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Children's migration as a household/family strategy: coping with AIDS in southern Africa

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Children's migration as a household/family strategy: coping with AIDS in southern Africa

This paper examines the diverse ways in which southern African households/families employ children's migration as a strategy to enable them to cope with the impacts of HIV/AIDS. Based on qualitative research with both guardians and migrant children, it explores how decisions are made concerning where children should live. Such decisions are aimed at both meeting children's needs and also using their capacities in meeting wider household needs. Hence strategies adopted are often compromises, based on the sense of obligation of individual relatives, household resources and needs, the perceived needs and capabilities of children, and children's own preferences.

Introduction

Over the past two decades considerable attention has been given to the ways in which households cope with stresses including famine,[1] seasonal food shortages[2] and illness.[3] This interest in household coping strategies stems from a growing acknowledgement of two things. First, increasing recognition of the agency of people in Third World countries: the poor are seen as social actors, pursuing rational strategies in their own interests, and not simply passive victims awaiting state or NGO assistance.[4] Second, there is a growing understanding that people's actions cannot be understood in isolation; that most people belong to households, and responses to drought or other stresses need to be understood in relation to the household and not simply the individual.[5]

[1] J. Corbett, 'Famine and household coping strategies', *World Development*, 16, 9 (1988), pp. 1099-1112.
S. Devereux, 'Goats before plows: dilemmas of household response sequencing during food shortages', *IDS Bulletin*, 24, 4 (1993), pp. 52-59; M. Vaughan, *The story of an African famine: gender and famine in twentieth-century Malawi* (Cambridge, CUP, 1987).
[2] B. Agarwal, 'Social security and the family: coping with seasonality and calamity in rural India', *Journal of Peasant Studies*, 17, 3 (1990), pp. 341-412.
[3] R. Sauerborn, A. Adams and M. Hien, 'Household strategies to cope with the economic costs of illness', *Social Science and Medicine*, 43, 3 (1996), pp. 291-301.
[4] A. M. Adams, J. Cekan and R. Sauerborn, 'Towards a conceptual framework of household coping: reflections from rural West Africa', *Africa*, 68, 2 (1998), pp. 263-283.
[5] C. Desmond, K. Michael and J. Gow, 'The hidden battle: HIV/AIDS in the household and community', *South African Journal of International Affairs*, 7, 2 (2000), pp. 39-58.

In southern Africa many households are currently experiencing extreme stress as a consequence of the HIV/AIDS pandemic. Southern Africa is the global region hardest hit by HIV/AIDS: the two countries reported on here, Malawi and Lesotho, have estimated prevalence rates among adults of 15% and 31% respectively.[6] Long-term sickness and high death rates impose numerous costs on households including care of the sick, funeral expenses and emotional trauma;[7] as well as reducing capacities to undertake work.[8] Sick adults are less able either to engage in paid employment or to contribute to agricultural activities and reproductive household work than those in good health, and may remove other household members from productive activities to become providers of care.[9] Assets and savings are often used up to counteract loss of income,[10] saving life being regarded as more important than saving assets.[11] Death, particularly among adults, can further reduce income to a household, as well as leaving reproductive work undone, including the care of children.[12] This is exacerbated in the case of AIDS deaths, as an adult's death is often swiftly followed by the death of their spouse.[13]

In recent years the concept of coping strategies has been applied to the ways African households respond to the impacts of AIDS.[14] Although reservations have been expressed in relation to the concept's applicability in this context,[15] the term is used here to refer simply to actions people take to address their own needs and those of their kin in situations of stress. The term 'coping' does not imply such actions are invariably successful or carry no costs; the term 'strategy' does not imply the implementation of a carefully prepared plan. Rather, these terms are used in recognition of the fact that people do take actions in response to crises, and that, other than those who succumb to infection with HIV/AIDS, most individuals indirectly

[6] UNAIDS, *Report on the global HIV/AIDS epidemic* (Geneva, UNAIDS, 2002).
[7] M. Ainsworth and M. Over, *Confronting AIDS: public priorities in a global epidemic*, World Bank Policy Research Report (New York, Oxford University Press, 1997).
[8] E. M. Ankrah, 'AIDS and the social side of health', *Social Science and Medicine*, 32, 9 (1991), pp. 967-980.
[9] Desmond et al, 'The hidden battle'.
[10] UNAIDS, *A review of household and community responses to the HIV/AIDS epidemic in the rural areas of southern Africa (*Geneva, UNAIDS, 1999).
[11] G. Rugalema, 'Coping or struggling? A journey into the impact of HIV/AIDS in southern Africa', *Review of African Political Economy*, 86 (2000), pp. 537-545.
[12] Ankrah, 'AIDS and the social side of health'.
[13] S. Nko, B. Chiduo, F. Wilson, W. Msuya and G. Mwaluko, 'Tanzania: AIDS care - learning from experience', *Review of African Political Economy*, 86 (2000), pp. 547-557.
[14] Desmond et al, 'The hidden battle'; UNAIDS, *A review of household and community responses to the HIV/AIDS epidemic*.
[15] Rugalema, 'Coping or struggling?'.

affected by AIDS survive. In this basic sense, most households/families do 'cope',[16] albeit at very high cost to some individuals.

This paper applies the concept of coping strategies to a particular response to HIV/AIDS: the use by households/families of children's accompanied and unaccompanied migration. Adult labour migration has commonly been identified as a way to increase income to stressed households[17], particularly where there is a history of migration.[18] Research in both India[19] and Malawi[20] has shown that men are often the first to leave in search of work, sometimes abandoning the household to impoverishment. In the Philippines, in contrast, teenage women engage in migration in support of the household, both to make a financial contribution, and to remove from the household the cost of their support.[21] In relation to AIDS, some have discussed 'altering household composition' as a coping strategy.[22] However, the ways in which children's migration is employed remain under-researched.

The focus of this paper is on the factors that lead to the use of children's migration as a household/family coping strategy. These include both children's needs and their abilities to contribute to household survival. Children's needs include shelter; food, clothing, bedding and soap; treatment when sick; adult care/supervision; psychosocial support; and, ideally, the opportunity to attend school.[23] AIDS-affected households may have fewer resources to meet material needs, and time constraints reducing the ability of adults to provide care. In Lesotho and Malawi respectively, 17% and 17.5% of children under 15 are estimated to have lost one or both parents, about half of these to AIDS.[24] However, children adversely affected include not only orphans, but also those whose households/families are subjected to high costs, or deprived of income and labour through sickness and death, either of parents or of other

[16] Ainsworth and Over, *Confronting AIDS: public priorities in a global epidemic*.
[17] Corbett, 'Famine and household coping strategies'; C. McDowell and A. de Haan, 'Migration and sustainable livelihoods: a critical review of the literature' (Brighton: IDS 1997); C. Panter-Brick and M. Eggerman, 'Household responses to food shortages in Western Nepal', *Human Organisation*, 56, 2 (1997), pp. 190-198.
[18] A. Z. V. Camacho, 'Family, child labour and migration: child domestic workers in Metro Manila', *Childhood*, 6, 1 (1999), pp. 57-73.
[19] Agarwal, 'Social security and the family'.
[20] Vaughan, *The story of an African famine*.
[21] Camacho, 'Family, child labour and migration'.
[22] Desmond et al, 'The hidden battle'.
[23] S. Ali, 'Community perceptions of orphan care in Malawi', Raising the orphan generation, 9-12 June 1998, Pietermaritzburg.
[24] USAID/UNICEF/UNAIDS, *Children on the brink 2002: a joint report on orphan estimates and program strategies* USAID/UNICEF/UNAIDS, 2002).

members.[25] Whether or not necessary support is provided by the household/family depends both upon the resources available, and on the will of household members to provide support. Households/families are not homogeneous units, and different members pursue different interests.[26] Significantly, children have less bargaining power within the household than adults to secure their own needs, and are sometimes deliberately excluded from support in times of stress.[27]

Children are, however, actors within the household and not simply recipients of adult care. If there is additional work to be undertaken or additional money that must be earned, children may take on roles normally reserved for adults.[28] Children are thus able to contribute to the coping strategies of a household or family in response to HIV/AIDS, migrating in order for their needs to be met or to make use of their abilities. Clearly, children's needs and capacities are not undifferentiated, but relate to (socially constructed) age and gender. Hence it might be expected that children undertake different forms of migration in response to HIV/AIDS depending on their age and sex, and may undertake a series of distinct migrations as they grow older.

Before proceeding to a discussion of the research and findings, it is necessary to outline two background issues: first the problematic definition of the household/family in southern Africa, and second conventions concerning the residence and migration of children in the differing cultural contexts.

Problematising the southern African household

Any assessment of whether and how families cope with the consequences of HIV/AIDS requires an understanding of what constitutes a family. In most research concerning coping

[25] C. Grainger, D. Webb and L. Elliott, *Children affected by HIV/AIDS: rights and responsibilities in the developing world* (London, Save the Children, 2001).
[26] A. K. Sen, Gender and cooperative conflicts, in I. Tinker (eds),*Persistent inequalities: women and world development* OUP, 1990).
[27] Agarwal, 'Social security and the family'.
[28] M. F. C. Bourdillon, 'The next generation', Conference on AIDS, livelihood and social change in Africa, April 15-16, 1999, Wageningen.
E. Robson, 'Invisible carers: young people in Zimbabwe's home-based healthcare', *Area*, 32, 1 (2000), pp. 59-70.
E. Robson and N. Ansell, 'Young carers in southern Africa: exploring stories from Zimbabwean secondary school students', in S. L. Holloway and G. Valentine (eds),*Children's geographies: playing, living, learning* (London, Routledge, 2000).

strategies '[t]he terms household and family have been used ... interchangeably to connote commensal units'.[29] In southern Africa, however, a co-resident household seldom represents a complete family and is thus inadequate as a unit of analysis.[30] In both Lesotho and Malawi, where labour migration is a strong tradition, most families are spatially dispersed.[31] Equally, most co-resident households contain individuals who do not belong to a single nuclear family: kin from several generations, and others who are not biologically related. Even in 1993 (before the HIV/AIDS epidemic had taken hold) 22.4% of Lesotho households contained children who were not the offspring of the head of household.[32] For the purposes of this paper, the term 'household' is used to denote those who normally reside together and 'eat from one pot', while 'extended family' includes those resident elsewhere but whose relationships with each other are tied through kinship/affinity. An extended family occupies a number of households, and migration of AIDS-affected children takes place mainly between these households. Neither term is entirely adequate.[33] Southern African residential households are profoundly fluid, their membership changing constantly.[34] Families, too, are dynamic social units which 'tend to contract and expand':[35] not only do individual members move through space, but the nature of the relationships binding them perpetually changes. Although co-residence carries different obligations from relationships existing across greater distances, kin

[29] Agarwal, 'Social security and the family'.
[30] N. W. Townsend, 'Men, migration and households in Botswana: an exploration of connections over time and space', *Journal of Southern African Studies,* 23, 3 (1997), pp. 405-420.
[31] P. Letuka, M. P. Mamashela, K. Matashane, L. Mbatha and M. Mohale, *Inheritance in Lesotho.* Women and Law in Southern Africa Research Project, 1994).
[32] UNICEF, 'Building systems of protection for children affected by HIV/AIDS in Lesotho: report of an assessment of programming in Lesotho for families and children affected by HIV/AIDS' (UNICEF 1999).
[33] C. Murray, *Families divided: the impact of migrant labour in Lesotho, African Studies* (Cambridge, Cambridge University Press, 1981). There are local concepts of household/family - 'lelapa' in sesotho describes (among other things) the agnatic family: the head of household and spouse, male descendants and their wives and unmarried female descendants, regardless of where they reside (H. Ashton, *The Basuto: a social study of traditional and modern Lesotho* (London, Oxford University Press, 1967).) However, such highly specific terms do not fully capture the varied and changing relationships they encompass and cannot fulfil the practical need for a vocabulary for use in the context of this paper.
[34] Murray, *Families divided*. This fluidity reflects not only male labour migration but also very high levels of labour migration among southern African women as detailed by a number of studies: W. Izzard, 'Migrants and mothers: case-studies from Botswana' (*Journal of Southern African Studies,* 11, 2 (1985), pp. 258-280; B. Dodson, *Women on the move: gender and cross-border migration to South Africa* (Cape Town, Idasa, 1998); K. Datta, 'Gender, labour markets and female migration in and from Botswana' in D. Simon (ed) *South Africa in Southern Africa* (Oxford, James Currey, 1998).

move in and out of a household, and the household is sustained in part through the wider network of family relations.[36] It is thus useful to acknowledge a third concept: the 'household/family' nexus, which takes different forms in different situations.

To understand the household/family as such a nebulous entity complicates any notion of 'household coping'. If there is no persistent, unitary household, the end-point of household/family coping cannot be the 'survival' of the household in unchanged form,[37] but its continuing capacity to provide the support (material, social and emotional) needed for individual members, and some form of family relationships, to survive. This is not to suggest that a family is merely a set of self-interested individuals, but to acknowledge that households/families do not exist as singular units: households comprise individuals bonded by relationships based on both cooperation and conflict.[38] In this paper, interest focuses on how households/families affected by HIV/AIDS use children's migration, generally between households of the extended family, as a means of supporting the survival of both children and other household/family members.

Cultural conventions and children's migration

Responsibility for childrearing in southern Africa has traditionally been vested in parents and, to a lesser extent, other members of the extended family and wider community.[39] Movement (or migration) of children between extended family households has been practised as part of 'normal' child raising in many societies, for a number of purposes. It might be perceived that a particular household could provide something of value to a child, for example, living with grandparents would allow children to learn more about their 'culture'. Equally, children are seen as a family resource in Africa - as 'wealth in people' - and are commonly loaned to other

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[35] Letuka et al, *Inheritance in Lesotho*.
[36] Townsend, 'Men, migration and households in Botswana'; Izzard, 'Migrants and mothers'.
[37] Treating a household as dissolved because it has an entirely changed membership is problematic in the Tanzanian context, as noted by M. Urassa, J. T. Boerma, R. Isingo, J. Ngalula, J. Ng'weshemi, G. Mwaluko and B. Zaba, 'The impact of HIV/AIDS on mortality and household mobility in rural Tanzania', *AIDS*, 15 (2001), pp. 2017-2023.
[38] Sen, 'Gender and cooperative conflicts'.
[39] A. Blair and J. Gay, eds. *Growing up in Lesotho. Studies of Basotho children, no 2* (Roma, Lesotho, Department of Educational Foundations, National University of Lesotho, 1980). A. Kalemba, 'The development of an orphans policy and programming in Malawi: a case study', Raising the orphan generation, 9-12 June 1998, Pietermaritzburg.

families or households within the same family, perhaps to care for animals, or to provide an heir for a childless couple.[40]

Since labour migration began in the late nineteenth century, the spatially dispersed nature of many southern African extended families has meant that movement between households often occurs across significant distances. In such a context, experience of living with other kin strengthens the relationships binding families. Although differing in nature and scale from today's HIV/AIDS epidemic, sickness and death were relatively common in southern African families in past decades, and the extended family took responsibility for children if parents died.[41] In such situations, the strength of family relationships and preparedness of children to survive in different households was of great importance.

Under codified customary law, lines of responsibility for orphaned children were relatively clear. Lesotho's people, ethnically Basotho, are a patrilineal, patrilocal society, in which grandchildren would grow up in the village of their father's male line, unless their mother were unmarried, in which case they would be raised as the children of their maternal grandparents.[42] A married woman, resident virilocally, would not, however, lose contact with her former family. Even today her first child is usually born at her parents' village and retains a special relationship with its maternal grandparents, spending several childhood years in the maternal village. Under customary law, paternal death would place responsibility for children of a married couple in the hands of their father's brother.

Malawi is not so culturally homogeneous, its people dividing broadly between those following patrilineal traditions in the north and centre and matrilineal ethnic groups in the south. As in Lesotho, among the patrilineal and patrilocal Ngoni people, historically children grew up in their father's village, but 'could be adopted into another house than the one into which they were born'.[43] Today, a widow may still be expected to marry her husband's

[40] C. R. Bandawe and J. Louw, 'The experience of family foster care in Malawi: a preliminary investigation', *Child Welfare*, LXXVI, 4 (1997), pp. 535-547.
[41] A. C. Munthali and S. Ali, 'Adaptive strategies and coping mechanisms: the effect of HIV/AIDS on the informal social security system in Malawi' (Lilongwe: Government of Malawi, National Economic Council 2000); M. Urassa, J. T. Boerma, J. Ng'weshemi, R. Isingo, D. Schapink and Y. Kumogola, 'Orphanhood, child fostering and the AIDS epidemic in rural Tanzania', *Health Transition Review*, 7, Supplement 2 (1997), pp. 141-153.
[42] Letuka et al, *Inheritance in Lesotho*; Murray, *Families divided*.
[43] M. Read, *Children of their fathers: growing up among the Ngoni of Nyasaland* (New Haven, Yale University Press, 1959).

younger brother. If she refuses she must leave her children in the village and move elsewhere.[44] She might also be sent away if it is known that her husband died of AIDS.[45] Under customary law she inherits no property.[46]

Among matrilineal societies in Malawi, a widowed man would leave his wife's village, taking the property but leaving the children as they belong to their mother's relatives. Today, some men may stay and care for their children.[47] In the event of a father's death, his wife and children remain in the maternal village, but the widow inherits only a few items deemed female property.[48] In either system, it is in theory an uncle's responsibility to determine where children are to live.[49]

In Malawi, however, cultural rules and practices have long been somewhat fluid, matrilineal ethnic groups adopting patrilineal practices and vice versa.[50] Situations are further complicated where, as is increasingly common, couples from matrilocal and patrilocal traditions marry.[51]

The research

The research reported here is part of a wider project exploring the migration experiences of children affected by HIV/AIDS.[52] To access a diversity of migration experiences, research was conducted in four communities: low-middle income areas of Maseru, the capital city of Lesotho; Tlali, a village in the foothills of Lesotho's Maluti Mountains; Ndirande, a low-

[44] Ali, 'Community perceptions of orphan care in Malawi'.
[45] P. H. Cook, S. Ali and A. Munthali, 'Starting from strengths: community care for orphaned children in Malawi', c2000).
[46] T. Kachika, 'Thoughts on the applicability of local inheritance laws on intestacy to women: is there hope for the woman?' (c2000).
[47] Ali, 'Community perceptions of orphan care in Malawi'.
[48] Kachika, 'Thoughts on the applicability of local inheritance laws'.
[49] Ali, 'Community perceptions of orphan care in Malawi'.
[50] M. Chanock, *Law, custom and social order: the colonial experience in Malawi and Zambia* (Cambridge, Cambridge University Press, 1985).
L. White, *Magomero: portrait of an African village* (Cambridge, Cambridge University Press, 1987).
[51] Ali, 'Community perceptions of orphan care in Malawi'.
[52] For details of the impacts of migration on children, see L. Young and N. Ansell, 'Fluid Households, Complex Families: The Impacts of Children's Migration as a Response to HIV/AIDS in Southern Africa' *The Professional Geographer*, 55, 4 (2003), pp. 464–476; L. Young and N. Ansell, 'Children's experiences of migration: moving in the wake of AIDS in Southern Africa', *Transactions of the Institute of British Geographers,* submitted manuscript.

income area of Blantyre, Malawi's largest city; and Mpando, a Lomwe-speaking village in southern Malawi's Thyolo District. The methods were mainly qualitative, as have been called for in relation both to AIDS[53] and migration research,[54] as these allow far greater insight into the complexities of people's experiences and motivations. Children were identified through a questionnaire distributed to approximately 200 children, aged 10-17,[55] attending schools[56] in each of the four communities. Those who had experienced migration and parental sickness or death, or whose households had received children in similar circumstances[57] (226 in all) were invited to participate in focus groups, as were a further 70 children who were out-of-school, living on the streets or in institutions. Sixty-five children subsequently drew storyboards, which were used as prompts for discussing their migration experiences. Interviews were also conducted with key informants and with ten guardians from each community who had taken in migrant children, identified through community leaders and community meetings.

Contemporary patterns of children's migration

Before considering the ways in which households employ children's migration as a coping strategy, it is appropriate to outline briefly the extent and patterns of children's AIDS-related migration.[58] While denial of AIDS and the complexity of AIDS-related migration render impossible any attempt to accurately measure its extent, the questionnaire survey administered in schools in Lesotho and Malawi provides some indication of the extent and causes of migration among children. Of children completing questionnaires, between 31% (in

[53] A. V. Akeroyd, 'Sociocultural aspects of AIDS in Africa: occupational and gender issues', in G. C. Bond, J. Kreniske, I. Susser and J. Vincent (eds), *AIDS in Africa and the Caribbean* (Oxford, Westview, 1997).
[54] K. E. McHugh, 'Inside, outside, upside down, backward, forward, round and round: a case for ethnographic studies in migration', *Progress in Human Geography*, 24, 1 (2000), pp. 71-89; J. McKendrick, 'Multi-method research: an introduction to its application in population geography', *Professional Geographer*, 51, 1 (1999), pp. 40-50.
[55] This age group was chosen as they fall within the UN definition of children, but are old enough to report and reflect on their migration experiences.
[56] The majority of primary school aged children in both countries attend school.
[57] For ethical and practical reasons, research was not restricted to those children whose situations were demonstrably related to HIV/AIDS. Although in interviews and focus groups cause of death was discussed, the stigma surrounding HIV/AIDS is such that deaths of relatives are almost never attributed to this cause. It is estimated, however, that the parents of at least half of orphans in Lesotho and Malawi and more than 80% of double-orphans, died of AIDS (USAID/UNICEF/UNAIDS, *Children on the brink 2002*).
[58] This is addressed in greater detail elsewhere: Young and Ansell, 'Children's experiences of migration'.

rural Lesotho) and 58% (in both Malawi locations) had moved house at least once.[59] Sizeable numbers reported having migrated due to sickness or death of their parents or other relatives (4% and 6% in urban and rural Lesotho; 10% and 22% in urban and rural Malawi), while others divulged causes of migration such as witchcraft, debt, or conflicts with neighbours which may have been indirectly related to AIDS. Furthermore, more than half the children in each location had had other children move to live with them, often on account of parental sickness/death (20% of incoming children in Blantyre; 18% in Mpando; 6% in Maseru and 17% in Tlali). Thus migration, particularly related to sickness and death, was more common among children in Malawi (where AIDS has a longer history) than Lesotho, and rural children were slightly more likely to have moved as a consequence of sickness/death. The extent to which children's migration has become more common as a consequence of AIDS may be gauged from other sources. Between 1993 and 1999 the proportion of Lesotho households containing children who were not the offspring of the head of household increased from 22.4% to 32.8%.[60] It has been observed elsewhere in Africa, that migration into and out of AIDS-affected households is much higher than for unaffected households[61]. Research in Uganda[62] also found higher levels of migration among orphans than other children.

Table 1 offers a brief summary, derived from 40 interviews with guardians, of who takes in children. As has been widely observed elsewhere in southern Africa,[63] most AIDS-affected children live with relatives. While most reside with grandparents, it is clear that there is no universal pattern. Cultural conventions are seldom adhered to, the majority of children in both Lesotho and Malawi residing with maternal relatives. Most of the guardians identified were women or couples.

[59] Comparison of responses to the questionnaire and qualitative methods revealed substantial underreporting of migration in the questionnaire.
[60] UNICEF, 'Building systems of protection'.
[61] Ainsworth and Over, *Confronting AIDS: public priorities in a global epidemic*.
[62] Urassa et al, 'Orphanhood, child fostering and the AIDS epidemic in rural Tanzania'.
[63] G. Foster, R. Shakespeare, F. Chinemana, H. Jackson, S. Gregson, C. Marange and S. Mashumba, 'Orphan prevalence and extended family care in a peri-urban community in Zimbabwe', *AIDS Care*, 7, 1 (1995), pp. 3-17; A. Kamali, J. A. Seeley, A. J. Nunn, J. F. Kengeya-Kayondo, A. Ruberantwari and D. W. Mulder, 'The orphan problem: experience of a sub-Saharan Africa rural population in the AIDS epidemic', *AIDS Care*, 8, 5 (1996), pp. 509-515.

Table 1: Relatives with whom orphaned children live[64]

Maseru	**Blantyre**
maternal grandparent(s) 4	maternal grandmother 8
maternal aunt 3	maternal aunt 7
paternal grandparent(s) 3	grandmother 1
paternal uncle 1	
paternal relatives 1	**Mpando**
aunt's in-laws 1	maternal uncle 2
aunt 1	maternal aunt 2
	maternal grandmother 3
Tlali	maternal great aunt 1
maternal grandparent(s) 9	paternal grandparents 1
maternal aunt 2	grandmother 1
paternal aunt 1	sister 2
	aunt 1

The picture related through this table oversimplifies the situations of many children. Some children could be described as resident in more than one household: Tseliso[65] in Tlali, for instance, is cared for by his maternal aunt, but sleeps alone in his grandmother's house (she resides elsewhere). Others reside in one place during the week and another at weekends. Equally, children commonly make multiple moves between the households of different relatives. Also, excluded from this table are children who leave the extended family to reside in institutional care or on the streets.

The remainder of this paper is divided into four sections, the first three addressing key considerations in determining where AIDS-affected children live: who feels responsible for children, households' capacities to provide for children's needs, and ways in which households employ children's capacities. The fourth examines why some children leave the extended family as a coping strategy. In each section, consideration is given to children's agency within broader coping strategies.

Responsibility for children affected by HIV/AIDS

[64] The number of relationships listed here exceeds the number of guardians interviewed as some guardians received children from several families. In some cases laterality of relationships was not ascertained.

[65] Pseudonyms are used for all individuals to preserve anonymity.

It is clear that most of those who take children into their homes do so because they consider it their responsibility. This sense of responsibility can have several grounds. One of these, elaborated above, is cultural convention. Only two research participants - both children - referred to cultural norms. A Malawian child, when asked what happens to children if their parents die, replied:

'It depends on the culture of the people. If it's the Ngoni, children have to go and stay with the relatives from the father's side, but if the children are big enough they can stay on their own' (Girls' focus group, Blantyre)

This response suggests that, even if conventions are known, there is not necessarily an expectation that they will be adhered to. Some caution is necessary, however, before dismissing the significance of tradition. That few explicitly mentioned cultural practices may indicate that these remain unspoken assumptions. In practice, however, as is clear from Table 1, cultural traditions seldom dictate the living arrangements of children today, other than insofar as children generally stay with extended family members.

The largest category of guardians interviewed in both Lesotho and Malawi were maternal grandmothers. Use of maternal relatives broadly conforms to 'tradition' among most ethnic groups in southern Malawi (in Thyolo most were matrilineal Lomwe speakers, and many in Ndirande were also from matrilineal societies). In Lesotho it might be expected that, where the mother was married,[66] paternal relatives would care for orphaned children. The choice of guardian was, however, often made on pragmatic grounds: if paternal grandparents were too old[67] or too poor, maternal grandparents or other relatives were preferred.

'The paternal grandmother was older than me and she couldn't manage to look after them, to wash their clothes and to bathe them, so they came to live with me instead' (Maternal aunt, Blantyre)

[66] Although the number of children born to unmarried mothers is rising, it remains relatively low: A. J. Mturi and W. Moerance, 'Premarital childbearing among adolescents in Lesotho', *Journal of Southern African Studies*, 27, 2 (2001), pp. 259-275. Most of the children discussed here were born to married parents.

[67] In societies where husbands are usually older than wives, paternal grandparents will often be older than their maternal counterparts. However, age differences between husband and wife in Lesotho are usually slight.

The reason children are found with maternal relatives, even in patrilineal societies, might also relate to the sequence of migrations undertaken in the process of becoming orphans. Most frequently the father dies first. It is not uncommon for conflicts to arise between a virilocally resident woman and her parents-in-law when her husband dies, sometimes over property, and this may prompt migration.

'Sometimes it happens that one's father dies, and the in-laws make life for your mother miserable, saying she's killed the husband, then she'd move' (Out-of-school boys' focus group, Maseru)

Equally, if a woman becomes sick, she is likely to return to her own parents to be cared for, taking her children with her. When their mother dies, the children remain where they are.

Disputes over custody of children are not uncommon, particularly between maternal and paternal grandparents. Some maternal grandparents feel they should look after the children, as their daughter would have preferred this. In one case in Lesotho, children were split between both sets of grandparents, and had minimal contact with each other.

Some relatives, however, seek to divest themselves of the guardianship of children. Having additional mouths to feed places increased strain on a household. The fact that nine of the forty guardians insisted the children in their care 'had nowhere else to go' suggests not everyone is eager (or able) to accept their relatives' children. This was particularly the case in Malawi, where the fact that relatives are 'no longer helping each other as they used to' has been attributed to erosion of the moral economy.[68] Although not apparent here, other researchers have observed that fear and stigma associated with HIV/AIDS can dissuade relatives from accepting orphans.[69]

Relatives who accept children generally do so out of a sense of obligation to provide care, particularly when they perceive no other relative able and willing. Kinship carries not only formal obligations but also emotional ties. Six guardians referred to their affection for, or at least sympathy with, AIDS-affected children, that prompted them to provide a home.

[68] L. Binauli and L. Chipeta, 'Gender, livelihood security systems and the plight of women, orphans and able children in drought-prone areas of Malawi' (Zomba: Gender Studies and Outreach Unit, Geography and Earth Sciences Department, Chancellor College 2000).
[69] D. Webb, *HIV and AIDS in Africa* (London, Pluto, 1997).

'I felt sorry for the children and that's why I had to adopt them ... I felt sorry so I had to take them as they are born from my son' (Grandmother (paternal and maternal grandchildren), Mpando)

Guardians' feelings of responsibility are underlain not only by kinship ties. It is notable that most guardians were female, which perhaps represents a greater sense of responsibility for children on the part of women, although it may also reflect the fact that more women than men live to be elderly. Even where a couple in theory share guardianship, in practice men are often absent from the home leaving the burden of care to their wives.

Several relatives explained their acceptance of responsibility for children on the grounds that it was 'God's will'.

'I feel God has spared me past 70 to look after this child' (Paternal aunt, Tlali)

An individual's sense of responsibility for children is also shaped by practical and economic considerations. Large numbers of children might by shared out between relatives, particular relatives considering it their duty to take a share, but not all, of the responsibility. Some relatives, however, feel especially responsible on account of their perceived ability to provide for a child better than other possible guardians. Even if a parent is still alive, another relative might take the children to their own home, on the grounds that they are better able to pay school fees, provide a loving home, or look after the children without expecting them to engage in difficult chores.

'I can't send them back [to their father] as the children love it here and back there no one does anything for them or takes care of them' (Maternal grandfather, Tlali)

In this case the boys had been beaten by their father. The older boy (aged 15) simply left and headed to his grandfather's home 80 km away. The 10-year-old subsequently made his way to an aunt who lived locally, but she took him to the grandfather so he could live with his brother. Children are social actors, and take actions in their own interests. Although most children report that they are not consulted about where to live, it is not entirely unusual for children's preferences to be taken into account by relatives. A paternal grandmother in Maseru

reported that although the maternal grandmother's family wanted the grandchildren, they did not want to go there, so she allowed them to stay with her.

Children's agency, nevertheless, has limits. Children cannot choose to move to an unwilling household, and ultimately may have to choose between a household they find unsatisfactory and life on the streets. Some lack even these alternatives.

Children's actions can also have unintentional consequences. Relatives' feelings of responsibility and duty to care for children often only extend as far as they are willing to cooperate. Children judged to be 'naughty' may be sent away - often to other relatives who are expected to be better able to provide the discipline they are perceived to require. Where a relative anticipates having difficulty retaining 'control' of a child, they may refuse to take them into their home. The fact that 'naughtiness' may be a product of the psychological trauma associated with parental sickness and death is not always recognised, and those children most in need of support may be the least able to find a suitable home.

'There were nine children in the family ... There was one boy who was naughty [when they first arrived] and he was taken by the paternal grandparents to live with them and now he has changed much and behaves well' (Maternal grandmother, Blantyre)

There are thus a range of reasons why relatives may feel obliged to care for children: reasons relating to their relationships to children and/or their parents, alternative possible providers of care, their own resources and children's wishes. A factor seldom taken into account was distance between households: some children migrated across long distances because a particular relative felt responsible for their care. Ultimately, however, relatives do not necessarily feel they must care for children in every circumstance. It is in part the relative sense of responsibility among a variety of individuals and households that impact upon where AIDS-affected children move to live.

Providing for children's needs

One set of factors that, as is suggested above, impinges on whether a relative feels obliged to take children into their home relates to the resources available to provide for their needs. Children have a variety of needs which households are differentially able to meet. Inability to meet needs may be a cause for children to migrate from a particular household.

Shelter

The type of accommodation a household inhabits impacts on the migration strategies they employ in response to HIV/AIDS. Those living in rented accommodation might have to move immediately one parent becomes unable to earn an income - either to cheaper accommodation or to stay with relatives. A Blantyre woman explained that when her husband died, she could not pay her rent and so returned with her children to her parents' home. A family may become divided at any stage of this process. In particular, it is seldom possible for children to continue to pay rent when their parents are dead.

Those living in their own house are in a different position. In neither Lesotho nor Malawi do widows or minor children generally inherit such property in the absence of a will. Thus the kin of a male household head might claim a house, compelling his widow and children to leave. Violet in Ndirande explained how she had lived with her parents at her father's village in Thyolo. When her father died his relatives were 'bad to us', so they went to Blantyre where her mother rented a house and started a business to support the family. Similar situations commonly occur in Lesotho, particularly where the husband's family deem the marriage invalid, for instance where insufficient bridewealth has been paid.[70]

If both parents die, adults who consider themselves to have a claim to the property sometimes 'grab' the home, forcing the children to leave. This was a particularly common experience of orphaned children in Malawi[71] where, even if instructions are left that children should inherit, they may not fight for their fathers' property for fear of being bewitched.[72] The role of inheritance in migration decisions was not mentioned by guardians, but was raised by migrant children in nine of the thirty-one focus groups.

'At first I was staying at Pindani where my parents died, and my father's relatives came to take our belongings away, so we moved from there' (Out-of-school boys' focus group, Mpando)

[70] S. M. Seeiso, L. M. Kanono, M. N. Tsotsi and T. E. Monaphathi, The legal situation of women in Lesotho, in J. Stewart and A. Armstrong (eds),*The legal situation of women in Southern Africa* (Harare, University of Zimbabwe Publications, 1990).
[71] It has also been reported in Lesotho: NGO Coalition for the Rights of the Child, "Etsa letsete la kamoso, netefatsa litokelo tsa ka': The state of children's rights in Lesotho/ Boema ba litokelo tsa bana Lesotho', Save the Children (UK) 2000).
[72] Ali, 'Community perceptions of orphan care in Malawi'.

Some children feel they can best avoid problems and retain property by continuing to live in it. Lack of income and experience among those caring for younger siblings makes such households very vulnerable and has implications for children's welfare.[73]

'Sometimes it is difficult for children to move and stay with their relatives because some relatives may take away the place from the children, so it's really difficult for the children to move.

...

When the parents are dead, children should stay in their house if their parents left them property' (Boys' focus group, Blantyre)

While some orphan-headed households survive, those unable to pay rent or to resist eviction, regardless of whether their other material and social needs can be met, have to migrate. Most such children are taken in by extended family members.

Economic support

The ability to support children economically is an important consideration when determining where they should live. To take children into a home generally means providing for their needs in terms of food, clothing and (in some cases) school fees. Only occasionally can a household reliably secure assistance from those resident elsewhere.

Relatively affluent relatives may accept children into their homes more readily than those who know they will struggle to support them. One woman in Tlali, for instance, attended her brother's funeral and asked to take home a 10-year-old niece because she felt financially able to provide for her. Occasionally part of the economic burden of supporting children is shared by neighbouring relatives. An aunt in Maseru described an arrangement to support both her sisters' orphaned children, and her own (11 in all):

'These children have been divided: some live with me, some live with their grandmother and some live at home, but we collectively look after all their needs ... I used to care for them all

[73] M. Lyons, 'The impact of HIV and AIDS on children, families and communities: risks and realities of childhood during the HIV epidemic', UNDP HIV and Development Programme 1999).

when I had a job, but now the grandmother looks after us all as she is the only one with a job, but I keep an eye on all the children as she's not here' (Maternal aunt, Maseru)

Households' economic circumstances change. Although a household might accept an orphan because they can offer economic support, subsequent illness and death among household members may affect their ability to provide care.

'When I still had my husband life was good, but since he passed away it's difficult ... No one is helping me to look after the children. I have greens growing outside so I sell them to generate income. ... since I've been sick I haven't been able to go to sell them' (Maternal aunt, Maseru)

Such situations may prompt a further stage of migration, either through imposition or choice. While not all children consider economic resources the most important attribute of a household, some decide to leave situations of economic hardship, and seek provision for their needs either with alternative relatives or even on the streets. This would also leave more resources for those remaining.

'There are good and bad things [about life on the streets]. People can give you clothes on the streets. At home you just stay with torn clothes and do nothing' (Street kids' focus group, Maseru)

Schooling

Education is highly valued in southern Africa. It is commonly a key household cost, even where, as at primary level in Malawi and Standards 1 and 2 in Lesotho,[74] fees are no longer charged. School-related costs frequently trigger children's migration. Many children's education is interrupted as a consequence of HIV/AIDS. Children commonly leave school when their parents become sick or die. Although some return to school when they move to stay with guardians, others drop out because guardians cannot pay their fees or other schooling costs, or require them to undertake work during school time.

Failure of a child to attend school is a common reason for intervention by relatives. Of the 65 children who drew storyboards, thirteen had moved in order to attend school. Many uncles,

[74] Lesotho is introducing free primary education on a rolling basis.

particularly in Lesotho where schooling is more expensive, send for nieces or nephews to live with them (often in town), in order to pay their school fees. Although sometimes fees are paid by relatives other than those children live with, it is more common for the fee payer to take full charge of the child and to supervise their school attendance.

'For us, only our father was working and mother wasn't working, so when he died we went back to the village and didn't have enough of everything like food. ... Then after two years I came here with my uncle to Ndirande. I came here to go to school, but in the village no one goes to school, so my uncle brought me here to go to a proper school' (Godfrey's storyboard, Blantyre)

Inability to attend school was a common cause for resentment, and contributed to some children's decisions to leave their households and go to the streets. Stepparents were portrayed by children as particularly unsympathetic towards their education.[75] Edison, who moved in with his stepmother when his mother died, but had subsequently run away to the streets, reported:

'I couldn't go on with school because I left at 3am to go to the fields and I got back at 11am so school was already gone' (Edison's storyboard (street kid), Blantyre)

Supervision and psychosocial needs

Children's needs are not only material, but also social and emotional. It is usual for young children, in particular, to spend much of their time in the company of adults, who ensure their physical safety help them learn, and provide emotional comfort. The households that are best at providing for children's material needs are not necessarily the best able to fulfil their psychosocial needs. Sometimes these functions must be shared between different households. When her husband was sick and unable to work, for example, a Mosotho mother took her children to stay with their grandparents while she went to Johannesburg to find work to support the family. In other cases it is necessary, but difficult, for a single household to attempt to meet all of a child's needs. A Mosotho grandmother explained:

[75] In relation to Malawian stepparent relationships, see Binauli and Chipeta, 'Gender, livelihood security systems and the plight of women, orphans and able children'; Munthali and Ali, 'Adaptive strategies and coping mechanisms'.

'I'm paid little for my job so it makes it difficult for me to do all that (pay for clothes, food, school fees). I have to leave them alone at home because there is no one to look after them ... I feel bad about leaving them at home because they are young and it seems like I'm just neglecting them. They are alone because they have no parents and me leaving them adds to that ... The 10 year old boy takes care of them because he knows they are his siblings' (Grandmother (maternal and paternal grandchildren), Maseru)

This grandmother was clearly aware that her grandchildren had psychosocial needs, which were in some respects greater on account of their parents' deaths. Orphaned children commonly suffer anxiety and depression.[76] Nonetheless, few guardians or children made reference to children's needs for supervision and care, let alone emotional needs. There are a number of possible reasons for this. It might be that these needs are so obvious that they are simply not mentioned. There might be an assumption that, unlike material needs which demand a certain level of finance, anyone can fulfil non-material needs: most southern African households are relatively large, and there is likely to be someone available most of the time to supervise children. Furthermore, in Lesotho, children as young as seven are sent herding cattle without adult supervision and older children are seldom closely supervised.

Failure by guardians to acknowledge children's psychosocial needs has been noted in other research in southern Africa.[77] Adults often believe that children do not suffer emotional problems,[78] and find children's grief difficult to understand.[79] Orphaned children commonly report high levels of anxiety and depression, however, and disruptive behaviour is not unusual.[80] Those who feel their needs are not met may seek a home elsewhere:

'When my mother died, I stayed with my father. While with my father I was happy. What went wrong was my father remarried ... My stepmother was so abusive that I left' (Street kids' focus group, Blantyre)

[76] Pivnick, A and Villegas, N 'Resilience and risk: childhood and uncertainty in the AIDS epidemic' *Culture, Medicine and Psychiatry* 24, (2000), pp. 101-136.
[77] S. Ali, 'Community perceptions of orphan care in Malawi'.
[78] J. Sengendo and J. Nambi, 'The psychological effect of orphanhood: a study of orphans in Rakai district', *Health Transition Review*, 7, supplement (1997), pp. 105-124.
[79] Cook et al, 'Starting from strengths'.
[80] Ali, 'Community perceptions of orphan care in Malawi'; A. Pivnick and N. Villegas, 'Resilience and risk: childhood and uncertainty in the AIDS epidemic', *Culture, Medicine and Psychiatry,* 24 (2000), pp. 101-136.

Employing children's capacities

Whether or not children move into a particular household depends not only upon their relatives' sense of responsibility and the resources available to meet their needs. Children are themselves capable of making valuable contributions to needy households, and many households suffering stress due to HIV/AIDS employ children's capacities, particularly in domestic and agricultural work and caring for sick family members. Equally, households are more often willing to take in children if they believe they will contribute to the household.[81]

Chores

Most children in southern Africa contribute to household work. Guardians interviewed, particularly grandparents, were very aware of the work their charges contributed, and were relieved and grateful for the assistance. Only in one case did a guardian complain that a child in her care did no work. Nineteen of the 65 children who drew storyboards reported moving specifically in order to undertake housework. Children as young as 5 or 6 are sent, or sent for, to help grandparents, uncles and aunts with housework.

'Let's say both parents died. I think relatives agree to share the children to help them in their households
... Like what happened to me' (Boys' focus group, Blantyre)

Sometimes children are sent to a relative as a response to a particular need. Such arrangements may be permanent, or apply only at weekends, or outside school term. Such work is often gendered. While girls work predominantly indoors, in rural Lesotho, boys' services are demanded for herding, and in Malawi boys are required to work in fields and gardens. Although Bourdillon[82] reports that girls are often considered more attractive to families than boys as they generally contribute more to household survival, within the communities reported here, an almost equal number of girls and boys were sent to relatives to perform day-to-day household chores. Numbers in urban and rural areas were similar, although almost twice as many moved for this reason in Lesotho compared to Malawi.

[81] I. Kimane and A. J. Mturi, 'Rapidly assessing children at work in Lesotho: Volume 1: Context and overview of findings', Government of Lesotho with financial assistance from UNICEF 2001).
[82] Bourdillon, 'The next generation'.

'When we were still at my father's village (after he'd died) my (maternal) uncle came to beg for one child to help reduce the number of children [that my mother was looking after], as ... my uncle's wife had passed away. I went with my uncle to Blantyre to help him. I wasn't really happy, but since it was the decision they made to reduce the number of children my mother had to care for I had to accept. ... I was ten years old when I came ... I have to cook for him, go to the maize mill and clean the place. He has five children but all are boys so they only help me cleaning the place' (Elizabeth's storyboard, Blantyre)

Work can interfere with schooling, as was suggested above. Although going to work for a relative is a common reason for children to migrate, it is not uncommon for children to leave a household because they feel the work expected of them is excessive: six rural Malawian children reported having moved for this reason. A Malawian boy explained why, at the age of 12, he had decided to return to his mother in Thyolo:

'By this time my father had passed away, so my mother wasn't working, so she couldn't help me as she had a small baby, so I had to go to my grandmother in Chigumula. I went there when I was 6 when my father died. ... I was taken by my cousin to live with her in Blantyre... She wanted me to help her with the house chores and I could learn from her house. ... At first I was given light work but after time passed I was given hard work so I failed to go to school' (Paul's storyboard, Mpando)

Caring

Children's performance of everyday household chores extends to care of the sick. Seven children, all in Lesotho, had been sent to care for sick parents or other relatives. In the context of the AIDS epidemic, there is clearly an increasing demand for people to perform caring roles. Caring is usually seen as work for adults, and children are often portrayed as the solution of last resort.[83] Caring work differs in a number of ways from the more general chores children undertake, and has different implications in terms of the types of migration they engage in. Although there is a general assumption that where children are involved they

[83] Robson and Ansell, 'Young carers in southern Africa'.

are likely to be girls, in practice, boys are involved too, particularly but not exclusively where the care recipient is male.[84]

'When my mother worked up there, my aunt got sick and I was told to go and look after her, and I used to give her stuff that she needed' (Out-of-school boys' focus group, Maseru)

A further peculiarity of caring work is that it is usually temporary and, particularly in the case of AIDS-related sickness, may terminate with the death of a relative. The migration associated with caring is generally short term. It may also happen at very short notice.

'I have taken care of my older sister. Her husband died. I heard that on Saturday I will be going to her place to take care of her. She has nerves' (Girls' focus group, Maseru)

Although temporary, care work is not always a single episode. Where AIDS affects a family, children may be subjected to repeated caring-related migrations.

Leaving the extended family

Sometimes relatives do not provide the care that children need or want: instead young people move outside the extended family. This too can be a coping strategy: either on the part of adult family members or of children themselves. Besides enabling children's needs to be met, such strategies reduce the costs to extended family households.

Some children are married early and leave the family in this way.[85] In patrilineal societies households have an economic interest in girls' early marriage: when they marry bridewealth is paid to girls' paternal relatives. Marriage also ensures children will have shelter, and their economic needs met, although it generally entails leaving school.

'Back in the village children are prepared for marriage young. The relatives made them stop school so they could get married' (Maternal grandmother, Blantyre)

[84] Robson, 'Invisible carers'; Robson and Ansell, 'Young carers in southern Africa'.
[85] G. S. Kamchedzera, 'Poor parents, coping mechanisms and the changing image of childhood in Malawi' (Lilongwe, Malawi: Child and the Law in Eastern and Southern Africa c1999).

Alternatively, relatives may take children to stay in institutions that provide shelter, food and schooling.

'My problem was that I had nobody to stay with when my parents passed away ... my uncle thought of bringing me here to start schooling because he was failing to pay my fees' (Mixed focus group, Jacaranda Children's home, Malawi)

Children may also leave the extended family households to earn an income to support the household. An aunt in Mpando, for instance, sent her 13-year-old daughter to work elsewhere as a housemaid to earn money to support the care of her niece and nephew. Similarly, a Malawian grandmother reported:

'The oldest one went into town to find a job so that he could help his siblings' (Maternal grandmother, Mpando)

Alternatively, children may decide to leave or are expelled from the household where they live, and may turn to the streets. Although a number of NGOs cater for street children, their shelter, schooling and economic needs are likely to be inadequately met. They may, nonetheless, perceive their situation to be preferable to remaining at home.

Conclusions and implications

Children's migration is not a new strategy for meeting the needs of children and households in times of stress, but is acquiring growing significance in the context of southern Africa's HIV/AIDS epidemic. Where children are sent to live depends upon a number of factors, including their own needs and capacities, which vary, as society variously ascribes requirements and roles to children of different ages and genders. Households of an extended family have different abilities to provide for children's needs and also different senses of obligation. Children can, however, help their extended families, including through help with housework and agriculture, and caring for the elderly and sick. Significantly, their capacities are of differing value to different parts of the extended family. Household/family coping strategies, then, involve finding households for children to reside in which balance needs and resources[86] and represent a compromise between caring for them and employing their

[86] Adams et al, 'Towards a conceptual framework of household coping'.

capacities. Significantly, the same household may not be able to provide for all of the different necessities, and those relatives who need to call on children's assistance are not necessarily those who can best offer help to children. There are conflicts between meeting different needs - earning additional income may not be possible at the same time as providing adequate supervision of young children. If children undertake paid or unpaid work for relatives, this may make school attendance difficult. Furthermore, children's needs and those of other family members change over time, including in response to AIDS-related sickness and death, which may lead to further migrations.

Children's migration differs in two key respects from the strategies described in most literature concerning household coping. First, children themselves are not simply the problem to be coped with, or vectors of the strategy; children are social actors, exercising agency, albeit constrained.[87] Second, while responses to food shortage are frequently understood as essentially rational strategies,[88] determining where children are to live is seldom a purely rational decision, but is also a product of people's sense of moral/social/cultural obligation and emotional feelings.[89] Furthermore, it is not a single decision of a single-minded household, but represents a continual process of negotiation between different individuals and sections of the extended family,[90] including children themselves and, as events unfold, may change over time.

The question must be raised of whether children's migration is an effective strategy in the face of AIDS. While Sauerborn et al[91] argue that the household is the key level for coping with illness, the household cannot be seen in isolation. Rather, '[t]he impact of AIDS can best be captured when we analyse its effect at both the individual household and extended family levels'.[92] Although a household unit may disperse when an adult dies from AIDS,[93] this need

[87] A. James, C. Jenks and A. Prout, *Theorising childhood (*New York, Teachers College Press, 1998).
[88] Adams et al, 'Towards a conceptual framework of household coping'; Panter-Brick and Eggerman, 'Household responses to food shortages in Western Nepal'.
[89] The importance of such 'extra-economic' factors in determining household coping strategies is acknowledged: Agarwal, 'Social security and the family'. McDowell and de Haan, 'Migration and sustainable livelihoods' are critical of writing which 'over-rationalises' migration.
[90] Rugalema, 'Coping or struggling?'.
[91] Sauerborn et al, 'Household strategies to cope with the economic costs of illness'.
[92] M. M. Mtika, 'The AIDS epidemic in Malawi and its threat to household food security', *Human Organization*, 60, 2 (2001), pp. 178-188.
[93] D. Cohen, 'Poverty and HIV/AIDS in sub-Saharan Africa' (UNDP/SEPED 2000).

not imply the family is unable to cope, rather that the way that it does so is through the migration of members of that household. Household dispersal need not mean disintegration.[94] In the absence of external resources, as Mtika[95] points out: 'the epidemic can activate the sharing of resources among households belonging to the same extended family network'. It is argued that care of orphans by relatives may even strengthen the extended family.[96]

The move away from 'traditional' allocation of children to particular households may also be consistent with family survival. As Murray[97] has observed, increasing numbers of Basotho children residing in maternal grandparents' homes need not represent the end of agnatic kinship practices. Many children resident with maternal relatives maintain contact with paternal relatives, and move between family branches. African societies exist in fluid ways, family relationships undergoing constant change.[98] Indeed, adaptability may be the key to survival of kinship relations.[99]

Nonetheless, concern has been expressed that '[t]he extended family system is not infinitely elastic',[100] and in many cases extended families are no longer coping.[101] In the absence of AIDS, children's migration was generally consensual: relatives could refuse to accept children if they felt ill equipped. Today the practice operates within a tighter framework – there are fewer options and many are far from ideal. Elderly grandparents become the primary carers of their grandchildren, rather than merely advisors and supporters as they were in the

[94] Murray, *Families divided*.
[95] Mtika, 'The AIDS epidemic in Malawi and its threat to household food security'.
[96] Ankrah, 'AIDS and the social side of health'; Foster et al, 'Orphan prevalence'.
[97] C. Murray, *Families divided*.
[98] T. Barnett and A. Whiteside, 'HIV/AIDS in Africa: implications for 'development' and major policy implications', SCUSA Inter-University Colloquium, 5-8 September 1999, UEA, Norwich.
[99] G. Clark, 'Negotiating Asante family survival in Kumasi, Ghana', *Africa*, 69, 1 (1999), pp. 66-86.
[100] S. Hunter and J. Williamson, 'Children on the brink: executive summary: updated estimates and recommendations for intervention' (Washington, DC: USAID 2000).
[101] Kalemba, 'The development of an orphans policy and programming in Malawi'; MOGYCS/UNICEF, *Best practices on community-based care for orphans* (Lilongwe, Ministry of Gender, Youth and Community Services, 1999); Munthali and Ali, 'Adaptive strategies and coping mechanisms'; NGO Coalition for the Rights of the Child, 'The state of children's rights in Lesotho'; UNICEF, 'Building systems of protection'.

past,[102] but may lack the resources, either financial or physical, to care for large numbers of orphaned children.[103]

Where households/families are failing to cope, it is generally children whose needs are not met. Even where employed 'successfully', such a strategy is often a compromise between meeting the needs of the child and those of the household/family. This contravenes the notion inscribed in the African Charter on the Rights and Welfare of the Child that children's best interests must be the primary consideration in all decisions affecting them.[104] Furthermore, migration can itself be highly disruptive, particularly for children affected by HIV/AIDS.[105] Indeed, many aspects of migration impose costs on children. In view of the fact that families cannot always put children's interests first, and in recognition that children are key social actors, it is particularly important, as Hunter and Williamson[106] point out, to build children's capacities for survival, within or outside their families.

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[102] D. Cohen, 'Poverty and HIV/AIDS in sub-Saharan Africa' (UNDP/SEPED 2000).
[103] T. Barnett and P. Blaikie, *AIDS in Africa: its present and future impact (*London, Belhaven, 1992); J. P. M. Ntozi, 'Effect of AIDS on children: the problem of orphans in Uganda', *Health Transition Review*, 7, supplement (1997), pp. 23-40.
[104] Kamchedzera, 'Poor parents, coping mechanisms and the changing image of childhood in Malawi'.
[105] Young and Ansell, 'Children's experiences of migration'.
[106] Hunter and Williamson, 'Children on the brink'.