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PREDICTING THE SOCIAL CONSEQUENCES OF ORPHANHOOD IN SOUTH AFRICA

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CSSR Working Paper No. 29

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Social Surveys Unit

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CSSR Working Paper No. 29

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Predicting the Social Consequences of Orphanhood in South Africa

Abstract

This paper examines and questions the predictions found in the academic and policy literature of social breakdown in Southern Africa in the wake of anticipated high rates of orphanhood caused by the AIDS epidemic. Analysis of the logic underlying these predictions reveals four causal relationships necessary to fulfil such dramatic and apocalyptic predictions:

1. *High AIDS mortality rates will produce high numbers of orphans.*
2. *These orphans will become children who do not live in appropriate social environments to equip them for adult citizenship.*
3. *Poor socialization will mean that children orphaned by AIDS will not live within society's moral codes (becoming, for example, street children or juvenile delinquents).*
4. *Large numbers of such 'asocial' children will precipitate a breakdown in the social fabric.*

Evidence for each of these steps in the argument is scrutinised using available data from Southern Africa and other regions that have moved further through the epidemic's cycle. The paper demonstrates strong evidence for the first step, although variable definitions of 'orphan' make it difficult to draw accurate comparisons over time and space. Evidence for the second step is found to be mixed in terms of outcomes of AIDS orphanhood for child well-being, and very weak in the lack of reference to pervading socio-cultural patterns of child-rearing and the economic positions of families onto which AIDS is mapped. Data to substantiate the third step are anecdotal at best, and no research is able to demonstrate a link between the long term effects of AIDS orphanhood and rising rates of juvenile delinquency. Arguments made towards the fourth step are shown to be based heavily on notions of the 'correct' social and physical environments for children, and on unsubstantiated fears of alternatives to these. There is no evidence from countries where numbers of AIDS orphans are already high to suggest that their presence is precipitating social breakdown.

The paper argues that such apocalyptic predictions are unfounded and ill-considered. By misrepresenting the problems faced by children and their families, attention is distracted from the multiple layers of social, economic and psychological disadvantage that affect individual children, families and communities.

"Although the numbers of orphans is staggering, its effects are only just beginning" (UNAIDS, 2001)

The socio-economic impact of HIV/AIDS "portends a huge humanitarian disaster with dire economic and social consequences" (ILO, 2002)

"We're talking about the unthinkable ... a looming cataclysm for the women of Africa" (Lewis, 2002)

"AIDS is wreaking human havoc in every sector of a steadily-increasing number of African countries." (Lewis, 2002)

"We are talking about unsocialised, uneducated, and in many instances unloved children struggling to adulthood. The costs to them remain unmeasured. The costs to the wider society are potentially enormous and are already being seen and felt." (Barnett and Whiteside, 2002:210)

"Growing up without school or vocational education, they are juvenile delinquents, potential rebels. 'What future do they have, what future do we have?'" (Hunter, 1990:683)

"…the potential for massive social breakdown and dislocation in Sub-Saharan Africa" (Hunter, 1990:681)

Introduction

Demographic modelling of the AIDS epidemic predicts numbers of orphans that are unprecedented in Southern Africa[1]. The common reaction to these figures in the media, development and academic spheres is that they not only represent a tragedy for orphaned children, but they herald a breakdown in the region's social fabric[2]. In this paper, I argue that such apocalyptic predictions are both unfounded and ill-considered, thereby misrepresenting the problems faced by children and their families. My conclusion that predictions around social disintegration are unfounded is made on the basis of scant, contradictory and often unreliable evidence of the longer term outcomes of AIDS-related orphanhood for society. For example, if these predictions were accurate, we would expect to find evidence of social breakdown or cultural collapse in Uganda or other countries that have moved further through the epidemic's cycle and experienced unusually high rates of orphanhood. There is no such evidence in any of the studies I have come across. Rather, what evidence we have points

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[1] See the section on demographic predictions later in the paper.
[2] These are illustrated in the quotations above.

to multiple layers of disadvantage experienced by children orphaned or affected by AIDS. In this light, forecasting the end of society as we know it serves to distract attention from areas of social, economic and psychological disadvantage that affect individuals, families and communities.

The paper is structured in the form of an investigation into the logic behind and evidence for massive negative change in societies. I begin by unpacking some of the statements made about changes at societal level, to ask what exactly is feared and examining the nature and quality of available data. I then expose the logic behind such conclusions and examine the evidence available for each step necessary to fulfil this logic. To this end, I consider socio-economic data relating directly to childhood, youth and the AIDS pandemic in Southern Africa, and I undertake some comparative analysis of periods in history and other contemporary contexts in which significant numbers of children have been growing up without parents.

Authors writing on this issue often fail to point out that orphans have always been a phenomenon in Southern African societies, and that disease, war or mass relocation have, at various points in history, brought sudden large increases in the orphan population (as illustrated in Phillips, 1990). There is no evidence to suggest that these situations precipitated a breakdown in society. AIDS, however, is considered by many social scientists to be a different story in terms of the nature and scale of orphanhood, and its ramifications for society (Barnett and Whiteside, 2002). One objective of this paper is to consider the evidence for this proposition.

In her recent paper on AIDS and human security in Southern Africa, Nattrass (2002) alerts us to the alarmist predictions of rising juvenile crime made by Schonteich (2001) and points out that there is little evidence to date that justifies framing rising rates of orphanhood as a policing or security problem (Nattrass, 2002: 9). She draws attention to the historical precedence of children growing up in households headed by neither parent owing to the extended family and migrant labour systems, as well as the lack of substantive evidence that care-givers systematically treat children orphaned through AIDS differently to those orphaned through other causes or indeed any other members of the household (*ibid*:10). Her analysis raises the question of whether the economic and psycho-social hardships faced by AIDS orphans are sufficiently different (both qualitatively and quantitatively) to those suffered by other groups of orphans and abandoned children in contemporary society or in history, to merit the forecasting of social disintegration. If not, Nattrass suggests, such predictions are another example of unsubstantiated 'moral panic' around the potential destructiveness of youth. The example she cites of previous public reactions of this nature in South Africa is the alarmist media reporting during the 1990s suggesting that black youth who had missed out on much of their education during the anti-apartheid struggle would swell the numbers of criminals and seriously disrupt society (described in Seekings, 1995 and 1996).

Time has proven that these were greatly exaggerated predictions. Similar images of children who live and work on the streets have international as well as national currency. In this paper I explore the empirical and non-empirical reasons why there are associations made between AIDS orphans and street children, and look to analyses of the 'street children debate' for help in understanding the sources of pessimistic predictions about the future of South African society.

What exactly is feared?

Researchers quoted at the beginning of this paper refer to the potential for massive social breakdown and enormous costs to society stemming from high rates of orphanhood. Before examining the evidence behind these assertions, we need to know what is meant by 'social breakdown' and 'costs to society'. As the authors do not offer definitions of their terms, we are left to surmise that they are as serious and terminal as the words imply. Hence, social breakdown might include the end of functioning families and social institutions, lawlessness, anarchy or extreme political instability, and a stagnant or largely underground economy.

In some cases, the predictions are not quite as severe and are described in terms of unprecedented challenges to social systems: "Projected mortality increases such as these presage massive demographic changes and widespread social disruption. Many social systems which are extremely important in the normality of day-to-day life for the largest proportion of African people will be challenged, stressed and possibly changed by the epidemic" (Hunter, 1990:687). But, neither the specificity of the challenges nor society's reactions to any previous similar stressors are explored.

A paper recently presented in South Africa states that "Many of these children (orphans through HIV) may become destitute, hungry, exploited, and in some cases completely left very vulnerable to all sorts of crime, including child prostitution and drug abuse" (Oni *et al* 2002:28). Here the implication is that children will be both vulnerable to, and perpetrators of, crime. Yet there is no evidence in the paper of children becoming involved in any kind of criminal activities. Looking carefully at examples given of the social consequences of orphanhood, we see how readily fears are expressed that link children's vulnerability with their capacity to break the accepted social codes – particularly with respect to crime.

For example, in their review of AIDS in the 21st century Barnett and Whiteside note the speculation of increases in crime resulting from orphaning on a large scale (2002:210), making reference to Schonteich's (1999) article predicting dramatic increases in juvenile crime in South Africa. Although more tentative in its predictions, a report published by Save the Children UK notes that "the potential link between HIV/AIDS on children – particularly the

removal of protection – and rising crime rates have not yet been fully explored, but there are warning signs" (Grainger *et al*, 2001:38). This report is an international one, yet the only evidence given of such "warning signs" is that found in the same Schonteich article (1999). In other words, they refer to Schonteich's prediction that there will be a coincidence between the 'orphan boom' and a national demographic profile in which one in four South Africans will be between 15 and 24 years of age, who "as juveniles and young adults are proportionally more likely to commit crime than children or adults" (*ibid*:3). Schonteich's argument is examined in more detail later in the paper, as are the reasons for, and effects of, similarly alarmist predictions of an emerging criminal underclass made about street children when their presence in urban centres first became headline news in the 1980s. At this point, I wish to draw attention to the repeated use of one particular source of evidence by different writers. Without examining the basis for the evidence presented, authors have presented arguments that result in a circular, self-perpetuating discourse around cause and effect that is isolated from other relevant social debates. Interestingly, the same phenomenon occurred in writing about street children and child prostitutes during the 1980s and 1990s. One particular source of 'evidence' giving numbers of children living on the streets (that was later proved to be flawed) became 'fact' purely owing to its repeated use by social scientists and development organizations (Ennew, 1994). Similarly, two books written by the former director of ECPAT[3] titled *The Child and the Tourist* (1992) and *The Rape of the Innocent* (1994) became the principal or only sources of reference for journalists writing about child prostitution (Montgomery, 2000:183). These books contain one interpretation of child prostitution, namely that it is a problem caused by abusive parents and Western deviance. Subsequent anthropological research with children working as prostitutes demonstrates their understanding of the choices before them and the socio-economic context of their decisions (Montgomery, 2000).

Although not specific to South Africa, a second threat to human security is suggested by Barnett and Whiteside (2002:210) who cautiously warn of increased political instability caused by "orphans swelling the ranks of child soldiers". They draw on Zack-Williams' (1999) study of child soldiers in the civil war in Sierra Leone. He concludes that where societies are stressed and governments offer very little, large numbers of youth who have been orphaned at an early age can easily become armed youths, recruits for millenarian cults or prey to unscrupulous politicians. Barnett and Whiteside are quick to point out that most orphans do not become child soldiers. However their assertions that there are substantial numbers of orphans amongst child soldiers, and that in

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[3] End Child Prostitution in Asian Tourism (ECPAT) is a non-governmental organization based in Bangkok.

Africa many of these are AIDS orphans, seem to rely on anecdotal evidence rather than reliable data.

A further concern that is often implicit in predictions of the impact of orphanhood is that this generation of children will not be capable of running a healthy society when they reach adulthood, thereby affecting the overall development of a country. Members of governments have expressed such concerns[4], as well as policy-orientated researchers:

> '…survivors who are orphaned, unsupervised and inadequately parented are more likely to engage in criminal activities. Ultimately, South Africa is likely to experience a real reversal of development gains. Further development will be more difficult, and development goals, including those set by Government for the education sector, will be unattainable for the foreseeable future.' (Coombe, 2000:2)

Some development organizations interpret the problem primarily in terms the impact on children's rights, and the consequences for society are left implicit: "The human and social costs of these estimates represent are staggering. Children without parental protection lose opportunities for school, health care, growth, development, nutrition, shelter, and even their rights to a decent and humane existence itself." (UNICEF and USAID, 2000:1-2). The focus of these predictions is on what children who are orphaned through AIDS stand to lose. But they are made without any reference to context. No reference is made to the proportion of children who lose these 'rights' for all sorts of other reasons, nor to the possibility that – under certain conditions – children and families are able to cope and continue living in ways that could be described as a 'decent and humane existence'.

Examining the logic

If we look for an underlying logic common to the predicted consequences for society described above, we find that a profound demographic shift brought about by AIDS-related mortality is assumed to lead to a similarly profound socio-economic and even cultural change. The logic is presented as a direct causal relationship that runs something like this: Parentless children will grow up without role-models, and hence will lack social skills, a moral framework and

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[4] In the November 2002 conference aimed at stemming the AIDS-orphan crisis in southern and eastern Africa held in Windhoek, the Namibian health minister, Libertina Amathila, announced to delegates: "I believe that your role here is to ensure that we improve the quality of life of orphans and other vulnerable children, and increase their chances of becoming active and productive members of our society" (http://www.africaonline.com/site /Articles/1,3,51146.jsp).

discipline. Large numbers of children and young adults who do not have these qualities will precipitate a breakdown in the moral order and social fabric. Examining this more closely, we find four causal relationships necessary to fulfill the prediction:

1. High AIDS mortality rates will produce high numbers of orphans.
2. These orphans will become children who do not live in appropriate social environments to equip them for adult citizenship
3. Poor socialization will mean that children orphaned by AIDS will not live within society's moral codes (becoming, for example, street children or juvenile delinquents).
4. Large numbers of such 'asocial' children will precipitate a breakdown in the social fabric.

A recent example of an argument based on this logic is that of Barnett and Whiteside:

'The epidemic has vastly increased the number of orphans in Africa. Caring for them in the 'extended family' is desperately hard. Levels of care are variable, and some end up on the streets of the cities, hardly a preparation for the future as a member of a household or a community, least of all as a citizen. As these orphans grow into youth and adulthood, there are serious implications for the societies in which they will live their lives' (2002: 211).

Within this sequence of cause and effect, we find several distinct but related arguments that crop up frequently in the literature:

- Extended families cannot cope with the care of AIDS orphans
- Orphanhood as a result of AIDS has a qualitatively different impact on children and households to orphanhood through other causes
- AIDS orphans will become a threat to society owing to the absence of positive role models
- AIDS orphans are likely to become street children
- A significant increase in the number of street children will lead to a breakdown in the social fabric

The discussion that follows will look at the evidence we have to substantiate the three logical steps in the 'AIDS orphans will bring social breakdown' equation, paying particular attention to the common lines of argument listed above and illustrated in Barnett and Whiteside's statement. Using evidence available from South Africa and elsewhere, I examine the long term implications of these impacts from the point of view of individuals, households, communities and

societies. Where possible, I draw on information gleaned from other countries that have moved further along the epidemic's cycle as a means of informing predictions relating to South Africa. A comparative perspective is provided through historical analyses of child abandonment and contemporary socio-economic contexts in which children live and work outside the family structure.

The availability and quality of evidence

The literature on AIDS-related orphanhood is plentiful. It is not difficult to find reports about AIDS orphans and many relate particularly to Africa. Such reports commonly describe the 'AIDS situation' and the related problems posed to families and children. A sizeable proportion of this literature is produced by large development organizations such as UNAIDS and UNICEF, and deals only in generalizations of numbers, effects on the household economy and children's livelihoods, often across diverse geographical and socio-cultural space (for example Hunter and Williamson, 1997; UNICEF, 2001; Whitehouse, 2002). Notably, the academic literature often draws unquestioningly on these sources and makes similar generalisations. Another type of report focuses on orphanhood in one particular community and is usually based on a single cross-sectional study done by a local organization or researcher (for example Aspaas, 1999; Marcus, 1999). Such reports tend to be narrow in their geographical, socio-cultural and historical scope thereby limiting insights into outcomes for specific communities to what can be observed at the present moment. A feature of both types of report is that they lack comparative or contextual analysis of orphanhood and its consequences. Historical data on trends in orphanhood, non-nuclear household arrangements and child-care outside the family are usually absent. Despite these critical flaws, reports often contain predictions of the short and long term consequences AIDS orphanhood.

Literature that deals specifically with the consequences of orphanhood for society is not so readily available and can be problematic. The article by Schonteich referred to above is based on demographic predictions, one article that reviews several studies conducted in Africa on "the plight of orphans and their care" (1999:3) and UNAIDS reports on the extra loss suffered by children who lose parents to AIDS rather than other causes. None of these, either individually or collectively, amount to systematic evidence of the link between orphanhood, rising crime and social breakdown. Schonteich draws on research on the link between family factors (such as parental death) and juvenile delinquency (including violent crime) that was done in the United Kingdom and North America, without considering the very different cultural backgrounds, strategies of child-rearing and family organization found in Southern Africa. The only South African study referred to finds that most of the young men serving jail sentences who were interviewed were abandoned, had to live with a stepfather or mother who rejected them, and expressed feelings of being

unloved. To surmise that this is the experience of the majority of AIDS orphans is to make some significant assumptions about what happens when a parent dies. We have no evidence that AIDS orphans are being abandoned or rejected on a large scale. There is plenty of sociological and anthropological research showing that children in South Africa have frequently 'lost' a parent through the physical and social movements associated with migrant labour and fluid marital and partnership arrangements (Henderson, 1999; Jones, 1993; Ramphele, 2002). The consequences of discontinuities in parenting, particularly in relationships to a mother figure, are shown to be significant to children's well-being (Ramphele, 2002). Nevertheless, it is problematic to equate these directly with greater tendencies towards violent crime.

In scrutinizing Schonteich's evidence and hence his predictions I am not trying to argue that none of the factors he mentions will impact on children's psychological well-being or behaviour in the context of AIDS in Southern Africa. Undoubtedly they will affect both. What I aim to show is that attempting to understand the links between orphanhood and behaviour using evidence from very different social, cultural and economic contexts is not helpful. Why? – because it precludes analysis of the consequences of orphanhood that matter most to children in Southern Africa, and prematurely labels orphaned children and youth as delinquents and criminals before the necessary contextual research has been carried out.

More recently, we have seen attempts to map the consequences of AIDS-related orphanhood on child well-being in South Africa (Booysen and Arntz, 2002; Desmond and Gow, 2002), although I am not aware of any studies that have reported on longitudinal data[5] capable of confirming or refuting predictions of social disintegration. Given that we do not have substantial information relating directly to our question, we need to look at literature describing analogous situations both in contemporary and historical settings, as well as to the ethnographic material emerging from Botswana and South Africa (Daniels, 2003; Giese *et al*, forthcoming) that indicates certain social trends and cultural responses amongst communities where AIDS-related orphanhood is very common.

Step 1: Demographic predications

Epidemiological studies have examined the cycle of the HI virus and its impact on mortality, and have shown the large time lag between peak prevalence rates and peak orphanhood rates. Some researchers estimate the difference to be 7-10 years (Hunter and Williamson, 1997), whereas others put the figure at 10 years

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[5] The aforementioned publication by Booysen and Arntz is based on a longitudinal research project, but it is too early to derive longitudinal data from this project at present.

or more (Gregson *et al*, 1994). Demographers have drawn on the South African Demographic and Household Survey (DHS) and 1996 Census data to assess trends in orphanhood thus far and construct a model of mortality patterns that accounts for the particularities of HIV and can estimate numbers of AIDS orphans in South Africa in the future (Johnson and Dorrington, 2001). The existing demographic data showed a slow increase in orphanhood[6] from 2.6% of all South Africans aged 0-14 years in 1995 to 2.9% of all South Africans in this age group (and a rate of 3.3% amongst Africans) in 1998 (*ibid*). Johnson and Dorrington's model predicts that the numbers of maternal orphans under the age of 15 will peak around 2015, at approximately 2 million. If the population develops as predicted, this will mean that AIDS orphans (as defined by UNAIDS) will constitute between 9 and 12% of South Africa's total population (Desmond and Gow, 2002:12).

The recent SABSMM study concluded that 3% of 2-14 year olds had lost a mother (Shisana and Simbayi, 2002:67), a rather lower figure than that predicted by Johnson and Dorrington's model. Additional data collected in this study that have not yet been analysed include the age at which the child was orphaned, the highest level of education and "details regarding the environment of the child"[7] (*ibid*:68).

When considering the demographers' predictions, it is important to take into account the work of epidemiologists who have looked at the impact of HIV on fertility and the age-sex distribution of adult deaths. Their findings suggest that lower fertility amongst HIV positive women will lower the orphanhood impact, although this will remain significant (Gregson *et al*, 1994). An important conclusion of studies of this nature is that the relationship between HIV prevalence, orphanhood and other impacts on family structure will change as the epidemic progresses. The reasons for such changes include the saturation of the epidemic in high risk groups, and changing mortality and fertility among the infected. Studies of this nature show that predictions based on current demographic trends must be treated with caution (such as those made by Schonteich[8], 2001:3).

Predictions for other African countries are of slightly lower overall numbers, but larger proportions of the population: A recent DHS survey in

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[6] The UN-AIDS definition of orphanhood was used, namely any child under the age of 15 who has lost their mother.

[7] Without knowing exactly what questions were asked it is difficult to say how useful these will be in providing more insight into the well-being of orphans. Unfortunately, unless the survey is repeated in several years time (for which there are no explicit plans), these data will not allow us to track orphan well-being over time.

[8] Schonteich (2001:3) argues that the combination of an increasingly young population profile and high AIDS-related mortality amongst adults will mean that the proportion of teenagers and young adults within the general population will peak in the next ten to twenty years.

Uganda estimates that every fourth family is hosting an orphan, and that the total number of orphans in that country is estimated at 1.4-1.7 million, a very high number compared to its total population of 21 million (Deininger *et al*, 2001). When assessed as a proportion of the total population of 0-14 year olds, orphans account for 15% of this age group. In the light of these figures, closer analysis of data on the social impact of orphanhood in Uganda would help determine whether predictions of social breakdown are proving to be accurate (see later section of the paper under discussion of logical step 4).

A recent UNICEF report, 'Children on the Brink' (2002), predicts that in four southern African countries (Lesotho, Swaziland, Zimbabwe and Botswana), one-quarter of all children will be orphaned by 2005. Without knowing the precise details of their demographic modeling, it is likely to have involved an extrapolation of orphanhood rates collected in particular areas. Such methods are vulnerable to bias stemming from varied definitions of the term 'orphan' amongst policy bodies and local communities, and to methodological differences in efforts to count orphans (Foster and Williamson, 2000:276).

Differences in definition of the term 'orphan' matter because they are used to identify and prioritise those considered to be in most need. The definitions used by local development organisations often adhere to those used internationally[9], but may be very different to local understandings and local realities regarding children's vulnerability. For example, the word for 'orphan' in many African languages refers to a child who is destitute or without care, rather than parentless[10]. Interestingly, the English word 'orphan' also contains this meaning, although it appears to have declined from popular use. According to the Oxford English Dictionary, the word 'orphan' has its origins in Latin and Greek, and in addition to meaning "without parents or bereaved", also means "one bereft of protection, advantages, benefits, or happiness previously enjoyed". Similarly, the word 'orphaned' means not only "bereaved of parents, fatherless or motherless, or both", but also "bereft of protection analogous to that of a parent". Clearly, the association with absence of protection and benefits is one that runs through Latin-based as well as African languages.

Monk's research on the dynamics of orphaning and fostering in Uganda finds that the common definition of 'orphan' used by UNAIDS and other agencies excludes many children whose lives are seriously affected by AIDS. These include paternal orphans, orphans aged 15-18 years and children living in households who have fostered orphans. The definition "fails to recognise many of the children rendered vulnerable by the pandemic". Hence, depending on the

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[9] The most common of these is that of UNAIDS, namely a child below the age of 15 years who has lost her/his mother.

[10] The word for orphan in Zambian languages does not include children staying with adult relatives (Foster and Williamson, 2000:276).

reliability of predictions, it may be that estimates of numbers of 'orphans' grossly underestimate the scope of the impacts of the disease (Monk, 2000).

A further problem with estimates of the numbers of 'AIDS orphans' is that they are almost never given in relation to baseline figures of the numbers of orphans in a country prior to the AIDS pandemic (Ennew, 2001). Attempts made to compare rates of orphanhood prior to and following AIDS can be flawed. Note for example the use of different population groups that renders the comparison made in this statement invalid:

'FACT: Before the advent of AIDS, approximately 2% of all children in developing countries were orphans. It is estimated that by 1997, this proportion increased to 7 % and has reached 11% in some countries.' (UNAIDS, 2001)

It is also worth drawing attention to the errors made by UNICEF, the ILO and other development bodies in their estimates of numbers of street children over the last two decades. Their figures were extrapolations of numbers produced by small-scale studies and were found to be grossly exaggerated. As pointed out by Connolly and Ennew (1996:131), there is a proliferation of research reports stating that "numbers of street children are always 'increasing' and yet the same figures are reported year after year". Such observations are a salutary reminder of the potential for the manipulation of information through faulty statistics.

In 1990, Hunter drew attention to the exaggerated reports of numbers of orphans appearing in local Ugandan and international newspapers (Hunter, 1990:683). Interestingly, the media responded in the same way to the 'discovery' of street children in major urban centres during the 1980s. The tendency for media exaggeration of numbers of both these supposed categories of 'vulnerable children' begs certain questions: For example, are we witnessing a similar recourse to alarmist, and frankly sensationalist, reporting of a problem we know too little about? Does the fact that the problem involves children somehow prevent our questioning of the legitimacy of such sensationalist reporting? And most alarmingly, are we seeing a sub-conscious slippage of these exaggerations into academic and policy discourse?

Step 2: The impact of AIDS-related orphanhood on children and families

In this section I examine the available evidence on the impact of orphanhood on the well-being and socialization of children in South Africa, and comment where possible on the potential influence of these processes on society as a whole. We would expect such influences to be both immediate and long term, and to operate at individual, household and community levels. For the purposes of this

paper, we are most interested in the effects of orphanhood that are likely to have longer term consequences for young people's participation in society.

Living arrangements and care

Data from across Africa indicate that where the epidemic is more severe and/or the extended family is weakened, orphaned children are frequently cared for by grandparents. The fact that these data tend to come from small surveys[11] (with samples under 1000) or qualitative studies (Booysen and Arntz, 2002:181) means that it is difficult to assess accurately the prevalence of grandparental care, nor conduct any comparative analysis of household income and expenditure that may tell us something about the implications of grandparental care for the well-being of children. Such analysis should be possible through the use of national level household survey data to compare types and levels of poverty experienced in households comprising only grandparents and grandchildren, with those in which parents are present.

We know that in South Africa the pensions of grandparents have provided significant contributions to household incomes prior to the AIDS epidemic. More specifically, pensions often contribute directly to child well-being through their use in paying school fees and contributing to the costs of uniforms and books (Barbarin and Richter, 2001). Once pensions become the sole source of household income, it is unlikely that they will stretch to educational as well as food and clothing costs. In theory, this is where the social security system should provide extra support to poor and vulnerable children, including those who are orphaned, through the Child Support Grant (the maximum age of eligibility for which was raised in the 2003 budget from 7 years to 14 years). The Foster Care Grant, which is worth almost four times as much as the Child Support Grant, is available to adults who go through the courts to foster orphans formally. However the significant difference between rates of carers receiving these grants and the numbers who are eligible shows clearly that the support is not reaching a large proportion of those who need it, particularly children in very poor households in rural parts of the poorer provinces (Bray, 2002:13). In KwaZulu Natal, it was found that new care-givers were unable to receive the Child Support Grant because the child was the deceased person's dependent (Marcus, 1999:16). This is but one illustration of the administrative barriers to social security found in many parts of South Africa that have a direct bearing on child well-being. Following their recent review of the Child Care Act, the South

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[11] A survey of 732 orphans in Uganda found that 32% were being cared for by grandparents, a Zambian national survey in 1996 revealed a figure of 38% and a survey of 297 orphans in rural Tanzania showed that 43% were cared for primarily by grandparents (Monk, 2001; Deininger *et al*, 2001:21).

African Law Commission recommended schemes to appoint selected adult 'household mentors' be given legal recognition as a means of accessing grants and other benefits on behalf of the children concerned (Sloth-Nielsen, in progress:18). It remains to be seen whether the government will act on these recommendations.

"Extended families cannot cope with the care of AIDS orphans"

Our discussion of household economics and care arrangements brings us to the first argument made in almost all analyses of the impacts of AIDS on children, namely that the family structure (whether this is an extended family or a sibling family[12]) is not coping with the care of orphans. The recent raft of papers expressing doubts that extended families are able to cope with the care of orphans[13] may in part be a reaction to suggestions by some researchers that the 'traditional African family system' would be able to absorb the extra care needs of orphans (Campbell and Williams quoted in Danziger, 1994). Again, the argument is a difficult one to substantiate with the data available and in the light of variable interpretations of the term 'coping'.

Examples of the subjective nature of judgements of 'coping' are found in the South African literature. Responses in focus group discussions in KwaZulu Natal suggest that where adult female relatives are not available, domestic responsibilities are diffused downwards to the children, particularly daughters, and that "most are able to keep their families going although almost always at a less effective level" (Marcus, 1999:16). Does 'keeping a family going' imply that the household is coping or not? Owing to a lack of standard definition of 'coping', researchers inevitably make their own assessments based on subjective and varied definitions. Subjectivity in this context would not be so problematic if it was demonstrably related to concepts of coping that are relevant to orphaned children and their communities. These criteria could then be used in addition to an agreed standard of coping based on certain socio-economic indicators. To date, insufficient work has been done on children's and community understandings of 'coping' and on indicators of child well-being that

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[12] The terms 'sibling family' and 'child-headed household' are often used indiscriminately, and it is rare for either academic or policy-based authors to define their meanings. Both terms usually refer to one-generation households, although 'child-headed households' in the draft new Children's Bill can include elderly and infirm adults. The technical difference is that 'child-headed households' are managed by someone under the age of 18 years, whereas 'sibling families' would also include living and care arrangements managed by a sib aged 18 years or over.

[13] Preble (1990), Danziger (1994), Ahimbisibwe *et al* (1996), Gillies *et al* (1996), Ayieko (1998), Loudon (1998) and Foster (2000) cited in Booysen and Arntz, 2002:183.

can be ascertained from household-level surveys to allow more robust analysis of this nature.

A second fundamental problem with the conceptual basis to this argument relates to the notion of 'traditional systems'. Anthropologists have consistently pointed out that an understanding of static and unified 'tradition' is a myth. Traditions change with time, inter-cultural communication and adaptation to environmental change within socio-cultural systems. Uncritical use of the concept of tradition can lead to the failure to "examine the key problem of the relationship between cultural continuity and cultural change" (Seymour-Smith, 1987). Importantly, this problem must be approached not only in terms of cultural elements in themselves but also in terms of the historical process of social reproduction and social change in the population concerned.

In South Africa, the historical context of child care arrangements is relevant to the debate about pressures on so-called 'traditional systems' caused by AIDS and predictions of breakdown in these systems. The rules imposed by the apartheid government on African families and the strategies adopted by these families in response to these have meant that African children have been brought up in increasingly fluid environments. While one or both parents worked elsewhere, responsibilities for children's care shifted, often without any formal arrangements (Jones, 1993). Culturally, the care of children that are not your own is a familiar practice within a number of African communities. There is some evidence that temporary care by non-relatives is regarded in a different light to full time care: "Fostering by non-relatives is uncommon in Southern Africa, the prevalence of, reasons for and hindrances to such fostering have received limited study" (Foster and Williamson, 2000:277).

One route to a better understanding of attitudes and behaviour around the care of orphans in South Africa is to examine the living arrangements of orphans recorded in large-scale social surveys, and to look at these figures in the context of co-residence of children and their parents. The table below shows the prevalence of maternal and paternal orphanhood, and absence of living parents, amongst children living in households participating in the respective surveys.

Table 1: Rates of orphanhood and parental absence in childhood[14] according to selected national and sub-national household surveys conducted between 1993 and 2002.

Survey, coverage and date	Sample N (0-17 yrs)	Mother dead	Father dead	Both parents dead	Mother absent	Father absent	Both parents absent	Both parents present	Total
PSLSD[15] national 1993	17,630	2.0%	7.6%	0.6%	12.9%	35.3%	9.7%	31.9%	100%
DHS[16] national 1998	19,703 (0-14 yrs)	2.2%	8.5%	0.8%	5.2%	30.5%	20.6%	32.2%	100%
KMP[17] Metropolitan Cape Town 2000/2001	1,747	1.1%	7.5%	0.2%	12.7%	36.1%	8.1%	34.3%	100%
CAPS[18] Metropolitan Cape Town 2002	7,222	3.2%	8.9%	1.1%	12.8%	39%	7.2%	27.8%	100%

These figures indicate that:
- A significant proportion (approximately 10%) of children surveyed are either maternally or paternally orphaned, although a very small proportion are 'double orphans';
- Rates of paternal absence are very high, and maternal absence fairly high;
- Paternal death and paternal absence is much more prevalent than maternal death or absence;

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[14] Here 'childhood' is defined according to international standards, namely 0-17 years. The surveys reported on covered children in this age group, with the exception of the DHS that covered children up to 14 years of age only.

[15] The Project for Statistics on Living Standards and Development (PSLSD).

[16] Rates of fosterhood and orphanhood were calculated for a large sample of under 14 year olds during South Africa's most recent Demographic and Health Survey, or DHS (Department of Health 1998:11).

[17] The Khayelitsha/Mitchells Plain (KMP) survey was conducted in specific urban localities within the Western Cape.

[18] The Cape Area Panel Study (CAPS) is a panel study among young people in the Greater Cape Town metropolitan area. These figures are derived from the household level data collection in the first wave of the study in 2002.

- Rates of parental death and absence are higher in the most recent, and nationally representative surveys.

Before discussing the implications of these findings with respect to AIDS-related mortality, I draw attention to the likely effects of the differing sampling frames and methods used on the data collected.

The KMP and CAPS surveys are limited in their coverage to urban areas of the Western Cape. Given high rates of rural-to-urban labour migration and, some would argue, cultural norms of young unmarried mothers sending children back to their grandparents[19], it is likely that parental absence will be more prevalent in rural areas. For example, provincial breakdowns of the DHS data show that in the Western Cape 9% of children lived in households where both parents were absent, whereas in the Eastern Cape the proportion was 31%. Furthermore, of the 1698 women aged 18-35 who participated in the KMP survey, 23% of their children were living elsewhere. Although specific locations were not included in the survey, the migration history and current family organisation patterns of the African population in the Cape Town metropolitan area make it highly likely that a large proportion of these children were living in rural areas of the Eastern Cape.

While we would expect surveys incorporating rural areas to reflect higher rates of parental absence than those focused on urban areas (such as the KMP and CAPS), there remains substantial differences between rates of parental absence gleaned in the two national surveys – both of which used census data on population distribution to design their sampling frame. Seeking explanations for these differences brings us to the definitions of 'parental absence' used in the surveys. The DHS questionnaire asks whether the mother and father of children under 15 years live in the household, however the criteria for 'living in the household' are not defined beyond "persons who usually live" therein (DHS household schedule, 1998). In contrast, the KMP, PSLSD and CAPS surveys have qualified 'usual' household membership with timeframes and/or behavioural patterns[20]. The wide range of interpretations of 'usual residence' possible within the DHS questionnaire, may partly explain the much higher rates of parental absence documented in this survey.

Returning to the survey data and their implications for this paper, we see that parental death, and particularly paternal death, has been part of many

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[19] This is one of the possible explanations for high rates of parental absence, and hence fosterage, given in the DHS report (Department of Health 1998:10).

[20] The KMP and PSLSD surveys specified that a household member must have "lived under this roof for 15 days in the last year, shared food from a common source while resident, and contribute to or share in a common resource pool" (KMP household module, 2000; PSLSD household questionnaire, 1993). The CAPS survey defines usual residence as having "lived under this roof for 15 of the last 30 days" (CAPS household module, 2003).

children's experiences prior to the spread of HIV/AIDS. There is weak indication of an upward trend in rates of orphanhood over time that could be related to increasing AIDS-related parental mortality. On a cautionary note, rates of orphanhood from the national and intra-provincial surveys should not be compared, owing to the lower rates of HIV in the Western Cape and the exclusion of rural households in the latter surveys.

The second striking feature of these data is the large proportion of children have not been living under the care of their parents prior to high AIDS-related adult mortality. Clearly, informal fosterage was a prevalent strategy in South African families even before AIDS-related pressures entered the dynamic of care arrangements for children.

The available research on factors affecting the informal fostering or adopting of children in the context of AIDS shows clearly that the principal constraints for South African families are economic. Qualitative research in KwaZulu Natal indicates that family survival often hinges on the pensions of the elderly and infirm or the income of those who have work, on the capacity of surviving family members to provide care needs and on the security of shelter and place (Marcus, 1999:19). The study found that when death in the family removes one or more elements from this fragile support structure, "the integrity of the family is undermined even if it manages to remain intact, with particularly negative impacts on the survival, care and future of children" (*ibid*). Use of the term 'integrity' raises definitional questions[21] discussed above in relation to 'coping'. Leaving these aside, the principal point being made is that amongst families who are already poor and with little in terms of security, AIDS has the effect of deepening their poverty and increasing their fragility. Similar conclusions are drawn regarding the role of poverty in the declining ability of the extended family in Uganda to provide a safety net for individuals who need care (Basaza and Kaija, 2002:32).

Without clear definitional terms, arguments about whether extended families and child-headed households are or are not 'coping' risk becoming a futile battle over semantics. A plausible reason why the 'households are not coping' argument is made so frequently by those predicting social breakdown is that it provides a platform upon which further arguments can be made about children growing up without role models and/or in 'anti-social' environments (such as urban streets). As I will shortly demonstrate, there are insufficient data

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[21] As used here, the term integrity is ambiguous. It could refer only to the physical togetherness of family members and therefore imply that members are likely to disperse following the removal of one element of the support structure described. The term also has inter-personal overtones, suggesting that relationships may break down as a result of the economic pressures. Yet this particular study, which was based on focus group discussions, does not have adequate data to show whether loss of 'integrity' of this nature is experienced by family members, nor whether they attribute it to the absence of the factors described.

of adequate quality to substantiate these arguments. To date, the most dependable evidence we have of the impact of AIDS-related orphanhood is that it deepens poverty in already poor households, and that orphaned children may find themselves playing a greater role in the struggle to maintain household livelihoods. Does this mean therefore, that the question of central relevance to this paper is whether we have grounds to suppose that large numbers of very poor children, who have experienced greater family responsibilities than other poor children, will collectively contribute to a breakdown in society?

Research that can help answer this question is scarce, for the reasons I have explained thus far in the paper. We can however surmise that poverty is indeed the principal vehicle through which AIDS works to further disadvantage children. Yet there are other factors that should be investigated. If we take a closer look at what is happening in Botswana, where rates of AIDS induced orphanhood have already risen sharply, we are alerted to individual and family responses to AIDS deaths that deserve consideration in our questions about societal-level impacts. These include the psycho-social impact of parental illness and death on children, cultural norms around the appropriateness of discussing death with children, and the nature and extent of stigmatization of those affected by AIDS.

In the absence of social security provision for poor families or children, the government of Botswana has recently established special financial support mechanisms for orphans. Evidence is emerging of a reluctance amongst those caring for orphans to "accept this assistance, particularly if acceptance might identify the dead parent as having died of AIDS; or it may suggest that the family cannot cope – another stigma"[22] (Rajaraman, 2001:9 cited in Barnett and Whiteside, 2002:209). On-going ethnographic research in Northern Botswana has encountered families of orphaned siblings who have decided not to accept the food rations offered by the government, because "everyone would know that they are orphans and are not coping on their own" (Daniels, 2003:2). The value of ethnographic studies on these topics is twofold. Firstly they are able to document the actions taken by families of orphaned siblings (many of whom can also be termed child-headed households), the capacity of sibling groups to maintain the well-being of their members, and hence the extent to which they can be described as 'coping'. Secondly, they are able to explore aspects of culture that result in behaviour that appears counter-productive in terms of family livelihoods and child well-being (for example, actions that deny the reality of a situation and define it as one in which 'nothing is wrong'). The study in Northern Botswana finds that in many instances orphaned children in sibling family units are frequently hungry, fail their school exams and show behavioural problems. For these reasons, the author concludes that they are not coping.

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[22] It is worth noting that social assistance in Botswana is unusually stigmatised. As far as is known, this form of stigma does not operate at such high levels in South Africa.

Interestingly, the subjectivity of the term 'coping' is again demonstrated by the fact that the opposite conclusion could easily be drawn by those without a detailed understanding of the family members and who would therefore see a family unit that has remained together and is neither homeless nor destitute.

Daniels concludes that the social exclusion, and educational and economic marginalization faced by orphans in Botswana inflict 'hidden wounds' because they cause pain yet are not talked about. She uses theories developed to explain the behaviour of people facing disaster and dislocation to understand the prevalence of silence around AIDS and people's desire to maintain the status quo even at the expense of their well-being. Such a culture of silence allows 'hidden wounds' to persist un-treated, and this - she argues - will further enhance social exclusion and economic marginalization. As a result of a poor education and poor social adjustment, she predicts that young people are more likely to form gangs and turn to crime and substance abuse, and that the cumulative effect will be to further undermine a society already severely stressed by the impact of the AIDS epidemic. The conclusion arrived at is that if these forms of response to orphanhood continue, they "will contribute strongly to a process of disintegration[23] already in process in Botswana" (*ibid*). Daniels analysis of the behaviour of individual orphaned children and its impact on their own well-being is convincing in the light of the ethnographic material provided. Yet she does not – at this stage – have evidence of increasing gang membership or juvenile delinquency, nor of the "cultural collapse" she predicts to result from these and other phenomena (*ibid*: 20).

Education, development and work

One of the more consistent pieces of evidence of differential opportunities for AIDS orphans is in access to schooling. Qualitative and quantitative data from a number of African countries confirm significantly lower enrollment rates in orphans than non-orphans (Desmond and Gow, 2002:15; Foster and Williamson, 2000:281). The reasons for withdrawing orphaned children from school are because new care-givers cannot afford educational expenses and wish to

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[23] The author describes this process of social disintegration as resulting from "the illness and loss of so many active adults" (Daniels 2002:3). Although this process is not discussed at length, she refers to other writers who have characterised Botswana's sociocultural matrix one of low social cohesion and high income inequality (Barnett and Whiteside, 2002). These are said to be determined partly by rapid economic growth and urbanisation, high levels of mobility, and by low and rapidly falling rates of marriage but high numbers of sexual partners. Daniel's proposition is that the continuation of the "expedient behaviour" she describes, without intervention to protect the victims, is contributing to ongoing social change by further reducing social cohesion (Daniels 2002:7).

increase the household's labour resources (Oni *et al*, 2002). Evidence from South Africa points to a similar trend in areas of high infection (Marcus, 1999:15), but one that is so far less pronounced. Longitudinal research currently underway in the Free State reports a relatively small proportion of children aged between seven and thirteen years who are not attending school, but a higher proportion of fourteen to eighteen year olds who are not attending (Booysen and Arntz, 2002:175). The two waves of data (collected in May 2001 and December 2001 respectively) suggest that younger children tend to be taken out of school for short periods whereas older children may miss much longer periods of school (*ibid*). This age difference fits with families' needs for assistance with domestic work and care of sick relatives and younger children. Moreover, the second wave of data collection indicated a statistically significant difference between non-attendance in school for older children in households affected by HIV as opposed to their peers in non-affected households (*ibid*:176). Although this study does not explore gender differences, data collected elsewhere in South Africa indicates that girls are more likely to be taken out of school owing to their ascribed cultural roles as care-givers. A survey of households impacted by HIV/AIDS in four provinces found that within a total sample of 330 children who were maternal orphans, twice as many girls than boys had dropped out of school (Steinberg *et al*, 2002:ii). But their survey also showed that girls (under 18 years) were no more likely to be primary care-givers than boys of the same age (*ibid*: iv). This finding may suggest a cultural bias towards educating boys, but could be explained by other factors.

In a survey conducted in Limpopo Province, affected households spent 8.7% of total household expenditure on education costs (a mean of R259 per month), whereas amongst unaffected households this proportion was 15.6% (a mean of R640) (Oni *et al*, 2002:53). Yet, it is interesting to note that a greater difference was found in expenditure on housing between affected and unaffected households, suggesting that spending on other basic needs is trimmed before deciding to pull children out of school.

There is some evidence of an increase in the amount of work performed by orphaned children in rural areas of South Africa heavily affected by AIDS (Giese *et al*, forthcoming). To date, there has been no substantial research conducted on the links between AIDS prevalence and the nature and extent of children's work responsibilities in South Africa. In Zambia, orphans from the age of 5 years (particularly girls) were found to have growing domestic roles but no information is given on the impact of these on their well-being (McKerrow, 1996 cited in Foster and Williamson, 2000:280). The effect of a greater working role on children's well-being will depend on the nature and intensity of the work. Clearly, heavy domestic responsibilities are likely to keep a child away from school and may isolate them from their peer group. On the other hand, there may be psycho-social benefits to an increased work role at home that accrue from children's sense of contribution to the household, especially when it

is under economic and emotional pressure. For example, research in Nepal amongst children working in the carpet sector and thereby contributing to the family income, found that these children derived satisfaction and a sense of self esteem from their working role (Baker and Hinton, 2001:187). To the best of my knowledge, there has been no research that looks at the costs and benefits of children's contributions to the household from the point of view of children and other family members, and specifically in an AIDS context. At a time when a parent is becoming increasingly frail, it may be important for children to spend time at home and to be involved with preparation for parental death.

Yet it could also be argued that children need other continuities, such as school, in order to cope better with the severe illness or death of a parent. And once orphaned, children who have replaced schooling with work are likely to find it difficult to re-integrate into the educational system for both economic and social reasons (for example, their responsibility to look after younger siblings). A recent analysis of the intersecting risks posed to children by HIV/AIDS and their involvement in the labour market concludes that children orphaned through HIV/AIDS are more likely to enter the workforce, to be exploited in the workforce and to become infected by HIV than other children (Rau, 2002:10). Reasons for this greater risk include the impoverishment of natal and fostering households, the absence of inherited assets (discussed below) and the likelihood that children will enter menial, informal or exploitative work either because their parents were engaged in such work, or because AIDS-related discrimination prevents access to lower risk employment (*ibid*). Interestingly, this analyst compares the impact of HIV/AIDS on child labour with the impact of the financial crisis in Asia during 1997-1999 (*ibid*:10). In Thailand, the impact of this crisis was found to affect 'ultra-poor' and 'poor' households most severely, the common reaction being to retract children from school when parents were laid off. The report also notes growing numbers of parents encouraging children into work, particularly into lucrative but exploitative employment in the sex industry (UNDP, 1999:142-143 cited in Rau, 2002:11). Here the tangible links are seen between child prostitution and dire poverty, increasing family indebtedness, and a lack of employment and educational opportunities (Rau, 2002:11). This scenario indicates that orphaned children living in extreme poverty will face both short and longer-term risks related to their working roles. But, on the other hand, the demographic changes resulting from HIV/AIDS mortality are likely to leave vast gaps in the labour force over the next twenty years, so perhaps presenting opportunities for young people to secure work. The question is whether children will be recruited in some sectors (such as agriculture, informal sector services, sales and manufacturing) but not in others (public service, formal sector manufacturing), thereby restricting their earning and skill development opportunities (Rau, 2002:24).

A small amount of research has been done on the changing dynamics of children's work outside the home in South Africa. The children's rights group

Molo Songololo (2000) documents an increase in trafficking of children for sexual exploitation due to a growing demand, fuelled in part by greater numbers of tourists visiting Cape Town. Unfortunately, many of these studies are based on small amounts of qualitative work (for which the sampling and methods used are not adequately explained) or on no evidence whatsoever. For example, Booysen and Arntz present a series of conclusions regarding the outcomes of parental death that are based on questions asked during focus groups in research in the Free State. One of these is that should both parents die, the "children often resort to street life and turn to crime and prostitution to survive" (2002:175). We are not told whether this was a single participant's statement or a common view, nor do we know whether it is a fear or an experienced reality. As a research method, focus groups are used to gather a diverse set of opinions. Their reliability in documenting fact is questionable owing in part to the power dynamics at play in a group context, and in part to the lack of opportunity to corroborate statements made.

Foster and Williamson, in their review of the impact of HIV/AIDS on children in Sub-Saharan Africa refer to children departing from orphaned households to seek work on farms or in urban centres to generate income (2000:280). Girls are said to be engaging in commercial sex or entering marriage early in order to provide for their younger siblings (*ibid*). No evidence is provided to back up these assertions, and the only related study referred to in the paper is one that traced the impact of maternal death on children of 11 sex workers in Kenya (Njoroge *et al*, 1998 cited in Foster and Williamson, 2000:281). The sample comprises only 39 children, and there is no comparative data capable of differentiating between poverty and AIDS-related orphanhood as the determining factor. Later in the paper I tackle the question of whether a working role, and even an unsupervised working role (such as that of street children), is necessarily problematic for children and for society in the long term.

Health and physical well-being

One indicator of an inadequate social environment for children orphaned through AIDS is a poor state of physical and psycho-social health. In this section I consider the evidence for substantial difference in the physical health of AIDS orphans as compared to their peers, and the following section asks the same question with respect to psycho-social health.

A study conducted in Zaire on the impact of premature maternal death on children found that children who lost their mothers prematurely to HIV had higher rates of missing scheduled clinic visits, early weaning and poor adult supervision as compared to their peers whose parents were still alive (and were either HIV negative or positive) (Kamenga *et al*, 1990). Such practices stand to affect child health. However, none of the studies conducted prior to 2000 found

a significant increase in morbidity/mortality of orphans as compared to non-orphans (Foster and Williamson, 2000). This may have been because HIV prevalence was still fairly low and families were able to manage any additional stressors. A baseline study of child health indicators in Uganda, where prevalence rates have peaked, found that 15% of younger children orphaned by AIDS and 20% of older children reported having insufficient to eat, with 24% of older children reporting that they are not given enough to eat a few times a week or more (Basaza and Kaija, 2002:36).

Much more recently, a retrospective cohort study conducted over a 10 year period investigated the influence of maternal HIV status and orphanhood on child mortality and physical well-being in Malawi (Crampin, *et al* 2003). It found increased child mortality associated with the death of HIV positive mothers (but not with HIV negative mothers or of fathers)[24]. A more surprising finding was that amongst children who survived, neither maternal HIV status nor orphanhood was associated with stunting, wasting or reported ill-health. The authors conclude that the lack of evidence for excess morbidity amongst surviving children born to HIV positive mothers suggests that the extended family has not discriminated against children who have lost a parent to AIDS, at least in terms of physical well-being[25]. In several other African countries, studies have indicated that children of parents who have been ill or died as a result of AIDS are at higher risk of malnutrition than their peers (Crampin, 2003:7; Preble, 1990:679). These discrepancies indicate that physical well-being outcomes are highly context-specific and cannot be generalized from one setting to another (*ibid*).

An area of risk about which we know little in terms of the general population of children in South Africa, and even less with respect to AIDS orphans, is that of sexual abuse. Programmes to support orphans in Zimbabwe have had to tackle the sexual abuse of children by their carers (Grainger *et al*, 2001). On the basis of emerging evidence of sexual abuse occurring with alarming frequency in homes for street children, it is likely that children in 'orphan care' arrangements are at similar risk in a variety of institutional and cultural settings.

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[24] The HIV status of the children in this study was not known, so the direct (vertical transmission of HIV infection) and indirect impacts of HIV in the mother could not be accurately distinguished.

[25] It should be pointed out that the study only captured those children who remained in the district from 1980 to 2000, and it therefore cannot shed light on well-being outcomes for orphaned children who were fostered by families living outside the district.

Psycho-social health

The role of emotional distress and anxiety surrounding parental illness and death has not been adequately researched in Southern Africa. For this reason, we have little comparative material which we can use to understand the implications of AIDS-related parental death for children's short and long-term well-being. Having conducted an assessment of current knowledge in this area, Wild (2001:8) concludes that "at present, knowledge about the psychosocial adjustment of AIDS orphans is based on an intermingling of sound data, less reliable data and clinical observation, and is therefore somewhat less secure than might appear at first glance".

Young participants in qualitative research in KwaZulu Natal said that anxiety about parental illness had negative effects on their school work, to the extent that they had to repeat the school grade (Marcus, 1999:22). This same study revealed that children are frequently excluded from conversations about the imminent or recent death of a parent, owing to cultural norms about what is 'right' for children: "We don't discuss death with children. It is only us elderly who talk about it" (Marcus, 1999:26). Several participants in this study felt that it was only appropriate to talk about death with children in their late teens (17 years and over) or early adulthood. The reasons given for not talking to younger children were that they would be upset, would not understand or know how to cope with the information, and would not benefit from knowing (*ibid*). Interestingly, these participants admitted that their reticence stemmed also from their own lack of courage to talk directly to their children, and their wish to avoid seeing their children hurt. The justification given was that "it is better for a child to see for itself when the coffin arrives what is going on, rather than to tell her that her mother is dying" (*ibid*). Yet the study also reports that a "sizeable number" of participants felt it appropriate and necessary to talk to younger children. They considered children aged 5 years and over capable of understanding death and its consequences, and thought that speaking to children of this age about dying and death would help them cope better afterwards because it creates an opportunity for children to come to terms with the loss, and to accept subsequent care arrangements:

> 'It is important for the child to know because should he encounter problems, he must be aware it is because he is an orphan and he can't compare himself with children who have parents. He must (not) expect anything because he has no parents to defend him.' (*ibid*:28)

'It is important for the child to know so that he can respect the people that he lives with. That will prevent him from doing things wrong, and expecting to be rescued by me' (grandmother in focus group, *ibid*).[26]

The study suggests that recognition of the need to communicate with children about death and grief "represents a break with historical practices and suggests changes in traditional assumptions about children and their place in the organization of the family and home" (*ibid*:43). Nevertheless, it concludes that behaviour centred around silence and exclusion is probably the norm in this and other societies, despite the fact that this goes against current thinking in the policy sphere about children and their rights.

Many argue that the risk to children lies in the loss of primary care-giver. Where very high rates of fosterage are practised, the loss of a foster parent may have as serious affect on a child as the loss of their natal parent (Urassa *et al*, 1997 cited in Foster and Williamson, 2000:276).

It has been argued that the psycho-social impact of HIV/AIDS on children has been neglected owing to an over-riding concern for the social and economic impacts (Foster and Williamson, 2000). The suggestion is that the combination of "stigmatisation, dropping out of school, changed friends, increased workload, discrimination and social isolation of orphans all increase the stress and trauma of parental death" (*ibid*:282). One study in Uganda found depression amongst orphans in Uganda. Rates of depression were particularly high among 10-14 year olds with a widowed father, thereby suggesting that the trauma of losing a mother was greater than losing a father in this particular context (*ibid*). One question raised by such findings concerns the method used for measuring depression and its ability to capture locally meaningful experiences and understanding of poor mental health.

A Zambian study noted particular changes in children's behaviour following the onset of AIDS-related illnesses in parents that were related to self-esteem rather than sociability. Moreover, orphans were found to "exhibit internalized behaviour changes such as depression, anxiety, and low self-esteem rather than acting out and sociopathic behaviour such as stealing, truancy, aggression and running away" (Kirya, 1996 and Forsyth *et al*, 1996 cited in Foster and Williamson, 2000:282).

Having reviewed the available evidence in Africa and the USA, Wild (2001:16) concludes that "we do not yet have a definitive answer to the question of whether losing a parent to AIDS places children at increased risk for psychosocial adjustment difficulties". Some research does point to heightened levels of emotional and/or behavioural problems amongst children who have lost

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[26] Interestingly, these remarks indicate an expectation that orphaned children will experience problems owing to their orphaned status, yet at the same time it is expected that they should respect their surrogate parents.

parents to AIDS-related illnesses relative to a comparison sample from the same community. However, the studies reviewed also demonstrate that orphaned children "will not invariably be dysfunctional, and suggest that family process variables and the supports available to children may be more important predictors of children's adjustment than the parent's illness or death *per se*" (*ibid*). In the light of this finding, it is clearly inadequate to simply assume a direct relationship between the parent's AIDS-related illness or death and the psycho-social health of children.

When considering the psychological impact of orphanhood and its implications for individual children and society, it is worth looking at long-term studies done with other children in so-called 'difficult circumstances' (such as refugees, displaced children and street children). These have shown that they cope in different ways with traumatic situations. While some experience severe impairment in their overall development, others are resilient and adapt quickly to the new situation (for example, the Bhutanese refugee children studied by Hinton, 2000:209). Research on resilience in children has examined the conditions under which social and psychological well-being are maintained even when stress is severe, and the factors that increase the ability to recover quickly and completely after severe trauma. One of the conclusions reached is that more than one factor is responsible for impairing a child's intellectual, psychological and social development. For this reason, the context in which the traumatic experience takes place can be as important, or perhaps more important, than the experience itself. If favourable conditions can be created, then there is a good chance that a child will be able to successfully overcome the trauma of losing a parent. We know that the majority of orphaned children in South Africa are from poor communities and that parental illness and death is likely to bring further economic pressures through increased medical expenditure and loss of a breadwinner. The question therefore is whether the presence of certain securities (such as shelter, a consistent care-giver, friendships and/or an income source) make a critical difference to the impact of parental death on children. This is a complex question to research owing to the specific peculiarities of each family scenario and each child's personality. Nevertheless, studies of so-called 'positive deviance' would be helpful in identifying any such securities, especially in situations where high rates of orphanhood seem to be having severe negative effects on children's psycho-social health. Moreover, they would shed light on the question of whether children orphaned through AIDS experience a qualitatively different set of traumas and long term effects, from those who lose parents through separation, divorce, labour movements or other causes of death. This question of 'the AIDS difference', leads us to the next argument that is implicit in much of the literature on AIDS orphans.

"Orphanhood as a result of AIDS has a qualitatively different impact on children and households to orphanhood through other causes"

Although orphans have always existed in any given society, AIDS orphanhood is considered to be unique in its impact on families and society for a number of reasons. Owing to the age profile of AIDS deaths, large numbers of child-headed households are predicted. These arrangements are considered problematic environments for children to grow up in. Secondly, AIDS is found to increase the likelihood that orphaned children are relocated prior to or following parental death owing to economic and social pressures. Thirdly, AIDS morbidity and mortality are thought to have different effects on the household economy and hence the well-being of children when compared to other illnesses, and are found to induce a particular form of stigma and discrimination. In this section I draw on national and international data to examine the evidence we have for each of these trends and their likely impact on South African children and the social fabric.

Rates of child-headed households in South Africa remain quite low at national level[27] but there is evidence to suggest that they are very prevalent in particular areas. To date, a very limited amount of research has been conducted on the characteristics of child-headed households in South Africa. We therefore know little about the domestic or economic responsibilities of children running and/or living in these households, nor about the impact of household responsibilities on their economic well-being, health, education and sense of self esteem. One of the only pieces of research on the situation of child-headed households is a study conducted by the Nelson Mandela Children's Foundation (2001) in which 117 orphans living in 34 child-headed households and 47 service providers in four provinces were interviewed. The study found that the principal problems faced by children related to a lack of access to services – including school – and to poverty (*ibid*). Put briefly, some school authorities were found to exempt orphans from paying fees whereas others did not take into account the special needs of orphans. In addition, the social and health services in place to meet the needs of communities affected by HIV/AIDS were found to be fragile and unsustainable in their infrastructure as they consisted of NGOs and community structures largely staffed by volunteers. The priority needs expressed by the children interviewed were food security, clothing and education. Their responses imply that if service provision could be strengthened to meet basic needs, the business of running a household was something

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[27] The SABSMM study was the first to gather national data on child-headed households, and produced a figure of 3% of households headed by someone aged 12-18 years (Shisana and Simbayi 2002:68). This proportion rose slightly to 4.2% in urban informal areas (*ibid*).

children considered viable. None of these findings relate to current or future threats to the social fabric. Instead they speak of the struggle of individuals, families and community organisations to sustain livelihoods in the context of scarce resources and structural barriers to services.

Evidence gleaned from various parts of Southern Africa suggests that decisions to leave children living in child-headed households are often made by relatives who are reluctant to foster older children, when older children have had experience in child care, when siblings wish to stay together and/or the dying mother's wish was for her family to stay intact (Foster and Williamson, 2000:279). We do not know enough to judge whether this is also the case in South Africa, but the finding alerts us to the range of reasons why child-headed households exist and to the possibility that living with one's siblings without a permanent adult care-giver may not be the worst case scenario for the children concerned. A short cross-sectional study of only 34 child-headed households (such as that conducted by the NMCF cited above) can provide only a limited amount of information. It would be unwise to base our understanding of the dynamics of and outcomes for child-headed households in South Africa on this information alone. What is needed is more information on the variation in the characteristics and vulnerabilities of child-headed households between urban and rural areas, cultural groups, and communities of differing economic profiles and areas of high and low HIV/AIDS prevalence. Only then will we know what kinds of physical and psycho-social disadvantages children growing up in sibling families in particular communities are experiencing, the extent to which communities and service providers can meet their needs and the resulting broader implications for society.

The second apparent differing feature of AIDS-related orphanhood is the frequency with which children are moved prior to and following parental death. Research in Zimbabwe noted this pattern amongst children affected by HIV/AIDS (Foster *et al*, 1997 cited in Foster and Williamson, 2000:280). Current research in the Free State has found that migration in households affected by HIV/AIDS is characterized by a temporary movement of younger persons between households in the immediate community, and in 37% of cases these moves were made in order to change the persons they were staying with or due to illness or death (Booysen and Arntz, 2002:186). In contrast, those moving in non-affected households tended to be slightly older, to be moving further afield and for reasons relating to work, marriage or education (*ibid*). As a result of apartheid policies, pass laws and patterns of labour migration in South Africa, African children experienced frequent and sudden relocation throughout the last three decades. These migratory practices have not been without their costs to children and to family cohesion (Jones, 1993; Ramphele, 2002), but they have been incorporated into community organization to the extent that it would be wrong to describe them as causing 'social breakdown'. Thus far, we do not have evidence to suggest that the movement of children in the context of AIDS will

have any different consequences for children or for society. This does not mean that we should ignore the movement of children. Rather it suggests that we should learn from the past through careful study of the ramifications of such movement for individual children as they grew up and through analysis of how best to support children currently experiencing similar changes in location, care-giver and community. Such analysis should of course be undertaken in the context of the uneven distribution of HIV/AIDS infection, and the possibility that – as noted in Zambia – frequent intra-rural or intra-urban migration of children following parental death may produce a clustering of orphans in poorer areas, meaning that certain communities face greater social and economic strain than others (McKerrow, 1996 cited in Foster and Williamson, 2000:280).

Turning now to the impact of AIDS-related orphanhood on children's health and well-being, there are a number of plausible reasons why the loss of a parent through AIDS may have greater impact on household economics and child well-being than death from other causes. These include the likelihood that both parents are infected and therefore death of the second parent is likely to follow, the tendency for longer illnesses prior to death amongst HIV positive as compared to HIV negative persons, and the possible stigmatization of the child (Crampin *et al*, 2003:2).

Taking a comparative perspective on this question, evidence from Asia shows few or muted differences between the effects of AIDS related deaths on households and those of non-AIDS deaths. A study in Mumbai recorded a distinct drop in income, withdrawal of children from school, an increase in debt-mortgaging and early entry of children into the labour market following an AIDS death in the household (Bharat, 1999 in Verma *et al*, 2002). No mention is made of any comparison with outcomes for households in which a principal breadwinner died of other causes. However a more recent study conducted in Sangli District in the Indian state of Maharashtra compared households with an HIV/AIDS death with those with a non HIV/AIDS death and those with no death (Verma *et al*, 2002). Findings include a significant negative impact on the economy of a household where an active adult has died of AIDS although differences in outcomes and responses between these and households suffering a non-AIDS death are not great (*ibid*). Interestingly, the coping strategies adopted by households affected by an AIDS death are shown to be more sustainable in the long term (for example reduced expenditure on consumer durables and the sale of non-essential items such as jewelry) than those of households suffering a non-AIDS death (*ibid*:23). Where AIDS as a cause of death seems to make the most difference to child well-being is in the withdrawal of children from school, although even here total figures and differences remain small[28], and in rates of

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[28] Four percent of children from households with AIDS deaths were withdrawn from school as opposed to 2.6% amongst households with non-AIDS deaths (Verma *et al*, 2002:18).

perceived discrimination (20% as opposed to 2% in households with non-AIDS deaths). When households were stratified by income levels, it was found that rates of orphanhood in low-income households following AIDS deaths were much higher (83%) than in low-income households following non AIDS deaths (57%) (*ibid*:22). The greater likelihood of both parents succumbing to AIDS than other causes will contribute to this difference. Also, children who are biologically orphaned through causes other than AIDS are likely to be cared for in the extended family system. The designation of orphan status may be more common for children whose parent(s) died of AIDS owing to the high rates of discrimination noted above. Results also show a gradual decrease in orphan rate as income increases (*ibid*), and several indicators of child well-being (being able to visit a health centre when sick, percentage who have worked, percentage withdrawn from school) are significantly affected by income levels. The indication here is that economic means affects families' abilities to integrate an orphan (through informal fosterage) rather than designate a child to be an 'orphan' in need of external support. Hence the authors conclude that the impact of AIDS on both households and children is much more negative amongst those who are already socially and economically disadvantaged (*ibid*:1).

Greater differences in the impact of AIDS related deaths on households compared to non AIDS related deaths have been found in Thailand, although data to show specific impacts on children are thin. For example, a study by the UNDP in Chiang Mai Province in Northern Thailand found that the impact of an adult AIDS related death on the household was substantial and generally greater than a non AIDS related death (Pitayanon, 1997). A more recent review of perinatal AIDS mortality and orphanhood following Thailand's successful control of the epidemic reports rising numbers of orphans (Janjaroen and Kamman, 2002:20), who "have a difficult time adapting to change…have to struggle to survive and may become a menace to society. They may commit crimes, turn into drug addicts, or become commercial sex workers" (*ibid*). No data are given to support these predictions, and after a paragraph documenting the stigma, rejection and isolation that are part of the psycho-social impact of AIDS in the family on children ("instead of experiencing positive socialization, they feel being [sic] in an uncaring and unsupported environment" *ibid*:21), the authors note that "there is no direct evidence or research studies at present that indicate precisely how many children are in such circumstances or are expected to fall under such circumstances in the future" (*ibid*:22). Yet the assertion follows that "there are implications that the long-term impact on a number of abandoned children and orphans, as well as all HIV infected children, will be immense" (*ibid*). Clearly there is a significant lack of reliable evidence on the responses of children, households and communities to AIDS and the implications of these for children and for society. The scant evidence available

points to impacts on individual children, families and household economies[29], rather than anything at societal level. The one exception here is the link between higher school drop-out rates amongst girls in villages in North-Eastern Thailand where there is already an established pattern of girls and young women entering the commercial sex trade in nearby towns (*ibid*). The growth, or even continuation, of such trends will provide a vehicle for high rates of HIV transmission in the area, thereby renewing the social and economic cycle prompted by HIV infection in poor families.

Data from Southern Africa on this topic are scarce. A recent survey in Tanzania looked at certain indicators of well-being amongst AIDS orphans, 'ordinary orphans' but excluded paternal orphans (Conroy *et al*, 2001 cited in Barnett and Whiteside, 2002). The major findings of this study were that child-headed households were found more frequently amongst AIDS orphans than others, AIDS orphans attend school less frequently than others and are more likely to drop out of school, the numbers of orphans are overstretching the ability of households and community to cope, and that girls are more vulnerable than boys to abuse and ill treatment (*ibid*). In a sample of 2,786 AIDS orphans there were 128 incidents of attempted suicides, and in a sample of 2,420 other orphans there were none. Given that this was a survey, it is unlikely that the research team were able to thoroughly explore the causal factors behind these differences. Evidence from other studies discussed earlier in the paper indicates that absence from school and problems coping at household level are primarily economic problems stemming from deepening poverty. The higher rates of abuse of girls than boys is a general pattern with or without AIDS, but obviously in an HIV context has greater implications for girls in terms of increased risk of infection. However the alarmingly high number of attempted suicide amongst AIDS orphans points to qualitative differences between their experiences and those of their peers whose parents died of other causes. A frequent explanation for the overall greater risk to AIDS orphans is that they must "grapple with the stigma and discrimination so often associated with AIDS" (Kelly, 2000). The effect of such stigma has been found to include being deprived of basic social services and education, either through exclusion by service personnel (NMCF, 2001), or through choices made within the family not to use services available in order to hide their vulnerability (as reported in Botswana in Daniels, 2003).

The terms stigma and discrimination tend to be used liberally and unproblematically in policy documents around the care of people living with HIV/AIDS and orphans (International Federation of Red Cross and Red

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[29] In the mid 1990s, 41% of households in Chiang Mai, Northern Thailand (an area with one of the highest concentrations of AIDS in the country) reported having sold land, 57% reported some withdrawals from savings, and 24% reported borrowing from a cooperative or revolving fund to finance the adjustment to death in the family (Pitayanon *et al*, 1997).

Crescent Societies, 2002; Monico *et al*, 2001). The absence of any explanation or discussion of meanings of these terms indicates an assumption that they are self-evident and that their meanings are shared across many cultural environments. Yet emerging qualitative studies indicate that there are complex and varied social dynamics underlying people's experience of stigma internationally and within Southern Africa, in their understandings of the term and in the ways 'stigma' interacts with other vulnerabilities associated with AIDS (Stein, 2003).

A question prompted by recent research in Botswana is the extent to which stigma relates to poverty, orphanhood and the inability to survive, as opposed to AIDS *per se*. Daniels' ethnographic work documents the reticence of orphans living in sibling families to access financial support because they feared it would expose the fact that they were orphans and were unable to cope on their own (2003:2). Stigmatising attitudes towards, as well as social exclusion of, the poorest members of a community have been well-documented in a number of societies (Narayan *et al*, 2000:86). Without denying the ample evidence of secrecy and denial surrounding AIDS in many communities (owing in part to its sexual transmission), it is worth pausing to consider the links between these attitudes, examples of stigmatizing behaviour and the underlying social, cultural and economic factors motivating such behaviour, before drawing broad conclusions positing the impact of 'stigma and discrimination'.

These considerations alert us to the interrelationships between poverty and AIDS; a theme that has recurred throughout the paper, and particularly in relation to the unique implications of AIDS-related morbidity and mortality for children, families and society.

Poverty and AIDS: an intimate relationship

Those studies that have endeavoured to consider AIDS-related orphanhood in its social and economic context or have deliberately employed a comparative perspective, have found that the boundaries between orphans and 'vulnerable children' are blurred, thereby questioning the extent to which AIDS is the main contributing factor to children's vulnerability (Giese *et al*, forthcoming; Whitehouse, 2002).

In a recent situation analysis of orphans and other vulnerable children in the Mwanza region of Tanzania, informants "identified the more general socio-economic environment prevailing these days as the main contributor to many of the circumstances that make children vulnerable" (Whitehouse, 2002:25). The causes of children's vulnerability were found to be rooted in the economic and social dynamics of poverty. These included insufficient income, low crop yields, limited employment opportunities, large families with limited means to support them, limited general education and low levels of knowledge of sexual and reproductive health, parenting, family planning and life skills (*ibid*). Over recent

decades, the trend towards migration and more individualistic lifestyles has brought a loosening of family and clan ties. These outcomes, coupled with customs such as polygamy, informal marriages and disinheritance of widows, are all reported to be creating "an environment in which vulnerable children are being produced" (*ibid*).

In the light of these tangible overlaps between poverty and AIDS as causal factors in children's vulnerability, we must ask what part endemic and deepening poverty plays in shaping the experiences of children orphaned through AIDS and on longer term outcomes for this generation. Such a question must be first asked through research in specific communities, and in relation to the dynamics of poverty therein. An important ingredient in these dynamics deserving investigation is the link between women's position in society and children's vulnerabilities.

Many studies in Africa and elsewhere demonstrate that children's vulnerability is closely associated with the disproportionate disadvantage of women in an AIDS context (Marcus, 1999; Narayan *et al*, 2000). In two of the Free State communities studied by Booysen and Arntz (2002:182), approximately 70% of households looking after orphans are headed by women, most of whom are widows. Both the productive and reproductive responsibilities of running a household fall on these women. Whether widowed or not, women in South Africa are the ones who provide the majority of care and services to children, yet it is they who are often left without shelter, property or means of support when their partners die or they themselves become very ill (Marcus, 1999:46). In the case of the death of a husband and father, patriarchal systems of inheritance can mean that assets are passed to the deceased man's brother or father, rather than his widow and children. Yet the erosion of patrilineality in South Africa in a context of low marriage rates and high rates of divorce and separation means that the mother and her family are expected to look after children, rather than the father's family (Booysen and Arntz, 2002:178). Such systems and practices serve to disenfranchise women and children, apparently making children even more vulnerable when their mother dies. Yet there is evidence that children who are paternally orphaned and living in female-headed households (whether their own or a foster family) fare better in certain areas than their peers who are living in male-headed households. A study in Uganda investigating the allocation of household resources to biological children and orphaned children found that in male-headed households biological children were enrolled at a higher rate than school-age orphans in the same household, yet female-headed households in rural areas showed no partiality in the enrollment of children (Aspaas, 1999).

There is anecdotal evidence of violations of orphan property rights in Uganda (Dieninger *et al*, 2001:21), but as yet we have little substantive data on this issue in South Africa. Research in Zimbabwe found that a fairly high proportion of orphans (76%) had inherited their parent's property, although only

7% of the parents had made any form of will (Drew *et al*, 1996 cited in Grainger *et al*, 2001:38). The extent to which widows and orphans are further disadvantaged through structural factors such as inheritance patterns and unequal access to services is not yet known in South Africa. The likely impacts of any significant trends in this direction will be to make individuals and families poorer and more vulnerable. For example, when orphaned children have no assets other than their labour to bring to caretakers or pay for their education, they may be forced to work in order to contribute to the fostering household or pay their school fees (Rau, 2002:8). There is no reason to believe that a lack of assets, property or land, or the sense of exclusion from one branch of the family is going to produce antisocial tendencies in children of a nature that will lead to the breakdown in society.

Step 3: AIDS orphans will live outside society's moral codes

This third step of the logical sequence that relates AIDS orphanhood to social breakdown is one that links the poor socialization of orphans with a rejection of mainstream social values and practices. In this section I discuss two particularly common arguments found in the literature that attempt to make this link.

"AIDS orphans will become a threat to society owing to an absence of positive role models"

This first argument is one that tries to connect loss at an individual level with societal level outcomes. It is amply illustrated in a statement made by a member of the National AIDS Coalition in South Africa: "Children orphaned by AIDS will have no role models in the future and they will resort to crime to survive"[30]. The first assumption contained in this argument is that loss of one or both parents will necessarily mean that a child has no other role model. As explained above, African families are often extended and have multiple branches, any one of which may pay a lesser or greater part in a child's up-bringing at any one time. Parents therefore, are by no means the only people who act as role models. Members of the extended family and local community are all actual or potential role-models. Moreover, there is ample evidence from studies with other groups of children living outside their own family context that adult neighbours and members of their own peer group provide role models. Children living on the streets of Kathmandu, the capital city of Nepal, sought informal and formal

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[30] Ashraf Grimwood, National AIDS Coalition in South Africa, quoted in Schonteich, 2001:3.

support from local shop-keepers, their employers, older 'brothers' (friends rather than kin) and social workers (Baker, 1998). Street children in Peru were quick to explain that "my friends brought me up" (Ennew, 1994). The implicit assumption that role models must be adults, and must be kin, in order to be effective is questioned by street children's accounts of those they look to for guidance and support.

A historical perspective is also important here. Anthropological research in a number of settings within South Africa shows that positive male role models have not been a part of African children's lives over the last generation as a result of the conflict between the ideals of a patriarchal system in which men are meant to be providers, protectors and decision-makers, with the harsh realities of low skill levels, unemployment and resulting rolelessness amongst men (Ramphele, 2002:103; Henderson, 1999). If we are to deduce what kind of qualitative change in children's socialization will be brought about by the AIDS epidemic, we need to ask two questions. Firstly: What proportion of the population do we expect to remain who could in theory act as role models? Secondly: Does a lack of 'role model' (as defined by those using the term), necessarily make children a threat to society?

The answer to the first question needs to be ascertained at community level because predictions of national mortality and orphanhood rates do not provide the detailed differences between communities across the country necessary to understand the likely demographic profile of the particular setting in which children grow up. Low rates of disclosure of HIV status and the rarity with which AIDS is stated as cause of death make it difficult to ascertain prevalence rates, and hence to predict mortality, in any particular community.

The second question needs closer examination. To be a threat to society implies engaging in aggressive behaviour that puts others at risk. As stated earlier, the psychological literature on children's resilience indicates that a combination of stressors is needed to put children at greatest risk of the kind of psychological damage that may translate into aggressive behaviour. Lack of 'role model' would therefore appear to be an insufficient trigger for 'anti-social' behaviour on its own. Moreover, research with 'street children' who grow up without a parent or substitute care-giver in a number of cities around the world shows very different behaviour patterns. Amongst the street children of northeast Brazil researched by Hecht (1998), violence was a part of everyday life and of the eight who died during his 13 months of fieldwork, six were killed by other street children (*ibid*:140). In contrast, in my own research over 6 years with street children in Nepal, the few deaths that occurred resulted from accidents or illness (Baker, 1998). There was no evidence to suggest that these street children were at a significantly greater risk of death than other urban poor children.

What Hecht's study makes clear is that the perceptions of and reactions to street children by members of Brazilian 'mainstream society' create a physical,

social and emotional environment that is inherently exclusionary and violent. The police, social workers and members of the public (most notably in the form of neighbourhood vigilante groups or death squads) all treat street children with a combination of disdain and physical abuse[31], in an attempt to dominate and control a group of people who they regard as outside the accepted norms of society. In Nepal, street children do experience occasional police beatings and insults from the general public but this does not equate to the level or nature of violence levied against Brazilian street children. The relatively benign environment in Nepal stems partly from the fact that so-called 'street children' are often indistinguishable from the many migrant working children living in slums with families or in their work premises, and partly because the term *khate*[32] ('street child') and its connotations have only been part of mainstream Nepali vocabulary and hence the public conscience for about a decade. What we learn from such comparisons is that children who are without an obvious care-giver or role-model are more prone to violent behaviour if they live in communities that exclude, abuse and condemn them as 'no-hopers'.

In the light of such analysis, the question of whether the absence of a role model will make orphaned children a threat to society is shown to be simplistic and spurious. By reducing the issue to the level of a particular familial relationship, it ignores the role of the wider community and indeed society at large. As the examples above demonstrate, the social milieux in which children live have a profound influence on children's sense of self, their attitudes to others and their behaviour. It is perhaps only when we focus our attention on children living outside 'the normal family' that we see the extent of this influence.

Such analysis offers a new perspective on assertions that a lack of proper care-taking and schooling of children orphaned by AIDS "leads to poor socialization, alienation from guardians and the community, and possible delinquency" (Hunter, 1990:686). An acknowledgement of the role played by the wider social milieu in which non-parented children live shifts the emphasis of responsibility for outcomes from individual children and their particular family experiences to society as a whole. At the same time, we should not ignore the very real concerns expressed by participants in the Kwa Zulu Natal study that children under their care are turning to crime "because they are not well looked after" (Marcus, 1999:18). The analysis of similar concerns with respect

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[31] "When enforced by the police themselves, violence against street children can take countless forms, from *bolas na maoi* (smacks to the hand) to pistol whippings, from kicks and punches to electric shock. As a general rule, the older the detainees, the more severely they are beaten" (Hecht, 1998:129).

[32] This term was one used amongst street children living in Kathmandu in the early 1990s to refer to each other. Once 'discovered' by social organisations and the media, and used to report on the situation of Nepal's 'street children', it entered the common urban vocabulary.

to street children indicates that the question of whether and when petty crime committed by children becomes a threat to society depends to a large extent on how that same society understands and reacts to such activities. For example, we might ask whether attempts are made to understand the circumstances under which children steal, given that these could range from extreme hunger to boredom.

It is worth remembering that street children are a very small proportion of children who work and live outside the family home. Tens of thousands of migrant children work in factories, farms, restaurants and other branches of the service industry across Asia and Africa. Although living separately from their parents, these children are often linked into social networks consisting of members of their home community, their new neighbourhood, fellow workers and/or employers (Baker and Hinton, 2001). Where children have been working alongside the adult labour force for generations, such networks offer both role models and support. Social research alerts us to the high risks of exploitation faced by migrant child workers, but there is no evidence that this younger sector of the workforce has posed any threat to society.

"AIDS orphans will become street children"

Statements akin to the following are becoming a familiar element of the AIDS prognosis[33]:

"The HIV/AIDS epidemic is leading to increasing numbers of street children in Africa. In both Zambia and Zimbabwe, there was an increased probability that street children were orphaned" (Foster and Williamson, 2000:281).

Supporting evidence for this statement consists of two references to studies in Zambia, one of which is a UNICEF Situation Analysis of Street Children. Such 'Situation Analyses' are usually conducted over a short time period and fail to include any comparative perspective capable of contextualizing their findings with respect to street children.

In Barnett and Whiteside's recent review of AIDS in the twenty-first century, it is stated that orphans in "extreme cases" turn to the street, where their physical needs and financial desperation make them vulnerable to crime, substance abuse and sexual exploitation (through which they risk contracting

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[33] Examples of this prediction are common in UN documents, for example: "There are the children who themselves are abandoned or orphaned, often becoming in turn - street children" (Statement by UNAIDS, "HIV/AIDS and children" April 1996), and "children affected by AIDS are likely to become orphans, and some of these will become street children, living in poverty or by prostitution (UNAIDS and UNICEF launch the "children in a world of AIDS" initiative, July 1996).

HIV) (2002:212). Given the poverty and vulnerability of families in Southern Africa currently experiencing high AIDS-related mortality, it is possible that a proportion of orphaned children do end up trying to earn and survive on the streets. To date however, we have no reliable indication of the numbers of AIDS orphans living on the streets, nor how these figures compare to the numbers of orphans on the streets prior to high AIDS prevalence. Where 'AIDS orphanhood' is quoted as the defining reason, there is usually no consideration of the multiple reasons why these particular children are living on the streets whereas many of their orphaned peers are not. Furthermore, we do not know whether the experience of being orphaned through AIDS makes a significant difference to these children's vulnerability, their involvement in crime or any other activity that could be perceived as a threat to society. In this light, the recurrence of references to the potential for orphans to "end up on the streets" (Whitehouse, 2002:20) reveals the widespread moral discomfort with this outcome. While studying the social and cultural milieu of 'street children', a number of researchers have identified the cognitive dissonance that the concept of 'street children' causes (Baker, 1998; Glauser, 1990; Hecht, 1998). What has been shown is that the conflicting notions of street children as victims, delinquents and heroic survivors, coupled with the notion that the streets are 'dangerous' public spaces that are unsuitable for children who should grow up in the 'safety' of the home, creates such a confused picture in people's minds that they resort to an assumption that the existence of 'street children' can only be problematic for children and for society.

Street children are threatening because they thrive outside authority, in ways that contravene our understanding of 'what children should or can do'. Aptekar, in his study of street children in Colombia, reflects on the reasons for his own ambivalent reactions to these children stating that the children's liberty, their flaunted sense of independence, and their haughtiness that allowed him "to experience a sense of wonder, admiration, and even envy" (1988:197). Being with the children makes him recall the fantasies of his own childhood about living without authority figures, causing him to feel uncomfortable about his reaction to their plight (*ibid*). We do not have to look far within popular literature to find figures who, as children, became heroes through their non-conformity. Mark Twain's Huckleberry Finn, is a good example of a child hero who "eventually gave up non-conformity and accepted what conventional society had to offer: wealth, status and the security they could bring" (*ibid*).

In reflecting on the associations made between AIDS orphans and 'street children', one cannot help wondering whether a similar process underlies the predictions of extreme vulnerability for individual orphaned children and threats to society. If this is the case, then we risk slipping into the same set of assumptions and generalizations that were made about street children in the 1980s that have, as a result of thorough ethnographic research, since been refuted (for example Baker, 1998; Hecht, 1998; Veale *et al*, 2000).

Step 4: Large numbers of 'asocial' children will precipitate social breakdown

This final step in the logical sequence hypothesises that the cumulative effect of many inadequately socialised children will lead to a qualitative change in the social fabric. The question that must be asked therefore, is whether we have any historical precedents or comparable contemporary rates of high rates of orphanhood which we can use to test this hypothesis.

A study of the impact of Uganda's war with Tanzania in 1979 found that children orphaned in the Luwero triangle, "seem to have grown up with few lasting problems or strain on the social and political fabric" (Hunter, 1990:683). The effects of this war appear to have been concentrated in a particular area, and service providers identified orphaned children, moved them from the war zone until after the war, then brought them back to their home areas and provided foster families with support. It is difficult to know how significant these arrangements were in mitigating the impact of orphanhood and war, and therefore to know whether more generalised orphanhood in an AIDS context would lead to different outcomes. Recent figures indicate that numbers of children orphaned through AIDS in Uganda are extremely high, and that orphanhood is widespread across the country[34]. Data from Thailand shows very high rates of AIDS-related orphanhood in rural northern regions of the country[35]. The critical point here is that the lack of any data from either of these countries indicating social breakdown means that, at present, predictions of a disintegrating social fabric are unfounded.

Charnley's (2000) study of children separated by their families during the recent civil war in Mozambique provides some interesting insights into responses to children without parents. Although the exact numbers are not known, it is estimated that tens of thousands of children were separated from their families and a large proportion had witnessed killings and other acts of violence. UNICEF's estimate was much higher at a figure of 250,000 to 500,000 children who were "traumatised, orphaned or abandoned" as a result of the war (Charnley, 2000:112). Charnley reports on the findings of an evaluation of the family-tracing and re-unification programme[36] established by government at the

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[34] As stated earlier in the paper, the total number of orphans in Uganda has been recently estimated at 1.4-1.7 million. This represents a very high number when compared to its total population of 21 million. Moreover it means that every fourth family is hosting and orphan (Deininger *et al*, 2001).

[35] UNICEF's recent report 'Children on the Brink' (2002) puts the number of orphaned children in Thailand at 289,000, of whom 21,000 are double orphans.

[36] In 1991, three years after the initiation of this programme, 10,000 separated children had been documented, and half of these had been re-united with their parents or extended families (Charnley, 2000:113).

end of the war in which 99 children were followed for two years. The aims of this evaluation were to establish the outcomes for children in different living arrangements and to examine popular beliefs that separated children should not be placed in substitute families unrelated by blood for fear of the child being ill-treated (*ibid*:113). Results showed evidence of great heterogeneity and complexity in child-care arrangements amongst the different ethnic and cultural groups in Mozambique (*ibid*:114). A related finding was the different effects of patrilineality and matrilineality on fostering arrangements[37]. Interestingly, none of the substitute families interviewed considered ceasing to care for a child because of a lack of material goods. But, material poverty was found to limit their capacity to accept children. Charnley reports that "under living conditions that were close to the limits of survival there was a tension between the will to care for children and the ability to do so" (*ibid*:117). In addition to a willingness to share scarce resources, substitute families considered that they had a role in the skill development and socialisation of separated children in their care.

To date, we do not have a comparable retrospective view on the dynamics of orphan care in an AIDS context, and the factors affecting decisions of extended families or unrelated foster families. The findings of this study suggest that children may be integrated into families through a wide variety of mechanisms. This serves to highlight the importance of understanding indigenous, community-based responses to child distress in times of conflict, or indeed in the face of an epidemic, rather than reverting to approaches based on universalist concepts invented in the West. Appropriately designed longitudinal research that tracked experiences and outcomes for children orphaned through AIDS would provide us with much-needed data on these issues. However I am not aware of any such studies in Southern Africa, other than those that have been recently initiated[38] and may not run for sufficient time to provide data that can shed light on the long term social consequences of orphanhood.

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[37] There were high rates of institutional care in patrilineal areas owing to the sense of ownership of children by the father's family and related care obligations that could not be met when there were no suitable female members of the father's family to take on the caring role. In contrast, in matrilineal communities, family systems were found to be more cohesive and there was greater willingness among women to foster, meaning that few children ended up in residential care (*ibid*).

[38] For example, the ethnographic work amongst sibling families in northern Botswana (Daniels, 2003) and panel surveys on the social and economic impact of HIV/AIDS in two communities in the Free State, South Africa (Booysen and Arntz, 2002).

"A significant growth in the numbers of street children will lead to a breakdown in the social fabric"

An argument that is often used to justify predictions of social breakdown is that large increases in the numbers of street and/or working children will instigate this breakdown. Yet in none of the writing that cites links between AIDS orphanhood, street children and social breakdown have I seen any reference to the literature that examines longer term outcomes for street children, nor the impact of their presence on wider society.

Interestingly, predictions were made in the 1980s that the apparently rapidly growing numbers of street children would cause serious social disruption. These tended to refer to cities in South America where street children were known or assumed to be involved in gang-based violence. A retrospective analysis of reactions to street children in Brazil shows that during the 1980s, when the presence of a growing number of children on the streets became more visible and disturbing, the general public were "concerned about trying to interpret the phenomenon and began to steel themselves for a challenge that would not be easily overcome" (Rizzini, 1996:226). A popular interpretation of the issue was to see the street as a battleground in which certain measures (ranging from the brutal to the educational) were required to control and transform this group of children.

Subsequent examination of predictions like these have shown that they were often rooted in an underlying notion that childhood, and particularly youth, is a dangerous period of life. Young people are considered vulnerable, but also rebellious and potentially delinquent. For these reasons, there is a perceived need to organise and control the young in order to prevent social disorder. Families are generally promoted as a way in which society can maintain such control over children, meaning that children who are outside 'the family norm' are even more dangerous. Social research makes it clear that the requirements for 'normal family life' change over time, and across cultural groups. Moreover, it has been pointed out that the family is promoted as 'good', in part to help organise and control the way society thinks about and acts towards the economic, sexual and political behaviour of the young (Griffin, 1993 cited in Dimmock, 1997).

A striking example of controlling attitudes and behaviour towards 'threatening' street children has been noted in Brazil, a country that is often compared to South Africa on the basis of similarly large and growing inequalities between the rich and poor. Here, the killing of street children by vigilantes has received support by a significant proportion of the population (20% of those surveyed) (Scheper-Hughes and Hoffman, 1998:352). The reasons why these children are perceived as dangerous and at the same time,

endangered, strike to the core of "a deep national preoccupation with the future of Brazil, the causes and effects of violent crime, and the uses of public space, as well as with a perceived breakdown of social boundaries in a society where both rich and poor feel threatened" (*ibid*:353). These sentiments must be seen in the context of Brazil's political history which saw a period of democratic reform and demilitarization (1985-1996) follow a military dictatorship, but fail significantly in bringing economic development to the poor. Without the harsh dictates of the military police state, the very poor no longer remained contained in shanty towns (*favelas*) and very poor, needy children gathered in smart city streets where they were seen as a "blemish on the urban landscape and a reminder that all is not well" (*ibid*).

In Brazil, and in many other societies, street children evoke strong and contradictory emotions of fear, aversion, pity and anger. Moreover the visible presence of apparently abandoned children causes social embarrassment, and fuels the impulse to segregate, repress, exclude, confine and even 'eliminate' street children altogether. The authors of this chapter, one of whom is an anthropologist who has studied children in Brazil for decades, remark that "social shame is a greatly underestimated motivator of human action" (*ibid*). Their work is relevant to our discussion because it exposes some of the possible underlying, and even subconscious, motivations behind the patterns of thinking that are now structuring debate around AIDS orphanhood. Their exploration of the discourses and practices that continue to endanger street children in Brazil and stand in the way of their access to newly established constitutional and legal rights, forces us to think about the practical implications of our current conceptualisation of 'AIDS orphans' and the way in which we debate their long-term well-being. Will these, for example, serve to re-enforce political and cultural obstacles to the extension of social citizenship to poor children and youth?

Concluding discussion

Having considered the thinking behind, and the evidence for, predictions of social breakdown resulting from AIDS orphanhood, I return to the question posed at the outset of this paper: Do such apocalyptic predictions represent a similarly groundless moral panic to that which arose in the mid 1990s around black youth? Without the benefit of hindsight we cannot answer this question conclusively. However, the findings discussed and issues explored in this paper indicate that the panic around AIDS orphans is exaggerated in the context of a lack of evidence and paucity of reliable data. In asking what has fuelled these exaggerations, a number of factors relating to the position of children in society, norms around social control and substantive concerns around the specific vulnerabilities of AIDS orphans have been discussed. Throughout the paper, reference has been made to the participation of UN and non-governmental

development organisations in the debate around AIDS orphans. It is worth bearing in mind that one of their central priorities is to keep donors focused on the social and economic consequences of HIV/AIDS as a critical developmental issue requiring continued financial support. The plight of AIDS orphans, and the implications of high orphanhood rates for society, are particularly emotive issues and perhaps therefore used more readily in efforts to keep the issue 'live'.

A cynical analysis of the development discourse would find that AIDS orphans have become the new category of 'vulnerable children' requiring special protection and attention. In this respect, AIDS orphans can be added to a list comprising 'street children', 'trafficked children', child soldiers and children engaged in hazardous labour, all of whom have had their turn in the spotlight over the last two decades. Thinking about the way such categorizations are so easily made, applied and prioritised as 'the current issue', forces us to question their value with respect to debate and policy towards appropriate responses to the vulnerabilities of children affected by AIDS. The raft of critique written in the 1990s of the approaches to street children during the previous decade ought to warn us of the dangers of labelling groups of children according to one aspect of their lives. The same body of literature points out the de-contextualisation of groups of 'vulnerable children', or in UNICEF's terms 'children in need of special protection'[39]', from the wider social and political whole, and what this can lead to in terms of pathologising those given the label, while ignoring their many links into mainstream society. For example, in analysing the thinking behind equating 'street children' with abandonment and destitution, Veale *et al* (2000:142) conclude that the term 'street child' is "a product of a linguistic process that serves to abstract children from their situation and position them in a state of abandonment".

Surely then, it is important to learn from mistakes made in efforts to respond positively to the plight of 'street children' and other such vulnerable groups of children. Retrospective analyses of such responses have shown a number of potential dangers of such labels of vulnerability that stand to affect children's lives directly. These include the use of assumptions around the nature and severity of these vulnerabilities based on the 'label' within programme design without any consultation with children and their families around how they experience their lives. In addition, notions of 'need' and 'coping' that come with these labels tend to ignore the possibility that children have various means of adapting to and managing situations that involve the absence of parents. The danger here is that programme interventions can unwittingly undermine such positive strategies.

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[39] For many years, UNICEF used the term 'children in especially difficult circumstances' to describe group of children they consider especially vulnerable. In 1996, this term was changed to 'children in need of special protection'.

HIV/AIDS is nevertheless a social, economic and health issue of massive proportions that arguably stands to impact children in multiple ways that go beyond the specific work or living arrangements of the categories of vulnerable children listed above. Our reactions – whether as researchers, policy makers or social workers – are in part an understandable response to the unprecedented nature of the epidemic and potential enormity of these repercussions. There are however implications of such reactions for those most at risk :

> 'HIV/AIDS created social panic because it was an unexpected and an inexplicable epidemic. Social panic allows for untested theories and for fantastic explanations to emerge. It also allows for legitimacy of harsh measures – the curtailing of the rights of the few (the infected) in order the supposedly protect the rights of the many (the uninfected)' (Ceasar, 2002).

Given the lack of understanding of how AIDS affects child well-being in the long term, whether through orphanhood or other means, we may ask whether the rights of this young affected sector of the population are being upheld and respected. Might it be the case, for example, that their rights are being neglected in favour of uninformed and often spurious 'explanations' that fit with dominant social norms around childhood, and the position of children in relation to 'the family' and society?

This paper has attempted to assess the knowledge available, pointing out the problems and limitations inherent in some of the research used to draw conclusions about the current and future fate of AIDS orphans. The lack of any conclusive evidence around long-term dramatic consequences for society has alerted us to the possible sources of spurious predictions and to the power of myths relating to orphans and other 'children out of place'[40] to influence our thinking and debate.

The more reliable evidence available points to the impact of HIV/AIDS on individual children who may experience multiple layers of disadvantage in one or all of the home, school or community environments. Such economic and social disadvantage is not unlike that experienced by children who have been neglected and/or marginalized owing to their caste, ethnicity, poverty, gender and or the lifestyle they have adopted in response to poverty and rejection (for example, living and working on the streets). As has been shown, in none of these cases have circumstances of individual disadvantage led to social breakdown.

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[40] The term 'children out of place' makes explicit the social classification of children considered to be outside family supervision and the norms of childhood. It was used to initiate a process of critical analysis of the research and policy debate around 'street children' in the mid 1990s (Connolly and Ennew, 1996).

References

Aptekar, L. 1988. *Street Children of Cali*. North Carolina: Duke University Press.

Aspaas, H. 1999. AIDS and Orphans in Uganda: Geographical and gender interpretations of household resources. *Social Sciences Journal 36(2)* 201-226.

Baker, R. 1998. *Negotiating Identities: The Lives of Street Children in Nepal*. Doctoral Dissertation, University of Durham.

Baker, R. and R. Hinton. 2001. Approaches to child work and child rights in Nepal. *The Annals of the American Academy of Political and Social Science :Special Issue on Child Rights, 575*: 176-193.

Barbarin, O. and L. Richter. 2001. *Mandela's Children: Growing up in post-apartheid South Africa*. London: Routledge.

Barnett, T. and A. Whiteside. 2002. *AIDS in the Twenty-First Century: Disease and Globalization*. Basingstoke:Palgrave Macmillan Ltd.

Basaza, R. and K. Kaija. 2002. The Impact of HIV/AIDS on Children: Lights and Shadows in the "Successful Case" of Uganda. In *AIDS, Public Policy and Child Well-Being*, Cornia, G. A. (ed.) Florence:UNICEF-IRC.

Bharat, S. 1999. *HIV/AIDS Related Stigmatisation, Descrimination and Denial in India – A Study in Mumbai and Bangalore*. Mumbai: Unit for Family Studies, Tata Institute for Social Sciences (TISS) and UNAIDS.

Booysen, F. and T. Arntz. 2002. Children of the Storm: HIV/AIDS and Children in South Africa. *Social Dynamics 28(1)*: 170-192.

Bray, R. 2002. Missing Links? An examination of contributions made by social surveys to our understanding of child well-being in South Africa. *Working Paper No. 23*, Centre for Social Science Research, University of Cape Town.

Campbell, I. D. and G. Williams. 1990. *AIDS Management: An Integrated Approach to Strategies for Hope*. Number 3. Oxford: Actionaid, Amref and World in Need.

Ceasar, M. 2002. Whose Right? *AIDS Review* 2002, Centre for the Study of AIDS, University of Pretoria.

Charnley, H. 2000. Children separated from their families in the Mozambique war. In *Abandoned Children*. C. Panter-Brick and M. Smith (eds.) Cambridge: Cambridge University Press; 111-130.

Connolly M. and J. Ennew. 1996. Introduction: Children Out of Place. *Childhood 3(2)*: 131-145.

Conroy, R., A. Tompkin, R. Landsdown, and M. Elmore-Meegan. 2001. *AIDS Orphans: An Emerging Problem – A Study of 5,206 Orphaned Children in Kenya and Tanzania*. Paper in PowerPoint format of a study funded by the Elton John AIDS Foundation; Government of Japan; Mercury Trust; ICROSS Canada; Elizabeth Taylor; ICROSS Ireland.

Coombe, C. 2000. Keeping the Education System Healthy: Managing the Impact of HIV/AIDS on Education in South Africa: Carol Coombe Independent Education Advisor, Published by *Current Issues in Comparative Education*, e-journal of Teachers' College Columbia, 1.

Crampin, A., Floyd, S., Glynn, J., Madise, N., Nyondo, A., Khondowe, M., Chance, N., Kanyongoloka, H., Ngwira, B., Zaba, B. and P. Fine. 2003. The long-term impact of HIV and orphanhood on the mortality and physical well-being of children in rural Malawi. *AIDS; 17(3)*:389-397.

Daniels, M. 2003. Children without parents in Botswana: The safety net and beyond. Paper presented at A Scientific Meeting on Empirical Evidence for the Demographic and Socio-Economic Impact of AIDS, 26th-28th March, Health Economics and HIV/AIDS Research Division (HEARD), University of Natal, Durban, South Africa.

Danziger, R. 1994. The Social Impact of HIV/AIDS in Developing Countries. *Social Science and Medicine 39(7)*: 905-917.

Deininger, K., Garcia, M. and K. Subbarao. 2001. *AIDS-induced orphanhood as a systemic shock: Magnitude, impact and programme interventions in Africa*. New York: The World Bank.

Department of Health, 1998. *Demographic and Health Survey 1998 Full Report*. Produced with MRC South Africa and MEASURE DHS.

Desmond, C. and J. Gow. 2002. The Current and Future Impact of the HIV/AIDS Epidemic on South Africa's Children. In *AIDS, Public Policy and Child Well-Being*, Cornia, G. A. (ed.) Florence: UNICEF-IRC.

Dimmock, B. 1997. Young People and Family Life: Apocalypse Now or Business as Usual? In *Youth and Society: Contemporary Theory, Policy and Practice,* J. Roche and S. Tucker (eds) London: Sage, 190-198.

Drew, R., Foster, G. and J. Chitima. 1996. Cultural practices of orphaned families in the north Nyanga district of Zimbabwe. *Journal of Social Development in Africa 11*: 79-86.

Ennew, J. 1994. Parentless Friends: A cross-cultural examination of networks amongst street children and youth, in F. Nestmann and K. Hurrelmann (eds) *Social Networks and Social Support in Childhood and Adolescence*. Berlin and New York: Walter de Gruyter.

Ennew, J. 2001. Dead parents or absent parents: Who is defining orphans in the twenty-first century? Some reflections on policies for orphans in Sub-Saharan Africa and South East Asia. Notes towards a presentation at the Conference on 'Orphans and Vulnerable Children in Africa' University of Uppsala 13-16 September 2001.

Forsyth, B. Damour, L., Nagier, S. et al. 199. The psychological effects of parental human immunodeficiency virus infection on uninfected children. *Archives of Paediatric and Adolescent Medicine, 150*: 1015-1020.

Foster, G., Makufa, C., Drew, R. et al. 1997 Factors leading to the establishment of child-headed households: the case of Zimbabwe *Health Transitions Review, 7 (2)*: 155-168.

Foster, G. and J. Williamson. 2000. A review of the current literature on the impact of HIV/AIDS on children in sub-Saharan Africa. *AIDS 2000, 4 (4)*: 275-284.

Francois Xavier Bagnaud Foundation. 2000. *AIDS Orphans: Towards an Action Plan for Going to Scale*. Report of Interagency Meeting on Children Affected by HIV/AIDS, February 15-16, 2000, at the Harvard Center for Population Studies.

Giese, S., Meintjes, H., Croke, R. and R. Chamberlain. Forthcoming. *Health and social services to address the needs of orphans and other vulnerable children in the context of HIV/AIDS: Research report and Recommendations*. Report submitted to the National Departments of Health and Social Development by the Children's Institute, University of Cape Town. 31st January 2003.

Glauser, B. 1990. Street children: Deconstructing a construct. In *Constructing and reconstructing childhood*. A. James and Prout A. (eds.) London: Falmer Press 138-156.

Grainger, C., Webb, D., and L. Elliott. 2001. Children Affected by HIV/AIDS: Rights and responses in the developing world. *Working Paper 23*. London: Save the Children UK.

Gregson, S., Garnett, G., Shakespeare, R., Foster, G. and R. Anderson. 1994. Determinants of the demographic impact of HIV-1 in sub-Saharan Africa: the effect of a shorter mean adult incubation period on trends in orphanhood. *Health Transition Review, 4(suppl)*:65-92.

Griffin, C. 1993. *Representations of Youth: the Study of Youth and Adolescence in Britain and America*. Cambridge: Cambridge University Press.

Hecht, T. 1998. *At Home on the Street: Street Children of Northeastern Brazil*. Cambridge: Cambridge University Press.

Henderson, P. 1999. *Living with Fragility: Children in New Crossroads*. Doctoral Thesis, Department of Social Anthropology, University of Cape Town.

Hinton, R. 2000. Seen but not heard: Refugee children and models for intervention. In *Abandoned Children*, C. Panter-Brick and M. Smith (eds.), Cambridge: Cambridge University Press, 199-212.

Hunter, S. 1990. Orphans as a window on the AIDS epidemic in Sub-Saharan Africa: Initial results and implications of a study in Uganda. *Social Science and Medicine 31(6)*: 681-690.

Hunter S. and Williamson J. 1997. Developing strategies and policies for support of HIV/AIDS infected and affected children. Feb 1997. Draft report for USAID.

International Federation of Red Cross and Red Crescent Societies. 2002. *Orphans and other children made vulnerable by HIV/AIDS: Principles and operational guidelines for programming*. Geneva: International Federation of Red Cross and Red Crescent Societies.

ILO. 2002. ILO says HIV/AIDS impact on African development underestimated. *ILO Press Release* July 2002.

Janjaroen, W. S. and S. Khamman. 2002. Perinatal AIDS Mortality and Orphanhood in the Aftermath of the Successful Control of the HIV Epidemic: the Case of Thailand. In *AIDS, Public Policy and Child Well-Being*, Cornia, G. A. (ed.) Florence: UNICEF-IRC.

Johnson, L. and R. Dorrington. 2001. The Impact of AIDS on Orphanhood in South Africa: A Quantitative Analysis. *Centre for Actuarial Research (CARE) Monograph No. 4*. University of Cape Town.

Jones, S. 1993. *Assaulting Childhood: Children's Experiences of Migrancy and Hostel Life in South Africa*. Johannesburg: Witwateresrand University Press.

Kamenga, M., DaSilva, M., Muniaka, K., Matela, B., Batter, V. and R. Ryder. 1990. AIDS orphans in Kinshasa, Zaire. International Conference on AIDS. 1990 June 20-23, (abstract number Th.D.127).

Kelly, M. 2000. The Encounter between HIV/AIDS and Education'. Unpublished manuscript, Lusaka, Zambia.

Kirya, S. 1996. AIDS-related parental death and its effect on orphaned children's self-esteem and sociability at school. XI International Conference on AIDS, Vancouver, July 1996, (abstract Th.D. 4871).

Lewis, S. 2002. United Nations Press Release: Statement by Stephen Lewis, the Secretary-General's UN Envoy on HIV/AIDS in Africa, July 2002

Marcus, T. 1999. *Wo! Zaphela Izingane – It is Destroying the Children – Living and Dying with AIDS*. Report prepared for the Children in Distress Network (CINDI), Pietermaritzburg: CINDI.

McKerrow, N. 1996. *Responses to Orphaned Children*. Lusaka: UNICEF.

Milne, B. 1993. Family disintegration: the family as fading focal point. *Childhood, 1*: 156-164.

Molo Songololo. 2000. *The Trafficking of Children for Purposes of Sexual Exploitation – South Africa*. Cape Town.

Monico, S., Tanga, E. and A. Nuwagaba. 2001. *Uganda: HIV and AIDS-related Discrimination, Stigmatization and Denial*. UNAIDS Best Practice Collection: Key Material. Geneva:UNAIDS.

Monk, N. 2000. Underestimating the magnitude of a mature crisis: Dynamics of orphaning and fostering in Uganda. *Orphan Alert: International perspectives on children left behind by HIV/AIDS*. Association Francois-Xavier Bagnaud.

Montgomery, H. 2000. Abandonment and child prostitution in a Thai slum community. In *Abandoned Children*, C. Panter-Brick and M. Smith (eds.), Cambridge: Cambridge University Press, 182-198.

Nattrass, N. 2002. AIDS and Human Security in Southern Africa. *CSSR Working Paper No. 18*. AIDS and Society Research Unit, Centre for Social Science Research, University of Cape Town.

Narayan, D., Chambers, R., Shah, M. and P. Petesch. 2000. *Voices of the Poor: Crying out for Change*. Oxford: Oxford University Press for the World Bank.

Nelson Mandela Children's Foundation. 2001. *Situation Analysis of Child-headed households in South Africa*. NMCF.

Njoroge, M., Ngugi, E. and A. Waweru. 1998. Female Sex Workers (FSWs) AIDS orphans multi prolonged problem in Kenya: a case study. XII International Conference on AIDS. Geneva: June 1996 (abstract 60116).

Oni, S., Obi, C., Okorie, A., Thabede, D. and D. Jordan. 2002. Economic impact of HIV/AIDS on rural households, small holder agricultural production and orphans in the Limpopo province of South Africa. *The South African Journal of Economics*, special issue on the Economics of HIV/AIDS, 70(7): 1173-1192.

Pitayanon, S., Kongsin, S. and W. Janjoeren. 1997. The Economic Impact of HIV/AIDS Mortality on Households in Thailand, in D. Bloom and P. Godwin (eds) *The Economics of HIV and AIDS: The Case of South and South East Asia*. Delhi: Oxford University Press.

Phillips, H. 1990. 'Black October': the Impact of the Spanish Influenza Epidemic of 1918 on South Africa. Archives *Yearbook for South African History, 1*. Pretoria: The Government Printer.

Preble, E. 1990. Impact of HIV/AIDS on African Children. *Social Science and Medicine, 31(6)*: 671-680.

Rajaraman, D. 2001. The Future of the Nation? HIV/AIDS and Orphans in Botswana. Unpublished paper, Oxford, Queen Elizabeth House. www.reliefweb.int/IRIN

Ramphele, M. 2002. *Steering by the Stars: Being young in South Africa.* Cape Town: Tafelberg Publishers.

Rau, B. 2002. Intersecting Risks: HIV/AIDS and Child Labour. ILO Working Paper for the In Focus Programme on Promoting the Declaration on Fundamental Principles and Rights at Work. Geneva: International Labour Office.

Rizzini, I. 1996. Street Children: An excluded generation in Latin America. *Childhood, 3(2)*: 215-234.

Scheper-Hughes, N. and D. Hoffman. 1998. Brazilian Apartheid: Street Kids and the Struggle for Urban Space. In *Small Wars: The Cultural Politics of Childhood*. Scheper-Hughes, N. and Sargent, C (eds.) Berkeley: University of California Press. 352-388.

Schonteich, M. 1999. AIDS and Age: SA's Crime Time Bomb, *AIDS Analysis Africa, 10(2)*: 1-4.

Schonteich, M. 2001. A Generation at Risk: AIDS Orphans, Vulnerable Children and Human Security in Africa. Paper presented at a conference on Orphans and Vulnerable Children in Africa. Nordic Africa Institute, September 2001.

Seekings, J. 1995. Media Representations of Youth in the South African Transition, 1989-1994. *South African Sociological Review 7(2)*: 25-42.

Seekings, J. 1996. The 'Lost Generation': South Africa's 'Youth Problem' in the Early 1990s. *Transformation 29*: 103-125.

Sengendo, J and J. Nambi. 1997. The psychological effect of orphanhood: a study of orphans in Rakai District. *Health Transition Review, 7 (suppl)*: 105-124.

Seymour-Smith, C. 1987. *Macmillan Dictionary of Anthropology.* London: Macmillan.

Shisana, O. and L. Simbayi. 2002. *Nelson Mandela/HSRC Study of HIV/AIDS. South African National HIV Prevalence, Behavioural Risks and Mass Media: Household Survey 2002*. HSRC: Cape Town.

Sloth-Nielsen, J. In progress. Too Little? Too Late? Too Lame? The implications of the Grootboom case for State responses to child-headed households. Draft paper.

Steinberg, M., Johnson, S., Schierhout, G. and D. Ndegwa. 2002. *A Survey of households impacted by HIV/AIDS in South Africa: What are the priority responses?* Report submitted to the Henry J. Kaiser Family Foundation. August 2002. Abt Associates Inc.

Stein, J. 2003. Using a survey to examine stigma and AIDS. Seminar presented in the Centre for Social Science Research, University of Cape Town, 20th March 2003.

UNAIDS. 2001. *Investing in our Future: Psychosocial Support for Children with HIV/AIDS. A Case study in Zimbabwe and the United Republic of Tanzania*. New York:UNICEF.

UNDP. 1999. *Human Development in Thailand*. Geneva: UNDP.

UNICEF. 2002. *Children on the Brink: A joint report on orphan estimates and programme strategies*. New York: UNICEF.

UNICEF. 2001. *Child Workers in the Shadow of AIDS: Listening to the Children*. Nairobi: UNICEF Eastern and Southern Africa Regional Office.

UNICEF and USAID 2000 Eastern and Southern Africa Regional Workshop on Orphans and Vulnerable Children, Zambia November 2000: 1-2.

Urassa, M., Boerma, T., Ng'weshemi, I *et al*. 1997. Orphanhood, child fostering and the AIDS epidemic in rural Tanzania. *Health Transition Review, 7 (suppl. 2)*: 141-153.

Veale, A., Taylor, M. and C. Linehan. 2000. Psychological perspectives of 'abandoned' and 'abandoning' street children. In *Abandoned Children*, C.

Panter-Brick and M. Smith (eds.), Cambridge: Cambridge University Press, 131-145.

Verma, R.K., Salil, S., Mendonca, V., Singh, S.K., Prasad, R. and R. B. Upadhyaya. 2002. HIV/AIDS and Children in the Sangli District of Maharashtra, India. In *AIDS, Public Policy and Child Well-Being*, Cornia, G. A. (ed.) Florence:UNICEF-IRC.

Whitehouse, A. 2002. *A Situation Analysis of Orphans and Other Vulnerable Children in Mwanza Region, Tanzania: A collaboration between government and non-government, community, mission and faith based organisations working on behalf of these children*. Supported by Catholic Relief Services (CRS) Tanzania, in partnership with Kivulini Women's Rights Organisation, Mwanza.

Wild, L. 2001. The psychosocial adjustment of children orphaned by AIDS. *Southern African Journal of Child and Adolescent Mental Health*, 13(1): 3-22.

Zack-Williams, A. 1999. 'Child Soldiers in the Civil War in Sierra Leone'. Paper presented at the United Kingdom Development Studies Association Conference, 12-14 September, University of Bath.

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The CSSR is an umbrella organisation comprising five units:

The Aids and Society Research Unit (ASRU) supports quantitative and qualitative research into the social and economic impact of the HIV pandemic in Southern Africa. Focus areas include: the economics of reducing mother to child transmission of HIV, the impact of HIV on firms and households; and psychological aspects of HIV infection and prevention. ASRU operates an outreach programme in Khayelitsha (the Memory Box Project) which provides training and counselling for HIV positive people

The Data First Resource Unit ('Data First') provides training and resources for research. Its main functions are: 1) to provide access to digital data resources and specialised published material; 2) to facilitate the collection, exchange and use of data sets on a collaborative basis; 3) to provide basic and advanced training in data analysis; 4) the ongoing development of a web site to disseminate data and research output.

The Democracy In Africa Research Unit (DARU) supports students and scholars who conduct systematic research in the following three areas: 1) public opinion and political culture in Africa and its role in democratisation and consolidation; 2) elections and voting in Africa; and 3) the impact of the HIV/AIDS pandemic on democratisation in Southern Africa. DARU has developed close working relationships with projects such as the Afrobarometer (a cross national survey of public opinion in fifteen African countries), the Comparative National Elections Project, and the Health Economics and AIDS Research Unit at the University of Natal.

The Social Surveys Unit (SSU) promotes critical analysis of the methodology, ethics and results of South African social science research. One core activity is the Cape Area Panel Study of young adults in Cape Town. This study follows 4800 young people as they move from school into the labour market and adulthood. The SSU is also planning a survey for 2004 on aspects of social capital, crime, and attitudes toward inequality.

The Southern Africa Labour and Development Research Unit (SALDRU) was established in 1975 as part of the School of Economics and joined the CSSR in 2002. SALDRU conducted the first national household survey in 1993 (the Project for Statistics on Living Standards and Development). More recently, SALDRU ran the Langeberg Integrated Family survey (1999) and the Khayelitsha/Mitchell's Plain Survey (2000). Current projects include research on public works programmes, poverty and inequality.