HIDDEN WOUNDS:

Orphanhood, Expediency and Cultural Silence in Botswana

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ABSTRACT

This thesis focuses on the social impact of orphanhood in Botswana, i.e. the effect that loss of parents has on children and the implications for caregivers of taking on responsibility for orphans. Historic and ongoing changes in social structure have a significant impact on the current capacity to cope with stress caused by widespread orphanhood. Contemporary behavioural responses to stress and the coping strategies of adults affect the lives of children without parents. The experiences of orphans provide insight and understanding of how a society already undergoing rapid social change attempts to cope with the pressures added by HIV/AIDS.

Botswana has had an HIV prevalence rate of over 35% of its adult population for 8 years. In the 2001 census, 15% of all children were orphaned and 25% of 17 year olds had lost their parents. I worked with 181 children in 67 households across four research sites in Botswana. The four research sites covered a range of ethnic groups, economic activities and HIV prevalence rates. I had six formal participatory activity sessions with each child (except in my pilot study) and there were many more contact hours with some of the children who visited informally. I interviewed each caregiver twice, once at the beginning and a second time towards the end of my contact period with the household. In addition, I collected data in 17 schools through student and teacher questionnaires, focus group discussions with school management teams and interviews with head teachers.

I have used my data to develop a conceptual framework for understanding the general response among adults in Botswana to the AIDS epidemic and the implications of that response for orphans. The adult population in Botswana, barely able to cope with the stresses of AIDS, has resorted to denial, involution, expediency and cultural silence. These coping strategies inflict hidden wounds on children; the disabling that results may cause further social unravelling as these youngsters grow into adulthood. Involution, instead of preserving the sociocultural status quo, harms future generations and thus threatens the survival of the culture. The experiences of orphaned children have exposed adult coping strategies that are ultimately self-defeating.

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ACRONYMS

ABC	Abstain, Be faithful, Condomise
AFXB	Association Francois-Xavier Bagnoud
AIDS	Acquired Immune Deficiency Syndrome
ALDEP	Arable Lands Development Program
ANC	Ante Natal Clinic
ART	Anti Retroviral Therapy
ARV	Anti Retroviral
CJSS	Community Junior Secondary School
CBO	Community Based Organisation
DSS	Department for Social Services
FBO	Faith-Based Organisation
HBC	Home Based Care
Hh	Household
HIV	Human Immunodeficiency Virus
MLG	Ministry of Local Government
MoE	Ministry of Education
NACA	National AIDS Co-ordinating Agency
NGO	Non-Governmental Organisation
PLA	Participatory Learning and Action
PRA	Participatory Rural Appraisal
PMTCT	Prevention of Mother to Child Transmission
PTSD	Post Traumatic Stress Disorder
RAC	Rural Administration Centre
RRA	Rapid Rural Appraisal
S&CD	Social and Community Development
SMT	School Management Team
SPIL	Society for the Promotion of the Ikalanga Language
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
STPA	Short Term Plan of Action
TASO	The AIDS Support Organisation
TB	Tuberculosis
TCM	Total Community Mobilisation
UB	University of Botswana
UEA	University of East Anglia
UWESO	Ugandan Women's Effort to Save Children
VCT	Voluntary Counselling and Testing
VDC	Village Development Committee

SETSWANA TERMS

*Bo*tswana	The country
*Se*tswana	The language, the culture
*Mo*tswana	One citizen
*Ba*tswana	Citizens

Bogadi	Bride price
Bogwera	Boys' initiation
Bojale	Girls' initiation
Dikgaba	Envy
Go ralala	To live with the wife's parents
Kgadi	Home brew
Kgosi	Chief
Kgotla	Tribal meeting
Khutsana (*pl*. dikhutsana)	A child who has lost both parents
Koppie	(jug, cup)
Lekgoa (*pl*. makgoa)	European, white person
Lesiela (*pl*. masiela)	A child who has lost one parent
Lolwapa	Dwelling place, homestead, compound
Losika	Relatives
Malata	Serfs, servants
Malome	Mother's brother
Masimo	Agricultural lands
Mophato (*pl*. mephato)	age set
Moraka	Cattlepost
Ngaka	Doctor
Omang	ID card
Patlo	Negotiations
Phane	Edible caterpillars
Pula	Rain, currency
Semausu	Tuckshop, street vendor
Seswaa	Shredded meat
Thebe	Raindrop, division of Pula (currency)

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1.1 Introduction

1.1.1 Research Justification

The HIV/AIDS pandemic is an unprecedented event in human history. There have been other global epidemics but they have resulted in acute illness and rapid death. HIV takes a long time to kill its hosts and can, therefore, have a high reproductive rate. High prevalence has profound implications for society and Botswana has one of the highest HIV prevalence rates in the world. Although it is among the richest countries in Africa, it is facing the impacts of the HIV/AIDS epidemic with no information or experience to which it can refer. In this thesis, I explore the process of confronting an unprecedented long wave event through the experiences of orphans and their caregivers.

My research focuses on the social impact of orphanhood in Botswana, i.e. the effect that loss of parents has on children and the implications for caregivers of taking on responsibility for orphans. Historic and ongoing changes in social structure have a significant impact on the current capacity to cope with stress caused by widespread orphanhood. Contemporary behavioural responses to stress and the coping strategies of adults affect the lives of children without parents. The experiences of orphans provide insight and understanding of how a society already undergoing rapid social change attempts to cope with the pressures added by HIV/AIDS.

1.1.2 Scope and Location of the Research

The focus of my research is the experiences of orphans in all aspects of their lives, including their home environment and at school. When working with children, *time* and *flexibility* are key requirements for establishing the level of trust needed before questions about sensitive issues can be asked. The time needed to achieve the desired depth and quality in my data limited the total number of children participating in my study. In all, I worked with 181 children in 67 households across four research sites in Botswana. I had six formal activity sessions with each child (except in my pilot study) and there were many more contact hours with some of the children who visited informally. I interviewed each caregiver twice, once at the beginning and a second time towards the end of my contact period with the household. In addition, I collected data in 17 schools through student and teacher questionnaires, focus group discussions with school management teams and interviews with head teachers.

Botswana is divided into 10 (rural) districts and 5 urban areas (See Map 1.1, p17). The largest district, both geographically and in terms of population, is Central District. It also has the highest HIV prevalence in the country and 36 percent of all Botswana's orphans live in Central District. My pilot study and second research site were located in two separate sub-Districts within Central District, Mahlapye sub-District and Bobirwa sub-District respectively. The third site was in North West District which has a wide range of ethnic groups and the final site was in the Ghanzi District which, until recently, had the lowest HIV prevalence in Botswana. The four research sites thus give a range of ethnic groups, economic activities and HIV prevalence rates.

In this chapter, I first outline the context of orphanhood in Botswana by quantifying the severity of the AIDS epidemic, the numbers of children without parents and describing the government's response to the rising numbers of orphans (section 1.2). I then outline the research questions which structured my literature survey, data collection and method (section 1.3). I give a brief description of the conceptual framework of my thesis (section 1.4). Finally, I outline the structure and content of the remaining chapters of the thesis (section 1.5).

1.2 The Context of Orphanhood in Botswana

Botswana is severely afflicted by the extreme scale of its HIV/AIDS epidemic: a large proportion of the adult population is infected and a growing percentage of the child population is orphaned. The scale of orphanhood in Botswana is set to increase for some time yet; the numbers of orphans will not peak for several years.

1.2.1 The scale of the HIV epidemic in Botswana

Botswana has one of the highest rates in the world of HIV infection and AIDS per head of population. The first case of AIDS in Botswana was identified in 1985 and since then numbers have escalated alarmingly: today the official government figures put adult (15-49 years old) infection rates at 37.4 percent (NACA, 2003a)[1]. In Botswana, HIV/AIDS infection rates are calculated through annual sentinel surveys conducted since 1992 by the AIDS/STD Unit of the Ministry of Health and since 2001 by NACA (National AIDS Coordinating Agency). These measure HIV prevalence rates among pregnant women attending antenatal clinics (ANC) throughout the country. There are biases in ANC surveys, younger women are likely to be overrepresented as they are probably more sexually active and HIV positive women will be underrepresented as they may have higher rates of infertility due to their HIV infection (Barnett and Whiteside, 2002). In addition, wealthier women who can afford private health care, and women who do not have access to ANC, for example, those who live in remote areas in Botswana, will not be included in sentinel surveys[2]. Consequently the validity of sentinel survey results has been questioned by some (NACA, 2003a). To counteract these criticisms, data from several sources in addition to ANC sentinel surveys are now used for calculating HIV prevalence in Botswana: Voluntary Counselling and Testing (VCT) sites, Prevention of Mother to Child Transmission (PMTCT) clinics and, as has been the case for several years, clinics for the treatment of sexually transmitted infections. The first report including all these sources was the 2003 “Second Generation

[1] There was no Sentinel Survey conducted in Botswana in 2004. Instead, the Botswana AIDS Impact Survey (BAIS) found that the overall HIV prevalence in the population of 18 months and over to be 17.3 percent. In the age group 30-34 years, prevalence was 40.7 percent. A breakdown comparable to the Sentinel Surveys is not available. (Source: www.cso.gov.bw)

[2] Chilisa, B. 2001. Key Informant Interview. Professor, Education Department, University of Botswana, Gaborone.

HIV/AIDS Surveillance". The results for Ghanzi were excluded from the 2003 report because the prevalence doubled from the 2002 figure and this was deemed unlikely. In spite of such problems, the report concludes that among these sources there is "a very high degree of agreement in terms of the epidemiologic features of HIV infection in the country" (NACA, 2003a: 64).

HIV/AIDS has become the main killer disease in the country and women make up 55 percent of the total number of people infected with HIV. In the 2003 Sentinel Survey the trend in national HIV prevalence among pregnant women had risen again from 35.4 percent in 2002 to 37.4 percent in 2003 after hopes that prevalence rates had begun to fall or at least plateau (see Figure 1.1). Taken by district, infection rates ranged from 25.7 percent in Southern District to 52.2 percent in Selebi Phikwe. In more than two thirds of the country the prevalence rate is over 30 percent and in more than one third of the country the prevalence was over 40 percent (NACA, 2003a). There is no marked difference in HIV prevalence between urban and rural areas and this is usually attributed to the high levels of mobility among the population (AIDS/STD Unit, 1997).

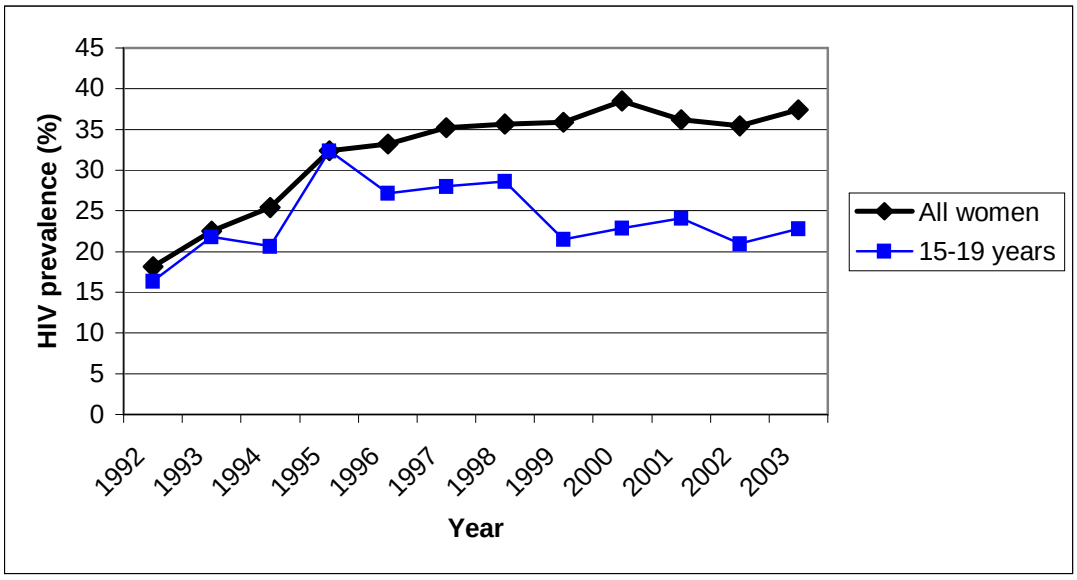

Figure 1.1 National trend in HIV prevalence in Botswana among pregnant women
Source: NACA (2003a)

Figure 1.1 shows the dramatic rise in the HIV prevalence rate since sentinel surveys were established from 18 percent of pregnant women attending ANCs in 1992 up to

a peak of 38 percent in 2000. Since 2000 the recorded prevalence rate fell slightly but then rose again to 37.4 percent in 2003; it has been above 35 percent for eight years now. The Botswana Government's prevention campaign has focused on ABC (Abstain, Be faithful and Condomise) (Heald, 2002) and, in theory, much of the education about prevention has been disseminated through schools. Prevalence rates among 15 to 19 year olds have fallen from a peak of 32 percent in 1995 to below 25 percent for the last 5 years, however, this is still a generalised epidemic in the 15-19 age cohort and the figure would have to fall a lot further before the education campaign could be counted a success.

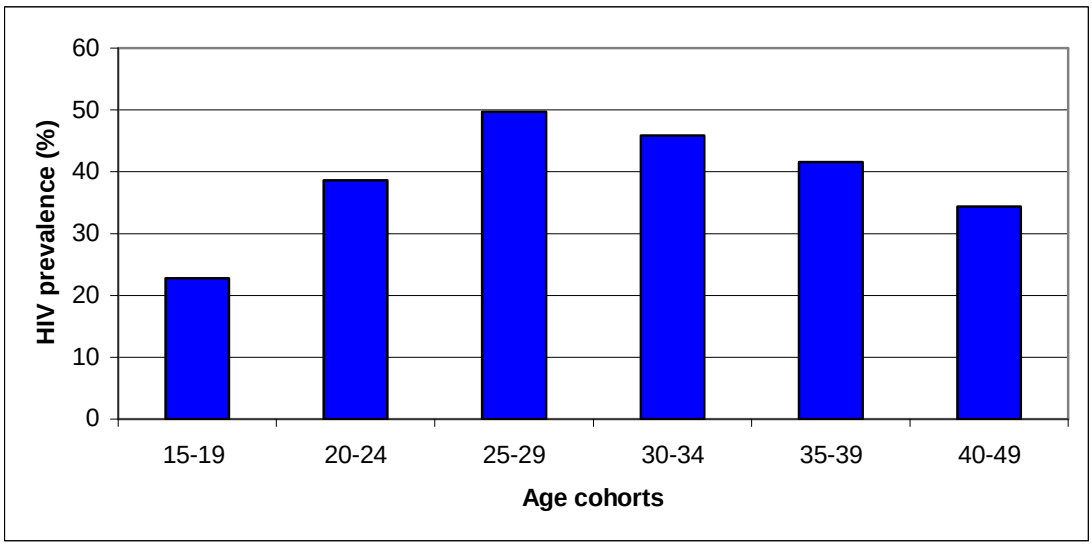

Figure 1.2 Age distribution of HIV prevalence among pregnant women, 2003
Source: NACA (2003a)

If age-specific rates are observed, the national HIV prevalence, as shown in Figure 1.2, was highest among women aged 25-29 at nearly 50 percent (NACA, 2003a). District values ranged from 30.2 percent in Kgalagadi to 75 percent in Bobirwa in 2002 ((NACA, 2002) as comparative figures were unavailable for 2003). These figures represent extremely high levels of HIV infection. In spite of the introduction of free anti-retroviral therapy (ART) in four centres in 2002[3] (with expansion to further sites during 2003 and 2004), a high proportion of Botswana's adult population will die over the next 8-12 years. The structure of the population will inevitably change as the proportion of children and elderly people continues to rise.

[3] The first centres where ART was provided for citizens were Gaborone, Francistown, Serowe and Maun. The next locations to receive ART outlets were Lobatse, Kanye, Mahalapye, Selebi Phikwe, Kasane and Ghanzi.

The proportion of surveyed women who are married is shown in Figure 1.3. (The districts shown are those where my research sites are located.) In Botswana very few women get married: fertility is more important than marriage and there is no longer any stigma attached to having children out of wedlock. The vast majority of the women surveyed describe themselves as 'single' (see Fig 1.3 and Table 1.1). Marriage rates in Botswana have been falling for nearly a century as a result of a range of factors such as labour migration. In Chapters 3 (section 3.2.4) and 4 (section 4.3.2), I explore in more detail the reasons for the low rates of marriage as well as looking at the consequences of this trend.

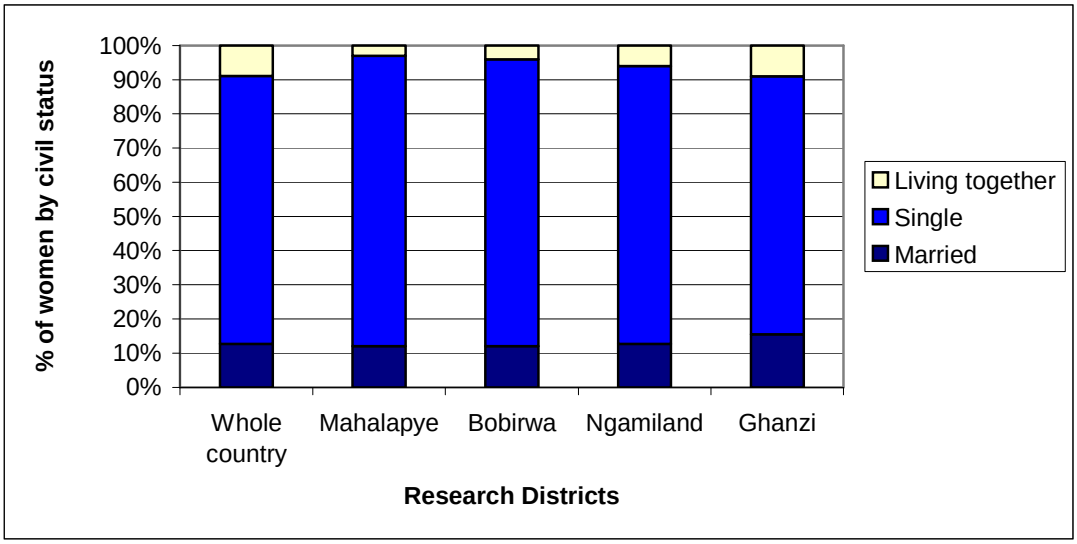

Figure 1.3 Civil Status of Women Surveyed Source: NACA (2002)

(The figures are for 2002 as Ghanzi was excluded from the 2003 Sentinel Survey because the prevalence doubled from the 2002 figure and this was deemed unlikely.)

Table 1.1 shows that HIV prevalence rates are significantly lower among married women than those who are single or living with a partner. The NACA Report (2002) includes a comment that single motherhood seems to be one of the driving forces of the epidemic in Botswana. This judgemental statement is something of an inaccurate generalisation and in the 2003 report NACA comes closer to identifying more specific 'driving' forces. It comments that the number of sexually active young people who had multiple partners was significantly higher in the latest survey than in 2001 (NACA, 2003a: 66). In chapter 4 (section 4.3.4) I consider other factors undermining social cohesion in Botswana which may contribute to the high rate of HIV prevalence.

Marital Status	Proportion of women in sample (percent)	HIV prevalence (%)
Single	81.2	40.2
Married	11.9	27.8
Living together	6.9	42.7

Table 1.1 HIV prevalence according to marital status Source: NACA (2003a)

Whatever the causes, the scale of the HIV/AIDS epidemic in Botswana is enormous. As more adults die, more children are orphaned.

1.2.2 Orphanhood in Botswana

The Botswana Government defines an orphan as a child below 18 years who has lost both parents or one parent in the case of single parent families (Ministry of Health *et al.*, 1999). In Setswana a distinction is made between *khutsana*, a child who has lost both parents, i.e. a double orphan and *lesiela*, a child who has lost one parent i.e. either a maternal orphan if the child's mother has died or a paternal orphan if the child's father has died. The 2001 census recorded 111,828 orphans according to the official definition making up just over 15 percent of all children in Botswana (see Figure 1.4). Of this total, 14,531 were double orphans, 26,586 maternal orphans and the remaining 70,711 were classed as paternal orphans. Buthali (2003:2) points out the complexities included in the category of paternal orphans which may account for this high figure being inaccurate:

> "Against the background of many children born out of wedlock being labelled fatherless, the majority of such children are not orphans from a theoretical viewpoint. In most instances when the whereabouts of a child's father may not be established, it is often reported that he is dead – "*Rraagwe o gatilwe ke terena"* (the father was run over by a train). Worse still, in the case of the biological father abandoning the child, the survivorship of the father often raised emotions on the part of those affected hence there is a high likelihood that the father might just be reported as dead, even if he is still alive."

This strategy of reporting absent fathers as dead is a form of denial which I discuss in more detail in chapters 2 (section 2.2.1) and 8 (section 8.2). It highlights the difference between the *ideal* of the norm (fathers care for their children socially and materially) and actual *practice* (a large number of fathers do not support their children in any way (Molokomme, 1991)). It reflects a situation where many children effectively have no father but implies that it is not talked about.

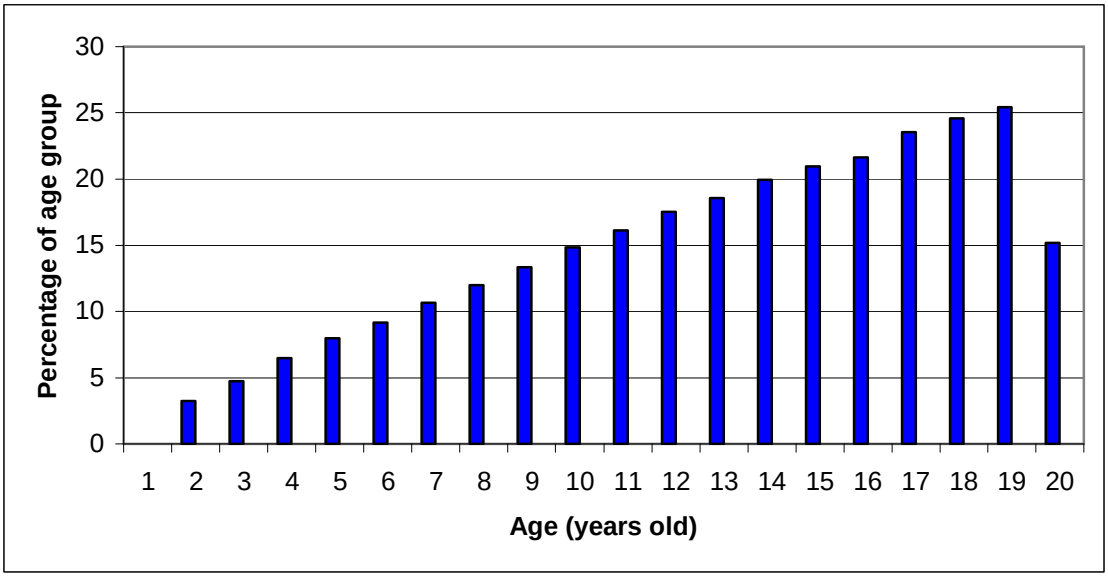

Figure 1.4 Orphans as a proportion of all children Source: CSO (2003)

Figure 1.4 shows that an increasing proportion of all children are orphans as age increases. If a child is orphaned at age 10, say, s/he remains within the official definition of orphan until s/he turns 18 and during the 7 years after her/his orphaning other children among her/his agemates will be orphaned swelling the proportion of orphans in each successive age cohort.

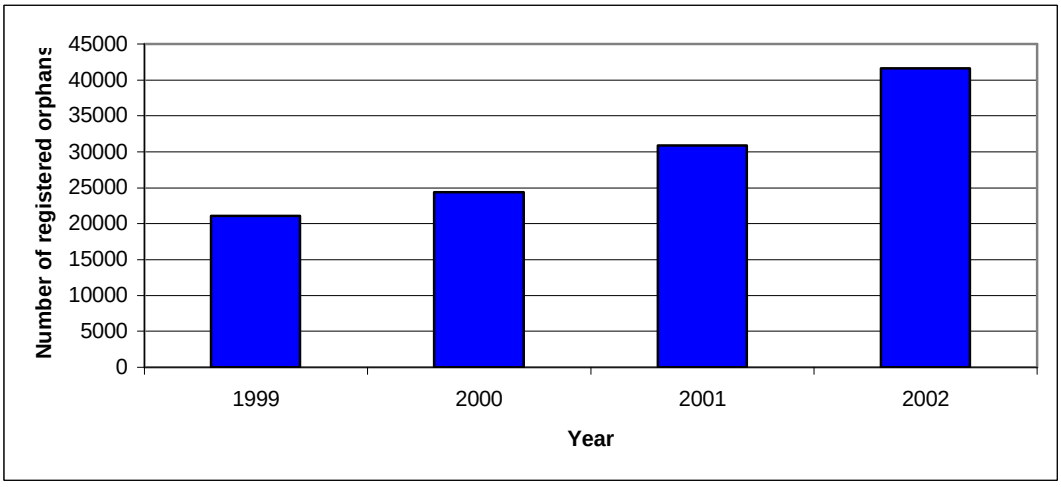

Figure 1.5 Growth in the number of registered orphans since 1999
Source: Procek (2002), Semommung (2003)

The difficulty in accurately measuring the number of orphans results in a variety of official figures. Another way of measuring the number of orphans is by counting those who register to receive benefits, as shown in Figure 1.5. Registration of orphans began in 1999 when some 21,109 orphans were registered; 24,341 were

registered by the end of 2000 and 30,855 by the end of 2001 (Procek, 2002). The figure for 2002 is 41,592 (Semommung, 2003)[4]. Even if the registration figures are compared with the census figure for the sum of maternal and double orphans only, there is a vast discrepancy between the 30,855 registered by the end of 2001 and the 41,117 double and maternal orphans counted in the census. Some of the discrepancy may be accounted for by non-registration of eligible orphans but all figures must be used with care. Clearly, there are problems with defining and counting orphans (the definition will be more thoroughly dealt with in Chapter 3, section 3.4.1), but whatever the definition or measure used, the numbers are high, indicating a burden to society of enormous magnitude.

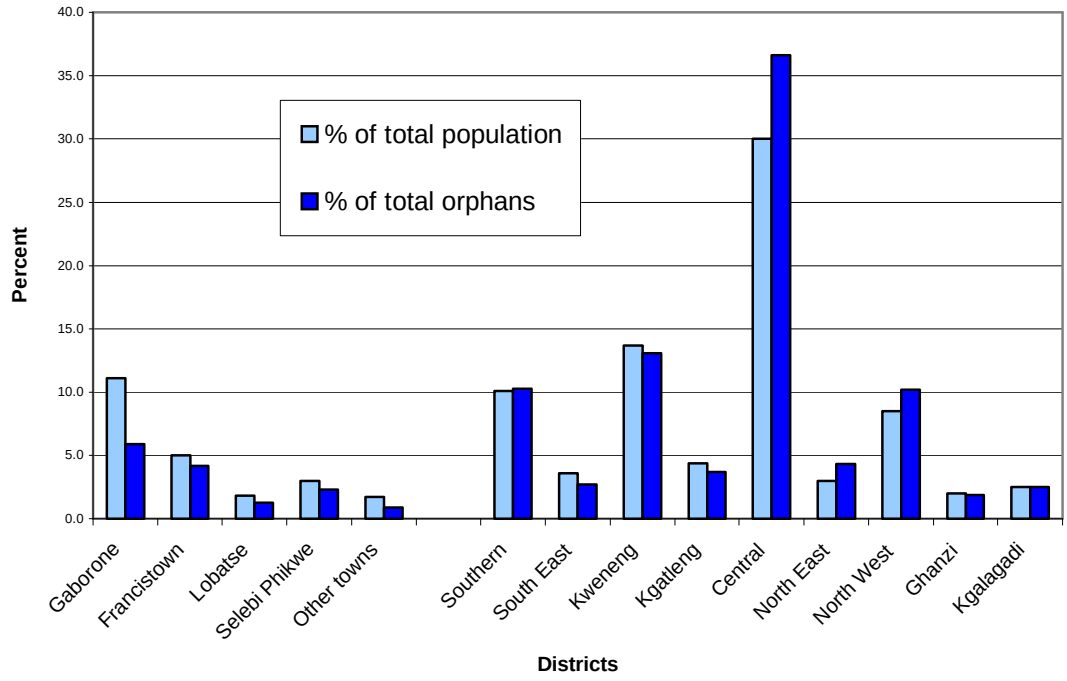

Figure 1.6 Location of Orphans in Urban and Rural Areas
Source: CSO (2001), CSO (2003)

Figure 1.6 shows that there is a discrepancy in the location of orphans relative to the total population so that while 11.1 percent of the total population lives in Gaborone, only 5.9 percent of all orphans live in Gaborone. All urban areas (the group of 5 on the left) have a smaller proportion of orphans than they do of the total

[4] Both sets of figures are based on information from the Department of Social Services, Ministry of Local Government.

population. Some rural areas (those on the right of the figure) have a significantly higher proportion of orphans than they do of the total population, particularly Central District, the North East and North West. This reflects the fact that many children reside with their grandmothers while their mothers work in urban areas and if their mother dies, they remain with their grandmother in the rural area. Even children who have been living with their mother in an urban area will most likely be sent to stay with their grandmother if their mother falls ill or dies. This is in sharp contrast to HIV prevalence rates where there is little difference between urban and rural areas. However, if the same breakdown was available for AIDS deaths it would probably show higher rates in rural areas as many ill people return to their village to be cared for by their mother when sick.

There has already been a huge increase in the number of orphans, as shown in Figure 1.5. To date, the care for the vast majority of these orphans has been absorbed by the extended family: grandmothers, older sisters and aunts. This is not unusual in Setswana culture: 18 percent of children who still have both parents, live with neither parent but with some member of the extended family (UNICEF *et al*., 2001). However as the *scale* of the problem continues to grow and as the grandparent generation dies out, alternative methods of providing care will have to be considered. Increasingly child- or youth-headed households are emerging.

In all of Botswana there are only two fully-functional residential children's homes. Both are externally-funded SOS Children's villages, one in Gaborone, the capital city and one in the second city, Francistown. The SOS approach is to house the children in 'families' of 8 to 12 children with a 'mother', keeping siblings together where possible. In Botswana the SOS villages have tended to host severely abused children or those who have been abandoned; they may or may not be orphans. The SOS villages have been criticised for removing the children from their communities and raising them above their peers in terms of material possessions, clothing and food[5]. Both the SOS villages in Botswana have spare capacity. A third residential home (the Mpule Kwelagobe Children's Home) is in the process of being established in the mining town of Jwaneng. The Department of Social Services

[5] Ashby, C. 2001. Key Informant Interview. Manager of Monitoring and Evaluation, BOCAIP, Gaborone, Botswana.

(DSS) of the Ministry of Local Government is working together with Rotary and the Catholic Church but the project has been plagued by delays (Jacques, 2000; Semommung, 2003). Another residential children's home was opened by President Festus Mogae, in mid-2004 in the Ghanzi District but by the end of 2004 there was only *one* resident child, a 9-month old baby.

Day care centres for preschool orphans are more common than residential care facilities. They often provide after-school homework clubs for older orphans. Many of these have been established by faith-based organisations (FBOs) and have been supported financially by the private sector through the Masiela Trust Fund which is managed by the Department of Social Services (DSS). The Director of the DSS has expressed concern about the uneven geographical and urban-rural distribution of such centres which tend to be clustered in urban areas in the south east (Mabua, 2003).

1.2.3 The Government Response

The Botswana Government has introduced a system of benefits for registered orphans to ensure they have food, clothing and uniforms for school. In 1998, prior to the formation of the safety net, the AIDS/STD Unit (Ministry of Health) and the Social Welfare Division (Ministry of Local Government, Lands and Housing)[6] carried out a Rapid Assessment on the situation of orphans in Botswana. The findings shocked officials at the two Ministries. Many orphans were living in absolute poverty with their basic human rights violated by their caregivers. Some girls were sexually abused while boys were used as cheap labour. Orphans suffered emotional stress, stigmatisation and isolation which emerged as depression, anxiety, school failure and dropouts as well as deteriorating health. The report notes that caregivers and other community members identified counselling as the only means of dealing with such problems but teachers and nursing sisters admitted feeling inadequate in handling AIDS related counselling.

[6] In 2001 the Ministry of Local Government, Lands and Housing was divided into two Ministries with the Ministry of Local Government retaining responsibility for the Orphan Programme. In 2003 the Division of Social Welfare was upgraded into the Department of Social Services (DSS) with its own Director.

Historically the extended family provided the safety net for children who had lost their parents but the report states that the system has basically broken down and it can no longer be assumed that it exists in any sustainable way. Although older caregivers strongly believe that it is the duty of the extended family to care for orphans in a home environment, this is often not the view of the younger generation and the extended family is less likely to provide care once the current cohort of grandparents has died. The report made some urgent recommendations, notably, that an emergency programme to assist orphans especially in the provision of food, clothing and decent accommodation should be immediately established (Ministry of Health *et al*., 1999).

The Botswana Government responded to the findings and recommendations of the Rapid Assessment by introducing the 'Short Term Plan of Action on the Care of Orphans in Botswana' (STPA). Initially this was intended to run from 1999 to 2001 as an emergency response to meet the basic needs of orphans while developing a long-term programme for strengthening traditional coping mechanisms or exploring viable alternatives. (Division of Social Welfare, 1999.) The STPA was then extended to 2003 and is still in operation to date. Its stated objectives include identifying and registering orphans, providing for their basic needs and reviewing key policies and laws that affect the welfare of orphans. The longer term goal of the STPA is to gradually move from dependency to self-reliance by developing sustainable community based livelihoods. The STPA recognised that success would depend on capacity building and technical support provided to the implementers as well as their understanding of possible risks and limitations. Some of the potential weaknesses identified within the STPA itself, include lack of effective participation by beneficiaries, over-emphasis on provision of relief services (i.e. food and clothing) rather than a move towards self-reliance and empowerment, and the abuse of the programme for political and personal gain. (Division of Social Welfare, 1999.) Procek comments "Sadly this proved prophetic and although the alarm bells rang, they were not necessarily heeded" (2002: 19).

In summary, the Government is co-ordinating a multi-sectoral approach to orphan care. Most orphans are cared for by a member of their extended family supported by a food and clothing benefit from the government. There are two fully-functioning

residential children's homes funded and run by an International NGO. Local NGOs and FBOs provide day-care for pre-school orphans and homework clubs for older orphans. The private sector provides financial support either directly or by contributing to the Masiela Trust Fund which is managed by the DSS.

The government's safety net is laudable in many ways but it deals only with physical needs and the goods provided are easily misused by relatives and suppliers alike. There are serious gaps in the safety net, many of the items and issues covered by the STPA are not provided in practice. Accommodation is seldom supplied and very little is being done to deal with stigma and other forms of psychological and sociocultural stress. Problems arising from gaps in the STPA are discussed more fully in chapters 6 (section 6.5) and 7 (sections 7.2.2; 7.2.5 & 7.3.2).

1.3 Research questions

Given the situation for orphans in Botswana as outlined above, I had to consider how I would structure my fieldwork and data collection and what questions I would be attempting to answer. Once I had the basic research questions I could determine what indicators I would need to answer the questions and plan the methods and location of the research.

1.3.1 Outlining the Research Questions

My original research questions revolved around the social and economic impact of the projected AIDS-related increase in orphanhood in Botswana. These questions informed my literature survey which I discuss in more detail in chapter 3. At this point I will simply outline the questions.

The first set of questions concerned **social structures and how they are changing** as a result of the impact of orphanhood on such a large scale:
To what extent is the extended family under stress, and what effect does this stress have on communities?

- What is the nature of the inter-generational bargain?
- How are social structures changing?
    - What is the relationship of carer to dependent?
    - Is the number of dependents increasing?
    - Is the age of dependents changing?
    - Is there a loss of livelihoods or income?
    - Are homes and families breaking up or being dispersed?

The second set of questions concerned the **psychosocial impact of orphanhood** on the children:

What is the nature and extent of the psychosocial impact of orphanhood?

- Have the orphans experienced trauma, stigma and abuse?
- What are the psychosocial coping strategies of the orphans?
    - For how long was the parent ill before dying?
    - Did the child participate in care-giving?
    - What outside assistance was received by the household?
    - What has been the child's (psychological) experience at school?
    - Have the age and gender of the child led to abuse by the carer or other adults?
    - Has counselling been available? Is there anyone the child can approach for help?

The third set of questions concerned **the immediate and longer term impact on the well-being of orphans and their households**:

What is the current and future impact on economic well-being of increased orphanhood?

- How do households cope with the additional financial and material burden?
- Has there been a negative impact on the health and education of orphans?
    - What is the nature of economic problems experienced by households caring for orphans?
    - Do they have access to all the basic material necessities?
    - Are the households receiving all the government aid intended for them?
    - How long will the government be able to continue providing this aid?

In chapter 3, I consider the theoretical aspects of these questions in greater detail. My research instruments, outlined in chapter 5 (section 5.5.2), seek to elicit answers to the questions. Wherever possible each question is covered by more than one activity in order to triangulate the information gathered. Chapters 6, 7 and 8 provide the results of the data collection and analysis and in my concluding chapter I assess the extent to which my research results answer the original research questions.

1.3.2 Locating the Research

I selected four villages as the sites for data collection. They were chosen systematically in an attempt to give a range of experiences on a number of grounds: a variety of predominant economic activities, dominant ethnic groups and geographical locations. The hierarchy of ethnic groups and the characteristics of the social and economic structure of Botswana are discussed in chapter 4.
My pilot study was undertaken in Shoshong, Mahalapye Sub-District of Central District where the dominant activity is agriculture and the people are largely members of the BaNgwato Tribe. Central District is the largest district with the highest number of orphans in the country and my second site was also in Central District, this time in Bobirwa Sub-District which has the highest HIV infection rates within Botswana. Mmadinare has a mix of BaNgwato and BaBirwa people. It is situated close to the copper-nickel mining town of Selebi Phikwe in the far east of the country, not far from the borders with South Africa and Zimbabwe.

Maun, my third site, is the regional capital for Ngamiland in North West District and is home to a number of ethnic groups. The numerically dominant group is the BaYei but the BaTawana are economically and administratively dominant. There are also BaHerero wards in the village and a fair number of BaKgalagadi and BaSarwa (San) live there too. Maun is the gateway to the Okavango Delta, an area of outstanding natural beauty and the location of Moremi National Park. Tourism is the dominant economic activity in the area.

My final site was Ghanzi in the far west of the country. Ghanzi is situated on a water-bearing limestone ridge so that it can support cattle ranching in spite of being in the Kalahari Desert. A group of Afrikaans-speaking white Batswana privately own

Map 1.1 Location of Botswana and research sites

Source: www.lib.utexas.edu.maps/africa/botswana_pol.95.jpg

Note: Shoshong is just west of Mahalapye; Mmadinare is just north of Selebi Phikwe

(as opposed to communal tribal ownership) ranches in the area as does the current Minister for Agriculture, Jannie Schwartz. Ghanzi is located just off the Trans-Kalahari Highway which links Gauteng, South Africa with Namibia, so provides some transport services as well. The numerically dominant ethnic group is the BaKgalagadi with BaSarwa also well represented and the government's

resettlement programme has brought many additional BaSarwa into the region. The research sites and their districts can be located on Map 1.1 above.

1.3.3 Data Collection

Data collection in Botswana took place over two years and fell into three phases. The first phase consisted mainly of interviews with key informants in the capital city Gaborone. I met officials in the Ministries of Education and Local Government (responsible for Orphan Care) as well as in the Ministry of Health. I had discussions with academics at the University of Botswana (UB) in the Social Work, Education, History and Sociology departments. I made use of the 'Botswana Collection' in the University Library and visited children's homes, day care centres and other service providers for children. I also sought and was granted the permission I needed to conduct my research in the Districts.

In the second phase I conducted a pilot study to test my research instruments. I developed the procedure I used in all my research sites for making contact with orphans and their caregivers through the social worker. I recruited a Form 5 school-leaver to act as my research assistant and I carefully considered the ethical implications of each activity, method and technique I planned to employ. Using my research questions, I designed participatory activities for the children, assessed their effectiveness and adapted them accordingly for use in the remaining three research sites. I also tested the techniques I would use in schools with students, head-teachers and school management teams.

In the third phase I used the activities and techniques I had developed to collect data in my three remaining research sites. I spent a minimum of three months in the smaller sites and six months in the biggest village. The reason for the lengthy duration of my stay in each village is that *time* is extremely important when working with children if a relationship of trust is to be established. I had six formal contact sessions with each participating child, usually spread over several weeks. This enabled me to build rapport with each child before dealing with sensitive issues such as death and abuse.

After this intensive data collection phase I continued to work with a small local NGO that was active in my last two research sites and a colleague and I facilitated a workshop on behalf of the Department of Social Services (DSS) (Chapter 8, section 8.3.4). The 30 participants (from all over Botswana) were employed by NGOs working with orphans and vulnerable children and the topic of the workshop was psychosocial support for orphans. The issues discussed in the workshop also contributed to my data. During this period, I visited Uganda briefly in order to conduct some comparative research on the situation of orphans in a country that is much further along the AIDS curve than is Botswana and where orphan projects tend to be co-ordinated and run by international NGOs rather than the national government.

1.4 Conceptual Framework

I have used my data to develop a conceptual framework for understanding the general response among adults in Botswana to the AIDS epidemic and the implications of that response for orphans. The reaction can be divided into a three stage process:

1. the first stage, *involution*, concerns the attempt to preserve the status quo with a strong element of denial and includes expedient strategies for coping;

2. the second stage, *institutionalisation of the expedient strategies*, involves the 'normalisation' of short term coping methods of adults;

3. the third stage concerns the *disabling* effects on children and young people of the adults' expedient strategies.

The disabling effects of short term expedient strategies, cloaked by denial and cultural silence, create 'hidden wounds'. They may generate profound challenges for the health of Botswana's society and economy in the long term as the affected children come to adulthood a generation onward. The conceptual framework, which is explained and discussed in detail in chapter 2, provides the structure for the analysis of my data.

1.5 Thesis outline

The concepts and themes briefly outlined in the conceptual framework above run as continuous threads throughout this work: involution and denial, expediency and cultural silence, hidden wounds and disabling. Consequently, it is important that they are clearly explained and illustrated before moving on to the rest of the thesis. This is done in chapter 2.

In chapter 3, I outline the theoretical foundations of my work, broadly following the concepts set out in my research questions above. These include social structures such as households and extended families, social constructions such as childhood and theories of child development. Models of orphan care and Setswana cultural attitudes to orphan care are discussed. I then consider the psychosocial impact of orphanhood on children and how it varies according to the child's developmental level; and finally, I examine the impact of orphanhood on well-being.

In chapter 4, I outline background information on Botswana including a brief overview of ethnicity. I examine the changing social structure in Botswana, particularly changes in marriage rates and the impact this is having on the extended family, lineage patterns and the status and role of women in society. The structure of the economy of Botswana is outlined.

In chapter 5, I describe the methods I used for data collection which include ethnographic techniques like participant observation and semi-structured interviews, participatory techniques which I used with children and limited quantitative methods used in the school surveys and recording basic information about participating families. I describe my pilot study and how I continued to adapt my methods throughout the period of data collection. I worked with school leavers as research assistants, including two young men who were orphaned and looking after their younger siblings. They greatly enriched my understanding of the problems facing orphans.

In chapters 6, 7 and 8, I analyse and interpret my findings in the light of my conceptual framework. The impact of adults' expedient strategies on children and

also on vulnerable elderly caregivers is explored in chapter 6. I examine the effect of greater burdens on caregivers and comment on the differences in the problems experienced depending on the kinship relationship between caregiver and orphan: grandmothers experience problems with discipline, particularly with teenage grandchildren, aunts seem to have more problems throughout the age range and sibling caregivers find it difficult to deal with psychological problems experienced by their brothers and sisters. I examine certain expedient coping strategies and the impact these have on vulnerable people.

In chapter 7, I look at some of the problems experienced by the orphaned children at home and at school. The age, developmental level and maturity of the child make a difference to how orphanhood is experienced. The relationship with the caregiver is significant: many more problems are experienced when the caregiver is an aunt, particularly if she has some of her own children still living at home. When the caregiver is the grandmother, even when she is looking after a mixture of grandchildren who have different mothers, some of whom are orphaned, there seem to be fewer problems, possibly because all children are equal in their status as grandchildren. The cloaking effect of denial and cultural silence is explained.

In chapter 8, I examine the nature of hidden wounds and lost dreams in greater depth and consider the type and form of disabling that may occur as a result of those hidden wounds. How does death affect children and how does their level of development and maturity influence their ability to cope? I consider how children grieve and how they adapt to life without their parent, how some children are more resilient than others.

Finally in chapter 9 I revisit my research questions, I explain the conclusions I reach and make some suggestions for further research.

In this chapter I have introduced the thesis by locating the research in the context of the global AIDS epidemic, its manifestation in Botswana, particularly the large increase in orphanhood and the response of the government and caregivers to orphans. The Research Questions which structured my literature survey and data collection are outlined and my conceptual framework is briefly described. The structure of the thesis is given with a brief outline of the content of each chapter.

The in-depth quality of my research and the lengthy duration of contact time with children and families in each research site have enabled me to collect some wonderfully rich data on individuals and family groups. These data have provided an excellent source of detailed case studies with which to illustrate key concepts in my thesis. Consequently I have structured my presentation around these stories by introducing each chapter with a case study relevant to the issues discussed in that section. The story of Keneo and his family introduces chapter 2.

Chapter 2: DISLOCATION, DENIAL AND DISABLING
Conceptual Framework

2.1 Introduction

Keneo is a young man, an orphan who is caring for his four younger siblings. His mother died in 2000 when he was in his final year at secondary school. There had been conflict between his parents so his mother died alone in the nearest town with a hospital, a day's journey from their home village. Keneo, with thoughts of his mother's lonely death persistently on his mind, did poorly in the public examinations and failed to achieve the grades necessary for university entrance. In 2001 his father also became ill but managed to pay for Keneo to start a course at a commercial college in the region. The second eldest brother, Pandwe, was at boarding school in the same town while the other three siblings remained in their home village living without adult supervision in a reed dwelling. Their father had moved in with another woman elsewhere in the country. The three youngest children, David, the third brother, and Gaone and Bontle, the two young sisters say that they would have starved but for the food given by teachers - their own paternal grandmother and other kin in the same village gave nothing to help them.

On 2 December 2001 Keneo's father, by this time very ill, came to fetch him from the college. The long bus journey from where he was living so weakened his father that Keneo had to support him during the entire return journey. When they arrived, Keneo had to arrange for him to be admitted to hospital where he died after a few hours. He had been trying to say something to Keneo but was too weak to do more than feebly squeeze his hand. Keneo, traumatised by these events (he describes it as 'being tortured'), felt unable speak of his father's death to any of his relatives for some two days. He wanted to be in control of himself so that he would not cry when speaking to weeping relatives, especially to his sisters. It took him two days to attain this control and he has not wept since then. During this time the nurses at the hospital helped him to make arrangements for the transport of his father's body back to the home village.

Keneo has not spoken to anyone about what he went through at the time of his father's death. He and his siblings are very close and regularly have round table discussions about how they will deal with certain problems but they have never talked about the death of their parents or how it has affected each of them. I asked him specifically about his young sisters (Bontle was 9 at the time of their father's death) and he said they were too young at the time and since then he has not initiated a discussion (nor will he) but if they ask him he is prepared to talk to them about death.

Keneo describes himself as a 'father of four'. At the beginning of 2002, realising there would be no help forthcoming from his relatives he moved all his siblings into the one room his father had rented for him while he was doing the commercial course (which he had to abandon). Although the Orphan Desk Officer at the District Council knows about the family, the five of them have chosen (after one of their round table discussions) not to accept the food ration offered by the government as a benefit to all orphans. The reason given by Keneo is that if they did so everyone would know that they are orphans and would see that they are not coping on their own.

In many ways they are *not* coping, whether or not anyone sees it. They frequently go hungry, though the brothers always make sure the sisters receive first whatever food is available. Pandwe had a job as a petrol pump attendant for some months and somehow they managed to pay the rent and buy some food from his tiny wage but he lost that job. David wrote his Form 3 (end of Junior Secondary School) exams the year his father died, and failed. Somehow they scraped together the resources to get him to a private college, but he failed again. He has behavioural problems that the eldest two brothers are unable to deal with. Gaone and Bontle are both withdrawn and uncommunicative.

In this thesis I will show how orphanhood has inflicted on this family and others complex psychosocial wounds which are not easy to see. These 'hidden wounds' have adversely affected the educational achievement of the three boys. The fact that they have failed their exams places them in a disadvantaged position from

which it will be difficult to find work and earn a wage that will enable the family to subsist or to pay for further education or training. The very relatives society expects to care for these children have abandoned them forcing the eldest children to take on adult roles at a time when they themselves are in desperate need of guidance. Badcock-Walters (2002) acknowledges the longer term, but often unrecognised, impact of such hidden wounds. He states that a child who has lost his/her parents is exposed to extreme levels of personal insecurity and trauma which place him/her under intolerable pressures that preclude effective learning even if s/he continues to attend school. He adds that anything that threatens the role of education has a direct impact on personal and national development which often goes unrecognised. Stein (2003) notes that very few studies on the psychological impact of orphanhood have been conducted, most of those that do exist have been carried out in the United States or Europe and their findings cannot necessarily be generalised to Africa. Foster (2002a) agrees that there have been few studies from the developing world on the psychological impact of orphanhood. He suggests that the link between the stressful event and the resultant actions may go unrecognised because psychological reactions may become apparent only months or even years after the death of a parent. In chapter 8 (section 8.4 and 8.5), I examine the concept of hidden wounds in detail and consider the form they take and the disabling effect they may have in the long term.

Educational problems, the consequent difficulties in finding work and being included as functional members in the economy are by no means unique to Keneo's family. Many orphans in Botswana suffer similar forms of exclusion and marginalisation. Keneo's family has been spared other forms of trauma such as sexual abuse (of both boys and girls), loss of property and land, abuse of the food ration and of other government benefits. In chapters 6, 7 and 8, I show how these hidden wounds are related to the social structure and the profound changes which have occurred in the kinship system in Botswana. Several authors (Sennett and Cobb, 1973; Wilkinson, 1996; Scheper-Hughes, 1992; Campbell, C., 2003) show how particular features of social structure can 'injure' certain vulnerable members of society, those people who are marginalised or in some way excluded. If social life is wounding, how do the victims cope? In Botswana, the changes that have occurred in kinship systems

and family organisation (see chapters 3, sections 3.2.3 & 3.2.4, and 4, section 4.3.2) often leave no means of support to help victims cope.

In this chapter I examine the themes that emerge from my data to form my conceptual framework. The key concepts of denial and involution (section 2.2.1), expedience and cultural silence (section 2.2.2), disabling and hidden wounds (section 2.2.3), shape the analysis and presentation of my data. These concepts provide the framework for understanding how the changing social structure in Botswana influences the experiences of orphans and their caregivers.

2.2 Conceptual Framework

Botswana's sociocultural structure has been characterised as one of low social cohesion and high income inequality (Barnett and Whiteside, 2002). Low social cohesion partly reflects rapid economic growth and urbanisation, high levels of mobility, low and rapidly falling rates of marriage together with high numbers of sexual partners. In the context of rapid social change, the response to HIV/AIDS is expressed in behavioural processes that result in society, communities, families acting in denial and so preserving an illusion or definition of the situation that 'nothing is wrong' and that there is nothing that needs to be done. This 'selective' defining of the situation enables denial at the level of personal decision making and as a result some of the most vulnerable members of society are not only left wounded but those wounds are covered up so that the rest of the community does not have to see them or face the consequences.

The study of human responses to dramatic change is not new and I have benefited from reading about research which deals with reactions and coping strategies in situations of disaster and dislocation whether due to political factors such as war, or to natural disasters such as hurricanes and droughts or to the development policies of governments such as the building of a dam (Oliver-Smith *et al*., 1999; Blaikie *et al.,* 1994; Hansen *et al.,* 1982). The responses to all these events share the context of severe upheaval and it is in this sense that the response in Botswana to the AIDS pandemic is comparable even though it does not necessarily involve relocation.

Scudder and Colson (1982), provide a conceptual framework which they developed for dislocated people. They emphasise that both individual and societal stress is multidimensional with three broad categories: physiological stress, psychological stress and sociocultural stress. They explain that coping strategies involve denial before the stress event and cultural conservatism – clinging to the familiar and changing no more than is necessary – following the stress event. Scudder has defined this stance as 'cultural involution'. I make use of several such ideas derived from community-level stress responses to dislocation caused by events ranging from mud-flows following volcanic eruptions in Peru (Oliver-Smith *et al*., 1982) to exile in Zambia following escape from the civil war in Angola (Hansen, 1982). I have used my data to develop a conceptual framework for understanding the response in Botswana to the AIDS epidemic and the implications of that response for orphans.

Long before the advent of AIDS, the social structure and kinship system in Botswana had been undergoing changes (which are more thoroughly explored in chapters 3, section 3.2, & 4, section 4.3.2). Since independence in 1966, in spite of ethnic diversity, the process of 'Tswanafication' had effectively created a unified nation (Solway, 2002) in which the dominant set of values and norms was shared by the majority of the population. As the social structure and kinship system evolved, so, too, did norms, values and behaviour. The onset of AIDS has imposed a series of shocks or stress events which have disrupted this system of ideas and behaviour and profoundly altered the socio-economic conditions that Batswana face in their daily lives. The response of adults to AIDS, and the implications of that response for orphans, can be divided into a three stage process which I briefly summarise at this point before taking each stage and developing it more fully below.

1. The first stage, *involution*, involves a concerted effort to preserve the status quo with a strong element of denial and includes expedient strategies for coping. Denial allows life to continue amid the almost intolerable stress brought on by the rising numbers of AIDS deaths. Short term expedient coping strategies, such as separating siblings so that more families can claim the orphan's benefit, deny the implications of such strategies on the children involved.
2. The second stage, *institutionalisation of such expedient strategies,* concerns the 'normalisation' of short term coping methods of adults. Neighbours or

members of the extended family, who witness the harm done to children by the expedient strategies, may not acknowledge the implications. Through routinisation, tolerance, collusion and cover-up, existing norms are distorted into new standards of what is 'acceptable behaviour'.

3. The third stage concerns the *disabling* effects on children and young people of the adults' expedient strategies. The death of a parent is a traumatic event that has a psychological impact which is not easy to see. The short term coping strategies of adults, for example the separation of siblings, may further harm the bereaved child by causing him/her to suffer additional losses. The psychological impact of multiple losses may impair the child's educational achievement and prevent him/her from becoming a fully functional participant in society as an adult.

Denial and cultural silence cloak the disabling effects of the expedient strategies. The final outcome creates profound challenges for the health of Botswana's society and economy. These problems will be manifest in the long term as those who are disabled as children come to adulthood, a generation onward. In the following sections I discuss each of the stages in greater detail.

2.2.1 Involution and Denial

Scudder and Colson (1982) believe that people who are affected by the shock of relocation cope with the stress of removal by clinging to the familiar and changing no more than is necessary. People who have been relocated adopt a conservative stance which Scudder has called cultural involution – they turn inward and behave as if their sociocultural system were a closed system. Scudder, in turn, adapts the term from Geertz who defines 'involution' as "the overdriving of an established form in such a way that it becomes rigid through an inward over-elaboration of detail" (1963: 82). When the stress event is AIDS the reaction is similar, people make a concerted effort to retain the status quo. In Botswana, as I discuss in chapter 6 (section 6.2.1) using evidence from my data, even when members of their family have died of AIDS people may not acknowledge the truth or if they do admit the cause of death was AIDS, they may claim it was caused by bewitching. It seems that people find it hard to change: instead of considering different responses to a

new threat, their reaction is to cling to the old ways and to use culture as an 'excuse' to justify their actions.

At an explicit level, culture is frequently used as an explanation for silence – with disabling effects. Keneo did not talk to his young sisters about the deaths of their parents and this response is common among adults in Botswana: "in our culture we do not talk to children about death, they are too young to understand". When young children are asked about the support they received at the time of the parent's death, some express confusion as to what has become of their mother, where she has been taken. No one has explained to them what has happened and if they ask they are told they will understand when they are older. Older children describe receiving material help and money, if they are crying they are superficially comforted but do not feel free to ask questions and seek explanations. It is difficult to take the time and effort to explain death to a child in a way s/he can comprehend without being frightened; silence is expedient but it may create hidden wounds with long term consequences. (See also chapter 8, sections 8.2 & 8.3)

In some societies, the response to the increased number of deaths and funerals as a result of the AIDS epidemic has been to simplify and shorten the funerary rites and duties (Colson, 2002) but in Botswana funerals have become more elaborate and longer, graveside procedures more drawn out and physical symbols (such as the introduction of wrought-iron and shade cloth 'shelters' for the grave) more numerous and expensive during the past decade (Durham and Klaits, 2002). This is in spite of calls by politicians and ministers of religion to cut the cost of funerals both in terms of money and time. The trend in Botswana fits with Geertz description of "increasing tenacity of basic pattern; internal elaboration and ornateness; technical hair-splitting and unending virtuosity" (1963: 82) as characteristics of involution.

Involution involves a strong element of denial: clinging to the status quo, behaving as if nothing is different, is an attempt to deny that the stress event will or has caused profound changes. In Botswana the link between involution and denial is partly due to the stigma attached to AIDS. The Botswana Human Development Report 2000 (UNDP, 2000) highlights one aspect of involution and denial when it discusses people's reluctance to go for testing as they would rather live in 'oblivion'

about their HIV status which also spares society the pain and psychological distress of having to face the truth. Cohen (2001) argues that victims who suffer from something terrible happening to them or being done to them may use clichés ("This can't be happening to me") to keep troublesome knowledge from themselves and he goes on to say that this can apply at a cultural level too. Even when the warning signs are clear whole groups may deny their approaching fate. Where the victims then fail to protect themselves against whatever is threatening them, it can be disastrous. However, in some situations denial is healthy and adaptive: it allows life to continue amid high levels of stress. Denial in Botswana is a mixture of the two. It is disastrous because people are not changing their behaviour in spite of clear warning signs and well-informed knowledge about HIV/AIDS but it is adaptive in that it allows life to continue even though the extremely high levels of HIV infection and rising numbers of AIDS deaths cause dislocation and almost intolerable stress to the community. Chapter 8 (sections 8.2 & 8.3) deals with the concepts of involution and denial in more detail and links them to my data.

2.2.2 The Institutionalisation of Expediency

In response to the stress emerging from the process of rapid and dramatic change occurring in Botswana, expediency has come to be one of the primary coping strategies. The increasing 'availability' of vulnerable people (both ageing caregivers and the orphans themselves) as their numbers rise, has resulted in expedient behaviour by the very adults who should be caring for them. By 'expedient' I mean more than simply opportunistic or pragmatic; there is a definite element of self-serving interest at the expense of the vulnerable person. Expediency considers what is useful or politic as opposed to what is right or just, what is advisable on practical rather than on moral grounds (Brown, 1993). Expediency in this sense of the term has become widespread in Batswana society as people attempt to maximise short term values without considering the longer term implications of their actions.

Expediency is an advantageous behavioural premise in a society characterised by patterns of low social cohesion and high income inequality. Keneo's paternal grandmother is very poor and could not face taking on five, or even three, extra

mouths to feed. Given that the children had declined orphan benefits, it would have meant spending her pension on someone other than herself, so she refused to offer them accommodation or care. In some cases relatives of orphans *become their caregivers* in order to acquire the government's food basket which is then given first to their own children. Procek (2002) reports cases where, when grandmothers who are caring for orphans die, distant relatives appear to remove a child or children to their households in order to secure access to their food rations. Food suppliers fail to deliver the full ration to elderly, infirm caregivers who cannot challenge them, perhaps because they are illiterate; teachers require sexual favours of orphans while denying the long term damage this inflicts. How can ordinary people do harmful things to those who are vulnerable? They find ways to deny the meaning of what they are doing so that they may carry on with the rest of their lives as if nothing unusual was happening. Cohen (2001) terms this as 'implicatory denial' where the psychological or moral implications that follow are denied or minimised. This is not a refusal to acknowledge reality – the expedient behaviour will be rationalised or justified – but its implications or significance will be denied.

Expediency occurs at all levels of society in Botswana: individuals, households and neighbourhoods, local government and even central government. Expedient strategies flourish in spite of the fact that they may contravene social and cultural ideals because such behaviour is shrouded in a cultural norm of *silence*. Expedient behaviour requires denial by both perpetrator and what Cohen terms 'bystander' – those who witness. The moral climate needed for such expedient behaviour to continue unchallenged, is one of 'turning a blind eye', a 'complicity of silence' in which no one speaks out on behalf of the victim, not even those who have a duty to protect them. Neighbours do not speak out even if they know that a child is malnourished while the relatives misappropriate the food benefit or that an uncle is sexually abusing his orphaned niece.

The danger is that expedient behaviour will be seen 'to work' in the short run and so may be adopted widely, i.e. become institutionalised. Cohen (2001) explains how social worlds can be maintained in which an undesirable situation is ignored or made to seem normal through denial. 'Normalisation' can occur through accommodation, routinisation, tolerance, collusion and cover up. Cohen calls the

denials of perpetrators and bystanders 'accounts' and he explains that they may be justifications or excuses.

> "Justifications are accounts in which one accepts responsibility for the act in question but denies the pejorative quality associated with it, whereas excuses are accounts in which one admits that the act in question is bad, wrong or inappropriate, but denies full responsibility" (Cohen, 2001: 59).

An uncle who is having an on-going sexual relationship with a 16 year old niece in his care might *justify* it by saying that it is doing her no harm or he might *excuse* it by saying that "he couldn't help it" as he has no wife. (See Mpho's story in chapter 7, section 7.2.4.) An account is adopted because of its public acceptability, people learn through socialisation which motives are acceptable for which actions. The uncle's justification that his niece is not harmed by sex with him is a technique which Cohen calls 'denial of injury': a technique used by the perpetrator to minimise the risk or injury in an attempt to neutralise the wrongfulness of the act. The uncle's excuse that "he couldn't help it" utilises a different technique, that of 'denial of responsibility'. Another technique frequently used in Botswana is 'condemnation of the condemners' in which offenders try to deflect attention from their wrongdoing to their critics or to the victim. If a child questions the abuse of food by an aunt, the aunt may accuse the child of ingratitude and ill-discipline.

Condemning the condemner occurs in other areas of public life as well. Good (2002), commenting on corruption in Botswana's Central Government, indicates that questioners are

> "readily labelled and dismissed as 'breeding a culture of contempt', of being 'abusive' and the mere act of asking questions is portrayed as 'a witch hunt'. Silence, and a contrived amnesia, are the further consequences. Outsa Mokone, editor of *The Botswana Guardian*, saw Botswana afflicted by what he termed 'the battered wife syndrome' –'each time we are short changed by our leadership, we try to make excuses for them, for fear of appearing disrespectful'. " (Good, 2002: 16).

One of the strongest reasons for silence, cover-up or complicity by bystanders is that the group "learns to keep silence about matters whose open discussion would threaten its self image" (Cohen, 2001:11). In the case of Good's example above, the self-image is one of a community which respects its elected leaders. Questioners who threaten this self image are condemned as the condemners.

Bystanders might refuse to believe what they are witnessing because if it was true it would seriously threaten their sense of personal and cultural identity. If someone in your community is abusing his niece, what does it imply about the community of which you are part? How does it affect the community's image of itself? Societies reach unwritten agreements about what can be openly acknowledged and anyone breaching this agreement becomes the offender – condemning the condemner at a community level. Where abuse of the food benefit has become institutionalised, widespread, it is 'known' but can never be publicly acknowledged – anyone breaking the taboo would be regarded as starting a witch hunt. Codes of silence and webs of complicity ensnare innocent bystanders into protecting perpetrators, denying the gravity of their actions or colluding in silence about issues that threaten the group's concept of itself. 'All' that these bystanders are required to do is to keep up an appearance of normality, to live as if what is happening is not happening, to deny that anything abnormal or morally wrong is happening (Cohen, 2001).

Codes of silence, 'contrived amnesia', are a feature of cultural involution where an appearance of normality is achieved by clinging onto the status quo and preserving an illusion that nothing is wrong. Cohen (2001: 9) describes it as follows: "…convoluted and ever-increasing vocabulary for bridging the moral and psychic gap between what you know and what you do, between the sense of who you are and how your action (inaction) looks."

Where abusive expedient behaviour has been institutionalised for some time, it becomes, to some extent, the new norm. Madu (2001) describes the results of a study of the prevalence and patterns of childhood sexual abuse in South Africa. It emerged that a significant number of high school students appeared to be unaware of what sexual abuse entails and may actually see the abusive behaviours as 'normal' within the context of their experiences.

Involution and expedient behaviour which are masked by denial or cloaked in cultural silence have psychosocial implications for orphaned children. The mental and emotional wounding inflicted on them may cause long term disabling, permanently marginalising them or excluding them from social networks and the economy. These concepts are covered in more detail in chapter 7 (section 7.2.3).

2.2.3 Hidden Wounds, Disabling and Cultural Silence

Short term expedient behaviour may produce hidden wounds that could harm the 'victims'. Depending on the severity of the expedient behaviour, the victim may be put at physical and psychological risk and because the wounds that are inflicted are hidden and covered up, the danger of long term damage is greater: these wounds need healing, not hiding.

The term 'hidden wounds' is widely used in the literature (see the studies listed below) to indicate mental, emotional and psychological trauma that is not visible in the same way that physical damage is. It is frequently used to describe Post Traumatic Stress Disorder (PTSD) which is "a psychiatric disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape." (NCPTSD, 2004) The literature considers hidden wounds inflicted by unresolved grief (Smith, 1996; Lenhardt, 1997), physical abuse of women (Nyce, 2003), war and child soldiering (Grossman, 2004; Lancet Editorial, 2004) and natural disasters such as floods and hurricanes (Alchorn and Blanchard, 2004). No matter what the cause of hidden wounds the authors agree that they have long term effects which may not become visible for some years after the traumatic event or experience. Hidden wounds may remain concealed either because they are psychological rather than physical or because they are veiled by cultural silence.

Hidden wounds lack visibility either because they are mental and emotional rather than physical or because they may have been masked, i.e. disguised and made to appear as something else (for example deep unhappiness about abuse of the food basket is 'masked' and presented as ingratitude and disobedience), or they may be cloaked, i.e. concealed or altogether covered up whether deliberately or unintentionally (for example a caregiver has 'no knowledge' about intrusive thoughts because the child is simply not allowed to express them). Another aspect of the society that enables the masking of hidden wounds is witchcraft – a manifestation of involutionary behaviour *par excellence*.

Lesego is a young man whose mother died in May 2001, the year that he finished school. He took responsibility for the care of his younger brothers, even though at the time he was still at school himself. During the following year he became convinced that he was being bewitched as he thought he was beginning to go mad, felt he was being suffocated at night by some unknown force and became quite paranoid that his neighbours, friends and brothers intended him evil. He sought help at a spiritual healing church where he was made to camp at the church compound so that he was available for the daily cleansing rituals which involved both bathing and drinking traditional medicines to 'purge' him of death. He was already thin but in the month that he was there he became skeletal. On his return home the problems began once again so the next step was to exorcise the compound where he lives. That gave him some respite but not complete freedom from paranoia and fear.

During the months of his treatment and after the exorcism we talked about all aspects of his life, the bewitching and the treatment. As trust grew he was able to talk about deep-seated problems. It emerged that after the death of his mother while he was still extremely fragile and vulnerable emotionally, he was homosexually abused by an expatriate teacher at school. Lesego felt guilty, he felt defiled and utterly confused. There was no one with whom he could talk about the experience but it dominated his thoughts. After talking it through over several weeks, he understood that he was in no way guilty and that he had been very much a victim. He allowed me to report it (without naming him) to the headmaster to prevent harm being done to other pupils at the school. Since then he has not been plagued by fear and paranoia.

Hidden wounds cause pain and scars that may emerge in the long term as emotional and behavioural problems. If witchcraft is used to explain the aberrant feelings or behaviour, the blame is conveniently being laid elsewhere and the underlying problem is not being dealt with. For some people, witchcraft may provide an adequate explanation and some comfort. In other cases, the witchcraft explanation and subsequent treatment may add to and exacerbate the wound, particularly if it is expedient for the 'healer' to create dependency on himself by

explanations that require more and more treatment, all of which must be paid for. In Lesego's case, when the exorcism didn't work fully, the healer began to tell him that his mother was angry with him. It was clear that the 'healer' was acting expediently and Lesego was once again a victim. Lesego had suffered physically, both from the homosexual abuse and from the purges he'd been made to drink as part of his cure. He had also suffered psychologically as a result of the sexual abuse, blaming himself and feeling defiled, fearing that he was being suffocated and bewitched and then being told that his mother was angry with him from beyond the grave and wondering what he had done to enrage her. While suffering like this he was completely disempowered: he could not concentrate, he could not make decisions, he became dependent on the 'healer' but at the same time was constantly afraid of all those around him. Such a young man cannot possibly be a functional, acceptable, competent participant in society and the economy. He has been disabled by the hidden wounds inflicted by expedient behaviour of the abusive teacher and the healer.

Barry (2001) interviewed a number of young adults who had been abused as children. The pain of experiencing such trauma has seldom left them. They describe being haunted by flashbacks all the time, having to cope with depression, wondering if there was anything they could have done at the time to stop the abuse – and being plagued by guilt. A common theme was the lack of support for and willingness to believe young people who disclose abuse to an adult. The result is a feeling of isolation and rejection. 'Disabled' young people, unable to be functional participants in society, are likely to be permanently marginalised and may turn to crime in order to subsist or join gangs for security and belonging. Webb (1997) states that the likelihood is that there will be a growing number of street children, creating a sub-culture amongst the youth prone to crime, prostitution and drug abuse. Ostracisation of the orphans could lead the children and adolescents into a deprivation cycle, which in the long term could increase their chances of HIV infection.

Tiisa Kalahari, a project run by a small NGO in the Ghanzi area, provides some insight into longer term disabling effects of orphanhood as the orphans grow into young adults. There were 20 young people involved in the project: 10 men and 10

women between the ages of 18 and 23, all of whom had dropped out of school after the death of their parents. Three of the young women dropped out of the programme within the first month due to pregnancy, 3 others already had at least two children back home. Among the young men, 3 had to attend the clinic to be treated for STIs, one had been shot by the police when he was caught with the carcass of an antelope which he had poached and two others claimed to be using the project to 'hide' from the police because they had committed crimes. Several of the youngsters had alcohol problems. Although there was no control group of similar youngsters whose parents are still alive, it can be concluded that these young adults are at risk: pregnancies and STIs are conclusive evidence of unprotected sex and hence increased risk of HIV infection.

Before working through some examples to show the links between the different component parts of my conceptual framework I will clarify what I mean by 'cultural silence'. Cultural silence is a *passive* form of denial, a 'hiding behind' culture, a denial of responsibility. It is in itself an expedient behaviour which is closely linked to cultural involution, for example, adults' silence towards children about death and loss is 'excused' by saying "in our culture we don't talk to children about death". This is expedient because it is easier to remain silent than to explain death to a child in terms comprehensible to the child's level of cognitive development, the adult's (in)action is on practical rather than moral grounds. It is cultural involution because a traditional custom is put to use in an attempt to maintain the illusion that nothing has changed and all is well. Instead of facing the fact that the number of deaths is rising dramatically and that the increase in the number of children experiencing death obliges adults to give them some explanation of death (the *scale* of deaths and orphanhood demands a change in approach), the situation is defined as if nothing is wrong. Cultural silence involves elements of complicity and collusion but not of conspiracy, the perpetrators have not set out to deliberately harm the children, but the ultimate effect is harm because they deny the implications of their silence. Cultural silence should also not be confused with Paulo Freire's (1972) 'culture of silence' which is more about a society's sense of apathy resulting from internalising the message that it is backward, ignorant, incapable and lazy.

2.3 Links between the component parts of the conceptual framework

SHORT TERM EXPEDIENT BEHAVIOUR	PERPETRATOR	BYSTANDER(S)	VICTIM	
	Denial	Cultural Silence	Hidden Wounds	Long Term Disabling
Silence about death, loss, grief	Implicatory denial, cultural involution	Cultural silence, implicatory denial	Intrusive thoughts, night fears, deep unhappiness	Fall in educational achievement
Separation of siblings	Implicatory denial	Cultural silence	Multiple, cumulative losses	Loss of sense of belonging
Abuse of food basket	Implicatory denial (justify, condemn)	Protect personal and cultural identity, self-image	Loss of self esteem	Marginalisation, exclusion
Sexual abuse	Implicatory denial (justify, excuse)		Increased vulnerability	Poor socialisation, isolation, disempowerment
Silence about sex, AIDS	Cultural involution condemn, denial of responsibility	Denial of responsibility, cultural silence	Loss of self esteem	Increased risk of HIV infection

Table 2.1 Examples of the links within the conceptual framework

The links between expedient behaviour, denial and cultural silence are shown in Table 2.1. To work through an example, read across the row to understand how short term expedient behaviour covered by denial and cultural silence creates hidden wounds which may result in long term disabling. To complete the example I began above: adults' expedient silence towards children about death results in hidden wounds such as intrusive thoughts, night fears, fear about death and deep unhappiness which cannot be expressed and brought to light. These hidden wounds fester in silence, undermine a child's concentration and may even cause that child to fail, repeat or drop out of school. The educational achievement of Keneo and his two brothers suffered as a result of their parents' deaths and this may have long term disabling effects on their ability to become fully functioning participants in society and the economy. If a caregiver abuses the food benefit, perhaps by feeding her own children first, she might 'justify' this by saying that she can't harm her own children by providing a home for the orphans. If the orphans in her care challenge her use of the food, she might 'condemn the condemners' by accusing them *ad hominem* of being ungrateful, disobedient and ill-mannered. The neighbours might be perfectly aware of what is going on but unwilling to acknowledge the abuse or to speak out because of what it would imply about their community and their cultural identity. The impact on the children, the victims, is that

their self esteem is undermined, they experience deep unhappiness and powerlessness, a lack of ‘belonging’ which may contribute to their eventual marginalisation and exclusion from society.

It must be noted that not all caregivers act in their own self-interest at the expense of the orphans they care for. Many orphans are well-cared for, secure and happy with the quality of care they receive. Those children who do experience exploitative behaviour from their caregivers, teachers or other adults, vary in their response to the adults’ expedient strategies. Some may be undermined and marginalised by their experiences but others are more resilient and find ways of coping and of solving the problems they face. ‘Protective factors’ which increase a child’s resilience are discussed in detail in chapter 8 (section 8.6).

In this chapter I have set out the conceptual framework which shapes much of the rest of the thesis. The framework summarises the response of many adults in Botswana to the stresses caused by AIDS. Denial and involution are accompanied by expedient, short term strategies which are, in many cases, becoming normalised or institutionalised. Adults’ expedient strategies frequently have harmful effects on orphaned children. Often the resultant wounds are hidden and may not become visible for some time. Cultural silence helps to both mask and cloak the hidden wounds.

Chapter 3: CONTINUITY AND CHANGE
Theoretical Foundations

3.1 Introduction

There was one family group that I felt I never quite fathomed during the four months that I worked with them because the composition of the group and the location of the members seemed to constantly change. At the introductory visit with the social worker and Village Development Committee (VDC) member, the official caregiver of the orphans, Diga, was not at home. Although there was an adult woman there she insisted we returned when her sister was back from work. The woman who was at home, Tlamelo, was disabled; both legs had been amputated at the upper thigh and she sat in a wheelchair holding a small baby. On subsequent visits, Tlamelo was always in the wheelchair and she would usually be holding the baby who I later discovered was her youngest son.

My two interviews with Diga were the only occasions I saw her as she had a full time job, but with each successive visit I began to expect to meet Tlamelo who seemed to always be at the homestead. Although Diga told me there were five adult women in the household, I did not meet any others, not even the grandmother whom the orphaned children regularly mentioned as being very influential in their lives. I sometimes met a man, brother to Diga and Tlamelo, who ran a truck repair business from the compound, and a young man, Kenny, whose relationship to the family group I did not manage to discover (when I asked who his mother was he replied she was not there).

There were several children but they were not always the same children each time I went there. Tlamelo's 11 year old son, Tshenolo, was usually there and at his request, I included him in the activities sessions. Diga was caregiver for the children of two of her late sisters and although they had had seven children between them, only four of them were staying with Diga. The others were in the same village but staying with more distant relatives.

Tshenolo later told me that he had two sisters who didn't live with him and his mother but with other relatives in the village.

On one occasion during the school holidays I arrived at the agreed time to fetch the children only to discover no one was at home, not even Tlamelo and her baby. Kenny was working on one of the trucks and offered to take me to where they were. They had moved to Tlamelo's compound (I had been unaware that she had her own residential plot) in another ward in the same village. This was a much more suitable environment for Tlamelo in her wheelchair as the ground was firm whereas at Diga's compound there was thick sand. It emerged that she moved to Diga's compound only during school term time so that an adult could always be there for the children and in the holidays the orphans returned with her to her own house for the same reason. They were also able to help Tshonolo with the burden of caring for his disabled mother and with the other household chores.

This 'family group' illustrates the difficulty of trying to define a 'household' or a domestic group by residential location or by function or by kinship. The members of this family whom I first met living in one location are all related to each other; but not all the relatives of the same status live in the same residential compound. Later I discovered that there were in fact other residential locations but the family members lived together for part of the year to fulfil a particular function: looking after the orphaned children of their siblings. Regular migration between residential compounds was one of the factors which changed the composition of the household but other factors applied too.

In this chapter I review some of theoretical discussions in the literature on households and the changes they undergo over time (section 3.2). These discussions relate to my first set of research questions (outlined in chapter 1, section 1.3) which concern social structures and how they are changing. In particular I examine how evolving kinship and family forms influence the experience of orphans. I then consider the literature on childhood and child development theories (section 3.3) before moving on to the subject of orphans, and models of orphan care (section 3.4). These theories relate to my second set of research

questions which concerns the psychosocial impact of orphanhood. The social construction of childhood varies according to culture as do models of child and orphan care. Social constructions and cultural approaches to child-raising will shape the psychosocial experience of the child. The final section in the chapter links with my third set of research questions which concern the immediate and longer term impact on the well-being of orphans and their households (section 3.5). In each case I compare the literature on the situation in Botswana with more theoretical approaches.

3.2 Changes in social structure

In my research and the analysis of my data, my use of terms like 'social structure', 'household' and 'family' needs some clarification as there is a wide range of meanings attached to them. For the purposes of this thesis, I am taking social structure to be "what is implicitly regarded as the frame of social order" i.e. patterned arrangements of statuses and their associated roles which are consciously recognised and regularly operative in a given society (Turner, 1974: 237). Even when denial and cultural silence are widespread, when people *know* even though they do not publicly acknowledge that norms are being broken, there is conscious recognition of status and role.

3.2.1 Deconstructing households

The term 'household' is difficult to describe definitively. Attempts have been made to categorise households according to residence, size and morphology or according to their function such as production or consumption units. Wilk and Netting (1984) argue that a clear distinction between morphology (kinship composition or size) and function (production, reproduction and co-residence) is a necessary basis for classification and analysis of household variation. Households may contain one or more families and may include people who are not related: it is possible for a family to be a household but a household is not necessarily a family (Ellis, 2000; WLSA, 1997). Households, rather than families, are often chosen as the unit of analysis (for example, in a census or livelihood survey) because, for practical purposes, such surveys are based on residential location and families may be spread over several

households in different locations. In the present case the definition of a household is as a co-resident social unit (Ellis, 2000). Frequently, important members of the household may not be resident at all, migrant or seasonal labourers may be away for part of the year, but maintain strong ties with the household (Ellis, 2000; Wilk and Netting, 1984). Ellis notes that households where one or more member is away working in an urban centre are often referred to as 'split households' and their livelihood strategies are described as 'straddling' the rural and urban sectors.

When considering functions which can be used to define the household, Wilk and Netting (1984) prefer the term 'activity groups' because they believe that 'function' carries a heavy burden of causative connotation. They then identify five categories of activities most commonly performed by households. In addition to co-residence, these include production, distribution, transmission and reproduction. Households are multifunctional and an analysis of the relationship between household activity and morphology can yield information about internal power relations and the welfare of different groups within the household (Ellis, 2000; Wilk and Netting, 1984; WLSA, 1997). The morphology of households is usually determined by kinship links.

In Botswana, the household has been defined as "the group of people living in the same collection of huts" (Schapera, 1970a: 12) which is what I refer to as 'homestead' or 'compound' in this thesis. The Setswana term *lolwapa* (dwelling place, homestead) has definite connotations of residence while *losika* refers to relatives who may or may not be co-residential (WLSA, 1997). 'Split households' are a traditional residential pattern in Botswana. Men and boys spend much time at the cattlepost (*moraka*) while women migrate seasonally to the agricultural lands (*masimo*) and the permanent homestead is in the village. With increasing urbanisation, the urban-rural split occurs now in many households and regular (usually monthly) migration occurs between the town and the village homestead or the cattlepost. Production occurs at the lands, the cattlepost and in the town while most social reproductive activities are carried out at the village homestead.

3.2.2 Questioning the family

Family structures vary across and within industrial as well as more traditional societies. Theories of the family as a stable and universal institution consisting of parents and unmarried children living together in relative harmony, assume that all the individuals within it share similar resources and life chances, but Gittins (1993) questions this. She argues that "[t]here are inequalities within families just as there are inequalities between families" (Gittins, 1993: 2) and differences in class, gender, ethnicity and age should be acknowledged. It is inaccurate to assume the existence of only one type of family at any one time; "[t]here is no such thing as *the* family, only families" (Gittins, 1993: 8). The representation of the 'ideal' family changes over time but is usually presented as something universal, for example, a young married, heterosexual couple with two children, a boy and a girl, with the husband being the main breadwinner. Various other forms of family exist at any one time and the stated ideal may not even be the most frequent type. Young and Wilmott (1964) found that 21 percent of people surveyed in Bethnal Green, London in 1957 had *married* children living with them; in Great Britain in 1989 only 25 percent of households were the 'ideal' type consisting of a married couple with only one or two dependent children and the same proportion of households consisted of only one person. When comparing changes in family composition over time, one important difference is mortality. Life expectancy in Britain was very low until late the 19th century. As a result of a parent's death many children experienced the other parent's remarriage and subsequent new arrangements with stepparents, stepsiblings and half-siblings. Although orphanhood in western societies has almost disappeared, living in a 'hybrid family' with step parents, half-siblings and stepsiblings is a common experience for many children today because of divorce and remarriage (Gittins, 1993).

When studying families in parts of the world other than the West, Goody (1958) criticised the gross simplifications that appear in the analysis of domestic organisation and preferred the term 'domestic groups' to families. The use of the blanket term 'family' to indicate specific groups which are defined by residence and descent as well as those defined by the marriage bond may be adequate for Euro-American systems where there is considerable overlap but it can be highly

confusing in studies of other areas. Many studies analyse different cultural forms of marriage and family composition around the world (Schaffer, 1997; Caldwell and Caldwell, 1987, Goody, 1958, 1969; Iliffe, 1987; Kuper, 1982, WLSA, 1997). As mentioned in the section on households, the members of a particular residential group are not necessarily all members of one family. In Sub-Saharan Africa, for example, there has historically been a high level of fostering children (Caldwell *et al.*, 1987) so that it is inaccurate to assume all the children in a homestead are the biological offspring of parents residing there. (I will discuss the issue of fostering in more detail in section 3.4.2 below.) A distinction is often made between a 'modern' family (usually nuclear) and a 'traditional' family (usually extended) with the understanding that there will be a linear development of 'the family' from the traditional to the modern form in developing societies (WLSA, 1997). This smacks of the "gross simplifications" criticised by Goody and, indeed, many authors comment on the dynamic character of family structures which demonstrate great complexity and flexibility within their particular social and cultural contexts (Schaffer, 1997; WLSA, 1997). For example, changes in the types of marriage and in marriage rates have been occurring over time (Bledsoe, 1993) as cultural attitudes alter in response to change and development within societies. I discuss this in more detail below.

In Botswana, community structure was historically based on patrilineal kinship organisation with male control exerted at all levels from chief to headman to male household-head (WLSA, 1997). Family structure is described as 'extended' in all official documents although changes in the structure are acknowledged. For example, the Initial Report to the UN Committee on the Convention of the Rights of the Child states:

> "In the past, Batswana lived in extended families where members of the same kin stayed together. Due to evolving socio-economic situation this family structure is changing, particularly in urban settings where the emphasis is increasingly on nuclear units" (Division of Social Welfare, 2001: 36).

WLSA (1997) question the classification of all families in Botswana into either traditional/extended families on the one hand or modern/nuclear families on the other hand because new combinations are constantly emerging where form, function, location and temporal elements have to be considered. They comment that "[f]or the state (and its agencies) legal dualism provides a convenient 'double vision'

which makes it possible to adopt a restrictive or expansive definition of 'the family' without fear of attracting criticism" (WLSA, 1997: 11-12). They give an example of the Botswana Housing Corporation designing houses for the nuclear family with no room for other relatives, while another state agency, the Social Welfare Division, requires a poor person to prove that they have no kin capable of supporting them before they can be registered as a 'destitute'. Many official government reports refer to the 'breakdown' or the 'collapse' of the extended family (AIDS/STD Unit, 1997; Ministry of Health *et al.*, 1999; Division of Social Welfare, 1999, Government of Botswana, 1980) and while these terms may be too 'strong', they indicate that the family system is undergoing extensive change.

3.2.3 Changes in households and family groups

Iliffe (1987), in his historical overview of the African poor, stresses the *continuity* of poverty in Africa in spite of the widespread view that until recently there were no poor in Africa. This 'myth of Merrie Africa', widely believed during the colonial period, was partly based on the belief that the extended family supported its less fortunate members and it was only with the coming of colonial rule, market economies and urbanisation that things began to fall apart. This link between poverty and the family is reflected in language and he states that in several African languages the common word for poor implies lack of kin and friends. His historical study of poverty, therefore, also reveals much about the changes that have occurred in families over time and he concludes that "family structure was not an immutable ethnic characteristic but could change to meet changing needs" (Iliffe, 1987: 8). Madhavan is another author who questions the static nature of the extended family and kinship obligations (with regard to fostering) as well as "such a romantic image of the past" which claims the sense of duty and responsibility of the extended family was almost limitless (Madhavan, 2004: 1449).

Other authors also comment on the fact that families change over time, both individual families, as they proceed through a 'life cycle', and the prevailing family structure in a society, as it responds to changes in social, economic and cultural factors (Goody, 1958; Fortes, 1958; Gittins, 1993). Individual families are constantly changing; they go through a life cycle as couples marry, have babies, the babies

grow up into children and adolescents and then move on (Gittins, 1993). Goody (1958) described how families changed over time through the process of 'fission' on the death of kin – the process by which new groups establish themselves and old ones disappear. There is more than one process of division; there is cyclical fission, a process of replacement. Fortes (1958) describes how the domestic group goes through a cycle of development:

> "The group as a unit retains the same form, but its members, and the activities which unite them, go through a regular sequence of changes during the cycle which culminates in the dissolution of the original unit and its replacement with one or more units of the same kind" (Fortes, 1958: 2).

The changes experienced within an individual domestic group will, to some extent, reflect the broader changes occurring to family structure.

Family structure is embedded in the descent system which may be patrilineal, matrilineal or bilateral. Both lineage systems and families evolve and change over time. The system of marriage and rates of marriage in a society will reflect these changes and will have an impact on the way in which kinship relationships operate. Radcliffe-Brown *et al*. (1950) describe the complex set of norms and patterns of behaviour, the rights and obligations, between members of a kinship system. They stressed the fact that kinship systems are the product of social evolution and for the system to continue in existence, it must 'work' in the sense of providing stability of social relationships within which members can interact and co-operate without too many serious conflicts. At the time they were writing African societies were undergoing major changes brought about by colonial administrations, missions and economic factors and they commented that kinship systems could not remain unaffected: one of the first changes would be the destruction of the existing system of obligations.

The most visible changes that have occurred in African societies include a fall in the rate of marriage and an increasing number of extra-marital births; both of these, through the impact they have on the exercise and practice of rights and obligations, have implications for the operation of the extended family and kinship system (Bledsoe, 1993; Schaffer, 1997). Madhavan (2004) suggests that we need to shift our thinking and change our expectations of the extended family; the model of the extended family might have outlived its utility because of social changes. Instead

she recommends we consider alternative definitions of family and kin such as the notion of 'selective kin' used in the USA to understand the coping mechanisms of people living with HIV/AIDS who choose caregiving alternatives beyond their nuclear family. A further alternative concept is that of 'fictive kin' "whereby people are given kinship status in the absence of blood relationships" (Madhavan, 2004: 1450). By broadening the concepts of kinship and family, the changing nature of rights and obligations can be accepted and understood.

3.2.4 Changes in the Social Structure in Botswana

Botswana is no exception to kinship evolution; in fact, the changes that have occurred in marriage practices, family form and kinships systems have been described as some of the most extreme experienced anywhere in Africa (Bledsoe, 1993). The kinship system in Botswana is patrilineal and patrilocal. Several authors (Schapera, 1970a; Molokomme, 1991; WLSA, 1992, 1997) stress that customary marriage, rather than being a single event, is a *process*. In the early part of that process the newly formed couple may live with the wife's parents (a practice is known as *go ralala)*. Two important requirements of the marriage process in Botswana are *patlo* (negotiations) and *bogadi* (bride-price). *Bogadi* did not have to be paid immediately but it was usually the completion of the payment which signified the move to the husband's family group and transferred the reproductive power of a woman from her own family into that of her husband (Schapera, 1970a; Molokomme, 1991). Schapera (1970a) explains how the payment of *bogadi* gave the wife recourse to appeal to her husband's parents and senior male relatives in the event of ill-treatment by her husband whereas a woman for whom *bogadi* has not been paid had no legal remedy should her 'husband' abuse her. *Bogadi* also played a role in building social cohesion, creating a special bond between the two family groups.

Many socio-economic changes have occurred in Botswana since the mid 19th century. These have had a significant impact on the social organisation of the Batswana. Colonialism, Christianity, labour migration and urbanisation have all had an effect on kinship relations and responsibilities (Schapera, 1970b, Molokomme, 1991; MacDonald, 1996; WLSA, 1997; Datta *et al.*, 1998). In 1885, Botswana, then

known as the Bechuanaland Protectorate, became a British dependency. The British Administration deprived the chiefs of various powers, imposed a 'hut tax' and allowed European farmers to settle in lands adjoining areas which had been demarcated 'tribal reserves'. Christian missionaries had been active since about 1830 and the new code of conduct they introduced contradicted the established norms. Missionaries strongly disapproved of initiation schools, *bogadi* and polygamous marriage and contributed to their eventual demise often by introducing their own alternatives such as mission schools, Christian marriage in church (which banned the payment of *bogadi*) and by insisting that men who were in polygamous marriages put away all wives except one before they would be accepted as a church member. Labour migration was already established by 1850 but increased dramatically in response to the demand for labour in the South African diamond and gold mines and by 1940 as many of 40 percent of the younger men in any one place might be away at one time (Schapera, 1970b). MacDonald (1996: 1329) states that between 1940 and 1971 "approximately 25 percent of the adult male population was absent from the country at any one time". The cash economy had been introduced by European traders but the requirement of hut tax made labour migration an obvious way of earning the necessary money (Schapera, 1970b; Molokomme, 1991, MacDonald, 1996; Datta *et al.*, 1998). Rural-urban migration is a more recent occurrence following independence (1966) and the economic development associated with the wealth generated by diamonds. The main reason people leave rural areas is in search of employment in urban areas (Izzard, 1985; Molokomme, 1991; MacDonald, 1996).

It is the combination of these social, economic and cultural changes that has had a number of profound effects on social organisation in Botswana. These include a decline in the number of marriages, a rise in the number of extra-marital births and a change in the composition and organisation of households. The result is that the entire kinship system with its associated rights and obligations is changing. Social control of the young people by the elders has been reduced (decline in initiation schools, loosening of bonds as *bogadi* declined and the fact that the cash economy and labour migration have enabled youth to 'escape' to other areas) and at the same time labour migration had a significant impact on marriage by disrupting existing marriages, allegedly increasing marriage infidelity and instability and

creating a large pool of unmarried women of marriageable age (Datta *et al.*, 1998, Molokomme, 1991; MacDonald, 1996; Schapera, 1939, 1950, 1970a; NIR, 1988). The outcome is an ever downward trend in the marriage rate and consequently a rising trend in extra-marital births (Izzard, 1985; Procek, 2002).

Table 3.1 shows the marital status of all people over 12 years in Botswana in 1991. Only 24 percent of men and 23.3 percent of women were married in 1991 and a survey carried out among 6,500 women aged 15 to 49 in 2000 found that only 16.1 percent of them were married (Central Statistics Office, 2000). The sentinel survey also reflects this trend, showing that 81.2 percent of women who were surveyed in 2003 described themselves as single while only 11.9 percent were married (see Table 1.1 in chapter 1. NACA, 2003). These trends, in turn, have led to changes in the kinship system as women turn to their maternal kin for help with child care; ties with the paternal side may be weak or non-existent and this has implications for social rights and obligations. Izzard (1985: 266) defines 'matrifocality' as "a social setting in which, jurally, children are not effectively affiliated to their paternal kin and where, in terms of domestic relations, there is a predominance of mother and maternal kin in child-rearing."

12+ years	Married	Never married	Divorced / separated	Widowed	Living together
Men	24.0	61.3	1.4	1.3	11.0
Women	23.3	55.8	3.0	7.5	10.7

Table 3.1 Marital Status: Percent of 12+ years old, 1991

Source: Datta *et al.* (1998: 56)

Consequently there has been a change in household composition as new forms emerge such as female-headed households (WLSA, 1992, 1997; Molokomme, 1991; Larsson, 1989; Datta *et al.*, 1998; Izzard, 1985). In chapter 4 (section 4.3) I examine in greater detail the impact that these changes have on social cohesion. Various new household forms have emerged as a result of the trends outlined above. Molokomme (1991: 59) comments,

> "Perhaps the most dramatic phenomenon has been the development of what has come to dominate the literature on women in Botswana: the emergence of 'female-headed' households. This label has been rather controversial for the main reason that the concept of

female-headed household is said to have no place in Tswana culture: traditionally households were always headed by men".

The percentage of male- and female-headed households in 1986 and 1994 is shown in Table 3.2 Urban villages show the highest proportion of female-headed households while rural areas have experienced the largest increase in the proportion of female-headed households.

	Urban		**Urban Village**		**Rural**		**National**	
	1986	1994	1986	1994	1986	1994	1986	1994
Male	58	64	-	45	59	52	54	53
Female	42	36	-	55	41	48	46	47

Table 3.2 Household Heads by Gender and Location, 1986 and 1994

(Percentage of all households) Source: Datta *et al.* (1998: 57)

Several authors (Chant, 2003; Molokomme, 1991; WLSA, 1992. 1997; Larsson, 1989; Izzard, 1985) warn that this classification should be handled with caution. Firstly, many households which appear to be headed by women may actually have a male relative who perhaps does not live there but is responsible for decisions and income generation. Such a household should be labelled *de facto* female-headed, while those female headed households where there is no adult male in any position of power should be called *de jure* female headed households. Tlamelo, for example, when she was at her own compound, appeared to be the only decision-maker, yet her brother (at Diga's compound) influenced decisions about her children and the orphans in her care. Secondly, returning to the theories mentioned above that families and households pass through a life cycle (Fortes, 1958; Goody, 1958; Gittins, 1993; Izzard, 1985), it is important to acknowledge that some of the female-headed households may be at a particular stage of the life cycle and will move on to become male-headed at a future phase of the life cycle. Thirdly, although the development of female-headed households is related to the increasing numbers of unmarried mothers, the two categories do not always overlap (Molokomme, 1991). Fourthly, although female-headed households are usually associated with extreme poverty, it must be acknowledged that not all female-headed households are poor (Chant, 2003; Molokomme, 1991; WLSA, 1992, 1997; Larsson, 1989).

Other new forms of households which have emerged include sibling households (as in the case of Tlamelo, Diga and their brother) or sibling-headed (which could be male or female) households of orphaned children either where no adult relatives are available to help or where the orphans have chosen to stay together in order to avoid being separated between different relatives. Keneo and Lesego (whose stories are told in chapter 2) are examples where the eldest brother becomes the head of a family of orphans. The conventional male-headed household based on marriage is still common but more couples are also choosing to live together without formally getting married (WLSA, 1997). Change in household forms and family structure is not new: Izzard (1985) cites a study by Molenaar in 1978 which found that 60 percent of children in a ward in Kanye village had been born to single mothers, compared to 8 percent found by Schapera for the same ward in 1938. What is new is the added stress that AIDS has brought to families, households and kinship groups and the particular implications for the children, especially orphans, in these social groups.

3.3 Childhood

In this section, I consider the literature on childhood and child development theories before moving on to the subject of orphans, and models of orphan care in section 3.4. These theories relate to my second set of research questions which concerns the psychosocial impact of orphanhood. The social construction of childhood varies according to culture as do models of child and orphan care. Social constructions and cultural approaches to child-raising will shape the psychosocial experience of the child.

3.3.1 Childhood as a social construction

"According to the modern Western[7] view of a 'proper' childhood, a child should have a 'carefree, safe, secure and happy existence and be raised by 'caring and responsible' adults." (Panter-Brick, 2000: 4) This is quite clearly a social

[7] I am taking the concept 'Western' to include North American and Western European. It must be noted that a wide variety of cultures is covered by this concept (as evident in particular behavioural expectations), but their perception of childhood is similar in terms of care in nuclear families, the technical competencies a child should acquire and the length of dependency and schooling.

construction, abstracted from the real-life circumstances of children and relevant only in a specific historical and cultural context. What is 'normal' for children at different points in their lives will vary from culture to culture and will also vary across time. The current Western construction of childhood began to emerge when children were being withdrawn from the labour market, whereas historically, in Western Europe, children had been considered adults with all the associated rights and responsibilities by the time they reached the age of six or seven years (Panter-Brick, 2000; Ennew, 1985; Rizzini, 2001). "The word 'child' implied only kinship and status and did not refer to an age hierarchy." (Ennew, 1985: 13) The current Western construct of 'The Child' is a relatively recent phenomenon and in an attempt to acknowledge the impossibility of a single model, other constructs such as 'The Girl Child', 'The African Child' have emerged. Ennew (1996) claims that none of these constructs is helpful. She illustrates her point with some telling examples: the girl who was to become Queen Elizabeth II had little in common with girls from the Manchester suburbs; the notion of 'The African Child' applies to a 10 year old shoeshine boy in Cairo, an Afrikaner schoolboy and an Ethiopian youngster herding camels. Ennew urges that it would be better to recognize that children are individuals who experience childhood in different ways.

International institutions, NGOs, the media and policy makers tend to hold up the Western notion of 'The Child' as the ideal (Ennew, 1996). The Western construct of childhood has been enshrined in the UN's Convention on the Rights of the Child (CRC) and although all countries in the world bar two have signed the Convention (though most have yet to ratify it), there are many different cultural interpretations of the rights. For example, one of the rights is 'respect for the views of the child' but in Setswana culture this is not regarded as a right as it is believed that adults know what is best for children (Division of Social Welfare, 2001). In other words the concept of childhood in Botswana is different to the Western concept of childhood. African childhoods are diverse; they do not fit the ideal of 'The Child' any more than they fit the frequent media depiction of the starving African child (Ennew, 1996).

Historically, in Botswana, children had the right to be protected by their father who also had overall responsibility for ensuring they were properly socialised into tribal life and in particular that they were initiated through the *bogwera* (boys' initiation) or

bojale (girls' initiation) system. As initiation was phased out, this duty of the father was altered to ensuring that the children went to school. The father was also responsible for keeping order and maintaining discipline over his children. The mother was responsible for seeing that her children were properly fed, kept clean and decently dressed. Children were expected, from a fairly early age, to assist with the household chores and thus contribute to the maintenance of the household. At all times children were expected to be subservient to their elders, unquestioning obedience was demanded by the parents. Parents had the right to punish any of their dependent children for disobedience. Punishment might take the form of food deprivation or scolding or beating (Schapera, 1970a). The status of adulthood was achieved on completion of the initiations rites, but subservience to elders continued. Since the decline of these practices it is no longer clear how childhood and adulthood are determined under Customary Law (Division of Social Welfare, 2001). Molokomme (1991) found that many of the unmarried mothers she interviewed felt they had achieved adult status when they gave birth to their first child.

Botswana has a dual legal system: common law operates through the courts while customary law is expedited through the *kgotla* (tribal meeting) by the *kgosi* (chief) and tribal elders (See also section 4.4.3 in Chapter 4). Under common law in Botswana there are a number of definitions of what a child is, all based on age limitations. These definitions are systematically reported in the 'Initial Report to the UN Committee for the Convention on the rights of the Child' (Division of Social Welfare, 2001). The legal age of majority is 21 years at which a child acquires the full legal capacity to act on his/her own, but the voting age is 18. The Children's Act defines a child as any person below the age of 14 and this definition is used by Welfare Officials to deal with issues of neglect and abuse of children. Consent for sexual intercourse can be given by a girl of 16 years and above (sex with a girl below that age is counted as defilement) and for boys 'indecent assault' is counted as a crime against boys up to the age of 14 (no official age of consent is given for boys but a boy under the age of 12 is presumed incapable of having 'carnal knowledge'). No one may sell liquor to any person below the 'apparent age' of 18. The Report acknowledges the inconsistencies with respect to the definition of a child and the Ministry has commissioned a review in an attempt to harmonise all laws relevant to children (Division of Social Welfare, 2001).

3.3.2 Theories of Child Development

Psychologists use the term ‘child’ to refer to immature offspring from birth up to but not including adolescence. This concept is divided into further terms: ‘infants’ (12 – 24 months after birth); ‘young children’ includes infants, toddlers and children up to 5 years; ‘middle childhood’ ranges from about 6 to 10 years of age after which the developmental terms are ‘puberty’, ‘pre-adolescence’ and ‘early adolescence’ (LeVine, 1998). Research in child psychology, which has been “heavily North American, extremely empirical and almost always influenced by European theorists”, has explored the cognitive, communicative, emotional and social capacities of children, their growth and transformation from birth to adolescence (LeVine 1998: 104). Many authors comment on the fact that most research on child development has been done in Western contexts and cultures and yet is generalised as if it were universally applicable (Boyden, 1997; James, 1998; LeVine, 1998; Tolfree, 1995).

Socialisation is the process by which children learn from others the knowledge and skills necessary in their environment and culture. Numerous European and American authors have studied how children’s ability to acquire this knowledge changes as they grow older and their mental and emotional capacity progresses along with their biological development and physical growth. These theories of child development include work by Freud, Piaget, Erikson (whose stages of development are summarised in Table 3.3 below) and Bowlby. Freud believed that an infant learns to become an independent being only as s/he develops the ability to balance the demands of the environment with urgent desires coming from the unconscious. In this approach self-awareness is built on repression of unconscious drives. G. H. Mead argued that the child develops a sense of self and of being an autonomous agent by seeing others behave towards them in regular and predictable ways. Later, through learning the rules of organised games, the child begins to understand ‘the generalised other’ and general values and cultural rules. Jean Piaget claimed that children progressed through several stages of cognitive development, entry into each stage being dependent on successfully completing the previous one (Giddens, 1989; Hathaway *et al.*, 1993). Bowlby developed ‘attachment theory’ which has been described as a theory of personality development: it considers the long term

developmental impact of the relationship with the primary caregiver which affects behaviour, relationship style and social competence (Howe *et al.*, 1999). More details on attachment theory and its applications are given in chapter 8, section 8.5.

Age	Theories of Development			Skill Areas	
	Freud	Piaget	Erikson	Language	Motor
Birth – 18 months	Oral	Sensorimotor	Basic trust vs. mistrust	Body actions; crying; naming; pointing	Reflex sitting, sitting, reaching, grasping, walking
19 months – 3 years	Anal	Symbolic (preoperational)	Autonomy vs. shame, doubt	Sentences; telegraph jargon	Climbing, running
4 – 6 years	Oedipal	Intuition (preoperational)	Initiative vs. guilt	Connective words; can be readily understood	Increased co-ordination; tricycle; jumping
7 – 11 years	Latency	Concrete operational	Industry vs. inferiority	Subordinate sentences; reading and writing; language reasoning	Increased skills; sports, recreational co-operative games
12 - 17 years	Adolescent (Genital)	Formal operational	Identity vs. role confusion	Reason abstract; using language; abstract manipulation	Refinement of skills
18 – 30 years	Young adulthood	Formal operational	Intimacy vs. isolation	Reason abstract; using language; abstract manipulation	Refinement of skills
31 - 60 years	Adulthood	Formal operational	Generality vs. stagnation	Reason abstract; using language; abstract manipulation	Refinement of skills
61 years and over	Old age	Formal operational	Ego integration vs. despair		Loss of functions (?)

Table 3.3 Theories of child (human) development Source: Hathaway *et al.* (1993: 66)

The outcome of the process of socialisation is *personhood*. Durkheim describes childhood as a time when the person is not wholly formed, "not a complete work or a finished product - but … a *becoming*, an incipient being, a person in the process of formation" (Durkheim, 1982: 147). Erikson (1968, 1982) describes the process of transformation into personhood as the eight ages of man. The first three stages (basic trust versus basic mistrust; autonomy versus shame and doubt; initiative versus guilt) cover infancy and early childhood (see Table 3.3). The next stage, industry versus inferiority, occurs at the time of 'entrance into life' when the child starts school or begins more responsible work. Erikson argues that childhood proper ends after this stage and is followed by 'youth' when the fifth stage, that of identity versus confusion, begins. The final stages occur in young adulthood and mature adulthood.

Tolfree (1995) reviews child development in a cross cultural context and notes that as most knowledge has been derived from research in Western societies it means

that children have been studied in the context of a nuclear family. The patterns of child-rearing observed will not necessarily be applicable in other cultures, particularly where 'parenting' by more than one caregiver is the norm. Frequently theories of child development based on research in Europe and America are applied as if they were universally relevant. Woodhead (1997) comments that this practice risks being ethnocentric. Tolfree (1995) uses Bowlby's theory of attachment and separation as a framework for discussing child development and, while making it clear that very little research in this field has been undertaken on a cross-cultural basis, he makes an attempt to assess to what extent it is universally applicable (See also chapter 8, section 8.5). Western authors such as Bowlby and Erikson are concerned mainly with mothers as the primary parenting figure but in other cultures a wider range of adults (and sometimes older siblings) nurture children. Tolfree suggests an appropriate term to include all people who provided 'parenting' to a child would be 'parent-figures'. He cites McGurk *et al.* (1993) who state that shared care between mother and other adults and children is more nearly universal than exclusive mother care.

There is some similarity in parenting methods the world over in meeting the needs of children during the first two years or so as the child develops a basic sense of trust that his/her needs will be met by his/her parent-figures. The child develops a sense of autonomy and self-control by internalising the norms and constraints of his/her parent-figures and it is at this point that cultural differences in the socialisation process become more obvious. Only in relatively wealthy societies where there is no economic necessity for children to work, can more independent and self-assertive behaviour be permitted. In most cultures socialisation of young children is likely to emphasise compliance particularly with tasks which help the family in subsistence. During middle childhood and pre-adolescence,

> "children invest a great deal of their energy in mastering new skills – the household or economic skills determined by culture and gender, or the educational and leisure skills which are more characteristic of industrialised societies" (Tolfree, 1995: 18).

In most Western cultures, adolescence is a prolonged period lasting through higher education for many young people, whereas in other societies full economic productivity and socialisation into adult roles begins at an earlier age. There are

also significant differences in the degree to which adolescents are allowed to develop individuality.

Theories of child development can be used to give some measure of possible impacts of orphanhood other than mere physical effects such as stunting. The fact that most research on child development has occurred in Western countries makes it difficult to find developmental measures appropriate to African countries which are bearing the brunt of orphaning due to AIDS. Child psychologists in South Africa have suggested more fitting alternatives. Craig (2000) has compared Piaget's stage theory (which she labels as a 'competence' theory) with the socio-cultural approach to cognition which monitors the use of tools and signs as a measure of child development. The main theorist, on whom she draws, in this regard, is Vygotsky; he was interested in the *process* (rather than the object) of psychological development.

> "Vygotsky's view on the internalisation of social communication or the origin and development of higher psychological processes is crucial for understanding how (biologically) normal children, living in (socially) abnormal situations fail to attain competencies, skills and knowledge typical for their age." (Craig, 2000: 7)

Craig finds this a useful framework for assessing the actual developmental level of African children.

Another South African author who uses a socio-cultural approach, Richter (2002), comments that children can only be understood in their social, temporal and material situation, there is no 'universal' child. She uses as a framework the concept of a cultural-ecological model to developmental psychology introduced by John Ogbu. She also discusses the 'transactional regulation of human development' as conceptualised by Samaroff and Friese. Transactional regulation emphasises that it is social organisation which regulates the way human beings fit into society and this will vary from culture to culture. In another paper, Richter *et al*. (1996) outline some local South African norms which have been developed for use in a limited number of settings to overcome the difficulties of using Western measures in a non-Western context.

Henderson (2002) reviews a number of papers on childhood, with a particular emphasis on Africa. She points out that the category of 'youth', especially in Africa, frequently indicates young people who are politically, economically and socially

marginalised and little attention is given to young people who cope responsibly with the difficulties facing them. She discusses a paper by Barrett which reviews the routes through childhood to adulthood in rapidly changing social conditions in Zambia. The local cultural model grants personhood to adults. Adulthood is associated with rights, obligations and respect. "Within this framework, youths are viewed as incomplete adults and they occupy a marginal position in society" (Henderson, 2002: 63). The youths, however, despite this particular cultural model of adulthood, manage to create coherent lives for themselves.

These three authors represent some of the few cases where work has been done on child and human development in non-Western contexts, but the field is still overwhelmingly Western in focus. LeVine (1998) gives a fascinating historical overview of the ethnocentricity of child psychology by reviewing successive editions of *The Manual of Child Psychology* from 1946 (first edition, one volume) through to 1997 (fifth edition, five volumes). He notes that in 1946 there was a single chapter on anthropology (i.e. concerning childhood in other cultures) and even though the number of volumes increased with each successive edition, the number of chapters on anthropological work remained at one. It would seem that the work of non-Western theorists has yet to be recognised by Western child psychologists.

Yet, in African countries, Western models are often inappropriate or are simply not regarded; for example, "In Setswana culture very little consideration is given to the evolving capacities of the child" (Division of Social Welfare, 2001: 36). A child is always regarded as a minor, although the report goes on to say that the situation is changing gradually as more and more parents recognise the developing abilities of their children include the capacity to make decisions about themselves. The "conflict between some aspects of traditional culture and the 'emerging rights of the child' as expressed by resolutions of the United Nations" is acknowledged (Division of Social Welfare, 2001: 11). Likewise the confusion caused by the multitude of Common Law definitions of 'the child' (see section 3.3.1) is recognised.

Perhaps a more culturally appropriate understanding of child development in Africa might be acquired through examining the rites of passage in a particular community. Van Gennep (1960) and Turner (1967,1969, 1974) show how transition from one

phase to another or from one status to another involves 'rites of passage' with separation from the old status, a period of 'liminality' and then reaggregation into the new status. Historically, in many cultures, including in Botswana, initiation ceremonies were the rite of passage which signalled the end of childhood and the beginning of adulthood. In Botswana, there has been a marked decline in the practice of the initiation rites of *bojale* and *bogwera* which historically bestowed the status of adulthood on the individual. In the few places where it does still occur it is a much abbreviated process and elsewhere it has not been replaced. However it is possible to identify alternative rites of passage. As mentioned above, many young women now regard themselves as adults after the birth of their first child (Molokomme, 1981; Izzard, 1985) and it is possible to identify other, school-based rites of passage. Examples include the national Standard 7 examinations which signify the end of primary school. For most children, this occurs around the age of 13 or 14 years which is roughly when initiation would have happened historically. However, although it is a rite, it doesn't signify adulthood. Under Customary Law there are no specific rules or age limits that determine the end of childhood (Division of Social Welfare, 2001). In chapter 8 (section 8.5), I give further consideration to rites of passage as a more culturally appropriate method of evaluating the ability of young Batswana to cope with death and orphanhood than the application of Western theories of child development.

3.4 Orphans and vulnerable children

As with the concept of 'child', a multitude of terms and definitions exist for 'orphan', some based on legal age limits, others more expansive and inclusive to encompass 'vulnerable' children, 'abandoned' children or children in 'especially difficult circumstances'. In this section I compare the social construction of orphanhood in the West, in Africa and in Botswana. I then examine the different ways of caring for orphans and the impact of orphanhood on children and on the adults caring for them.

3.4.1 The Social Construction of Orphanhood

In Botswana there are different terms for single (*lesiela*) and double (*khutlwana*) orphans and the official definition includes a category of 'social orphans':

> "An orphan is defined as a child below 18 years who has lost one (single parents) or two (married couples) biological or adoptive parents. Married couples include those married in civil or traditional marriage. Social orphans are defined as abandoned or dumped children whose parents cannot be traced" (Division of Social Welfare, 1999: 9)

These different categories within the definition highlight the fact that there are a number ways in which orphanhood can be constructed. Most definitions include an age limit and frequently this is put at below the age of 15 (Dennis *et al.*, 2002; Hunter and Williamson, 1997; UNAIDS, 2002; UNAIDS, 2004; UNICEF, 2003b) unlike the definition in Botswana which acknowledges the fact that most children in the country remain in school and dependent until they are at least 18.

The UNAIDS definition is more limited than the one in Botswana in another way as well in that it restricts the single parent to the mother only. Most definitions distinguish between double orphans and single orphans and while UNAIDS limits the single orphans to those who have lost their mother, most country definitions include both maternal (children whose mother has died) and paternal (children whose father has died) orphans. Monk (2002) stresses the importance of including paternal orphans, particularly in countries with a patrilineal social system, because of the loss of either parent can put the care and support of children in jeopardy. In Botswana, the inclusion of paternal orphans may be less important because the very low rates of marriage result in many children receiving no social or material support from their fathers. In my experience, among the children with whom I worked, recognition of the orphanhood status of paternal orphans was at the discretion of the social worker and most paternal orphans were *not* allowed to register to receive the food benefit.

Monk (2002) identifies further categories of orphanhood in the context of the AIDS pandemic. 'De facto' orphans are those children who have not yet lost a parent but need the same sort of care and support as orphans because their well-being is jeopardised by the HIV-related illnesses suffered by their parent(s). In Botswana the material needs of such children are recognised by the provision of a benefit for

'home based care' for people with AIDS-related illnesses. Monk also distinguishes between orphans living with AIDS and those who are HIV negative. Most authors and most governments recognise the need to avoid the use of the term "AIDS orphans" because of the stigma and discrimination that this may cause. Botswana's acknowledgement of 'social orphans' (defined above) is reflected in terms such as 'vulnerable children', 'abandoned children' and 'children in especially difficult circumstances' which are now widely used by International Organisations such as UNAIDS and UNICEF as well as International NGOs such as OXFAM and Save the Children (Ennew, 1996).

3.4.2 Models of Orphan Care

Figure 3.1 shows a range of models of caring for orphans that have been found in Africa. Many of these involve some form of fostering and only the last two involve institutional care. Tolfree (1995), in his book on the care of separated children in the developing world, notes that institutions are not the traditional African way of providing a safety net for orphans or children in need of care; they are alien to the culture and were first introduced by missionaries. Colonial powers established the legal framework and method of social service delivery based on their own domestic situations. Tolfree also points out that some African countries such as Uganda and Mozambique have deliberately and politically limited the development of institutions. In other countries such as Lesotho and Kenya, free and privileged education made children's homes attractive to parents (Tolfree, 1995). Madhavan (2004) contends that there are several, well-organised orphanages in South Africa's major cities. Deininger *et al.* (2003) compare the outcomes for children fostered by the extended family and those cared for by institutions and conclude that children fostered by relatives are better integrated into society than they would be had they been in an orphanage; in addition, fostering is considered more beneficial to psychological and intellectual development.

The practice of fostering and the circulation of children among relatives and kin has historically been common practice in Africa. Tolfree (1995) defines fostering as a situation when a child lives with an unrelated family for a temporary period of time, but in Africa fostering regularly occurs among relatives. Such purposive and

Models of Orphan Care

- Relocation of orphaned siblings to the households of relatives
- Relocation of orphaned siblings to the village from which one of the parents originally came
- Maintenance of orphans in the original home, but as an adjunct to an adult-headed household that monitors, supervises, guides and assumes some responsibility
- Maintenance of the orphans' sibling group but with support, protection and basic household skills coming through relatively informal community-based day care centres
- Foster home arrangements for individual orphans
- Orphan-headed household
- Arranging for the adoption of orphans
- Temporary placement of orphans in a transit home while more permanent arrangements are being made
- Placement of orphaned children in an orphanage

Figure 3.1 Models of Orphan Care Source: Adapted from Kelly (2003: 74)

voluntary fostering is thought to have a number of benefits including reciprocity obligations, access to resources, benefits of the child's labour and sharing the cost of child-rearing; i.e. there is an economically motivated rationale to fostering. Crisis fostering, however, involves normative social obligations in which reciprocity is often absent which might explain why fostering children orphaned by AIDS is considered problematic (Foster, 2000; Hunter, 1990; Madhavan, 2004).

According to Caldwell *et al.* (1987) and Foster (2002b) in most African countries a child is more usually fostered by an uncle or aunt than grandparents. In a study by Deininger *et al.* (2003) using data from East African countries it was found that in the most cases it is grandparents who foster orphans. Because of the changes described in the kinship system in Botswana (see also chapter 4, section 4.3.2) fostering in Botswana is overwhelmingly with maternal grandparents though increasingly aunts and uncles are fostering, particularly in urban areas. Madhavan summarises several studies which show that the relationship of the caregiver to the fostered children is significant for the quality of care received: "grannies are seen as 'more fair' yet 'bad at disciplining' … However, aunts are seen as better providers because they tend to have more money" (Madhavan, 2004: 1448).

Fostering of orphans by relatives in the extended family is still the most common form of orphan care in Africa (Deininger *et al.*, 2003), but it is not without its own

problems. Some of the impacts on the household doing the fostering will be discussed in section 3.5 but first the capacity of the extended family to continue providing crisis foster care must be considered. Foster and a number of colleagues have conducted on-going research into all aspects of orphan care by extended families and communities in Zimbabwe and have presented their research in a series of papers (Drew *et al.*, 1998; Foster *et al.*, 1995, 1996, 1997; Foster, 2000, 2002a; Lee *et al.*, 2002). They are pessimistic about the potential of the extended family to continue providing and Foster (2000) develops a sequence of indicators to assess the strength (e.g. widow remarriage, contact with relatives) or weakness (e.g. child-headed households, sibling dispersal and migration) of the extended family safety net. Other authors (Madhavan, 2004; Hunter 1990) are more optimistic about the resilience of the extended family and its ability to adapt despite the extraordinary stresses added by AIDS.

Deininger *et al.* (2003) consider the contribution that can be made by the community to support the extended family and relieve some of the stress of caring for orphans. In addition to the models of orphan care listed in Figure 3.1, they assess community involvement in the form of government, churches or NGOs providing subsidies for families fostering children, school or health vouchers and income-generating schemes for fostering families. They review programmes in Uganda, Kenya, Malawi, Zambia as well as in some countries of North Africa and southern Africa and they note that the scale of such interventions is still puny compared to the scale of the problem.

The situation in Uganda, where the maturity of the epidemic means that they have been dealing with crisis orphan care for over a decade, may give some insight to the countries of southern Africa as to what problems to expect and what intervention methods are effective. One of the emerging problems in Uganda is the growing number of orphans living in child-headed households. Research by Luzze (2002) found that 37 percent of the 45 child-headed households in his study indicated they had decided to stay on their own because they simply had no close relatives left, another 29 percent decided to stay on their own in order to protect family land and property, 10 percent had been abandoned by close kin and a further 10 percent wanted to stay together rather than be separated among relatives. Each of these

reasons gives some indication of the stresses on the extended family and clearly support for orphan headed households has become a much needed intervention.

During the two weeks that I visited Uganda to do some comparative data collection on interventions to support orphans, I interviewed several employees of NGOs, some International (e.g. Save the Children, UK; World Vision, Association Francois-Xavier Bagnoud (AFXB)) and others national (e.g. The AIDS Support Organisation (TASO), Ugandan Women's Effort to Save Orphans (UWESO)) as well as spending a few days on field visits to see first hand how effective the interventions were. All NGOs have learnt from mistakes made in the past and there tends to be a move away from directly paying the school fees of orphans living in a foster home (this can be seen to discriminate against the children of the foster parents) towards providing a means of income generation (such as a bullock or 100 laying hens) for the foster parent so that the whole household benefits (AFXB). UWESO also provides microcredit with training before a loan is given. TASO provides training, particularly for counsellors working with people living with AIDS. World Vision gives emergency food, shelter and blankets to orphan-headed households. Luzze's study (2002) on the impact of World Vision's aid found that when a cow or a bicycle was given to enhance nutrition or income earning capacity, the neighbours stopped helping the orphan headed household stating that now the children were richer than them. (In Botswana there has been a similar reaction by neighbours when households caring for orphans receive the government's food benefit.) Each of the Ugandan organisations mentioned operates in more than one district but all acknowledge the need for their services is much, much greater than their provision.

3.4.3 Attitudes to orphan care in Botswana

In Botswana, to date, the care for orphans is overwhelmingly provided by the extended family. The Head of Research in the Ministry of Education, Mr Archie Makgoti, explained to me that he was himself orphaned as a child and was taken in by his uncle and aunt who treated him as their own child; he added "there are no orphans in Botswana" because this is the attitude of caregivers. I was to hear similar statements again and again, many caregivers stated about the orphan they were caring for: "s/he is my child". This attitude means that there are challenges in

any attempts to provide forms of orphan care other than fostering by the extended family.

As mentioned in Chapter 1 (section 1.2.2), there are only two fully functioning residential homes in Botswana, the SOS villages in Tlokweng (Gaborone) and Francistown. Before a child can enter the SOS villages or any other residential institution, a court order is required and this can be notoriously difficult to acquire. Procek (2002) states that SOS villages get very little support from the local communities who have little understanding of the purpose and ways of residential care institutions and more often treat them as alien organisations. The Botswana Government makes an annual grant to the SOS Villages; this is in recognition of their services as a temporary "place of safety" for children who are abused or abandoned until alternative care can be arranged for them (Division of Social Welfare, 2001). It appears that residential children's homes are 'acceptable' more as places of temporary refuge than as orphanages. Sister Dabutha, who has been appointed as head of the third children's home (Mpule Kwelagobe Children's Home) in Jwaneng previously worked with girls who had been severely sexually abused. The fourth children's home in the Ghanzi District, which operates only as an orphanage, finally opened in mid-2004, more than three years after the first application to operate as an orphanage was submitted. By the end of 2004 there was only one resident child, a 9-month old baby. Mpule Kwelagobe Children's Home is the only 'home grown' residential care unit (the other three were set up by Europeans and are largely foreign funded) and in spite of being backed by the Department of Social Services (DSS), it too has faced prolonged delays in its establishment.

Formal adoption, while possible under both Common Law and Customary Law in Botswana, is subject to "complex restrictions and costly judicial procedure" (Division of Social Welfare, 2001: 42) and consequently very few formal adoptions occur. The report also states that

> "many Batswana do not fully appreciate the legal consequences of an adoption order. The general belief is that an adopted child is free to return to his/her natural parents at any time, and that the natural parent(s) can claim back their child at any time. Under Customary Law a child could be 'given' to a relative to bring up. A child can also be 'given' to a couple that cannot have its own children" (Division of Social Welfare, 2001: 42).

Langeni (1999) defines this practice of delegating to other relatives the responsibility for raising the child, as 'out-fostering'. The result of the Setswana cultural attitudes to residential care and adoption is that vast majority of orphans are fostered by a member of their extended family.

Derek James, National Director of the SOS Children's Villages in Botswana, is extremely concerned that the *scale* of orphaning in Botswana leaves children without parents in a desperate situation as many of the members of their extended family who are expected to care for them are themselves ill or already caring for many children (James, 1999). Although institutions have had a bad press in connection with child abuse, he believes abuse can take place in homes as well. He cites a number of advantages that institutions have over other forms of orphan care:

1. they can employ social workers
2. they can provide organised sport, music and dancing
3. they are better placed than individuals to obtain funding.

Although the DSS theoretically provides social workers for orphans, in practice they are so overwhelmed with registering orphans and assessing the foster homes that they have very little time for counselling or other psychosocial support. Sport, music and dancing are provided through schools but James is right about institutions finding it easier to attract funding. He believes Botswana could adapt the SOS model to local circumstances as a way of providing care for increasing numbers of orphans (James, 1999).

It is hard to find a single Motswana who advocates residential care as the solution to providing for an increasing number of orphans. Local initiatives to provide support to orphans and their caregivers include the provision of day care centres for pre-school orphans, after-school homework clubs for school-going orphans and craft-work (e.g. sewing or woodwork) lessons for those who have dropped out of school. These are often funded by faith-based organisations such as the Lutheran and Roman Catholic Churches. Procek (2002) notes that such initiatives are predominantly concentrated in urban areas and that they reach only a very small proportion of their target population of orphans. Apart from the Red Cross and some church organisations, there are no international NGOs providing orphan services in Botswana. The reason is that once Botswana achieved the status of a 'Middle

Income' country the international NGOs all pulled out, taking the view that their resources could be better used elsewhere (Allen and Heald, 2004). They ignored the fact that 47 percent of the population lives below the poverty line (BIDPA, 2000) and that Botswana has one of the most skewed income distributions in the world: in 1993/4 the richest 20 percent of the population received 61.2 percent of Total Income while the poorest 40 percent shared 9.4 percent and these figures had hardly changed over the previous 10 years (Datta *et al.*, 1998).

Although the epidemic in Botswana is young compared to that in Uganda, the severity is much greater: the HIV prevalence rate has been above 35 percent since 1997 and the consequences include a current rate of orphanhood of 15 percent of all children. The Rapid Appraisal on the Situation of Orphans carried out in 1998 (Division of Social Welfare, 1999) stated that the extended family had already broken down to such an extent that it was not coping with the crisis fostering required as a result of the AIDS epidemic. Emergency aid (food and clothing) is now provided for registered orphans but the Short Term Plan of Action (STPA) on the situation of Orphans (Division of Social Welfare, 1999) which was intended to run only until 2003 has been extended and few alternatives have been considered, let alone implemented. It appears as though the existence of the STPA, even in its highly flawed state, has removed the urgency to plan and provide support for the large and growing proportion of children who have lost their parents. In January 2004, ACHAP, the parastatal organisation responsible for distributing the hundreds of millions of US dollars donated by the Bill and Melinda Gates Foundation, removed orphans from their list of funding priorities (Fantan, 2004).

In sections 3.3 and 3.4, the social constructions of childhood and orphanhood have been considered. The way in which children and orphans are conceptualised by a community will affect the way they are treated and hence their psychosocial well-being. The next section reflects on the impact of orphanhood, both on the households that foster children without parents and on the orphans themselves. Current impacts as well as longer term implications are discussed.

3.5 The Impact of Orphanhood

According to *Children on the Brink 2004* (UNICEF *et al*. 2004), in 2003 12.3 percent of all children in sub-Saharan Africa were orphans and the report places the rate of orphaning in Botswana at 20 percent in the same year. More than 90 percent of orphans in sub-Saharan Africa are cared for by their extended families (UNICEF, 2003b). Coping strategies in southern African countries have been found to differ significantly from other sub-Saharan African countries. Botswana, Lesotho, Namibia and Swaziland have all been affected by high levels of labour migration to the industrialised areas of South Africa. The consequent high levels of mobility have contributed not only to the high HIV prevalence but also to high rates of female headed households and high levels of child fostering. The combination of all these factors may have undermined the ability of the extended family to cope with the added burden of orphanhood due to AIDS. The rising proportion of children without parents places an increasing strain on the social fabric of communities (UNICEF *et al*. 2004; UNICEF, 2003b).

3.5.1 Impact on foster households

Households that take care of orphans experience an increase in dependency as the economically active adults support more dependent children. This has the knock on effect of deepening the poverty of those households and reducing food security as well as their ability to provide other basic needs such as medical care, clothes and school fees and materials (UNICEF, 2003b; UNICEF *et al*., 2004; UNAIDS, 2004; Stein, 2003; Kelly, 2001; Kallmann, 2003). The vast majority of African countries are unable to provide social welfare for households caring for orphans and where there are welfare programmes they tend to focus on emergency relief (Kallmann, 2003). The Botswana Government provides a monthly food basket and, annually, school uniform and one outfit of casual clothes for orphans. In South Africa there is a tiny means-tested child support grant but take-up is well below the potential number eligible, especially in remote rural areas (Samson, 2002; Thomas, 2003). There is also a higher-value foster child grant which was originally set up for families caring for children needing protection (i.e. who had been removed from their homes because of abuse or neglect) but is increasingly being used as a means of poverty

alleviation for kinship carers; however, it requires a court order and a great deal of paperwork before it is granted so that many who are eligible are not receiving it (Meintjies *et al.*, 2003; Meintjies *et al.*, 2004; Rosa *et al.*, 2004). Likewise, help from NGOs and FBOs reaches few relative to the need. The net result is that fostering orphans tends to worsen the poverty and food insecurity of the host families and a large and increasing proportion of families are impoverished to the extent where their basic needs go unmet (UNICEF, 2003b).

The extended family, the key safety net for orphans in Africa, is already overstressed and the burden is going to increase further over the next decade as the number of orphans continues to spiral upwards. Given the changes occurring in the kinship and family structure (see section 3.2 above) and given the fact that crisis fostering involves social obligations with few reciprocal rights (see section 3.4.2), the very high proportion of orphanhood currently experienced in Africa is contributing to the pace and the nature of the changes in social structure. The safety net already has holes and the added weight of more and more orphans is enlarging the holes and tearing the net in new places. The main impact is on the orphans themselves. More and more children are living in child- or youth-headed households or have ended up living on the streets.

3.5.2 Impact on orphans

The poverty of foster households jeopardises the physical well-being of orphans as well as other children in those households. Where there is no government or community support, food consumption can drop by more than 40 per cent, increasing orphans' risk of malnutrition and stunting (UNICEF, 2003b; Stein, 2003). Malnutrition and stunting can be measured using indicators like body-mass index or height for age index. The UNICEF (2003b) report refers to studies in numerous countries where it has been shown that orphanhood increases stunting; a higher percentage of orphans than non-orphans is malnourished and stunted.

Psychological well-being of orphans can be threatened by several factors. Children who experience the illness and death of a parent suffer extreme psychosocial distress and in many cultures in Africa there are taboos concerning adults talking to

children about death (Kallmann, 2003). The orphan's loss may be compounded by being separated from siblings. Orphans may suffer abuse in foster homes in the form of 'slave labour', sexual abuse or neglect (UNICEF, 2003b). Stigma may cause social isolation, a sense of shame and lack of emotional support (Stein, 2003).

The current physical and psychosocial well-being of orphans will influence their future chances of becoming fully functioning members of the society and the economy. The UNICEF (2003b) report found that orphans are less likely to be in school and more likely to drop out. The report cites several studies across a range of African countries where orphans have been found to suffer significantly greater educational marginalisation than non-orphans. Children who are abused, neglected, living on the streets or in child-headed households are more likely to suffer social marginalisation. Educational and social marginalisation both contribute to future economic marginalisation.

In this chapter, I have discussed the changes taking place in families and households and what those changes imply for the ability of the extended family to care for ever increasing numbers of orphans. Alternative definitions of the family and kin, such as 'fictive kin' or 'selective kin' may give a better understanding the changing nature of kinship rights and obligations. In Botswana, over several decades, there has been a dramatic fall in the marriage rate and a rise in the number of extra-marital births. The increasing proportion of female-headed households has altered kinship rights and obligations as single women turn to their maternal kin for help with child care.

I have outlined the social construction of childhood and theories of child development. A society's conceptualisation of children and orphans will influence the way those children are cared for and hence will shape their psychosocial experiences. I introduce the ides of 'rites of passage' (as opposed to Western child development theories) as a more culturally appropriate method of assessing how young Batswana cope with death and orphanhood. Different models of orphan care are outlined and illustrated in terms of the situation in Africa and especially in Botswana. The impact of orphaning on foster households and on orphans is considered.

Chapter 4: THE PROCESS OF SOCIAL UNRAVELLING
Losing Consensus and Cohesion

4.1 Introduction

One day, while waiting for her colleague to fetch some leaflets for me, Leah, a young employee of a government agency told me how depressed she was. The previous weekend she had been to the funeral of twin babies. At the graveside she had been so upset by the tiny caskets that she had left the group of mourners and wandered along the row of new graves. As she walked she read the information given at each grave and she noticed that, in that area of the graveyard, not a single one of the recently buried was born before 1970 and a considerable number of them had been born after 1980. This led her to consider the effectiveness of what she was doing, as her work involves the production of information leaflets and posters about HIV and AIDS, and she came to the conclusion that she and her colleagues were achieving very little indeed. I asked about radio as an alternative means of disseminating information about HIV/AIDS but she expressed doubt about that as well. Leah is from the north east of Botswana, her ethnic origin is Kalanga and she said that in her home village most people listen to radio programmes from Zimbabwe where the language is similar to Kalanga because Radio Botswana is broadcast only in Setswana or English, never in Kalanga and, in that region, reception is usually poor. She was extremely pessimistic about the future of her home community: if the message is not even getting through to those whose first language is Setswana, how much less chance do the people of her home village stand of being informed?

At the time that I had this conversation, I was living in Mmadinare, close to the border with Zimbabwe, and there was an outbreak of foot and mouth disease which was said to have spread over the border from Zimbabwe. After diamonds and tourism, beef is the third most important source of export earnings for Botswana and the government took stringent measures to control the outbreak. There is an extensive network of disease control fences and at each of these vehicles were dipped and sprayed with disinfectant.

> *Drivers and passengers had to disembark and dip their feet as well. In addition there was a huge information campaign – details of the measures were given in the newspapers; posters and leaflets describing symptoms and required action were distributed in the affected areas. Interestingly the posters appeared in* three *languages – Setswana, English and* Kalanga*.*

Why did the government use Kalanga in addition to Setswana and English for posters about a *cattle* disease when it uses only the latter two languages for disseminating information (by poster or radio) about a *human* disease? Obviously the presence of foot and mouth disease will affect the standing of Botswana's beef exports so there is an urgent economic reason to effectively distribute the facts, but why not with AIDS as well? Allen and Heald (2004: 1145), commenting on the contrast between the cattle disease and the human disease campaigns, state: "It would seem reasonable to conclude that there have been perverse economic incentives at work with respect to Botswana's national HIV control programmes". Perhaps the reason also has something to do with the prevailing patterns of ethnicity and hegemony in Botswana.

As mentioned in Section 2.2, Barnett and Whiteside (2002) contend that the nature of an HIV/AIDS epidemic in any country is determined by two key variables: the degree of social cohesion in society and the general level of wealth. Botswana has one of the highest HIV infection rates in the world (see Section 1.2.1) and this may be an indication of a lack of social cohesion and severe income inequality. In this chapter I examine processes which are operating to fragment social and economic life in Botswana. Iliffe (1987: 81) asserts that "[n]othing illustrates the continuity of the African past more vividly than the study of poverty." I seek the continuity between Botswana's past and current situation by considering the historical roots of fragmentation as well as those of poverty. I begin, in section 4.2, with a history of ethnicity in Botswana and the implications of ethnic groups becoming increasingly loud in their demands for particular group rights, such as the right for their language to be acknowledged and used in public. In section 4.3 discuss the consequences of the social changes described in chapter 3 in terms of fragmentation and unravelling and I consider the inequalities arising from the new forms of family and household that have emerged as a result of the social changes and more recently as a result of

the stress of the AIDS epidemic. In section 4.4 I outline some of the strengths and weaknesses of the Botswana economy and examine the continuity of poverty in Botswana. I consider four groups who made up the very poor in Botswana: non-Tswana groups in subjection (ethnic minorities), unprotected women (female-headed households), the incapacitated such as disabled or the mentally ill (those who drop out of school) and some able-bodied true Tswana (orphans)[8].

4.2 Ethnicity and Hegemony

The dominant tribe in Botswana (numerically, politically and economically) is the Tswana tribe. It consists of several sub-groups such as the BaNgwato, the BaKwena and the BaTawana. There are also a number of ethnic minorities such as the Kalanga, the BaYei and the BaSarwa (San). In this section I consider how language is used to facilitate ethnic dominance.

4.2.1 Language as an instrument of hegemony

In Botswana Setswana is the *national* language while English is the *official* language i.e. the main language of government and of private business. Primary school is taught in Setswana while English is the medium in secondary school. For minority groups in Botswana this means children start school learning in a second language which many of the ethnic minorities feel immediately puts them at a disadvantage compared to their Setswana speaking classmates (Nyati-Ramahobo, 1996). If they remain in school all the way through the primary classes, they will start secondary school in their third language. A number of the children I worked with had dropped out of school. Many dropped out at the end of junior secondary school because they failed to make the grades required to continue to senior secondary school. These young people have great difficulty finding work or getting into vocational training but their chances are much greater than those who drop out of school before completing primary school. Among primary school drop-outs are the ethnic minorities who do not speak Setswana as their first language (see Nxisa's story in chapter 8); the few Setswana-speaking children who drop out of

[8] Iliffe (1987) also identified four groups of the very poor in Botswana that match closely the groups I have identified.

primary school are disabled (deaf, dumb or mentally challenged). Datta, *et al.* (1998) believe that the Botswana national language policy, by not allowing for education in the mother-tongue of ethnic minorities, severely disadvantages children from these communities; they argue that many parents are dissuaded from sending their children to school in the first place and those children who do go to school perform badly. Nyati-Ramahobo (1999) asserts that for children of minority language groups, the medium of instruction in schools is a major hindrance in the learning process. The one exception, according to Werbner (2002b) is the Kalanga people who have, since colonial times, placed great importance on education. Consequently, having gained an educational head-start, the Kalanga have continued to be strongly represented in educational institutions, the professions, the civil service and the media.

Solway (2002), points out that in 1965, on the eve of independence, voter education materials were prepared by the Colonial government in a number of languages including Setswana, English, Afrikaans, Kalanga and Herero. It was only after independence that English became the official language and Setswana the national language and she concludes that "The exclusion of other languages … from national recognition became symbolic of wider exclusionary practices that are increasingly seen as limiting if not perverting Botswana's democracy" (Solway, 2002: 714). Language policy has another effect which Solway (2002) identifies – that of relegating minority languages and practices to the *private* sphere while the *public* sphere is the preserve of Setswana.

There are several significant minorities in Botswana: the Kalanga (mentioned above) of the North East, the BaSarwa (San) in border areas around the Central Kalahari, the HaMbukushu, BaYei and BaHerero of the North West. In the town of Maun in the North West, the BaYei are numerically superior to the BaTawana (Tswana of that region) but the BaTawana, through their co-operation with colonial rulers in the first half of the 20th century and their links with other BaTswana tribes, gained administrative experience and have ended up controlling local government. Almost all caregivers from minorities with whom I worked expressed the feeling that they were discriminated against by the BaTswana. However they also demonstrated some feelings of otherness and superiority, for example when I asked them about

whether anyone in their family had been affected by AIDS, the answer was frequently along the lines "The BaSarwa (BaHerero) do not get AIDS, only the BaTswana do – so we tell our daughters not to sleep with BaTswana men". Among the BaSarwa there are several further ethnic divisions, clans, each with their own distinct language.

There is even hierarchy among the different groups of BaTswana although they all speak the same language albeit with regional accents. The highest ranked are the largest tribe, the BaNgwato of the Serowe area of Central District, the tribe of Sir Seretse Khama as well as many cabinet ministers and top business people. A story was told to me about a teacher in a primary school in the Tswapong Hills asking her pupils what they would like to be when they grew up. One of the (BaTswapong) children replied that he would like grow up to be a MoNgwato. Details of the different groupings of BaTswana are given below.

4.2.2 A brief history of ethnicity

The BaTswana

The BaTswana[9] dominate the population of Botswana both numerically and politically. Alverson (1978: 9-10) describes the BaTswana as

> "a linguistically and genealogically defined subgroup of the Sotho peoples, who have over the past four or five hundred years become ecologically and culturally differentiated from other southern Bantu-speaking peoples with whom they share a common heritage and origin. … There is some variation in dialect and other components of culture but in the main the Tswana are culturally 'homogeneous'. "

There are many subgroups within the BaTswana, each with its own 'tribal'[10] name and geographical area. Ethnologists (Schapera, 1970a; Alverson, 1978; Comaroff

[9] 'Batswana' can also refer to Setswana speakers of Tswana tribal origin, so to distinguish between a citizen (who may be San, Herero or Afrikaner) and those of Tswana tribal origin, I will use Motswana (Batswana) for citizen(s) and MoTswana (BaTswana) for those of Tswana tribal origin. I will follow this system of using the upper case within the word for all references to tribal terms (e.g. BaSarwa, BaHerero, etc) where appropriate.

[10] "The English term 'tribe', instead of the more appropriate 'chiefdom', was locally current long before 1885, and was subsequently also used by the administration (e.g. in its legislation) … the corresponding Tswana term is *morafe* or *setshaba*." (Schapera, 1970b: 3) Currently the term 'chiefdom' is seldom, if ever, used and the groupings are refered to as 'tribes'.

and Comaroff, 1991) distinguish between the Eastern BaTswana (BaKgatla, BaLete, BaTlokwa) and the Western BaTswana (BaKwena, BaNgwato, BaNgwaketse and BaTawana) within Botswana (See Table 4.1).

Schapera (1953) describes the origins of the multiple groupings amongst the BaTswana.

> "It was a constantly recurring feature in Tswana history for part of a tribe to secede under a discontented member of the ruling family and move away to a new locality. There it would set up as an independent tribe under the chieftainship of its leader, by whose name it generally came to be known." (Schapera, 1953: 15)

The 'fountainhead' of all the BaTswana tribes in Botswana was the BaKwena of whom Malope was chief in the mid 18th century. Malope had three sons: Kwena, Ngwato and Ngwaketse who each established their own chiefdoms (c. 1760-80) in Molepolole, Serowe and Kanye respectively. Ngwato's son Mathiba had two sons Kgama and Tawana between whom there was great jealousy. Eventually Tawana moved away (c.1795) and established his own chiefdom in the North West in the area today known as Ngamiland (Nettleson, 1934; Tlou, 1985; Schapera, 1970b).

Date	**Western BaTswana**				**Eastern BaTswana**	
***c.* 1750**	BaKwena Chief Malope (Molepolole)					
***c.* 1760 - 1780**	Ngwaketse (Kanye)	Kwena (Molepolole)	Ngwato (Serowe)			
***c.* 1795**			Chief Kgama (MoNgwato, Serowe)	Tawana (Maun)		
1820-1840	*Difaqane*					
1871					Kgatla (Mochudi)	
	Further subdivisions Western BaTswana				Eastern BaTswana	
	Kgalagadi?	Rolong (Okwa)	Tlhaping (Kuruman)		Malete (Gaborone)	Tlokwa (Tlokweng)

Table 4.1: The multiple groupings and tribal capitals of the Western and Eastern BaTswana

The BaKgatla (Eastern BaTswana) arrived from South Africa in 1871 and settled in the area around Mochudi (Schapera, 1970b). The gradual extension of European control in the 19th century inhibited the creation of new tribes as it became more difficult to find unoccupied land where they could live and, in part, because

government intervention enabled settlement of civil disputes within the tribe (Schapera 1953).

The *difaqane*, a great subcontinental upheaval which had ripple effects spreading deep into the hinterland, is generally attributed to wars resulting from the rise of Shaka and the Zulu state (Comaroff and Comaroff, 1991). Between 1820 and 1840 much of Botswana was disrupted by waves of refugees fleeing from the *difaqane* caused by invasions of Amandebele under Mzilikazi. From 1830 onwards the BaTswana began to have more contact with European traders, hunters, missionaries and explorers and by 1870 there were mission stations and small schools in most of the tribal capitals. Many BaTswana men were also going out to work as migrant labourers on the diamond mines at Kimberley in South Africa (Schapera, 1970a). The success of chiefs like Sechele in resisting Afrikaner invaders from South Africa encouraged some of the Eastern BaTswana like the BaKgatla, BaLete and BaTlokwa to migrate form South Africa to Botswana (Datta, Alexander and Khan, 1998). In 1885, after decades during which the BaTswana appealed for British help against Afrikaner expansionism, the Bechuanaland Protectorate became a British Dependency. These events and the increasing contact with Europeans set in motion a series of profound changes to the social system as outlined in chapter 3 (section 3.2).

Non-Tswana ethnic groups

Apart from Europeans there are a number of significant ethnic minorities in Botswana. The Kalanga live in areas adjacent to the eastern border with Zimbabwe. The Ndebele live in the eastern areas near both Zimbabwe and South Africa. The BaSarwa (San) are found in the west of Botswana and the BaYei, HaMbukushu and BaHerero in the north west. All except the BaSarwa are Bantu speaking; most inhabit the same areas as the BaTswana and have historically been subject to the BaTswana chiefs (Schapera, 1953).

'BaSarwa' is the collective name for several groups of Khoisan-speaking peoples who were the earliest inhabitants of Botswana (the San are popularly called 'Bushmen' and the Khoi are popularly called 'Hottentots'). They have been

displaced by Europeans and Bantu speakers to whom they have become subject. (Tlou, 1985; Alverson, 1978) The BaYei and HaMbukushu are middle-Zambezi Bantu-speaking peoples, the BaYei being the first Bantu-speakers to emigrate to the Okavango Delta around 1750-1800. The HaMbukushu moved to Ngamiland from the 1850s onwards to escape the Mbukushu rulers who collaborated with slave traders from Angola. There was another historic migration of HaMbukushu in 1970 when some 4,000 HaMbukushu fled from colonial wars raging in the Caprivi Strip and southern Angola. They were settled in the Gumare region of Ngamiland (Tlou, 1985). In 1896 during the German incursion into Namibia they took Herero cattle. The resulting protest by the BaHerero led to a war in which the BaHerero were defeated and their leaders were publicly executed by the Germans. At this stage a few BaHerero migrated to Botswana but a much larger migration occurred in 1904-5 when German expropriation of Herero land led to a bloody revolt which was cruelly suppressed (Tlou, 1985; Schapera 1979). The BaTawana saw the BaHerero as allies against the threat of the Germans who were constantly pushing their eastern border into Tawana territory. The British Administrators allowed the BaHerero to settle in Ngamiland after disarming them at the insistence of the Germans. Like the BaYei and HaMbukushu, the BaHerero were traditionally matrilineal but gradually adopted the patrilineal system of the BaTawana as the BaTawana courts did not recognise the matrilineal system (Tlou, 1985).

The BaKgalakgadi

The BaKgalagadi are the lowest-ranked of all the Bantu-speaking people in Botswana. Anthropologists and historians differ in their versions of the origins of the BaKgalagadi. Although Tlou (1985) describes the origins of the BaKgalakgadi as ‘obscure’, Becker (1975) states that they were the first Tswana-speaking inhabitants of the area now known as Botswana and that during the 17th century as other more powerful Tswana-speaking tribes moved into the area they began to elbow the BaKgalakgadi out of the more fertile lands into the desert wastelands. Solway (2002), referring specifically to the BaKgalagadi of Western Kweneng, states that they derive from groups of disparate origin who arrived in the Kalahari as refugees defeated in the *difaqane*. Hitchcock (2002) describes the language of the BaKgalagadi as distinct from but akin to Setswana which enabled them to interact

more easily with the BaTswana. Whatever their origins they are generally regarded as inferior by the BaTswana and are often referred to as *Ma*Kgalakgadi – the prefix *ma-* being deeply pejorative in this context (Solway, 2002). Even to this day the BaKgalakgadi recognise the BaKwena, BaNgwato and other main BaTswana tribal groupings as superiors. Alverson (1978: 77) describes the relationship between the BaKwena and the BaKgalagadi as one of 'ethnic antagonism' and he understood the BaKgalakgadi desire to work in the mines of South Africa as an escape from BaKwena domination. Within villages they are physically separated by living in different wards on opposite sides of the settlement. Tlou (1985) explains the historic domination of the BaKgalakgadi in Ngamiland (in the north west of Botswana) by the BaTawana as "clientship" based on origin and wealth.

"One-Nation Consensus"

During the colonial era of Botswana's history, the British Government divided the whole protectorate into eight tribal territories in which the colonial authorities recognised the Setswana-speaking tribes and their chiefs as the subordinate sovereigns. The eight who were recognised by the British included three who had some military power: BaNgwato, BaKwena and BaNgwaketse as well as five who were militarily powerless: BaTawana, BaKgatla, BaRolong, BaLete and BaTlokwa. Collectively they represented *'Tswana-dom'*, a term coined by Neil Parsons (quoted in Nyati-Ramahobo, 2002), to describe the BaTswana cultural and political dominance in the public life of Botswana. The British established the institution of chieftaincy through the Chieftainship Act by which the eight Tswana-speaking tribes were recognised as the only tribes in the country and their chiefs as the only chiefs (Nyati-Ramahobo, 2002).

At independence in 1966 the tribal territories (also known as reserves) were converted into 'districts' and although the constitution enshrines *individual* rights, there is one situation in which *group* rights are privileged and this concerns membership of the House of Chiefs. *Ex officio* membership is limited to the chiefs of the eight BaTswana tribes mentioned above and they are considered paramount chiefs with lifelong hereditary positions. There are seven other elected members who have sub-chief status in the House (Solway, 2002). This 'Tswanafication' or

cultural nationalism was extended through the adoption of one official language (English) and one national language (Setswana) at the time of independence. Werbner (2002a) calls this policy of assimilation, of favouring homogeneity, the 'One-Nation Consensus': "building one state was building one nation – the Tswana nation" (Werbner, 2002a: 676). Sir Seretse Khama, Botswana's first president, was an exemplary advocate of the One-Nation Consensus. He was the popular heir to the chiefship of the BaNgwato, the biggest tribe, which he renounced in order to enter elected politics (the constitution prevents members of the House of Chiefs running for elected office). As president he was committed to multiracialism (demonstrated in his own marriage to a white English woman), skilful in achieving the co-operation of the subordinate chiefs by carefully avoiding favouring his own tribe whilst at the same time appealing to those from formerly subject ethnic groups such as the Kalanga. "By Tswana and non-Tswana alike, he was seen to be above and beyond the tribe in his efforts at one-nation building – a true Father of the Nation." (Werbner, 2002a: 677). At the time of independence it was widely agreed that for the sake of national unity, sacrifices had to be made: tribal interests should to be transferred to the state in order to be managed for the national good. Further evidence of 'Tswanafication' is that all censuses since independence have avoided recording ethnic identity (the last census to do so was during the colonial period in 1946), reflecting both the sensitivity of the issue and the independent government's desire for assimilation and ethnic homogeneity (Solway, 2002).

From 'Hegemonic Silence' to 'Ideological Babble'

Werbner (2002a) notes that a certain amount of opposition against making the necessary sacrifices was tolerated by the working consensus, especially from the chiefs, but the constitution introduced by the ruling party, discriminated between the tribes which were being integrated into the postcolonial state. Solway (2002: 716) describes the contradictory effects of the assimilationist policy: "ethnic equality is fine as long as the Tswana remain 'more equal' than others". For some two decades after independence in 1966, the issue of minority rights was hardly discussed in public space. She quotes a comment by Parsons in 1985 that bears repeating here:

> "What is remarkable in Botswana is how much, up till now, the legitimacy of Tswana-dom has been accepted and even supported by non-Tswana groups…. That legitimacy is considerable at present, but has been and may be challenged later as social conditions change." (Parsons cited in Solway, 2002: 716)

Solway goes on to describe how social conditions did in fact change as, during the 1980s, most citizens began to experience the benefits generated by the mineral wealth of the country. The changes had two distinct implications for ethnic minorities; firstly, the significance of ethnic clientship networks has diminished (but not disappeared) as minorities could directly access the state in order to gain rights to land and social services and secondly, ethnic minorities were empowered by academic and formal sector success.

Durham and Klaits (2002) have a different perspective on the situation. They see one of the biggest social changes as being the vastly increased number of funerals as a result of the rising number of deaths attributed largely to the AIDS epidemic. The 'required' attendance at the funerals then provides a public space for reasserting membership of an ethnic group with its values and customs. They believe there is a definite link between an increase in funerals and the surge in awareness of membership of ethnic minority groups.

Whatever the reason, ethnic minorities have gained confidence and have begun to engage in the process of re-evaluating their 'presence' within the national sphere in a variety of ways. Increasingly during the past decade there have been demands from some of the minorities to change the language policy and amend the constitution to remove the discriminatory sections. Cultural organisations such as the Society for the Promotion of the Ikalanga Language - SPIL (set up in 1981) and Kamanakao (established in 1995) of the BaYei have gained national recognition through the media; they are officially registered with the Registrar of Societies in the Office of the President and they have published materials in their languages. It is important to note that these attempts to gain minority rights have all been conducted within the law and without violence – "It is not Botswana citizenship which is in question, but the terms of that citizenship" (Solway, 2002: 722).

Many state leaders fear that minority discontent could be potentially destabilising and Botswana's second president, Masire, voiced the threat when he appealed to

citizens “not to spoil the prevailing peace and unity in the country by fighting for ethnic language groupings to take precedence over Setswana” (quoted in Nyati-Ramahobo, 1996: 253). The current president, Festus Mogae, has continued to uphold the advantages of assimilation and to appeal for the unity of the nation in one blended culture beyond ethnic difference using the rather clumsy phrase “scrambled eggs” (Werbner, 2002b). However he did set up a Presidential Commission of Enquiry under Patrick Balopi, a former Minister of Local Government and Lands, on 28 July 2000 to review the Constitution’s position on tribal matters. The Balopi Commission toured the country from August to October 2000 seeking opinions in all the major villages and towns and proved to be an extremely popular forum for public debate engaging a wide cross-section of the population (Werbner, 2002a). In the four decades since independence “hegemonic silence has turned into ideological babble” (Comaroff and Comaroff, 1991: 24). Until 2000, with the advent of the Balopi Commission, the official, public perspective on ethnicity was one of consensus and assimilation – other languages were kept for use in the private space of the ethnic minorities who spoke them. This is a prolonging of the colonial definition of social organisation, a virtual denial of the existence of other ethnic languages, preserving an illusion or definition of the situation that there is consensus. However, minorities are increasingly demanding public space for their languages.

4.2.3 The geography of hegemony

Historically the BaTswana positioned peoples who were subject to them on the periphery of the regions they controlled acting as a buffer against hostile neighbouring tribes (or Europeans in the case of the BaTawana using the BaHerero as a buffer against the Germans). Werbner (2002a) describes BaTswana public logic as concentric with the ruler in his capital in the centre and the social zones of diminishing hierarchical rank extending outwards. In such an order the most appropriate location for subject communities is at the margins and, within the capital, the subject communities would be allocated their own wards or sections. Solway’s (2002) take on this physical marginalisation of minorities is that the geographical distance from the centre reflects the social distance of minorities from the chief as defined by the BaTswana with the BaSarwa (San), who from the

BaTswana perspective have the lowest status, residing in the 'wilds' of the Kalahari. Hitchcock (2002) sees the BaSarwa's designation by the government as 'Remote Area Dwellers' underscoring the degree to which the nation-state sees them as separate and distinct. They are at the bottom of the socio-economic system in Botswana, they have the lowest living standards and literacy rates and, in many cases, have insecure access to land and resources. They view themselves not only as a marginalised minority but as a 'stigmatised minority' (Hitchcock, 2002). They have always been regarded as inferior by all the Bantu-speaking tribes within Botswana so their means to a redefinition of reality has been through international publicity with the help of organisations like Survival International and with an emphasis on human rights and social justice. The BaSarwa claim that their status as 'first nations' or 'aboriginal people' should be recognised but they have lost faith in the Botswana Government which they feel has been unresponsive to their demands for land and resource rights (Hitchcock, 2002).

Werbner (2002b: 737) identifies the Kalanga – with their high level of achievement in parliamentary, professional, business and academic circles - as the "most significant Other" for the BaTswana majority. It is only the Kalanga who have been accused at various times of an ethnic conspiracy to 'take over' expressing a fear that majority dominance is insecure. Yet, even in their ethnic assertiveness, the Kalanga leave no doubt about their loyalty to Botswana; they belong to the nation and simply want to be fully included within the nation (Werbner, 2002b).

The peoples of Botswana can be divided along many lines: ethnic groups, 'tribal' divisions within the Tswana ethnic group and along lines of status within tribal groups. These divisions provide potential fault-lines that may rupture if the build up of tension creates too much pressure for the forces keeping consensus in place. For several decades after independence the fault-lines appeared to be dormant but economic prosperity which has empowered subordinate ethnic minorities and the opportunity for public expression of ethnic membership provided by the increasing number of funerals, are indicative of a deep-seated stirring ethnic loyalty. Ethnic diversity and divisions along tribal or racial lines provides the potential for internal fragmentation. Changes that have occurred in social organisation provide further potential for unravelling and fragmentation.

4.3 Social and cultural fragmentation

Commenting on Botswana, Barnett and Whiteside (2002: 122) state that "While the country is politically stable, socially it is in flux". It is only relatively recently that the 'one-nation consensus' has been questioned but social change has been under way for some time. In chapter 3 I briefly outlined the main causes of social change (Colonialism, Christianity, labour migration and urbanisation) and the most profound effects on social organisation, namely, a fall in the number of marriages, a rise in extra-marital births and a change in the composition and organisation of households. After revisiting one of the causes, urbanisation, in more detail, I will discuss what these profound social changes imply for social cohesion in Botswana.

4.3.1 Mobility and urbanisation

Since the 1980s the population of Botswana has undergone rapid urbanisation – in 1971 only 9 percent of the total population lived in urban areas, in 1981 it was 18 percent. By 1991 it was up to 45.7 percent although since then it has not changed greatly – 49.7 percent in 1999. The big increase between 1981 and 1991 was partly due to the introduction of a new category, that of 'urban village' and partly to the extremely rapid economic growth during that decade which resulted in rural-urban migration as people moved from the drought-ridden rural areas to the towns in search of paid employment (Ministry of Health *et al*., 1997; CSO, 2001; UNDP, 2000; MacDonald, 1996).

Most Batswana (citizens as opposed to ethnic BaTswana) retain a remarkable loyalty to their ethnic origins and will regularly visit their 'home' village or region. Each month end there is a major exodus from the cities as people return to their village homestead or cattlepost. Traditionally the Batswana have been highly mobile, regularly moving between village, agricultural lands and cattle post and they have simply added their urban home to the list. This mobility is facilitated by a very good road network which is constantly being extended and upgraded by the government and good public transport services on all major routes with very few places having no provision at all.

The process of urbanisation has contributed to ethnic mixing as there are no ethnic enclaves within Gaborone or any of the major towns and consequently urbanisation has led to ethnically mixed residential areas. Even in villages new expansion has occurred in an ethnically mixed manner. In 1968 the right of the tribal authorities (the chief and his tribal advisors) to allocate land within the village was removed and given to politically elected land boards. This effectively ended tribal or ethnic grouping in the allocation of land. It also had implications for kinship links as young people, both men and women, newly establishing a homestead were no longer allocated land alongside their paternal relatives but rather where land was available, where there was sufficient space for new homesteads (Molokomme, 1991).

4.3.2 Changes in Social Structure

Class, kinship and the extended family

The BaTswana are patrilineal and their society is highly structured. Membership of a tribe is primarily determined by descent but part of the population in every tribe is of mixed origins with some being immigrants and others beings 'clients' or *malata* (serfs), like the BaSarwa, who are still considered inferior to other members of the tribe (Schapera, 1953; Datta *et al*, 1998). These varied origins are reflected in the existence of three separate classes which Schapera (1953) labels as (1) "nobles", agnatic descendents of any former local chief; (2) "commoners", descendents of outsiders included long ago and (3) "immigrants" who have arrived more recently. Class distinctions are still effective in political life but urbanisation and participation in the modern economy has allowed some social mobility, except for the 'malata' who remain the most deprived group in the country (Datta *et al.*, 1998).

As outlined in chapter 3 (sections 3.2.3 and 3.2.4), there have been major changes to the composition and form of families and households as the rate of marriage has fallen and a rise in the number of children born to unmarried mothers. Colonialism, Christianity, urbanisation and labour migration have all had an effect on traditional kinship relations and responsibilities. As men migrated to the mines or urban areas, all productive tasks were left to women. Although their work load and responsibilities increased, their resource base diminished as men held onto control

over land and cattle. Historically, society took care of women, even if it was done in a paternalistic manner; but with the breakdown of this social structure, many women became poorer and even destitute (Datta *et al.*, 1998; MacDonald, 1996). Izzard (1985) notes that age and marital status of the woman in charge of the household will have a significant effect on the household's material assets and access to resources as well as the status of the adult members of the household within the community, their obligations towards others and the help they may expect. She gives an example where an elderly woman who becomes widowed will have access to more resources and help from affinal relatives by virtue of age and marital status than a young unmarried woman household-head. If a female-headed household is receiving sufficient remittances to hire agricultural labour, it implies that "a lack of resident adult men does not *automatically* disadvantage female-headed households" (Izzard, 1985: 265). Nonetheless, women who have no access to resources such as cattle and who have no source of cash, are among the poorest households in Botswana (BIDPA, 1997). Cattle ownership is not only highly inequitable it is also gender biased, with 66 percent of female farmers owning no cattle compared to 33 percent of male farmers (UNDP, 2000). Iliffe (1987) shows how, historically, deserted wives and unprotected widows in Botswana were usually destitute. Fifty percent of female-headed households live below the poverty line compared to 44 percent of male-headed households (UNDP, 2000).

Since independence family structure in Botswana has been further radically transformed. Many educated women, aware of the constraints marriage places on them, have opted to have relationships with men without marrying them (Datta *et al.*, 1998; MacDonald, 1996). It is not unusual for women to bear children before they are nineteen and to have several children with different partners without getting married (Upton, 2001; MacDonald, 1996). Upton argues that child-bearing is central to a woman's social status, identity and personhood, but that marriage and reproduction have become increasingly separate domains of life; there is no longer any cultural stigmatisation for bearing children outside marriage. The result is that the prevalence of divorce and 'living together' has increased while that of marriage has declined dramatically. This, in turn, has led to rise in the number of female-headed households particularly in rural areas. Botswana society can now be described as 'matrifocal' (Izzard, 1985) and the almost complete lack of social ties

with the family of the father has meant the loss of cross-cutting ties and an impoverishment of social relationships and kin networks. The loss of relationships with the paternal kin undermines social cohesion and contributes to unravelling the social fabric.

The 'traditional' household described by Schapera is no longer the norm. Instead many families are simply an extension of another family somewhere in the rural areas. Single rural women frequently bring up the children of their daughters who try to find employment in urban areas. These young women may have several, temporary liaisons with men but there is no longer a focal male for these social units. Children are raised by their grandmothers and may never know their father. An uncle or brother may occasionally give financial or material assistance, but for all practical purposes these single women decide their own affairs. Neither statutory not customary law recognises the changed social situation; government programmes, whether to reduce poverty or encourage entrepreneurship, often target an imaginary family of a man in control of his wife and children that in no way reflects reality. The result is that most of these single women remain locked into poverty and unable to enjoy their independence (Datta *et al.*, 1998). Iliffe's (1987) category of 'unprotected women' has continued in poverty to the present.

Gender relations

In Botswana, as in much of the rest of the world, gender relations are defined by men's perceived superiority to women (WLSA, 2002; MacDonald, 1996). In customary law women are treated as perpetual minors, being subject for life to the authority of male guardians (Schapera, 1953). From childhood, girls and boys are socialised into particular roles within the private and public domains. Girls learn the female roles of cleaning, food preparation and caring for younger siblings while boys go out to the cattle post and herd the small stock as well as cattle (Datta *et al.*, 1998). When children are orphaned and suddenly have to do tasks traditionally associated with the other sex, this can cause them shame because they have been successfully socialised into their gender roles from a young age (Thamuku, 2002). Socialisation applies to both productive and reproductive roles. The burden of care for the increasing number of people ill with AIDS in Botswana falls overwhelmingly

on women. Many people who are ill return from their urban dwelling to their rural home to be cared for by their mother, who is often unmarried and living alone, until they die. The combination of poverty as well as the fact that they are already caring for several grandchildren means that the added reproductive role of caring for the sick can be intolerable.

In Botswana, these older women also have to operate in a 'public' sphere when they deal with the government officials who assess them before they can be registered to receive benefits for the orphans in their care. Their own socialisation has left them unprepared, they are unfamiliar with officialdom and their rights; they lack confidence in their dealings with suppliers and are frequently exploited by officials and suppliers alike. In Botswana social change and the AIDS epidemic have greatly added to the burden of women's triple role.

Strained gender relations often produce *domestic violence* (Seeley, Sutherland, Dey and Grellier, 2003) and given the rapid pace of social change (indicated by the plummeting marriage rate) superimposed on the socialisation of women's subordination in Botswana, it is hardly surprising that the prevalence of violence against women and girls has been increasing at an alarming rate (Datta *et al.*, 1998) as shown in Table 3.3. Domestic violence is only one aspect of gender violence and WLSA (2002: 11) gives a broad definition of domestic violence as "any form of controlling or abusive behaviour that occurs in a domestic relationship which causes harm to the health, safety or well-being of the victim. The abuse could be physical, sexual, verbal, psychological (or mental) and economic." The form that domestic violence takes varies from culture to culture but most commonly women and children are the victims and the perpetrators are usually men. Other forms of family-based violence could include a parent abusing a child or an adult child abusing an elderly parent, i.e. the perpetrator is a family-member or acquaintance of the victim (WLSA, 2002). The extended family as a social safety net which offers support and protection as well as care of the sick and of orphans, is being eroded by HIV/AIDS (Seeley *et al.*, 2003).

In Botswana sexual violence, incest and defilement have recently been given more attention as NGOs like Women Against Rape and Emang Basadi have raised public

awareness and the media have given more coverage to rape, defilement and a recent spate of 'love killings'. *Sexual violence (or abuse)* is defined as "any sexual behaviour meant to control, manipulate, humiliate or demean another person" (WLSA, 2002). In Botswana, rape has been classified as a moral offence rather than an offence against a person – which effectively removes it as a crime of violence against women. The same holds true for various other forms of domestic violence. The law does not recognise marital rape (Datta *et al.*, 1998) although a recent case which has been widely reported in the media, has at least generated public debate about the issue. *Incest* is narrowly defined in the Botswana Penal Code as an offence whereby a person "knowingly has carnal knowledge of another person knowing that person to be his or her grandchild, child, brother, sister or parent" (quoted in WLSA, 2002: 12). Significantly, the case of uncles and aunts having sexual intercourse with nieces and nephews is omitted from the Botswana definition where a broader view might use more inclusive terminology like "sexual intercourse or cohabitation between blood related family members" (WLSA, 2002: 12). *Defilement*, as defined in the Botswana Penal Code, is an offence whereby one has "unlawful carnal knowledge of any person under the age of 16 years" (quoted in WLSA, 2002: 13).

Year	1981	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Rape cases	365	749	712	853	968	1056	1101	1183	1301	1345	1383	1364
Defilement										143	184	218

Table 4.2 The Prevalence of Rape and Defilement

(number of cases reported nationally)

Source UNDP (2000: 74-75) and Maleke (2002)

Table 4.2 shows an increasing number of reported rape cases but, as shown in Table 4.3 not all cases are prosecuted and not all prosecuted cases result in convictions (Datta *et al.*, 1998). WLSA (2002) states that incest is one of those categories of offences in Botswana which is poorly researched, documented and reported and which seldom brings the offender to justice. WLSA (2002) also claims that it is far more common than anyone has been able to document but that accurate statistics are impossible to attain and its true extent remains unknown. Domestic violence is under reported and if it is reported police tend to treat it as a

private matter not as a criminal offence. Such cases often remain within the family to avoid shame and social stigma although tribal leaders indicated that they sometimes know of cases of incest occurring in their villages which had not been reported (WLSA, 2002). Maundeni (2002a) comments that another reason for the reluctance of parents to report defilement is that some people (in Ngamiland) believe that sex with children under 16 is an inherent part of their culture and they do not welcome outside interference. She goes on to say that some parents fail to report cases because they fear that they will lose financial support from perpetrators. This point is backed up by Thamuku (2002) who investigated a report that a 14 year old orphan girl was being repeatedly raped by a 21 year old neighbour. The grandmother, who knew about the rape, did nothing to protect the girl because the perpetrator was giving her food.

	Percent of all reported cases
Closed unsolved	25
Closed with insufficient evidence	11
Withdrawn by complainants	8.5

Table 4.3 Percentage of reported rape cases unsolved or withdrawn

Source: Malete, 2002

In Botswana the patriarchal nature of society and the subordinate position of women and children as well as the cultural silence around domestic violence in which neither statutory law (personified in the police) nor customary law (personified in the tribal leaders) supports women, combine to inflict wounds on the victims. These remain hidden while the perpetrators are protected. Seeley *et al.* (2003) point out that when gender violence is placed in the context of HIV/AIDS, attention is focused on men and masculinities as a key determinant of women's lack of power in sexual relationships. In order to remove gender inequalities it is not enough to address the needs of women only. Men, and their perceptions of what it means to be a man, also need to be taken into account and dealt with. The authors of the UNDP Report (2000: 32) put it this way: "Combating gender discrimination requires more than empowering women. Male attitudes must change." Current evidence in Botswana is that men are reluctant to share power with women and are refusing to accept women as equals (Datta *et al.*, 1998; MacDonald, 1996; Maundeni, 2002a). Men initiate and control sexual relationships in Botswana and the gender power

differential is compounded by age differences. Married women are expected to conform to the ideal of monogamy while tacitly condoning male deviation from this norm (Seloilwe, Ncube and Ntseane, 2000; MacDonald, 1996). Women cannot refuse to have sex with their husbands or insist on the use of a condom, even if they know their husband is having an affair with another woman (Maundeni, 2002a; MacDonald, 1996). Women who are infertile are assumed to have brought the 'problem' on themselves through their modern lifestyles which transgress various customs and sexual norms, for example, through the use of modern contraceptives. This cultural belief has significant implications for the government's emphasis on condom use as a means of preventing the spread of HIV: ethnographic data suggest that there is great resistance to the use of contraceptives such as condoms as it is perceived as risky and a potential path to infertility (Upton, 2001; MacDonald, 1996)[11].

Evidence of greater sexual violence and the increase in the crimes of rape and defilement could be read as an indication of social breakdown. Bray (2003: 4) attempts to define what is meant by social breakdown and she includes "the end of functioning families and social institutions, lawlessness, anarchy or extreme political instability, and a stagnant or largely underground economy." Clearly what is happening in Botswana is nowhere near as extreme as in Bray's definition, but the increase in gender crime undermines families and social institutions.

Age relations

Age and seniority are important in Batswana social life as ranking criteria (Schapera, 1970a; Alverson, 1978). Children are taught to honour and obey their elders without question. This cultural emphasis on children's obedience and respect of elders continues today and is manifest in the active discouragement of children's curiosity and assertiveness, instead they are taught to be passive and submissive (Maundeni, 2002a). This can have serious consequences for young people, particularly girls, in the light of the increase of sexual abuse mentioned above and

[11] "In Botswana, condom promotion provoked antipathy from church groups, local healers, parents and chiefs" (Allen and Heald, 2004: 1151) and the possibility that condoms *cause*, rather than control, the spread of HIV was much debated.

the fact that, in Botswana, AIDS is overwhelmingly spread by heterosexual sexual intercourse. Children are socialised into silence about matters that take place inside the family and it can make them reluctant to question the actions of adults who have abuse them sexually. There is also reluctance on the part of adults to talk to children about death and about sex as illustrated by the story of Keneo and his siblings in Chapter 2.

Historically it was *not* parents who taught their own children about sex, instead pubescent boys and girls were taught in initiation schools known as *bogwera* for boys and *bojale* for girls. At graduation from initiation school, a *mophato* or age set was formed and named. As mentioned in chapter 3 (section 3.3), initiation into an age set was the means by which adult status was acquired and nobody could marry before having been initiated. The age sets cut across the divides of kinship and ethnic groups, rank and class status. *Mophato*-formation built social capital as the bonds established between group members remained for life (Schapera, 1970a). Missionaries strongly disapproved of the initiation schools and they were gradually, but with considerable resistance, abandoned (Schapera, 1953, 1970b; MacDonald, 1996). Parents still do not teach their own children about sex, even since the demise of the initiation schools. Instead they expect teachers to do that in school. Central Government has similar expectations but many teachers feel exceedingly uncomfortable talking openly about sex. Expediency dictates that parents and teachers evade the responsibility and the child is left with no adults with whom to freely and openly discuss sex. The result is that as the numbers of orphans and other vulnerable children increase, sexual abuse by teachers and by relatives can flourish behind a wall of silence.

The Botswana Human Development Report 2000 (UNDP 2000: 35) highlights this as an example of cultural conservatism and involution: “Parents are conspicuously absent in the sexual education of their children. Interviews with mothers indicate that mothers feel their culture forbids them to discuss sex with their daughters.” In fact, some parents believe that sex education will encourage sexual activity among young people and the general belief among parents, irrespective of ethnic and educational backgrounds, is that sexuality must not be discussed with children. Even nurses, family welfare educators and other professionals who are supposed to

play a key role in educating young people about sex and sexuality are failing to do so (Maundeni, 2002a). The harmful impact of adults' evasion of their responsibility to teach children about sexuality issues was poetically described as follows in a newspaper report: "when elephants fight it is the grass that suffers" (Magezi, 2003).

Such cultural beliefs can have serious harmful impacts on young people by increasing their vulnerability to sexual abuse in all its forms: if they are not informed about sexual practices and cultural inhibitions prohibit them from speaking to adults about sexual issues there is no adult with whom they can talk openly should they experience sexual abuse. They are at risk of contracting sexually transmitted diseases including HIV and young girls may become pregnant. Teenage pregnancies can place the health of both mother and child at risk because it is associated with high morbidity and mortality (WLSA, 2002) and it can terminate a girl's education – only a fifth of those girls who leave school because of pregnancy are re-admitted (Datta *et al.*, 1998) – making them economically disadvantaged and more vulnerable to poverty. The high number of teenage pregnancies in Botswana is an indication of the prevalence of defilement as many of those affected are girls below the age of 16 years (WLSA, 2002) and, as Table 4.4 shows, the 2001 census has revealed that orphaned girls are more likely to become pregnant than girls whose parents are still alive. 3.7 percent of orphaned girls between the ages of 12 and 18 give birth while only 2.5 percent of girls whose parents are still alive.

	Total number	**Number who had given birth**	**Percent who had given birth**
All girls 12-18 years	124,480	3,473	2.8%
Girls whose parents are still alive	96,105	2,429	2.5%
Orphaned girls 12-18 years	28,375	1,044	3.7%
Orphans as a percent of all girls	23%	30%	

Table 4.4 Girls aged 12-18 in 2001 who had given birth Source: CSO: 2003

A different slant on the high level of teenage pregnancies is that these result from children's increased knowledge of their rights which enable them to do as they

please. Parents feel unable to control their children for fear that legal steps may be taken against them and it is difficult to draw lines between discipline, punishment and abuse (Seloilwe *et al.*, 2000). This rather extreme view was illustrated by a conversation I had in July 2003, with Mabuse Pule, who, as Child Protection Officer in the Department of Social Services in the Ministry of Local Government, is responsible for the revision of Botswana's Children Act. He has been touring the country, addressing *kgotla* meetings to explain the content and purpose of the revised Children Act and children's rights. He said that at every meeting he hears the refrain that children should not be given rights as it undermines parents' ability to discipline them. He told me that in a village near Gaborone, Ramotswa, the parents have ask the NGO, ChildLine, to remove its services from the village because they feel it is reducing their ability to control their children.

At the other end of the age scale, elderly people are also dependent and vulnerable. The number of elderly people in Botswana more than doubled between the 1971 census and the 1991 census and although the absolute number increased dramatically, the proportion of elderly people within the total population rose only slightly from 4.4 percent in 1971 to 4.7 percent in 1991 (Datta *et al.*, 1998). This figure applies to elderly people above the age of 65 but in many developing countries people may become dependent or disabled at a much earlier age. If the elderly are considered as those who are 50 or older, they made up 11 percent of the total population in 1991. Women live longer than men by as much as 7 years in Botswana and tend to be more economically vulnerable because of their dependence on men for income especially as they are more likely to be widowed and living on their own. The rapid urbanisation described above has tended to alter the age structures of rural areas to include more dependent age groups – the elderly and the young. In rural areas 28.5 percent of households are headed by those aged 60 and above compared to 15 percent in urban areas (Datta *et al.*, 1998).

Even in old age women share a greater burden because of the double role of their productive and reproductive duties. Rapid urbanisation and the social changes that have increased the number of children borne to unwed mothers have changed the role of the grandmother, especially the maternal grandmother and made her a key

figure in many households (Ingstad, Bruun, Sandberg and Tlou, 1992). The AIDS epidemic has added enormously to their burden as they take on sole responsibility of orphaned grandchildren. The extended family safety net is breaking down as a result of rapid social change in society (Datta *et al.*, 1998). In Botswana there are no day-care centres, nursing homes or programmes for home-bound elderly people and many elderly people are unable to meet their basic needs (Shaibu, 2000). Some elderly qualify for the destitute's allowance but it is insufficient to address their needs. Since 1996 there has been a small monthly pension available to those over 65 which is often the only cash income for large rural households. Many of the elderly are infirm or disabled as they suffer from eye, circulatory or musculoskeletal problems (Datta *et al.*, 1998).

While age and seniority still play an important role in social relations, the initiation schools and the formation of the *mephato* or age sets have been abandoned with some serious implications for social cohesion in Botswana society. A number of factors which contributed to social capital formation have been lost with the abolition of the initiation schools. Members of the age sets had ties with each other that cut across categories of kinship, rank and social class, i.e. age set formation was a means of easing the tensions along the fault-lines identified above in the section on ethnicity. In addition, the members of the age sets would be associated with each other as long as they lived; they regarded another member's children as their own. This meant that if the kinship safety net failed there was always the *mophato* to fall back on. This has particular significance for old people who have become isolated as relatives have died or moved away; they no longer have the additional safety net of the age set. The loss of these social bonds and ties and the process of building them has contributed to the undermining of social cohesion.

4.3.3 Religion and witchcraft

In the day to day affairs of the state religion is not very important. The dominant expressions of Batswana spirituality are ancestor worship and Christianity, with a growing movement of syncretic churches which combine Christian teachings with the use of traditional medicines and remedies to deal with the wide-ranging effects of bewitching (Datta *et al.*, 1998). Lesego, whose story is told in chapter 2, attended

a syncretic church, known to the Batswana as a church of ‘spiritual healing’. The most frequent reason given for bewitching is ‘jealousy’ or ‘envy’. Alverson (1978) states that invidious envy, called *dikgaba*, is a recurrent problem and he refers to Schapera’s description of envy as a curse that ancestors can place on an individual for transgression of moral norms. In his experience, however, *dikgaba* was the evil one person wishes on another because s/he is jealous or envious of her/him. My experience of the phenomenon is that what Alverson called ‘evil’ was usually termed witchcraft or bewitching when it was explained to me. It is ubiquitous, endemic and cannot be ignored when analysing behaviour and the manifestations of social change.

4.3.4 The Loss of Social Cohesion

Barnett and Whiteside (2002) identify lack of social cohesion as a major contributing factor to the *scale* of the AIDS epidemic in a country. In Botswana, a country with one of the highest rates of HIV infection in the world, this is illustrated by the profound changes that have occurred in that most basic of social groupings – the family. The very low rate of marriage and the gradual change from a patrilineal, virilocal descent system to a residence pattern which is matrifocal have brought about the loss of cross-cutting ties between the maternal and paternal relatives, the impoverishment of social relations and a ‘thinning’ of kin networks. When the focus shifts to gender relations, the manifestations of social breakdown include rising rates of domestic violence, incest and defilement and the cultural silence surrounding them. These processes undermine social cohesion and create friction and tension along social fault-lines. Cultural practices that used to build social capital, such as the initiation schools, have been abandoned with the result that there are few traditional practices and institutions to ease the stresses currently experienced as the social structure undergoes change. Those practices and institutions which have replaced the traditional ones, such as churches and universal primary education, do not adequately create the social bonds needed build and maintain social cohesion.

4.4 A Culture of Dependence

Botswana's economy is characterised by a high degree of income inequality. Iliffe (1987) in his study on the continuity of poverty in Africa, uses Botswana to illustrate the fact that pastoralism breeds poverty. The four groups he identifies as historically most vulnerable (subjected non-Tswana ethnic groups, unprotected women, the incapacitated and the very poor 'true Tswana') are still marginalised today. One of the most significant marginalising factors, commented on by other authors as well (Gulbransen, 1994; Molokomme, 1991), is the lack of cattle. In spite of the great wealth created by diamond production and the investment by the government in infrastructure and human resources, the income inequalities remain.

4.4.1 The economy

At independence in 1966 Botswana was one of the poorest countries in Africa. The largely rural population depended on agriculture for a livelihood and beef production was the mainstay of the economy in terms of output and export earnings. Over 30 percent of men aged 20 – 40 were working on the South African mines; transport and communications infrastructures were barely developed and the government was dependent on foreign aid. In 1967 diamonds were discovered and by the mid-70s mining was contributing nearly 20 percent of GDP. By the mid-80s this was up to nearly 50 percent but has since stabilised at around 30 percent of GDP (see Table 4.5) as other sectors have been developed.

Botswana Economic Sector	**Percent GDP (1999/2000)**
Mining	33.0
Government	16.1
Banks, insurance, business services	11.0
Trade, hotels, restaurants	10.3
Construction	6.1
Manufacturing	4.4
Social and personal services	4.2
Agriculture	2.6
Other	12.2

Table 4.5 Structure of Botswana Economy 1999/2000 Source: Van der Riet (2003: 13)

Other mining products which have contributed to exports include copper-nickel and soda ash (See Table 4.6) which together with diamonds accounted for nearly 90 percent of Botswana's visible export earnings. This represents a high level of dependency on primary products which makes any economy prone to external shocks. Attempts to diversify the economy have been relatively short-lived, for example the collapse of certain car-assembly plants is indicated in the significant fall in the contribution of vehicles and parts to total exports (see Table 4.6). Other attempts to diversify include the promotion of the tourist industry based on Botswana's wildlife resources and game reserves, particularly in the World Heritage site of the Okavango Delta.

Commodity	**1999**	**2000**
Diamonds	79.40	82.28
Copper-nickel	4.56	6.00
Soda ash	0.09	0.07
Textiles	2.03	1.76
Vehicles and parts	5.45	1.96
Meat and meat products	1.83	1.91

Table 4.6 Exports: Selected Commodities as a percent of Total Exports

Source: Van der Riet (2003: 14)

The contribution to the GDP of the agricultural sector has declined dramatically as the mining sector has grown and as the country has been ravaged by successive droughts and cattle diseases such as cattle-lung disease in 1996 and foot and mouth disease in 2002. At the time of Independence Botswana was self sufficient in food production and the decline in agricultural output has serious implications for dependence on food imports which now stand at around 14 percent of all imports (van der Riet, 2003). As the AIDS epidemic continues to affect the economically active adult population, food production is likely to continue to decline.

Another sector which has grown dramatically since Independence is the Public Sector – the contribution to formal sector employment of Central and Local Government as well as the parastatals now stands at 43.5 percent of total (CSO, 2003). This has severe implications for attitudes to efficiency and productivity in Botswana as nearly half of all employees are civil servants with the accompanying mentality that they are paid for holding the job title rather than for what they

produce. The government also has a mandatory transfer policy which was originally introduced to ensure that there was a balance in the distribution of human resources between rural and urban areas (Seloilwe *et al.*, 2000) It is questionable whether this is still required and the net effect is that spouses are separated with implications for child-rearing as well as multiple sexual partners and there is a further negative impact on motivation: if you are likely to be transferred before you can see and take credit for the results of innovations you implement you are unlikely to innovate.

Year	Poorest 40%	Middle 40%	Richest 20%
1985/86	10.7	27.8	61.5
1993/94 (Persons)	11.6	29.1	59.3
1993/94 (Households)	9.4	29.4	61.2

Table 4.7 Changes in the distribution of Total Income 1985-94

Source Datta *et al.* (1998: 25)

With sustained economic growth since independence, average national incomes have also risen to the extent that Botswana is now classed as a middle income country. Unfortunately equitable distribution of income remains an elusive goal and many people, especially in remote rural areas, still live in poverty and, as Table 4.7 shows, Botswana continues to have one of the most skewed income distributions in the world[12]. One of the reasons why, in spite of enviable economic growth, the distribution of wealth remains inequitable is that unemployment remains extremely high. As the economy has developed people have moved out of agriculture, but mining does not provide many jobs and although the public sector has taken up a large proportion of formal sector employment, further diversification is required if unemployment is to be reduced. Less than a quarter of primary school pupils make it to educational institutions beyond Junior Secondary schools, so every year thousands of Junior Secondary school leavers join the ranks of job-seekers (Datta *et al.*, 1998). In 1985/6 59 percent of the population was living in poverty and by 1994/5 this had declined to 47 percent. Poverty was found to be higher and more severe in rural areas (55 percent) than in urban areas (29 percent) and it was also

[12] During the 1990s Botswana's Gini Co-efficient was 0.56 (Bar-On, 1999)

found to be higher among female headed households (50 percent) than male-headed households (44 percent) (BIDPA, 2000).

Within the formal sector, employment on the South African mines which used to be the greatest single employer of Batswana men until the early 1980s, now accounts for around 10,000 men annually (around 2.5 percent) while the government sector is now the single largest formal employer, especially in the rural areas. As education levels have improved people's aspirations have changed and this is compounded by the fact that family agriculture has become less rewarding than formal paid employment. Employment in the informal sector is extremely difficult to measure as the small household enterprises are unregistered, unlicensed and untaxed. The most popular informal sector businesses include beer-brewing and selling, vending and hawking and property rental. There are a number of problems associated with measuring unemployment in Botswana: those who do periodic or piece work are classified as unemployed; 'discouraged workers' who have given up seeking work due to lack of success are *not* considered as unemployed, nor are those who prefer unemployment to low-paid work; aside from formal employment, women's productive and reproductive tasks are labelled as 'economically inactive' in census reports. Given all these difficulties in measurement, the unemployment rate in Botswana is calculated from the economically active population which leaves out more than 418,000 'economically inactive' women and men. Even measured in this way, unemployment has risen dramatically since 1981 as shown in Table 4.8 (Datta *et al.* 1998).

Year	Male Total	Male percent	Female total	Female percent	Unemployment Total (percent)
1981	18,772	10.2	19,495	15.5	10.2
1985	23,107	13.4	34,756	17.8	15.7
1991	31,852	11.3	29,413	17.3	13.8
1994	49,878	20.0	50,604	23.0	21.0

Table 4.8 Unemployment rates by gender 1981-1994 Source: Datta *et al.* (1998: 34)

Poverty, income inequality and unemployment on this scale all have serious implications for the spread of HIV and AIDS. Poverty is both a cause and a

consequence of ill health. The BIDPA (2000) analysis of the macroeconomic effects of AIDS predicts that up to one half of all households are likely to have at least one person infected with HIV and one quarter of households can expect to lose an income earner within the next 10 years leading to a dramatic increase in the number of very poor and destitute households in the coming decade. Poverty and unemployment may lead to some young people engaging in sexual relations in exchange for material support for themselves and their families (Seloilwe *et al.*, 2000). Intergenerational sex (primarily older men with younger women) has resulted in sharp disparities in HIV infection rates among young women and young men – in the 15-29 age group there are three young women infected with HIV for every one young man (UNDP, 2000). This has gained much media attention with discussion of 'sugar-daddies' corrupting and infecting young women.

4.4.2 Health and education

The Botswana Government has used the wealth generated by diamonds to invest in health, education and human welfare with very substantial gains made in the decades since independence as summarised in Table 4.9. These gains are now being reversed by the HIV/AIDS epidemic.

Indicator	**1966**	**1999**
Real per capita income (1999 prices)	US$ 300	US$ 3,300
Primary school enrolment rate	50%	97%
Adult literacy rates	41%	79%
Under 5 mortality, per 1000 live births	151	56
Infant mortality, per 1000 live births	108	38

Table 4.9 Human Development Achievements Source UNDP (2000: 15)

The government continues to allocate a high proportion of its budget to education, some 20-22 percent of recurrent expenditure. In theory education is free for everyone up to the end of secondary school although in practice a nominal 'feeding fee' is charged at primary school and a more substantial contribution to a 'development fund' is required at secondary school. These are commonly referred to as school fees by parents and caregivers. Education is not yet compulsory and most non-attenders and dropouts are among the ethnic minorities especially the

Remote Area Dwellers (RADs) (Datta *et al.*, 1998). In primary school most drop outs are boys and in secondary schools most drop outs are girls – due to pregnancy. This is an indication of girls higher risk of contracting HIV as pregnancy is proof of unprotected sex.

The government has used schools to try to promote education about AIDS and how to prevent it. The official policy is that information about AIDS is taught in the last two years in primary school in the subject Guidance and Counselling and at secondary school it is meant to be taught across the curriculum. In practice, teachers are bound by the cultural inhibitions concerning adults talking to children about sexual matters. The quality of education is also being affected by a dramatic increase in teacher absenteeism due to illness and attendance of funerals, as well as by the deaths of teachers as shown in Table 4.10.

Year	Number of deaths	Total number of teachers	Deaths per 1000
1994	8	11,731	0.7
1995	35	10,791	3.2
1996	57	12,782,	4.5
1997	64	11,354	5.6
1998	80	11,538	6.9
1999	84	11,871	7.1

Table 4.10 Death rates of primary school teachers Source: UNDP (2000: 23)

The government has invested an average of 6 percent of its annual spending on health care and has improved access to health care and health services among the population. Access to health services implies not only physical access to health facilities such as a clinic or hospital but also availability of affordable and appropriate services. If access to health services is to be meaningful access to basic necessities like clean water, sanitation, nutritious food, shelter and clothing is essential (Datta *et al.*, 1998).

Morbidity and mortality associated with AIDS have led to increased demands on the health sector in terms of bed occupancy rates, medication and health staff. The

health care system in Botswana is finding it difficult to cope with the HIV/AIDS epidemic as the number of hospital admissions has risen due to TB (one of the opportunistic infections associated with AIDS) and AIDS. The hospitals have also had to cope with an increase in the number of hospital deaths with deaths as a proportion of discharges rising markedly (UNDP, 2000). Since 2002 the Government of Botswana is paying for antiretroviral therapy for its citizens. By the end of 2002 around 4000 people were being treated in 4 urban centres. During 2003 and 2004 the programme has been provided in several additional centres. The cost of ARV treatment will dramatically increase the health budget by 70-270 percent over a 10 year period (BIDPA, 2000).

Traditional doctors (*ngaka ya Setswana*) play an important role in treating Batswana especially where they believe their illness is caused by personal transgressions of cultural taboos, or by witchcraft. Most people distinguish between *lekgoa* (western) illnesses and Setswana illnesses and will seek treatment appropriately (Upton, 2001).

4.4.3 Government and Law

Botswana has a dual legal system consisting of statutory or civil courts on the one hand and customary or tribal courts on the other hand. Customary courts are accessible even in rural areas, they are also able to process cases relatively quickly as it is the chief and his/her headmen and women who dispense justice although they have only limited criminal jurisdiction. The statutory law is based on Roman Dutch and common law and operates through magistrates' courts, high courts and the court of appeal.

This duality operates in administrative government as well. Central Government works through its ministries while at the district level and sub-district level there are 'rural administrative councils' (RACs) which are responsible for local government. The RACs are accountable to the central government Ministry of Local Government. Then there is tribal administration as well which, under the authority of the chief and the *kgotla*, operates at the village or ward level through the instrument of the 'Village Development Committee' (VDC) and its health, education and social sub-

committees. There is a fair amount of duplication but neither can be ignored – for example, when I was getting permission to work in each of my research sites I had to do so at four levels: Ministry level (letters of introduction), district level (stamps on letters of introduction), sub-district level (working relationship with orphan desk officer and social workers) and tribal level (courtesy introductions to chief and VDC chairperson). Officials in the village or tribal administration have a much better knowledge of what is going on at the grass roots level – frequently the social workers did not know the orphans and their caregivers and we would work with the VDC members to identify the families with whom I would work.

Botswana has enshrined in the Constitution a Bill of Rights which provides for equality and protection before the law but as illustrated in the section above on violence against women and children, often the most vulnerable members of society are not effectively protected.

4.4.4 Dependency

In Botswana, there is a very high degree of centralisation and consequently a culture of dependence on the government has developed. In the economy there is dependence on the government for jobs (43.5 percent of formal sector employees) and dependence has also developed around a series of welfare benefits. Revenue from the diamond wealth of the country has enabled the government to provide compensation at times of crisis, for example cattle owners were compensated for cows slaughtered to control the outbreaks of cattle lung disease in 1996 and foot and mouth disease in 2002. These are often substantial payments at a time when drought has reduced the condition of the stock so, had the farmer sold the animals, s/he would have got a lower price on the market than s/he received in compensation from the government. The government also provides cash for piecework during years which have officially been designated ‘drought years’. This is known as ‘drought relief’. The endemic droughts and erratic rainfall have meant on-going government interventions for arable farming as well. This intervention comes under the umbrella of the Arable Lands Development Programme (ALDEP); set up in 1982 initially to provide loan-subsidies but these very soon became grants to resource-poor farmers. In 1991 ALDEP changed its policy focus from food self-

sufficiency to food security but research has shown that it is farmers who already had some access to resources who have benefited most and the poorest farmers, among them many women, do not know anything about the assistance available under ALDEP (Datta *et al.*, 1998; Bar-On, 1999).

Botswana is one of the few countries in sub-Saharan Africa to have welfare benefits for its population. In 1996 a small monthly pension was introduced for all citizens over 65 years and, for many households, this has become their only form of cash income. There is a welfare package (food, clothing, blankets) available for those assessed to be destitute, though this carries stigma and not everyone who is eligible for the package, claims it. In 1999 the government introduced similar welfare benefits for registered orphans. The system is already under strain and the numbers of orphans will continue to grow for some years yet. The bureaucracy is unable to keep pace with the increased applications for assessment and registration; suppliers and caregivers exploit the benefit for their own ends and the children are the losers.

These policies and welfare packages have created expectations that the government will provide in times of need and if the government provides, there is less need for the family or community to assist. The trouble is that there is often a large gap between what is promised and what is delivered as well as how it is delivered and the net effect is that the intended beneficiaries may be let down twice over. As is the case anywhere, when benefits are handed out there are opportunities for fraud and misuse, but what is particularly distressing in the case of orphans, is the willingness to exploit the weak and vulnerable. A policy intended to provide material relief and social support, has instead revealed the extent of social fragmentation.

4.5 Social Unravelling

The story of Leah at the beginning of the chapter highlights the effects of the processes of denial at both an explicit and an implicit level. At an explicit level the government's policy of ethnic assimilation and 'one-nation consensus' has excluded the ethnic minorities to the extent of depriving them of essential information which

may well save their lives. At an implicit level it represents a superficial policy approach which focuses on symptoms while failing to address the underlying core problems in a meaningful or effective way: the fact that all the graves that Leah walked past were graves of people who had died in their twenties and thirties shows the woeful ineffectiveness of the Government's attempts to change people's behaviour in order to reduce the spread of HIV. The fundamental belief of Batswana in the importance of fertility and the underlying belief that the use of western contraceptives causes infertility have been virtually discounted in the government's anti-AIDS campaign which, until recently when antiretrovirals were made available to citizens, has focused almost exclusively on prevention through the use of condoms. The government has had a plan of action in place for some 15 years and its lack of effectiveness is evident in the continually rising infection rates and deaths; and yet, in the face of this explicit failure, the government hasn't altered its approach towards behaviour change.

The government has provided leadership in the fight against AIDS but its top-down approach is evident in other policies related directly and indirectly to the AIDS pandemic as well. The policy for AIDS education in schools, as mentioned above, is that information about AIDS is taught in the last two years in primary school in the subject Guidance and Counselling and at secondary school it is meant to be taught across the curriculum. Teachers, however, are extremely uncomfortable talking about sexual matters with children because of the cultural taboo and so they resent the responsibility. At secondary schools the 'cross curriculum' instruction enables teachers to evade the uncomfortable responsibility of teaching about AIDS because other subject teachers also have the responsibility, so "If I leave it out in my subject, children should be taught about it in all other subjects".

The AIDS epidemic has added stresses to the social structure in Botswana which was already undergoing rapid changes. The extra pressure exerted by such large numbers of economically active adults falling ill and dying has exposed and opened up existing fault-lines. Ethnic divisions are revealed as minorities increasingly demand group rights. The impact of the changes in the kinship system which have been happening gradually over a very long time, has been uncovered by the scale of deaths among adults in their prime. Most of the changes have been undermining

social cohesion for some time, for example, the loss of cross-cutting ties between paternal and maternal relatives has left gaps in the safety net which traditionally provided for orphans. The inability to rely on kinship obligations to assist in times of need has created a greater dependency on the government to provide. All these changes and fault-lines are indicative of wear and tear on the social fabric, the pace of unravelling that has been underway for some time may well pick up under the stress of AIDS.

In this chapter I have examined some of the processes which are operating to fragment social and economic life in Botswana. The fault-lines include resurging ethnic loyalties, changes in the social structure and a culture of dependence in an economy characterised by inequality. After independence in 1966, Botswana had several decades of 'one nation consensus' where the emphasis was on assimilation of ethnic minorities. Recently, however, there have been increasingly loud demands for minority language rights. Social changes (introduced in chapter 3) are examined for their effect on social cohesion. The fall in the marriage rate has led to 'matrifocality' and the almost complete lack of social ties with paternal kin has meant the loss of cross-cutting ties and an impoverishment of kinship networks. Strained gender relationships have resulted in an increased prevalence of sexual violence which can be read as an indication of social breakdown. Young people are left vulnerable because historic systems of sex and relationship education through initiation schools have been abandoned. Botswana's economy is characterised by a high degree of income inequality in spite of its status as a middle income country since the mid-1980s. The government has used the profits from diamond mining to invest in infrastructure and social services. A culture of dependence on the government has developed: citizens expect the government to provide welfare benefits and consequently turn less to their neighbours and kin. This also undermines social cohesion by reducing networks of rights and obligations.

Chapter 5: "HEARING THE UNSEEN, SEEING THE UNSAID"[13]
Working with Vulnerable Children

5.1 Introduction

Dineo is a bright 12 year old girl living with her younger sister in the home of their maternal aunt, Mma Odirile, who is also caring for three of her grandsons who were orphaned in 2002. The youngest boy, Mompati, is still a toddler and unfortunately suffers from TB. His grandmother is supposed to take him to the clinic daily for his treatment but she sometimes forgets. The burden of caring for Mompati falls most heavily on Dineo who, at 12, is the oldest – and a girl. She has effectively become mother to Mompati and the bond of attachment between them is obvious. Whenever Dineo and the others came to my house to do activities, Mompati came along too (usually the minimum cut-off age was 5). Dineo had to entertain him, comfort him if he cried, clean him up if he messed himself – he never wore a nappy, in fact, he never wore much more than a t-shirt. She also describes having to do the cooking, fetch wood and water and finding it difficult to make time to do her homework. Her aunt beats her if the chores are not done in time and sometimes, as part of the punishment, locks her out at night leaving her to find somewhere to sleep. Dineo was always patient with little Mompati, always cheerful and optimistic, though when other adults or older children were around she would sometimes leave him and go and play with her agemates.

After I had known the family for about 3 months, it became clear that Mompati was becoming progressively malnourished. His belly was swollen and his limbs became steadily thinner. On investigation I discovered that Mompati was receiving a child's food ration instead of a baby's food basket which includes milk and milk products. It took some time, effort and the help of the social worker to untangle the bureaucratic web and ensure that he received the baby's benefit. The clinic said he should also be getting supplements to boost his protein levels because of the TB but they couldn't be sure Mma Odirile always gave them to him. There was a further problem

[13] Hinton (1995)

with food in the household. Although all five children were registered and qualified to receive the monthly food basket from the Council, the family was receiving only three rations as the registration of the two girls had not yet been processed. Dineo describes her anxiety about the food situation and the 'resistance' of Mma Odirile when Dineo asked to see the food. She feels that her aunt discriminates against her in the distribution of food. When she asks her aunt why she gives food to the others but not to her, her aunt beats her.

Dineo provides not only physical care for her sister and cousins but also psychological and emotional support. The grandmother sends the two older boys (aged 10 and 8 years) to the shebeen to buy her beer and this causes them enormous anxiety and fear. They describe how it is Dineo to whom they go if they are afraid or have been beaten by their grandmother for resisting when she sends them to buy the beer. Dineo on the other hand has no-one to turn to and rather poignantly – but without judgement - said she wished her elders would pay more attention to what she tells them.

Mma Odirile, when asked if she has any problems with any of the children, described Dineo as 'not well disciplined' and 'disobedient when I try to teach her the traditions'. She said that at school Dineo is a bully. She added that the other children were no problem apart from the fact that Mompati had TB.

My research focuses on orphaned and vulnerable children; it explores the nature and meaning of orphanhood for children like Dineo. When working with vulnerable children, there are a number of ethical and methodological issues to take into consideration. This chapter examines the most appropriate research methods for engaging with children who have suffered trauma and describes the process of my learning experiences as I sought to develop techniques which yielded the data I needed while at the same time respecting the rights of the children. Methods tried during the pilot study underlined the fact that techniques had to be adapted to fit the age and literacy skills of the particular child and that the activities had to be graded in terms of sensitivity so that potentially more traumatic events would be dealt with only after a trusting relationship had been established.

5.2 Methodological considerations

Many of the children with whom I worked have not had positive experiences of adults as Dineo's story illustrates. In order to gain the most accurate and comprehensive picture of their lives as told by them, I first had to build trust and rapport with youngsters who may have been physically and psychologically abused by adults and may well suffer fear, anxiety and low self esteem as a result. It is unlikely that children will disclose sensitive incidents in their lives until a relationship of trust and empathy is established. This takes time. The children I worked with were at various stages of child development and represented a wide range of ages and abilities, which required a certain degree of flexibility. Not all the children were at school, some were not old enough, some had dropped out and others had never had the opportunity. The key requirements of *flexibility* and enough *time* to build relationships meant that my approach had to be in depth rather than broad and statistically representative, it had to be predominantly qualitative and only partially quantitative.

Virtually all published research to date concerning orphans in Botswana has been expressed in the concepts and terms of reference of *adult,* ethnocentric perspectives. Adults, including me, are likely to evaluate children from their own vantage point and describe them in their own terms. While such research may identify some of the key issues affecting orphans other significant aspects with long term outcomes remain hidden. To avoid subtle ethnocentric biases, it is necessary to situate myself, the researcher, socially and culturally so as to become aware of my ontological assumptions and values while at the same time attempting to understand orphanhood from 'inside' the lived experiences of the affected children by listening to their voices and not only to those of their gatekeepers. In order to gain this 'inside' understanding of the lives of the children, I learned Setswana and employed young research assistants, Form 5 school leavers who were close to the children in age and experience, some of them were orphaned themselves. However, I was constantly aware that my 'outsider' status, both as a foreigner and as an adult, would shape and bias the information given to me as well as my interpretation of what I heard and saw.

Eriksen (1995: 26) examines the relationship between the view from within and the view from outside in terms of the emic-etic dichotomy, where emic means “life as experienced and described by the members of a society themselves” and etic means “the analytical descriptions or explanations of the researcher”. This is a useful framework for considering the advantages and disadvantages of the insider/outsider perspective. Even if the aim of the researcher is to remain as true as possible to reality as perceived by those being researched, inevitably the result will not be an emic description as there are ‘leakages’ of truth during translation from one language to another, during transcription from the spoken to the written word and from one socio-cultural understanding to another. Although something may be lost from the emic level, at the etic level there is opportunity for analysis and insight to connect the local reality to the wider comparative theoretical body of knowledge (Eriksen, 1995). Schutz (quoted in Smith, 1998: 17) identifies another advantage of the view of the outsider, whom he calls the ‘stranger’, and that is detachment. “’Strangers’ have a unique vantage point, able to participate in everyday life yet still maintain a degree of detachment”. Detachment has connotations of greater objectivity; strangers are able to see the social construction of reality of which members of the society may be unaware. There is a fine line between the benefits and constraints here because detachment may also distance the researcher from the subjects of research reducing her ability to understand from within. I discuss some of my difficulties with detachment below.

Historically, and even as recently as the 1990s, children were regarded as ‘objects’ of research. Developmental psychologists referred to ‘experiments’ being done in their labs and more was written about the ethics of animal research than the ethics of working with children (Christensen *et al.*, 2000). Children are now regarded as social actors in their own right (James, 2001; Jenks, 2000; Qvortrup, 2000), capable of understanding and commenting on their experiences. The concept of a ‘social actor’ is closely linked with that of ‘agency’ which Long (1992: 22-23) defines as “the capacity to process social experience and to devise ways of coping with life, even under the most extreme forms of social coercion. Within the limits of information, uncertainty and the other constraints that exist, social actors are ‘knowledgeable’ and ‘capable’.” Many of the children I worked with were knowledgeable about their experiences but did not feel capable of changing their situation for the better, in

other words their perception of their own lives is that they have only limited agency, frequently their way of coping was to simply accept their circumstances. This acceptance may be due to the particular way in which childhood is understood in Botswana. As I discussed in chapter 3 (section 3.3.1), the concept of 'childhood' is socially constructed; understanding and experiences of childhood will vary from culture to culture. Mma Odirile's emic description of Dineo was of a disobedient and ill-disciplined child. Her construction of childhood was concerned with the cultural traditions of behaviour and, using those norms, she judged Dineo to be deviant. My etic analysis of the situation is that in their household, Dineo, aged 12, is expected to take on 'adult' roles: preparation of food, physical care of a toddler (to the extent where the baby's primary attachment relationship is with her), physical care and emotional support for younger siblings and cousins. From my perspective Dineo's childhood has been sacrificed – she has little time for play or relaxation with her friends – as she shoulders the responsibility of care for the younger children in the household. Yet she herself is physically abused (deprived of food, beaten by the grandmother, locked out at night and left to find somewhere to sleep as part of her 'punishment') and receives no psychosocial support from the adults around her (aunt, visiting uncles). Dineo's emic description of her own life includes an admission that she frequently experiences feelings of anxiety, fear and low self-esteem. Her experience of childhood is a far cry from the basic rights of a child as expressed in the UN's Convention on the Rights of the Child (CRC)[14]. Yet Mma Odirile would not label the punishment she meted out on Dineo as physical abuse, she saw it as an attempt to teach Dineo cultural values and traditions.

'Status' is a socially constructed characteristic to define a social relationship and its accompanying rights and obligations. "Ascribed statuses cannot be opted out of; … [A]chieved statuses, on the other hand, are acquired by the actor" (Eriksen, 1995: 39). Most of Dineo's statuses are of the ascribed kind – orphan, niece and carer of Mompati – and reflect her limited choice in the matter. Where she does have more scope to exercise agency, however, is in the 'role' she chooses to play within each of those statuses. Eriksen (1995: 39) defines role as "the dynamic aspect of the status, that is, the person's actual behaviour within the limitations set by the status

[14] "The four pillars of the CRC are: the right to survival, development and protection from abuse and neglect; the right to freedom from discrimination; the right to have a voice and be listened to; and that the best interests of the child should be of primary consideration" (Smart, 2003: 10)

definition". The responses of children and the roles they choose to play will vary, even amongst children in the same household. Their resilience and ability to cope will depend on a number of factors such as their age at the time of their mother's death, the nature and strength of their early attachment relationships and the support they receive within their current home. I will discuss this in greater detail in chapter 8. Likewise the responses of adults taking on additional caring roles differ from person to person and are influenced by their social identity within their cultural traditions and kinship networks. I will elaborate on this in the next chapter.

This consideration of emic descriptions and etic analyses is an important part of reflexivity in which the role and status of the researcher and the way in which the researched are represented must be consciously understood because they can influence the outcome of the research. I had to recognise that the status the Batswana accord me is very different to my own view of myself and once aware of that, I could choose how I would play my role. This was very clearly brought home to me by one of my research assistants, an 18 year old girl, Lorato. She had had to drop out of Form 5 when she became pregnant but had returned to repeat Form 4 a year later, leaving her baby with her grandmother. By the time I left she was pregnant again and had dropped out once more. Once I'd got to know her reasonably well she invited me to come and meet her (maternal) grandmother and her mother (who had a child the same age as Lorato's first child) and her various siblings. Each time she introduced me to another family member she said, "This is Marguerite, she's forty and she hasn't even got one child!" This was a lesson for me in the differences in cultural values and the embarrassment for the one being judged by another's norms.

Detachment is valued in research as a means of remaining reasonably objective. It is very difficult to remain detached when the status given to me was one of 'helper' or 'solver of problems'. It was equally difficult whether I was asked "If we answer your questions, how will this help us?" or if there were direct requests for help from adults and from children. Early on I had to make a decision on how to handle such incidents, what role to play and whether or not to intervene. I decided to make use of existing structures for protection and help – namely the social worker and other personnel in the community development office (See Table 5.1).

Hierarchy of Officers responsible for welfare and child protection			
Levels of responsibility (highest to lowest)	Chief Community Development Officer		
	Principle Community Development Officer		
	Orphan Desk Officer	Welfare Desk Officer (Destitutes and Elderly)	Home Based Care Desk Officer
	Area Officers (social workers with degrees or diplomas)	Area Officers (social workers with degrees or diplomas)	Area Officers (social workers with degrees or diplomas)
	Caretakers (Form 5 leavers: admin-istration of food basket)		

Table 5.1 Local Government structure for welfare and child protection

If an abused child asked for help, I would inform the relevant social worker and facilitate a follow up by providing transport if necessary. Some social workers took no action even if I reported the abuse several times. On one such occasion I then appealed to the tribal authorities. Tribal Government runs parallel to the Local Government structure and operates through a system of village or ward committees: the relevant committee in this case was the Social and Welfare Committee and they agreed to become involved and keep an eye out for the abused child. The 'Field Officer' from Total Community Mobilisation (TCM), an AIDS education organisation partially funded by the Botswana Government, agreed to visit the household weekly to check on the child. When caregivers asked for help, for example, sorting out problems with the food ration, I would inform them of the correct procedure and facilitate by providing transport where necessary, but I always insisted they did the negotiations themselves. I felt that I was there only temporarily and it was important for them to learn how to sort out problems and to identify who could help them so that they could continue to do so once I was gone. Sometimes emotions override detachment and in the case of Mompati neither he nor Mma Odirile asked for help but I intervened when I noticed his progressive malnourishment. I had been extremely affected by the death of a baby in another family of children with whom I was working and I was desperate to prevent Mompati's death.

5.3 Ethical considerations

Sometimes during fieldwork moral issues arise and decisions about what is right and wrong have to be made. Awareness of different cultural values and norms is vital in order to avoid ethnocentric judgements or unwittingly offending or expecting a child to break a taboo or norm. One of the most sensitive issues I had to deal with was the HIV status of people and AIDS as a cause of death. In the caregiver interviews I dealt with this by asking an open question "What was the cause of death?" and leaving it up to the respondent to decide whether or not to disclose an AIDS death. I was surprised by the openness of many people and their willingness to say their son or daughter had died of AIDS. Others were more circumspect and would use a common euphemism such as "a long illness" to describe the cause of death. Towards the end of the interview I asked if anyone in the family had been affected by HIV/AIDS and at this point many of those who had not openly said their loved one had died of AIDS would say that they suspected the person had AIDS but they weren't sure, the person had the symptoms but the doctor did not tell them it was AIDS. Indeed, many caregivers showed me the death certificates and the cause of death was frequently given as "unknown". In one village, Mmadinare, the people were noticeably more open about AIDS than in all my other research sites. I have put this down to the fact that the AIDS education organisation, TCM, has been operating there for a couple of years whereas it had only just been launched in Maun and was not yet present in Shoshong and Ghanzi. Another noticeable difference was that grandparent caregivers were more willing to say their sons and daughters had died of AIDS than sibling caregivers were to admit their parents had died of AIDS. Perhaps this is an indication of respect for their parents.

5.3.1 Power Relationships

In Botswana the relationship between adults and children is quite formal. Traditionally, well-behaved children are obedient and do not question the decisions of adults, especially their parents. To a large extent this is still true (Maundeni, 2002b). Many of the teachers I spoke with said that the children 'regard them as parents'. This was said by way of explanation for the embarrassment they felt talking to children about sex but applies in other contexts as well. Similarly corporal

punishment and beating are carried out by both parents and teachers. Children are not meant to initiate conversations with adults and should wait until they have been invited to do so before speaking. As a researcher I had to be aware of these power relationships between adults and children, I wanted the children's voices to be heard and I had to make the space where they felt comfortable relating their experiences. I quickly found, especially with younger children at the beginning of the time that I worked with them, that it was far more effective for my youthful research assistants to facilitate activities with the smallest ones. In general, older children could relate very well to me, increasingly so, as trust and rapport were built over time. Other power relationships had an impact on my research as well. Some of the teenage boys I was working with were extremely aggressive – to the extent of using force with the other children. Younger children and girls were frequently intimidated in such situations. Even older girls could be very assertive with younger children. Age is key in power relations among children.

Likewise gender has a large influence. As explained in the previous chapter, men dominate in traditional, patriarchal Botswana society. The vast majority of the caregivers I worked with were women, so most of my interviews were with women. However, if a man of the house were present during the interview, even if I addressed my questions to the female caregiver, he would often answer. Sometimes, even if the man was a visitor, he would participate in answering questions. On one occasion, while I was interviewing a BaSarwa (San) family, four men in hats and dark glasses and apparently drunk arrived and disrupted the interview. They were extremely intimidating, they remained standing while we were all seated and they spread out around us as we sat in the shade of a tree. They then began to accuse me and my assistant of wanting to take the children, cook them and turn them into *seswaa* (shredded meat). The female caregiver was utterly powerless to do anything to stop them. In the end I had to abandon the interview and come back later to complete it.

5.3.2 Children's consent

Given the formal relationship between adults and children, it was extremely important for me to ask the children for their consent to participate in the research

activities (see Appendix 5.1). I did not want them to feel coerced into doing something against their will simply because an adult was asking them to do so. I explained that they were free to remain quiet, to stop or to leave if they were not comfortable with the content or context of the activities. Although no child actively objected to answering a particular question, many did simply remain quiet at times. It was hard to tell if this was because they had not understood the question or the explanation of the activity or because they did not want to speak, so having explained it again, if the child still remained quiet, we did not pressurise or insist on an answer. The issue of consent was an important part of my weekly training and debriefing sessions with my research assistants. Later on in the activities, some sensitive topics were dealt with, including fears, experiences of physical abuse and psychological abuse. Some of the children became distressed when talking about their experiences and they would not be pressurised to continue. However, often they really wanted to talk about these issues and, making use of an opportunity to exercise their agency, would voluntarily return to the topic once they had calmed down. At the beginning of each of these sessions we reiterated their freedom to refuse to answer questions or stop the activity if they so wished. I also left the door open during activities and always had at least one research assistant with me; when children came to my house to do the activities, there was always a group of them, I never saw a child on her own.

5.3.3 Confidentiality

Confidentiality was another ethical issue that had to be considered. I felt strongly that it was important to take the children out of their home situation so they would not fear being overheard by a caregiver, particularly should they wish to say something about that person. This meant negotiating permission with each caregiver for the children to come to my home for the activities and, in general, all children were allowed by their caregivers to come along. There was only one difficult case where the caregiver expressed reluctance for the children to continue coming to my home and from what the children had said and what I had observed, I suspect the caregiver was misusing the food ration and was concerned about what the child would tell me. In fact, in those villages where I lived in an accessible, central location, I had a hard time having any privacy at all once school was out, as

the children would come round daily to play games, do art work and eat biscuits. This spontaneous response promoted trust and rapport and enabled children to approach me privately, away from caregivers who were often the cause of the problems, to discuss confidential issues. Another aspect of confidentiality is the use of the names of children who participated. Whenever I have written about my research I have not used the real names of the participants and I have avoided specifying in which of my four research sites they were living in order to protect their identities.

5.3.4 Procedure for gaining permission to work with children

The procedure for meeting the children had to be culturally and legally appropriate and in Botswana there was a long line of gatekeepers. It started months before I even went to Africa with permission from the Office of the President to conduct research in Botswana. With that research permit in hand, I went to the relevant Ministries (Ministry of Local Government had responsibility for Orphans and Primary Schools while the Ministry of Education has responsibility for Secondary Schools). They, in turn, had to give me letters of permission to carry out the research in the manner I had chosen. I then had to go to the District Councils where the letters of permission had to be stamped by the Council Secretary (the highest official in the local government of each District) and once that was done I had to take the letters to the Sub-District Council to get them stamped by the Council Secretary. At that point I could meet the Chief Community Development Officer who would then introduce me to the Orphan Desk Officer and the Social Workers (see Table 5.1). I arranged a day with each of the social workers so that they could introduce me to families caring for orphans. More often than not, the social workers themselves did not know where these families lived – because of transport difficulties, they mainly had contact when the caregiver came to the Rural Administration Centre (RAC) or the village Social and Community Development Office (S&CD) with a specific request. Consequently, the social worker often involved the tribal government at this stage of the process: a Village Development Committee (VDC) member would take us to the homestead. In some of my research sites it was the Caretaker (see Table 5.1) who took us to the homestead.

The social worker would then introduce me to the caregiver of the orphans and I would make an appointment to conduct my first interview. After that initial interview, I would ask the caregiver's permission to take the children to my home for the activities and set up the first date and time when I would come and fetch the children for activities. One (female) caregiver insisted on asking the (male) relatives for permission, which was given after some two weeks. Another withheld the child one week – after he had been for three or four activity sessions. On investigation we discovered the child had told the caregiver he was eating alongside disabled children. Possibly the caregiver was prejudiced against disabled people, but, as I explain below, *all* children were welcome at the activities sessions. We met with the caregiver and the child was allowed to return for further activities. Each time I returned the children to their homes, I would make arrangements for the next session of activities. This meant I was regularly chatting with the caregiver and visiting the homesteads of all participating children, I was able to observe who was there and ask appropriate questions and they would have an opportunity to ask me questions or to ask for help. Towards the end of the series of children's activities I would have a second interview with the caregiver. When making arrangements I had to be careful that I would not be interrupting the children's normal duties and household chores or church attendance at weekends. In Dineo's case, her duties involved the care of Mompati and the only way she could participate was to bring him along, as occurred with other girl children as well. On occasion Mompati could be very disruptive – like any baby he needed care and attention. During the first session with the children we would agree on the most appropriate and convenient time for them and I would always confirm this with the caregiver when dropping off the children.

5.3.5 Dealing with child abuse – decisions about intervention

During the course of my research I came across several situations which I classed as child abuse and decided they merited intervention. The decision to intervene was not taken lightly. My primary purpose in being there was to do research but I could not simply take information from these children and ignore them in their distress: that would have been exploitation. In some situations, more than basic encouragement was needed. As discussed above, when adults asked me for help, I

would explain the correct procedure and inform them who the appropriate person was, facilitating a meeting if necessary but insisting that they did the negotiation themselves. This could not be done in the case of children. Abused children seldom if ever have the inner resources and strength to deal with their abusers on whom they often depend.

Fortunately the first time I came across severe abuse it was in the company of two of my TCM friends. As local residents of that village they knew the correct procedure. The first step was to involve the social worker. If the child was very young the intervention would be carried out after informing them about what would be happening but with older children I would always discuss the procedure (usually they had requested help in the first place) and I would not continue until they were happy with the action to be taken. There was great disparity in the responses of different social workers; some (grateful for information which would help and protect the child) made rapid and appropriate follow-up, others completely ignored the information and I then had to adopt alternative methods.

As described above, the next recourse was the tribal government and the VDC. In one situation of sexual abuse by an expatriate teacher I also involved the headmaster of the school as the teacher was still employed there. Again, this was done only once the boy involved had agreed to the action and in this situation he chose to remain anonymous. My TCM friends, One and Itumeleng, told me that they thought it was easier for the children to tell me, an outsider, about the abuse and also to use English words rather than describing things which were taboo for them to talk about in Setswana. In my third research site I came across two NGOs which were able to confirm the correct procedure for dealing with abuse. One was *Women Against Rape* which regularly deals with women and children who have experienced rape and the other was *People and Nature Trust* which conducts professionally-run child-strengthening programmes and sometimes has to deal with such abuse in its follow-up programme.

In Dineo's case I did not intervene beyond telling the social worker what was happening to her and I knew that particular social worker had been transferred and would soon be leaving the village and the District. I was unable to have the usual

second interview with Mma Odirile as each time I made an appointment she was not at home at the agreed time. I tried calling round without making an appointment but did not catch her at home. I tried the clinic where she was supposed to take Mompati daily and I missed her there too. I still regret not doing more to help Dineo. She did not directly appeal for help, but I should have offered it.

5.3.6 Including children with special needs

A further ethical issue which I had to confront was whether or not to include children with special needs. They could be very disruptive and I had to overcome resistance from my research assistants who found it very difficult to work with severely disabled children. One 15 year old girl, Kebareng, could not speak and appeared to have limited understanding. She had never been to school but thoroughly enjoyed participating in the games and art work. She also made an attempt to do the first two research activities in spite of the reluctance of the assistant. Unfortunately her behaviour was sometimes distressing. She would remove her clothes and collect rubbish and decomposing food or dead chickens and bring them into the house. The reaction of the other children was not helpful; they would laugh or scream which would incite her to further strange behaviour. Once she took off her dress and shoved it down the pit latrine. As she did not go to school, she would often visit me on her own – I think she enjoyed being taken back to her grandmother in my Land Rover, front seat all to herself!

In another village there was a boy who had dropped out of school without even completing one year. I frequently saw him on the streets with groups of other drop outs, sniffing glue. He would recognise my car and come up and greet me. He had difficulty understanding instructions and could not speak very well but he enjoyed participating in games and drawing … for a limited time. After about half an hour he became bored and disruptive. I continued to include these children even though they made it harder for the other children and the research assistants.

5.3.7 Ownership of the information

Whenever I met for the first time, people who would be giving me information, I would briefly explain what my research was about and would ask for their consent to use the information they gave me on the understanding that their name would never be used and that they were free to leave any questions they did not wish to answer. This applied across the full range of my informants from head teachers to caregivers to children. In the case of the head teachers and the school management teams, I also asked permission to record the interviews. In some cases this was withheld and I would have to make handwritten notes of their responses. School personnel and the social workers I worked with frequently asked me to give them the results of my study. I explained that I had not yet analysed the data and could not draw any conclusions until I had done so, but that I was willing to send them a copy of my results once they were in a suitable format. However, at the end of my stay in each of my research sites I would 'debrief' the social worker, bringing to their attention children who were particularly vulnerable or situations which, in my judgement, urgently required intervention. The research permit granted to me by the Office of the President requires me to submit my findings to various ministries and other government agencies.

When I first arrived in Botswana, I affiliated with the University of Botswana (UB) and the numerous benefits made the token fee well worthwhile. I had access to the staff in various departments such as the Social Work, Education, Sociology and Nursing Education Departments. I had access to the University Library with its excellent "Botswana Collection" and also to the small library at the Okavango Research Centre in Maun where I spent the most time. In addition it was extremely useful to be able to say, when introducing my research to my informants, that I was affiliated to UB as not many of them had heard of UEA or Norwich and UB affiliation gave me a certain credibility in Botswana. Many of the lecturers whom I got to know also requested a copy of my results and I have sent them copies of the papers I presented at various conferences during my data collection period.

Throughout the period of data collection I meticulously kept field notes on all that occurred each day as well as my feelings and opinions concerning events and

findings. No one apart from me has access to these field notes. Although research assistants helped me to record responses to activities and interviews, once the event was over, they no longer had access to those written records. I dealt with the importance of confidentiality and respect of information given for research purposes during the first training session held with research assistants in each site. I did teach some of my assistants to input data on my computer, but it was always the school questionnaires on which no names were written and which were not personalised in any way.

5.4 Methodological choices

Given the need for flexibility and for time to build the necessary trust and rapport to enable children to comfortably talk about their experiences, I decided to adopt a combination of methodological approaches. I lived in each of my research sites for several months and the bulk of my data were collected through in-depth qualitative methods. I also carried out school surveys which used a combination of quantitative and qualitative methods. Consequently my epistemological stance cannot neatly be categorised. Although many of my results are narrative in style, they are complemented by empirical evidence generated through questionnaires, statistical analysis using SPSS, and triangulated with observation and key informant interviews.

Glaser and Strauss (1967) 'discovered' *grounded theory* which they describe as being inductively derived although they place data collection, analysis and theory in reciprocal relationship to one another: "one begins with an area of study and what is relevant to that area is allowed to emerge" (Strauss & Corbin, 1990: 23). Grounded theory requires *theoretical sensitivity* (Glaser, 1978), a personal quality of the researcher that indicates awareness, insight and the ability to give meaning to the data. Concepts, grounded in the data that have been collected, are systematically analysed and linked in hypotheses. The *context* (broader conditions) that affects the theory must be built into its explanation (Strauss *et al*., 1990). Grounded theory is a sociological approach to qualitative research.

A grounded theoretical approach could usefully describe the development of my conceptual framework as well as my data analysis using existing theories such as rites of passage. However, not all my data are qualitative. My epistemological stance involves a mixture of methodological approaches used in the social sciences including grounded theory but with some quantitative data collection and analysis. My different methods of data collection, both qualitative and quantitative, are described below.

5.4.1 Participation

A wide range of terminology is used in connection with participatory qualitative research techniques. Chambers (1997) describes the development of participatory approaches from the elicitive techniques of Rapid Rural Appraisal (RRA) in the late 1970s and 1980s to the empowering mode of Participatory Rural Appraisal (PRA) in the late 1980s and 1990s. Rather than seeing PRA as 'better' than RRA he views the two as part of a continuum each used according to the objectives and justification of a particular study and with a significant overlap of methods. Chambers (1997) suggests that Participatory Learning and Action (PLA) might be a more appropriate term as the approach is no longer restricted to rural areas only and appraisal does not imply the empowerment and local creativity now associated with this methodology. Chambers (1997: 104) defines RRA as a method (or group of methods) that enables outsiders to gain information and insight from rural people about rural conditions and PRA as "an approach and methods for learning about rural life and conditions from, with and by rural people …. extended into planning, action, monitoring and evaluation." Johnson *et al.* (1998: xiv) go further in their definition of PRA/PLA as:

> "a number of approaches intended to enable people to share, represent and analyse their life experiences and to facilitate their identification of potential solutions and action. In theory, it represents a move away from extractive-information collection."

My own research cannot neatly be described as either RRA or PRA but each aspect falls somewhere along Chambers' continuum, consequently I will refer to participatory activities or techniques when discussing my methods, rather than trying to classify it as either RRA, PRA or PLA.

Children were the main focus of my research and I decided to use participatory techniques with them because of the numerous benefits involved. Firstly, where questions and interviews can be boring to children, many of the activities can be fun. As mentioned above even young children and disabled children enjoyed the art work while at the same time generating data for me. Many of the methods I used were based on *visual techniques* and, as Robinson-Pant (1995) points out, the visualised product was used as a focus or anchor for discussions. 'Interviewing the diagram' is part of a process which is both visual and verbal. Hinton (1995) expands on this in declaring that visual methods alone do not produce understanding – interpretation through probing and facilitating discussion is vital in understanding the representations. This was particularly important in the decision-making exercise. Secondly, eye contact and direct questioning can be difficult for children especially where relationships between adults and children are formal and hierarchical; activities which produce matrices or involve putting beans in cups can be used to ask the same questions in a less threatening way. It is the left-out bean or the symbol on the matrix which is being interrogated rather than the child or, as O'Kane (2000) puts it, with children it is important to focus on real life concrete things and to involve the children in handling things rather than just talking. Thirdly, activities are adaptable and can be altered to suit different age and ability ranges as well as cultural differences. Interaction during the process allows immediate awareness of lack of understanding or difficulty with the task and the activity can be adapted accordingly. Sometimes this was achieved by adding or removing items according to the age of the child, for example in the support exercise the item "knowledge of sex and AIDS" was only used with children in Standard 6 and above. Fourthly, some children's problems are visible, like street or working children, but other problems like child abuse or neglect are not as visible and participatory techniques, sensitively used, can help to discover these. Finally, including children or young people as research assistants can be enormously beneficial: often it is easier for children to relate to their peers than to adults and, in addition, they can advise on what will be effective, what is culturally acceptable and suggest new points for inclusion. I give more details on the benefits and limitations of working with young research assistants later in this chapter.

O'Kane (2000) stresses that participation is part of a *process* and the successful use of participatory techniques lies in the process rather than simply the techniques used. With children an important part of the process is building trust and rapport and to this end some of the techniques I used involved *drama, traditional dancing and games.* These were not part of data gathering but rather were designed to achieve ease and confidence among the children as much as between the facilitators and the children. Only towards the end of the process did I attempt to use *focus groups* and group discussions. These were far more effective when the children knew and trusted each other. There are also limitations associated with using participatory techniques with children but many of these can be overcome through awareness, flexibility and by full piloting the methods in the research site and adapting where necessary. More details are discussed below in section 5.5 concerning my pilot study.

5.4.2 Ethnography

'Ethnography' literally translated means writing about people (James, 2001). Marshall (1994) applies the term to directly observing the behaviour of a social group and then producing a written description thereof. The researcher becomes a major instrument of research as direct observation requires being immersed in the field (Gordon *et al.*, 2001). It is difficult to come up with a single concise definition of ethnography. In their Editorial Introduction to the Handbook of Ethnography (Atkinson *et al.*, 2001: 5), the editors state that 'ethnographic research has always contained within it a variety of perspectives' but that '[T]hey are grounded in a commitment to the first-hand experience and exploration of a particular social or cultural setting'. When using this methodology with children, James (2001) stresses the interpretive nature of the ethnographer's role as she strives to engage with the children's own views and to make their views accessible to adults and other children. 'This interpretive understanding evolves but slowly; through immersion in the lives of those we seek to understand, over a lengthy period of time, across a range of social contexts, and involving a variety of different kinds and levels of engagement between the researcher and his/her informants.' (James, 2001: 247)

Direct observation at many different levels was an important part of my research. In each of the selected research sites I lived in the village among the people, as they lived. I had the opportunity to observe the lives of the families around me as well as community customs. Waiting in the water queue for my turn at the standpipe provided time to chat to other women (the only man I ever saw in the water queue was a disabled man who was immediately allowed to go to the head of the queue) and to listen in to their conversations. As the children began to trust me, they would come to my house after school to play games, draw and chat. This provided opportunities for casual conversations with them as well as observing the interaction between them. Other opportunities for observation arose during drama practices, visits to individual homesteads, when fetching and taking them home in my Land Rover and when they came to my home for the research sessions.

The purpose of ethnography is the elicitation of cultural knowledge, the detailed description of different forms of social interaction (Jenks, 2000). It is a particularly useful methodology for the study of children allowing them a more direct voice as well as participation in the production of sociological data (Prout and James, 1997). Ethnography enables a view that children are social actors in their own right and they take an active role in shaping their own lives. Some methods, such as the semi-structured interview, can empower children 'whose position as minors may mean that their opinions and views are either not asked for or risk being reinterpreted if they conflict with those held by their adult care-takers' (James, 2001: 255). It is possible to observe the lived experiences of children and to understand the impact that economic, political, cultural and spatial forces have on these experiences (Qvortrup, 2000).

Besides constant observation in all arenas, the main settings for my use of ethnographic methods were the homestead and the school environment. This usually took the form of semi-structured interviews with open-ended questions to try and gain an insight into the home and school environment of the children with whom I was working. It is important to understand the attitudes, values and views of the adults who teach and care for the children as well as to be aware of problems as perceived by these adult gatekeepers. Dineo's maternal aunt believed in the importance of traditional values, many other caregivers were concerned with the

lack of control they had over the teenage orphans in their care. I conducted two semi-structured interviews with each caregiver, one right at the beginning of my contact with the family and a second one towards the end of the process. The second interview provided an opportunity to triangulate information given by the children, for example on who made the decisions about their lives. It was also an opportunity to revisit sensitive topics, such as how the family and the community were affected by AIDS. In some cases the answers were different between first and second interview because I was no longer a complete stranger, I now had a relationship with the family.

Ethnography includes a range of qualitative research techniques from semi-structured interviews to informal conversations as well as direct observation (James, 2001). Emerson *et al.* (2001) stress the importance of producing written accounts and descriptions of the new social worlds observed. Field notes are the means by which the participant observer transforms part of her lived experience into a written record. Field notes are inevitably selective and involve active processes of interpretation and sense-making (Emerson *et al.*, 2001). As mentioned above, I made use of many ethnographic techniques in my research. I recorded my observations daily in a field diary, including my personal and emotional response to events and situations. Although this produces a subjective record, it enables me, on reading through my field notes, to identify biases and prejudices and is part of the reflective process of research.

5.4.3 Quantitative measures

In addition to the qualitative research methods described above I also used quantitative methods, particularly in the school survey where teachers and students were given a questionnaire to fill in. The issues covered in the questionnaires included knowledge, attitudes and perception of behaviour changes in relation to HIV/AIDS in the school environment. The semi-structured interviews with caregivers also included some questions which were not open-ended and therefore more quantitative than qualitative in nature. These usually covered the number, age and gender of the members of the household as well as the kinship relationship between the orphans and their caregivers.

5.5 Learning on the job – techniques

I made use of a pilot study to test my methods and then changed what had not worked well or expanded and improved what I had not had time to thoroughly test, particularly with the participatory activities. However, the adaptation of my research instruments continued throughout the period of data collection. I found that my research assistants were an excellent source of information about culture, during the training and debriefing meetings they would suggest useful additions to the activities and after discussion I might follow up their suggestion and include the new idea.

5.5.1 The Pilot

My research questions (see chapter 1) informed *what* data I wanted to gather from those participating in my research and my literature survey of participatory methods, particularly those used with children, informed *how* I would gather those data. From my reading I had an idea of what methods I would use to obtain the information but I had to test the effectiveness of the chosen techniques in a pilot study. This enabled me to identify what worked and what did not and to adapt the techniques accordingly. In fact, the process of adaptation and improving my methods continued throughout the data collection period. As I became aware of additional issues that were relevant to my research or extremely influential in the lives of the children, I would include these or at least take closer note of the relevant answers. For example, I was initially unaware of the extremely low rate of marriage and only when I noticed that some caregivers would add “she has a different name because she was legally married” when discussing the deceased mother of the orphans did I begin to notice how unusual it was for women to be married. Linked to this is the importance of the maternal uncle in the lives of the children of his sister, particularly in decision-making about the children whose father may no longer be around. Once aware of these issues, I could take note of such significant relationships. I conducted the pilot study in Shoshong, a small village in the Central District consisting mostly of BaTswana peoples many of whom still have agricultural lands for arable farming and a cattlepost for their stock. It was chosen for the pilot study because of its small size (some 5000 people) and (relative) closeness to Gaborone,

the capital city, where I had on-going meetings and debriefing sessions with the Ministry of Education. The pilot study consisted of a schools survey, a semi-structured interview with the resident social worker, semi-structured interviews with the orphans' caregivers and three sessions of participatory activities with the orphans – held in my home.

Schools survey

The Ministry of Education (MoE) undertook a survey in 2000 to determine the impact of AIDS on Primary and Secondary Education. I made use of the research instruments of the MoE for the pilot study in Shoshong with the aim of gaining an insight into the school environment of orphans as well as general attitudes and knowledge within the school community relating to orphans. It was hoped that I would be able to provide comparative data for the Ministry of Education but in the end they could not find an employee to debrief me after the pilot and subsequently, when in the more remote research sites, I did not keep up the contact. Shoshong has a total of six schools and I selected four for the survey. These included the only senior secondary school – a very large boarding school which serves an area that goes well beyond Central District, one of the two Junior Secondary schools, and two of the three primary schools, both relatively small. The survey was planned and conducted in some haste in order to visit the schools before the onset of public exams which began in early October. I employed a Form 5 school-leaver as research assistant to help me with administer the student questionnaires (40 per school, spread across year groups and stratified for gender) and focus groups in the junior secondary and primary schools. I made contact with the school through a hand-delivered letter (see Appendix 5.4) explaining the purpose of my research and setting out exactly what I was asking of the school. In each school I conducted two semi-structured interviews: one with the Head Teacher (HT) and the other with the School Management Team (SMT) (see Appendix 5.5). With permission, these were tape-recorded and transcribed later. There were a surprising number of differences in the answers given by the HT and those given by the SMT, for example concerning sexual harassment and teachers dying of AIDS. SMT groups varied from 4 in the small primary schools to 16 in the very large secondary school. A group of 16 is too large for such a discussion, in practice only a few people speak.

Some teacher questionnaires were distributed but the return rate was very low. No school was able to provide the opportunity for me to run a teacher focus group. There was also fact sheet which I asked schools to fill in concerning attendance (teacher and pupil) and drop outs.

There were some problems with the student questionnaires and other instruments. The same questions (see Appendix 5.6) were used at all three levels (primary, junior and senior secondary) and although this may ease analysis some of the questions were inappropriate in primary schools e.g. teacher/student 'love' relationships, especially in schools where all the teachers are women. The language used was sometimes too difficult, even with the help of an interpreter and illustrated explanations e.g. "assertiveness" in the student questionnaire and "morale" in the teacher questionnaire and semi-structured interviews. I was entirely dependent on the particular school for the selection of students and in some cases this was chaotic, in other cases it seemed as though the children had been carefully selected to give the best impression of the school and in some cases the children self-selected. There were problems with the student focus groups as well. It was very difficult to get any sort of meaningful discussion in any of the schools: there was a lack of time, the students were often shy and there were always some students who dominated.

As a result of the pilot and the problems that emerged I made several changes to the way in which I carried out the survey in the remaining research sites. I would spend several days in each school. A day or two before doing the student questionnaire I would assemble all the registers and do a random[15] selection of pupils across the year groups. I would then give lists of the selected pupils to the form teachers, plus some pre-prepared questions (concerning the education level and employment of their parents). I conducted the semi-structured interviews with HT and SMT but abandoned the focus groups with teachers and students and accepted as many teacher questionnaires as they were willing to complete. On my last day in the school I would conduct the student questionnaire and collect any teacher questionnaires which had been completed as well as the fact sheet.

[15] The MoE provided me with a list of numbers randomly generated by computer to select 40 pupils given various population sizes. For example a school which had 1,500 form 4 and 5 students would have a different list of numbers to a school that had 500 form 1, 2 and 3 pupils.

Semi-structured interviews with key informants

Initially when I arrived in the Shoshong there was no resident social worker as the previous one had been transferred. The new social worker arrived a month after I did which meant I had very little time to meet the families and get to know the children. While I was waiting for him to arrive I proceeded with the school survey. When the social worker arrived in the village I was able to interview him to find out about his duties and to explain what I would be doing in the village. At the end of my stay I saw him once more to pass on information about difficulties being experienced in some of the families. The social worker himself experiences such problems as lack of transport, no telephone, a poorly equipped office and a desperate need for more staff – he is responsible for outlying villages as well and seldom gets to them. This is the social worker's second posting so he was able to give useful comparisons between the differences in approach in the two areas. In all my following research sites I worked closely with the social workers, even when they were less co-operative, as they are the official channel from the government to the orphans. I always gave a final report concerning the most vulnerable children to the social worker before leaving a village.

In the pilot study, I conducted only one interview with each caregiver. The social worker, with the help of the caretaker (at that stage I thought she was the person looking after the office block!), took me to each of the homesteads, introduced me to the caregivers and helped me to arrange a date for the interview. During the interview, I asked questions about the relationship (kin) between the caregiver and the orphan, about the problems faced by the caregiver as well as by the orphan(s). I would always ask for their verbal informed consent before starting the interview and I stressed that they were free to decline to answer questions or to stop the interview at any time. All the caregivers interviewed were women and were either grandmothers, aunts or older sisters to the orphans. I was nervous about asking sensitive questions like the cause of death of the orphans' parents but found that the caregivers would find a way of avoiding it if they wanted to – the usual euphemism for AIDS is "a long illness". Having looked at the data collected I realised some of my questions were too vague for example about the number of people in the household. There was a census in 2001 and so I would be able to

compare the household I surveyed with some census data. In subsequent research sites I used two interviews – a second to confirm points once I knew the family better.

Participatory activities with children

I divided the children into two age groups: those at primary school and those at secondary school. I had very little time because of the late arrival of the social worker and the coming school holidays when the children would go out to the lands or to the cattle post. There was time for only three sessions with each group of orphans, no individual meetings were possible and I attempted the participatory techniques with varying degrees of success. For example, I tried a decision-making matrix which was far too complex for the youngest children to understand. Even the drawing activities did not turn out as I expected: they asked for pencils and wanted to produce perfectly accurate outlines of their homestead before using colour. They spent so much time rubbing out what they had drawn that they did not finish and there was no time to let them describe what they had drawn. By the third and final session I had so little information that I had to use a questionnaire to find out about the lives of the children. I learned much from the gaps and mistakes. I found that if I joined in the art work and made it fun, using outrageous colours or exaggerating my features or items around my house, they would relax and enjoy it rather than trying to produce perfect scale drawings. The most significant lesson was that much more time is needed for building trust with the children and that activities should be graded from the least sensitive, leaving very difficult topics for the last sessions. Subsequently I found that working with the children individually also helped to build rapport and trust. My attempt at a group discussion / focus group was a hopeless failure. The children did not know each other well enough let alone me to feel free to speak about their experiences. It improved slightly when I left the room but in future research sites, the group discussions were held in the final sessions among groups who had been working and playing together for weeks and, consequently, they were much more effective. During the pilot, only two of the children who participated were not orphans.

5.5.2 The Final instruments

Participatory activities: content and practice

I learned much from the fact that the participatory activities in my pilot study failed to generate the quantity and quality of information that I had expected. I read more about participatory methods which had been used successfully elsewhere and carefully considered how I could adapt these or design my own activities which would more effectively show me what the children could not say and enable me to hear what could not be seen. Bearing in mind all that I had learned from my mistakes, I designed a graded series of six formal activities to be completed in order and over several weeks interspersed with informal games, art work and other social activities. The six activities, which I have called Tasks, Feelings, Decision-making, Support, Experiences and What do YOU think? respectively to identify them, are briefly described in Table 5.2 (for the details of each activity see Appendix 5.3).

The Support activity and What do YOU think? involved work in small groups, all the other activities were done individually. All activities were facilitated by myself or a trained research assistant. Training took place the day before the activity was first facilitated and involved an explanation and instructions by me followed by role play between the assistants to enable them to practice facilitating the activity. If the activity was reasonably complicated an instruction sheet was also provided (decision-making and support activities). The research assistants tended to use these only until they were familiar with facilitating the activity. (Appendix 5.3 includes the instruction sheets as well as details of the activities.)

The graded nature of the activities ensured that more sensitive issues were dealt with only in the later activities, once trust and rapport had been established; for this reason it was important to do the activities in the order indicated in the table. The first activity, ‘Tasks’ was very simple and was designed to get the children used to working with me or a research assistant, answering questions and having the answers written down. While an individual child was busy with the questions, the rest were drawing pictures about their daily lives at home and describing what they were drawing in an informal discussion. Before leaving for Botswana I had been

Activity (in graded order)	Individual / Group	Brief description of activity
Tasks/ daily life and routine	Individual	Simple table on tasks and their frequency Drawing of home life
Feelings	Individual	Coloured stickers with happy and sad faces to indicate feelings about home and school situations, with brief explanations – no probing at this stage
Decision-making	Individual	Matrix constructed on who makes decisions, how much say they have and what sorts of decisions
Support	Brief group discussion followed by individual work	Group: the *meaning* of support Individual: 'beans in cups' to indicate how much support received (or not) in six situations
Experiences	Individual	Colour coded stickers used to indicate frequency or intensity of experiences such as anxiety, change in school work, physical and psychological abuse
What do YOU think?	Group	Discussion on how the experiences of orphans differ from those children whose parents are still alive

Table 5.2 Brief description of graded participatory activities

given a Baylis (wind-up) radio and we usually had this playing in the background to give added privacy to those working with the assistant. The children enjoyed winding it up again when the mechanism had run down.

The second activity asked them how they felt about certain situations at home and at school. They indicated their feelings by choosing stickers with a happy face, a sad face or a symbol of indecision (stick figure shrugging shoulders) for each situation which included items like food, clothing, day time, night time (at home) and teachers, friends, classmates (at school). We would ask one question about why the symbol had been chosen, for example, "Why do you feel sad at night time?" but at this early stage of contact we deliberately did not probe further.

For the third and fourth activities I drew heavily on Claire O'Kane's (2000) description of her research with children in foster care in Britain concerning the level of their participation in decisions made about them. I adapted two of the participatory activities she describes to the situation of orphans in Botswana. In the construction of the decision-making matrix, further adaptations were needed to fit

the developmental stage of the child. Claire O'Kane was working with 8 to 12 year olds but I was working with a wider range of ages and abilities. Older children were able to say what sorts of decisions were made about them but with younger children these had to be given and with very young children leading questions were asked about who made the decisions. For example, a teenager would suggest what sorts of decisions might be made about him or her: "What I eat", "Who I choose as my friends". With a younger child we would ask "Who decides what you eat?" and with very young children we might start by asking what adults were around the homestead and then trying to discover which of them made certain decisions. In some cases we involved the older siblings to determine which adults were available to make decisions. The research assistants found this activity very difficult to facilitate and many of our debriefing and training sessions included discussions about indirect questions, open questions and alternative ways to approach the information such as asking a child to describe a meal in as much detail as possible and only then asking about the decision-making role of the people involved. The final part of the decision-making exercise required the child to think reflectively about his or her own involvement in decision-making and whether they felt it was appropriate. On the advice of my assistants, this part was only carried out with children in Standard 6 (approximately 12 years) and above.

The fourth activity, on support, started with a group discussion about the meaning of support. If the children ran out of suggestions or it was difficult to get the discussion going, I would sketch a scenario and we would talk about that in order to tease out the meaning of support, for example I might ask: "If you went into school one day and you saw your friend in the corner of the classroom crying and looking sad, what would you do?" Whatever the answer, we would explore it further and make sure that two important support features, namely 'being listened to' and 'feeling free to ask questions and discuss' emerged from the general discussion. The children would then work individually with me or one of the research assistants. The individual activity involved indicating the level of support they received in six situations, including at the time of the death of their parent. There were six paper cups each labelled with one of the six situations and each cup had a little pile of three beans in front of it. The child would put beans in the cup to indicate support, with three indicating a lot of support and zero indicating no support. The facilitator

would then ask about the beans, both those in the cup and those left out, who and what the beans represented. One of the situations concerned knowledge about sex and AIDS and, once again on the advice of my assistants, we limited this question to those children in Standard 6 and above, as that is the year they start to receive sex education at school.

The ‘experiences’ activity dealt with very sensitive issues such as fear, anxiety, physical and sexual abuse as well as stigma and psychological abuse. As with the six activities as a whole, I graded the items within this activity so that less sensitive topics appeared first and more sensitive ones later. A lot of work went into the preparation of this activity as well as into training the assistants to facilitate it. The Setswana translations for the terms we used for sexual abuse were carefully thought through and I took them to the NGO *Women Against Rape* to check that the terminology was appropriate. Once again, my assistants felt that a distinction should be made concerning the questions relating to sexual abuse and only children in Standard 6 or above were asked about rape although all children were asked about inappropriate touching. At first my assistants were very embarrassed when talking to me about sex, they giggled and hid their faces behind their hands. I got them to write their own translations for the difficult questions on sexual abuse, then to compare answers with each other and finally to decide which was the best. By the end of this process they were much more relaxed about discussing sex and had few difficulties when facilitating this activity. After this process they often initiated discussions about their own sex lives or asked me for information about related topics, for example the two young men asked to see a female condom and to know how it works.

The final activity was the focus group discussion on the differences between orphaned and non-orphaned children. By this stage the children knew each other well, they were comfortable and relaxed with me and my research assistants and consequently it was possible to hold a productive group discussion. The age and developmental stage of the children influenced the nature of the discussion. Younger children tended to focus on their lack of material goods but older children were able to see that the character of their caregiver was very important: if they

were living with a caring grandmother they may be better off than a classmate living with an alcoholic or neglectful mother.

Caregiver interviews

Two interviews were conducted with each participating household. I arranged a time for the initial interview when I was first taken to the household and introduced by the social worker or Village Development Committee (VDC) member. After these introductory meetings I had to quickly sketch a map to help me find the homestead again when I returned with my assistant. I used tuckshop names, unusual fencing, brightly coloured doors to indicate where I had to turn, or at least to indicate proximity to the homestead. I also used the map to remind myself of the location of hazards like deep sand or vicious sharp rocks along the route. The interviews were conducted by myself with the help of an assistant for translation. Frequently the caregiver would not be at home when I had arranged an appointment. As none of the caregivers had telephones, this meant at least two further visits: one to rearrange the appointment and another for the appointment itself. In the larger settlements I drove up to 350 miles a week, mostly on sandy tracks or potholed byways. I made many other visits to each household when fetching and returning the children for research activities. In some cases this would involve requests or short conversations but usually it was simply a matter of greeting the caregiver. Each interview contained a mixture of open and closed questions giving opportunity for extensive discourse on certain topics if the participant so chose while at the same time eliciting quantitative data about the number and gender of household members as well as household resources and the take-up and availability of government benefits. (See Appendix 5.2 for the interview questions.) Many of the questions concerned the children, the caregiver's relationship with them and her/his concerns and anxieties about them.

School Survey

In 2000 the Ministry of Education surveyed schools in two districts in Botswana to try and gauge the impact of AIDS on education (primary and secondary). I made use of some of the Ministry's research instruments with some adaptations. The

research instruments I used included two semi-structured interviews, one with the head teacher and the second with the School Management Team (SMT). There were also two questionnaires, one for the pupils and the second for teachers. (See Appendix 5.5 for topics covered in the semi-structured interviews and Appendix 5.6 for the student questionnaire.) Finally the school was asked to complete a data sheet recording enrolments, absentees, repetitions, drop-outs and public examination results for the preceding 5 years. I made several changes after conducting the pilot survey in Shoshong and these are described above in the section on the Pilot.

In each of my research sites I surveyed one senior secondary school (there was none in Mmadinare so I went to the senior secondary school in nearby Selebi Phikwe), one junior secondary school and approximately half the number of primary schools in the village (I chose schools which were attended by the children involved in my participatory activities). In some cases it was extremely difficult to arrange a meeting with the Head Teacher or the Deputy and it was in schools that I met the greatest resistance to my research. I suspect that some personnel felt they had little choice but to participate given my letters of permission and they possibly resented giving time to accommodate my requests for rooms and children and their own opinions, although no one ever said anything of the sort directly to me. Frequently I had to make do with less than I had requested even in schools where I detected no irritation or resentment to my research. Many teachers were co-operative and open and, concerning certain issues, provided insights that caregivers, with their vested interests, were not able to give.

5.5.3 Reflexivity, evaluation and adaptation

Complementarity of Methodologies

'There are many ways of collecting information about children's lives and childhood. No one method alone can produce all the knowledge needed.' (Qvortrup, 2000: 78) None of the methodologies described above could, used exclusively, have gathered all the information I needed. I used my research questions to determine exactly what indicators I needed for each of the variables and concepts I was exploring and

then calculated how I could get that information using the different methods. In addition to covering all the necessary data, the use of several methods has another advantage: that of triangulating the information to enhance the robustness of the results. Hinton (1995) points out that participatory activities can expose low validity of information collected through questionnaires while participatory activities and participant observation provide ways to correct conceptual confusions arising from different interpretations of verbal questions. Participant observation complements the other methods used as the rapport of close day to day living creates a deeper level of understanding. The complementarity may work in the other direction. Pottier and Orone (1995) comment that participatory techniques, particularly in focus group discussions and meetings can hide disparate, multiple and muted voices and may leave some themes inefficiently explored. The gaps may be closed through in-depth interviews and observation. Johnson (1995) warns that viewing participatory techniques as an end in itself is incompatible with the need for an open approach to gain understanding of complex issues.

Making use of different sources and methods for essentially the same information can also provide interesting insights and perhaps a clearer understanding by viewing the issue from different perspectives. Even within one methodology, that of participatory activities, different exercises were used to elicit the same information over time. In the earlier exercises some children were still trying to give the 'right' answer but as rapport was built up and the skills of the research assistants to probe for meaning improved, discrepancies could be cleared up.

Appropriateness

O'Kane (2000) views participatory methods as being less invasive and more transparent than ethnographic methods because participatory techniques require a more formal relationship through participation in defined activities. On the other hand the informal nature of observation often yielded insights into and understanding of the results from the participatory activities. Although specific times were dedicated to the participation of the children in the research process, many of them would visit regularly after school to play games and draw. The focus of the research was on the children through the use participatory activities but it was

necessary to get background information from their homes and schools. Participatory techniques would not have been viable in the home and school environment and the ethnographic and quantitative techniques actually used were more suitable. Both participatory and ethnographic methods were reflectively used. My research assistants and I assessed the usefulness of the participatory activities as well as their appropriateness within the cultural setting and with children of different age groups and I made changes accordingly. In some cases this involved adding extra categories, such as in the 'feelings' exercise. In other cases it involved leaving items out for specific groups of children, usually the younger ones where processes (such as discussion) or topics (such as sex and AIDS) were deemed inappropriate.

Benefits and limitations of young research assistants

Working with young research assistants who were close to the subjects of my research in age and experience proved invaluable. (See Appendix 5.7 for details of age and sex of assistants in different sites.) As mentioned above they were able to provide me with cultural insights and information that I possible would have missed had they not been there. In my third research site I was particularly fortunate to employ two young men who are orphans themselves, both with sole responsibility for their younger siblings. I became more involved in the lives of all my assistants and saw them on a social and leisure basis as well as their employer. The two young men continued as my assistants in the fourth research site – which was some 3 hours drive from their homes. As they had responsibility for their siblings we could not spend more than one night away from home. I had been unable to find accommodation for us in the fourth site, so we 'commuted' down at weekends. We left at 5.30 on Saturday morning, ran the participatory activities all day Saturday and Sunday and then returned on Sunday evening. We had to stay over on Saturday night at a hotel and this sort of regular socialising – sharing a leisurely meal and a drink together – was a breakthrough in terms of trust and rapport. It was on these journeys and weekend work trips that many of the most important insights were given.

However, the quality of data produced by these young men and women was not always consistent and there were some problems that emerged. Lorata and Julia, the other assistant in that particular research site, both had babies. Lorata was still at school so Julia did most of the caregiver interviews with me. I noticed that she did not always translate directly what I said, for example, when I asked “Do you have any fears or anxieties?” She would say in Setswana, “Is your life alright?” The first time this happened I asked her not to paraphrase the meaning but to translate directly. We discussed what words she could use in the translation. She agreed but did not always comply and I found her defiance hard to deal with constructively, nagging resulted in adolescent moodiness. Later, when analysing my data, I discovered that she had clearly asked leading questions. Seventeen of the 21 households had the same answers to the question about how they felt AIDS was affecting the community. She was still breast feeding her baby and he would sometimes accompany us on the interview trips with a small preschool sibling along as well to help with childcare duties. I found that this in no way detracted from the interviews, instead they often became more informal and relaxed when she brought the baby. However I arranged the children’s activities when her baby could be left at home with her mother or grandmother.

Lesego, one of the young men (whose story is given in chapter 2), had a period of time when he felt that he was bewitched. The quality of his work deteriorated noticeably and, as he struggled to deal with the oppression he believed he was experiencing, he found it difficult to listen and respond to the children he was working with. He became quite paranoid and often felt that a particular child was staring at him in a threatening way. We worked out a strategy to deal with this: the minute he felt frightened he would call me over and I would abandon whatever I had been doing and facilitate or ask the questions, he would translate without looking at the child and record the responses. Once the activity was finished he was free to go outside and usually he would not do any more work that day. There was another way that his bewitching slowed down the process of data gathering: sometimes when I arrived in my Land Rover to pick him up for work, he would say he felt unwell and could not work (he did not have a phone so there was no way for him to tell me earlier) and on one or two occasions I had to cancel the activities and rearrange them at a later date. During this period his self-confidence was seriously

undermined, he was incapable of taking the initiative or even asking for instructions. I had to be constantly alert and aware of what he was doing while continuing whatever I was busy with. During this time he was also beaten up at a bar and had head injuries to add to his wounded psyche. However, he came through the experience and his natural sensitivity and keen ability to observe in others qualities not immediately obvious yielded some valuable insights later on.

The children responded differently with different research assistants. One young adolescent girl disclosed abuse at home when working with one of the female research assistants, Poifo, in two consecutive sessions. The following activities session was the Experiences one where there was ample opportunity for her to explain the nature and extent of abuse and yet her answers in this case were neutral. This time she was working with one of the young men as Poifo had had to return to university. Overall the research assistants complemented each other and sum of their strengths, particularly their cultural insights and contributions from their own experiences, more than made up for their limitations. I am confident the bulk of the data they helped to produce are very high quality indeed.

5.6 Timing and location of the fieldwork

It takes much time to build relationships with children and so I had to spend several months in each of my research sites. Altogether I spent two years doing my fieldwork in Botswana. During the first three months I lived in Gaborone while I had to navigate my way around the bureaucratic maze, getting the necessary permission from the Ministry of Local Government (which has responsibility for orphans) and the Ministry of Education; from each of the relevant District Councils and sub-District Councils and in two of the villages, from the chief as well. I also affiliated with the University of Botswana which gave me access to the university library and enabled me to meet a number of informative lecturers and professors. During the following three months, in Shoshong, I carried out the pilot study which was beset with frustrating delays – such as the lack of a resident social worker until a whole month after I had moved there. There were other limitations too such as the onset of the public exams and the need to conduct the school survey before those began in November. The data collection for the main study was carried out in

Mmadinare, Maun and Ghanzi during the next 18 months (see chapter 1 (section 1.3) for further details).

In this chapter I discuss the methodological and ethical issues that are important to consider when working with children, especially those who have suffered trauma. I outline the methodological approaches I utilised, namely participation and ethnography. The methodologies were chosen primarily for their suitability for use with children and this was also the main concern when designing the research instruments used to elicit information. I give details of the participatory activities I used with the children and the interview techniques employed with caregivers. The next three chapters examine and analyse the data gathered using these instruments. Chapter 6 deals largely with the experiences of the caregivers while chapters 7 and 8 examine children's experiences and responses.

Chapter 6: ALTERED IDENTITIES
New Burdens and Opportunities

6.1. Introduction

Itumeleng died at 3am on 15 September 2002 after 6 months of AIDS related illnesses. She died without discussing her disease with either family or friends, she died without making provision for her 8 year old daughter, she died without sharing the burden of the disease and all its implications which she fully understood. Itumeleng was only 31 when she died. On several occasions since discovering that she was HIV positive she had attempted to talk to friends but their reaction was to laugh as if she was making a joke because those things are not discussed in the culture of the Batswana.

Itumeleng worked for Total Community Mobilisation (TCM) an organisation which educates people about AIDS and encourages them to use condoms, go for testing to discover their HIV status and to adopt responsible behaviour. When Itumeleng was first employed as a Field Officer for TCM, she went with 2 of her fellow field officers (One and Onalethata) to test their HIV status. As they received the results of their tests the other two announced their status was negative and when Itumeleng said she was HIV-positive, the others laughed as if it was a joke. Each week all the TCM field officers meet in a nearby town for debriefing and further training. While there they would usually go and buy chips for lunch. Itumeleng started to buy fresh fruit and when the others teased her about being so health conscious she replied that she needed to boost her immune system - and the others laughed at her wit.

When Itumeleng started to suffer from the illnesses associated with full-blown AIDS her parents took her to the cattlepost to consult the ancestors. The journey there and back left her shaken, weak and very ill. The ancestors dictated she should visit a cave in Zimbabwe. Only two weeks later was she strong enough to make this journey and she returned feeling obliged to say that she was feeling much better but soon collapsed again in weakness. At this point she begged One to tell her parents the truth, she felt unable to tell

them herself. Her parents were relieved to know the facts – they had already lost 3 of their 10 adult children – all had been ill for some time before they died. Her parents decided to try and find the funds to pay for Itumeleng to seek anti-retroviral therapy (ART) privately. Although the Botswana Government now offers ART to citizens, at the time there were only 4 sites where it was available and the waiting lists were several months long. By the time Itumeleng saw the private doctor it was too late, she was too ill to start the ART.

Itumeleng bore the burden of her disease alone. Every time she had attempted to discuss her HIV status, her response to her status and her impending death, her friends laughed and avoided discussing it further. Why? It would seem that someone whose work involves educating others about AIDS – a new response to an unfamiliar situation - would be free to talk about her own HIV status and to expect support from others working with her but this was not the case. Even One, the friend who informed Itumeleng's parents, laughed when Itumeleng said 'I know I'm going to die this year' because, according to One, in Batswana culture if you talk about death it's regarded as a joke. The response was to cling to the cultural traditions of not talking about death. Her parents also fell back on the cultural practice of consulting the ancestors. They were in denial about the true meaning of Itumeleng's illness in spite of the lesson of the prolonged illnesses and deaths of three of their other children. Only when One told them that Itumeleng had AIDS were they forced to face up to the situation and to seek a new rather than a traditional way of dealing with the situation. Even then they sought to treat the illness and the outcome as a curable condition.

6.2 The Impact of Multiple Deaths on the Household

This chapter deals with some of the trends emerging from my data, particularly those relating to the response of ordinary people in Botswana to the devastating effects of AIDS. The scale of the epidemic and its impact on the health, education and other sectors of the Botswana economy were outlined in Chapter 1 (section 1.2.1) and the existing social structure with its prevailing culture, norms and institutions was examined in Chapters 3 (section 3.2.4) and 4 (section 4.3.2). Given

that social structure, in this chapter I look at how individuals and households respond to the physical, social and cultural stress brought on by multiple deaths (section 6.2). This chapter deals largely with the information about the adults in my study for example, caregivers and teachers, while the next two chapters deal with data generated by the children. I examine how individuals and kinship networks have been affected by HIV and AIDS (section 6.3) and how they have responded to the impact the disease has had on them as well as the implications of their responses(sections 6.4 & 6.5). In each of my research sites I worked with families identified by the social worker as caring for orphans and all of them had therefore experienced at least one death. In each site I aimed to work with 10 percent of children registered as orphans in that village and I continued adding households until that number was reached. The sample size in each of the sites is far too small to be statistically significant, but the trends emerging from the data throw light on some of the social transformations currently occurring in the country. As I explained in Chapter 5 (section 5.5.1) Shoshong was my pilot study and there were some data which I did not include at that stage. This gap is reflected in some of the tables and figures following in the chapter.

	SHOSHONG	MMADINARE	MAUN	GHANZI	TOTAL
Total village population	5,183	7,442	32,016	7,512	
Households	10	21	28	8	67
Children	15	49	94	23	181
Non-orphans	(2)[16]	1	11	1	13
Paternal orphans		2	2	1	5

Table 6.1 The number of participating households and children in each research site.

Village population source: 2001 census
Paternal orphans shown do not receive the benefit as they are cared for by their mother

Table 6.1 shows that I worked with a total of 67 households and 181 children of whom 13 were not orphaned and a further 3 were not getting the orphan benefits as, although they were paternal orphans, they were being cared for by their mothers.

[16] Non-orphans in Shoshong – not included in data analysis, therefore not added into total of 181 children.

	Grandmother	Aunt	Grandmother and Aunt*	Sibling	Other	Total
Shoshong	6 (60%)	2 (20%)	0	2 (20%)	0	**10**
Mmadinare	15 (71%)	1 (5%)	2 (9.5%)	1 (5%)	2 (9.5%)	**21**
Maun	11 (39%)	10 (36%)	1 (4%)	5 (18%)	1 (4%)	**28**
Ghanzi	4 (50%)	2 (25%)	0	1 (12.5%)	1 (12.5%)	**8**
Total	**36 (54%)**	**15 (22%)**	**3 (5%)**	**9 (13%)**	**4 (6%)**	**67**

Table 6.2 Number of households caring for orphans by kinship relation of caregiver

* Caring for both grandchildren and nieces/nephews
Note: percentages may not add up due to rounding, percentages apply to rows not columns

Table 6.2 shows the distribution of grandmothers, aunts and siblings as caregivers in the four research sites. The majority of caregivers were grandmothers (54 percent) though this varied from 71 percent in Mmadinare to only 39 percent in Maun which is more urbanised than the other three research sites. Aunts were the second biggest group of caregivers and siblings the third. Again Maun and Mmadinare show the largest difference in distribution and the urban characteristic of Maun probably explains why its distribution varies so markedly from the others. Many of the families I worked with in Maun had established a compound in Maun relatively recently and still retained strong ties with their home villages elsewhere in Ngamiland. Maun functions more like an urban area in the sense that young men and women migrate from their home villages to Maun in search of employment. They retain strong links with their home village. The category 'other' includes maternal uncles or their wives and, in one case, a father.

6.2.1 Multiple mortality and morbidity

The majority of households with whom I worked had experienced one or two deaths in the past few years as can be seen in Figure 6.1 below, however some of the households had been much more severely affected. Mmadinare has a significantly higher proportion of households (53 percent) which have experienced more than two deaths with one household having experienced 6 deaths and another, 8 deaths.

As with Itumeleng's family, the loss of several adult children in one family can be devastating. I will examine some of the effects of multiple mortality below. Mmadinare is located in the Bobirwa sub-District of Central District and is only 12 miles from the mining town of Selebi Phikwe which has its own municipal council. Both Selebi Phikwe (52.2 percent in 2003) and Bobirwa sub-District (49.3 percent in 2003) have HIV infection rates well above the national average (37.4 percent in 2003) as recorded in the Sentinel Surveys and have done since the surveillance began in 1992.

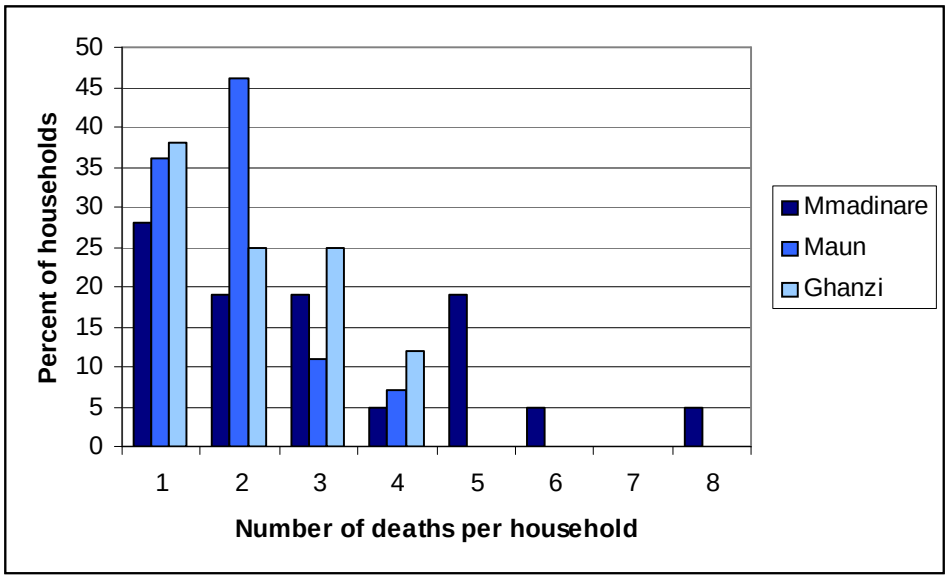

Figure 6.1 Number of deaths per household in Mmadinare, Maun and Ghanzi

In addition to adult deaths, many of the households have experienced infant and child deaths. Again Mmadinare had the highest number with six households reporting infant deaths, while in Maun 3 families had lost babies. One mother in Mmadinare had lost four infants (2 sets of twins) all of whom had died before their second birthday. She herself was extremely ill when I worked with her family. Multiple deaths in a household usually results in the children of several different mothers living together in a household.

Table 6.3 shows the distribution of multiple families in my sample. Three quarters of all the families I worked with had children of two or more different mothers living together. Often there were other complications too, for example a woman might be looking after a combination of grandchildren and nieces and nephews if the deaths

in her household included her daughter and her sister. Sibling headed households often included the siblings of the caregiver as well as her own children.

Number of different families in household	Number of families in sample	Percent of families in sample
1	17	25.4
2	27	40.2
3	17	25.4
4	5	7.5
5	1	1.5

Table 6.3 Multiple family households

During my first interview with each caregiver (see Appendix 5.2) one of the first questions I asked was about the deaths that the family had experienced in the past few years. We would talk about the person who had died, their age and relationships to the caregiver and orphans as well as the cause of death. I was amazed that in Mmadinare 6 caregivers admitted outright their children had died of AIDS. As indicated in Table 6.4 in no other site were any of the caregivers this open which, given the high level of stigma still attached to AIDS in Botswana, was more in line with my expectations. Bobonong (and subsequently other villages in the Bobirwa sub-District) was the first place in the country to establish home based care (HBC) and also one the first locations in which the AIDS education CBO Total Community Mobilisation (TCM) began to operate. By the time I was living in Mmadinare TCM had been active for more than a year and I attribute the openness among these caregivers to the effectiveness of their education programme. In Maun TCM was only just being established when I moved there and it was not yet operational in either Ghanzi or Shoshong while I was there. More usually the responses included typical euphemisms for AIDS such as “a long illness”, or referred to symptoms like diarrhoea and vomiting or a rash, or some of the opportunistic infections associated with AIDS such as TB or pneumonia.

Later on, towards the end of the interview, I would ask if any one in the family had been affected by AIDS. At this stage some people felt freer to talk about it and an additional caregiver in Mmadinare and one in Ghanzi admitted the person had died of AIDS. In Maun, not a single caregiver was able to openly admit that AIDS was

the cause of death of their family member, but 5 admitted that they were not sure and suspected it was so from the symptoms. Others, who may have thought the reason for death was AIDS, answered by saying that they did not know and a variety of explanations were given ranging from "the doctor did not say" to "they did not test" and "it is confidential information". Many of the caregivers showed the death certificates to me and doctors clearly avoid writing "AIDS" as cause of death; whether or not this is done to protect the family from stigma it is certainly contributing to the secrecy and shame surrounding the disease. The most usual answer given to my question about any one being affected by AIDS was "No" – very quickly given.

Research Site	Mmadinare	Maun	Ghanzi	Shoshong*
Number of households (hh)	21	28	8	10
AIDS deaths	6	0	0	0
Possible AIDS deaths **	11	21	6	7
Anyone in family affected by AIDS?	1 of "possibles" acknowledged it was AIDS 4 more said they didn't know – hospital didn't say or they didn't test	5 not sure but suspect it was AIDS 3 more said they didn't know – 'no one tells us' or its confidential information	1 hh acknowledged 2 had died of AIDS 1 more said she didn't know as the doctors hadn't told her	
Caring for AIDS patients	3 households 1 is an HIV positive child	2 households	1 household	

Table 6.4 Given cause of deaths

* Pilot study – some data not collected here
** "possible" AIDS death when cause given as "long illness, sick, vomiting, diarrhoea, oral thrush, TB, unknown"

Table 6.4 indicates that a number of households were caring for very ill family members. These data were obtained through a mix of observation and information volunteered by the caregiver or the social worker and I suspect the actual number is higher than recorded here. As indicated above, I asked a question "Has anyone in the family been affected by HIV/AIDS?" but some caregivers chose not to disclose they were caring for a sick person and children were usually quiet about such illness. Nagler *et al.* (1995) comment on the impact that secrecy has on children in the household: if an illness is not named the children may distort the problem and

believe it to be more serious than it really is and if it is eventually named they will usually respect the adult's desire to keep quiet about it. Ill people are seldom brought outside and social meetings usually take place under a tree or in the shade of a building, they rarely occur inside one of the several dwellings within the compound, so although I regularly visited each compound as I fetched and returned the children, sometimes I only discovered there was an ill person several weeks after I had established contact with a family. The burden of care for the sick person falls most heavily on the mother, ill sons and daughters return to their mother's home for care. It is highly likely that the mother will already be caring for a number of her grandchildren, some of them orphaned. The implications of this increased burden of care, for the sick and for orphans, will be discussed further in the section on livelihoods. The matrifocal location of responsibility for caring for the sick and for orphans of those who have died is determined by the kinship system and the changes which have brought this about were discussed in chapter 3 (sections 3.2.3 and 3.2.4).

6.3 Altered Kinship Networks

The very low, and still falling, rates of marriage were discussed in Chapters 3 and 4. This trend was well established before the advent of AIDS but the impact of the epidemic is exacerbating some of the social consequences of this tendency for fewer people to get married. Ingstad (1994) outlines the changing nature of those marriages that do take place: customary marriages (a process over time) are supplemented, and in some cases replaced, by non-customary marriages conducted by ministers of religion or the district commissioner. The married couple no longer necessarily settle near (or even in the same village as) the man's parents. This may be due to the fact that since 1968 Land Boards (rather than chiefs and tribal elders) have been responsible for allocating land to new households and most available land is situated on the outskirts of the village rather than alongside the paternal kin's homestead. Unmarried children historically remain attached to their parents' household and the falling rate of marriage has meant that the increasing numbers of children born to unmarried mothers are most likely to be attached to their maternal grandparents' household. Izzard (1985) terms this 'matrifocal'

residence. Both of these trends weaken the influence of the paternal relatives in a society which historically was strongly patriarchal.

A second consequence of the falling rates of marriage is the increase in the number of female headed households (see Table 3.2). For some educated women with the ability to support a child themselves, the choice *not* to marry may be a deliberate one in order to avoid coming under the jurisdiction of a man (Ingstad, 1994). Bledsoe and Cohen (1993) also discuss the significance of education and indicate that other African countries where female education is rising do not experience the same dramatic fall in marriage. They stress the influence of property rights on the trend in Botswana:

> "Whereas in most other southern African countries women must marry in order to obtain access to property, in Botswana unmarried women have the same legal rights to property, credit and business rights as married men….Married women, by contrast, are subject to the husband's authority in property matters concerning land and housing….Many appear to be delaying or even forgoing marriage as their best route to security" (Bledsoe *et al.*, 1993: 57).

It is not only young women who now form female-headed households, many older women, particularly in the rural areas, head households made up largely of grandchildren with sons and daughters who visit perhaps at the end of the month. Until the advent of AIDS, Botswana was experiencing a rising life expectancy and growing numbers of elderly people. Although life expectancy has fallen, the number of elderly people has continued to rise and as AIDS cuts a swathe through the younger generations, the proportion of elderly people is also rising. Women tend to live longer than men and historically there have been more women than men in Botswana (due, for example, to migration to the South African mines) so that in the higher age cohorts there are now more female-headed than male-headed households. As mentioned in Chapter 4 (section 4.3.2), the ability to acquire independence and head-of-household status does *not* imply freedom from poverty and the loss of many of the kinship reciprocities associated with marriage often leaves women unable to meet the basic necessities of life.

> *Gorata has been caring for 5 of her 8 siblings since her mother died in 1996. The other 3 have finished school and are living at the* masimo *(lands) or* moraka *(cattlepost). Gorata has 3 children of her own and lives in the village so that the children may all attend school. They live in two mud dwellings on*

the compound of a man who works in Gaborone. Occasionally he returns and demands that they vacate the dwellings, sometimes for a few weeks at a time. They are not paying rent so they have no choice but to move out and must then rely on the goodwill of neighbours to accommodate them but, more often than not, they have to move out to the masimo *with consequent disruption to the children's schooling. Gorata applied to the Land Board and was allocated a plot of land in the village but she does not have the resources (cash for materials and labour) to build a house on the land or develop it in any other way. She and her boyfriend are unemployed and the family group survives on the food benefit given by the Council for the 5 young orphans.*

Gorata illustrates the paradox of legal independence without accompanying economic independence experienced by many women in Botswana today. She has a plot of land but is unable to provide the basic need of secure and adequate accommodation for the children who are dependent on her. Historically, men of the extended family would have helped by providing materials and labour to build a house, but she has no kinship reciprocities or obligations she can call on. This breakdown in the extended family and the safety net it historically provided will be discussed further in the next section on livelihoods where the impact on elderly female heads-of-household is considered.

Of the 67 households with whom I worked, 10 were headed by men, only 4 men were the designated caregiver and three of those were sibling caregivers. When the impact of multiple AIDS deaths is superimposed on a social and kinship structure which is changing as fast as Botswana's is, the result is further disintegration of the extended family and kinship systems and the emergence of new forms of family and household. Where are the men? Townsend (1997) warns against focussing exclusively on the residential household as the only social unit carrying responsibility for children. A great deal of the contribution of men is missed by concentrating only on the residential household. He identifies 'social fathers' and 'social children' as significant for any discussion of men's roles and paternity and he defines a man as having 'social children' if he was acknowledged as the father both by others and himself. The situation of men has also been affected by the changing

social stratification occurring in Botswana and men have multiple and changing connections with women and children. He stresses that the position of the mother's brother (*malome*) has become increasingly important. Historically the maternal uncle played a ritual and socio-structural role as he would negotiate marriage and bridewealth but as more and more women become unmarried mothers, the role of the mother's brother is increasingly as an economic support to the mother of young children. My data reveal the significance of the maternal uncle, particularly in decision-making about the child. Although this will be explained further in the next chapter there are a few trends concerning the contribution of relatives and in particular the contribution of maternal uncles that I would like to outline here.

In my first interview with the caregiver I asked about the contribution (in cash and kind) by relatives and the majority replied that they received no help at all. In the second interview I took a slightly different tack and asked about help with decision-making concerning the orphan. Once a few key players had been named, I would ask more specifically about their role and frequently it emerged that contributions of some sort were made. 19 of the 67 households indicated that maternal uncles help with decisions and with discipline matters. Many also give material help, typically giving small amounts of money for food or for school shoes or maybe giving blankets or clothing once a year. An additional 7 caregivers said the maternal uncle would have helped, had he been working and it was only because he was unemployed that he was unable to contribute. A further 3 households indicated that the maternal uncle had a family of his own so that he was only able to help very rarely indeed, maybe after some years. What happens when there are no maternal uncles? Usually the maternal aunt, especially if she is working, will make the sort of contributions previously made by the maternal uncle. In some cases there were no uncles or aunts and then different generations are called in to help such as a grandfather using his pension to help with school fees or older grandchildren contributing something as soon as they start work. In one case the daughter of a late maternal uncle stepped in to help.

In all 9 sibling-headed households, although there were aunts and uncles around, they gave very little help; the older siblings shouldered all the responsibility between them. In one sibling headed household, where none of the older siblings were

working, the grandmother contributed some cash from her pension; in another the grandmother did some child-minding. It seems that sibling headed households are established when the extended family fails – either due to conflict between the generations or to the fact that an entire generation has been wiped out by AIDS.

Paternal relatives were mentioned in 5 households only. In two cases the orphans are being cared for by paternal relatives. In both cases the parents of the orphans had been legally married so the children had lived with the paternal relatives (virilocal) before the death of their parents. These were both very happy families with all the siblings together. Although an uncle was the head of the household, his wife or mother was designated as the caregiver for the orphans. In two other cases, (both Herero families) the orphans were cared for by maternal relatives who described lengthy negotiations with the paternal relatives in order to secure guardianship of the child. In both cases this involved the separation of siblings. In the final case a maternal grandmother said they had been 'abandoned' by the paternal relatives and all responsibility fell on the maternal side.

In Botswana, the extended family is expected to undertake the responsibility of caring for orphans. Historically the social system in Botswana was patrilineal with virilocal marriage. As discussed in chapters 3 and 4 a number of changes have been underway for some decades in the kinship structure in Botswana, most notably the decline in the marriage rate which has increased the responsibility of *maternal* relatives when it comes to the care of orphans as well as altering the role of the mother's brother: in the case of an unmarried mother the role of the maternal uncle is, in most cases, more significant than that of the biological father. Therefore a more accurate definition of a double orphan in Botswana would be a child who has lost his or her mother and maternal uncle, rather than a child who has lost both biological parents (where the parents are not married). The extended family safety net has developed some holes through which some children are slipping. The maternal uncle is not always able to fulfil his role: he may be unemployed or have a family of his own or he may be ill and dying himself. All these 'excuses' in evading the responsibilities of extended family were also noted in a study in Uganda by Seeley and Kajura (1993). In some cases relatives have simply abandoned all responsibility towards orphans and the response in such a situation is the

establishment of a sibling headed household. For example, in Lesego's case (his story is told in chapter 2) both maternal uncles had died leaving Lesego and his brothers effectively double orphans. While the uncles were still living, they had helped Lesego's mother financially and in kind. Lesego and his brothers have taken as their surname the first name of the eldest maternal uncle. Two maternal aunts are still living and one of them gives some help with the youngest brothers but she lives in a village some 200 miles distant. Another aunt lives closer but refuses help; in fact, she was disputing Lesego's claim to his mother's land.

As the institution of the extended family is undergoing such a significant change, it must have an impact on the social structure in Botswana. The AIDS pandemic has increased the rate of change through altering the demographic profile and increasing the number of orphans – which in turn, has brought about a change in the status and role of their caregivers. The next section is about social organisation and examines how people have altered their actions and decisions in response to the changing social structure.

6.4 Altered Livelihood Strategies

The change in kinship roles within the extended family has an impact on livelihoods and livelihood strategies.

6.4.1 The Loss of Self-sufficiency

Historically the Batswana followed a complex pattern of residence with three separate homes which are maintained by some families even today. The sites of residence include a permanent home in the village, another one at the lands (*masimo*) and a third at the cattlepost (*morako*). Most members of the family would move to the lands during the rainy season when ploughing, planting and harvesting are taking place and when cattle are needed for their draft power. Historically it was men and boys who controlled the cattle and in the dry season they would move with the cattle to the cattlepost (a water point surrounded by rangeland). Women are responsible for the crops and once they have been harvested, the cattle may be allowed to graze on the lands before moving back to the cattlepost. The women

might stay at the lands or move to the village during the dry season. To work effectively this system depended on reciprocal obligations and exchanges. Changes to this system began sometime ago with the introduction of a cash economy and migration to the mines in South Africa. Alverson (1978: 63) describes how reciprocal kinship obligations have been shattered by labour migration:

> "Many of the redistributive mechanisms of the traditional economy which linked the better-off older generations with less-well-off younger ones no longer work. … This in turn has forced many young people to seek wage labour in order to get the cash to *hire* the cattle to plough, to *hire* people to help thatch, to hire people to do this and that. A young man, being absent, cannot sustain and maintain his customary obligations to kin, which would in turn oblige them to help him. The only other help available to him then lies in the nexus he makes with cash."

As with the changes occurring in marriage patterns and household structure, the changes in reciprocal kinship obligations concerning subsistence, have been taking place over decades and have been exacerbated by the impact of multiple deaths within a household. Alverson's version of the changes has a bit of a "merrie Africa" ring about it and the introduction of the cash economy could alternatively be viewed as liberating young men from the binding obligations that kept them at home 'earning' the cattle needed to pay for *bogadi* before they could get married. What is beyond doubt is that, whether good or bad, changes have occurred. Women, like Gorata, seem to have been worst affected by the changes in kinship obligations and reciprocities and the WLSA (1997) study found that the way in which women defined who they still regarded as family and kin was determined by the level of help they received:

> "The existence or absence of reciprocal material and emotional support, as well as other forms of assistance, therefore, played an important role in determining peoples' perceptions of family membership. Hence the exclusion of husbands by wives in certain family forms, children in others and mothers in yet other forms, because of lack of assistance on their part" (WLSA, 1997: 38-39).

This is similar to the idea of 'selective kin' discussed in chapter 3. It must be noted that not *all* women have suffered as a result of the changes in reciprocal obligations. As discussed in chapter 4, some are able to use the remittances sent by their working children to hire the labour needed to perform the tasks formerly done by kin. The impact of multiple AIDS deaths and the loss of those remittances from working children, is reducing the assistance (whether kin or hired) available to women-headed households.

During the interviews with carers I asked questions about household resources that could be used to produce food or income. It became clear that while many people still have access to lands, food production has virtually ceased as the burden of care for sick sons and daughters falls on the women who had previously been responsible for crop production, likewise the burden of care for orphaned children, especially when they are very small, reduces the time available for producing food. The physical separation of the agricultural lands from the village (sometimes by as much as 10 to 15 miles) exacerbates the problems.

> *I have lands but I have not planted because of the death of my daughter.* (Ma15)
>
> *Yes, I have lands but I have not planted this year because of the responsibility for the babies.* (Ma03)
>
> *I used to stay at the lands but since she came* (severely disabled orphaned niece) *I never stay at the lands.* (Mm09)
>
> *I have lands but I don't plough. I have to look after the children*. (Mm12)
>
> *The deceased mother had lands but they were lost when she got sick. I have lands in Karakubis but they have been unoccupied since I came here in 1999 to look after my sister,* (G04)

Many women also mentioned the lack of cattle to help with ploughing or the lack of equipment which would make crop production possible. As it is men who control the cattle, the implication in some cases is that because of the breakdown in reciprocal obligations, they do not have access to cattle, even within their extended family.

> *I have lands but I didn't plough. We have no cattlepost, so how will I plough?* (Mm02)
>
> *I have lands but not the equipment for ploughing. I have no cattle.* (Mm03)
>
> *I have lands but I have no equipment to plough because I have no cash. I managed to plant 1 ha this year but now there is no rain.* (Mm04)
>
> *I have no one to help me. Lack of cattle means I can't plough so I can't produce a surplus to sell for much money. Even when I plant there is no one to help me harvest.* (Ma06)

Several authors have noted that the large income inequalities in Botswana reflect the ownership or lack of cattle (Iliffe, 1987; Gulbrandsen, 1994; Molokomme, 1991;

WLSA, 1997) and lack of cattle ownership is higher among female-headed households than male-headed households (Molokomme, 1991; WLSA, 1997).

Lack of human resources due to deaths also plays a part in falling food production.

> *We have lands at Mosetsi but the people who used to plough are now the ones who are ill.* (Ma12)
>
> *I have lands but I have not been able to plant because there is no able person to help and I have responsibility here. Also we have no stock. AIDS is affecting a lot of people, especially in the ploughing – the young ones who should help are remaining behind, leaving the work to the old people.* (Ma19)
>
> *All the responsibilities are now carried by women as all the men have died – that is why we have divided up the children.* (Ma12)

Many social changes were underway in Botswana long before the advent of AIDS such as changes in family and household composition and loss of kinship ties and reciprocal obligations, but these statements reflect the stress that the rising number of AIDS deaths has added to that evolving system. The fact that it is able, active adults in their prime who are dying is depriving the evolving kinship system of the labour and energy that kept the system operational. In this case the loss of kinship ties and reciprocal assistance is not due to changes in the system but to deaths i.e. an entire subsection of the system is wiped out making it extremely difficult for the parts remaining to continue operating.

Some women do not have land and feel that if they only had land they could supplement their income. In some cases the Land Board removes a person's right to use the land if they have not planted for a number of years. In Mmadinare the only person without lands was a sibling caregiver, everyone else had access to land to grow crops. In Maun, a larger and more urbanised settlement, about a quarter of the respondents had no access to land and in Ghanzi 7 of the 8 respondents had no land. Many BaSarwa (San), who frequently do not have access to land, live in the Ghanzi District.

> *I would like lands to plough. I have no lands only chickens.* (Ma02)
>
> *I would prefer to have a plot or cattlepost or some way of earning more. All these sons and grandsons who are over 18 also have nothing. They could work if we had land.* (G08)

Some caregivers are infirm or ill:

> *The problem is my sore leg. I used to go round washing clothes for other people and they would give money.* (Mm04)
>
> *I have lands but I am on my own and I am too old to plough.* (Ma04)
>
> *We have a cattlepost but it belongs to my child. I am no longer using the lands because of my age.* (Ma10)

How apt Iliffe's (1987) analysis of marginalised poor people is: subjected non-Tswana people, unprotected women and the disabled and incapacitated (such as the elderly). The classification still applies but AIDS deaths are adding individuals and families to each of these categories of the structural poor.

Other strategies mentioned by the women to supplement their income and resources included brewing beer, selling *phane* (edible caterpillars found on mopane trees), washing clothes and sewing.

> *I asked my children to give me money for business (second hand clothes) so that I will have income when the children no longer get food.* (Mm15)

Izzard (1985), writing before the impact of AIDS began to be felt in Botswana, commented on the sources of cash, essential to the survival of female-headed households, available in rural areas. Beer brewing was the most common means of support.

Women, now heading households, seek to contribute to the food supply and well being of their families through traditional livelihoods such as crop production. They are severely hampered by the changes in kinship structure which have the effect of reducing their access to cattle and equipment needed for ploughing and planting. Their responsibility as primary caregivers to ill family members and orphaned children further reduce their chances of producing food for the household. Some seek alternative livelihoods such as beer brewing or selling *phane*, but many have become dependent on welfare benefits: acquiring an orphan to gain access to the food benefit has become a livelihood strategy.

6.4.2 Increased Dependency

In 1999 as part of its Short Term Plan of Action (STPA) for orphan care, the government introduced emergency relief for families caring for orphans. This consists of a monthly food basket worth Pula 216, school uniform and casual clothes once a year, payment of school fees and a one-off donation of blankets for registered orphans (more details are given in section 1.2.3). By the beginning of 2004 some 41,000 orphans had been registered. In households where food production has all but ceased, the food basket has been a lifeline. Some of the social workers responsible for orphan care expressed concern that it is increasing an attitude of dependency among the recipients and there is some evidence that this is the case. The Government of Botswana has a history of welfare intervention ever since revenue from the diamond mines began to flow into its coffers. There was a prolonged drought from 1981 until 1987 and the government introduced drought relief and feeding schemes in rural areas. In the 1980s a welfare benefit for destitutes was introduced and although the label 'destitute' carries a stigma, many people apply to be assessed in order to receive this benefit. In 1997 there was an outbreak of cattle lung disease which laid waste to the national herd. The government paid compensation for each beast slaughtered and funded a generous loan scheme for restocking. In 2002 compensation was paid for cattle slaughtered to contain the outbreak of foot and mouth disease in eastern Botswana. One farmer admitted to me that, but for the compensation payments he would have been economically ruined as his cattle would have died from the drought anyway. In 1996 the government introduced a tiny monthly pension (currently P110) for all citizens of 65 and over, but small as it is, in some households, this payment represents the only cash available for contingencies.

The government's history of welfare intervention means that people have become accustomed to the idea that the government will provide under certain circumstances. And this means that the community need not provide, neighbours can step back because the family hosting an orphan may, as a result of the benefits, be even better off than they are. Alverson, writing in 1978, asserts that traditionally wealth used to carry the onus of generosity which it does no more. The chief used to direct communal storage of grain against bad years but no longer.

There is no longer central collection based on individual good fortune for redistribution on the basis of individual bad fortune and Alverson attributes this emerging individualism that had never existed under communal aegis, to the cash economy with its consequent breakdown of community and kinship obligations. Iliffe (1987) contests this view by stating that there is plenty of evidence to show that historically family care was far from complete and that communities did not always step in to assist when there was need. In the current situation it seems that it is the generosity and responsibility of the government that provides justification for members of the community to evade obligations. A similar process is occurring in Uganda where Christian organisations, notably World Vision, provide a cow or a bicycle for an orphan-headed household and the community and neighbours stop helping the orphaned children who have now become relatively wealthier (Luzze, 2002).

The debate about dependency on government handouts is ongoing. On the one hand there are some eligible members of the community who refuse to take up the benefits because of the perceived stigma. As one head teacher put it to me: "Sometimes parents resist help because the stigma of the 'destitutes' policy has attached to the orphans policy" (MaMP). Keneo's family, described in Chapter 2 is a family which has refused to register for the food basket because they will be seen to not be coping. On the other hand some eligible members of the community have embraced the help so wholeheartedly that they think the government should sort out all their other needs as well.

> *I wish the government would give the children money to put in the PO as savings.* (Mm09 – in response to question "how will you cope when the ration ends")
>
> *It would be better if the government gave us money also so that we can put it in savings at the PO* (MM16)
>
> *I went to the Social Worker to ask for money for the coffin*. (Mm09)
>
> *I have been to ask for chickens, for income generating. They told me to fill forms, but I don't know how to fill. My son has gone with the form to a farm.* (Mm09)
>
> *I wish the government could help with accommodation*. (Mm09)

I am not anxious about the future; the government will see what to do. (Ma08)

I once requested a tuckshop for the orphans, from the officials. (Mm10)

The official view is that the STPA is emergency relief only, it is the *SHORT* Term Plan of Action and a different approach will have to be adopted in the long run, including income generating schemes so the requests for chickens and a tuckshop may well be met in the future.

Many of the families, having suffered multiple deaths and being responsible for numerous children with very little help from relatives, are surviving in abject poverty and for some of them gaining the orphans benefit meant losing the *destitute's* welfare benefit. These decisions are the responsibility of the social worker alone and some of them exert their power in ways the poor find difficult to comprehend.

The social worker refused when we asked for a coffin. And he (the grandfather) was registered to get food (destitute's ration) but it was cancelled without reason at the time when the children started getting food. We get help from the government so when they refuse, there is nothing we can do. (Mm05)

*I was getting the ration for the destitutes but it stopped when I was getting the ration for the orphan*s. (Mm04)

I had hoped to be registered as a destitute, but it hasn't happened. (Ma02)

I went to register myself for the ration (destitutes) but the social worker refused. (Mm17)

In all these cases, in spite of the stigma attached to being a 'destitute', people were sufficiently desperate to seek to be registered destitute in order to supplement the household food supply.

6.5 Altered behaviour

The changes to kinship structure and organisation that are underway in Botswana and the additional stress to the social system brought on by the impact of the AIDS pandemic have provided conditions in which individualistic, self-seeking and expedient behaviour can flourish. In addition, the government system of orphan benefits has provided opportunities which some suppliers and recipients have

exploited for their own gain at the expense of those who are vulnerable or less wily than themselves. Much more will be said about this in the next chapter when the experiences of children are considered as expressed in their own voices and words but at this point I will outline situations where adults have felt the impact of expediency or commented on the self-interested behaviour of others.

6.5.1 Expediency of suppliers

All registered orphans should receive a 'food basket' worth Pula 216 (approximately £24) per month. There is some flexibility for District Councils in the logistics of distribution and I came across three different systems:

1) a centrally located general dealer was given the tender for supplying all orphans in the village. Caregivers had to come and fetch their ration each month – usually arriving with wheel barrows or donkey carts to fetch the bulky supplies. This system could be easily administered by a 'rations clerk' who checked that each household received all items on the list. Such a system can only operate effectively in a fairly compact settlement.

2) the Social and Community Development (S&CD) department in the District Council would purchase, store and deliver the ration to registered households. Some items (such as fresh vegetables or meat) might be supplied by local traders.

3) in a larger, dispersed settlement supply to each administrative ward in the village was opened to tender on an annual basis and small 'tuck shops', street vendors, *semausu* (small break-of-bulk traders) or business people could put in a bid. In this case they were responsible for delivering the food to the household with orphans and the caregiver was supposed to check the items and sign for the delivery.

There were no complaints about the supplier in the settlement that used the first system; in fact he was praised for employing (for a small wage) orphans who had dropped out of school to help sort out the supplies for more than 400 orphans during the week prior to distribution. Those receiving food under the second system sometimes complained about the quality of the fresh food (bones instead of meat, poor quality meat from an old cow, rotten vegetables) and felt that when they complained to the social worker there was no follow up. But the third system elicited

a stream of complaints, accusations and suspicions. It became very clear that supplying food to orphans is an opportunity to exercise political expediency that is exploited by both elected government officials and tribal officials. Those given the tender for supply were invariably elected councillors (or some member of their family) or chiefs, headmen or the chairman or a member of the VDC (Village Development Committee) or some member of their family. There were many accusations of inferior quality food, items which were beyond their expiry date and of items missing from the delivery. Caregivers were expected to check before signing but would often be put under pressure because the supplier was in a hurry, so would not have time to check, or they were illiterate and could not read the list or they did not know the procedure. In one ward the social worker signed on 'behalf' of several householders who never received their ration and when the families complained, the caretakers (administrative assistants – see Table 5.1) told them the food had been signed for and had therefore been delivered. There was growing suspicion that the social worker was part of the corruption. It was extremely difficult for the caregivers to sort out the supply problems. The caretakers are fairly lowly employees with very little authority (they are Form 5 school leavers) and are reluctant to do anything without the permission of the social workers. The social workers claim pressure of work and refer complainants to the caretakers. This was one of the most common problems that caregivers appealed to me to help sort out. As I explained in Chapter 5 I would provide transport and encouragement but I made sure that they carried out the negotiations themselves. They were reluctant to make open and direct complaints against elected or tribal officials and government employees, so the suppliers were enabled to continue their corrupt and exploitative practices unchallenged and to grow rich on the proceeds.

The expedient behaviour of suppliers is found among those who win the tender to supply school uniforms as well. Many head teachers and school management teams commented on the fact that the tailors buy inferior quality material which may be a slightly different colour or they skimp on things like belts and pockets so that orphans are reluctant to wear the uniforms because they can be singled out as orphans by the noticeable differences in their uniforms. One particular tailor about whom I heard many complaints, also happened to be the chairperson of the Home Based Care (HBC) Committee which was part of the VDC.

The uniforms are very poor quality made of thin material, with no belt. The kids feel ashamed because of the uniform. HT.MmStPP

The Council gives uniforms which are different from the uniforms we use at school saying the colour is the same, but the pattern might be different because they buy it elsewhere not from our tailors. The children and the people can see. The orphans don't like it, they will throw it away sometimes because the other pupils know that uniform is from the council and it says "I'm an orphan" and they don't like it. SMT.MaLP

6.5.2 Abuse of the food basket

During my interviews with head teachers and school management teams I would ask about orphans in their school. While talking about the problems experienced by orphans, many teachers referred to the abuse of the food basket by the caregivers. The following references to the behaviour of caregivers were typical of comments made by many head teachers and school management teams:

We hear stories of the rations being sold and the kids being left without food. Abuse of the rations system is a common problem. Food is exchanged for alcohol. SMT.MmMJ

The caregivers are drunkards, the food is used for alcohol, for example the children's sugar. Or the food is sold. There is much abuse of the food basket mainly because of alcohol. They don't eat to leave something for tomorrow. HT.GGP

In the next chapter these allegations are confirmed by the children.

The question in school interviews had been fairly open "What problems are experienced by orphans?" and abuse of the food basket was one of the problems teachers commented on. When I asked a more specific question during the caregiver interviews: "Do you know of anyone who is misusing the ration?" 61 of the 67 respondents replied immediately "No". The response of one of the remaining six gives a clue as to why:

No, I am afraid to report it because it will be known it was me. I hear about it, people selling it or buying others with it. Ma06

Apart from Keneo's family, these caregivers were all recipients of the food basket, they may have felt they could be implicated if they acknowledged that the ration was

abused by some. I checked with my research assistants that they were making it clear that the question applied to the general population and not specifically to them and yet people were reluctant to talk about it. There was only one occasion when a person was specifically named and this was a situation where the abuse of the child was so severe that neighbours were prepared to speak out about it (see the story of Abednico in section 7.2.3). The grandmother caregiver was an alcoholic and would exchange or sell the food to buy beer while Abednico demonstrated many of the signs of malnutrition. The children's perspective on abuse of the food basket will be given in the next chapter.

6.5.3 Separation of siblings

Eva Procek (2002) discusses the problem of relatives using the food at the expense of the orphans and she goes on to mention how some relatives, eager to gain access to the food rations, separate siblings to spread the benefit among as many relatives as possible. When I analysed my data according to the kinship relationship of the caregiver a very clear pattern regarding the separation of siblings emerged. When the caregiver is the grandmother, the only reason siblings might be separated is when one or more are at school or further education in another place or when those who have finished school have gone to an urban area to find work. There was one exception (out of a total of 39 grandmothers) and that was where the old lady was caring for 10 orphaned grandchildren, a neighbour's orphan and a son who was dying of AIDS in a situation where their accommodation was woefully inadequate. Unusually, she was also looking after the children of her late sons (as well as those of her late daughters) and one child (a daughter in each case) of each of the sons who had died, had gone to live with her *maternal* grandmother in the same village. There was regular contact between siblings.

When the caregiver is an older sibling the situation has often arisen because there is no suitable relative to take care of them or the children are afraid the relatives only want to exploit them for the food basket and the youngsters have made a conscious decision to stay together.

> *We have relatives but they don't help because they don't care. They wanted the food for themselves, that's why they don't help.* Ma01

Many of the sibling-headed households I worked with were tightly cohesive groups. Two of these families had siblings who were not living with them, in both cases it was very young preschool children who were staying with an aunt in another village. The sibling caregiver felt unable to take adequate care of the little ones but made an effort to keep contact with them even though it was difficult.

When the caregiver is the aunt the chances of a child being separated from his or her siblings rises dramatically, regardless of the age of the child. In 9 of the 18 households where the caregiver is the aunt, children have been separated. In two of the cases (both maternal aunts) they were Herero families where the paternal side of the family had guardianship of the orphans and the aunts describe having to 'negotiate' with the paternal relatives for the children to come and stay with them, the maternal side of the family. The little boy in one of these households said that he had not seen or spoken to his siblings since the funeral of his mother. In some cases the siblings might be staying with other relatives in the same village and regular contact is possible, but in other cases where the relatives live in distant settlements and communication is difficult, visits may occur once or twice a year only. As will be shown in the next chapter, incidences of abuse are more frequent when the caregiver is aunt to the children than when the grandmother is caring for them.

6.6 Altered identities

6.6.1 Role transformation

When relatives take responsibility for the care of orphans their status effectively changes from grandmother, aunt or sibling to parent. In fact, in Botswana, it is common to call the caregiver 'the parent' which can cause some confusion to outsiders unfamiliar with the convention. Teachers will talk about the 'parent' not coming to collect a report; the social worker might say the 'parent' asked for the child to be assessed. As a caregiver's status changes, so too does the role she has to play. My data show that the original kinship relationship has a significant influence on the outcome of the new role and the impact this may have on an individual's self concept.

Grandmothers

In Botswana, many children, including those who are not orphans, live with their grandmothers. Mugabe (1993) found that nationally 17 percent of children under 5 were living with their maternal grandparents and, in rural areas, an average of 40 percent of children were living away from their parents. 85 percent of children living away from their parents were the offspring of single mothers. While the mother is still alive, she will visit and contribute financially and materially to the household as well as playing an important role in decision-making about the child and in disciplining the child. The grandmother's role is easier and more relaxed; she provides for the child's basic needs and teaches the child customary values, but discipline is left to the mother or the maternal uncle. However, when the mother dies, the grandmother effectively becomes the parent: her status and her role change. Some grandmothers said that their grandchildren now regard them as their mother. This new status requires the addition of a disciplinary role which many grandmothers find very difficult particularly with teenage children. They now have to ensure the teenager does their school work, doesn't 'walk around' at night and does the household tasks required of them. One grandmother described her problems with two of her teenage grandchildren as follows:

> *They don't listen, even the girl. They go out more often. If I try to advise them to study, they become angry. Since they don't behave well, I have become very harsh now.* (Mm04)

Her response has been to become harsh towards the children which in fact has caused further conflict in the household. Another grandmother has given up attempting to discipline the older children in her care:

> *I have problems with them. The attitudes have changed because of modern living, they are more resistant to duties at all ages. I can still discipline the younger ones, but not the older ones.* (Ma02)

One old lady attributed her inability to control her grandchildren to the fact that there were so many of them:

> *There are too many children so I don't manage well but I try to give them love.* (Mm07)

AIDS deaths are still rising in Botswana and the number of orphans continues to increase so that many grandmothers are going to inherit parental responsibility for yet more orphans and the growing burden may undermine the fragile control they feel they have. It should also be acknowledged that these grandmother-caregivers have all suffered the death of at least one of their children and may themselves be depressed.

> "In most developing countries depression is completely unrecognised in desperately poor and socially-isolated caregivers of young children, even though its manifestations are so apparent in the passivity, feelings of failure, helplessness, hopelessness and powerlessness exhibited" (Richter, 2002: 27).

Although Richter goes on to say that when caregivers are depressed the children in their care are deprived of the single most important protective factor against the worst effects of poverty and hardship, many grandmothers do manage the role change to parent and are able to provide secure and loving homes for their grandchildren. Orphans cared for by grandmothers demonstrated fewer problems than those cared for by aunts or siblings.

Siblings

Six of the nine sibling caregivers I worked with were in their mid-20s, one was in her mid-30s and the other two young men were 21 and 19 respectively. All the 'sister-caregivers' had at least one child of their own as well as the responsibility for their siblings. Siblings, too, have had to undergo status and role changes – Keneo, in the story in Chapter 2, described himself as a 'father of four' (aged 21). Even the young women who have children of their own have undergone role changes because they have instantly become 'parents' of teenage children. As with the grandmothers, many of them find this role change difficult to cope with and feel an inability to control their teenage siblings. 7 of the 9 sibling caregivers report ongoing health problems or psychological problems with the children in their care. Most of them face resistance from their siblings about going to school – in seven cases the sibling had failed or dropped out of school. In two cases teenagers had run away from home and the sibling caregiver had no idea where they were. These young people face a huge responsibility with very little support from their relatives and it is a burden to them. Keneo described how his sisters would check up on him when he

went out at the weekends – he was unable to 'let go' and enjoy himself with his agemates because of the constant burden of responsibility for his young sisters.

On a more positive note, many of these sibling family groups have made a conscious decision to live in this way and not to rely on relatives who they perceive as intending to exploit them. With the help of the food basket they are able to survive.

Aunts

Most of the problems experienced by orphaned children I worked with emerged in households where the caregiver was an aunt to the child. From the caregiver's perspective, discipline and control are a problem. Where grandmothers and sibling caregivers had problems with teenage orphans, aunts have problems with young children as well. Many of them described the children as 'not well-behaved' or 'not co-operative', or 'disobedient'. In 3 cases the behaviour of the children could be described as delinquent (glue-sniffing, alcohol and drug (cannabis) abuse, stealing and property damage). In 8 of the 18 households where an aunt was the caregiver, children had dropped out of school or were not attending well.

In summary, when orphans are cared for by their grandmother the extended family safety net works at its best although there are some thinning threads as support for grandmothers is reduced by multiple deaths and they find it hard to taking on the parenting role. Some holes have opened up in the net such as aunts seeking to take responsibility for orphans even at the cost of separating them from their siblings and, where no trusted relatives can be found, siblings find ways of surviving on their own without experienced adult care.

6.7 Impact on personhood

For a number of years, in Botswana, the whole social system has been changing, the social structure has been breaking down and reforming as people adopt new roles to fit their changing statuses. The enormous stress added by an AIDS epidemic as comprehensive as that in Botswana has exacerbated the changes

already occurring and has added burdens to some people while providing others with opportunities to further their own self- interest at the expense of those made vulnerable by the changes. What does this mean for individuals, for their concept of themselves, for their socially constructed identities?

In the West the self is regarded as undivided, integrated and sovereign, an independent agent but in non-Western societies the self is regarded as the sum of all the social relationships of the individual (Eriksen, 1995). Self is defined in the context of family and community. There is a Setswana saying which explains this: "*Motho ke motho ka batho ba bangwe*" which, roughly translated, means "a person is a person only with other people". Many other southern African languages have similar idioms. The rapid changes in the structure of the extended family in Botswana has altered the status and role of women, in some ways freeing them (from being legal minors to their husbands) but in other ways adding burdens of care to lives trapped in poverty. In one aspect the role and status of women has not altered and that is in the significance of motherhood. For a woman, fertility is one of the most important achievements in the social construction of her identity and even for her personhood.

The changes and stresses currently being experienced in Botswana undermine self esteem and personhood. If women gain status and identity through motherhood, what does the death of all her children imply for a woman? If motherhood brings status then surely a woman's self esteem is deeply affected when several of her children die. In addition, many women are no longer able to provide for their families because of the burden of care, the cost of funerals, and the breakdown of kinship ties. They are forced into greater dependency on government benefits and are frequently mistreated by suppliers and sometimes by government officials, all of which further undermines self esteem. Destitution carries a stigma but many are so desperate that they are willing to go and apply to be assessed as a destitute in order to ensure provision for their families. They have been socialised into a system where personhood and identity are determined by place in the family and the community. Now, norms are changing, behaviour is increasingly self-interested and individualistic so they can no longer rely on their family.

In this chapter, I have outlined the nature and effect of the caregiver's kin relationship with the orphan(s) in the households with whom I worked. The majority of caregivers are grandmothers with aunts next most common and then siblings. Most families had experienced one or two deaths in the previous two years but several families had experienced multiple (up to 8) deaths, of children as well as adults. At the time of my data collection there was still widespread reticence about naming AIDS as the cause of death. The changing social structure (for example a rise in the number of female-headed households, increasing matrifocality) is reflected in the distribution of orphan care: it is overwhelmingly undertaken by female maternal kin. Child- or youth-headed households are established where the extended family fails due, either, to conflict between generations, or, the fact that an entire generation has been wiped out.

A consequence of changing social structures is altered livelihood strategies. Female-headed households often do not have sufficient resources or they lack networks of reciprocal kinship obligations on which to call. Increasingly caregivers are becoming dependent on the state and acquiring an orphan in order to access the associated food benefit has become a new livelihood strategy. There is evidence of expedient behaviour by some adults when they deal with children or vulnerable caregivers; for example, suppliers of the monthly food basket may deliver inferior goods or may fail to deliver all the required items.

When grandparents or siblings take on the care of orphans their status and role changes and they effectively become parents. The kinship link between caregiver and orphan affects the quality of care received by the orphan: most problems arise when the orphan is cared for by an aunt. In the next chapter I consider these relationships and problems from the perspective of the children.

Chapter 7: LISTENING TO ORPHAN VOICES
Breaching Cultural Silence

7.1 Introduction

Thato dropped out of school during his Form 2 year. He had faced many difficulties in school. The junior secondary school that he was attending is in a ward some 6 miles from where he is living with his aunt, even though there is a junior secondary less than a mile from his home. His aunt explained that on many days he 'resisted' going to school because of the distance: he would have to walk as they could not afford to pay for transport. Twelve of the 24 people living in his homestead are adults but only one has a job. After the funeral of his mother Thato had hoped someone would buy him a bicycle to comfort him, but no one did. Thato describes being beaten regularly at school for arriving late but he says that he is only absent from school when he is ill. At school his 'friends' would regularly insult him and when he tried to stop them, they would continue. He tries to avoid trouble by keeping his mouth shut and running away if possible.

Thato moved to live with his aunt some 6 years previously when he was 9 years old, the year his mother died. He has three older brothers who have all done well academically; two of them are currently studying at university. His brothers all live in different towns and the people Thato is living with are cousins (some of whom are orphans like himself), uncles and aunts. The aunt who is his caregiver describes how she was called in by Thato's teachers to discuss his poor attendance record. She has tried to arrange for him to be transferred to a school closer to home but the officials at the Rural Administration Centre were so rude to her that she has not been able to go back. She complained that the social workers choose to whom they will listen and for her, help is lacking. A further problem that should have been resolved by the social worker, is that Thato had no school uniform.

When I asked him about school Thato told me that he found it difficult to concentrate as he often thought about his mother, that if she were still alive

his life would be better than it is now. He said his aunt encourages him at home and assists him with his homework and he felt that his school work was improving. I bumped into Thato at the shopping mall during school hours shortly after his aunt had told me that he had dropped out of school and had spent some time at the cattlepost. I asked how he was and he told me enthusiastically that school was going very well, he had continued to improve and he was now in Form 3. He had plans to go to university like his brothers.

In fact, Thato had not returned to school. A few days after seeing Thato in the shopping mall, I had a meeting with the social worker for that ward. He told me Thato was no longer in school but he was doing his best to find a boarding school placement for Thato so that he could repeat Form 2.

Thato, facing many problems and difficulties related to school, had dropped out of formal education and had resorted to fantasy as a means of coping with the pressures he was under. There had been plenty of warning that all was not well with Thato's education, but denial and cultural silence blocked any action which might have kept him in school. His aunt had been called in by his teachers to discuss his poor attendance record, but when she tried to sort out the root cause of the problems - the long distance from home to school even though an alternative school was much closer – she was treated with rudeness. The officials in the Rural Administration Centre (RAC), having denied her the opportunity to speak, did not have to take action; the teachers did nothing to help Thato sort out the cause of the problem, but tried to deal only with the symptoms and the social worker took action only after the problems grew so great that Thato dropped out of school. This chapter is about cultural silence which, in chapter 2 (section 2.2.3), I conceptualised as a form of passive denial, denial by inaction, a 'hiding behind' culture. The problems experienced by orphans are often denied in this way or the *implications* of the problem are denied.

How does one breach the silence to get beyond the denial and find out what is really happening? Firstly, by listening to the children and gradually building trust over time, their voices can be heard. Any reports of abuse were taken seriously and

followed up (with the children's consent) and this in itself was an act of breaching the silence. Secondly, by talking with key adults who play a role in the children's lives (caregivers, social workers, and teachers) and giving them an opportunity to speak on issues normally cloaked by cultural silence, much was revealed. The revelations, frequently, were not about themselves but about other adults, so, for example, teachers were happy to talk about incest but not about teachers as perpetrators of sexual harassment in schools. Thirdly, observation could confirm or question the accounts given.

In this chapter I examine the forms that cultural silence takes in the home environment (section 7.2) and in the school context (section 7.3) and how it plays out in each location. The child's age and kin relationship with her caregiver (whether grandmother, aunt or sibling) both have significant implications for the way in which problems and issues are experienced and strategies for coping are determined.

7.2 The Home Environment

Many children in rural Botswana grow up in family groups of children born to different mothers (75 percent of households in my study had children born to two or more different mothers living together, see Table 6.3), often staying with their grandmother who is their caregiver and the head of the household. In rural areas, 40 percent of children live away from their parents (see Table 7.1). Her daughters (the mothers of the various children) may be working in a town and, when they can, send remittances and visit at the end of each month if distance permits. Her sons may visit too but any children they have are more likely to be living with their maternal relatives. As the AIDS epidemic takes its toll on the adult population, the family groups become more complex. A caregiver may be looking after the children of several of her daughters as well as the children of her deceased younger sister. Younger women may be looking after their own children and those of one or two of their sisters and, increasingly, the oldest sibling in an orphaned family may take responsibility for the children in order to keep them together and to avoid the relatives separating them. As explained previously, since the introduction of the food benefit, the separation of orphaned siblings between relatives in order for them to access the food basket, has sometimes become a new livelihood strategy.

	Rural areas	Urban areas
Children living away from parents (1994)	40%	20%

Table 7.1 Children living away from parents (1994) Source: Procek (2002)

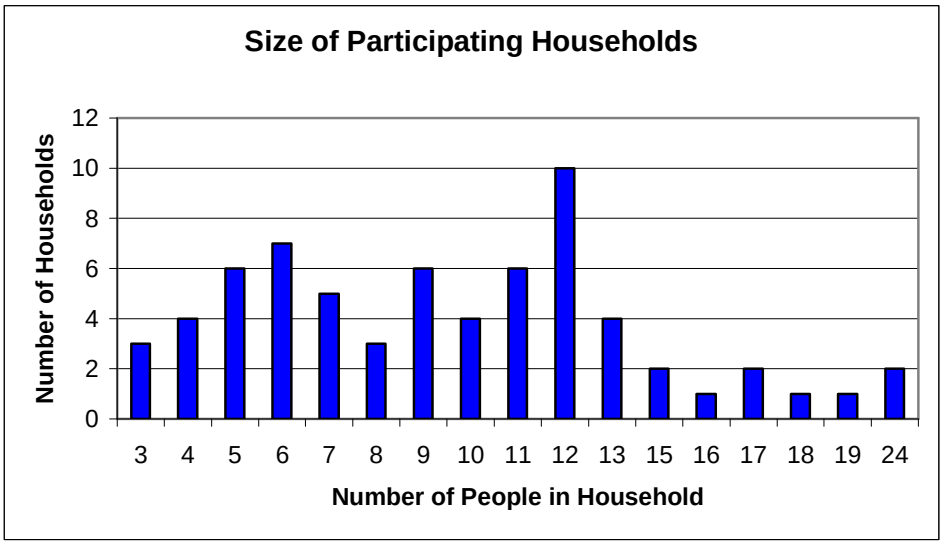

Figure 7.1 Size of households participating in my study

Most of the households with whom I was working were very large – the mean number of people per household in my study was 9.75. The distribution of size of households is shown in Figure 7.1. The 2001 census recorded a decline in the average size of households from 5 people in 1991 to 4 in 2001 although they acknowledged that rural households were generally larger than the average (CSO, 2001). The households in my study were much larger than the national average; this could be because we used different criteria for counting people per household or because AIDS affected households are larger than average. In family groups as large the one in which Thato is living, accommodation is frequently a problem, particularly when the family lives in extreme poverty and cannot afford to build another dwelling on the plot.

Almost all the households in my study were fluid, invariably swelling at month end as sons and daughters returned from their urban residences and shrinking at bank holidays and school vacations as youngsters moved out to the cattlepost or the

lands. Longer term residents might change at fairly short notice: a child who usually lived with an aunt might move to her grandmother's homestead if her aunt was transferred or started a course of study. Changes and moves of this sort are not unusual and children are used to living with a mix of siblings and cousins, often - as in Thato's case – in very large family groups. Apart from sibling-headed households, it is unusual for *all* the children in a family group to be orphans (14 percent in my study) and this combining of orphans and non-orphans in a household is sometimes a source of problems, particularly where orphans are being cared for by an aunt who has several children of her own living at home. Table 7.2 shows the numbers of children living in households where there was a mix of orphans and non-orphans of the same generation (i.e. cousins); a mix involving different generations (i.e. cousins and nephews and nieces) and children living in households with orphans only.

Composition of Household	**Number of children**	**Percent**
Mix of orphans and non-orphans Same generation	119	65.7
Mix of orphans and non-orphans Different generations	29	16
Orphans only	26	14.4
Information missing	7	3.9
Total	181	100

Table 7.2 Composition of study households according to orphans and non-orphans

7.2.1 Relationship with the Caregiver

An orphan's caregiver is the person with whom the child is most likely to form a primary attachment relationship, particularly where younger children are concerned. After experiencing the trauma of their mother's death orphans need more than just physical care and stability, they need emotional security too. The kinship relationship is one of the factors influencing the happiness of the bereaved child. Most of the children in my study were being cared for by their grandmothers (see Table 7.3), aunts or an older sibling[17].

[17] For further details about the participating children's ages, schooling, etc please see Appendix 7.1

Caregiver	Number of children	Percent
Grandmother	91	50.3
Maternal Aunt	41	22.7
Paternal Aunt	4	2.2
Sister	12	6.6
Brother	6*	3.3
Maternal uncle	7	3.9
Maternal uncle's wife	4	2.2
Mother	12	6.6
Father	3	1.7
Neighbour	1	0.6
Total	181	100

Table 7.3 Study households: Relationship with main caregiver
* Two are in fact caregivers to their siblings

Schapera (1970a, 1953) gives a detailed account of the responsibilities of children towards parents, paternal and maternal kin as well as the duties of adults regarding children. Children born to unmarried mothers were traditionally regarded as belonging to her kin. Her father was responsible for the children or, if her father was no longer alive, her brother. In Botswana, where the great majority of children are born to unmarried mothers, the relationship with the mother's brother is still strong. Table 7.1 shows that 11 of the children in my study were being cared for by their maternal uncle or their maternal uncle's wife. As explained in chapter 3 (section 3.4.3), fostering by paternal or maternal relatives has historically been very common, particularly with the maternal grandparents or the maternal uncle (Schapera, 1970a; Iliffe, 1987). Schapera (1970a: 174) also notes that the child "is treated on the same footing as children they may have themselves". The downward trend in the marriage rate and changes in kinship ties began long before the advent of AIDS so the matrifocality of childcare had been well established before death rates began to rise and orphaning become more common (Izzard, 1985). If both parents had died, the younger children would be looked after by the wife of the eldest son, or by one of their married sisters. If none of the children was married, one of the grandmothers would take care of them (Schapera, 1970a). There is remarkable contemporary consistency with these historical responsibilities in relation to the care of orphans. Most orphans stay with their maternal grandmother or another maternal relative. What is new is the emergence of sibling-headed households where the sibling heading the household is unmarried. As mentioned in the previous chapter, in most cases maternal relatives are still around, but the

siblings have made a deliberate decision to stay together. In a few situations a sibling heads the household because there are no other relatives available.

Historical and current childcare patterns have provided stability and continuity in many children's life styles and emotional attachments (Procek, 2002). This is particularly true when the caregiver is the grandmother. Frequently the orphans had been staying with their grandmother even before the death of their mother, so they benefit from physical stability. When orphans are cared for by aunts, migration[18] since the death of their mother is more common and the children are more likely to experience problems. It is also more likely that they have been separated from their siblings if they are cared for by an aunt rather than a grandmother. The literature on bereavement (Archer, 1999; Webb, 2002) terms this 'multiple losses': loss of mother, loss of familiar home and loss of siblings. Children who have suffered multiple losses are more likely to experience pathological grief (Archer, 1999; Webb, 2002) discussed in chapter 8 (section 8.3.2). The fact that aunts who care for orphans are usually caring for their own children as well, was a particular source of problems for the children in my study; the orphans frequently felt they were treated with discrimination. Children cared for by an older sibling are also more likely to be separated from siblings when maternal relatives take on the care of very young children. Just under half of those in sibling-headed households had moved to a newly established home, usually a rented room. From the sibling caregiver's perspective, there are problems. Two such caregivers had teenage siblings who had run away from home, who they felt had psychological problems that they, as responsible caregivers, were unable to deal with. As these children were absent, I did not work with them. Table 7.4 shows the relationship between caregiver and the likelihood that the child has been separated from siblings and had to move residence. Thus, for example, of the 45 children cared for by aunts, 67 percent of them have been separated from siblings and 42 percent had had to migrate to live with their aunt since the death of their mother. When the grandmother is the caregiver the children are more likely to experience greater stability of residence and to stay with all their siblings.

[18] I am taking migration to mean a move to a different village rather than a move *within* the same village to a different home. The shortest distance migrated among the children in my study was 12 miles and the longest distance was over 600 miles.

Caregiver	Number of children	Children separated from siblings	Children who have migrated since death of mother
Grandmother	91	31%	14%
Aunt	45	67%	42%
Sibling	18	72%	72%

Table 7.4 Study households: Caregiver, separation and migration

Very small children can become confused about who their brothers and sisters are, especially if there is not regular contact between separated siblings with a conscious effort to tell them about their deceased mother and the experiences they share. Lesego (whose story is told in chapter 2) has two small brothers living with an aunt in another village as he felt unable to cope with a child not yet at school while completing his own Form 5 exams. He feels very upset by the fact that the aunt encourages his young brothers to call her 'mother'. Thato has a little 7 year old cousin, Pinkie. When I asked her about contact with her brothers and sisters she told me '*They are all staying with me*'. In fact she has three siblings, none of whom live in the same place. She thinks her cousins and she have the same mother.

7.2.2 The Government's Safety Net

In spite of the continuity with historical patterns of childcare, the scale of orphaning as a result of AIDS has put strain on the ability of families to cope. This is evident from the size of the households involved (see Figure 7.1) which greatly exceeds the national average. The findings of Procek (2002) in her much larger study (195) households were very similar to mine: she found an average of 9 persons in households caring for orphans (9.5 in my study) and 75 percent of households had more than 5 members. 76 percent of households in her study were caring for a combination of orphans and non-orphans (81 percent in my study). As I outlined in chapter 1 (section 1.2.3), the Government of Botswana introduced emergency relief for families caring for orphans. Once a family has registered an orphan, a social worker assesses the family at their homestead and then, if they are eligible, they receive a food benefit worth Pula 216 per month (approximately £24). The different delivery methods and the problems associated with each one, were described in the previous chapter (section 6.5.1). In addition the family receives blankets for the orphans and in theory also school uniforms and one outfit of casual clothes per

year; but in practice there are always difficulties with these items. The government programme (STPA) also allows for help with accommodation but although I came across many families suffering from an acute shortage of suitable housing, I did not find a single example where the District Council had provided help with accommodation. When I asked a social worker about this he said it was a thorny issue because if the council built a room for orphans on the plot of an uncle or aunt, the relative would have the right to that house for whatever use they chose, even though it had been built with council funds. In his experience it had happened once and the uncle had moved the children out and let the new room to make an income. There was little that the council could do, given the way land rights operate. The STPA also makes provision for psychosocial support and counselling for orphans but I did not come across any situation where orphans had received such help. The Department of Social Services which is responsible for orphans, acknowledges the gap.

As described in the previous chapter (section 6.5) the government's safety net has provided opportunities for suppliers of food and uniforms as well as for caregivers receiving the benefit to exploit the welfare system. In this chapter I consider the situation from the children's perspective and examine the impact of such exploitation on their lives and experiences.

7.2.3 Key issues in the home situation

Everyday items such as food and clothing have gained significance to some orphaned children as indicators of their parentless status, as symbols of discrimination and abuse, or as reminders of their deprivation since their mother's death.

Food

The provision of a food basket by the government for all registered orphans has provided a lifeline for many families that would otherwise have gone hungry. In the majority of cases the food is used for the entire household and all members benefit; but in a few families the food has become a source of conflict. Some families, like

Keneo's family described in chapter 2, have chosen *not* to take the food because of the stigma attached to it and as a result they sometimes go hungry. Even families who register to receive the benefit experience problems. In chapter 6 (section 6.5.1) I commented on problems that arise when the suppliers of the food benefit act expediently, but caregivers also abuse the food that they receive because they have orphans living with them. There are two sets of circumstances in particular that gave rise to abuse on several occasions. The first is where an aunt is looking after a mix of her own children and orphaned nephews and nieces and she discriminates against the orphans in the distribution of the food. The second occurs where the caregiver or another adult in the household is alcoholic and sells the food or gives it away in exchange for alcohol.

In households made up of a mix of orphans and non-orphans, particularly if the orphans are cared for by an aunt whose own children still live at home, there seems to be an increased risk of food abuse. In a discussion about the question 'how do the lives of orphans and non-orphans differ?' a mixed group of primary and secondary students answered:

> *When orphans want to cook the food they were given, the caregiver they are staying with is refusing, but if her children want to cook, they can do so.*

In another focus group discussion, this time about whether orphans are more at risk than non-orphans, a group of junior secondary students answered:

> *Yes, because the caregivers beat them and they don't beat their own children. Because when we want to cook they say we are wasting food and when their own children want to cook they let them.*

This discrimination between orphans and non-orphans is a form of expedient abuse: it is wrongfully taking advantage of children who are relatively powerless against adults. Implicatory denial comes into play, the aunt may 'justify' her action by saying that it causes no harm to the orphans to miss a meal now and then i.e. she denies that her behaviour causes injury to the orphans. Or she may 'excuse' her behaviour by saying that her first duty is to feed her own children. Customarily, however, the treatment of foster children differed in no detail from the way in which the foster-parents treated their own children (Schapera, 1970a). In some cases the children report that when they challenge the abuse of food, the aunt accuses them of being ungrateful and ill-mannered according to cultural traditions. This is an example of

what Cohen (2001) calls 'condemning the condemner' in order to deflect attention away from the perpetrator onto, in this case, the victim. All these forms of denial are also used when the problem of abuse arises because the caregiver or another adult in the household is alcoholic.

Dineo (whose story is told in chapter 5), had this to say about her alcoholic aunt, who sold the food in exchange for alcohol[19]:

> *There is never enough food at home. Relatives steal our ration at home since my aunt is the one to look after the food. She is old and the relatives use the windows to reach the food. I am anxious about the food. When I ask to see the food, my aunt resists. I suspect that she sells some of the ration. Sometimes I am not given food at home. When I ask her why did she give food to the others but not to me, she beats me.*

During my interview with Dineo's aunt, she described Dineo as ill-disciplined and disobedient when she tried to teach her the traditions, thus deflecting attention from herself and her actions and enabling her to continue denying that any injury was caused to Dineo by her behaviour.

What about the bystanders? When children are abused the bystanders include other relatives and neighbours who know what is going on but do not publicly acknowledge that they know. Such cultural silence requires a certain moral climate: to know specifically that a child is being abused and to remain silent implies collusion, complicity in the abusive behaviour (see also section 2.2.2). It is not the morality of the action that is being questioned: all adults who spoke (in general) about the abuse of the food basket condemned it as wrong; rather it is the issue of cultural silence that is being examined. One possible reason for such group denial is that the group learns to keep silent about matters whose open discussion might threaten the group's self-image or cultural identity (Cohen, 2001). The cultural silence has the effect of cloaking the injury done to the child, covering up and hiding the wound. I will say more about these hidden wounds in the next chapter (section 8.4). In Dineo's case the other relatives not only said nothing about the aunt's

[19] As mentioned in the introduction to this chapter, information given by children was, wherever possible, triangulated by interviewing key adults and through observation. In Dineo's case, the other children in the household confirmed the abuse of food, as did the nursing sisters at the clinic where Mompati was being treated for TB.

abuse but also used the opportunity to steal food themselves. The expedient behaviour had become normalised through cover-up and collusion.

An example of such collective cover-up and collusion in a different context is discussed by Scheper-Hughes (1992) when she looks at the issues of food and hunger among the poor in Brazil: children's hunger and malnutrition is diagnosed as "nervousness" and treated with medication rather than with nourishing food. She examines how the reality of hunger can remain a fiercely guarded community secret.

> "And so there is a consequent failure to see what should be right before one's eyes and an evasion of responsibility and accountability. In all, there is a dissociation from reality, a kind of collective psychosis" (Scheper Hughes, 1992: 207).

She goes on to refer to Jean-Paul Satre's term "bad faith" which describes how people pretend to themselves and others that they are not really responsible for their actions or for the consequences of what they are doing. The meaning of the term "bad faith" is very similar to Cohen's (2001) concept of 'implicatory denial'. Scheper Hughes also cites a situation described by Bourdieu,

> "where no one wants to betray 'the best-kept and the worst-kept secret (one that everybody must keep) [so as not to break] the law of silence which guarantees the complicity of collective bad faith' " (Scheper Hughes, 1992: 210).

Scheper Hughes concludes that when parents refuse to recognise, fail to *see* the signs of hunger in their children or see them as something other than what they really are, it is because hunger has turned adults into competitors with their own children. This provides an 'excuse' (in Cohen's terms) for the injury to children caused by the action of adults.

One of the most severe incidents of abuse of the food basket that I came across was the case of Abednico. This was the only time that neighbours named the person and gave details of the abuse. Usually people denied all knowledge of any abuse (see chapter 6, section 6.5.2).

> *Abednico is an 8 year old orphan cared for by his grandmother. When I first met him he was suffering from all the visible signs of malnutrition in spite of the fact that his grandmother was collecting two food rations each month (for Abednico and his older brother). Further investigation revealed his*

> *grandmother was giving nearly half of the food to her daughter, a nurse in another town, and another large portion to her son at the cattlepost. When the social worker began to monitor the situation, she stopped giving the food away but locked it in her room so that Abednico and his brother did not have access to it unless she was there. She is an alcoholic and would frequently spend the night elsewhere after a drinking spree. She had also taken Abednico out of school so he could do the cooking, washing and other tasks she required.*

When I first met Abednico he was so hungry that he was trying to cook *phane* (caterpillars that live in mopane trees) for himself. He had sores in his mouth and the brittle *phane* (they are dried after being harvested) would have been extremely painful for him to eat. I suspect that the reason the neighbours were willing to talk about this case is because of the severity of the abuse: some moral threshold had been crossed. Besides food deprivation, Abednico suffered other forms of physical abuse such as beatings. He was terrified of his grandmother and would not come to my house for activities unless she was at home to give permission, even if the arrangement had been made on a previous visit. Abednico was always there, visible to the neighbours, not conveniently hidden in school. His fear of his grandmother's beatings kept him in the compound and the neighbours could not avoid seeing him whenever they glanced over the fence or walked by. His silent, always-present little form, forced the neighbours to acknowledge what was happening even though it may have threatened their own cultural identity. Abednico's visibility, a constant reminder of his abuse, enabled enough of a breach in the cultural silence for the neighbours to tell me about it even though they themselves did not intervene.

There were other occasions where children told me how the possibility of intervention by other relatives taking a stand on their behalf against their caregivers, did protect them from abusive behaviour; or at least the injury done to them was acknowledged by relatives other than the caregiver.

> *When I am hungry at home and I want to cook, my aunt will refuse to let me cook and later she will let me cook saying other relatives will start complaining.* Ma2202.

In some families then, there are boundaries to the cultural silence, it is not an all-cloaking silence; when certain thresholds are reached, relatives will speak out on behalf of the child.

There is one use of food, interpreted by the children as an abuse, that needs further explanation and that is the withholding of food as a form of punishment or using food as an inducement to children to do the household chores.

> *Failure to perform a duty can lead to a chance of not being given some food to eat.* Ma2404
>
> *Sometimes my grandmother doesn't give us food when she is angry*. Mm1501

Schapera (1970a) points out that this is a traditional form of enforcing discipline. Along with scolding and beating, the child may be deprived of food as a punishment. Nonetheless, children take it as an abuse and deeply resent being denied food.

Clothing

While many problems are associated with the food basket, the distribution of the food ration is remarkably efficient when compared with that of the clothing benefit. In theory each registered child should receive one outfit of casual clothes a year, including a jumper or tracksuit top for winter. In practice this seldom happens and the children have no choice in the outfit they receive. The caregiver lists the children's sizes and then the clothing supplier provides the clothes but there are often such long delays that the children have outgrown the clothes by the time they arrive. Clothes were an important issue for children in all the villages in which I worked. Clothes are important for the external image, the image presented to friends and strangers. Children do not want to be different, they want to be 'normal' and if clothes make them feel different they become a source of shame and undermine self esteem.

> *I feel low when at home or at the mall, maybe I am not wearing good clothes*. Ma1303 (14 year old boy)
>
> *Sometimes I am not bought the clothes I would like to have so as to look like any other people who live a normal life.* G0801 (18 year old girl)

Many children commented on the fact that they would like to have a choice in selecting their own clothes. They frequently did not like the clothes chosen for them by the supplier or their caregiver.

> *I am not the one to buy them and they are bought for me by my grandmother and I don't like them*. G0802 (16 year old girl)
>
> *Orphans would like to be taken to the shops to make the choice of their own instead of receiving orders* (upper primary boys and girls)

The issues the children are raising here are about self esteem and personhood. In chapter 3 (section 3.3.2) I described how socialisation is the process of developing personhood; as the child gradually learns the traditions, customs and appropriate behaviour of their culture, so their personhood is formed. Choice about clothes implies individual decision-making for one's self. Children, denied the opportunity to make basic choices for themselves as they grow older, may feel that they are not being treated as full persons, their self esteem is undermined. They are being treated as small children when they would like to be seen as becoming adults, developing full personhood. Schapera (1970a) reports that the part of a child's education relating to cleanliness, personal hygiene and proper dress was the duty of the mother. If a child was dirty and inappropriately dressed, it reflected on the mother. In the light of this, it is possible that clothing takes on an added significance for orphans, dressing properly and keeping clean reflect the orphan's respect for his or her late mother.

Younger children who found some physical tasks difficult, were particularly concerned with cleanliness. They are too young to wash their clothes properly themselves and they worry if they do not receive help from caregivers. When siblings help them they are very grateful.

> *When my mother was here my clothes would be clean. I feel anxious at home when they are dirty*. *My aunt isn't helping, she is refusing to wash my clothes.* Ma0701 (10 year old boy, separated from siblings, staying with an aunt)

A 7 year old girl commented about her older sister:

> *She helps me with the harder tasks like ironing and washing my clothes for me.*

Young children describe being ashamed of being seen wearing dirty clothes in the street:

> *When I am wearing dirty clothes I will not go to the mall.* Ma1504 (11 year old boy)

Clothing and cleanliness, if they do not meet the cultural standards, are a visible indicator that something is wrong. Teachers report being alerted to the fact that there is a problem in a child's home by the poor hygiene of the child. Where a child has been thoroughly socialised concerning cleanliness and dress, they will feel ashamed if they are not clean and well dressed; they will hide or try to avoid being seen in public. This enables silent collusion by the neighbours, if they don't 'see' the problem they do not have to take action. They 'know' but do not have to publicly acknowledge that something is wrong.

Household chores

Another part of the socialisation of Batswana children is their participation in household chores such as fetching water from the standpipe, collecting wood, washing dishes from a fairly early age and, once they are old enough, washing and ironing clothes. Some tasks are gender specific: girls are more likely to be made to cook and usually boys rather than girls will be required to herd the livestock. Often the oldest girl in a family will have to work particularly hard, especially if she is no longer at school. Likewise, lone children frequently end up doing all the tasks. If there are no girls the youngest boy will be made to do the tasks, like cooking, which are usually done by the girls, as in the case of Abednico described above.

Many of these chores are required by children who have parents as well as by orphans, but in some circumstances orphans feel they are treated more harshly as this comment from a focus group discussion reveals:

> *Orphans are sometimes treated like slaves since there is no one to see how they live everyday. They are expected to perform several tasks without fail.* (primary boys and girls)

Such statements imply abuse, maltreatment by their caregivers and negation of personhood. The statement also implies cultural silence as 'there is no one to see

how they live' is more about acknowledgement than about seeing. Most living occurs out of doors and is visible to neighbours who would be able to notice that all the tasks are being done by the orphaned children. Procek (2002) came across similar descriptions by children in her study who felt they were treated like 'slaves', being made to do the housework everyday even when there were other non-orphaned children of the same age in the house.

In Botswana, 'being sent' means being asked to run an errand, for example going to the street vendor to buy a candle or some milk. An 8-year old boy was 'sent' to the shebeen to buy beer for his grandmother:

> *My grandmother threatened me after I resisted being sent somewhere like where the beer she drinks is being sold.*

This is a chore that brings fear to children, particularly when they are 'sent' at night.

> *I am afraid that when I am sent to the street vendor in the evening that people will beat me up*. Ma2004 (7 year old girl)
>
> *When I am sent to buy something at the street vendor, I fear that people will murder me or rape me*. Ma1603 (14 year old girl)
>
> *I am afraid of being sent at night, I think it is easy to get killed at night*. Ma2605 (8 year old girl)

These fears reflect the children's perception of their environment as a dangerous and violent place, particularly at night. They fear beatings, rape, murder or getting killed somehow. Part of the disorder of their society is the cultural silence, people do not 'look out' for one another, take notice or acknowledge what happens to others. Children's understanding of the situation is that if someone was beating them up, no one would intervene to stop the perpetrator, their experiences teach them that people do not 'see' what they do not wish to acknowledge.

7.2.4 Abuse

In the activity about experiences, there was a section on physical abuse. After discussing this with my research assistants, we came up with three types of physical abuse that children might experience: firstly, abuse related to food, such as the withholding of food which has been described above; secondly, gratuitous beatings or extremely harsh beatings and finally sexual abuse. Many of the

statements above indicate that abuse related to food is often connected to gratuitous beating. Most children recognised that beatings were a form of punishment for something they did wrong or for something not done, but sometimes the extent of the beating was seen to be unfair. In some cases there appeared to be no reason for the beating apart from instilling fear into the child and frequently where alcoholism was a problem, gratuitous beating was common.

The Initial Report to the UN on the Convention on the Rights of the Child states that "corporal punishment is regarded as an acceptable form of discipline at home and school" (Division of Social Welfare, 2001: 43). Although beating is a culturally acceptable form of punishment in Botswana, the NGO ChildLine reports that corporal punishment is a major problem at home and at school and their research shows an increase in the incidence of reported child abuse. ChildLine runs a hotline and drop-in counselling service to children who have been abused and goes to schools to train children about their rights (Division of Social Welfare, 2001; Fako, 1997). In one village near Gaborone, parents asked ChildLine to withdraw its services as they felt it was undermining their ability to discipline their children[20]. This reflects the "conflict between some aspects of traditional culture and the 'emerging rights of the child' as expressed by resolutions of the United Nations" (Division of Social Welfare, 2001: 11).

This conflict is also reflected in changes in the social construction in Botswana of the concept of child (sexual) abuse. In 1997 Fako reported that

> "According to Tswana custom, and under the law, children are the responsibility of their parents, rather than being under society's protection. This means that children who are abused or whose rights are denied by their parents (or guardians) are not themselves entitled to seek redress in the modern courts or the traditional *kgotla*" (Fako, 1997: 142).

Although Botswana acceded to the UN Convention on the Rights of the Child (CRC) in 1995, it has yet to become legally enforceable in Botswana: this requires an act of Parliament which has yet to occur. However the Initial Report to the UN on the Convention on the Rights of the Child (Division of Social Welfare, 2001) reports on greater awareness by police, teachers and social workers and increased reporting

[20] Pule (2003) Key Informant Interview: Chief Child Protection Officer, Department of Social Services, Ministry of Local Government, Government of Botswana. The incident is described more fully in section 4.3.2.

of cases of child (sexual) abuse. Children now have “an avenue for reporting abuse” through school Guidance and Counselling teachers (Division of Social Welfare, 2001: 72). The efforts of ChildLine and other NGOs such as Women Against Rape have also had an impact on the current social construction of child sexual abuse in Botswana.

The increased emphasis on the *rights* of children as expressed in the CRC reflects changes that have occurred over some time. Kistner *et al.,* (2004) outline the evolution in the social construction of the concept of child sexual abuse in the USA and the UK. Before the 1960s the term ‘cruelty to children’ was used rather than ‘child abuse’. Until the 1970s child abuse was limited to ‘battering’ and only later in the 1970s was a ‘sexual’ element added to child abuse. In the 1990s sexual abuse was usually defined in the context of vulnerability. Kistner *et al*. (2004: 11) point out that it was not the context of social or political vulnerability but rather related to a tendency to idealise the nuclear family and link sexual abuse with its breakdown. Sonderling (1993) observes that in South African the term ‘child sexual abuse’ was virtually unknown until 1988 when the media reported that the police had ‘discovered’ an epidemic of abuse across the country. He comments that approaches to child sexual abuse fall under the hegemony of the official ideology and that “child sex abuse is considered a ‘social problem’ and a sign of abnormality, deviant behaviour and social disorganisation” (Sonderling, 1993:1). He states that where sexual abuse becomes the focus of interest other more serious threats to children may be ignored.

Bearing in mind two reservations (firstly that the social construction of child sexual abuse varies over time and between societies and, secondly, that if it becomes the focus of interest, other serious dangers to children may be neglected) I would like to consider the current construction of the concept of child sexual abuse. Kistner *et al.* (2004: 9) provide a useful definition:

> “Sexual abuse is defined as sexual violation perpetrated by a person who holds, or is perceived to hold, power over someone who is vulnerable. Because sexual abuse involves an abuse of power, children are more vulnerable than adults. Child sexual abuse involves an adult or other significantly older person who interacts with a child in a sexual way for purposes of psychosexual gratification and for the assertion of power and control.”

This ties in very closely with the view expressed by Judith Ennew (1985) that sexual abuse of children has more to say about power than about sex, about the abuse of power and the powerlessness of children. 'However it is experienced, childhood sexuality is caught up in two sets of power relationships. These are the social dominations of male over female and of elders over juniors.' (Ennew, 1985:8-9) The increase in the numbers and proportion of orphans and vulnerable children increases not only the gap between those with power and those without but also the pool of powerless and vulnerable people. To put it into the terms I was using in the previous chapter, the escalating availability of vulnerable individuals increases the exercise of expedient behaviour.

Sexual abuse, as one form of physical abuse, can have long term disabling effects on children. Complications arising from traumatic experiences may not be dealt with consciously and cognitively and may have a harmful impact on the child's ability to function socially as an adult (Kistner *et al*. 2004; Modie-Moroka, 2003; Barry, 2001). Green *et al*. (2004) state that the trauma of abuse can be so intense and frightening that it may overwhelm the child's ability to cope with his/her normal developmental tasks.

In those activities in my study which concerned sexual abuse, all children were asked about inappropriate touching but only the older children about rape. Many children, both boys and girls, described being touched inappropriately by others or being made to touch other people. Some of the incidents, given by the children as examples, happened between pupils at school. Girls admitted having their breasts touched by other girls as well as by boys at school and boys state that they have been grabbed between the legs by other boys at school who pretend they are playing. In none of the examples given by the children was there much of an age differential and therefore these incidents are unlikely to have involved sexual abuse. However, several children also reported being inappropriately touched by adults and these episodes were more likely to have been abusive.

The older children were asked about rape as well as inappropriate touching. The only person to talk to me about rape was Lesego whose story is told in chapter 2. He is a young man who I got to know much better than most of the other children,

and over a longer period of time. The level of trust between us was sufficiently deep for him to tell me about the abuse he had experienced. Of course, it is possible that not all rapes were reported given the particular research relationship I had with these young people. One young woman, Xhoga, who described being regularly beaten at the place where they drink *vaalwater* or *kgadi* (homebrew), admitted that she was often so drunk that she was unaware of what happened to her. She knew she had been beaten by the bruising on her body and although she said she hadn't been raped, she wasn't sure.

Interviews with head teachers and school management teams revealed that several schools have experienced situations where a teacher has sexually abused students in school to the extent where the Ministry has to be informed and the teacher removed. At one school a member of the school management team challenged my use of the term sexual harassment saying that an action which is called sexual harassment in Britain may not be regarded as abuse in Botswana. I asked him to define what he understood the term meant in Botswana. It generated an interesting discussion among all the teachers (and insight into the Setswana social construction of sexual abuse) which came to the following conclusion:

> *There are relationships between teachers and students but they are regarded as bad. A teacher should not look at a student as a potential sexual partner but as someone who needs to be guided. The teacher should be a custodian. They should not use their position to manipulate a student – that is witchcraft. It is unfair advantage on the part of the teacher.* SSSsmt

The teachers in this focus group recognise that a teacher's position and authority give him (it is usually a man) the ability to manipulate and take sexual advantage of a student. It would seem that the social construction of sexual abuse in Botswana also involves aspects of power and manipulation. However the sexual nature of the relationships cannot be disregarded and the linking of control and sexual gratification cannot be understood separately from one another (Kistner *et al*. 2004).

Teachers also spoke about incest:

> *There is no sexual harassment between teachers and students, relationships occur but there is always consent, but some step-fathers abuse children. A girl came to the guidance teacher saying she was abused but the school*

could not help. The child was bitter. The teacher told the child to tell the mother who beat her and became furious. This case was never resolved. No, it did not go to the police. When there is a teacher – pupil relationship, it is very difficult to deal with. GCJsmt

All the teachers in this focus group were men and it is noticeable that they have deflected the discussion away from sexual harassment in schools (which they deny occurs) to incest which happens in the home. They found it difficult to talk about matters which threatened the cultural identity and power position of their particular group, i.e. teachers. Both teachers and mother were guilty of collusive silence, they took no action to help the girl even when she told them what was happening to her; in fact, the mother became angry and quite possibly blamed the girl, 'condemning the condemner'. In another school the teachers tried to explain the reasons incest occurs and to justify their own minimal action to protect the children in the case of incest. Once again, all the teachers in this group were men.

There is even incest – fathers raping daughters. It is very difficult to identify and to talk about it. The child might rather stay away from school rather than talk about it. It is difficult to measure. Children do not know their rights. We try to teach them but there is a difference between our culture and western culture but there is a forum for them to discuss it and we teach them about the institutions but most of them remain shy to discuss it. We are a day school and the problem is at home. Most of them are staying alone and that's where most of the sexual harassment is occurring. Parents are not there and sometimes parents are there but they are turning a blind eye to it. It's the culture. When a child reaches puberty and a man uses her and gives her sugar or relish for the family, the parents turn a blind eye. So the parents are being 'paid' for allowing the child to be sexually abused. MaCJsmt

It appears that the teachers in this School Management Team are practising various types of denial. They deny responsibility by shifting it into the home away from the school, they both excuse and justify their own inaction: they excuse it by saying that the children are 'shy' to discuss their rights and they justify it by saying the problem is at home and also by saying it is 'the culture'. With the statements about culture they are also guilty of cultural silence, hiding behind culture. What they mean is that talk between adults and children about sex is cultural taboo. It was a subject that

used to be dealt with in the initiation schools but has not been adequately provided for since the demise of the initiation schools more than half a century ago.

In Botswana incest is defined as 'an offence whereby a person knowingly has carnal knowledge of a person knowing that person to be his or her grandchild, child, brother, sister or parent' (Botswana Penal code quoted in WLSA, 2002: 12) but it can be more broadly defined as sexual intercourse between blood related family members. Where it occurs between a young person who does not have a choice about the sexual activity and an adult, it constitutes sexual abuse. Children are powerless not only because parents are physically stronger than them but also because they have been socialised to obey their parents and adults in authority (WLSA, 2002). When it comes to defilement (sexual intercourse with a person under the age of 16) consent is not an issue as the victim does not have the legal capacity to consent.

The teachers in the quote above give three reasons why it is possible for incest to occur: firstly, children do not know their rights; secondly, sexual abuse happens at home, within the family, and thirdly, it is the culture, the culture of silence, of turning a blind eye. The issue of children's rights and the conflict this raises with some aspects of 'traditional' culture was introduced above. The teachers refer to this conflict when they say "there is a difference between our culture and western culture". Even if children did know their rights, it is likely that sexual abuse would continue because when children do cry out for help they are sometimes not believed or they are blamed and told they brought the suffering on themselves in one way or another. (Barry, 2001) Botswana's social structure is patriarchal; the system of domination and control supports the power and interests of men. Although laws are in place to protect women and children from oppression, men resist attempts aimed at liberating and empowering women in practice. 'Even when legislative and programmatic interventions are put in place, the ideological hegemony of sexism creates an invisible institutional mechanism which serves to protect and perpetuate male power.' (WLSA, 2002: 14) Patriarchal control is not enforced by men alone. Women and girls, socialised into the system, internalise and support the very values that oppress them, saying they are part of their culture. Many women are aware their daughters are being raped by their boyfriend or new

husband and do nothing about it, they remain silent to protect their marriage (Dabutha, 2003). They may turn a blind eye for economic reasons as the teachers suggested, where the parents are 'paid' for allowing their daughter to be sexually abused. Thamuku (2002) describes a similar incident (though not incest) where a 14 year old orphan was regularly raped by a neighbour. She told her grandmother about it but her grandmother did nothing to stop the violent abuse because the man was giving the grandmother food. When the counsellor from People and Nature Trust (a small NGO providing psychosocial support for orphans) went to intervene, the police would not take action because the girl had not immediately been to the hospital, so there was no 'evidence'. Another possible economic reason for not reporting sexual abuse is that the perpetrator may be the sole breadwinner in the household and to report him would undermine the family income (Division of Social Welfare, 2001).

Where cultural silence cloaks, literally conceals, abusive practices, victims are unaware that their experience is abnormal; the cover-up and collusion has 'normalised' the abuse. Madu (2001) highlights this as one of the outcomes of socialisation into an abusive culture. In a study of the prevalence and patterns of childhood sexual abuse in South Africa, it emerged that a significant number of high school students appear to be unaware of what sexual abuse entails and may actually see the abusive behaviours as 'normal' within the context of their experiences. When this occurs the sexual abuse has become institutionalised and the moral norms of society have been overturned. I came across small enclaves of such disorder in certain communities; one example is the community where Xhoga lives. I discuss Xhoga and her sister's family in more detail in the next chapter. Mpho is another example:

> *Mpho is a 16 year old girl who is cared for by her maternal uncle, who is a traditional doctor. She has five siblings: a twin brother who suffers from epilepsy (which the uncle is treating), a 13 year old sister, Marea, twin brothers who are 9 years old and a small sister who is 6 years old. Her uncle has turned her into a surrogate wife (his own wife is not around) and Mpho has an ongoing sexual relationship with him. She lives with him in a newly built brick house while the other children live in a dilapidated reed dwelling*

across the compound. Mpho is responsible for seeing that her younger siblings are fed and clothed and she exerts control over them. She keeps Marea dressed in a ragged, too-small, childish dress. When they received a donation of some (girl's) clothes she gave one or two items to each of the children except Marea who got nothing and Mpho kept most for herself.

Although the definition of incest in Botswana does not mention uncles as perpetrators, most Batswana adults I spoke to about this case condemned the uncle's behaviour as breaking the norms of Batswana society. One university lecturer acknowledged that such behaviour may be culturally acceptable "for those people in the north". The Initial Report on the CRC states that it is an acceptable defence for a man being charged with defilement to say that he "believed, and had reasonable cause to believe, that the girl was above 16, or believed that she was his wife" (Division of social Welfare, 2001: 70). From a 'Western' perspective, the uncle is acting expediently: he gets sexual gratification and a 'wife' to control and care for the other children. The uncle's behaviour also demonstrates the principle of involution – constructing the expedient set-up as a normative family situation. Perhaps Mpho is acting expediently too. She has never been to school so has few prospects of providing for herself, by 'accepting' the role of surrogate wife she gets certain privileges including the control of the other children. On the other hand, having never been to school, she has very little idea of what is 'normal' in wider society and may well think that the set up with her uncle is normal. It is possible that she sees Marea as a potential threat to her position so she discriminates against her. She may also fear that her uncle will stop treating her twin if she doesn't co-operate. Neighbours and other members of the extended family who visit the compound are guilty of complicity; their silence makes them colluders in the uncle's expedient behaviour.

7.2.5 Social worker failure

When the children were asked what they thought about their social worker, the vast majority did not know who he or she was or what they should be doing. Those who did know the social worker usually recognised that it was the person who made sure they got food and uniforms and most of these children were complimentary in what

they said. A few felt the social worker ignored their needs or was very slow to satisfy their needs at home.

Not a single child knew that the social worker was a counsellor or someone who could help them to resolve difficulties with relationships or abuse at home or at school. This is a very serious gap in their knowledge as far as their well-being is concerned and demonstrates very visibly that social workers are associated with the emergency relief only: food, uniforms and clothing. If a child is having serious problems with their caregiver, they need to know that there is someone else who is paid by the government to help them sort out those problems. At the moment they feel helpless and powerless, they are unaware of their right to appeal to social workers as a potential coping strategy in difficult circumstances.

There are other serious gaps where the social worker is failing to perform his or her duty and, because of ignorance on the part of the caregiver or child, the recipients of the benefit have seemingly insurmountable problems. For example with the payment of the feeding fee in primary school and the development fund in secondary school, collectively known as ‘school fees’ to all parents and students (although the government insists that education is free). The government has set aside money for District councils to pay this fee for all orphans but lack of co-operation between social workers and schools means that schools are frequently unaware of registered orphans on their rolls and consequently continue to demand the fee from orphans. Sometimes grandmothers struggle to pay it out of their tiny pensions and if it is not paid the child’s certificate is withheld until it can be paid. I will say more about this in the next section on the school environment. Social workers have substantial discretionary powers when it comes to assessing individuals for benefits and the removal of the ‘destitutes’ benefit when the family starts to receive the orphans benefit is described above.

The S&CD section in the RAC is responsible for the social workers and frequently these sections are severely understaffed. This may be due to social workers being transferred out of their District to another District. Any civil servant is subject to transferral on the route to promotion and the government justifies this policy as necessary to staff remote and less popular areas. Mrs Mabua, head of the DSS, in

a speech to a meeting of NGO workers on psychosocial support to orphans, noted that social workers are also members of Botswana society, subject to being infected and affected by AIDS. Absenteeism due to illness or funeral attendance affects social worker productivity as well.

7.3 The School Environment

In Botswana, children normally start school at age seven. Primary school runs from Standard 1 to Standard 7 and at the end of Standard 7 a public exam is taken. Until 2001 this exam had to be passed in order for a student to progress to Form 1 but since 2001 that qualification has been scrapped and all children may move up to the junior secondary schools regardless of whether they passed the Standard 7 exams. The medium of instruction in primary school is Setswana, even for the children of ethnic minorities. English medium teaching is introduced in Standard 7. Primary schools fall under the aegis of the Ministry of Local Government.

There are two levels of secondary school: junior secondary schools which run from Form 1 to Form 3 and senior secondary schools which cover Form 4 and Form 5. At the end of Form 3 there are public exams once again and these *must* be passed if a student is going to progress on to Form 4. GCSE exams are written in Form 5. These used to be set by Cambridge Exam Board until 1999 but since then they have been locally set. The language of tuition in secondary schools is English throughout and the Ministry of Education is responsible for all secondary schools. It is important to note that primary and secondary education are provided by two different Ministries, the same occurs with health where the Ministry Local Government is responsible for health posts while the Ministry of Health is responsible for hospitals. This gives rise to opportunities for denial of responsibility and inaction because as Cohen (2001: 16) states: “intervention is less likely when responsibility is diffused”. Exactly the same was true concerning early interventions for orphans when both the AIDS/STD Unit of the Ministry of Health and the Ministry of Local Government were initially given joint responsibility for orphans. Now the National AIDS Co-ordinating Agency (NACA) is charged with ensuring the smooth co-ordination of all interventions.

Education is theoretically free but there is a ‘feeding fee’ at primary school and a ‘development fund’ payable at secondary school. The feeding fee covers ‘breakfast’ at break-time in primary schools, usually soft porridge. Breakfast (at break-time) and lunch are provided at secondary school. The development fund is P60 a year (about £7) and was introduced with the idea that the community would contribute something towards secondary education, hence the name *community* junior secondary schools (CJSSs). School infrastructure development depends partially on the development fund contributed by parents of students so schools have a vested interest in collecting these monies.

Pupils have to pass each standard before being promoted to the next year. If they don’t pass they may repeat a year and try again up to Form 2. Form 3 and 5 may not be repeated if exams have been failed. Many children who fail Form 3 ‘drop out’ of school with no qualifications and little prospect of getting a job. Girls who become pregnant drop out of school and until 2001 they were not allowed a second chance, but since 2001 they have been allowed to return to school and pick up their education where they left off. In primary schools far more boys drop out than girls, but in secondary schools significantly greater numbers of girls drop out and this is usually due to pregnancy. Orphaned girls are more likely to become pregnant and therefore drop out of school than girls with parents (see Table 4.4).

7.3.1 Key relationships in the school environment

Teachers

Relationships between teachers and pupils, as with those between parents and offspring, are rather formal in Botswana. In fact, teachers comment that the pupils ‘see them as parents’. Corporal punishment is prevalent in all schools and the way this is used certainly colours a child’s experience of school. Thato commented on his regular beatings for late arrival at school. Teachers who punish excessively are seen to be very harsh. The formal nature of the relationships means that it can be difficult for children to approach teachers for help if they have problems. This was commented on in many of the interviews with head teachers and school management teams (SMTs).

Not all students feel free to approach teachers, but some do. They are encouraged to approach teachers they like or trust. (MmJSsmt)

Pupils are generally not free to talk to teachers, though some are not shy. It relies on teacher initiative to notice when there are problems. (MmPMPsmt)

The children regard us as their parents so it is difficult for them to come and talk to us about sex. MaLPsmt

In general the children are not free to talk to teachers, maybe they are ashamed or afraid. It may be a cultural thing. GCJsmt

The formal nature of relationships between teachers and pupils enables cultural silence: children don't 'feel free' to talk with teachers so it depends on whether or not a teacher notices and acknowledges that a child has a problem before it will be dealt with. This gives teachers the opportunity to do nothing.

Friends and Classmates

Some children said that they have no friends but for many children friends are a source of support – emotional support when they are feeling low, physical support when they feel threatened by other children at break-time or after school. One 15 year old boy was aware that they could influence him to do wrong things. Classmates seem to fall broadly into two categories: those who help with school work, particularly in the absence of a teacher in the class and those who ill-treat other children, beating them up after school or stealing their pens and money.

7.3.2 Government Policy in the school environment

Orphans

The Short Term Plan of Action (STPA) on orphans aims to make it possible for orphans to continue their education with nothing to hinder them doing so. The social worker should ensure that uniforms are provided for them and the feeding fees or development fund is paid by the District Council on their behalf. There should be no discrimination of any sort against orphans. Most of the schools I surveyed had no idea how many orphans there were in the school. Teachers said that orphans are registered at the District Council but they don't receive the information so they don't

know which children in their class are orphans. This can cause problems for the orphans when the teachers try to collect money owed for the development fund or the feeding fee.

AIDS education

AIDS and sex education begin in the upper years of primary school. At this level it is taught only in Science lessons and by the Guidance and Counselling teacher. In secondary school (both junior and senior) the Ministry of Education requires that AIDS education is taught across the curriculum. This diffusion of responsibility makes intervention less likely. Many teachers feel embarrassed talking to children about sex and AIDS because of the cultural taboo and by requiring it to be taught cross curriculum one teacher can justify not teaching it by saying the children will be taught by another teacher in a different subject. One primary school headmaster described the problems like this:

> *The teachers are not competent as such in teaching about AIDS, the culture makes certain things not possible to mention in Setswana although they are okay to say in English. This means it is okay to teach it in Standard 7, lower than that they are forced to use the cultural language. The children concentrate when we are talking about sex but we do not know whether they obey what they are told.* GPht

The SMT in a different primary school also commented on the language and cultural aspects as well as difficulties with the curriculum content:

> *In Setswana we are not used to talking to our kids about sex, it's only with AIDS that it is there in the syllabus. Teachers are dying in large numbers. Also pupils are looking at it and when they see a teacher is not well, they report it to their parents, this teacher is not doing her job. The pupils are now alert. I do not know if teachers were affected long back or if they are continuing to have unprotected sex. So students observe the example of teachers but it is a bad example. Even if we teach them condoms perhaps we do not exercise safe sex ourselves*. MaLPsmt

The teacher speaking here is commenting on the fact that the government's main prevention message, which schools are required to teach, is the ABC (Abstain, be faithful and condomise) slogan, with the emphasis most heavily on the use of

condoms. As explained in chapter 4 (section 4.3.2), culturally the use of western contraceptives causes problems, so teachers are having to promote condom use when frequently they do not believe in it or practice it themselves. Many schools get round the problem by inviting specialists such as nurses or Total Community Mobilisation (TCM) field officers to come and speak to the students. Often the responsibility falls heavily on the shoulders of the guidance teacher and in many cases this enables other teachers to opt out of the responsibility of talking to the children about sex and AIDS. This is another example of cultural involution.

In one senior secondary school the head master said they had recognised that there were cultural difficulties for some teachers and that, as there was no training for subject teachers as to how to include it in the syllabus making the effectiveness of teaching AIDS within the subject curriculum questionable, they had approached the problem differently. They also felt that all teaching about AIDS was done in a negative manner with slogans such as “AIDS kills”, so they have called their dedicated programme ‘Stay alive!’ Teachers volunteer to be involved in the programme so those who find it culturally difficult do not have to participate. The programme aims to be varied and to use different approaches to avoid repetition. 42 out of 100 teachers on the staff have volunteered to be part of the programme, they are given lesson plans written by a team of four co-ordinators and they have time for meetings so that they can remain as up-to-date as possible. This school has even attempted through monitoring and evaluation, to see if they are bringing about behaviour change although it is difficult to measure especially as the students attend the school for two years only.

7.3.3. Key issues for orphans in the school environment

Uniforms

As with their casual clothes, one of the most important issues for orphans concerning their uniforms is that they do not look different. Virtually all positive comments about uniforms concerned being like the other students and all negative comments concerned the age, fit and state of the uniform which might make them stand out as different from the other students. In the focus group discussion there

was a question ‘Are orphans more likely to drop out of school or repeat a year?’ and uniforms was one of the items that came up frequently as a possible cause.

> *Orphans need* (i.e. lack*) quite a lot of items compared to those around them. They end up quitting school. The uniforms are different, badly made, wrong shape and size. They get the wrong orders for sizes. This makes them feel different and can contribute to them dropping out.* (upper primary boys and girls)
>
> *Because of the existing gap between orphans and the non-orphans, it is hard for the orphans to cope with the issues such as of not acquiring the right uniform to look good, and not being able to pay the school fees which result mostly to dropping out of school of the orphans.* (mixed group of upper and lower primary)

The cause of the difference in uniforms is the expedient behaviour of the tailors as described in chapter 6 (section 6.5.1) and the lack of uniform items such as school shoes or trousers is the inefficiency of the social worker. Orphans suffer shame and embarrassment because they appear and feel different to other children; the expedient behaviour of those who are paid to help them, causes them pain.

School fees

While orphans, as with many children, are trying to blend in and be ‘normal’, the non-payment of school fees can cause them to be singled out. Each week teachers read out names of those who have not yet paid the feeding fee or development fund, they may be made to stand up in front of the rest of the class. The term used by the children to describe this process is “chased”.

> *They are different because non-orphans have everything they need because they have their parents and the orphans they can be chased at the school because they didn’t pay the school development.* (upper primary, CJSS girls)

The agony caused to the children involved could be avoided and stems from a lack of communication between the social worker (or District Council personnel) and schools. Once again many caregivers and orphans are ignorant of the fact that the fees should be paid for them. In response to the question ‘Are orphans more likely to drop out of school?’ a mixed group of junior secondary students answered:

Yes, because they always think how they are living, that they do not have money to pay school fees. When they did not register their name they will drop out of school because of uniform.

This group understands that when an orphan is registered she should receive uniform but they do not realise that the school fees should then be paid as well. Most of the families I worked with did not know that the council should pay the development fund on their behalf. As I explain in more detail below, the regular singling out , being "chased", acts as a trigger mechanism reminding the child of his deceased mother and causing a loss of concentration and a decline in school performance.

7.3.4 Dropping out

Orphans are more likely than children with parents to drop out of school or be made to repeat a year. This was the overwhelming conclusion of focus group discussion on the issue; only three groups out of some 40 groups felt that orphans were *not* more likely to drop out.

Orphans are not likely to drop out or repeat a year because their ambitions are to get educated so as to pave good ways to a better future, the reason being that they don't have parents who can provide a lot of help for them. (upper primary and CJSS boys and girls)

One of the girls in this group had dropped out of Form 2 and her older brother had previously dropped out of Form 1. All his younger siblings described how he frequently exhorted them to stay in school in order to improve their life chances.

Orphans overwhelmingly believe they are more likely to fail academically than children with parents. The logic of their argument is that thoughts of their deceased parent (triggered, for example, by being singled out for not having paid the school fee, or for having the wrong uniform) and their consequent distress make them lose concentration so that their performance declines, they fail and have to repeat or may even drop out. Other reasons given as trigger mechanisms for this downward slide include hunger, poor care, too many household chores, comments from other pupils and lack of writing materials. A group of primary school girls put it like this:

If not under enough care, orphans are likely to drop out of school. The care needed should involve the provision of money for buying small items such as writing materials at school, supervision of every day routine of going and coming back from school on time. Sometimes this is where students have to be sent back home so as to go and collect what they might have forgotten. In this case a student may choose dodging lessons by deciding to stay at home all the next day. So a regular repetition of this habit may contribute to dropping out of school.

Thato, whose story is told at the beginning of this chapter, mentioned how thoughts of his mother had undermined his concentration. He had any number of triggers for these thoughts and the accompanying distress: regular beatings for being late because of the distance he had to walk each day, uniform problems and insults from the students he called his 'friends'. Although his aunt was supportive and helpful at home, it was not enough to overcome the momentum of his slide downwards.

Once children have dropped out, life can become even harder for them. Their lack of qualifications makes it extremely difficult for them to find work, they lose the food benefit when they turn 18 and so are no longer contributing anything to the household. Boredom and despair often set in. I will explain more about the impact on young people of dropping out of school in the next chapter (section 8.5).

7.4 Coping mechanisms

Thato resorted to fantasy to cope with his difficulties. Fantasy, or making up a story to tell the outside world, is a form of denial about present reality which has become too hard to face. Thamuku (2002) refers to a similar situation with one of the orphans attending her programme. A 12 year old boy described the wealth of his background (TV and other (relatively) luxurious material possessions) when in reality he lived in extreme poverty. He continued with the fantasy even when other children from his village tried to remind him of the shack he lived in and the rags he wore and it was only after individual and group therapy that he could face talking about the reality of his poverty.

Children adopt different behaviours to cope with the traumatic experience of their parent's death. Grotsky (2000) states that although children's particular coping strategies may vary, the goal is the same: they want to feel safe and secure and to avoid feelings of powerlessness, fear and anxiety. Aggression is another form of coping used by some. Some of the teenagers with whom I worked would, at times, demonstrate alarming aggression; they would snatch games and drawing implements from other children, overturn food bowl spilling their contents across the table and physically intervene in other ways. It is this sort of behaviour that elderly caregivers find particularly difficult to handle. It often results in verbal abuse by the grandmother because she is physically weaker than the teenager, but insults serve only to aggravate the aggression. Many of those who were most aggressive also had the ability to be amazingly expressive in drama, art or traditional dance.

Some turn to substance abuse. Xhoga, the 16 year old MoSarwa (San) girl mentioned earlier in this chapter, dropped out of school in Standard 2. She spends her free time in the shebeens nearby drinking *kgadi* (homebrew) which costs only 50 thebe (about 6p) a *koppie* (half a litre or so); she is regularly beaten up and not sure if she has been raped. She was drunk on all the occasions I saw her and on one of the days, when we all got out of the Land Rover to chat to another family, one of my assistants noticed that she was smoking *dagga* (cannabis). Her life is hopeless, literally without hope. She does not believe that she has any chance of getting a job, not only because she has less than two years of schooling, but also because she is MoSarwa and feels that BaTswana will always be given the job ahead of her. It is hard to imagine any positive outcome for Xhoga. Her older sister, Nxisa, who would like to make a home for Xhoga and the younger siblings, also dropped out of primary school. The next chapter, which is about hidden wounds caused by expedient behaviour and covered up by cultural silence, begins with Nxisa's story.

This chapter reviews what orphaned children have to say about their experiences at home and at school: their problems and difficulties, the issues related to orphanhood. Frequently these matters are cloaked by cultural silence, a 'hiding behind' culture. There is denial about the problems experienced by orphans or

denial that the expedient actions of adults have an impact on the lives of orphans. To get beyond the cultural silence, children's voices must be heard. It is harder to get adults to breach cultural silence but they may discuss matters as long as they are not concerns related to themselves. This chapter examines some of the issues raised by orphaned children: food, clothing, abuse and educational problems. The response of adults is also considered. The implications of cultural silence for children without parents are discussed in the next chapter.

Chapter 8: HIDDEN WOUNDS AND LOST DREAMS
The Consequences of Cultural Involution

8.1 Introduction

Nxisa's dream is to get a good house from the government for herself and her five younger siblings. First she will look after her siblings before she thinks of having children of her own. Her two little brothers are still young, not yet at school. She would like a goat so that they can have milk and she would like the house to be decorated with flowers to make them all happy.

There are no flowers in the reality of Nxisa's life. Nxisa is 18 and she dropped out of school when she was in Standard 4 because she was bewitched and got sick. She suffered from palpitations every time there were clouds. The reason she was bewitched is because she was so clever and people were jealous of her. She went to a priest who prayed for her and she got better, but not completely and she hadn't enough money to go again. Nxisa and her siblings have lived with their mother's eldest sister since their mother died in 2002. They live in an area of mixed one-roomed brick houses and squatter shanties. Their own compound has a brick house as well as a shelter made of wood, rusty corrugated iron and plastic sheeting. Nxisa has to work extremely hard at home, cooking, cleaning, washing clothes and tending the little ones. Her aunt admitted that Nxisa has a lot of responsibilities. Nxisa's understanding of the situation in her village is the BaKgalagadi get all the jobs so she will never be able to get work. She knows that some people despise the BaSarwa in such a way that she can't even go to them to ask for anything.

Xhoga is Nxisa's 16 year old sister. She dropped out of school when she was in Standard 2 and spends much of her time drinking kgadi *(homebrew) in the local shebeens where she is regularly beaten up. She also smokes* dagga *(cannabis). During the activities her behaviour was erratic, she was alternately giggly and irritable, and she was extremely aggressive towards her younger siblings, both physically and verbally. The two younger sisters*

(13 and 10 years old) are both subdued and withdrawn. On one occasion when I went to fetch them, the 13 year old refused to come along and Xhoga started to physically drag her towards the Land Rover while screaming at her. The youngster resisted, but without shouting or crying, and when we made Xhoga desist, the younger girl simply ran away. The two younger sisters both attend primary school in the village where they experience on-going stigma and discrimination from both teachers and pupils. They described how some of the children chose not to sit at the same table with them.

At the time of her mother's funeral, friends and her aunt bought Nxisa sweets and clothes. She would have liked someone to explain to her what had happened to her mother and how she should handle the situation. She is reminded of her mother and thinks 'too much' about her when she is scolded for no reason at home by the close relatives she loves and trusts. Nxisa's experience of discrimination and stigma is that the other tribes think that BaSarwa deserve to live in the bush, not in the village; some people say BaSarwa are not human beings but animals. Since she is disrespected by so many, her self esteem is very low and she thinks she will never live a better life.

Nxisa has a strong sense of responsibility towards her siblings but there are aspects of her own life that she doesn't yet know how to handle. She is a bright young woman but her intelligence is thwarted by the wounds that have been inflicted by various experiences during her life. Stigma, discrimination and bewitching have undermined her self esteem and she is unable to deal with constantly returning thoughts of the death of her mother. BaSarwa are subject to much stigma and discrimination and, as discussed in chapter 4 (section 4.2.2), the BaTswana have traditionally regarded them as inferior. The discrimination they experience on the grounds of ethnicity has been acknowledged in a recent Government Report (Division of Social Welfare, 2001). In Nxisa's case it has caused her to 'give up' seeking work or attempting to participate in village life. Belief in bewitching, as explained in chapter 4 (section 4.3.3), is ubiquitous, and is most usually linked with jealousy or envy. Durham and Klaits (2002) make clear that jealousy in Botswana is

not ‘private’ but is understood to have devastating effects on the object of envy and therefore it must be carefully managed. Jealousy is the reason Nxisa gives for her bewitching: people were envious of her achievement at school and they bewitched her.

In Botswana children are traditionally excluded from funerals and may not even be told about the death of their parent because the cultural understanding is that death is too traumatic for children to withstand (Rantao, 2002). Similarly, children in some other southern African societies are not told about death and are excluded from the funeral preparation process (Ndudani, 1998). Ndudani attributes this to the belief that death is regarded as a source of pollution which can have harmful effects on the bereaved, particularly children. In Botswana, children are taken away to stay with a relative elsewhere, they have no choice in the matter because the cultural practice is that adults make decisions on behalf of the child (Division of Social Welfare, 2001). Historically a child was anyone who had not yet been through initiation. The practice of initiation has long been abandoned and now a child is usually taken to be anyone under the age of 14. Between 14 and 18 they are regarded as a ‘juvenile’ and there is plenty of leeway for interpretation (WLSA, 2002).

In this chapter I examine cultural involution in Botswana in relation to death, sex and the self expression of children and the consequences for children of this sort of denial. Nxisa would have liked someone to explain to her what had happened to her mother but the close relatives around her whom she loves and trusts have not helped her to cope with the loss she has experienced. Unable to talk about her loss or how to handle the situation, Nxisa has ‘internalised’ the experience. Her relatives have, in effect, covered up and hidden Nxisa’s wounds and even, unwittingly, inflicted further pain on her. The cultural silence around death and children’s grief means that, in effect, relatives are hiding and covering up rather than trying to heal the wounds suffered by children who have lost their parents. The nature of children’s’ understanding of death and the characteristics of their experiences of grief are thoroughly discussed in Western literature but these sources must be handled with caution as their views may not be applicable within Setswana culture. Unfortunately there is a dearth of literature on the experiences of African children

and grief within their own cultures (Foster, 2002a; Bray, 2003). I describe the experiences of children in Botswana and attempt to analyse them in the light of their own culture.

8.2 Cultural Involution and Denial

Death and sex are taboo subjects in many cultures; rituals, myths and rites of passage are a means of institutionalising such difficult, stressful and contradictory events and ideas. Where the contradictions in social life become all too apparent and have to be dealt with this is sometimes done by consigning them to regions where they remain liminal. The AIDS epidemic, with the sexual transmission of HIV infection and the impact on the death rate, has thrown a spotlight on these sensitive issues. As outlined in chapter 2 (section 2.2.1), the response in Botswana has been one of 'cultural involution' (clinging on to the status quo and changing no more than is necessary) and denial. In Botswana, the nature of the cultural involution differs in relation to death and to sex. In some societies, the response to the increased number of deaths and funerals as a result of the AIDS epidemic has been to simplify and shorten the funerary rites and duties (Colson, 2002) but in Botswana funerals have become more elaborate and longer, graveside procedures more drawn out and physical symbols (such as the introduction of wrought-iron and shade cloth 'shelters' for the grave) more numerous and expensive during the past decade (Durham and Klaits, 2002). This is in spite of calls by politicians and ministers of religion to cut the cost of funerals both in terms of money and time. The trend in Botswana fits with Geertz's (1963: 82) description of "increasing tenacity of basic pattern; internal elaboration and ornateness; technical hair-splitting and unending virtuosity" as characteristics of involution. The funerary rite, the rite of passage, offers some resolution or 'closure' but in the context of so many deaths this is not possible and the result is endless involutionary elaboration in the attempt to achieve the irresolvable. Rantao (2002), explaining why Batswana do not bury their dead in a hurry as other African societies do, states that the delay allows time for all the relatives to assemble. It is imperative and 'almost obligatory' that every elderly person attend lest there be suspicions of 'guilt conscience'. Failure to attend may be regarded as an expression of ill-will or smack of witchcraft. Durham *et al.* (2002: 784) contend that "it is particularly incumbent on those potentially

responsible, through jealousy or witchcraft, for the deaths of others to be reconciled at funerals". The result is attendance at funerals is usually enormous.

In the case of sex, the cultural traditions had changed long before the advent of AIDS. Historically, talk about sex between adults and children was taboo and children were taught about sex and sexuality in the *mephato*[21] or initiation age sets. As mentioned in chapter 4 (section 4.3.2), the initiation schools gradually died out due to the disapproval of the missionaries and the increasing provision of primary and secondary education (Schapera, 1953, 1970b). So, with the loss of the *mephato*, there can be no "overelaboration of detail" or "unending virtuosity" but what happens is that people hide behind the culture, they use it as an excuse for not talking to children about sex: "in our culture we do not talk to children about sex". Schools now have responsibility for teaching children about sex (see chapter 7, section 7.3.2) and recently the subject of 'moral education' was introduced in junior secondary schools. The curriculum includes an introduction to morality and values, cultural values related to family life and different types of sexual relationship (Awino, 2000). Adeyemi (2003) claims that there is broad agreement among teachers, school management teams and students that HIV/AIDS teaching in Botswana is ineffective and has failed to produce the desired change in sexual behaviour. Older people persist with cultural traditions which help them to cling to an illusion that the status quo still exists and that they are coping without having to change but, I believe, the current state of Botswana society is such that children urgently (for their own health, safety and well-being) need to know and freely talk about death and sex.

8.3 Death

At the time of a death, identity and social status undergo major changes: wives become widows, children become orphans. The funeral rites help "the living manipulate human remains to effect these new statuses for themselves and for the dead" (Davies, 1997: 5). The ritual, which assists the living through the stress of death, helps re-form social networks which have been broken by the loss of a group member and confers new identity on those passing from the land of the living into a

[21] *Mephato* is the plural of *mophato* which is the cohort of age mates formed at initiation.

new community of ancestors or memory (Davies, 1997). Van Gennep (1960) termed the way people pass from one social status to another as a 'rite of passage' and he described it as a three stage *process*: separation from the old status, a period of transition or liminality and finally, reincorporation or reaggregation into the new status. In the case of a death, this process goes on for some time and includes grief and mourning. Davies (1997), like most authors writing on the subject, makes a distinction between grief and mourning. (As mentioned above, these views have emerged from studies carried out in North America and Europe and may not be applicable in the cultures of the developing world but they do provide a starting point from which comparisons can be made.) Grief may be defined as the emotional reactions focussed on the longing for someone who is no longer there (Sherr, 1995). Webb (2002) expands on this by explaining that rather than being a specific emotion like fear or sadness, grief is a *process* that can be expressed by a variety of thoughts, emotions and behaviours. Mourning is the expression of that grief within the social domain (Davies, 1997). Webb (2002) gives the definition of mourning as encompassing not only the initial grief reaction to the loss but also the future resolution of that grief.

Numbness and disbelief	A phase of numbness that may be interrupted by outbursts of distress and/or anger.
Yearning and searching	Accompanied by anxiety and intermittent periods of anger. May last for months or even for years.
Disorganisation and despair	Feelings of depression and apathy when old patterns have been discarded.
Reorganisation	Recovery from bereavement

Table 8.1 Bowlby's four phases of grief (1980) Source: Archer (1999: 24)

Some authors divide the process of grief into several stages or phases (see Table 8.1) and refer to the 'work' of mourning (see table 8.2). Bowlby's phases are similar to the 'stages' developed by Kubler-Ross in relation to the process of dying but which have since been applied by others to the grief process (Archer, 1999). Kubler-Ross' five stages are denial, anger, bargaining ('Maybe if I do this, everything will turn out all right.'), depression and acceptance. These stages and phases are no longer held to occur in a rigid order but are regarded as part of a process made up of a mixture of reactions which wax and wane and move backwards and forwards between the phases (Archer, 1999).

↓	Accepting the reality of the loss
	Experiencing the pain of grief
	Adjusting to a new environment
	Investing in new relationships

Table 8.2 The 'tasks' of mourning Source: Brown (1999: 1)

Rantao (2002) sets out, in a step-like process, how the Batswana handle and manage death from the time of the death until the end of the official mourning period which may be anything between 6 months and 1 year later. He concentrates on the week or more from the time of the death until the funeral, interment and the rituals surrounding the *start* of the mourning period and says very little about what happens *during* the official mourning period. Nonetheless it is possible to identify similarities between some of the steps Rantao outlines and those listed in Table 8.2. In Botswana, immediately after death has occurred, all the relatives and ward headman are informed and the mourners gather at the homestead of the deceased and senior members of the family then confirm the reality of the death. This relates to 'accepting the reality of the loss' but where the tasks of mourning listed above are understood to be a process each *individual* must work through, in Botswana it is a *communal* process. The bereaved relatives are not left alone until after the 'official' mourning period has started. Durham *et al.* (2002) explain that grief must be controlled because unchecked emotions like grief, anger and jealousy are understood to produce social fragmentation, illness and death. All-night wakes are deemed successful by church leaders if there is *not* an uncontrolled outpouring of grief because such uncontrolled grief would indicate that the bereaved is not consoled and remains with 'jealousy in their heart'. Rantao (2002) gives an account of weeping during the otherwise absolute silence when the body is delivered to the homestead on the night before the funeral and then again at the interment, as the coffin is lowered into the grave, there is crying, wailing and 'yelping' by the close relatives. These would be acceptable outward expressions of the experience of grief. Before returning to the homestead a traditional leader is invited to give a message of condolence to the family: usually he confirms the grief of the entire community, once again demonstrating it is a communal rather than individual

process. Everyone then returns to the homestead for a ritual washing of hands, face and feet as well as an unsalted meal. The next day the children return to the homestead and have their heads shaved to mark the beginning of the official mourning period. All family members wear black cloth strings around their necks until the end of the mourning period and widows are expected to wear black dresses. This could be seen as a physical symbol of a time of adjustment to a new environment without the deceased. At the end of the official mourning period a ceremony is held and afterwards widows may remarry; this relates to the formation of new relationships in the table above.

> "Grief is a universal human experience but its manifestations are variously influenced by many factors, such as the circumstances of the death, the nature of the relationship between the bereaved and the dead person,.." (Catalan, 1995: 59).

Most people experience a 'pattern of psychological distress and social dysfunction' which is normal or culturally acceptable but some people suffer more severe disruption to their psychosocial functioning that may be termed 'pathological grief' (Catalan, 1995). Other authors (Ward, 2002; Cook, Fritz and Mwonya, 2003) use the term 'disabling' grief rather than 'pathological' grief and similarly describe it in terms of the disruption it causes to children's physical, emotional and psychosocial development. Whether a bereaved person experiences 'normal' or 'pathological' grief will be influenced by their individual resilience to stress and their ability to cope (Archer, 1999). In the context of AIDS bereaved children may suffer multiple losses such as the death of their mother and perhaps a younger sibling, migration and a move to unfamiliar surroundings with a new caregiver and the loss of status and the associated dreams about what they would one day achieve. A child may grieve and mourn each of these losses.

8.3.1 Death and children

"Grieving children are not mini-adults"; their response to death will depend on their developmental stage and their ability to cope will usually mirror the coping style of the adults closest to them (van den Boom, 1995: 157). Children do not fit neatly into categories or exhibit exactly predictable signs of grief; they may re-experience their grief as they get older and reach a new level of understanding (Smith, 1999). They

are often unable to verbalise their emotions and may express their feelings of grief through their behaviour (Smith, 1999). Table 8.3 summarises how children's behavioural response to loss may reflect their developmental stage and cognitive understanding of death.

Age	Cognitive understanding of death	Emotional and behavioural response
0-2 years	Non-existent, incomplete concept of death but will sense absence of deceased person and sadness in atmosphere	Child will seek presence of deceased person and experience a sense of loss Separation anxiety
2-5 years	Magical thinking and egocentrism – may believe death can be avoided or reversed, not yet able to understand the permanence of death	Cry, yearn and cling. In play they will make attempts at reunion with deceased person. May be confused by explanations. Will need to be told repeatedly about the loss.
5-9 years	Able to understand the permanence of death but do not realise that death is universal; attribute death to outside agencies; more curious about death and surrounding rituals; more aware of other people's responses	They will watch adults' reactions to grief and will sometimes deny their own grief in order to protect an adult's feelings. Greater awareness of guilt, may feel responsible for the death by illogical reasoning. May personalise death as skeleton or monster.
9-12 years	Accept death as a fact of life, as an inevitable biological process, they realise that they themselves will ultimately experience it. May become frightened by possibility of their own death or of other people dying	Likelihood of psychosomatic symptoms being induced as an unconscious attempt by the child to draw attention to their distress. Child is beginning to grieve in more adult way, may deny sense of loss and try to 'get on with life'. Behaviour may be aggressive
Adolescence	Adolescents are seeking for identity and meaning. In order to cope with death they may regress to earlier concepts and then work through to a more profound understanding. Interested in physical characteristics of death and dying. Questions asked: How? Why?	Able to grieve more as adults do with appropriate crying and feelings of sadness, anger and depression. May also have suicidal thoughts and express intense emotion through other forms of self-harm. May indulge in risk-taking behaviour as life becomes 'cheap' or as a way of taking some control. Increased sexual or permissive behaviour.

Table 8.3 Children's developmental stage and understanding of death

Sources: van den Boom, 1995; Smith, 1999; Duffy, 1995; Archer, 1999; Brown, 1999

Table 8.3 shows that many authors believe that children as young as five have some understanding of death. Corr (1995) argues that the reason it is difficult for all

human beings, let alone young children, to understand the concept of death, is that death is not a simple uncomplicated notion but consists of several components or sub-concepts. He identifies the following five sub-concepts: permanence, universality, non-functionality, causality and some type of continued life form. As children strive to understand death, their questions will most often relate to these sub-concepts and the difference in understanding between older and younger children is related to their developmental stage as shown in Table 8.3. Corr (1995) notes that children's cognitive development is deeply affected by the child's experiences and culture so that the limits of using chronological age as an indicator of a child's understanding must be acknowledged. While the child is developing cognitively he/she is also developing behaviourally, socially, physically and spiritually and all these aspects together will influence how the child copes with bereavement and loss.

In Botswana, historically, childhood ended with the rite of passage of initiation, but the practice has long since been abandoned and although there are a variety of common law definitions of childhood, customary law has not yet come up with a functional alternative. The Children Act (1981) states that a child is any person under the age of 18 but then distinguishes further developmental categories: under the age of 7 the child is classed as an infant, between the ages of 7 and 14 he or she is a child and between the ages of 14 and 18 the young person is classified as a juvenile (WLSA, 2002). Children below the age of 14 are excluded from funerals and taken away from the homestead of bereaved because it is believed that they will be traumatised by death which they do not understand. Again there is an underlying link with the basic view expressed in Table 8.3 that a child's developmental stage will affect her ability to understand death. Similar beliefs concerning a child's understanding of death and hence need for protection are found elsewhere in Africa with similar explanations i.e. that children would be upset, would not understand or know how to cope with the information (Bray, 2003). Bray reports that adults admitted that their reticence also stemmed from their own lack of courage to talk with children about death and some considered that children aged 5 and over are capable of understanding death and its consequences.

8.3.2 Children's grief

Is children's grief different to adults' grief? Webb's (2002) definition (above) describes grief as a *process* that can be expressed by a variety of thoughts, emotions and behaviours; the third column in Table 8.3 shows that the thoughts, emotions and behaviours of children responding to death change with their level of development. The behaviours listed illustrate that in some respects the grief of children is very different to that of adults while in other respects it is similar. Children and adults alike will experience feelings of denial, anger, guilt, sadness and longing but it is important to recognise that most children have a limited ability to verbalise their feelings as well as very limited capacity to tolerate emotional pain although they are able to express their feelings in play in a displaced, disguised manner (Webb, 2002). Another way in which the grief of children is unlike that of adults is that children are sensitive about 'being different' from their peers with regard to having a deceased parent (Webb, 2002).

As is the case with adults, children may experience 'normal' or 'pathological' grief. Bowlby believes that the death of a parent during the years of early childhood may predispose the individual to "unfavourable personality development" that leads to future psychiatric illness (1963: 500). He likens the experience of loss to the experience of being wounded or burned and then compares the processes of grief and mourning to the processes of healing that occur after being wounded or burned. Over time the processes of healing may lead to full function being restored or they may lead to permanent impairment of function. "Just as the terms healthy and pathological are applicable to the different course taken by healing processes, so may they be applied to the different courses run by the mourning processes." (Bowlby, 1963: 501). Bowlby acknowledges that not every child who loses a parent in early childhood grows up to be a disturbed person. Webb (2002) comments that what distinguishes between normal and pathological grief in a child is not so much the length of time of a child's grief reaction, as the degree of intrusiveness into the child's life created by the grieving. If the child is unable to carry out his/her usual activities and proceed with his/her developmental tasks despite the presence of grief reactions, then that child is experiencing pathological grief. Webb deliberately terms such a grief process as "disabling" to indicate that something is wrong. In

such a situation the child needs help (therapy) to transform the disabling grief into a normal grief reaction with resolution.

How far are these Western views applicable to children in Africa? Various authors (Bray, 2003; Pillay, 2003; Foster, 2002a) comment on the fact that while psychosocial impact of bereavement is well researched in the West, there is a paucity of literature addressing psychological problems of orphans in Africa or other parts of the developing world. Psychological symptoms have, however, been observed: orphaned children demonstrate greater sadness, more anxiety, they are more isolated and show signs of distress in new situations (Pillay, 2003). In some cases the difference between orphans and non-orphans is material in nature, but in *all* contexts there is a psychological disparity with orphans displaying reduced psychological well-being in the form of internalised changes in behaviour such as depression, anxiety and low self esteem (Foster, 2002a).

Grollman (1967) states that the difference between normal and pathological grief in children is not found in symptoms but in intensity of the reactions. He lists as examples *continued* denial, *prolonged* bodily distress, *extended* guilt or *unceasing* idealisation or *enduring* apathy and anxiety. Fox (1985) cited in Webb (2002) refers to certain symptoms which she considers to be “red flags” which may indicate disabling or pathological grief: suicidal hints, psychosomatic problems, difficulties with schoolwork, nightmares or sleep disorders, changes in eating patterns and temporary regressions. Webb (2002) believes that there are three groups of factors which will influence whether or not a child will experience disabling grief:

- individual factors
- factors related to the death
- family, social, religious/cultural factors

Further details as well as the interaction between these groups of factors are shown in Figure 8.1. The box on *individual factors* includes developmental stage and cognitive understanding which have been dealt with above in Table 8.3. *Death related factors* include details of the type of death, whether it was anticipated, if there was much pain or if it was a violent death and also whether there is stigma attached to the cause of death. Because of the social stigma associated with AIDS (see Chapter 6, section 6.2) families are often secretive about the cause of death

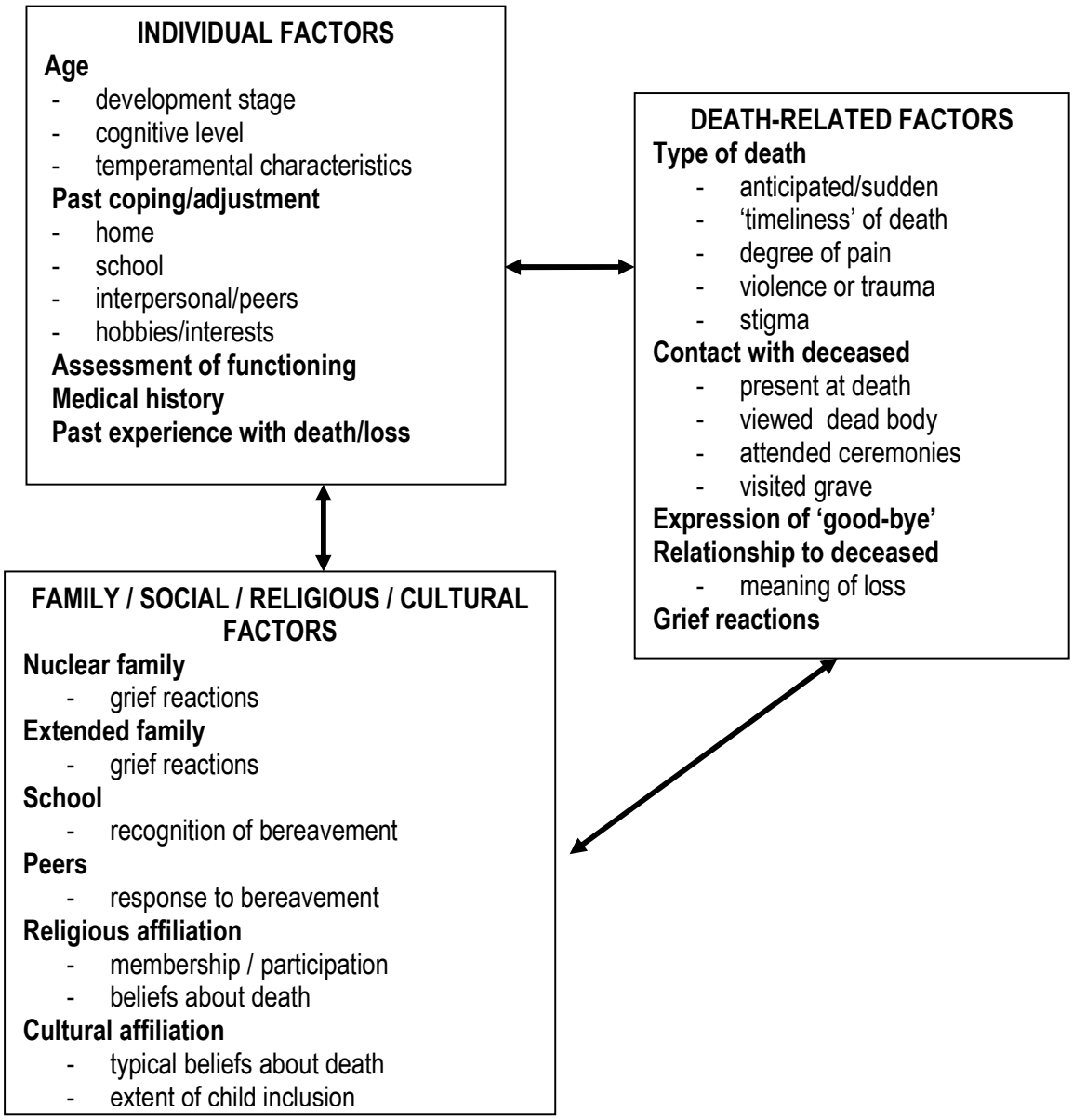

Figure 8.1 Assessment of a child's bereavement experience

Source: Adapted from Webb (2002: 30)

and this has an impact on the child's ability to cope with grief. I will say more about secrecy and its consequences below. Contact with the deceased (viewing the body, attending the funeral and visiting the grave) is discussed in more detail in the next section on cultural attitudes. The expression of 'good-bye' is intended to achieve some form of 'closure' to help the child comprehend the reality of death and in western cultures this may be the placing of a rose on the coffin or putting a note with a poem inside the casket. In Botswana, children are usually excluded from the funeral rites and have few opportunities for such symbolic leave-taking, however

when adults throw handfuls of soil into the grave it symbolises bidding farewell to the deceased (Rantao, 2002). In figure 8.1, the box on *family, social, religious and cultural factors*, includes the grief reactions of the nuclear and extended family; cultural factors such as beliefs about death and the extent to which a child is included will also influence a child's experience of bereavement.

A child's early attachment relationships are likely to influence his or her ability to cope with loss, grief and the forming new social networks after bereavement. I did not question the children in my study about their relationship with their deceased mother before she died because such probing was likely to cause distress. However, both Keneo and Lesego spontaneously told me stories about their relationships with their mothers that gave a partial explanation of their differing abilities to cope with life after bereavement. Keneo described his mother as approachable and loving; she listened to what her children had to say: she was the one who started the practice of round table discussions in their family. His father was more distant, often angry and sometimes violent. Keneo's mother loved and respected his father in spite of his violence and (implied) adultery. Although Lesego always spoke of his mother with respect, he said he found it hard to talk with her about matters that worried him. He particularly wanted to ask her who his father was. The three brothers after him in age all had the same father and the youngest brother had a different father (who died shortly after his mother died), but Lesego was never told who his father was. It seemed as though Lesego had ongoing issues with his identity. His mother was proud of him doing well in school but did not say so directly to him: his grandmother told Lesego that his mother had told her, but Lesego added that he wished his mother had told him herself. He had low self-esteem and wanted positive acknowledgement. Keneo, with an apparently secure internal working model, was able to move on after bereavement and take responsibility for his siblings in a positive way; but Lesego, with an apparently insecure internal working model remained vulnerable and disabled in grief.

Another factor mentioned by Webb that influences a child's experience of grief, is the recognition of bereavement at school. In my study this varied from school to school but, in general, the teachers had very little idea which of the children in their class were orphaned. Very few schools had centralised lists of orphans and there

was usually no system in place to inform teachers about bereaved children. Even when social services were aware of a child's orphaned status there was usually so little co-operation between social workers and schools that the information was seldom passed on. Any one of these factors or a combination of several of them may be problematic for a bereaved child and may cause that child to experience disabling rather than normal grief.

8.3.3 Helping children through the grieving process

Brown (1999) identifies action that can be taken by adults to meet the needs of children to ensure that their grief is 'normal' rather than disabling. By anticipating some of the emotional and behavioural responses shown in the third column of Table 8.3, adults closest to bereaved children can lighten the intensity of responses so that children's grief does not disrupt their psychological well-being and developmental progress. For example, reassuring children that their world has not disintegrated, giving them information and honest answers to their questions, time to adjust to a new way of life and providing routines and stability at home are all factors which may help to prevent their anxiety from becoming *enduring* (to repeat Grollman's phrase). Telling the facts about what has happened as clearly and concisely as possible and in language they can understand may help children to avoid *continued* denial and disbelief. The provision of a safe place may give children the opportunity to express their anger and confusion. By reassuring children that they were not to blame, either through thought or neglect, may help them to overcome *extended* guilt. Many other authors (Smith, 1999; van den Boom, 1995; Duffy, 1995; Archer, 1999) agree with these strategies to help bereaved and mourning process. Smith (1999) titled her book 'The Forgotten Mourners' because she believed that is exactly what happened to bereaved children. She strongly promotes the inclusion of children in all aspects of funeral rites to help them understand that death is permanent. At the same time she advocates inclusion of children in the sense that they themselves are allowed to make the decision, having been given the necessary information in language they can understand, whether to view the body, attend the funeral and visit the grave.

Pillay (2003) suggests that attempts to help bereaved children in Africa should be community centred and culturally acceptable rather than adaptations of what works in the US or Europe. When addressing psychological challenges it is important not to use alien or intrusive strategies. He suggests picking up a cost-effective method traditionally used for passing on cultural values – that of storytelling. He identifies it as a non-threatening strategy which is effective with children who have difficulty verbalising internalised emotions, allowing them to engage in a way that is controlled and self-paced. Another method used in a number of African countries is the memory box or memory book. This facilitates breaking cultural silence and allowing the dying parent to work with the child on collecting stories and mementos. Other strategies which have been tried in Africa include 'learning life skills through adventure' and 'empowering children through solidarity'. The Salvation Army's Masiye Camp in Zimbabwe is based on the theory that if children can overcome their fear in a physical challenge, they can face psychosocial challenges with confidence and strength. They learn this through trust and team-building in adventure. A programme in rural Tanzania encourages children to become self-sufficient through being involved in the decision-making process which gives them courage to change their situation (Fox and Parker, 2003). Apart from the memory boxes, each of these 'African' strategies involves group and communal therapy rather than an individual approach.

Silverman, Nickman and Worden (1995) conducted a study of bereaved children in the United States in which the children themselves were interviewed about their grief experiences (many other studies collect data about children's grief experiences indirectly by interviewing the surviving parent or the new guardian of the child). They query the necessity for detachment or disengagement from the deceased for successful mourning to take place, as is recommended by many therapists. They believe that

> "this formulation has its roots in Freud's (1917/1957) observations that patients best resolved their grief when they gradually withdrew the mental energy they had extended toward the lost love object and reinvested this energy in new relationships" (Silverman *et al.*, 1995 : 132).

However they point out that Freud's observations were based on clinical interaction with troubled people who may have experienced greater than normal difficulty in accepting the reality of death. Efforts to maintain a connection with the deceased

parent are known as internalisation and are considered processes that the bereaved use to keep an aspect of the deceased person with them always. Silverman *et al.* (1995) argue that the concept of internalisation does not fully describe the process that bereaved children undergo. Children are aware of the inner representation which changes as they develop and mature. Construction of these images is partly a social activity, mourners kept their memories of the deceased 'alive' by remembering, both in solitude and in the company of others, while integrating their memories into the present and into relationships with others. They see

> "the child's attempt to maintain a connection to the dead parent as an active effort to make sense of the experience of loss and to make it part of the child's reality" (Silverman *et al.*, 1995: 134).

They believe it is important for the adults caring for the bereaved child (surviving parent or new guardians) to participate actively in the process of constructing a connection to the deceased for the well-being and continued growth, intellectual and social development of the child. They cite Piaget's (1954) observation that development involves a push towards greater mastery of one's situation and Kegan (1982) who takes the view that mastery emerges as children construct and reconstruct their world to find greater coherence and meaning to make sense of their memories and feelings until they move onto their next stage of development. Therefore, they argue, what occurs as a result of a death in the family is not *closure* or *recovery*, but rather *accommodation* and it is not a static phenomenon but a continuing set of activities that affect the way the child constructs meaning, not only the meaning of death, but also the meaning of this now-dead parent in his or her life.

Archer (1999) reviewed a number of studies conducted in Europe and North America of the consequences of childhood bereavement and concluded that the death of a parent during childhood may be associated with problems in behaviour during childhood and later in personality development. Indirect effects associated with the lack of the parent during development could also have important negative implications throughout the life course. Studies carried out with bereaved adolescents were limited but indicated more pronounced grieving at these ages with the long term effects including depression, delinquency, high alcohol intake and

problems with school work. The next section considers the cultural response to death in Botswana and how children are told about death and helped to grieve.

8.3.4 Cultural attitudes to children's grief in Botswana

As argued above, the response in Botswana to the increasing number of deaths as the AIDS epidemic takes its toll, is one of cultural involution and silence: increasingly elaborate funeral rites but 'hiding behind' culture when it comes to helping children cope with death. Virtually nothing is being done to ensure that children's grief is normal and the result is that a number of the children with whom I worked experience disabling grief: their normal functioning and developmental progress is hampered by their grief. This is demonstrable in a number of settings: at school when thoughts of their mother are triggered by punishment or being singled out and result in loss of concentration in the short term and declining school achievement in the long run; at home, when lack of clothes or extra duties trigger anxiety, shame and fear which undermine self-esteem and resilience.

Reflections Workshop – a case study

At a workshop on psychosocial support for orphans organised by the Department of Social Services (DSS), Ministry of Local Government (20 June 2003) over 30 employees of NGOs working with orphaned children and DSS personnel were involved in group discussions on cultural beliefs concerning children, death, sex and self-expression. The participants represented a wide range of formal education and training levels, some were social workers with tertiary education, some were working for faith based organisations and had received a few weeks' or months' of training in counselling and others were volunteers from the community who had not completed secondary school, let alone received any training in therapeutic methods. Most of them were themselves parents and spoke from experience when discussing how adults handle taboo subjects with children. There was much debate when discussing traditional practices; some participants felt ashamed of practices which no longer seemed to work and others blamed the abandonment of traditions for the existence of the problems currently experienced. The different groups then reported

back to the plenary and further discussion continued among all workshop participants.

In response to the question on how death is explained to children in the Setswana culture, the participants concluded that they do not adequately explain death to children: sometimes an adult will whisper in a sleeping child's ear, sometimes a child is told his mother has gone on a journey or her father has gone to the mines. Other phrases are slightly more realistic in that they give an indication that death is permanent, for example, *o jelwe ke ditau* (she has been eaten by lions). But there was general agreement that the explanations are insufficient or irrelevant. Setswana cultural attitudes to children's grief were thoroughly debated. Although it was generally agreed that children are not allowed nor given the opportunity to grieve, they are not allowed to talk about the deceased or to view the corpse and frequently they are excluded from the funeral altogether, there were conflicting opinions as to why this was the case. Some participants believed this cultural practice is there to protect the child from a traumatic experience, to prevent the children from being afraid of death. Others believed it was only adults who were protected – from having to explain death to children – and that the silence would cause more pain to the children later on. The use of the word 'protection' was queried when it was used about withholding information as some participants felt it could cause psychological problems for the child later on. The traditional view is that by not telling the child you spare them from pain but the participants commented that in the long term it will cause them more pain. Others believed that whether it is right or wrong, the culture is trying to protect the child. The reason for the cultural practice is to cushion the grief of the child but individual responses will differ. Participants touched on other aspects of disabling grief.

> *Children's feelings are never acknowledged, therefore they make their own analysis and some may end up blaming themselves and feeling guilty; they will end up failing to cope.* (Group 1, Reflections Workshop, 20 June 2003)
>
> *They are not completely allowed to ventilate about their feelings – they bottle up their pain and this causes problems later. Sometimes they are not given the relevant information about death, they get information outside and they may not be able to mourn properly. Children are not told the truth about death.* (Group 2, Reflections Workshop, 20 June 2003).

Some participants felt that traditional healers can act as therapists.

> *Children can believe what they are told by traditional doctors and this can help them mourn properly, for example, 'drink this medicine and you will be fine' or when the traditional doctor removes the child's hair, the kid may believe by doing that everything will be okay.* (Group 2, Reflections Workshop, 20 June 2003).

Another group felt that the cultural constraints erected barriers of secrecy and fear which undermined the trust between children and the adult community. They felt the best response was to tell children the truth, taking the child's age into consideration. (Group 3, Reflections Workshop, 20 June 2003).

The participants had all experienced bereavement themselves and had had to explain death to their children or had chosen to remain silent. Likewise they had faced the taboo on adults talking with children about sex. They were able to be reflective about their *own* responses as a means to understanding their communities. One participant challenged the others:

> *Who are we? What about ourselves? We are parents – do we talk about sex with our children? To what extent has this culture been transferred to us? We are also socialised in this culture – to what extent is that creating barriers?*

Two other participants responded:

> *Sometimes we're too radical, we want to chuck out all the old cultural practices but those old people are still around, so we must tread carefully. We must acknowledge good things in our culture – be able to differentiate between what is good and what is bad.*
>
> *If everyone just hides behind "this is how I was brought up" then we are going to continue to have problems. One should respond – this is the situation* now *and I have to respond by changing my position.*

They are living within the Setswana culture but many of them had Western training or faith-based training which led them to question their cultural practices, but also to acknowledge just how much a part of them they still were.

Interestingly, the most frequent response when *children* were asked about the time of the death of their mother, was a list of the rather superficial material goods and physical comfort they were given. They refer to being give sweets and clothes (as

Nxisa was), being bathed (small children), having food cooked for them and being relieved of their usual chores – not having to wash clothes or dishes. This is now very much part of the culture around the death of a parent yet it was not mentioned at all by the adults participating in the Reflections Workshop. Children were responding to a question asked in relation to the support they felt they had received at the time of the death and several of the children felt they could have had *more* support in the form of an uncle buying them clothes or, in Thato's case (chapter 7), he had hoped for a bicycle. Many of the children describe being made to stop crying and being kept company so as to make them 'forget' the past. Nxisa's 10 year old sister describes being made not to cry by having someone carry her on their back. A Western interpretation of this might conclude that the little girl was allowed to 'regress', given 'permission' to be like a baby again and be comforted by being carried like a baby and in this way be able to cope with the death of her mother.

The participants at the workshop confirmed all the points made by the children about how they are told about death and about how they experience the cultural response to their grief. Very few children mentioned attending the funeral and in general, these were older children. The youngest child in my study to attend her mother's funeral was a six year old girl who describes being told about her mother's death by her grandmother and being comforted by her relatives at the funeral. But she is the exception. The few other children who attended the funerals of their deceased parents were older, at secondary school in every case. Some children describe really wanting to attend the funeral or grave but being excluded.

> *I did not go to my mother's funeral. No one was supporting me or taking care of me. I wanted someone to be with me and there was no one.* Ma2604
>
> *She was buried while I was asleep so I didn't see where her grave was*. Mm0801

Others describe being excluded from viewing the body or attending the graveyard ceremony, in some cases in a very cruel manner.

> *During my mother's funeral I was not allowed to go to the grave. I insisted and my aunt beat me up*. Ma2101

The inadequacies of explanations noted by the adults at the workshop are also reflected in the children's experience. The best of the explanations include something about the universality or permanence of death. Dineo was told that

crying would not bring back the deceased. Her response was to stop crying and focus on the future. Another teenager explained:

> *I was taken away for sometime so as to kind of forget. I was made to understand that death can occur to anyone*. G0802

In many cases, even when the children asked for information, none was given and their experience of grief was often discounted.

> *No one has talked to me about it. I did talk to my grandmother but she didn't explain* M1405
>
> *At the time of my mother's death, no one listened to me or talked to me. It made no sense*. Ma2203

One teenage boy describes going to his siblings for answers:

> *I try to understand the problem that caused the death so as to cope more better. I ask my older brothers and they answer me.* G0701

Some children note that they do not want to ask questions or they do not like it if their late mother is mentioned.

> *At the time of death I asked my grandmother about it but she did not explain. No one has spoken to me about it since then* (he was only 6 years old) *but I do not have questions I want to ask*. Ma1503 (12 year old boy)
>
> *My grandmother listens and explains. I am free to ask, but I don't*. Ma2401
>
> *I do not like family members to talk about or mention my mother*. G0804

This is possibly a reflection that children have been so successfully socialised into the culture that they are aware of the taboo concerning children talking about death or possibly it is the stage described in Table 8.3 where children sometimes deny their own grief in order to protect an adults' feelings. Silverman *et al.* (1995) found similar responses among a small number of the children in their study.

The impact of silence and secrecy

What effect does this silence about death, what I have described in terms of cultural involution, have on children? Once again, the literature on this topic is generated overwhelmingly in North America and Europe. Lewis (1995) argues that if a child's questions are discouraged or not answered, the child may 'fantasise' answers that are more frightening than the real ones. Then, when a real event, like death, mirrors such a fantasy, the child's level of anxiety may increase suddenly. Children usually

hesitate to share fantasies or memories of their dead parent with other children for fear of being teased and these feelings, as well as emotions such as anxiety, anger and loneliness, may also become secret. Children who are not given sufficient opportunities to share feelings or who are actively blocked from expressing their emotions, may resort unconsciously (or even consciously) to behavioural manifestations of their anxiety, frustration and anger.

Nagler, Adnopoz and Forsyth (1995) worked with children and families affected by AIDS in New Haven, Connecticut. In their experience, many people affected by AIDS take on the associated stigma as part of their own sense of identity. Their resulting self-concept as unwanted and unloved contributes to their fear of disclosing the secret of HIV infection and the response is then one of secrecy and denial. The physical effects of AIDS are, however, undeniable and so the results of these protective attempts is "to render the disease unnamed, unspoken and often unspeakable to children who then have no name for what they know is happening to their loved ones and to themselves" (Nagler *et al.*, 1995: 75). They conclude that the issue of secrecy is more about *naming* than about *knowing*; even when children have not been told, it would be inaccurate to say they don't know. Indeed, they know that something is terribly wrong but it is something for which they cannot use the name, it literally becomes the 'nameless dread'. Without a name, children are unable to use language and words to help them understand and cope with frightening fantasies and painful realities. Knowing the name, but not having permission to use it puts children in the situation of feeling they are defying and being disloyal to their parents every time they have a clear thought about their position. In the experience of Nagler *et al.* (1995), once children have the name, they do not necessarily use it much; most children will keep the secret as their parents and society have taught them. Although this protects the family from stigma, it also prevents the child or adolescent from receiving clarification, validation and support which may in the long run, threaten their psychological growth, impede their developmental progress and interfere with their ability to cope in all the important areas of their lives.

A study in Uganda (Gilborn *et al.*, 2001) found that the experiences of African children closely matched those described above. Among 181 older children

participating in the study, 81.7 percent were aware that their parent had some health problem but only 27.6 percent reported that their parent had told them they were HIV positive. Of those who were told, the vast majority (88 percent) said it was a good idea for parents to disclose their HIV status to their children. There were also children who had already been orphaned participating in the study and only 19 percent of them reported having discussed their parent's HIV status with them. Both those who had experienced parental disclosure and those who had not were in favour of disclosure.

Thamuku (2002) (who provides grief and loss therapy for orphans in Botswana) argues that when bereaved children are denied the opportunity to grieve openly and to ask questions they 'put off' or delay their grief. They get through the time of mourning and, only later, may be able to deal with their grief. She interprets this as the only effective strategy for survival available to some children: delaying grief because of cultural requirements. However, Thamuku continues, delayed or denied grief may later hamper personality development, especially the capacity to form satisfactory emotional relationships with others.

Once bereavement has occurred, the secrecy surrounding the cause of their parent's death may contribute to disabling grief. Doka (1995) termed such a situation as 'disenfranchised grief' which he defined as the grief that people experience from a loss that is not, or cannot be, openly acknowledged, publicly mourned, or socially supported. Bowman (1999) argues that children in particular are vulnerable to 'disenfranchised grief' which he associates with 'shattered dreams'. He defines shattered dreams as

> "the loss of an emotionally important image of oneself, one's family or one's situation; the loss of what might have been; abandonment of plans for a particular future; the dying of dreams" (Bowman, 1999:)

and he links shattered dreams with the need to create a new identity. Keneo, whose story was told in chapter 2, illustrates these concepts: his dream was to go to university and then start a business but the deaths of his parents shattered that dream. His identity as eldest *son* changed as he found himself an orphan; the new identity he describes for himself is "father of four". He was unable to talk about the loss of his parents with relatives or even his siblings so he experienced

‘disenfranchise grief’ after the trauma of his parents’ deaths. He was ‘disabled’ in the sense that his normal functioning was so disrupted that he failed to achieve the qualifications he needed for university and had to abandon those particular plans for his future. Keneo may have been grieving not ‘only’ the loss of his parents but also the loss of his previous identity and the loss of dreams associated with that identity.

8.4 Hidden wounds

Most of the orphans in my study experience unspoken grief, they are silent mourners. The lack of openness concerning their loss and the lack of social support for these children has resulted in the wounds they suffered as a consequence of the loss being hidden. The most frequently reported hidden wounds that I came across in my study were intrusive thoughts and deep unhappiness. In a variety of different contexts children reported thoughts of their deceased parent (usually their mother) disturbing them. When I asked whether they ever experienced difficulty concentrating, changes in their school work or anxiety, the most frequently given reason for a positive answer was intrusive thoughts. Usually there was a trigger for these thoughts such as being scolded, as in Nxisa’s case, at home or at school, or if they lacked an item of uniform or casual clothing and were teased by friends or classmates. Discussion about intrusive thoughts also occurred during the focus group activity, particularly in response to the question “Are orphans more likely to drop out of school than children with parents?” where intrusive thoughts (thinking “too much”) about their lost parents were held responsible for increasing an orphans chances of losing concentration, failing and then dropping out.

Another hidden wound that affects many of the children I worked with is deep melancholy and emotional distress. A few of the children mentioned this in response to the individual activities but almost every group during the focus group activity discussed the misery of orphans compared to children whose parents are still alive.

> *I am so unhappy that I thought I can die*. S0301 (11 year old boy)
> *There is no happiness in the lives of orphans.* (upper primary boys and girls)
> *Orphans lack love or parental tender care, they are also not living happily because they miss their parents mostly* (junior secondary boys and girls)

Other phrases that were used to describe their unhappiness include ‘orphans live in trauma’, ‘orphans feel pain’, ‘they live miserably’, ‘orphans are always sad’ and ‘orphans encounter sufferings (emotional)’. They compare themselves to children with parents and find themselves worse off. On occasion I also witnessed the extreme sadness of children when thinking about their mother. Once, when I was interviewing a caregiver and the little girl whose mother had died 2 months previously was present, the caregiver showed me the mother’s *Omang* or ID card. After I had looked at it I returned it to the caregiver but the little girl took it and, kneeling there in the sand for the duration of the interview, gazed at the photograph of her mother with an intensity of sadness in her small face that I had never before witnessed.

Other hidden wounds include fear of death both for themselves and for others. Some children spoke of being afraid that they would be murdered or kidnapped, sometimes the images were vivid:

> *I am afraid I will have a death involving a gun or getting stabbed with a knife*. Ma1801

Others expressed the dread that the people caring for them now would die:

> *I think I will suffer a lot if my caregivers die and I lose them too*. Ma2602

Many of the children mentioned the fear of getting diseases like AIDS because it kills and is incurable. This illustrates the point made above by Lewis (1995) and re-iterated by Nagler *et al.* (1995) that secrecy and silence can result in frightening thoughts for children. Some of the children expressed terror concerning the euphemisms and metaphors that are used to describe death to them, for example, one of the phrases used to describe a death is “he/she was eaten by lions” and some of the children (who live in an urbanised-village not threatened by lions) expressed dread of being eaten by lions. The fear of their own or someone else’s death is a common reaction of bereaved children (see Table 8.3) but what makes this a *hidden* wound is that they discouraged from expressing these terrors or asking questions. Dineo’s cousins described their fear of going to the shebeen for their grandmother but being beaten if they refused to ‘be sent’. This is a common experience for children in Botswana. Many children also expressed ‘night fears’ and in particular the dread of witchcraft. This fear was often linked with illness, death and violence.

Foster (2002a) comments on the lack of research concerning the psychosocial impact of AIDS on children in Africa. He points out that psychological reactions to bereavement may only become apparent months or even years after the death of a parent making it extremely difficult to recognise the link between the stressful event and the behavioural response. Bowlby (1963) describes the experience of parental loss during childhood as similar to burning or wounding and he likens the grief and mourning processes which follows bereavement to the processes of healing after wounding. When a wound is covered up and hidden, healing may be prevented and long term disabling the more likely outcome. Cultural involution in Botswana has the effect of covering up the wounds of bereavement and there is already some indication that long term disabling is occurring. Thamuku's (2002) analysis that delayed or denied grief will have a future effect on personality development is an example of the long term disabling effects of hidden wounds.

8.5 Long term disabling

Many of the children I worked with were well aware of the long term consequences of the disadvantages in life which they faced due to their status as orphans. It was generally clearly understood that the disruptive thoughts which led to poor concentration and declining school achievement would increase their likelihood of dropping out of school; indeed, some of the children in the study had already dropped out of school and knew first hand the difficulties this could cause them. One girl expressed it as follows:

> *I failed Form 3 so now I am not admitted* (to senior secondary school) *and now my life is not continuing because of lack of education.* Mm1901

Orphans are not the only ones who fail Form 3 or Form 5 and are unable to progress to higher education, but they certainly perceive themselves as more likely to drop out than children whose parents are still alive. Many of the studies mentioned above (Archer, 1999; Webb, 2002) conclude that the school performance of bereaved children declines after the death of their parent. The outcome is reduced ability to find work and to become a fully functioning member of society and the economy. School failure and the inability to find work may undermine the self esteem of the young person. Nxisa had the added disadvantage

of looking for work in an environment which she perceived as racist and discriminatory and her response was to give up, to not even bother seeking a job.

The deep unhappiness experienced by orphans may be the result of the "shattered dreams" identified by Bowman (1999). Bereavement alters the identity and the role of the person who has lost a loved one and it follows that the way they pictured themselves in the future, their dream, has to change too. Many children find this extremely difficult to do, they cling to the memory of the situation before their bereavement and wish they could return to that. This is indicated by comments such as "if my mother was still alive…" followed by a description of how their position would be happier – they have not let go of the shattered dream, nor found a new dream to replace the one lost. They experience pain and unhappiness while they mourn the lost dream and adjust to their new status and identity. Shattered dreams are frequently associated with loss of self esteem as the bereaved children perceive themselves as loved less by their new caregiver than by the lost parent, treated worse and likely to experience greater unhappiness. In Botswana this is especially likely when the new caregiver is an aunt whose own children are still living at home (see chapter 7).

Bowlby's attachment theory suggests that the 'internal working model' of children, whether secure or insecure, will affect their ability to cope with psychological stress (Schofield *et al.*, 2000; Becket *et al.*, 2003). Children who have experienced poor parenting or maltreatment are more likely to have an insecure internal working model: they will be anxious when under stress and have low self-esteem (Schofield *et al.*, 2000). The psychological defences they erect to cope with anxiety and distress in the long run will impede their ability to relate to others (Becket *et al.*, 2003). Howe describes such defences and internal working models as "a reasonable response to unreasonable events which nevertheless impair and confuse long-term efforts to cope with the social world" (Howe, 1995: 90).

Although Bowlby first developed attachment theory in the late 1950s and 1960s Kelly (2002:20), discussing the current position of foster care in the UK, states that "'attachment theory' has become the key theoretical perspective informing child-care decision making." Howe *et al.* (1999), commenting on the further development

of attachment theory in the hands of modern-day theorists, assert that attachment theory

> "is more than just another approach to children's socio-emotional development: it is a theory that subsumes and integrates all others. It is a relationship-based theory of personality development and our psychosocial progress through life" (Howe *et al.*., 1999:10).

Attachment theory was developed in the West and may not necessarily be applicable in Africa where parenting practices are very different (see chapter 3, section 3.3.2). Tolfree (1995) attempts to assess to what extent attachment theory is universally applicable and notes that in many developing countries a wide range of adults (and sometimes older siblings) nurture children; shared care between mother, other adults and children is more nearly universal than exclusive mother care. Kelly points out that even in the UK the

> "widespread acceptance of attachment theory in the professional child-care community has been criticised by black workers who often complain that the theory as interpreted by white professionals is culturally biased." (Kelly, 2002:25)

He goes on to say that attachment and bonding in black families are seen as multi-dimensional rather than limited to the nuclear family. Nonetheless even in Africa, the psychological defences children develop in response to stress can cause long term disabling in the form of behavioural and emotional problems.

The loss of educational opportunities and other dreams make orphans more vulnerable to other problems which could undermine their ability to become fully functioning members of society. In the focus group activity the children in my study believed that orphans were at greater risk of being misled into abusing alcohol and participating in unsafe or criminal activities:

> *Because they have no parents they are more exposed, some one can give them alcohol*. (Upper primary boys and girls.)
>
> *It is easy to make orphans do things that are unsafe*. (upper primary boys and girls)
>
> *Orphans are likely to become thieves or criminals due to lack of proper parental care. They can suffer from emotional depressions which can indeed make them to become abnormal and make it hard to concentrate more on the aspects they should choose to live better in the future.* (Primary school girls)

They also perceived girls to be more at risk of engaging in sex to get money:

Some girls become sexually active to get money, they become hopeless. (Form 5 leavers)

There was general agreement that orphaned boys and girls are more at risk than children with parents of contracting sexually transmitted diseases such as AIDS.

In Western societies, the invisible impact of bereavement and adjusting to orphanhood might be measured using child development indicators. These are not always appropriate or applicable in African contexts (see chapter 3, section 3.3.2) and an alternative method of measuring long term disabling resulting from hidden wounds might be to use rites of passage indicators. Van Gennep (1960) introduced the rites of passage concept and Turner (1967, 1969 and 1974) has done extensive work on liminality and marginalisation. Van Gennep described the three stage process in any rite of passage: separation from the old status, a period of transition or liminality and then reincorporation into the new status. Detachment from the old status and reaggregation back into the social structure each imply that the person undergoing the transition has rights and obligations associated with the old and the new status and is expected to comply with the norms of society. Liminality, in contrast, is an ambiguous state, the "passenger" passes through a period of paradox and confusion, betwixt and between customary categories, "(t)hey are at once no longer classified and not yet classified" (Turner 1967: 96). In the liminal state, a person is structurally (if not physically) invisible, they have a physical but not a social 'reality' and must therefore be hidden since it is a paradox to see what ought not to be there.

For children, the death of a parent requires a rite of passage, a three stage process: separation from their old status as 'son' or 'daughter', a period of liminality with rituals of mourning, burial, interment and finally a reaggregation into the re-formed social network with a new status as a 'child without parents'. In Botswana, many orphans are excluded from the funerals of their parents, they are structurally invisible. Sometimes, particularly in the case of young children, they are taken to another place, they are literally not seen. In the case of older children, some of them complete all three phases of the rite of passage and the transformation culminates in a clear aggregation into a new status and role. Keneo was transformed from 'son' into his new status of 'father of four' – a status achieved (rather than ascribed)

through his presence at his father's death, and the fact that he accompanied the body back to the home village. His liminal period involved confusion and what he describes as "being tortured" as he struggled to gain control of his emotions to make the transformation from boy to man, from son to 'father'. For others, the rite of passage seems not to move beyond the liminal phase, they remain invisible in an ambiguous state. Lesego was not with his mother when she died, though he did attend the funeral. He has lost the status of son but has not yet found a new role for himself; although he is the eldest sibling in the household, the nominal 'head' of the sibling-headed household, he has not grasped this role in a purposeful manner and somehow remains (structurally) invisible to the extended family and to the neighbours. It is possible for them to ignore, to 'not see' the plight of this sibling group. This perpetual liminality, this ambiguous state which has continued for some years, is dangerous both to him and his siblings. Turner (1967) equates *limen* with margin and Lesego's family is truly marginalised. The orphaned girl, quoted above, who had failed Form 3 and been forced to drop out of school, described her state of extended liminality in this way: "my life is not continuing".

In Botswana, school progress is now providing key thresholds: national exams in Standard 7 (end of primary school), Form 3 (end of junior secondary) and Form 5 (end of senior secondary school) have become rites of passage which partially, though inadequately, replace formal initiation. Failure at any level brings separation from the status of school student, a period of liminality and then may bring reaggregation into a new status of farmer, say, or cattle manager. Increasingly the period of liminality is extended.

Turner (1974), in exploring the concept of liminality, stresses the significance of 'communitas' during this ambiguous and unsettling phase. Communitas is the sense of equality and comradeship between those jointly undergoing ritual transition. The bonds of communitas are anti-structural in the sense that they liberate people from structure which "holds people apart, defines their differences and constrains their actions" (Turner, 1974: 174) and give them a sense of belonging to an informal and egalitarian whole. When liminality is prolonged in orphanhood and the child without parents is not reincorporated into new social networks, communitas is absent. The sense of belonging associated with communitas potentially satisfies primary

psychosocial needs like ‘security’, ‘being loved’ and ‘continuity’ which then form the basis for attributes like self esteem and confidence. The lack of communitas in the prolonged liminality of orphanhood may drive orphans to seek ‘belonging’, ‘acceptance’ and ‘membership’ in alternate relationships and socially unacceptable ways. Nxisa’s sister Xhoga is an example: she has turned to substance abuse as a way of dealing with the exclusion and marginalisation that she feels.

Other authors discuss the concepts of liminality and marginalisation but may use different terminology. Henderson (2002) reviews work by De Bock on the ambivalent status of migrant youth in Africa. She uses the notion of ‘borderlands’, ‘frontiers’ with all their multiple contemporary meanings.

> “Identities here are ambivalent, contextual, negotiable and polysemic. … In the border region, discourses on the negation of social ideals including witchcraft, cannibalism, incest and homosexuality are linked to success … and danger” (Henderson, 2002: 63)

She expands on the concept of ambivalent identities “where opposites flow into one another and exchange meanings” such as inside-outside. She links it to models of what is marginal and what is central: young people as generators of violence or weavers of social networks. A prolonged period of marginalisation in the borderlands may result in antisocial behaviours (violence) while reaggregation has positive effects (building social networks). Ahmed (2000), commenting on the ideas of Diken, picks up the themes of ambivalence, identity and exclusion and links them with being a stranger:

> “Diken takes up the figure of the stranger as the one who is excluded from forms of belonging and identity, particularly within the context of nationhood. He defines the stranger as the one who inhabits a space of ambivalence, in which one is not quite ‘us’ or ‘them’” (Ahmed, 2000: 5)

This analysis links liminality, not quite ‘us’ (reaggregated into new status) or ‘them’ (separated from old status) with being a stranger.

Henderson (2002) also discusses the outcome of failed transition. She refers to work by Reynolds on African conceptions of evil viewed through the notion of childhood.

> “The transition from childhood to adulthood … is a transition from innocence to social identity and self-integrity. Evildoers are adults who failed to achieve that transition according to the norms and ethics of community. …victims of evil are often innocent children or weak adults. Healing therefore strengthens the social identity of individuals and of communities.” (Henderson, 2002: 46)

Orphans at the time of their bereavement, undergo a change in identity. This involves a parting from their old status as son or daughter, from belonging to a family with parents. They move into a period of liminality, a borderland where they no longer 'fit' in former relationships, their identity becomes ambiguous; they become strangers in their communities and homes. The danger is that they may never become reaggregated into a new identity and status; they may remain strangers who don't 'belong' to any group in society, permanently marginalised. Hidden wounds enhance the risk of failure to make the transition and increase the likelihood the orphan will be socially disabled in the long term. The implication is they may resort to anti-social behaviour as they seek to 'belong'. Expedient behaviour by adults reduces the chances of reaggregation.

8.6 Resilience

Long term disabling outcomes are associated with hidden wounds such as low self esteem and lost dreams. Some children appeared more resilient to the experience of bereavement, more able to cope with the losses they had experienced as well as any other disadvantages life seemed to throw at them. My data have two good indicators of the difference between children who have been disabled by bereavement and those who are more resilient. The first is a direct question about self esteem and the second is more indirect – about changes in school work. Some children feel that their school work had improved since their parent's death and these children were usually the same ones who said their self esteem was high. Often these children lived in extremely difficult circumstances and, in spite of their situation, they were more resilient and optimistic. Anna's family is an example:

> *Anna is caring for 5 orphaned grandchildren, a sixth one was adopted by a white woman from a different district. There are also 3 other grandchildren whose mothers are working in the tourist industry some distance away. In addition, her retired husband and three unemployed sons are living at the family homestead. By Anna's own admittance, her sons are drunkards. The children describe how terrifying their uncles become when they are drunk, all the more so because there is no safe place for them to go to when then the uncles are in this state. They fear for their grandmother who gets beaten up*

by her own sons when they have had too much to drink. At school the children face racist comments; they describe themselves as 'Coloured' but get called 'Bushman' by fellow students. Yet, in spite of the constant violence and verbal abuse from their uncles and the racism at school, all the children described themselves as having high self esteem, performing well at school and having the motivation to finish secondary school and make something of their lives.

What makes the difference? Anna makes the difference. Her grandchildren love her and know they are loved by her. She encourages them to aim high and constantly supports them in achieving educational goals. She has taught them how to deal with racism:

> *At school when the children call me names, I don't react at all and then they stop. I learned this from my grandmother.* (Anna's 16 year old granddaughter)

Anna's physical courage and readiness to sacrifice herself – she intervenes to protect the children when the uncles are drunk – have convinced the children that she values them and believes they have a future. She regularly uses the uncles as an example the children must *not* follow but provides them with a vision of what they can do with their lives. The result is confident children who believe in themselves and their future. In terms of Bowlby's attachment theory, they could be described as having secure internal working models.

Literature on resilience uses the term 'protective factors' concerning the ability of some people to cope better than others with adverse experiences (Howe *et al.*, 1999; Gilligan, 2001, 2002; Rutter, 1999). Protective factors include stable care and a secure base, high self esteem and self efficacy manifest in problem-solving abilities and competence (Bowman, 1999; Gilligan, 2001, 2002). Anna has managed to provide or instil in the children most of these factors: they have a secure base and know she loves them; they have high self esteem and believe in their ability to achieve their educational goals and, when faced with racism, they could deal with it. Protective factors are differentiated from personal characteristics or an individual's personality traits. Bowman, like Silverman *et al.* (1995), prefers the term 'adaptation' or 'accommodation' rather than 'recovery' after the loss and

resilience enables the child to achieve the necessary accommodation to the changes experienced after bereavement.

Increasing the number of stress factors greatly increases the risk of long term disorders while cumulative protective factors can have disproportionately positive effects (Gilligan, 2002). The implication for orphans in Botswana is that multiple losses and expedient behaviour by adults are likely to increase vulnerability and reduce resilience. Although it is impossible to erase the losses experienced it is possible to build up the number of protective factors in a child's life and enable them to cope even under adverse circumstances. Katz (2002) terms this as 'playing a poor hand well'.

In this chapter, I have examined the manifestations of cultural involution and denial regarding death, sex and talking to children about these matters. Setswana customs for handling and managing death were outlined and compared with what has been written about grief processes in Europe and North America. 'Normal' grief follows culturally acceptable patterns of distress and social dysfunction while 'pathological' grief involves severe disruption to psychosocial functioning. The response of bereaved children to death will depend on their developmental stage and cognitive understanding which, in turn, are affected by their culture. Children can also experience 'normal' or 'disabling' grief. Adults can help bereaved children to avoid disabling grief and a number of culturally appropriate methods that have been tried in Africa are outlined. Setswana cultural attitudes to children's grief are examined. Cultural involution and denial result in very little being done to ensure that the children's grief is normal; many bereaved children in Botswana experience disabling grief. Cultural silence concerning the losses suffered by bereaved children has resulted in hidden wounds. The manifestation of these hidden wounds as intrusive thoughts, deep unhappiness, emotional distress and unspoken fears, is discussed. The fact that the hurts are concealed may prevent healing and result in long term disabling to the extent that orphans are not able to participate fully in the social and economic life of the country when they reach adulthood. Such permanent marginalisation is analysed in terms of Van Gennep's concept of 'liminality' within his rites of passage model. Some children remain resilient in spite of profound adversity and factors enabling such a positive response are identified.

Chapter 9: THE WAY FORWARD

9.1 Introduction

Baboloki was 20 when I met her and her baby son was just 6 months old. She and her younger sister, Tiroyaone, had been staying with their maternal uncle and his wife and family since their mother's death some years before. Baboloki had finished Form 5 and really wanted to become a teacher but her grades weren't good enough to get her into teacher's college. She and her caregivers had no idea how to find out if it might still be possible, what she could do to raise her grades to qualify or how to proceed, so since finishing school she had just remained at home 'doing nothing'.

Although the girls describe their uncle and aunt as 'extremely strict', Baboloki also acknowledged that they and other relatives had been very supportive towards her concerning the baby, often helping with clothes and food as well as with care. Neighbours have not been so kind. One neighbour taunted her that as her mother had died she would fail Form 3; when she passed the neighbour made the same comment about Form 5. Her uncle and aunt encouraged her to continue. There is one matter in which Baboloki would like more support from her caregivers and that concern's her mother's house and lands which have been neglected since her mother's death, even though they are in the same village. When her baby is a bit older and if she is unable to study to be a teacher, she would like to move back to her mother's plot, providing of course, her uncle gives his permission.

Baboloki represents one of the frightening consequences of the social impact of AIDS in Botswana and in particular of orphanhood: when orphans have children themselves, there is no grandparent generation to provide help should the orphan's child be orphaned. The extended family safety net has some gaping holes. Baboloki is fortunate in that she is supported by her maternal relatives but many orphans suffer ill treatment at the hands of aunts and choose rather to live in sibling-headed households. When these children begin to have children themselves, who will

support them? Who will care for their babies while they work or seek work? Who will teach the little one their traditions?

In this chapter, I consider once more my research questions. I then summarize the conclusions from my research and briefly discuss the policy implications of those conclusions. Finally I suggest some issues for future research arising from my conclusions.

9.2 Research Questions Revisited

In this section I reflect on my methodology and the relation between method and my findings. My research questions were worked out long before I went to the field. I developed some hypotheses concerning the issues I was going to research based on what I had read and understood of the situation and thought I needed to find out: a deductive process. However, once out in the field, I gradually became aware of additional realities which it was not possible to deduce from secondary sources and so the research questions had to be altered. In some cases this implied dropping a section of the question and in other cases additional questions were added: the process became partially inductive.

My first question concerned the extent to which the extended family is under stress and what effect this would have on communities. I thought I would find the answers by examining the nature of the inter-generational bargain and how social structures are changing. Indeed, this question is an example of how additional questions were added to the original set of related issues and my conclusions are discussed below in the sections on social structure and livelihoods. During the process of discovering the relationship of the child to his or her caregiver and the extended family, other interesting trends emerged, for example, the very low and falling rates of marriage in Botswana and, linked to that, the increasingly important role of the maternal uncle in a child's life.

My second set of questions concerned the nature and extent of the psychosocial impact of orphanhood. Again I made changes once I began collecting data. I found that participants avoided giving answers to questions about the length of illness and

the child's participation in the care of the parent due to the stigma which still surrounds AIDS in much of Botswana. The result was that these data were incomplete and inconclusive. A more important influence on the psychological well-being of the child was *how* the death was handled by the family and whether or not the child participated in the funeral, rather than the length of illness before the death. Another change occurred as a result of an interesting trend that emerged concerning the child's relationship to the caregiver. I found that the age and gender of the child were less important in relation to abuse than *who* was caring for the child: grandmother, aunt or sibling. I discuss my conclusions below in the section on cultural response and hidden wounds.

My third set of questions was about the current and future economic impact of increased orphanhood. I planned to answer this question by looking at how households cope with the additional financial and material burden of caring for orphans – and this is partially answered in the section on livelihoods below. In addition I considered whether there has been a negative impact on the health and education of orphans. This question looks at the longer term impact of orphanhood and my conclusions are discussed in the section on long term disabling.

9.3 Research Conclusions

In this thesis I have shown that Botswana is undergoing rapid social change, initially caused by economic development and rapid growth and more recently by the effects of AIDS. The result is diminishing social cohesion as the effects of migration and rapidly falling rates of marriage are compounded by the fragmentation of the extended family as AIDS kills increasing numbers of adults in their prime (see chapter 4).

9.3.1 Orphan care reflects changing social structure

On-going changes are occurring to the social structure in Botswana as more and more orphaned children are living permanently with their maternal grandparents or another maternal relative, usually an aunt (see chapter 6, section 6.3). Children in Botswana, historically a patrilineal, virilocal society, are increasingly growing up with

their maternal relatives. Often a maternal uncle takes on some of the parental roles and responsibilities of a father such as providing school fees and discipline. In Baboloki's case her maternal uncle has taken responsibility for her care as well as that of her baby and her sister. Most children in Botswana now grow up alongside cousins or even nephews and nieces; groups of children in a single household may consist of some who are orphaned and others whose mother is still alive. Although this trend had started long before the impact of AIDS, it has been accelerated by the effects of the epidemic. As the AIDS epidemic 'matures' more children are being raised by their siblings, in some cases because there simply are no relatives who could care for them, but in other instances because the children choose to stay together rather than be separated among relatives.

My data show a difference in the perceived quality of care depending on the orphaned child's relationship with the caregiver. The most problematic relationship, resulting in the most frequent reporting of abuse and deep unhappiness, was when an orphan was cared for by a maternal aunt, particularly if the aunt's children were still living at home. A possible explanation is that in such a situation the orphan's status is contrasted with children whose mother is not only alive but also present. When children are cared for by a grandmother, although there may be a mix of orphaned and non-orphaned children, they all share the status of 'grandchild' and consequently there seem to be fewer problems. In my study, children staying with their grandmother had fewer problems and were less unhappy than those staying with aunts. Children staying with siblings often had psychological problems that the sibling-caregiver felt ill-prepared to deal with.

9.3.2 New livelihood strategies

The impact on livelihoods is enormous (see chapter 6, section 6.4). As the adult children of rural households fall ill, these households are hit by a double blow: first the adult child is no longer able to work and earn money to remit as a contribution to the care of their children, and secondly, the adult child often returns to his or her rural home to be cared for by his or her mother for the last stages of the illness. The old mother then finds herself caring for grandchildren with the added burden of caring for a sick daughter or son. Frequently the opportunity cost of this extra care

is the planting and harvesting of food at the lands. The Government of Botswana has introduced a benefit package for all registered orphans and this has stimulated a new livelihood strategy: those who are prevented from producing their own food because of the increased burden of care now rely on the food benefit associated with an orphan; others actively seek to 'acquire' an orphan in order to access the food benefit even if this means separating orphaned children from their siblings so that more families can receive the benefit. Acquiring an orphan in order to access the food basket has become a new livelihood strategy.

9.3.3 Cultural involution and expediency

The cultural response in Botswana to the enormous stress brought by the AIDS pandemic on a society already undergoing rapid change, has been one of 'cultural involution' and denial rather than behaviour change. 'Cultural involution' is a term first used by Scudder (Scudder *et al.*, 1982) to indicate clinging to the status quo and changing no more than is necessary in response to a stress event. Scudder, in turn, takes the term 'involution' from Geertz (1963: 82) who described some of its characteristics as "internal elaboration and ornateness, technical hair-splitting and unending virtuosity". In Botswana, funerals have become progressively more elaborate and expensive but adults do not explain death to the increasing number of orphaned children because culturally it is a taboo subject between adults and children. Many orphans find it extremely difficult to process the experience of their parent's death when they are excluded from the funeral rites and unable to ask questions or talk about the death openly (See chapter 8, section 8.3).

At the same time, I have argued, increasing 'availability' of vulnerable people (both ageing caregivers and the orphans themselves) has resulted in opportunities for expedient behaviour by the very adults who should be caring for them. By 'expedient' I mean more than simply opportunistic or pragmatic; there is a definite element of self-serving interest at the expense of the vulnerable person. Elderly, infirm caregivers are exploited by food suppliers whom they cannot challenge for a variety of reasons, for example, they may be illiterate; orphans are exploited by teachers for sexual favours and by aunts in order for them to access the food benefit which they then use for their own children. The moral climate needed for

such expedient behaviour to continue unchallenged, is one of 'turning a blind eye', a 'complicity of silence' in which no one speaks out on behalf of the exploited person, not even those who have a duty to protect them, such as social workers (see chapter 7, section 7.2).

9.3.4 Hidden wounds and cultural silence

The impact of a parental death on a child, often made worse by the expedient behaviour of those who are caring for them, inflicts *'hidden wounds'* such as emotional and psychological trauma. If physical wounds are covered up and hidden, they may fester instead of heal; likewise with emotional and psychological wounds which are 'covered up' by the complicity of silence. They, too, may fester and cause long term scarring and disabling. Ignoring children's grief, by not taking the time to explain death to children in language they can understand or not allowing them to ask questions about the death of their parent or preventing them from participating in the funeral rites and rituals, is part of this expedient behaviour. As discussed in Chapter 8 (section 8.3.4), the adults who work with bereaved children in Botswana admitted that culture is used as an excuse but that it protects adults rather than children. One manifestation of hidden wounds is intrusive thoughts of the deceased parent. These are generally associated with loss and sadness and may be triggered by negative experiences such as punishment at home or school. Orphans frequently and widely experience deep unhappiness and emotional distress; they compare themselves to children with parents and find themselves worse off. Another hidden wound is the fear of death (their own or someone close to them), often expressed in one of the euphemisms used to describe death to children, such as a fear of being 'eaten by lions' even if they live in an urban area. Many children experience 'night fears' and in particular the dread of witchcraft. This fear was often linked with illness, death and violence. Low self-esteem and depression will also affect the ability of the child to function normally and to make developmental progress.

Cultural silence in Botswana has the effect of covering up the wounds of bereavement and those inflicted by expedient behaviour and there is already some indication that *long term disabling* is occurring. The disabling effects of the hidden

wounds include declining school performance as a result of loss of concentration, often resulting from intrusive thoughts. Falling grades may result in school failure and the loss of future educational opportunities. The outcome is reduced ability to find work and to become a fully functioning member of society and the economy. The self esteem of the young person may be undermined by school failure and the inability to find work. Orphans may experience deep unhappiness as the result of 'lost dreams'. The identity and the role of the person who has lost a loved one are altered by bereavement and it follows that their image of themselves in the future, their dream, has to change too. Many children find this extremely difficult to do, they cling to the memory of the situation before their bereavement and wish they could return to that. This may undermine their self esteem in their current situation. Low self esteem makes these children vulnerable and exposes them to a greater risk of being misled into abusing alcohol and participating in unsafe or criminal activities. Girls may be at risk of engaging in sexual relationships to earn money or to try and fulfil an emotional need. Orphaned boys and girls perceive themselves to be more at risk than children with parents of contracting sexually transmitted diseases such as AIDS because they do not have parents to teach them about sex. These long term disabling outcomes were associated with hidden wounds such as low self esteem and lost dreams.

Some children appeared more resilient to the experience of bereavement, more able to cope with the losses they had experienced as well as any other disadvantages life seemed to throw at them. Those children who identify themselves as having high self esteem seemed to be the most resilient and they also perceived themselves to be doing better at school since their mother's death. Resilience may be higher when 'protective factors' are present; these include stable care, the ability to solve problems, obvious competence and perceived efficacy. Resilient children are less likely to experience permanent marginalisation; they are more likely to come through the liminal period of bereavement and be reaggregated into society.

9.4 Policy implications

The scale of orphanhood in Botswana is significant: some 15 percent of all children and 25 percent of 17 year olds are currently orphaned. This is set to rise for some time yet; in Uganda the numbers of orphans peaked 14 years after the peak in HIV, and it is not yet clear whether Botswana's HIV prevalence rate has peaked. Even if a minority of orphans suffer from hidden wounds and permanent disabling the impact on society and the economy could be enormous.

The Botswana Government is one of the very few governments in sub-Saharan Africa which has a welfare programme for orphaned children and their caregivers. This is laudable and there is much that can be done to improve the effectiveness of the programme:

a) Monitoring and evaluation of suppliers. Three variations on the food benefit supply system are described in section 6.5.1. The third system, the one involving tendering by 'tuck shops' and other small-scale suppliers, is the one with the most problems. Measures could be introduced to prevent political expediency (the wives of chiefs and elected councillors being awarded the tenders) and ensure that supplies reach the children (appointment of more caretakers who could physically monitor the distribution of supplies). Likewise, the tendering of supply of school uniforms should be monitored.

b) Improved co-operation between schools and social workers. When orphans have been registered by social workers in order to receive the food benefit, this information should be passed on to schools and disseminated to relevant staff so that teachers know the school fee will be paid by the council and do not 'chase' orphans to pay the fee. When teachers discover that a child has been orphaned but is not yet registered, they should pass this information on to the social worker so that the family can be assessed and start receiving food as soon as possible.

c) Increased human resource capacity. More social workers are urgently needed as the numbers of orphans will continue to grow for some time while social workers are also affected by HIV and dying of AIDS. Training should be undertaken *now* to ensure sufficient capacity as the need increases in the future. Increased capacity would allow the monitoring of 'problem' caregivers who sell or give away the children's food, or those who abuse the orphans in their care in other ways.

Greater capacity would also enable social workers to offer counselling and other forms of psychosocial support, such as parenting skills for grandmothers or sibling caregivers who desperately need support.

Although the Botswana Government has policies in place, albeit operating less than perfectly, to provide for the material well-being of orphaned children in the short term, there is an urgent need for psychosocial support for orphans. To prevent the hidden wounds from festering and causing long term disabling, they need to be brought to light and treated to promote healing and minimise scarring. The adult generation is unlikely to rapidly alter their norms concerning talking to children about death and allowing children self-expression, so the only large scale effective way of dealing with the problem is to focus on the children and introduce policies to strengthen orphans. 'Vision 2016' is a vision of what Botswana could achieve by the time it has been independent for 50 years and this vision includes an "AIDS-free generation". Programmes which focus on strengthening children could include AIDS prevention education in line with Vision 2016.

The continued roll-out of anti-retroviral therapy (ART) should delay the deaths of numerous mothers and thus slow down the rate at which orphan numbers are rising. The provision of ART should be combined with psychosocial support for mothers to help them disclose their HIV status to their children in an appropriate manner, to prepare the children for the eventual death of their mother and to help mothers provide 'good enough' parenting despite their HIV status.

Botswana's current strategy for tacking the epidemic is set out in the policy document: "Botswana National Strategic Framework for HIV/AIDS 2003-2009" (NACA, 2003b) which identifies orphans as a priority group. The issues which have been singled out as urgently needing to be addressed are the provision of psychosocial support services and the rapid expansion of services through civil society organisations such as CBOs and FBOs. Because of the *scale* of the problem in Botswana there is an urgent need to provide district-wide and nation-wide programmes but currently, only small-scale civil society initiatives exist.

9.5 Research Implications

Even if child-strengthening programmes can be put in place on a sufficiently large scale within the near future, many of the children who have already been orphaned will not benefit from such programmes. What becomes of young people who suffer long term disabling as a result of their hidden wounds?

My research has shown that orphans perceive themselves as more likely to fail and drop out of school than children whose parents are still alive. This perception needs to be quantified and provides scope for further research along with related issues such as a study to determine what happens to school drop outs. The study could examine whether they are more likely to join gangs or turn to crime or whether they become long-term dependents on state welfare, moving from dependence on the orphan's food benefit to dependence on the 'destitute' ration. The study could also examine whether there is a gender difference: are girls more likely to turn to selling sex as a means of providing for themselves; are boys more likely to turn to crime? Currently these are the perceptions of orphaned children, but there are no studies quantifying these trends. Even youngsters who have not failed or dropped out of school may find it difficult to continue their education or find appropriate work. Although Baboloki didn't fail she didn't do well enough to apply for teacher's college and she and her caregivers had no idea what her options were, so she ended up 'doing nothing'. In fact, she had a baby which means she had unprotected sex and increased her risk of contracting HIV.

Another area for research concerns who is caring for the orphaned children of deceased mothers who were themselves orphans. The orphans in my study perceived themselves as more at risk of contracting HIV than children whose parents were still alive because they had no one to teach them about sex and about the risks of AIDS. Again this needs to be quantified. It may seem to follow that the increased psychological vulnerability of orphans resulting from their loss and marginalisation will influence their behaviour and attitude to risk thus increasing their physical vulnerability to becoming infected with HIV, but research is needed to quantify this. Linked to that, what becomes of orphan's orphans? Are they cared for

by the mother's siblings or other maternal relatives or are they more likely to become street children?

In the literature on the consequences of orphanhood, the possibility that cultural knowledge will be lost as adults die in their prime before having passed on all the skills and traditions to their children, is discussed. In my study I touched only briefly on this point, as part of the focus group activity I asked the children whether they thought orphans were as well socialised into the culture as children with parents. Many of them equated socialisation with good manners and felt that they were as well behaved as children with parents. Others felt that as long as they had grandparents they could learn from them, others felt they could learn at school. A few of the groups came to the conclusion that they were missing out on the cultural traditions because they had no parents to teach them. The transfer of knowledge from one generation to the next is another area that could be further researched.

Baboloki was concerned about the neglect of her mother's house and agricultural lands. She is right to be concerned. In Botswana if residential land or agricultural land in areas of communal ownership is not occupied or worked for a certain number of years it becomes eligible for reallocation by the land board. Orphans are also vulnerable to having their property stolen by unscrupulous relatives. Although I asked the children in my study about their experience of losing property, they were more concerned about clothes and school materials than land and houses. There was one case reported in the press in Botswana while I was doing my fieldwork of the spectacular greed of the relatives of a family of orphans. Social Services had undertaken to sort out the theft of a house, a car and quantity of money from this family and the case was proceeding slowly through the courts. Lesego, whose story is told in chapter 2, was concerned that his aunt was trying to steal his mother's property. In order to prevent this he attempted to get the property transferred into the name of his youngest brother. Several months after beginning the process he had made very little progress. The red tape involved was voluminous and involved chiefs in the village that his mother originally came from as well as in the ward where her house was located. This is an area where policy-oriented research could ease the ability of orphans to hold onto property that is rightfully theirs.

I would strongly recommend that any future studies undertaken concerning orphans adhere to two principles: firstly, that *children* are regarded as the key informants rather than *adults* such as caregivers or teachers and other community leaders; and secondly, that sufficient time is given to the study to allow the involvement of children, time to develop trust so that the children are able to express their knowledge and feelings about what is happening to them. Rapid assessments seldom include children as informants because they are trying to harvest information quickly and as a result they miss key aspects of children's lives, the hidden aspects which are the very items which are likely to have long term, large scale effects.

Finally, if the loss of social cohesion is one of the contributory factors of a severe AIDS epidemic, building cohesion could reduce the rate of new infections and help to combat an epidemic. In Botswana the decline of the initiation schools was one of the factors undermining social cohesion. Old men and women who went through the full initiation procedure in their youth, can still name and locate every single other member of their group, they can tell how many children and grandchildren each member has, in fact, they are prepared to regard the children of other members as their own children and to help out accordingly. The *mophato* (age set) system actively constructed social capital through the initiation rites of passage and I would argue that its loss is one of the factors which has undermined the cohesion of Botswana society. Methods of creating social cohesion would require behaviour change which is never a quick fix but may provide a long term, wide spread and sustainable answer to vulnerability to HIV infection and is an area worthy of research.

One small NGO in Botswana has been experimenting with a number of the ideas listed above and has come up with an orphan strengthening programme which revives the *mophato* group networking with grief and loss therapy for orphans as well as assertiveness training, positive sexuality education, problem-solving and goal-setting. The programme is called the *Ark for Children*. In April 2004 I attended the graduation ceremony for a group of orphans from one of the five communities where the Ark operates.

Thirty nine Standard 7 orphans from one village, had attended a two week long therapeutic nature retreat in one of Botswana's Wildlife Parks. The graduation ceremony took place in a clearing in the bush under a couple of large trees and began with all the children singing songs about the people who had helped them during the two weeks and about their experiences. During the week or so prior to the graduation, the children, with instruction from Wildlife Officials and other adults there, had built a 'graduation hut' from wooden poles, saplings and grass in the clearing where the graduation was held. Towards the end of the ceremony, all the children went into the hut and sat in silence as they were called out one by one. As each child came across the threshold, she raised her arms triumphantly and declared "I am strong, I am mighty". She then received a beret as a symbol of graduation, shook hands with representatives of the NGO and the Wildlife Department (who hosted the retreat at one of their camp sites) and then gave a little speech. Each child spoke in his own words but the content was roughly as follows: "I am an orphan and I came here with many problems. Now I am going home and all those problems are still there, but now I know how to deal with those difficulties and I have my friends from the Ark to help and support me." Later the children were given a live goat. Between them they had to slaughter the goat, clean and butcher the carcass and prepare a feast for themselves and all the adults. They were tremendously proud of the result, the fact that they had prepared a traditional meal entirely on their own. Their self esteem and self confidence were boosted and their ability to work as a group and support one another was proven. These children had truly been strengthened.

Protective factors for the children in the group had been built up. Firstly, *the group* had become the 'secure base' for the children who all came from the same village. This fosters the historical custom of *mophato* or age set as well as a new custom of 'selective kin' which has been a response to AIDS elsewhere in the world (see chapter 3). Many of the children could not rely on their caregiver for a secure base so the *mophato* provides an alternative. Secondly, their self esteem had been boosted by accepting their loss as an outcome of grief therapy. They also learned to accept themselves as individuals and as members of the group. Finally their self efficacy had been enhanced by developing their problem solving skills and

competence. Orphaned children are liable to be marginalised socially and economically for the rest of their lives. The combination of these protective factors should increase the children's resilience and their ability to cope with the pressures they are likely to face.

The *Ark for Children* programme follows up graduates for the three years of their junior secondary school. They will receive a quarterly newsletter with a stamped addressed envelop so they can respond or contribute as valued members of the Ark. A counsellor visits once a quarter, works closely with the Guidance and Counselling teacher at their junior secondary school and runs workshops for caregivers, the police and community leaders. Graduates stand a good chance of overcoming the disabling effects of their hidden wounds to become active participants in society and to make a positive contribution to the economy.

In this thesis I have examined the experiences of orphans and their caregivers as a means of understanding how a society is confronting an unprecedented long wave event. The ongoing changes in Botswana's social structure have had a significant impact on the current capacity to cope with the burden on society caused by widespread orphanhood. Contemporary behavioural responses to the stress of AIDS and the coping strategies of adults affect the lives of orphans. Denial and cultural involution are accompanied by expedient short-term strategies. These are becoming widespread and normalised. They may have harmful hidden consequences for children and their disabling effects may only be revealed in the long-term. Cultural silence helps both to mask and to cloak hidden wounds.

The adult population in Botswana, barely able to cope with the stresses of AIDS, has resorted to denial, involution, expediency and cultural silence. These coping strategies inflict hidden wounds on children; the disabling that results may cause further social unravelling as these youngsters grow into adulthood. Involution, instead of preserving the sociocultural status quo, harms future generations and thus threatens the survival of the culture. The experiences of orphaned children have exposed adult coping strategies that are ultimately self-defeating.

APPENDICES

Appendix 5.1 Ethics Statement produced for funders
(Secure the Future, Bristol Myers Squibb)

Researcher: Marguerite Daniel, Doctoral Candidate, School of Development Studies, University of East Anglia, Norwich, NR4 7TJ, UK

Supervisors: Prof Tony Barnett and Dr Janet Seeley

Research topic: The social impact of orphanhood in Botswana

A: Purpose and Background

The number of orphans in Botswana has risen dramatically as a result of the impact of the severe AIDS epidemic. I am conducting research into the social impact that such a large increase in orphanhood has on the orphans themselves, the extended family and the community.

B: Procedures

The purpose of the study will be outlined for participants at all levels.

1. Activities with orphan children

a) Formal permission will be obtained in writing from:
the Office of the President (Research Permit)
the relevant Ministries (Local Government and Education)
the relevant local authorities (District and sub-District Councils)

b) Introductions to participating households will be made through local government structures (social workers)

c) Verbal informed consent will be obtained from the caregiver for the child to participate in the study

d) Children's participation will be voluntary and they may opt out at any stage. Their experiences will be handled sensitively, confidentiality will be maintained throughout the study and names of participants will be changed to protect their privacy.

2. Caregiver interviews

Verbal informed consent will be obtained for the interview to proceed, participation is voluntary and the caregiver has the right to refuse to answer questions or to opt out of the interview at any stage. Names will be changed to protect privacy.

3. School surveys

Anonymity and confidentiality will be observed throughout the study. Informed consent will be obtained from all participants in interviews. Permission to record interviews will be sought; if *not* granted written notes will be made instead of a tape recording.

Marguerite Daniel
June 2001

Appendix 5.2: Caregiver Interviews
Caregiver Interview 1
(Note: format has been condensed to save space)

1. Name of carer: …….

2. Relationship to orphans: …….

3. How many adults over 20 years men…… women ……

and how many children 20 and under boys……. girls …….

4. How many deaths have there been in this household in the last three years?

Name of deceased person and age	Number of children	Relationship to orphans	What did they die of

5. Personal details of Orphans:

Name	Age	Standard/ Form	Girl/Boy

6. Does (do) the orphan(s) have brothers and sisters who are not living here?

Name	Age	Location	With whom	Other details

7. Household resources:

a) What forms of income (money) does the household have?

Earnings: …….

Contributions from relatives …….

b) Receipts in kind (goods)

Rations ……

From relatives ……

8. Do you have lands or a cattlepost; donkeys, goats or chickens?

……..

9. Have you had to make changes to living arrangements since the children came to live here?……

……

10. Does the household have any urgent needs? ……

……

11. Do you have any problems with the orphans? E.g. health, school attendance, attitude at home?

……

12. If there are orphans who are 16+: do they listen to/obey you? Any special problems?

……

13. Do you think your children are safe? If not, how can you protect them?

……

14. Has anyone in the family been affected by HIV/AIDS? ……

……

15. Where do you get your information about HIV/AIDS? ……..

……..

16. Are you able to talk to your children about HIV/AIDS? ……

……

17. Do you know of anyone who is caring for orphans who are not registered?

……..

Caregiver Interview 2

Name of caregiver: ……HH …..
1. Are there other members of the family who help with decision making?
(In relation to food, clothing, schooling and school fees, tasks/jobs done by the children, contact with brothers and sisters, behaviour, money, other?)

2. a) Do any of these relatives assist with money or goods?
……
……
b) If not, do you think they should help you?
……
3. The household receives food from the government because the child is an orphan, therefore the child is effectively a breadwinner.
a) does this affect the attitude of the child?
b) In what way?
c) Is there a difference between older and younger children?
……
……
……
4. When the child turns 18 the ration is no longer available.
a) Have you planned how you will cope?
b) Did you know that there is a ration for needy students – if the child is still at school?
……..
……
5. What will happen when the child finishes school?
a) Have you made any plans?
b) Is the child involved in the decisions?
……
……
6. a) Do you ever leave the children on their own for example when you go to the lands?
b) For how long?
……..
7. a) Do you know of anyone who is misusing the ration?
b) In what way?
……
8. How do you think AIDS is affecting this community?
……
9. What issues would you go to the social worker for help?
……
……
10. Are you anxious or fearful about the future? Why?
……
……
11. Are there any other comments you wish to make?
……
……

Appendix 5.3 Participatory activities

The six graded activities are shown below. They have been condensed to save space. Instructions are given where appropriate.

Activity 1: Tasks
(to familiarise the children with working with the research assistants or me – each child saw one of us briefly to fill in these sheets)

This session started with ice breaking activities and games. During the session the children also did art work on their home life and described what they had drawn in relaxed, informal discussions.

Name: ……..
Age ……. Standard/Form: …….
Name of care-giver: ……...
Relationship to care-giver: ……
Tasks:

Task	Most days	Once a week	Seasonal	Never
Fetching water				
Collecting wood				
Cooking				
Washing dishes				
Washing clothes				
Ironing				
Washing children				
Shopping				
Herding				
Digging/planting				
Cleaning yard				
Homework (from school)				

Activity 2: Feelings

The children were asked to stick little symbols (happy face, sad face, indifferent) alongside each of 8 categories associated with home and further 8 associated with school. Later two more were added to both school and home on the suggestion of the assistants. We then asked the children about the symbol.

Name			
HOME			
Food			
Clothes			
Tasks			
Play-time			
Day-time			
Night-time			
My brothers and sisters			
Other relatives			
Care-giver			
Social worker			

Name			
SCHOOL			
Teachers			
Head-teacher			
Lessons			
Break-time			
Friends			
Class-mates			
Sport / games			
Homework			
Food			
Uniform			

Activity 3: Decision making

Decision-making (Instructions)

1. Help the child set up a chart with two axes *:
   - what sorts of decisions
   - what people

2. Once the axes are complete (5 or 6 items on each axis) the child uses colour stickers to indicate 'how much say' each person has in each decision
   red = no say
   yellow = some say
   green = a lot of say

3. Once the chart is complete, ask the following questions and record the answers on the record sheet:
   a) Are you surprised by anything on the chart?
   b) Ask about the roles of the different people.
   c) How much say do you think you should have?
   d) At what age do you think you should have a say?
   e) How does your involvement change as you get older?

* Examples of *'what sorts of decisions':* where I go, what I do, school, play, who my friends are, where I live, times to come in, clothes, food, times to go to bed, what tasks I do, homework, contact with brothers and sisters who do not live here

Examples of *'what people':* me, grandmother, aunt, uncle, social worker, teacher, friends, brothers and sisters

Activity 4: Support

Instructions: (Cups and beans)

The aim of the exercise is to find out how much support (talking about it openly, being listened to, help, guidance, encouragement) each child feels he/she is given in the following situations:

1. School work
2. Problems at home
3. Coping with death (usually of a parent or other close relative)
4. Contact with relatives and other members of the family. (Make a note which relative)
5. Knowledge of sex and HIV/AIDS.
6. Protecting yourself from trouble, bullying, violence, threats etc.

Procedure:

1. ***In a group:***

Talk about the meaning of support, making sure that the qualities listed above are all mentioned

The following steps are all done ***individually:***

2. Explain the meaning of the beans:

    Three beans = a lot of support,
    two beans = some support
    one bean = very little support
    no beans = no support at all

3. For each of the six situations, one by one:
    a) The child is asked to out beans in a cup to represent the level of support he/she receives.
    b) The facilitator then asks about the beans IN the cup:
        - what did the received support involve?
        - who gave support (may be more than one person)
    c) and about the beans OUTSIDE the cup:
        - what type of support would have helped?
        - who might have helped?

Record sheet for support exercise:

Name: ……

	Number of beans	What types of support?	Who?
School work	In		
	Out		
Problems at home	In		
	Out		
Coping with death	In		
	Out		
Contact with brothers and sisters (or other relatives)	In		
	Out		
Knowledge of sex and AIDS	In		
	Out		
Protecting yourself from trouble	In		
	Out		

Activity 5: Experiences

This activity was difficult and embarrassing for the assistants to facilitate – or even to talk through with me at first. They giggled and were ashamed and I persisted until they could talk openly about the words for sex. We wrote down the appropriate Setswana translations which I printed out for them so that they could have copies when facilitating the activity. I then took the translations to the NGO "Women against Rape" to ensure that they were appropriate translations – this organisation worked with child rape victims.

Prejudice / stigma
This is when you are labelled as 'different' or devalued in some way – it may involve things like gossip or avoidance or blame or name-calling.

Have you ever experienced people thinking that your mother / father died of AIDS?

Physical Abuse:

- Do you notice anything about the way your food is handled at home?
- *A go na le sengwe se ose lemogang ka (tshwaro) ka fa dijo tsa gago di tshwarwang ka teng kwa lwapeng?*

- Are you ever beaten or hurt at home, at school?
- *A tle o betswe kana go utusiwa botlhoko (kwa sekolong, lwapeng, motseng) ke (bamasika, ditsala, baagisanyi)?*

- Are you ever touched in places (parts of the body) you do not want to be touched?
- *A o a tle tshwarwe-tshwarwe mo dikarolong tsa mmele tse o sa batleng go tshwarwa mo go tsone?*

- Are you being made to touch someone in places you do not want to touch?
- *A o a tle o dirwe gore o tshware dikarolo tsa mmele ke mongwe (monna kgotsa mosadi) tse o sa batleng go di tshwarwa?*

- Rape: are you forced to have penetrative sex against your will?
- *A otle o patelediwe go tsenngwa bonna jwa motho mo bosadi jwa gago. (A otle o pateletswe go tsenngwa motsoko wa monna mo go wa gago o sa batle)*

Psychological abuse:

- Have you ever been threatened?
- *A o kile wa tshosetswa?*

- Have you ever been insulted?
- *A o kile wa rogwa/rogiwa?*

- Have you ever experienced cruelty or unkindness?
- *A o kile wa kopana le go sa tsewa sentle kgotsa bosethogo?*

Activity 5 record sheet:
Name: ……
Do you ever experience any of the following?

	Red = never Yellow = a little Green = a lot	Person / people, event, place
Difficulty concentrating		
Being absent from school		
Change in schoolwork: Getting worse / improving (circle one)		
Loss of property (taken by relatives)		
Anxiety		
Shame		
Fear		
Stigma / Prejudice		
Low self-esteem		
Physical abuse (e.g. beating, sexual)		
Psychological abuse (e.g. threats, insults, unkindness)		

Activity 6: What do YOU think?

This was a (small) group activity. One of the group was elected to write their answers down after a bit of discussion. After some experience it was best that one of the assistants wrote the answers while the other one facilitated the discussion.

Name(s): ……..

What do YOU think?

Are children in …. safe?	
Are orphans more at risk than children with both parents alive?	
How do the lives of orphans and non-orphans differ?	
Are orphans more likely to drop out of school or repeat a year?	
Are orphans as well socialised (into the culture) as children with parents?	

What could be done to improve your lives?	

Appendix 5.4 Letter to arrange school survey
(personally delivered, to Head Teacher if possible)

C/o Post Net, Suite 22
P/Bag 114
Maun
23 July 2002

Dear Head Teacher,

Request for permission to conduct research in your school

I am a research student affiliated to the University of Botswana. The topic of my research is the social and economic impact of AIDS on orphans. I enclose a copy of my research permit from the Office of the President as well as letters from the Ministry of Local Government and the Ministry of Education endorsing my study.

The Ministry of Education conducted a study of the impact of AIDS on Primary and Secondary Education in 2000 and the Ministry supports my desire to carry out its survey using its research instruments in my research sites as it will find the information extremely useful for future planning and policy development. I hereby request permission to conduct the research in your school.

This would entail the following:

Management
1. An interview with the Head Teacher lasting approximately 30 minutes.
2. An interview with the School Management Team lasting between 30 and 45 minutes.

Teachers
3. A questionnaire to be filled in by 8 teachers.

Students
4. A group administered questionnaire to be filled in by 40 students (20 students from Form 4 and 20 from Form 5). This could take up to 1 hour.

I would personally conduct items 1 and 2 so they would need to be set at different times. Item 3 could be filled in according to availability and convenience. Item 4 would be conducted by me and I would need a separate room large enough for 40 students.

5. Please would you supply the statistics concerning your school which are listed in the attached data sheet?

I appreciate that it could be very difficult to schedule the above into a school day and I would be willing to spread it over two days should this be more convenient to you. The weeks beginning 5 and 12 August would be possible or another time could be scheduled if more suitable to you and your school.

Once a date has been agreed, I would visit the school on the preceding day in order to make a random selection of students from the class registers of the relevant forms.

I am very grateful for your co-operation and thank you in advance for your support.

Yours sincerely,

Appendix 5.5 Semi-structured interviews with Head Teachers and School Management Teams

Introduction:

I started by introducing my study, explaining why I was interviewing them, emphasising the sensitivity of the topic and assuring their anonymity and confidentiality: neither they nor their school would be identified in any way. I asked permission to tape record the interview. In some cases this was not granted and I would have to make hand written notes instead.

Starting the discussion:

I would start the discussion with an open ended question: In what ways is the HIV/AIDS epidemic affecting this school?

Specific areas:

In each of the specific areas which follow I would ask about

- Impact of the epidemic (where appropriate)
- What is being done by the school and others to counter this
- What are the outcomes of the interventions

TEACHERS
Morale
Absenteeism and sickness – and procedure for covering for absent teachers

STUDENT COUNSELLING AND GUIDANCE
What is provided and by whom
Uptake
Quality of the service

ORPHANS AND VULNERABLE CHILDREN
Number in the school
Special problems (attendance, academic performance, discrimination)
Specific support provided by the school

SEXUAL HARASSMENT
By teachers
Among students
Forms (verbal, non-consensual sex)

Closure:

Any other comments or questions
Thanks for participation

Appendix 5.6 Student Questionnaire

I conducted the questionnaire in all schools. I would explain the purpose of the research and the fact that their participation was anonymous. In primary and junior secondary schools a research assistant would do the translation, question by question.

SECONDARY STUDENT QUESTIONNAIRE

Please could you answer the following questions.

You do not need to give your name so you can say exactly what you think.

Tick as appropriate.

1. How old are you? ……. Years old
2. Are you a boy or a girl? [ ] Boy [ ] Girl
3. What form are you in? Form …….
4. Have you ever repeated a form? [ ] Yes [ ] No

   If yes, what was the reason?

   ……

   ……

5. Is your father alive? [ ] Yes [ ] No

   If yes, answer the following two questions; if no, move on to question 6.

   a) What education does your father have? [ ] Never been to school
   [ ] Some primary [ ] Finished primary
   [ ] Some secondary [ ] Finished secondary
   [ ] College / University

   b) What is your father's occupation (job)? …….

6. Is your mother alive? [ ] Yes [ ] No

   If yes, answer the following two questions; if no, move on to question 7.

   a) What education does your mother have? [ ] Never been to school
   [ ] Some primary [ ] Finished primary
   [ ] Some secondary [ ] Finished secondary
   [ ] College / University

   b) What is your mother's occupation (job)? …….

7. Whom do you live with most of the time? [ ] Both parents (mother and father)

[ ] Mother only [ ] Father only

[ ] Grandparents [ ] Mother and step-father

[ ] Father and step-mother [ ] My brothers / sisters

[ ] Other relatives [ ] Other (*specify*) ……

8. How many brothers and sisters do you have? ……

9. Do you have classes on HIV/AIDS? [ ] Yes [ ] No

10. In which subjects has information about HIV/AIDS been taught?

……

11. How useful have you found classes on the following HIV/AIDS topics?

Tick as appropriate.

	Never been taught	Not useful	Useful
Basic knowledge on HIV/AIDS/STDs			
Responsible behaviour: delaying sex			
Responsible behaviour: protected sex			
Testing for HIV			
Dealing with threats and violence			
Being assertive			
Care and support			

12. Tick your ***three*** most useful sources of information on HIV/AIDS

[ ] Radio [ ] Magazines / newspapers

[ ] Church [ ] Hospital / Clinic

[ ] TV / Movies [ ] Friends

[ ] Home / parents [ ] Posters / leaflets

[ ] Relatives [ ] Teachers

[ ] Other (*specify*)……..

13. Is there an HIV/AIDS club at your school? [ ] Yes [ ] No

14. Is guidance and counselling offered at your school? [ ] Yes [ ] No

If yes, have you ever used the counselling service? [ ] Yes [ ] No

15. Tick whether the following statements are TRUE or FALSE.

	TRUE	FALSE
Some traditional healers can cure AIDS		
One can get AIDS by sharing writing materials with pupils who are infected		
Only immoral people get AIDS		
It is possible to get AIDS from a toilet		
The most common way for HIV to spread is to have unprotected sexual intercourse with a partner who is infected		
Pregnant women who are infected can pass the AIDS virus on to the unborn child		
You can tell by simply looking at someone whether that person has the AIDS virus		
One can get AIDS by donating blood		
There is no cure for AIDS		
Using condoms helps to prevent AIDS		
Having sex with a virgin is one way to cure AIDS		

16. Read each of the following statements carefully and tick as appropriate.

	Dis-agree	Not sure	Agree
HIV/AIDS is a serious problem in this school			
Topics on HIV/AIDS are well taught in this school			
Students have changed their sexual behaviour as a result of HIV/AIDS education			
Students feel free to talk to teacher counsellors about HIV/AIDS			
Students at this school get all the information and advice they need about HIV/AIDS			
Students whose families have been affected by HIV/AIDS are treated unkindly by other students			
Students whose families have been affected by HIV/AIDS are treated unkindly by teachers			
Students who have to look after sick relatives often drop out of school			
Students whose parents die often drop out of school			
Orphans receive a lot of help from this school			
Teacher absenteeism is a serious problem in this school			
Fighting and bullying are common in this school			
In this school, girls are fearful and anxious about their safety			
In this school, boys are fearful and anxious about their safety			
Love relationships between students and teachers are common in this school			
Love relationships between students are common in this school			
Student pregnancy is a big problem in this school			

17. Have you been absent from school since the start of this term? [ ] Yes [ ] No

If yes, what was the total number of days you were absent? Tick your response.

[ ] 1-5 days [ ] 6-10 days [ ] 11-15 days [ ] 16 and over

Tick the reason(s) applicable to why you were absent

[ ] I was ill [ ] Death in the family

[ ] Teacher absence [ ] Family sickness

[ ] Needed at home [ ] Sent home by school

[ ] Other (give reason) ……..

18. Do you have any comments on any issues about HIV/AIDS at your school?

……

……

……

……

……

……

……

……

19. What hopes and fears do you have about the future?

……

……

……

……

……

……

……

……

THANK YOU VERY MUCH FOR PARTICIPATING IN THIS STUDY

Appendix 5.7 Age and sex of research assistants

Research Site	Research Assistants	Sex	Age
Shoshong	Kgotso	Male	19
Mmadinare	Lorato Julia	Female Female	18 19
Maun	Keneo Lesego Poifo Kempho (3 weeks only)	Male Male Female Female	20 19 18 22
Ghanzi (commuted from Maun)	Keneo Lesego	Male Male	20 19

Table 10.1 Age and sex of research assistants

Appendix 7.1 Further details about participating children

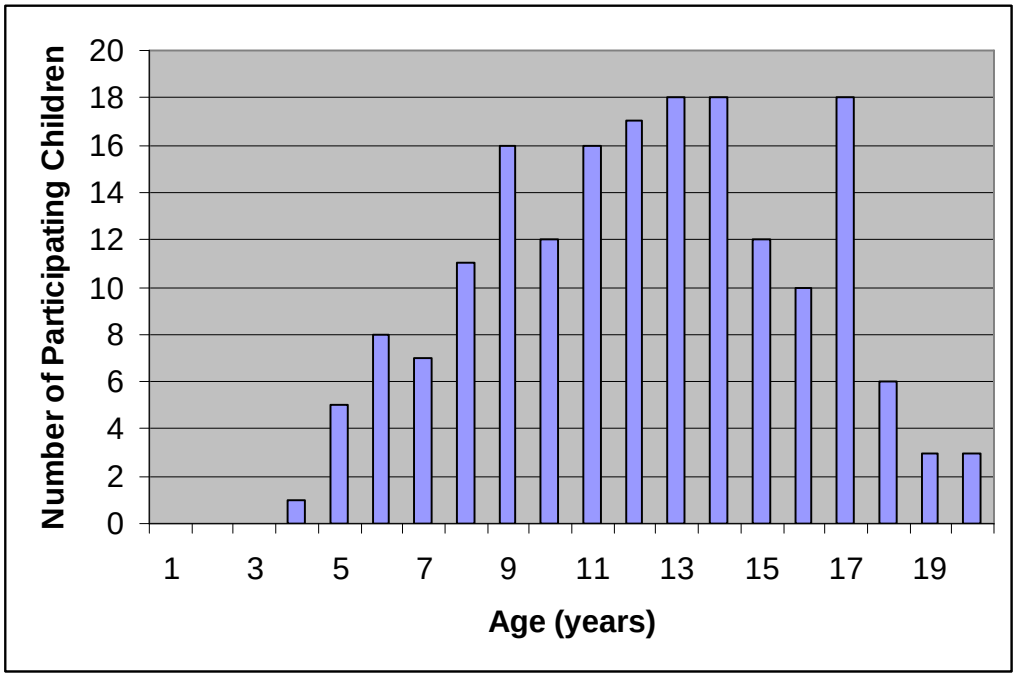

Figure 10. 1 Number of Participating Children in Each Age Group

School level	Number of participating children	Percent of participating children
Too young for school	10	5.5
Lower Primary (Standards 1 to 4)	67	37.0
Upper Primary (Standards 5 to 7)	51	28.2
Junior Secondary (Forms 1 to 3)	28	15.5
Senior Secondary (Forms 4 and 5)	4	2.2
Dropped out of Primary	5	2.8
Dropped out of Junior Secondary	3	1.6
Failed Form 3	5	2.8
Finished Form 5	5	2.8
Never Attended School	3	1.6
Total	181	100

Table 10.2 School level of participating children

Ethnic Group	Number of Children
BaHerero	5
BaKgalagadi	11
BaSarwa	7
BaYei[22]	4
Mixed race[23]	5
Kalanga	0

Table 10.3 Number of participating children from ethnic minorities

[22] As self-identified; there are likely to have been many more
[23] These children called themselves 'Coloured'

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