

*Summary* – Amanda Hu

Fulbright Fellow, 2010-2011

Affiliated with the Center for the Study of HIV&AIDS and the Department of Educational Foundations, at the University of Botswana

**Study Title: From the Outlook of Orphans – The Next Generation’s Future**

### **Background and Objectives**

It is estimated that in Botswana today, 77% of the orphans are AIDS orphans (Miller et al, 2007, p.2477). According to UNAIDS, the international definition of an orphan is “a child below the age of 18 who has lost one or both parents” (Ministry of Local Government, 2008, p.vii), and the international definition of a vulnerable child is “a child below the age of 18 who lives in a household with an adult death (18-59 years) in the past 12 months or is living outside of family care” (p.8). The at-birth life expectancy in Botswana fell from 65 years in 1990-1995 to less than 40 years in 2000-2005 due to the HIV epidemic (United Nations, 2004), leading to the phenomenon of a missing parent-aged generation. As a result, many orphans are raised by grandparents or other extended relatives. The stigmatization, emotional impact and decreased access to education create a large burden for an estimated 93,000 children orphaned by AIDS (UNICEF, 2010).

In light of the HIV epidemic in Botswana, as well as across southern Africa, a key step in finding sustainable possibilities for the future is learning the perceptions of people who will be experiencing that future; orphans and vulnerable children (OVCs) in Botswana are arguably the most intensely affected population at the present. This study has multiple purposes: to explore the personal and developmental consequences of the unique and unprecedented phenomenon of large numbers of OVCs, provide recommendations that will be valuable to local aid organizations and stakeholders, and assist Botswana youth with improving their lives on personal and community levels.

### **Methods**

#### *Research design:*

This is a descriptive, qualitative anthropological study designed to provide an overview of the lives of OVCs in everyday terms, without extensive interpretation (Sandelowski, 2000, p.336). In-depth, detailed information was collected (in 2010 and early 2011) through individual interviews and focus group discussions to elucidate topics such as educational/career goals, prospective family structures, and HIV.

#### *Sampling:*

Three distinct groups were sampled in this study: 1) adolescent OVCs, aged 12-19 years, 2) caregivers of OVCs, both biological and adoptive, and 3) social workers/guidance counselors who have worked with OVCs. These groups were

selected based on their rich and differing perspectives and experiences with OVCs. From the entire OVC population in Botswana, adolescents were selected for their capacities to provide more mature responses to questions about their future. A total of 59 research subjects were involved in this study, from the South-East and Kgatleng districts. I conducted twenty interviews with OVCs, ten per district; ten interviews with social workers, five per district; and four focus group discussions with twenty-nine caregivers (ranging from six to ten participants per group), two per district.

*Data collection procedures:*

Research subjects were identified through connections with the Ministry of Health, several OVC NGOs, and social workers in the South-East and Kgatleng districts. Several of the research participants were involved with SOS Children's Village, an orphanage organization in Tlokweng, and Stepping Stones International, an after-school OVC program in Mochudi. The adolescent OVCs and the social workers/guidance counselors were interviewed individually, while the caregivers participated in focus group discussions.

The interviews were audiotaped with permission from the participants, to be used for transcription and later analysis.

*Data collection instruments:*

In-person, semi-structured interviews and focus groups discussions were used to explore the goals and future prospects of OVCs.

Interviews lasted between twenty and forty-five minutes, while focus group discussions ranged from thirty minutes to an hour. After obtaining basic demographic data such as the participants' age, education level, and home village, questions were asked that were designed to elicit in-depth information about the aspirations and prospects of OVCs in the near future (10-20 years), focusing on education and career choice, family structure, and HIV.

Included in the OVC interviews were questions about their interests in school and what they wished to achieve after school; inquiries about whether they wanted to have families, children, and/or get married; and a request for ideas about how to personally address the HIV epidemic. The focus group discussions with caregivers asked for similar predictions for the OVCs they cared for, and also asked about challenges facing OVCs as they enter adulthood. The social workers/guidance counselors were asked about their predictions for OVCs in Botswana in general. All were asked to give suggestions about improving the livelihood of OVCs in the country, personally and generally.

*Data analysis:*

Transcripts from interviews and focus groups were reviewed and evaluated, in order to identify emerging themes and their relationships to the main objectives of the study.

*Ethical considerations:*

The research protocol was approved by the Office of Research and Development at the University of Botswana, as well as by Botswana's Ministry of Local Government. Permission to conduct the study was also obtained from district chiefs and social workers.

In order to maintain ethical standards when conducting research with an especially vulnerable population, several precautions were taken for this study. No OVCs under 18 years old were interviewed without their caregiver's prior approval; in addition, each interviewee gave consent prior to the interview. The consent form stated that all feedback would be anonymous and the person's identity would not be disclosed for any reason; that they were not obligated to say anything and were permitted to withdraw from the study at any time; and that audio recordings would be used for transcription and data purposes only, not for identification.

To assist with language differences, each interview with an OVC and all focus groups with caregivers were assisted by an English-Setswana interpreter.

*Sites:*

Research was conducted in two different, peri-urban villages: Tlokweng and Mochudi.

Tlokweng Village (South-East District): Tlokweng is a village (part of a larger district that holds the same name) just outside of Gaborone, the capital city of Botswana. Most of the research in Tlokweng was conducted at the site of SOS Children's Village, an orphanage that houses over a hundred children, and involves selected house mothers, a few teachers, and other staff.

Mochudi Village (Kgatleng District): Larger and more rural, Mochudi is a village about 35 kilometers north of Gaborone (Mochudi, 2009). Several of the research participants in Mochudi were part of an after-school program for OVC youth called Stepping Stones International.

**Results – Findings and Conclusions**

*EDUCATION:*

The OVCs have substantial academic interests, but there is little connection between those interests and having a related career, or making a prospective career a reality. They expressed definite interest in school, and could easily name their favorite subjects. However, when asked how they plan to pursue those subjects in the future, or what they might want to do professionally, the responses were convoluted and unsure. Most of them suggested gender-stereotypical, government-related jobs (such as becoming a teacher or social worker for females, or a policeman for males), which might indicate little contact with lesser-known vocations. In addition, they often did not know how to make successful professional careers eventuate – responses about achieving career goals were: “working hard until you become one”

(female, 14 years old, Tlokweng), “trying to pass, I don’t know what else is needed” (male, 14 years old, Tlokweng), or “I need better grades so I am willing to retake some of my subjects so that I manage” (male, 19 years old, Mochudi). Several of them recognized a need to attend university. Realistically, they need to develop more critical thinking and analytical skills, as well as motivation. Many of the OVCs are not doing well in school, despite school being recognized as important, but there is a desire among many of them to do better. For example, one person said, “I perform better in school than I used to, but according to me I don’t think I have reached a higher standard. I don’t deserve the marks that I am getting in school; I believe I am capable of doing better than that” (male, 15 years old, Mochudi).

The caregivers’ predictions for OVCs’ academic and professional futures were pessimistic: they said that OVCs are “not interested in schoolwork,” and “only a handful of them are setting goals.” In addition, some believed that the relative immaturity of OVCs led to poor social behavior, and a change in such behavior could accelerate their personal and professional development. In addition, caregivers in Mochudi said that if a child fails to pass form 3 or form 5, there is no possibility of re-entering the school system, and s/he is forced to discontinue her/his educational career. [It should be noted that there was no mention of BOCODOL, the Botswana College of Distance and Open Learning]. Some caregivers did mention a few exceptionally motivated OVCs.

The social workers/guidance counselors believed very strongly in the importance of scholastic pursuit, an area where OVCs suffer a disadvantage. Like the caregivers, they asserted that school could help OVCs both academically and behaviorally, and make them more engaged, well-rounded individuals. One social worker (female, Tlokweng) said that people should “encourage all kids to be in school, because when a child is in school, it is very rare for that child to do bad things or not work.” Another said that “the OVCs need to be empowered, and need increased self-esteem and confidence,” which would subsequently “increase motivation toward their studies” (female, Mochudi). One social worker stated that schooling can make or break one’s career, and that it “all depends on the education and how [they] have excelled at school” (female, Mochudi). They acknowledge that OVCs have particular challenges in doing well academically – many don’t excel, and their past often burdens them: “These [burdens] are still within their hearts and they maybe don’t pass very well at school, as compared to other children who were not exposed to difficult circumstances” (male, Tlokweng). Additionally, they noted that many OVCs experience considerable discrimination and ridicule on a day-to-day basis from their peers.

#### *FAMILY:*

Overwhelmingly, the OVCs did express a desire to one day have a family that includes a spouse, children, and marriage: “I want to marry, have kids and stay in my own home with my family” (male, 14 years old, Tlokweng). Another strong desire was for the OVCs’ future children to lead lives different from their own:

differences such living in an environment without poverty or discrimination. One response was, “I want them to live a good life because I don’t want them to suffer like I did” (male, 17 years old, Mochudi). Another was, “I want my children to live a different life as compared to mine. I want them to be happy, free and open to talk to me anytime. I want them to develop good character and manners” (male, 16 years old, Mochudi). Overall, they want their future children to fare better than they have: to study and excel, to not engage in risky behaviors like intergenerational and/or unprotected sex, to be safe from rape. One person expressed a desire to focus on her career first so that she would have enough money to support children comfortably; another person had already had a child at the age of 16 but had been unaware of her pregnancy until the fetus was at 24 weeks gestation – she hadn’t had sufficient sex education, and expressed a desire to share her story and knowledge with others, in order to prevent similar stories from recurring.

The caregivers believe that most adolescent OVCs will not be ready to have families in the near future, and that they don’t think long-term about this subject. They did, however, predict that most of them would desire family life, and that the few exceptions to this could be attributed to the difficulties that OVCs experienced in their own upbringing. After enduring considerable hardships in their formative years, caregivers believe that some OVCs have “altered their behavior, even their thinking. They [have] just told themselves that they want to stay alone.” The caregivers do foresee challenges as OVCs begin to build family structures of their own: the neglectful parenting and lack of discipline that was often part of their upbringing will affect them as they try to assume responsible adult roles. But despite OVCs’ personal encumbrances, caregivers still believe that OVCs want to build stable families: “She aspires to have a normal family someday, for her children to grow under the love and care of both the mother and father.”

Like the OVCs and caregivers, the social workers/guidance counselors from both communities agreed that OVCs will want to form family structures, get married, and have children. A social worker in Tlokweng (male) says, “Obviously they will want to become parents in the future,” that they will want family and marriage “just like normal kids.” But they also believe that OVCs face significant disadvantages, including psychological issues (“OVCs have these suppressed painful experiences,” reports a male social worker in Tlokweng), the experience of inadequate parenting as a poor example (“poor parenting” will lead to fewer marriages, violence, and alcoholism, says another male social worker in Tlokweng), and the phenomenon of government dependency that often lifts responsibility off adults. Social workers believe that OVCs will need to overcome these very significant obstacles in order to form successful families.

#### *HIV:*

When OVCs were asked about HIV-awareness campaigns, their reactions were mixed – some reacted positively, some negatively, some indifferently. Regarding the effectiveness of the campaigns, OVCs seem to be aware of HIV and know that there

are inherent risks, but their knowledge, especially when applied to aspects of daily life, seems unclear. When asked what personal actions they could take to help address the HIV epidemic, many of them did mention condoms and faithfulness, but they also talked of spreading awareness, telling their friends about some of the risks and how to practice safe sex, and to keep learning about HIV and corresponding preventative measures. Some of them have observed changes in the younger population – increased precautions, and a feeling of group responsibility. One person said, “I can be a peer educator. It is a collective responsibility to try and alleviate the issue of HIV/AIDS as a nation” (male, 16 years old, Mochudi). People who reacted negatively to HIV campaigns, and/or saw the efforts as ineffective, were less enthusiastic about the epidemic lessening in the near future, although others disagreed: “I think HIV could be made less of a problem in Botswana, by telling people to refrain from risky behaviors such as unprotected sex, which can make them more susceptible to contracting HIV” (female, 18 years old, Mochudi). Another way to help others was by expressing a willingness to share one’s own story: one young woman contracted HIV through rape, and wanted to share her experiences as a cautionary tale (female, 18 years old, Mochudi).

The caregivers affirmed that sexual relationships amongst OVCs are a risky but common phenomenon, as is sexual abuse from adults. They believe that this occurrence does little to help the HIV epidemic in Botswana.

The social workers/guidance counselors believe that adolescent OVCs need psychosocial support, and exposure to continuous and comprehensive (not abstinence-only) campaigns that emphasize preventative behaviors against the acquisition of HIV, because effective behavior change is a “long-term job” (female, Tlokweng). They also believe that the “disintegration of the family unit” has led to “no or less social support from family members” in light of positive HIV diagnoses (female, Mochudi). As for whether the HIV epidemic in Botswana is likely to get better or worse, there are mixed reactions – some people believe it might worsen (“I don’t see it really changing because most of these OVCs are a result of HIV/AIDS, and for now the rate of HIV is still going up. As long as the rate is still high, I don’t see the situation changing” (male, Mochudi), while others think positive change is very possible: “...looking at the behaviors of Botswana, I think behavior change is improving, and that will lessen the number of OVCs because we won’t have as many deaths from HIV/AIDS” (male, Mochudi).

## Recommendations

### Education:

- Offer more career exposure, to a larger range of professions
- Provide tutoring/academic resources for motivated students
- Encourage short-term and long-term goal-setting
- Expand support networks for students who fail form 3 or form 5, including vocational college and brigades, and programs like BOCODOL
- Provide psychosocial support for OVC discrimination, and less tolerance for harassment
- Increase opportunities for OVCs to attend boarding schools
- Increase students' self-esteem and self-awareness
- Hold training workshops for caregivers about encouraging their children's academic and personal development

### Family:

- Provide comprehensive sex education and advice about family life
- Encourage critical thinking about family life
- Increase provision and accessibility of adolescent-specific psychosocial support
- Hold counseling/workshops on how to be a good parent, role model, and mentor

### HIV:

- Give students more applicable knowledge
- Encourage more depth of knowledge about HIV (not just rote memorization)
- Empower students about sexuality and personal safety, emphasize that it is possible to minimize risk
- Teach the right to say "no"
- Initiate a support network for sexual assault, allowing people to report abuse without fear of intimidation or discrimination
- Provide information about the risks of multiple concurrent partnerships and intergenerational sex
- Create an open forum for people to share their own stories

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