also their performance in school: they may be not motivated or have no vision. We have to encourage them to continue their school.” When I indicate that the children cannot pay attention during the conversation because they are hungry, and ask him whether he has noticed this too, he states: “I am not the last school.” The principal tell that he has visited a meeting and noticed that other schools are doing worse than his: “I am not the first school, but also not the last school, we are in between.” When I ask him again about the hunger of the children he gets irritated with me: “We have to educate the grandparents about giving the children the traditional food before they come to school.” When I tell him that not all household have enough food for this, he replies: “In our custom it is like: if I don’t have food, I cannot tell this. The parents cannot tell you that they don’t have food.”

Despite the barriers in the support of children by schools, teachers and principals often play a positive part in the lives of children. Good leadership is of importance in this (Giese et al. 2003). Bennell et al. (2002) describe examples of active school managers and teachers that support children. A principal in Malawi took care of the registration and school uniforms and books for orphans that had left school because they could not afford it. A school principal in South Africa organized a food project in school; she had a house built on school territory to shelter homeless students. Corn was grown on the fields and there were chickens (Giese et al. 2003). The principal of one of the schools in north central Namibia who is involved in the School Board Support Project started the identification of OVC, organized a food project, had uniforms sown for orphans by volunteers and organized a weekend for orphans. There are also examples of teachers that loaned or gave students money, paid for their education, bought food and took them to hospital (Giese 2003). A few teachers of the Omaalala Primary School brought food for the children and sometimes clothing:

“At first they start sleeping”, a teacher tells. “Then you ask the children, has anybody something to eat? Some give, others not. Then they wake up. Or if I have something I will give. And as a teacher, if you see shoes for the children or clothes, then you give them. Or sometimes when she is hungry, you can give a piece of bread. We do just like this in the class. Maybe ten children or so are like that. The
child is sometimes sleeping on the table. You give him food, and the child starts to jump and play.” Another teacher tells: “I bought for my student a school shirt, she only had an old shirt.” A third teacher also sometimes gives food to the children: “I like to give them my food, or sometimes money to buy something.”

**Understanding the response of the teacher**
Giese *et al.* (2003) state that the failure of teachers to respond adequately to signs of vulnerability has different causes. First of all, the burdens a teacher faces are huge in an environment where there is little support for both students and teachers. An example is the lack of social workers. Teachers not only have to teach but they also have to play the part of caretaker. Many teachers have not been adequately trained to deal with the troubles they encounter; there is a need for training in skilled counselling. Many teachers also have to teach too much students of which a large number is vulnerable. The children do not like to speak of their home situation which causes the teacher to also not talk about it. When teachers do get involved in the lives of their students, they are often frustrated by the limited possibilities (Giese *et al.* 2003).

At the Omaalala Primary School the education culture also seems to play a part in this; many teachers spend little time at school, do not seem to be strongly involved and are often absent (because of illness) to take a workshop which causes children to sit in class for days without a teacher there. The problems of the teachers themselves might also be a cause for the lack of attention for HIV/AIDS related problems. I had the suspicion that one of the interviewed teachers had AIDS herself and more teachers probably live in HIV/AIDS affected households. The study of Kinghorn *et al.* (2002) shows that illness and death of the staff has a large impact on schools in Namibia. The most vulnerable schools are: schools located in poor communities, schools that are small, schools that are isolated and schools that employ ill or affected teachers. The impact of HIV/AIDS on the quality of education is major; in many countries the mortality and morbidity rates of teachers are higher than those of the general population (Kelly 2002). Kelly (2002) also states that many teachers suffer from stress; HIV/AIDS is common amongst relatives and colleagues and there is also a fear and insecurity about their own infection status.

**HIV/AIDS education in school**
In this study, teachers of the Omaalala Primary School indicated that children in the third and fourth grade are not taught about HIV/AIDS because it is not in the syllabus. The education is given in the fifth grade. A consequence of this is that the children of the Kidsclub, who are in the third and fourth grade, do not get HIV/AIDS education at school. The teacher only speaks generally about the disease with their students and infection through sexual contact is not men-
tioned. Only older girls are warned not to not have “intercourse” with boys. The teachers suppose (and often wrongly suppose) that the parents tell their children about HIV/AIDS:

“We don’t have these lessons; it’s not in the syllabi”, one of the third grade teachers tells. “I do not talk about it, we only teach them about malaria, chickenpox and fever. Children don’t know about HIV/Aids, they hear it from outside or in the area, but they are too small and they don’t understand.” Another teacher who also teaches third grade tells: “I don’t teach about HIV/Aids, I just tell them how to behave because they are still young. I tell them they are not allowed to have a boyfriend. When they are using knives and when they cut themselves or if the parents do, don’t share it. Just be careful with open wounds. I don’t go into it too deep it because they are still young.” The teacher thinks the children hear about HIV/AIDS outside of school: “They know Aids is a dangerous disease. Some know how it is transmitted. Some can tell you, you must use a condom. They hear it on the radio. We as teachers, we don’t teach children to use a condom, we teach not to have sex before marriage. Some people think; if you are teaching, we are encouraging learners to do like that. I don’t think so. But we don’t know what to do.” The teacher supposes the children get sex education at home: “Parents and caretakers know about HIV/Aids, I think they teach their children.” The teachers of the fourth grade tell that they also do not tell the children about HIV/AIDS, the topic is only talked about with older children within the class: “We can talk about it with those who are grown up. I just tell them to be aware, that there is an illness. We tell them not to use a needle or an old razor, or a knife.” The teacher thinks the children hear about HIV/AIDS outside of the school: “Every child knows about HIV/Aids. They heard about it in the media, they know it from their parents, guardians and some can find it in the books. That’s why I can talk about it.” Another teacher of the fourth grade tells: “We tell: there is something like Aids. Some of the learners are fourteen years. I tell them, if you hang around with boys, you can get that disease you must be aware for those boys. You must wait till you finish with your study. You must not start to have sexual intercourse with boys.”

In large numbers of schools in north central Namibia, usually one teacher has followed a RACE workshop. This teacher was trained to start a HIV/AIDS Kidsclub in his or her school, supply the school with information and be the person others can talk to about HIV/AIDS related matters. In the various schools I have visited with the School Board Support Project, none of these trained teachers was active. One teacher organized a weekly Kidsclub for the children. At this club, HIV/AIDS related songs were sung and they practiced and acted out short plays about the disease. There was also sex education. This education however was too theoretical, sometimes even wrong, not fit for the age of the children and they had put children of eight to eighteen years of age together. In 2005 the new life skills program called ‘Windows of Hope’ was

21 Regional AIDS Committee in Education (RACE).
introduced in Namibia. This was a program for children between ten and fourteen. The aim of the program was to strengthen the self confidence, knowledge and skills of children and to teach them the skills to protect themselves against HIV and to take care of others. Children will learn these skills within school and on top of that they can partake in an after school club. Although the aims of this project seems to fit the needs of the children in theory, the experiences with the earlier RACE project and the teachers still not talking to the children about HIV/AIDS do not seem to point into the direction of success for this program when teachers are not motivated and do not receive proper supervision.

In this chapter the experiences and perceptions of the orphans in the Kidsclub will be discussed. Firstly, how the children experience their home situation will be looked at in detail; how are they treated, what is their position in the household, how do children experience the tasks they perform and what are their experiences with the food situation? Their experience within the school is also discussed; in what way is the status of orphans of influence on their school situation? How children experience the loss of a parent and its consequences will also be examined. Following this, the extent of knowledge and openness towards HIV/AIDS will be looked at in detail. This chapter is structured according to the conversations that took place in the Kidsclub; in this, the conversations are written out the way they took place during the club.

The orphan’s experiences within the home and school situation

Treatment of orphans in the household

Various studies focus on the treatment of orphans in the households they are received in. In their study on orphans in Zimbabwe, Foster et al. (1997) describe that many orphans do not experience differences between themselves and other children, while other orphans experience great differences. The latter group of children feels discriminated against and states that they have to do more in the household than other children. In a study on orphans in Namibia
(SIAPAC 2002) all interviewed caretakers indicate that the tasks are equally divided amongst orphans and their own children. This study however shows that in some cases the biological children of the caretaker are treated better than the orphans in the household; there is mention of verbal abuse, the orphans eat less than they once did, have more work to do and are hit when they do not do their work properly. Poverty seems to be a reason for this; caretakers have troubles to satisfy the needs of all children and their own children then receive better treatment (SIAPAC 2002). Because of the absence of a parent, children can be exposed to impersonal care and can be taken advantage of (Foster et al. 1997; Nyambedha et al. 2003). The differences between the previous living situation, the increased work load, and the possibly difficult relation with new caretakers means stress for many orphans (Foster et al. 1997; SIAPAC 2002). In the SIAPAC study (2002) it is also demonstrated that the problems increase when children are taken in by a household that strongly differs from the household they used to live in; this is seen in children that have to move from Windhoek to the rural north.

The orphans in the Kidsclub have different experiences with the way in which they are treated within their households. While some children indicate that they are treated equally, others experience a difference. One girl stated that the orphans in her home are treated worse than the children whose parents are still alive. This is also seen during the home visits; her grandmother does not seem to be interested in the girl and an aunt that also lives there approaches her hostilely. Another girl indicates that she has to work hard and has taken over the tasks of her older cousins. The girls have to deal with verbal abuse in which their dependent position is emphasized: “go you, without a father”, and “maybe you can look for your father and mother, if they have food” (said to a girl who has lost both parents). A boy tells that he and his twin brother are treated badly by their older cousins; when they complain about the unfair division of the work they are beaten by them.

Selma: I feel so bad when somebody does not treat me the same as the ones who are having their own mothers. In our house, there are some children that are treated well, and others that are treated badly. We, who are all orphans, we are not treated the same. Maybe it is just the way of other people treating you bad when you lost both your parents. Sometimes they can say: there is no food for you here. Maybe you can look for your father and mother if they have food.

Anna N: It’s like every, every work at home; it’s always me who has to do it. They even shout bad things at me. Go you, without a father. When I finish, again I have to do another work, and again. I never rest. My cousins at my house they are older but they don’t do anything.
Johannes: We are treated badly by our cousins. My mother works in a bar. When my grandmother says: ‘fetch water’, we are always the ones who have to do it. When you ask: why not the others? Then they start beating us. They are older than us, our cousins.

A theme that is expressed particularly in the drawings of the children is the adult’s use of violence against children. The caretakers seem to use violence to maintain their authority. When assigned to draw ‘something I will never forget’ and ‘something difficult that happened in the family’ various children drew a situation in which violence was used. One girl made a drawing that shows her aunt yelling at her little brother, another drawing shows a situation in which a girl is hit by her mother (see also Chapter 1). Two girls drew a situation in which children are hit by adults; one girl is being beaten by her aunt and another picture shows the violence of a neighbour towards a child in her home:

Selma: One day I was beaten by my aunt. My cousin beat Skikongo, my other cousin, then I beat him, and then he bit my finger. Then my aunt beat me.

Anna B: A woman was beating a child, the child was told to put goats in home. The child said it’s not yet time, and then the woman beat her. The woman was meme Martha, our neighbor, and the child is Saima (neighbor). (See drawing below)

An equal or unequal treatment of orphans and other children in a household is dependent on various factors. Firstly, the way in which the child is related to the caretakers seems to be of importance; the closer the relation the more rights a child has. The children that are taken care of by their mother’s mother seem be off best. Orphans received by the father’s family seem to be in a less favourable position. This shows in the above example of Selma who lives with her father’s mother. She says that she is not treated well. Children are often only taken in by the father’s relatives when there are no options of staying with the mother’s family. Selma lived with her grandmother’s sister after her grandmother passed away, only after her great aunt died too she came to stay with her father’s mother. Another factor that seems to be of importance in the treatment of orphans is the way in which the head of the household supervises the fair division of the tasks. As can be read in the above descriptions it appears that older children take advantage of the lack of supervision by making younger children do part of their job. The presence of another adult in the household beside the grandmother, an aunt for example, can be of a negative influence. While some children are supported by aunts, there are also children that are being taken advantage of and are called names and/or beaten, as was found in
one of the households during the home visits. Children that have been taken in by an aunt seem to be there to do the housekeeping. Two out of three girls in the Kidsclub that are taken in by an aunt are not taken care of properly. In the portrait below, the situation of one of these girls is described.

![Drawing 8](image) Anna (A child is being beaten)

The orphans do not have much to say about their situation. One of the girls told me that she was staying with her aunt during the summer break: “She is the only one who treats me very well.” After the break it turned out that she did not go. The person that was supposed to pick her up did not show up and nobody wanted to take her there. As is described in the portrait below another girl told me that she was not coming back after the summer. The girl was taken in by an aunt after her father died but she wanted to live with her mother because she was not happy. After the summer, she was still at school; the girl did not spend the vacation with her mother and still lives with her aunt.

**Housekeeping and food security**

Orphans are often taken in by households of which its sources are scarce. This can have consequences for the food security of orphans and the children might also have to make a larger contribution to the household. Because of the lack of
productive adults, orphans sometimes have to help by earning money (Foster et al. 1997). Nyabadha et al. (2003) state that many orphans in the rural areas of Kenya work on other people’s fields for money. A girl from the Kidsclub tells that she works the fields of other households. She makes one Namibian dollar per hectare. Most children however, do not indicate that they are working for others. The children have to do various tasks around the house and girls experience a heavier workload than boys. When they come home from school, the girls have to crush the mahangu, go for water, look for firewood and do chores. Some girls also have to cook. During the periods in which the land is ploughed, sown, weeded and harvested off, the girls have to make their contribution. The boys tell that they go for water after school, crush the mahangu once in a while and when they own cattle; they have to herd the animals. They work on the fields sometimes. During weekends children often do more chores. The boys have more time to play than the girls do and soccer is their favourite game. During the conversations, the girls in particular say they have only little time to play. When asked what they themselves want to change about this situation, one girl answers: “Maybe they [grandmother and aunt] have to be told that we need to rest.” The owner of the house, in many cases the grandmother, divides the tasks amongst the children. A girl says that in her home there are differences between the chores the orphans have to do and the chores the children that ‘belong’ do:

Selma: There are different kinds of work at home. Children who belong there, or have parents there, often get the easy jobs. Sometimes they just get these ordinary jobs, for example collecting spinach, while I am pounding.

Children help each other with the work they have to do; when one has a headache, is tired, has malaria or suffers from an injury, the children take over their tasks. The children of the Kidsclub give examples of situations in which they helped a sibling or a friend; they helped crush the mahangu, go for water or they take over the herding of the animals. The children also give examples of situations in which they were helped by a friend: “I was helped by my friend Maria to fetch water because I was sweeping the house”, one of the girls tells. The picture below shows two friends that crush the mahangu together.
Loide

Loide is an eleven year old girl; she is tall for her age and is a sweetheart. She is however, not doing too well in school. She flunked last year and according to her teacher her performance is bad. She loses her things and does not play with other children. Loide has lived in Omaalala for a year; after the death of her father Loide moved in with her aunt. I am under the impression that the aunt does not take proper care of Loide; she looks as if she’s looked after badly. Her teacher says: “She doesn’t have shoes. Her uniform is good, but it’s always dirty. Her clothes, hair and body are always dirty.” She has a large unattended wound on her feet. After living in a family with eight siblings the transition is huge for her. Loide lives with her aunt because her uncle works in the city and only comes home once in a while. Loide sleeps alone in a hut while her aunt sleeps in a house made of stones, she often has to baby-sit the house when her aunt goes out to drink beer in the cuca shop and she does most of the housekeeping. During the home visit the aunt asks whether there is something wrong with Loide’s brain because the girl still wets her bed. But probably the girl is scared to sleep alone in a hut while her aunt sleeps in a house with big locks. (From the conversations with the children in the Kidsclub I became clear that children are often scared of burglars and snakes in the home.) After the children got a new t-shirt and school shirt during the goodbye weekend, Loide is the only one that does not wear her new clothes to the final Kidsclub. Loide informs us that her aunt took the clothes because she would not need them.

Bacilia

Bacilia is ten years old but appears to be younger. Her teacher says: “her performance is not good; she failed, and she is not going to the next grade. She doesn’t listen to the teachers; she likes to play too much. Even when you are teaching, she is just playing and talking.” Since the first grade Bacilia and a boy who is also an orphan live with her aunt. Her uncle has a good job in Grootfontein where their own children go to school. While there seems to be no lack of money, Bacilia walks around in a torn school short. Her teacher informs me that Bacilia does not always has enough to eat and sits quietly in class then. Bacilia is not happy with her aunt and tells me that she wants to be with her mother: “When I go on holiday to my own house, I won’t come back. I want to stay with my own mother. I don’t want to stay with this mother. This one is arguing too much. Sometimes she says: you stay at school too much. You must fetch water, if you come late I will beat you. Sometimes she likes me but sometimes she doesn’t like me. When does she like you? When she tells me to stay with the baby, when she is going to cook. When doesn’t she like you? When I give up; sometimes I go to my hut if I don’t want to do prepare the food and collect wood. Did you discuss this with somebody? One day I told her. She said: You must go straight, but don’t come back. Who buys you clothes? My own mother, not the one I am staying with. My school uniform belonged to the child who was staying there before it went back to her own mother. My own mother made my skirt.”
Lack of food
One of the coping mechanisms of HIV/AIDS affected households to deal with the shortage of food is eating fewer meals each day. SIAPAC (2002) claims that several households in Namibia have started eating one meal per day instead of two. During the home visits it showed that several household that have taken in orphans have had trouble with the food provision. A couple of the very poor households could barely afford one meal a day. One girl from this type of household (like most other children) was strongly focused on food during the Kidsclub. Her behaviour showed that she is not eating enough food. She exchanges the slice of meat on her sandwich with another girl’s sandwich when she thinks no one is watching and she argues about the division of the lemon-ade. She finishes it quickly and than forces another girl to share it with her. When orphans are taken in by a new household, their food situation can change. One girl in the club mentions the lack of food in her current home as a big difference with her previous home: “There I was always having a lunchbox to
go to school, but here I don’t.” The division of food seems to be a problem amongst the children. They often indicate that they make their breakfast in the evening but that it is regularly stolen by other children in the household. Most children leave for school without breakfast. One boy hides the food he prepares at night to make sure it is not stolen:

_Selma:_ Sometimes I make my traditional bread. It’s enough but then grandmother is sharing it with others, so when I am reaching school I am hungry.

_Anna N:_ I make my traditional bread before I go to bed. But when I wake up, it’s gone, somebody ate it.

_Annet L:_ I make Oshikundu before I go to sleep, when I wake up, somebody drank it, and then I go to school without breakfast. _Do you steal it back?_ No, I just become angry.

_Anna B:_ Most of the time I come without breakfast. Sometimes when I eat, I only make mahangu porridge, but most of the time there is no time to make it before I go to school.

_Johannes:_ We prepare our breakfast, when you go and wash yourself, somebody comes and steals it, and then it’s gone. When you are asking for it, everybody laughs, so you won’t know who did it.

_Petrus:_ I drink Oshikundu, I put it in a container and hide it, but sometimes somebody steals it.

As was noted by the teachers, several children have troubles concentrating because of the lack of food. During the conversations the children indicate to be having troubles paying attention when they are hungry:

_Annet L:_ Sometimes you just sit like this (shows how her head lies on her arms), it looks like you are sleeping, and then you don’t listen at all.

_Anna N:_ Sometimes you are looking at the teacher, but you didn’t hear anything, you are just thinking about food. Your mind is not in the class. Sometimes they just ask you: “do you understand?” Then I say “yes”, but I didn’t hear anything.

**Children’s experiences within the school situation**

Because of the amount of chores, many orphans have little time to do their homework. SIAPAC’s study shows that Namibian orphans have troubles with their homework, some children have to do chores on top of what they normally do and others are often disturbed at home which leads to little studying. The children in the Kidsclub also indicate to be having troubles with their home-
work. While the girls do it late at night or early in the morning because they have to work during the day, boys often do it while taking care of the animals:

Anna N:  Many times you are busy the whole day with work; you have to light a candle in the evening to do your homework.

Selma:  I wake up very early and do it before sunset.

Petrus:  Sometimes when I look after the cattle in the fields, I sit in the shade and do my homework.

In school, orphans are sometimes bullied by other children. Based on their research on orphans in Zimbabwe, Foster et al. (1997) state that the stigmatization of children who are orphans due to AIDS does not particularly have to do with the death of a parent because of the disease, but with poverty and the status an orphan has. This situation was also mentioned by the children of the Kidsclub; they tell that they are sometimes bullied by other children at school. This is because they look shabby and because other children know that they can be bullied unpunished; they do not have parents to protect them:

Anneli L:  They beat us. Even when you just walk they can kick you or beat you.

Anna B:  When you walk they can just kick you, and then you can fall.

Anna N:  When you are walking they can just kick you, and then you can fall.

Selma:  Sometimes they just shout: “You are thin like somebody who doesn’t eat.” I think they bully us because we don’t have parents. When somebody is bullying me, I say I am going to report you to my mother or father. Then the other says: I know you don’t have them.

Johannes:  Some they bully you, because there is nobody who you can tell.

Although the Omaalala Primary School offers little support to orphans and vulnerable children, the children have several ideas about ways in which the school could help them. The school could build a shelter for orphans, start a Kidsclub for orphans, the school could allow her student to wear other clothes than the school uniform or could introduce an extra grade so they can stay in school longer. The answers show that several children consider the school a safe place that could offer possibilities to support them:

Johannes:  I want them maybe to build a house for orphans; I want the house to be there at the school. Do you know children who would want to stay there? Serverinus, Leina, etc. (cousins). I want somebody to look after us.

Anneli L:  I want the school to start a Kidsclub, so I can remain in the same group.

Selma:  I want the school to buy me a school uniform.
Anna N: I want the school to allow me to come with a part of my school uniform. I even want to wear jeans. So I cannot feel cold when I come to school.

Anna B: I want a school bag.

Petrus: I want the school to build a grade 8. So I don’t need to leave my old school.

Anneli: I want the school to consider that when I don’t have school uniform school I can still come and learn.

When the children in the Kidsclub are asked what they want to accomplish with their education and what they want to do in the future, all of them choose an occupation that is related in various way to the HIV/AIDS epidemic. One girl wants to enhance the situation by becoming a minister, three children want to help ill people, a girl wants to support her family and another is focused on safety. To accomplish this, the children say they will have to study, and even go to university: “just taking care of myself”, and “keeping myself clean by cleaning myself and cleaning the place where I am staying”:

Johannes: I want to become a doctor. So I can help the sick people.

Anna N: I want to be a nurse, so I can help those people who are sick.

Petrus: I want to be a policeman, so that I can catch the criminals who break into people’s houses.

Anneli L: Defense-force; so that I can buy food and clothes for my family.

Selma: Minister, so that I can help the orphans.

Anna B: A counselor (sent by a church). So I can read the sick the bible and counsel them when they have a problem.

Loss of a parent

With the loss of parents, the lives of children often change strongly; the home situation can change, they can be treated differently, they can be separated form their siblings, etc. This paragraph focuses on how children experience the loss of their parents and what emotional consequences this can have. In SIAPAC’s study (2002) on AIDS orphans in Namibia, some respondents indicate that children do not perform as well after the loss and that some children were difficult to handle. Richter (2003) states that the loss of parents and the changes this loss carries with it, are of a negative influence on the mental health of children. Many children do not only have to deal with the loss of parental love and care, but also with the loss of a home and the moving to another school, separation from their siblings, an increased work burden and social isolation.
These factors can have various psychological effects such as fear, depression, and a low self esteem. These reactions have the effect that children might be less able to deal with their circumstances (Foster et al. 1997). Foster et al. also state that these psychological difficulties are less obvious than material problems and they are possibly not recognized by the children themselves (Foster 1997). Fears and worries of children are often not recognized by caretakers or are not responded to. Richter (2003) claims that it is uncertain whether children affected by AIDS are vulnerable for long term psychological effects of emotional deprivation. Impersonal care and ill treatment can lead to the development of physic problems. Richter (2003) state that a stable and family based reception of affected children is important, as is enough social support. Social support on the family level, school and community reduces the impact of stress on children in negative circumstances. A number of children in the Kidsclub, especially those that probably have little social support, show isolated behaviour and seem depressed. During the conversations with the children, it showed that they worry and that they experience the loss of their parents strongly.

Missing a deceased parent

Many children in the rural regions of north central Namibia grow up in the households of their grandmothers; some of these children are separated from their parent(s) for long periods of time. The death of a parent has however a great impact on the lives of these children, like for children that grew up in the household of their parents or children that live with their parents in the households of the grandmother. In all cases, the children lose someone that was there for them; someone that took care of clothing or extra food, which protected them and gave them extra attention. The loss of parents makes a child more vulnerable. These aspects can be seen in the memories the children of the Kidsclub have of their deceased parents. They remember their parents brought food and clothing. One girl has a memory of her father in which they are sitting by the fire at night; another girl remembers her mother took her to the hospital when she was ill:

Petrus:
I remember my mother a lot. When she was working she used to bring me a piece of bread every day.

Johannes:
I remember that my father used to visits us and bring us food and clothes.

Anneli L:
I always remember when she buys me things like food and clothes.

Anna N:
I always remember when I sat with my father at the fire. (All laugh; this is normally done by boys).

Anna B:
I remember one day when I was very sick and nobody wanted to take me to the hospital and then my mother took me.
A number of children of whom one or both parent died when they were young, do not remember their parents. They have never heard stories about their parents because, as one girl puts it: “nobody tells me”. Children are probably also afraid to ask about it. They say that they know someone who knew their parents but do not ask this person questions. The children that did know their parents have nice memories from activities they undertook with their father of mother, like going into town or to church. One of the girls has nice memories from the time her deceased parents took her to Windhoek (see drawing above).

Anneli L: I am drawing my mother and my father and myself going to Windhoek with them.

Anna N: My father, my mother and me going to the church. I am drawing my father first because I like him. How old were you when your father died? Five.

Anna B: My mother is coming from work and I am running to her. My mother is having some bread. How old were you when your mother died? Five.

Johannes: Me and my mother coming from town.

Petrus: My mother, myself and my aunt coming from town. Do you remember your father? No.
With the loss of one or both parents, most children are not satisfied in their elementary needs such as food and clothing. The children have this on their minds often; they tell that they have to think about this at school and during other moments:

*Selma:* Sometimes I am thinking about my mother. I wish my mother was still alive, buying me the things I want, because when she was alive, she used to do so.

*Anneli L:* There are things that sometimes made me sad. Because when my mother came from Windhoek, she used to bring me clothes and chips and things like that. And now there is nobody.

*Anna N:* My father used to take me to shops, but now it is a long time ago that somebody took me.

The children also indicate that the person who is now sufficing in their food and clothing is the most important person to them; the children most often mention their grandmother or an aunt that supports them. During the home visits it showed that the aunt of one of the boys makes clothing for him, and also contributes to the costs of the food in the household while she is not living in this household. When the children are asked what kind of problems they discuss with their caretakers they answer that most of them are clothing or medical care:

*Selma:* I lost my shoes and I told my grandmother to buy me new ones.

*Anneli:* I told my sister to buy a school uniform.

*Johannes:* I had a problem with my school uniform trousers, and I told my mother to buy me one.

*Petrus:* Also school uniform.

*Anneli L:* I was sick and I told my aunt and then she gave me pills.

*Anna N:* I lost my schoolbag and I told my grandmother to buy a schoolbag.

*Anna B:* A scorpion bit me and then I told my grandmother. She put something on the wound.

**Meaning of family**

When children lose their parents and are taken in in the extended family, sometimes when they are very young, the question arises what meaning children give to family. First, it is discussed how the children of the Kidsclub define ‘family’. Eight children give a definition in which the matrilineal structure of the Ovambo society is represented: “family is people that have the same mother”, and “family is the people that have the same grandmother and the same mother”. The other children consider “people that have the same father and mother” as family, or “the house with the people that are related to each other”.


The way in which children talk to caregivers can be considered in this. It is remarkable that orphans use the forms ‘tate’ (father) en ‘meme’ (mother) for their biological parents but also for the uncle and aunt they are taken in by. The term ‘kuku’ is used for their grandmother, but also for a great aunt.

When the drawings that the children made of their family are considered,\textsuperscript{23} it becomes clear that orphans see the nuclear family as less central than non-orphans. While the three ‘vulnerable’ children in the Kidsclub whose parents are living, draw their father, mother, brothers and sisters (except for one girl who does not draw her father because he is away at work most of the time), the orphan’s drawings are less unambiguous. The orphans draw several consistencies: themselves, the deceased parents and a number of siblings; themselves, father, mother and an aunt; themselves, brothers and nephews; themselves and siblings, etc. The drawing above is the result of an assignment in which the children drew “my family”. In it, the girl drew herself and her two brothers and her sister. Her deceased father and her mother, who lives somewhere else, are not present in the picture.

\textsuperscript{23} This refers to the assignments ‘draw your family’ and ‘draw your family as animals.’
Worries about the loss of the current caretaker

The orphans experienced the loss of one or both parents and are worried that the person that currently takes care of them will die too. The children wonder where they have to live when their caretaker dies and indicate several problems. A few of them do not want to stay in their current home because they suspect their position in the home will be worse. A boy that lives in the household of his grandmother with his (ill) mother is afraid that his cousins will have more power over him when she dies. Two girls are worried that after their grandmother’s death the household will be taken over by the aunt they do not get along with. Other children said they do not know what will happen to them when their grandmother dies and are worried that they will be left alone in the house, or will be sent away. While some children say to think about this only once in a while, other children have this on their mind all the time:

Johannes: Mum, if she dies, I have nowhere to stay. Because I won’t be able to stay in the house when there are rude cousins and nobody who is able to buy me clothes and school fees. I think about it often, it makes me feel sad. Do you discus this with your brother? No

Anna N: Mother, if she dies, I have no place to stay. I only want to stay in this house when she is there, but I don’t want to stay there when she isn’t there. Do you want to stay at another place? In Ongwediva, maybe at my aunt, my mother’s sister.

Petrus: Grandmother. I have nowhere to stay because I don’t know if the housemaid will chase me, I have no idea. But I don’t think anybody want to take that responsibility.

Anneli L: Grandmother. Because I don’t know where I will stay when she will die. When do you think about this? Sometimes I think about this.

Selma: My aunt. I am just thinking if she dies and my grandmother dies, the house will be taken by my aunt, but what if she don’t like me? When do you think about this? Many times, at home and at school.

Anna B: Grandmother, if she dies, then nobody will stay with me in the house.

Because of the problems and insecurities the children do not seem to feel safe in the household they currently live in. When they are asked to draw a place where they do feel safe – this could be real or imaginary – it is remarkable that none of them draw the home they now live in. Most children draw the household of a richer uncle or aunt, which is often a house in the city. The drawing (drawing 12) is an example of one of these safe places. One girl draws a house of her own where she lives with her siblings and a friend:
Anneli L: I draw a house with a sitting room, a TV, a bedroom, my aunt and the garden. This is the yard and a gate. It is in Windhoek, it’s the house of my aunt.

Selma: My grandmother’s sister’s house in Oniipa. The woman is my auntie Johanna. Inside the house is a fridge, a Deepfreeze and a TV.

Anna N: I draw my own house in Windhoek. *Who is staying in the house?* Hileni and me, and my brothers and sisters.

Anna B: It’s my aunt’s house in Ondangwa. Two doors for my cousin Kapandu, the yard, the field and the garden.

Johannes: It’s a house, a kitchen where you enter, here it’s the sitting room and the sleeping rooms. It’s in Windhoek, my father’s brother’s house. *Do you sometimes go there?* Yes, during the holidays.

Petrus: My aunt’s house in the village Omusheke. There’s a table in the kitchen, in the sitting room a TV. This is my aunt, me, my aunt’s car, the garden. *Do you sometimes go there?* Sometimes during the weekend, sometimes during holiday.

*Drawing 12* Petrus (Petrus’ aunt’s house as a safe place)
Anna N
Anna N is a ten year old, cheerful girl who is always ready to do something for another. She does not have problems at school. Her teacher tells: “She doesn’t have a problem. She is just normal like other children. She doesn’t show that something is worrying her. She is happy, she does all the activities. She is familiar with me”. Anna and her brothers and sisters live with their great aunt. Her mother works in a city far off and does not come by often. Anna’s father has died. During the home visits and conversations with Anna at the Kidsclub it becomes clear that Anna often has a hard time at home. An aunt, who also lives in the house, dominates the household. She beats the children and makes them do much of the housekeeping. Anna tells that she does not want to stay in this household when her grandmother dies and she is left to the care of this aunt. Anna’s safe place would be her own home where she can live together with her siblings and friends.

HIV/AIDS

Lack of openness
The lack of openness about HIV/AIDS that marks the reactions of most teachers and caretakers of the children in the Kidsclub is also seen in the reactions of the children. They hold back when asked about their knowledge, the answers are negative and they laugh when one of the girls says it can be transmitted through sexual contact:

Johannes: I don’t know, but I heard about it.
Petrus: I didn’t even hear about it, it’s my first time.
Selma: I heard about it. I just heard that people get very thin and then the eyes come out.
Anneli: I don’t know.
Anna B: I didn’t hear about it.
Anneli L: I just heard that people get thin, have big eyes and can’t walk.
Anna N: I also heard about it. I heard when people are having sex, they get it. (All laugh)

When a boy, whose father probably died of AIDS and whose mother has AIDS, tells that he has heard from a family member that people die of AIDS, he walks away from the circle uncomfortably to put something in his bag and refuses to talk about it anymore.
Some die of Aids. How do you know people die of Aids? I just heard it from a family member talking. (Walks away and puts something in his bag.) Can you tell me a bit more about this? I just heard them talking about it.

Because the children do not like to talk about HIV/AIDS it is hard to figure what their knowledge is on the deaths of their parents. When the children are asked if they have heard whether someone has the disease, the answer negative. They also do not mention HIV/AIDS when they are asked how people die. It does stand out that none of the children mentions dying of old age either.

Selma: Some die because they kill themselves; they hang themselves in the tree. It happens when somebody did something bad to them.

Anneli: They die because they are sick.

Anna B: They just get sick and die, I don’t know from what disease.

Anneli L: They die because they stab each other with knives.

Petrus: Some, they cut each other with pangas (machetes).

Anneli L: Some they push each other in the water when the rain comes.

Knowledge on HIV/AIDS
Richter (2003) claims that many AIDS orphans have an increased risk of getting the disease. More often than other children, these orphans start early with sexual activities and are more often exposed to commercial sex and sexual abuse. Economical needs, the pressure of their peers, a lack of supervision, and rape play a role in this. It is of great importance that the orphans are properly educated about the transmission of HIV/AIDS. The knowledge of most children in the Kidsclub on HIV/AIDS is, however, limited because they are not educated by their teachers and not by their caretakers. Several children know that HIV/AIDS means death but they do not know where in the body the disease manifests: “I don’t know. It stays in the eyes?” They also suppose that HIV can be transmitted through kissing. The information that children do have about the disease comes from different sources:

Anna N: I just read it on a leaflet. I found the leaflet in my grandmother’s room. There were also some pictures on the leaflet.

Anneli L: I just heard it from people talking.

Johannes: I heard it from the radio. (Laughs.) I just heard: those people, who are having HIV, there are too many of them.
During the Kidsclub the children indicate that they want to know more about HIV/AIDS in order to protect themselves: “So that when I grow up, I can protect myself against this disease”. They would like to have HIV/AIDS education in school and also state that their parents should give them HIV/AIDS education; starting now and until they are twenty. During a discussion about infection, introduced with a short talk about conceiving, the children’s knowledge about sexual intercourse shines through. At first they hold back talking about it, but in time they tell more:

Johannes:  The baby comes from the belly, but I don’t know what caused it.
Selma:  Because they have sex; the child develops in the belly because they have sex.
Anneli L:  When you are having sex, you are sleeping together as a man and a woman, but not as a boy and a girl.
Johannes:  When the woman and man sleep together, when the woman is underneath and the man is on top that means they are having sex. (Johannes and Petrus are laughing.)
Anna N:  When you sleep with somebody who is having Aids then you can get it.
Johannes:  When the man’s semen and the woman’s fluids meet, then they make an egg. That egg develops in a very funny baby that looks like a lizard, because it has a tail.
Anneli L:  When the baby is growing, the tail is disappearing, and then the child starts moving around; upwards and downwards.
Johannes:  Then the baby starts to face downwards. This side, that side.
Selma:  The baby starts facing downwards and the woman gives birth, the baby comes with the head first.
Anneli L:  The baby comes from the anus. (All laugh)
Johannes:  Some pass through the anus, some from the belly because they have to be operated. That’s all.

Because children are not properly educated, they search for knowledge themselves. Several children tell that they obtained their knowledge about sexual intercourse and conceiving from books of older sibling or cousins. One boy has the information from a friend. The children are aware of protection and know how condoms work. They learn about this is several ways:

Johannes:  I heard it in my cousin’s room.
Petrus:  I saw some children playing with it.
Selma:  I saw it in the shop.
Anneli L:  I saw it in the shop as well.
Anna N:  I saw it in my uncle’s room.
Selma

Selma is a ten year old girl that has lived in Omaalala for a year. Both her parents passed away. Selma used to live with her grandmother, when the grandmother died the girl was taken in by her grandmother’s sister and after she died the girl was taken in by her father’s mother. Selma tells that she is not treated as well as the children whose parents are still alive. She has to do heavy tasks and is sometimes called names. Her teacher has also noticed that Selma might be treated differently than the other children: “At home she gets food, but at school I also see a boy who comes from the same house, he is in grade 5. That boy looks nice and he comes with food. Maybe he has more food than Selma.” Selma sometimes makes an isolated and depressed impression. During the last conversations of the Kidsclub the question rises whether maybe Selma is taken advantage of in other ways because of her dependent position. Contrary to other children, Selma sometimes makes remarks that indicate that she knows about sexual activities that do not fit her age. During one of the conversations she asks: “is there also a risk at HIV when the man ejaculates outside of the woman?” And she tells the girl who lies next to her on the blanket during the group interviews: “you lie like someone that has sex”.

Conclusion

A contribution has been made to the development of methods for getting into conversation with children on sensitive subjects through this study on the experiences of a small number of AIDS orphans in north central Namibia. First of all, it was of importance to meet with the children over a long stretch of time; in the Kidsclub the children met as a group over a period of a few months. In this way, the children got used to each other and a bond of trust could grow between the researcher and the children. When such a bond is formed, the emphatic attitude of the researcher is of importance and the children need to be sure that their stories are dealt with confidentially. The surroundings in which these conversations take place plays a role in this; by talking to children at school, and not at home, the children were able to talk about their home situation more freely and the comfortable setting made sure there was a relaxed atmosphere in which the children felt more confident to talk freely. The building of themes is also important: general themes such as friendship and family offered the basis to talk about more personal and difficult experiences in this study, and it also gave some insight into the daily lives of children. The use of various methods (drawing, group interviews) offers children the possibility to express themselves in different manners. For example, indirect methods such as drawing are very suitable for shy children, but group discussions have the advantage that children can share their experiences. One of the orphans said:
“it’s good to talk with each other about our problems, it helps”. It is also of importance to research the different living situations of the child and to see the child in several contexts. The home visits offered extra information, the social desirability of answers could be obtained and the conversations with the caretakers offered a background for the experiences of the orphans.

This study shows that the influence of HIV/AIDS can be felt on the different aspects of the lives of orphans. The spread of the disease in Namibia seems to be a complexity of factors that researchers have trouble defining. However, a possible factor in the spread of the disease in north central Namibia is – despite the dramatically high infection rate – a lack of openness about sexuality and HIV/AIDS. In the conversations with the caretakers of the orphans the consequences of this lack of openness appear. Children do not get sex education at home and the deaths of their parents are often not discussed. The epidemic obviously has a negative impact on rural households; while the deaths of household members causes the income to decrease, the nursing of the sick and care for the orphans causes the burdens to rise. Households do not have enough food due to this. Almost all orphans are taken in by the extended family in which grandmothers have a central role. In this study it appears that kinship is of influence on the care for orphans; they often receive better care if they stay at closely related matrilineal family. Orphans are in a vulnerable position, especially girls that are taken in by an aunt run the risk of being taken advantage of. Many caretakers indicate to have trouble with the raising of the money needed for school and for school uniforms. There is, however, not much support for these households by the government, community or church. Many schools also do not respond adequately to the problems of orphans. At the school where this study was conducted orphans are almost not supported, teachers are only limitedly aware of the home situations of their students and the education on HIV/AIDS for children (from ten to eleven years old) is insufficient.

Many orphans in this study indicated that they have to do much of the housekeeping. For girls in particular this means that there is not much time left for homework or playing. While various orphans indicate to be treated equally as the non-orphans of the household, other children experience verbal abuse and an increase in workload. Several children have trouble concentrating at school because of a lack of food in the household, or the distribution of it – other children often steal their food. The children also indicate to be bullied because of their poor looks or their vulnerable position. With the loss of a parent, the children lose a person that is there for them, someone that gives them clothes or food, that protects them and gives them attention. Most children worry that their caretaker will die; they wonder where they will have to live then and are scared that their position in the household will worsen when another relative is in charge. Children do not like to talk about HIV/AIDS, and they have a lack of
knowledge since they do not receive sex education at home or at school. The children do however intensely need knowledge on HIV/AIDS because they want to protect themselves, and for this they search for information in the books of older siblings.

This study shows that the care for orphans in poor households is a great burden. These households should be supported by the government and schools. A response from the schools, seconded by the government, should be aimed at: a good identification of orphans and vulnerable children, knowledge of teachers about the backgrounds of students, food programs in schools, more accessibility to and clarity about exemption and a possible cancellation of school uniforms. It is also of great importance that children receive proper education on HIV/AIDS.


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