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Children's Geography and the Everyday Lives of Orphans in Malawi

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**Children's Geography and the Everyday Lives of
Orphans in Malawi**

(Thesis format: Monograph)

by

Liam John Riley

Graduate Program in Geography

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts

School of Graduate and Postdoctoral Studies
The University of Western Ontario
London, Ontario, Canada

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Abstract

Malawi has almost one million orphans; half of whom were orphaned because of AIDS. The situation is often framed as an ‘orphan crisis,’ which is a problematic concept because of the shifting definitions of orphanhood, the cultural connotations of abandonment and helplessness associated with orphanhood, and the diversity of causes and experiences of orphanhood. This thesis sets out to challenge assumptions about childhood and domesticity that are often embedded in discussions of orphanhood in Malawi through a methodological approach grounded in children’s geography that views children as social actors. The research, which is focused on orphans’ daily lives and perspectives, suggests that most orphans receive good psychosocial care through kinship networks, although serious problems related to poverty are commonplace in some areas. These problems may not be the result of orphanhood; rather they are linked to broader processes that help to create and perpetuate child poverty in Malawi.

Keywords: Malawi; Children’s Geography; Orphan; AIDS; Childhood; Africa

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List of Abbreviations

ADMARC	Agricultural Development and Marketing Corporation
AIDS	Acquired Immune Deficiency Syndrome
CBCC	Community-Based Childcare Center
CBO	Community-Based Organization
CCAP	Church of Central Africa Presbyterian
DHS	Demographic Household Survey
EHAP	Ekwendeni Hospital AIDS Program
GDP	Gross Domestic Product
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
IGA	Income Generating Activity
IMF	International Monetary Fund
MDG	Millennium Development Goal
NGO	Non-Governmental Organization
NPA	National Plan of Action for Orphans and Other Vulnerable Children
OCP	Orphan Care Program
OVC	Orphans and other Vulnerable Children
SFHC	Soils, Food, and Healthy Communities Project
SSA	Sub-Saharan Africa
UPE	Universal Primary Education
WB	World Bank

CHAPTER 1: POVERTY, PLACE, AND CHILDHOOD

1.1 Introduction

This thesis is motivated by the basic objective of deepening the academic understanding of the daily lives of orphans in Malawi as a means of grappling with the complexity and diversity of orphans' experiences. The unprecedented rise in the orphan population throughout sub-Saharan Africa (SSA), which is rooted in an intersecting set of problems including the HIV/AIDS pandemic and persistently high rates of poverty, has been the focus of worldwide attention, speculation, scholarship, and aid, yet little research has been conducted on the everyday lives of orphans and how orphans feel about their lives. As discussed in Chapter Two, the image of the African orphan often rests on latent assumptions about the nature of childhood, family, and health, as defined in Western socio-cultural terms, and tends to depict orphans as helpless, abandoned, and even as a social threat. This thesis sets out to challenge these assumptions with a methodological and analytical approach that emphasizes orphan perspectives, the everyday lives of orphans, and the political, cultural, historical, and economic context in which their lives take place.

Malawi is home to an estimated 950 000 orphans between the ages of 0-17, 550 000 of whom have been orphaned by AIDS (Government of Malawi 2008). In 2001, UNICEF estimated that almost one fifth (18%) of children aged 0-14 in Malawi were orphans, the highest prevalence in SSA (Guarcello et al. 2004). Although the HIV

prevalence rate in Malawi has stabilized recently at 12% of 15-49 year olds, the effects of AIDS will continue to be felt in the short- and longer-term. The enduring impact of AIDS, coupled with the effects of enduring poverty, means that the orphan population will continue to grow (UNAIDS 2007). Whereas my research shows that many orphans are burdened by poverty-related problems such as chronic food insecurity and limited access to clothes, shelter, health care, and education, many orphans expressed a sense of comfort with the places they live and have various sources of psychosocial support including friends, siblings and other relatives. Thus, my results highlight the overall effectiveness of social networks in responding to orphans' nonmaterial needs and underscore the importance of directing aid to support communities in caring for orphans rather than prioritizing external institutions such as orphanages.

The lives of orphans cannot be understood in a historical or political economic vacuum, and the central aim of the following section is to set the problems facing orphans in Malawi within a broader context. The chapter begins with a brief discussion of the social and economic history of Malawi and the effects of the HIV/AIDS pandemic, followed by a discussion of the theoretical perspective foundational to this thesis, and finally an outline of the thesis and the key research questions.

1.2 Contextualizing Poverty in Malawi

By most statistical measures of development, the picture for Malawi is dim: it has one of the lowest per capita Gross Domestic Products (GDP) in the world and in 2008 ranked 164th out of 177 in the Human Development Index (HDI), a measure of well-being that considers the prospect of living a long life, of being educated, and of having a

decent standard of living (UNDP 2008). While many countries have been improving their HDI scores in recent decades, Malawi's score has declined slightly since 1995 (UNDP 2008). This decline is widely attributed to the reduction in life expectancy due to AIDS. In addition to the impact of the AIDS pandemic in recent decades, these statistics reflect a series of socio-economic changes over time that have reduced the living standards for Malawians and are contingent with historic processes including the slave trade, colonialism, single party rule, and structural adjustment reforms. These processes are discussed below in relation their role in shaping the livelihoods of ordinary Malawians.

European colonialism and global economic systems began to transform Malawi's society and economy in the early nineteenth century when slave traders from the coast began making large-scale incursions into the areas around Lake Malawi (Vail 1983). The effect on the local populations was catastrophic; entire communities were displaced or destroyed and pre-existing trading networks and farming systems were decimated as many people moved from fertile plains to fortified towns at higher elevations to defend themselves from capture (Vail 1983). Along with economic catastrophe came social upheaval, as working-age populations were removed and families were torn apart. Furthermore, the displacement of local populations meant that with the onset of colonialism, much of the land was unused, creating problems with customary rights to land tenure which were codified during the colonial period and continue to contribute to poverty today, mostly in the southern region (Kanyongolo 2005, Vail and White 1989). Much of the land in the southern region was used by Europeans to establish plantations, producing cash crops such as tea and tobacco for export. The plantation economy in the south was made feasible by the ample labor supplied by refugees from Mozambique

known as the Nguru, while Malawians in other areas, especially the central region, continued to engage in smallholder farming as the major economic activity (Kanyongolo 2005, Vail and White 1989).

With its more remote location and relatively poor soil, the northern region was not seen as a profitable area for Europeans to invest in plantations. In order to generate revenue, the colonial government developed the region as a labor reserve for the mines and farms of neighboring countries, especially the diamond and gold mines of South Africa (Vail 1983). This colonial re-structuring of the economy and the manufacturing of a colonial work force was brought about through the introduction of the money economy. The need for money to pay hut taxes, fees at mission schools, bridewealth, and goods such as clothes and tools quickly became the driving force behind widespread labor migration. By the 1920s, up to 70 percent of the men in northern region of what is now Malawi were absent from home (Vail and White 1989: 158). Contributing to the profitability of this system for colonial enterprises was the fact that the cost of labor reproduction was born by households, particularly women (Bezner Kerr 2005a, Vail and White 1989, Vail 1983). With most young men absent, women took on increased roles in child rearing as well as subsistence farming.

When Malawi became an independent nation in 1964, the government aggressively pursued economic growth with an outward-oriented agricultural economy based on estate agriculture, which followed an economic model inherited from the colonial period that focused on a few key commodities, particularly tobacco (Harrigan 2003). Until the late 1970s, high economic growth rates suggested that this export-orientation might be contributing to the professed goals of modernization and

development, but these statistics masked the fact that the wealth in the estate sector was built on income extracted from the smallholder sector (Harrigan 2003, Kydd and Christiansen 1982). Kydd and Christiansen (1982) demonstrate that the government-run Agricultural Development and Marketing Corporation (ADMARC), the exclusive purchaser of smallholder crops, resold these crops on the world market for a significant profit that was re-invested in the estate sector. The effect was to reduce the viability of peasant smallholder farming and encourage people to work on estates for low wages, deepening the conditions of poverty for the majority of Malawi's poor.

The economic growth during the 1970s also masked Malawi's economic vulnerability to external shocks, which was associated with narrow commodity dependence and an external locus of innovation. This vulnerability was apparent by 1980, when economic growth rates plummeted following a sudden 35% drop in terms of trade, a severe drought, and the closure of export routes due to the Mozambican civil war (Harrigan 2003). The ensuing balance of payments problems led to external borrowing from the International Monetary Fund (IMF) and World Bank (WB) through a five-year structural adjustment plan beginning in 1981, with one of the key objectives being to increase smallholder production of export crops. In keeping with the neoliberal ideology of the 'Washington Consensus,' structural adjustment reforms also included the removal of fertilizer subsidies and the scaling back of ADMARC. By 1987, Malawi was in the throes of a food crisis and the failure of structural adjustment policies was obvious. The promotion of export crops had increasingly displaced maize production amongst smallholders and ADMARC had lost the capacity to cushion the effects of steep increases

in food prices. In response, President Banda reinstated fertilizer subsidies and maize purchasing by ADMARC (Harrigan 2003).

Malawi's economy was again destabilized by a series of events in the early 1990s, including droughts in 1992 and 1994, an influx of Mozambican refugees, and the suspension of non-humanitarian foreign aid intended to pressure the autocratic President Banda into allowing multi-party elections (Harrigan 2003). Following the 1994 election, the newly elected President Muluzi put poverty alleviation at the top of the political agenda (Harrigan 2003), with one of the key initiatives to this end being the introduction of a fee-free Universal Primary Education (UPE). Another of Muluzi's key economic development policies was an increased focus on smallholder burley tobacco production for export. In her longitudinal study of rural households that covered the transition to multi-party democracy, Peters (2006) found that while smallholder burley tobacco production led to higher average household incomes in her study group, many barriers remained for households with little access to land, capital, and labor, such that the income gap among smallholder farmers widened considerably. The widening income gap is an important consideration for the study of orphans because they often live in households with lower access to capital and reduced household labor, and as such are more vulnerable to the effects of poverty.

The AIDS pandemic has played an important part in the spread of poverty in Malawi, as it is deeply entwined with problems of food insecurity (Gillespie 2006, Bryceson and Fonseca 2006, Bezner Kerr 2005a, Mtika 2001). Gillespie (2006) highlights the fact that HIV/AIDS is unique among diseases in the effects that it has on victims and their families over a protracted period of time. To illustrate the protracted and

complex impact of HIV/AIDS at multiple levels, he delineates four phases of the disease. The first phase is HIV infection, which can be linked to poverty and social inequality especially in the case of women and adolescent girls, who may have little power to choose their sexual partners or to control whether their sexual partners have other sexual partners (Forster 2001). The second phase is opportunistic infection, which carries a higher risk under conditions of poor nutrition. The third phase is AIDS illness and death, which has a double impact on household labor in both the loss of the person with AIDS and in the additional efforts and resources required of household members providing care. For households that rely on subsistence agriculture for survival, this means that the loss of household labor has an immediate impact on food security, intensifies poverty, and thereby increases the risk of further infection within the household. The fourth phase is the period following death from AIDS, which can involve a reduced standard of living and reduced capacity to invest in agriculture because of the cost of medical treatment and funeral, household migration, and further infection. Gillespie (2006) extends the fourth phase of AIDS to the community and national levels. For communities, the AIDS pandemic can result in the loss of leaders and professionals, the weakening of social networks through economic decline (Mtika 2001), and the need to care for orphans. At the national level there is a cost to the economy, and a reduction in the resources required to respond to the pandemic and other public health problems. The full impact of the AIDS pandemic has yet to be known because even if the spread of HIV were to stop tomorrow, the subsequent phases of the epidemic would continue to play out.

The bleakness of the lives of Malawi's poor from the economic, historical, social, and health perspectives described in this chapter presents a challenge to represent

orphans' lives without overshadowing them with despair. The following section describes the theoretical approach of this thesis that seeks to avoid a sense of despair about the apparent intractability of orphans' problems by listening to and positioning them in their everyday environments, and in the process attempts to provide a richer account of orphans' lives.

1.3 Theoretical Perspective: Children's Geography

The theoretical foundations of this thesis are drawn from scholarship in children's geography, a sub-field of human geography linked to the broader "new social studies of childhood," which is grounded in the assumption that children are competent social actors rather than passive participants in adult worlds (Prout 2005, Aitken 2001a, Holloway and Valentine 2000a, 2000b). The geographical foundation of the thesis is the idea that place is a subjective phenomenon, as opposed to space, which exists independently of the meanings that people bestow upon it. An example of this distinction is the idea of the village, which as a place refers to the people, language, culture, and resources associated with the space it occupies, whereas the territory itself is a space. On an individual scale, the home is often conceived as a place imbued with meanings that go far beyond the external characteristics of its structure, property, and location (Adams et al. 2001). For children's geographers, combining these two conceptual frameworks – that children are social actors and that place is mediated by subjective interpretations – is seen to open up a fertile field of inquiry into the nature of place from children's perspectives.

In addition to the ideas about place and children's agency, three important concepts drawn from the literature on children's geography form the basis for the

methodology and the analysis of the research. First, there is a belief that giving voice to historically marginalised groups, including children, has the potential to offer new insights into intractable problems (Katz 1991). Second, it is understood that the mundane aspects of everyday life are insufficiently investigated and analysed, which means that the majority of human experience is omitted from social research (Horton and Kentl 2006, 2005, Punch 2001, 2000). Third, the spaces in which children's geographies take place are enmeshed in broader political, social and economic processes such as structural adjustment, the regional AIDS pandemic, and foreign humanitarian aid policies (van Blerk and Ansell 2006a, 2006b, Aitken 2001a, Holloway and Valentine 2000a, 2000b). This section outlines these key concepts, with examples of how they have been applied to research on children in the Global South.

The first key concept about the centrality of giving voice to children is rooted in the idea that they are competent commentators on their own lives rather than passive participants in adult worlds. This is often summed up as the difference between seeing children as *human beings* rather than *human becomings* (Vanderbeck 2007, Prout 2005, Aitken 2001a, Holloway and Valentine 2000a, Hendrick 1997), which refers to extensively critiqued research methodologies that either dismiss children's voices as unworthy of attention or analyze children's relationships to space in clinical rather than in humanistic terms (Aitken 2001c). Katz (1991) provides a good example of this approach. Drawing from feminist theory to introduce the political act of "giving voice" within children's geography, she effectively highlights the changes in the everyday practices of young people that followed the construction of a major hydroelectric dam in Sudan. Her intent was to unify the study of everyday, localized practices with observations about

broad, global processes (i.e., the spread of capitalism). In doing so, she approaches the “subversive power in the voices that had been systematically excluded from history” as a text to be analyzed “against the grain of sociocultural and political-economic structuring” (Katz 1991: 489-90). My thesis draws inspiration from Katz’s approach, examining the largely ignored voices and practices of Malawian orphans, and analysing these against the backdrop of conceptualizations of orphanhood drawn from academic and policy sources. Bringing forth orphans’ perspectives can help to identify problematic assumptions in current conceptualizations of Malawian orphans, and deepen the academic understanding of orphans’ lived realities.

The second concept, which asserts that everyday life is an important and typically understudied subject of research, is linked to the idea that places can take on different characteristics depending on the subject who is imparting meaning to them. From this starting point, it becomes possible to analyze familiar spaces from different perspectives, including those of children, as a means to drawing out new insights about issues that have bearing on their lives (Horton 2007, Horton and Kantl 2006, 2005, Punch 2003, 2000, Aitken 2001a, 2001b). Horton and Kantl (2006: 71) draw on work by feminists and philosophers of commonplace or ordinary activities such as Lefebvre and de Certeau to state their claim that social research habitually ignores much of human experience because “it seems too mundane, too obvious, too *pointless*, or too insignificant to write about, explain, even think about” (emphasis in original). For instance, Punch (2003, 2002, 2000) analyzed the daily activities of children in the context of a poor, rural environment in Bolivia, making a strong case for the need to pay greater attention to the ordinary lives of ordinary children in the Global South, as little is known in a scholarly

sense about their imagined or physical geographies. Punch's findings demonstrate that despite additional work responsibilities related to agricultural production, school, work and play are integrated experiences among children in rural Bolivia. Furthermore, she contends that the rural children in Bolivia had some advantages over urban children in the North because without parental fears of crime and other dangers, they moved more autonomously over space. Punch's focus on ordinary lives is also intended to redress the fact that studies of children in the Global South have overwhelmingly concentrated on children in exceptional circumstances, such as child soldiers, street children, and child laborers. While this thesis could be seen as focusing on an exceptional group, I frame orphans in the context of their ordinary lives rather than as victims of a catastrophe, thereby emphasizing orphans' agency as subjects rather than as helpless objects of their circumstances. In so doing, I hope to produce a rich analysis of their lives, rather than an account focused squarely on the experiences of loss and vulnerability associated with orphanhood.

The third foundational concept, which emphasizes that children's worlds are linked to broader processes, draws on theories of spatial analysis found in human geography. Holloway and Valentine (2000b) note that the new social studies of childhood is often divided along the lines of children analyzed as a social category versus children analyzed as subjective agents of their own worlds. They argue that this division creates two streams of inquiry, which in turn leads to the dichotomy of universal (studies of the social category of childhood) and particular (studies of the experiences of individual children). In practice, this dichotomy is then mapped on to a global/local split that is often assumed to be irreconcilable, however the integration of large-scale processes with small-

scale outcomes can enrich the understanding of each. For example, van Blerk (nee Young) and Ansell (2006a, 2006b, 2003a, 2003b) studied the experiences of children in Malawi and Lesotho after their households had been affected by AIDS from the perspectives of the children themselves. While studying children as social actors, they also demonstrated that childhoods in Malawi and Lesotho are shaped by processes such as the AIDS pandemic, regional migration, and chronic poverty. Their analysis illuminated both the individual experiences of children and the nature of childhoods in these countries today. Holloway and Valentine (2000b: 769) state that:

Global studies which fail to take into account local outcomes and responses to global processes, and local studies of children's worlds of meaning which omit an analysis of global economic and cultural influences can provide only limited understandings of children's lives.

In keeping with this statement, this thesis integrates the discussion of processes such as the AIDS pandemic, global inequality of living standards, international humanitarian aid, and Malawi's national response to orphans, within the presentation of the findings on orphans' daily lives and how orphans feel about their lives.

1.4 Thesis Outline and Research Questions

Drawing on the foundational concepts discussed in the previous section, this thesis is guided by the following research questions:

- *How does the academic literature on orphanhood in Malawi contrast with orphans' own accounts of their experiences?*
- *What are the potential benefits for the academic understanding of orphan lives of emphasizing orphans as social actors rather than as victims?*
- *What day-to-day problems do orphans face and in what ways can development assistance and/or relief programs respond to these needs?*

In Chapter Two, I review the literature on orphans in SSA, referring to research in Malawi where available. Here, several inconsistencies and underlying assumptions in the orphan literature are identified. Drawing on historical precedent in Great Britain, I highlight some of the potential problems with programs aimed at “saving” orphans. Chapter Three describes the methods used in conducting my fieldwork and analysis, as well as describing in detail the research setting. Chapter Four presents the research findings, which cover a range of topics from orphans’ experiences of losing their parents, to their daily activities and relations with current guardians. I also examine their sources of solace and psychosocial support. Finally, in Chapter Five I conclude the thesis by commenting on Malawi’s strategic policies directed at orphans.

CHAPTER 2: CHALLENGING ASSUMPTIONS SURROUNDING ORPHANHOOD

2.1 Introduction

The image on the cover of the 2006 Millennium Development Goals (MDG) Report (UN 2006) provides a useful analogy for the way most studies have looked at orphans in SSA. The image depicts a group of smiling African children in a photograph taken from above. The angle of the photo can be read as creating a dominant position for the reader of the report (most likely a student, a social researcher, or a policymaker), subtly reproducing and reinforcing the hierarchical relationship and the distance between orphans and those writing and formulating policies about them. This sort of vantage point has influenced much of the literature on orphans in SSA, which generally displays a lack of detailed empirical knowledge about orphans' everyday livelihoods. As a result, the existing knowledge about orphans in Malawi tends to be subject to interpretations that start from some problematic preconceptions about children, orphans, family dynamics and social change, which may not necessarily be appropriate or relevant in the context of orphans' lives.

The purpose of this chapter is to highlight some of the complexities involved in conducting research and writing about orphans. These challenges stem from the shifting definitions of orphanhood, the various cultural assumptions that influence conceptualizations and policy responses to orphanhood, and the current association of orphans in SSA with the HIV/AIDS pandemic. The range and complexity of the rising

population of orphans in Malawi means that caution should be taken in making dire predictions for Malawi's young people and, I will argue, that there is a need for new perspectives and interpretive frameworks to respond to orphans' needs in a culturally appropriate and sustainable manner. A focus on the orphans' own interpretations of their communities, households, responsibilities, and leisure, recognizing the centrality of place in understanding the nature of children's everyday lives, can help outsiders to better understand the range and complexity of orphan experiences. This chapter is intended to establish the background for the interpretation of the results of this thesis, which challenge many of the assumptions surrounding orphanhood and point to the need to address broad issues such as social inequality based on gender, age, and place. The results also point to the importance of orphans' positive sense of place. This chapter shows that orphans are often assumed to occupy a problematic social space, and thus to have a negative sense of their worlds, even though orphans' sense of place has rarely been investigated as an influence on their well-being.

The chapter is divided into three sections: the first discusses the international definition of an orphan and its evolution in recent years (2.2); the second explores the diversity of cultural meanings of orphanhood in Victorian Britain and SSA (2.3); and the third outlines the linkages between the HIV/AIDS pandemic, models of disease and social change, and predictions of catastrophic outcomes for orphans and the societies in which they live (2.4).

2.2 The Challenge of Defining Orphans and Child Vulnerability

Definitions can have important roles in framing discussions and debates. In the social sciences, the power of definitions to set the parameters of a discussion means that they are often a source of debate in themselves (Abebe and Aase 2007, Kesby et al. 2006, Meintjes and Giese 2006, Henderson 2006, Keeley and Scoones 2000). Orphanhood presents an exceptional case in this regard because the high international profile of orphans, the cultural and historical variability of childhood, and the complex links between orphanhood, poverty, health, and social reproduction together mean that the same word is used in ways that can embrace a range of characteristics. The definitions of 'orphan' also have practical implications because they are the basis of policies aimed at helping those seen to be most in need (Bray 2003). In this section I explore the variety of definitions of orphanhood, including the official international definition of an orphan and the recently coined term, orphans and (other) vulnerable children (OVC), which seeks to broaden the discussion of orphans to include all disadvantaged children.

The official United Nations (UN) definition of an orphan is someone under the age of 18 who has lost one or both parents to death, but other definitions diverge on the issues of both age and parental loss. Under international law a child is anyone under the age of 18 (UNICEF 1990), although scholars working in the new social studies of childhood have frequently challenged the assumed universality of the age boundary of childhood (Prout 2005, Aitken 2001a). Many studies refer to orphans as people under the age of 15 because of the constraints of their data sets, which raises questions about the utility of universal age-based definitions (Floyd et al. 2007, Sharma 2005, Guarcello et al.

2004, Case et al. 2004, Monasch and Boerma 2004, UNICEF 2003, Benson 2002). Age as a marker of orphan status is complicated by the lack of birth registration in many areas (Government of Malawi 2005), which is another reason that age is not universally recognized as a boundary characteristic of orphanhood (Kesby et al 2006). For example, in the course of my fieldwork there were some cases where no one was able to give a firm answer for the age of a child participant, complicating my use of age as a criterion for participant selection. Using age as a boundary for orphanhood excludes from the category people over 18 who have been made vulnerable by the loss of family support. Monk (2002) points out that this is especially problematic since the loss of a parent can delay economic independence and other markers of adult status such as marriage as a result of poverty, school absence, and loss of parental guidance.

On the point of parental loss, orphan categories are usually subdivided into maternal, paternal and double orphans. As a result of including single orphans, most orphans who fall under the official definition are actually being cared for by a biological parent. The considerable differences in experiences of maternal, paternal and double orphans have led to the ranking of these categories according to vulnerability. The Government of Malawi (2005) considers double orphans to be the most vulnerable, followed by maternal orphans (lost mother) and paternal orphans (lost father). This schema is discussed further in chapter four, however it is sufficient to note that its common acceptance in orphan policy documents shows the range of experiences among orphans based on which parent is deceased.

In addition to the diverse group officially called orphans, there are many children in need of material assistance whose parents are both alive. For example, the literature on

orphans refers to 'social orphans' and 'virtual double orphans.' Social orphans are those children who are separated from their biological parents by such events as war or abandonment due to economic hardship, such that they would face the same problems as children whose parents had died (Ennew 2005). In contrast, virtual double orphans are those who lost one parent to death and were abandoned by the surviving parent for economic, social, health, or personal reasons (Case et al. 2004). These concepts highlight the fact that understanding child vulnerability goes beyond the death of parents, and is influenced by a range of factors such as: low economic or social status, poor access to water, food, education, and guardianship, and gender inequity.

Academic and policy-oriented literature has generally adopted the broader terminology of OVC in recognition of the fact that the death of one's biological parents in and of itself does not necessarily determine the most disadvantaged children. This shift is clearly seen in recent UNICEF reports. A 2003 UNICEF report entitled *Africa's Orphaned Generations* began by stating that: "The HIV/AIDS epidemic in sub-Saharan Africa has already orphaned a generation of children – and now seems set to orphan a generation more" (UNICEF 2003). By contrast, another UNICEF report three years later was entitled *Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS*, and began in a significantly more nuanced tone, reflecting a broader view of the complex ways that the HIV/AIDS epidemic has affected young people (UNICEF 2006: iv):

The AIDS epidemic in Africa puts children at risk physically, emotionally and economically. All children are indirectly affected when their communities, and the services these communities provide, are strained by the consequences of the epidemic. Nurses, doctors, teachers and others can become ill and die from AIDS, affecting health care, education and other basic services.

Here, orphanhood is not named as one of the ways in which AIDS can affect children. It is also notable that while UNICEF defined an orphan as being under 15 years old in 2003, it had raised the age limit to under 18 by 2006, a move in accordance with international law but which also suggests the challenges associated with establishing an age boundary to define orphans.

While the use of the term OVC rather than orphan is a positive development because it recognizes the multiple ways in which children can be put at a disadvantage from both chronic poverty and the AIDS pandemic, defining the parameters of child vulnerability in SSA can be fraught with practical and epistemological challenges.

Malawi's Ministry of Gender and Community Services defines a vulnerable child as:

a child (defined as under 18) who has no able parents or guardians, staying alone or with elderly grandparents or lives in a sibling headed household or has no fixed place of abode and lacks access to health care, material and psychological care, education and has no shelter (Government of Malawi 2005: 11)

The inclusion in this definition of access to health care, material and psychological care, and education leaves considerable room for interpretation about the adequacy of these conditions. The process of evaluating the conditions of vulnerability is further complicated by the extreme inequality of material conditions in the world today, such that someone from a wealthier country might perceive deprivation when in fact a child's living standards are above the national average for Malawians.

The potential for culturally inappropriate interpretation of child vulnerability is evident in Zimmerman's (2005) study in Malawi, in which she interviewed 23 orphans in

orphanages and 23 orphans in foster care¹, as well as caregivers, health professionals, and program directors (who were all of non-Malawian origin). Based on these interviews and her observations, she concluded that in order to meet the highest number of needs for the largest number of orphans in an efficient manner, orphans in Malawi should be placed in orphanages rather than in foster homes. Her conclusion is problematic in that it fails to adequately contextualize rural poverty, comparing the living conditions of rural orphans in Malawi to Western living standards. In fact, the conditions in foster homes corresponded to the average lifestyle of subsistence farming communities, with dirt floors, a scarcity of clothes and toys, and inconsistent food supplies. Her descriptions of the physical structure of the orphanages make them sound like pristine models of modern living, which have been superimposed on a landscape of poverty. For example, she quotes a German aid worker who remarked that when the plans for their orphanage were developed in Germany, no one thought to discuss whether indoor plumbing was a necessity or a luxury so it was included by default. The lack of pajamas among children in foster care is also cited as an example of their relative deprivation (Zimmerman 2005). This focus on a narrowly-prescribed intervention – well-equipped orphanages – risks creating a distraction from much broader and more pressing needs such as food, medicine and education that affect most children in Malawi. Furthermore, her analysis is grounded in a rigid interpretation of child vulnerability that does not adequately account for local ways of living or the needs of the wider community that provides the majority of care to orphans.

¹ The relationship of orphans to caregivers was not specified. Foster care is described as the informal process of orphans being taken in by relatives or strangers, with a non-governmental agency overseeing problem cases.

Cook et al. (2000) list a variety of factors of child vulnerability drawn from focus group discussions and interviews conducted in Malawi with various orphan caregivers and community members not providing direct care. In addition to losing a parent or other loved one, the list includes such factors as not having somebody to trust and being quiet and reserved, which are very difficult to understand from an outside perspective. The importance of these factors suggests the value of a qualitative investigation, which might help to better understand how children are perceiving their situations. The list does not explicitly state that an orphan in the sense of the UN definition is necessarily put at risk by the death of his or her parents, suggesting that from the perspectives of adults who have witnessed the AIDS pandemic first-hand, orphanhood is only one of many forms of child vulnerability. The challenges associated with defining child vulnerability in a highly impoverished country, and the ensuing complexity in identifying appropriate responses, point to the insights that orphans themselves can offer into their situations.

2.3 Cross-cultural Meanings of Orphanhood

This section examines the different meanings and cultural connotations of orphanhood in Britain and in SSA, helping to destabilize assumptions about the universality of the attributes that orphans are often assumed to possess. The discussion reveals some of the origins of key themes that emerge in the contemporary literature on orphans in SSA, including presumptions of abandonment, marginalization, and helplessness. In presenting British and African conceptualizations of orphanhood I am not attempting to characterize them as static and oppositional concepts, but rather aim to

expose some of the historically embedded cultural assumptions that underpin approaches to orphan care.

The cultural connotations of orphanhood in the British context are highly relevant to the framing of policy and research on orphans. The colonial relationship between Britain and Malawi has meant that a high proportion of foreign agencies providing social services are British. The dynamic between British authority and Malawian dependency reflects a much broader power structure, with industrialized nations dominating the wealth, knowledge production, and political influence on a global scale. As Keeley and Scoones (2000: 1) point out, “too often what claims to be global is really not global at all – but has barely concealed links to localities in the north.” Children’s geographers have noted that values rooted in the Western ideal of childhood, such as protecting children from work and sexual knowledge, have been projected as universal in international law (Kesby et al. 2006, Ennew 2005, Punch 2003, Aitken 2001a, 2001b, 2001c, Holloway and Valentine 2000a, 200b). Many of the policies and aid responses to Africa’s orphans are subject to the unconscious association with well-known fictional figures such as Orphan Annie, *Oliver Twist*, and Mignon, who represent the helplessness, loneliness, and dependence on charity which orphanhood is seen to entail (Murdoch 2006, Steedman 1995). Cultural theorists and historians who have written on the subject of orphan figures in Britain have identified several ways that orphans have been conceptualized as outsiders: as an underclass; as a racialized “other”; and as victims of abandonment.

The concept of the orphan as underclass is apparent in literary texts, family law, and political attitudes towards orphans in nineteenth century Britain (Murdoch 2006, Peters 2000). Peters (2000) argues that orphans in Victorian society were not on the

bottom rungs of the social ladder but rather were outside of the schema entirely. She suggests that orphans were both the poison and the cure for Victorian elites: at once posing the threat of social dissolution, which was amplified by a latent guilt over the profound social inequalities in industrialized society, and providing hope that because they lacked the intrusive influence of lower class parents, they could be re-formed in a manner suitable to civilized society (Peters 2000). Bray (2003) examines the media attention given to AIDS orphans in South Africa and sees a similar phenomenon occurring there. Media and policy-makers dealing with AIDS orphans often associate them with street children, which is a well-known cultural reference point in Western societies. Social attitudes towards street children have been widely studied in children's geography because the street is a prime example of an adult space in most Western societies. As such, children who live or spend most of their time on the streets challenge the socially acceptable spatial order, threatening social disruption such as urban violence, rowdiness, and theft, making the economic inequalities in society difficult to ignore (Ennew 2005, Young 2003, Aitken 2001a, Mufune 2000, Matthews and Limb 1999b).

Charities in Victorian Britain often portrayed orphans as racially non-British, thereby positioning them as social outsiders. Murdoch (2006) examined fundraising magazines, posters, speeches and newspaper articles and found that orphans were systematically racialized. Orphans were frequently referred to as "street arabs" (Murdoch 2006), suggesting that orphans were not only social outsiders, but also transient. Fundraisers featured doctored images in their literature, in which orphans before being taken in by the orphanages were portrayed as having coarse hair, dark skin, and broad

noses. In doing so, there was an implicit racial distinction between children outside of care and those in the system.

In addition to markers of racial difference, images were usually staged with signs of poverty, such as tattered clothes, bare feet, and scenes of children working. Testimonials from the parents of these children and the children themselves revealed that the abject poverty depicted in before pictures misrepresented their conditions. Murdoch (2006) concludes that the portrayal of orphans as non-British allowed sympathetic reformers to avoid messy questions about how industrial capitalist society produced and sustained child poverty. As discussed in the following section, some scholars see a similar phenomenon in the portrayal of orphans in SSA as victims of a natural disaster, allowing for sympathy and concern without the need to examine the causes of poverty that are linked to deeply-rooted economic and political inequalities (Meintjes and Giese 2006, Ennew 2005, Bray 2003).

There is also the need to address the common historical assumption that orphans do not have living parents, which has often not been the case – and is in fact not the case for the majority of orphans in Malawi today (UNICEF 2006, Murdoch 2006, Abrams 1998). Debates about orphan-care policies often raise profound questions about parents' rights to raise their children. In Victorian Britain, extreme wealth disparities, high rates of urbanization, and the dangers of factory work meant that many working class parents were unable to continue to provide care to their offspring and therefore turned to the state and charities for assistance. In effect, this meant that they were systematically erased as their children were transformed into orphans (Murdoch 2006).

In a similar vein, the widely publicized controversy over Madonna's adoption of a Malawian boy in 2006 raised the issue of parental rights and erasure in a contemporary transnational context. Many people were outraged to learn that the father of the boy she had adopted from an orphanage was actually still alive, and had given up his son because he was unable to provide care after his wife passed away (Obiajunwa 2007, Malone 2006, Miles 2006, Bird 2006). Madonna was accused by some of exploiting the father's poverty by adopting his son, while others, including the President of Malawi, saw the adoption as a worthwhile act of charity (The Times of Zambia 2006). This debate reveals some of the problems with the impulse to "save" children. With its implied urgency, "saving" children draws upon images of abandoned children, with no one to care for them. Many such children exist in Malawi today however my research suggests that the vast majority of the one million orphans in Malawi are receiving care. This finding supports the view that rather than needing to be saved, most orphans *and their families* need to be supported in ways that address the root causes of their poverty.

Conceptualizations of orphanhood found in many African languages² have more in common with the British connotations of destitution and outsider status than with the UN definition of orphanhood. According to Henderson (2006: 307), "the condition of orphanhood in an African context embraces existential dimensions, and has more to do with destitution, alienation and a lack of belongingness (than the death of one's biological parents)." In Ethiopia, for instance, the Amharic word for orphan refers to a child who has lost his father and as a result suffers economic and social hardships (Abebe 2005). An

² Studies of the meaning of orphanhood in indigenous African languages have been conducted in South Africa, Malawi, and Ethiopia.

orphan is thus seen to be a forsaken child who deserves sympathy and is usually helped by blood kin and fictive kin. Fictive kin are the friends, neighbors, or church members who are not related by blood but consider themselves to be relatives, and Abebe (2005) argues that the role of fictive kin in providing care to orphans has been largely overlooked in the literature. Abebe and Aase (2007) also critique the use of age to define orphans because in rural Ethiopia orphanhood is not bounded by age; rather the child/adult boundary is contingent upon the gradual maturation of the individual and the accumulation of life experiences over time. Thus, the community imparts adult status on an individual basis, allowing for the continuation of special treatment past the age of 18 if required.

The chronological and biological conditions of orphanhood that constitute the UN definition are also foreign to Malawian society, according to Chirwa (2002). Chirwa (2002: 95) depicts the conceptualization of orphanhood in Malawi as being part of the process of social exclusion, and reflective of the multi-dimensional character of deprivation “and the processes, mechanisms and institutions that exclude people.” In addition to the loss of biological parents, the word ‘orphan’ in most Malawian languages can be used to refer to: the rupture of social bonds; lack of family support; the process and situation of deprivation and want; and the lack of money or means of livelihood (Chirwa 2002). This definition suggests that “orphanhood” can be prevented if a child whose parents have died is accepted by other members of the community without stigma or social marginalization. Furthermore, he explains that kinship structures mean that a child is situated within a strong family network that reaches beyond biological parents and siblings, and thus he sees hope that the majority of Malawi’s orphans will be

included in extended families and communities if additional resources can be provided to assist in this care. If orphanhood is viewed as a *process of social exclusion* rather than a *fixed state of being* for a predetermined period of time, then the binary categorization of orphans and non-orphans can be challenged. The resulting reconceptualization would consider children's interpretations about their place within their communities when identifying 'orphans.'

In many South African languages, orphanhood is synonymous with a lack of resources, and with being unloved, uncared for and destitute (Meintjes and Giese 2006). The root of the Xhosa word for orphan has to do with rejection, and the Qwaqwa word means to have nothing (Meintjes and Giese 2006). In this context, labeling as 'orphan' a child who has lost a parent but continues to receive love and care from other sources obscures this love and care, implying a failure of the childcare function of the kinship network and the community (Meintjes and Giese 2006). It can also be seen to reflect a widespread focus on what orphans lack, as opposed to what they have (Kesby et al. 2006). The transformative process of becoming an orphan upon the death of a parent in order to gain access to government or charitable support can have a negative impact on a child's self-image as well as on society's image of the child's relatives. To illustrate this process, Meintjes and Giese (2006) recount the story of a girl whose father was never present in her life and whose mother died when she was very young. She was raised by her aunt from whom she received love and support and therefore was not perceived as being an orphan within her community and did not see herself as an orphan. However, when a foreign doctor started a charity directed at children whose parents had both died or had been abandoned for at least three years, she "became" an orphan in order to avail

herself and her household of the much-needed help. This re-identification brought shame to both her and her aunt. In a context where so many people lack basic resources such as food and shelter, the pressure to accept such labels can be intense. The orphan category can also be problematic, in that it does not always represent the group with the greatest need. The exceptional focus by aid agencies and charities on orphans, defined as children under 18 years old whose parents have died, runs a great risk of simultaneously obscuring the needs of millions of vulnerable children with living parents while potentially stigmatizing parentless children who may not have been stigmatized before.

In short, orphanhood evokes a strong set of connotations, which vary according to cultural context. These connotations change over time but, as evidenced in the continued relevance of British perceptions and portrayals of orphanhood in the past, key concepts continue to influence how we think about orphanhood. The following section draws these concepts into sharper relief in the present. Much of what has been written about orphans in SSA today continues to draw on assumptions of orphans as outsiders, as helpless yet dangerous to social stability, and as victims of events beyond the scope of unequal political, economic or social arrangements. By listening to and presenting orphan perspectives, one of the primary aims of my research is to help begin to break down such broad, overarching negative connotations of orphans as asocial, dangerous, or destitute. Though official estimates might place the orphan population in Malawi at one million people, the majority of this population in fact has a biological parent or a caring foster parent, suggesting that the difference between orphans' and non-orphans' qualities of life is exaggerated by the connotations associated with orphanhood.

2.4 Models and Predictions of an 'Orphan Crisis'

The majority of studies on orphans in SSA frame their circumstances as first and foremost a consequence of the HIV/AIDS pandemic. Slightly more than half of all cases of orphanhood in Malawi, and about one quarter of cases in SSA are estimated to be the direct result of parental mortality due to HIV/AIDS (UNICEF 2007). Framing all orphans in the context of the pandemic influences the way in which problems are perceived, research questions are posed, and predictions are made about the future impact on society.

Social scientists and philosophers have scrutinized the conceptual framework used to understand the spread of AIDS in SSA and its effects in recent years (Lauer 2006, Yeboah 2007, Meintjes and Giese 2006, Schoepf 2004, Craddock 2004, Bray 2003). These scholars have charged dominant Western portrayals of the AIDS pandemic in the media, in academia, and in development and relief planning with basing their interpretations on a narrow biomedical disease model. The rational, scientific basis for this model conceives illness as a phenomenon with a single causality that can be cured through technological solutions (Mordacci 1998, Gordon 1988, Mischler 1981). This point of view simplifies the cause of the pandemic and obscures other causal links to poverty and its relationship to historical and contemporary inequalities. The process of de-politicizing and de-historicizing the pandemic entails a simplification of African societies and cultures which reproduces pejorative and racist depictions of Africans as ignorant, sexually promiscuous, and socially backward, while magnifying the distance between this "other" and the West (Lauer 2006, Yeboah 2007, Schoepf 2004).

Such depictions have strong continuities with the process whereby orphans in Victorian Britain were racialized as “others” in order to avoid the messiness of examining the root causes of poverty (Murdoch 2006). However, Ennew (2005) proposes that the perceptions of African AIDS orphans are more extreme and evoke multiple layers of stigmatization. The pathos of African AIDS orphans is compounded by broader connotations of hopelessness associated with Africa, to such an extent that Meintjes and Giese (2006) refer to the “epitome of vulnerability” in describing the way African AIDS orphans are often portrayed. These associations have intensified the urgency of the “orphan crisis,” whereby “the lives of orphans are negatively – and sometimes apocalyptically – portrayed by the media as well as in academia as crisis-childhood: a ‘ticking time-bomb,’ ‘silent crises,’ ‘lost generation,’ ‘robbed childhood,’ and ‘childhood in the sun’” (Abebe and Aase 2007: 2059). The dangers in propagating overly dire predictions about the futures of AIDS orphans, non-AIDS orphans, and OVCs are that these portrayals can obscure children’s agency in making a difference for themselves, ignore the positive role they may have in their new care-givers’ lives, and de-emphasize the ongoing efforts made by millions of people across SSA who continue to provide for orphans in their midst.

It is often suggested that the “orphan crisis” will affect more than the orphans themselves, and threatens social breakdown for those countries worst affected (Ueyama 2007, Sharma 2005, Monk 2002). Bray (2003: 7) examines the logic and the empirical evidence supporting commonly expressed fears that large numbers of AIDS orphans will tear at the social fabrics of southern Africa. She identifies four causal relationships that are necessary to support these 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.

While the first point is true, it must be qualified based on an awareness of the varying definitions and associated meanings of orphanhood that have been discussed. The second point reveals an assumption that a household with two biological parents, essentially the Western nuclear family model, is the only appropriate social environment for children. There is ample evidence that this household structure has not been the norm in southern Africa, particularly in areas with high levels of male labor migration (Meintjes and Giese 2006, Henderson 2006, Madhavan 2004), or where child-rearing by people other than the biological parents is normal (Abebe and Aase 2007, Madhavan 2004, Nyambedha and Aagaard-Hansen 2003). The third point rests on similar assumptions to the first, implying that only biological parents can provide 'proper socialization.' It also negates the orphan's agency as they grow and mature, suggesting that in the absence of socializing structures in childhood a child could end up degenerating to a highly anti-social state (Bray 2003). The fourth step, the ultimate deterioration of society, can be linked to social attitudes toward children that have been well researched in the new social studies of childhood (Prout 2005, Aitken 2001a, Holloway and Valentine 2000a). This apocalyptic prediction is partly an expression of society's uneasiness about young people who are not integrated into society by institutional structures such as families or schools (Murdoch

2006, Ennew 2005, Aitken 2001a, Holloway and Valentine 2000a, Matthews and Limb 1999a, Valentine 1996).

The problematic causal relationships outlined above are not supported by empirical evidence. Whereas some studies comparing human development indicators in orphans and non-orphans in SSA have found that orphans have lower access to education (Case et al. 2004, Monasch and Boerma 2004, Bicego et al. 2002) and food (Makame et al. 2002), others have shown that orphans and non-orphans have similar outcomes (Guarcello et al. 2004, Floyd et al 2007). Case et al. (2004) analyzed Demographic Household Survey (DHS) data from ten countries in southern Africa including Malawi and found that orphans are less likely to be enrolled in school, and that this finding was true even when compared to non-orphans in the same household. These results were used to support the theory that the loss of biological parents leads to marginalization from education. The results of another study, which also drew data from Malawi's DHS data, suggests a need for caution with broad assumptions about the future prospects of orphans, as it was found that being a single orphan or a fostered child reduced school attendance while double orphanhood had no effect (Guarcello et al. 2004). This result contradicted Case et al.'s (2004) findings because if orphanhood correlates with reduced school attendance, then double orphans should have the lowest levels of school achievement. Sharma (2005) points out that DHS data cannot fully reveal the impact of orphanhood on school enrollment because it is based on a single cross-section, such that orphans who are not enrolled might have stopped going to school before the death of their parents. Using a subset of longitudinal data collected from 534 rural households in Malawi from 1999-2004, Sharma (2005) found that while orphanhood had no overall effect on school

attendance, as grade level increased, orphans were more likely than non-orphans to drop out of school. A retrospective cohort study on a group of HIV-affected households and non-affected households in northern Malawi that had been surveyed in the late 1980s found that educational achievement was not significantly different for orphans relative to non-orphans, nor for children with an HIV-positive parent (Floyd et al. 2007). These studies provide conflicting and inconclusive evidence for differences between orphans' living conditions and educational attainment relative to non-orphans, in contrast with theories and predictions of orphan outcomes that tend to rest on the latent assumption that orphans will be left without resources.

Predictions of a social crisis ensuing from precipitous numbers of orphans can also be derived from what has been termed the 'social rupture' thesis. The social rupture thesis is an extension of the theory of social immunity, or "the ability of a collective of people, specifically the extended family, to mitigate the impact of an affliction" (Mtika 2001: 178). In times of crisis, such as famine, war, or pandemic disease, social immunity is mobilized and people pull through by pooling resources either through reciprocity or redistribution (Mtika 2001). This thesis is often used to support predictions of the impact of orphans on society, anticipating that social networks, principally those of kinship, will be able to respond to the crisis initially. At a certain point, however, when all social networks and resources have been expended, the system will collapse, resulting in large populations of socially excluded orphans. Chirwa (2002) points to the oversimplified conceptualization of "traditional" orphan care practices as the most significant flaw with the social rupture thesis, and describes this conceptualization as a series of expanding circles, such that upon the death of a parent, a child would be cared for by the living

parent, failing that the extended family, then the community, and ultimately the state, and if all else fails the international community in the form of non-governmental organizations (NGO) (Chirwa 2002). With the stress of the AIDS pandemic, at a certain threshold point, this system will be overwhelmed and children will be left without support.

Missing from the social rupture thesis is the capacity of social groups, at varying scales, to adapt to adverse circumstances (Abebe and Aase 2007, Henderson 2006, Abebe 2005, Chirwa 2002). Traditional orphan care systems are not static; they are highly adaptive and practical, and are constantly evolving (Kesby et al. 2006, Madhavan 2004, Chirwa 2002, Vail 1983). ‘Social resilience’ has been proposed as the antithesis to social rupture, as a way of theorizing about the adaptability and resourcefulness of societies in dealing with orphans (Abebe and Aase 2007, Chirwa 2002). Whereas the social rupture thesis leads logically to the conclusion that any steps taken by sympathetic outsiders to save orphans can only be beneficial, social resilience instead points to the need to support communities in their efforts to respond to orphans’ needs on a small scale, and to focus attention on the myriad of factors, including poverty, gender inequality, child abuse, and lack of formal education, which decrease the quality of life for millions of orphans and non-orphans alike in SSA. In support of the social resilience perspective, Chirwa (2002: 110) describes the growing emphasis on “bottom-up” approaches to orphan care in Malawi, rather than the formal institutional approaches that preceded them, as a “tacit admission that families and communities have the potential to rebond and reconfigure themselves in the face of crisis.”

In addition to the adaptability of societies to new challenges, it is vital that social scientists recognize how different circumstances of orphans contribute to different outcomes, and that they consider such factors as: the age and gender of the child, the number of close relatives including siblings, the relationships of the parents to these relatives before death, the need for migration, the availability of external resources, and the child's capacity to make choices for him or her self (Abebe and Aase 2007, Madhavan 2004, Bray 2003, Young and Ansell 2003a, Chirwa 2002, Cook et al. 2000). The context in which orphanhood takes place can be as important, or perhaps more important, than the fact of orphanhood itself in determining a child's subsequent vulnerability, an observation that underscores the value of gathering in-depth knowledge about orphans' lives.

2.5 Conclusion

The complexity involved in defining orphans, the strong cultural connotations evoked by orphanhood, and the problems associated with modeling orphan outcomes across the region all point to the need for new approaches to the study of orphans. Rather than viewing them from above, as in the MDG report cover, this thesis views orphans face to face, asking orphans themselves about their everyday lives, their problems, and their aspirations. In so doing, it seeks a fuller understanding of the interplay between orphanhood and child vulnerability.

CHAPTER 3: LISTENING TO ORPHANS

3.1 Introduction

The goal of accessing orphans' perspectives on their everyday lives, their problems, and their aspirations requires a methodological approach that is sensitive to the power relations between the researcher and the subject during the data collection process, and an awareness about latent assumptions which might influence the analysis. These requirements can be effectively met through qualitative research methods, specifically a methodology associated with the humanistic turn in the social sciences known as the new social studies of childhood, which has in turn helped shape the emerging sub-discipline of children's geography (Hill 2006, Horton and Kraftl 2006, 2005, James et al. 2004, Aitken 2001a, Jones 2001, Punch 2001, Holloway and Valentine 2000a, Matthews and Limb 1999b). At the heart of this methodology is the assumption that children have their own 'ways of seeing,' and that despite inhabiting the same physical environment as adults they will tend to experience it differently because of their level of maturity, social position, and physical size (Aitken 2001a, Matthews and Limb 1999a). This chapter describes the theoretical foundation of the methodology and the basic methods employed (3.2), the setting and methods used in the northern region (3.3), the setting and methods used in the southern region (3.4), ethical issues pertaining to research with children (3.5), the methods used for analysis and finally some epistemological issues involved in writing about orphans' perspectives (3.6).

3.2 Methodological Foundations

The starting point of this thesis was the idea that research into how orphans see their world has the potential to reveal new insights into the experience of orphanhood in Malawi. In order to hear from orphans themselves, the main research method consisted of semi-structured in-depth interviews with 25 orphans, of whom 20 were living in kinship-based foster care or single parent households in the north, and 5 were living in orphanages in the south. An extensive literature has developed within the new social studies of childhood that examines the particular epistemological, methodological, and ethical issues surrounding social research with children. While some claim that the difference in children's ways of experiencing the world and expressing themselves call for a new set of research methods (O'Kane 2008, Davis 1998, Thomas and O'Kane 1998), Christensen and James (2008) emphasize that research with children does not necessarily entail adopting different methods. For them, advocating for new methods to use on children works to reinforce the 'otherness' of children and presents a danger of essentializing the differences between children and adults.

The alternative is to view children as essentially akin to other marginalized groups such as women, racial minorities, gays and lesbians, and the poor, but with its own particularities. This stance helps to draw into focus the extreme power imbalance within the research setting based on age, which was essential to the fieldwork conducted for this thesis, while also allowing for the recognition of other markers of power relations such as race, gender, language, literacy, and place of origin. The key issue when conducting research with children is how to overcome the imbalance of power relations between the

interviewer and the participant, and in so doing to ultimately build confidence and rapport. Children usually see adults as authority figures, and because of this might tend to say what they expect to be the “right” answer, giving less honest and spontaneous responses (Horton 2007, Hill 2006, Robson 2004, Aitken 2001a, 2001b, Punch 2001, Matthews and Limb 1999b). In the course of my fieldwork, the generational power imbalance was exacerbated by my position as a white, Canadian, English-speaking male who is very wealthy relative to local standards, and my need to communicate through an interpreter.

In the design and execution of the research methods I was very cognizant of how these power dynamics might erode the quality of the research results and cause undue anxiety. The prospect of blending in with children during the research process to redress this power imbalance is hotly contested within the literature, with most authors recognizing the impossibility of an adult researcher to somehow erase his adult status from the participants’ perspectives (Mayall 2008, Jones 2001, Davis 1998). In the course of my field work, physical markers of my difference, as well as the language barrier and time constraints, made it unlikely that I would be able to erase the evident power dynamics. For this reason, I conducted the interviews in a reflexive stance, constantly aware of how strange (and possibly intimidating) the experience would have been for the participants. While the goal was to provide a forum for children to speak as freely and honestly as possible about their lives, I also drew from Jones’ (2001) reflections on the epistemological ‘otherness’ of children and his conclusion that researchers working with children should not attempt to ‘close the gap’ between children and adults, but rather to work creatively within the given limitations.

I designed my research techniques with the hope of maximizing the comfort and sense of control of the research participants and ensuring that ethical conduct was upheld. Thomas and O’Kane (1998) point out that effective methods and a clearly defined research program are ethical imperatives in themselves. Each interview was partially structured according to a guide (Appendix B), which was devised in collaboration with the director of the Ekwendeni Hospital AIDS Program (EHAP), and translated by Ekwendeni Hospital staff members. The collaborative approach to guide development helped to reduce the effects of any irrelevant or culturally inappropriate questioning. The interview guides consisted of themes, main questions, and probing questions designed to establish and maintain rapport. All of the interviews were conducted with the support of the same interpreter, which allowed the participants to develop a rapport with both of us.

The data collected through interviews with orphans was complemented by two semi-structured interviews with professional social workers, observation of orphans’ environments, and unstructured conversations with professionals and volunteers who support vulnerable populations. The interviews with social workers were conducted with an interview guide (Appendix D) and most of the questions related to clarification of points in the *National Plan of Action for Orphans and Vulnerable Children* (Government of Malawi 2005), and the structures in place to deal with the social problems associated with orphanhood. The social workers interviewed signed an information letter (Appendix E) that explained the purpose of the research and granted consent. Informal observation of orphan’s environments, including field notes, photographs, and map sketches provided an important data set for the writing of my research results and analysis. I was also

fortunate enough to learn from many staff and volunteers at the Ekwendeni Hospital and participate in home visits to AIDS patients, the ARV distribution clinic, and offer some administrative support such as report writing and database building. In Blantyre, I met informally with the Orphan Care Program (OCP) director and staff at Blantyre Synod. These experiences enriched my understanding of the complexity involved in responding to the many health and social problems associated with child poverty in Malawi.

3.3 Orphan Interviews in Northern Malawi

3.3.1 Research Setting: Ekwendeni Catchment Area

Ekwendeni is a town located in northern Malawi, approximately 20 kilometers north of the regional urban center of Mzuzu. Ekwendeni is home to the Ekwendeni mission, which was established by Scottish missionaries in 1889 and is currently run by the Church of Central Africa Presbyterian (CCAP). The mission provides a hospital, a secondary school, two primary schools, and lay training center, and has been the focal point of the community for many years (Bezner Kerr et al. 2008). Ekwendeni Hospital provides curative and primary health care services. The primary health care activities include: Maternal and Child mobile and stationary clinics; an agriculture and nutritional outreach project (Soils, Food, and Healthy Communities Project (SFHC)), and EHAP, which serve the approximately 73 000 inhabitants of a catchment area of approximately 600 square kilometers in a variety of ways. The language most commonly spoken in the Ekwendeni area is chiTumbuka, although chiChewa and English, the national languages of Malawi, are widely used.



Figure 1: Map of Malawi

EHAP operates an orphan care program, which provided extensive support for my research activities in the northern region. EHAP's orphan care program, which currently serves about 11 000 OVCs, was established in 1990 with funding from different individual donors, and at the time of research was funded by the Presbyterian World Service and Development. Some of EHAP's outreach programs include: the construction of Community Based Child Care Centers (CBCC), which provide early child education, meals, and a safe place for children to pass the time; the provision of student uniforms and school fees; the provision of food, farming inputs, and housing for families hosting orphans; and the gathering of research data concerning orphans in the catchment area. EHAP also supports communities in their efforts to provide for orphans by supplying capital funds and business management training to assist in the establishment of income generating activities (IGA) such as maize mills and piggeries.

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3.3.2 Participant Selection

For my participant selection, I adopted Malawi's official definition of an orphan, meaning that all participants were under 18 years old and had lost one or both parents to death. The sample was selected purposefully in order to capture a range of participants with different genders, material circumstances, environmental conditions, and loss of parent situations (maternal/paternal/double). The distribution of these characteristics is illustrated in Table 1. In order to cover a variety of circumstances within such a large catchment area, four districts were selected (in collaboration with the EHAP director) that have different food security circumstances and varying proximity to health care and commercial services. District A, about 15 kilometers from the town by poor roads, is the least food secure location, with limited non-agricultural income sources and low rainfall. District B is similar to District A in terms of economic activity, but is about twice as far from the town, has a mechanized maize mill, and has a smallholder tobacco farming sector which provides cash income to some smallholder farmers and some off own-farm employment. District C is the closest to town of the three rural districts, about 10 kilometers away by decent roads, and is more food secure as it is situated on an alluvial

TABLE 1: DESCRIPTIVE STATISTICS OF ORPHANS INTERVIEWED IN THE EKWENDENI AREA, JUNE-JULY 2007 (N=20)

Characteristic	Category	Total	District A	District B	District C	District D
Gender	Male	10	2	2	5	1
	Female	10	3	3	0	4
Age range	7-10	4	2	1	1	0
	11-14	16	3	4	4	5
Type of parental loss	Maternal orphan	4	2	1	1	0
	Paternal orphan	8	3	2	2	1
	Double orphan	8	0	2	2	4

plain. Finally, District D is the town itself, unique among the four districts in that there were several schools, a hospital, and a relatively high involvement in the cash economy. Proximity to the main national highway provides easier access to the nearby city of Mzuzu, as well as trading centers further north and south.

Five participants were selected from each of the four districts. As the people most familiar with the orphans in each district, community-based volunteers affiliated with EHAP or EHAP staff selected the participants. The multiple people involved in participant selection meant that the sample was drawn from a variety of social circles and was therefore more representative than if a single person had introduced me to all participants. As illustrated in Table 1, the participants ranged in age from 7 to 14, although sixteen of the participants were between the ages of 11 and 14. The 11-14 age group was over-represented because children at this age tended to be mature enough to express their thoughts and feelings, while still being young enough to be generally seen by the communities as children. It bears noting that the age category was difficult to define in many cases. Due to a lack of proper nutrition and a poorly resourced education system, some children seemed younger than their ages suggested. On the other hand, other participants seemed older than their ages would suggest because of the physical effects of manual labor and their high levels of responsibility.

3.3.3 Conducting the Interviews

For the interviews conducted in the Ekwendeni area, I adopted several techniques in an attempt to mitigate the power dynamics between researcher and participant. The interviews were conducted in places where children felt comfortable, such as their homes,

schools, or play spaces. Children did not usually choose the places for the interviews, as they were usually selected based on the availability of privacy, however in certain cases when participants appeared to be uncomfortable we would go for a walk to see one of their favorite places. At times when participants exhibited signs of anxiety or boredom, I reacted by changing the lines of questioning to lighten the mood and relieve any sense of pressure. Not surprisingly, given the power imbalances, the children never said outright that they were uncomfortable with a question during an interview, and recognizing this meant that the onus was on me to read their body language and take appropriate action such as changing the line of questioning, going for a walk, or ending the interview. We also made sure to sit at the same level as the participants (we were often offered chairs whereas children were not) and allowed the participant to hold the digital recorder (Henderson 2006, Hill 2006, Punch 2001, Robson 2001). The presence of two grown men (myself and the interpreter) would have exacerbated the effects of these power relations, although this arrangement was necessary and there was a single line of questioning such that it was not a bombardment of questions from two sides.

The interview structure was also designed with the goal of improving rapport and making the participants feel comfortable to open up to us. I divided the interview questions into two sessions; an adaptation of what Punch (2001: 176) refers to as “accumulative interviewing.” The first round of interviews focused on the daily lives of orphans, probing into such topics as chores, school, play, meals, and how they feel about the places where they live. The first round of interviews also served as a training ground for me to learn about orphan livelihoods and daily life in the Ekwendeni area. After the first round of interviews, I compiled the data and devised personalized interview guides

to use in the second round (Appendix B). Having noted the names of friends and family members and other personal details from the first interviews, the second interviews were built on a foundation of some familiarity. The accumulative interviewing format had a number of benefits. First, I was able to demonstrate that I was listening to them during the first interview, thereby enhancing trust. Second, I was able to confirm details from the first interview that were not clear from the transcript. Third, and very important to the success of the interviews, I was able to approach the more emotionally sensitive questions in the second round, such as what was it like when their parents were sick and/or died, or whether children experienced abuse, with enhanced cultural sensitivity.

There were some drawbacks to the use of accumulative interviewing. In some cases it was time-consuming to locate children for the second interview and to arrange an appropriate time, especially without telephones and with limited access to transportation. It is also possible that the first interview would have conditioned the participants' responses in the second interview, prompting them to respond according to what they anticipated I wanted to hear. The participants could also have been influenced by their parents or guardians in preparation for the second interview. For example, in one case we visited a boy's home spontaneously to see if he was available for his second interview. He was not at home so his mother arranged a time for us to meet him the next day. When we met him he had bathed and was wearing much nicer clothes than during our first visit. The fact that someone had prepared his appearance for us raised the prospect that they might have also told him how to behave, potentially inhibiting him from responding honestly and spontaneously. This was the only case of evident preparation, and in the majority of cases the second interviews were conducted during a spontaneous visit that

did not allow for any preparation. Furthermore, the benefits of building trust and familiarity and building upon the knowledge gained from the first meeting were seen to outweigh the risk of participants being conditioned during part of the data gathering process.

3.3.4 The Benefits and Drawbacks of Collaborating with EHAP

The research project benefitted immensely from my collaboration with EHAP, although there were some important ways in which it may have negatively influenced the data collection process. The EHAP director's intimate knowledge of the area and of the problems faced by orphans in the area facilitated my work logistically and substantively, from transportation, to making contacts with community members who assisted with the purposeful selection of participants, to helping in the design of the interview guide. Throughout the research process, EHAP staff provided a wealth of knowledge and guidance about orphan issues that at times clarified and deepened my understanding of research results as they emerged. For example, they explained customs such as widow inheritance and polygamy, and the difficulties many households face when a family member has AIDS. Also, my association with EHAP and the Ekwendeni Hospital invested me with credibility in the community that I would not have otherwise had.

The drawbacks of this association were that many orphans associated EHAP with its outreach programs and their associated material benefits, such that while the consent statement stated that there would be no financial or material compensation for orphans' participation (Appendix D), there may nevertheless have been some expectations due to the role played by EHAP in their communities. Another concern was that some orphans

might have felt compelled to participate due to their respect for EHAP's involvement in their communities, though this issue was difficult to fully gauge.

3.4 Orphan Interviews in Southern Malawi

3.4.1 Research Setting: Blantyre and Surroundings

Blantyre is Malawi's commercial and industrial center and its oldest and largest city, with an estimated population of 650 000. The Blantyre area was the first place in Malawi to be hit hard by the HIV/AIDS pandemic. In 1987, the Queen Elizabeth Central Hospital in Blantyre reported seropositivity rates at ante-natal clinics of 8.2%, and these soared to 18.6% in 1988, 21.9% in 1990, and 31.6% in 1993 (Lwanda 2002: 156). These staggering numbers led many to initially conclude that HIV/AIDS was an urban phenomenon, although rural areas currently experience high rates of infection as well. In contrast to the northern region, where there are only two orphanages and one crisis nursery, the Blantyre area has several orphanages, stemming from its higher population, the higher number of non-profit organizations based there, and the slightly longer impact of the HIV/AIDS pandemic. Interviewing orphans in orphanages and in a different region of the country expanded the scope of the circumstances and perceptions covered by the research.

3.4.2 Selection of Participants

The interviews in the Blantyre area took place in collaboration with government social workers who introduced me to the orphanages, provided transportation, and assisted in the interviews. As illustrated in Table 2, five orphans from three orphanages

were purposefully selected to represent different genders (3 males, 2 females), ages (8 to 14), and double (3), paternal (1), and maternal (1) orphans.

The three orphanages visited were all funded from European countries (Germany, Netherlands, and the UK), and two of these are directly run by Europeans with the support of Malawian staff. Orphanage A, funded by a private British philanthropist and run by Malawians, has an on-site primary school that provides education and meals to day students (280) as well as full-time residents (70). In its admissions process, Orphanage A deals directly with the government. The school facilities are brightly painted, and the housing facilities are clean and welcoming and were just being electrified at the time of my visit in June 2007. Orphanage B, which is funded by Dutch church groups, offers some on-site schooling and runs a significant outreach program involving 2 750 OVCs in the immediate area. Community-based volunteers associated with the outreach program recommend admission for full-time residence at the orphanage (as of June 2007, there were 108 resident children). The site was similarly pleasant, but much more remote from the center of Blantyre than Orphanage A. Orphanage C was established by a German couple who had been living in Malawi for several decades. They received financial support from church groups in Germany. It was newly established and the facilities were under expansion while we were there. The 35 residents were mostly identified by social welfare officers after having been found abandoned, disabled, and living on the streets. The proprietors expressed concern that the number of children in their care had grown more rapidly than anticipated, suggesting the growing need for such facilities relative to the limited supply. Table 2 illustrates the age ranges, gender, and types of parental loss among orphans interviewed in the south.

TABLE 2: DESCRIPTIVE STATISTICS OF ORPHANS INTERVIEWED IN BLANTYRE, JUNE 2007, (N=5)

Characteristic	Category	Total	Orphanage A	Orphanage B	Orphanage C
Gender	Male	3	1	1	1
	Female	2	1	0	1
Age range	7-10 years	1	0	1	0
	11-14 years	4	2	0	2
Type of parental loss	Double Orphan	3	0	1	2
	Maternal Orphan	1	1	0	0
	Paternal Orphan	1	1	0	0

3.4.3 Conducting the Interviews

Accumulative interviewing was not used for the Blantyre interviews, partly because of timing and access but also because I had already attained a basic understanding of daily life in Malawi from the first round of interviews in the north and the orphans in home-based care were the main focus of the research project. During each interview in Blantyre there was an interpreter and a social worker present. The interview guide (Appendix B) was a combination of the questions from the two interview guides used in the northern region, covering questions about the loss of parents, daily routines at the orphanage, worries and aspirations.

3.4.4 The Benefits and Drawbacks of Collaboration with Government Social Workers

The collaboration allowed for access to three orphanages within a limited time period, and the professional support of social workers was valuable during the interviews because they were skilled at putting children at ease. This was an important form of support, as I did not have the advantage of the two-interview structure used in the northern region, which helped build rapport there. In one case, a participant had an emotional reaction to the questions about his parents' illnesses and deaths and the social

worker was able to console him. The social workers also provided valuable background information about each institution.

The major disadvantage was that they might have avoided taking me to orphanages that would have reflected badly on the social welfare system in Malawi. With a limited sample of three, we were only able to visit a few of the orphanages in the Blantyre area and the selection process was not transparent to me. This risk was mitigated somewhat by the fact that on different days I was accompanied by different social workers from different organizations (Social Welfare Office, Blantyre Synod, and UNICEF). All three orphanages operated at different scales, had different funding sources, and provided different environments for children, suggesting that the selection was intended to provide a range of examples of orphanage living situations. Finally, I was witness to the selection of participants at each facility, which was based on our selection criteria and individual children's availability.

3.5 Ethical Considerations

3.5.1 Informed Consent and Confidentiality

Informed consent was sought verbally for each of the orphan interviews, following a prepared statement read to each of them identifying the purpose of the research project, their right to decline to participate, and their right to refuse to answer any questions or to end the interview at any time (Appendix C). This statement was written in English and translated into chiTumbuka and chiChewa by an EHAP staff member and then translated back into English by another staff member to ensure that the sense of the statement was maintained. Though verbal informed consent is often not the

preferred means of obtaining consent from research participants, the low levels of literacy within this population meant that it was the fairest way to ensure that they had a basic sense of the research and their role in it.

During the data collection process, digital voice recordings were saved on a laptop which was locked up when not in use, as were written transcripts. Pseudonyms have been used throughout this thesis to ensure confidentiality.

3.5.2 Emotional Risks to the Participants

Emotional risks to participants such as the emotional reaction to reliving painful memories, being asked about potentially private or shameful topics, and feeling intimidated by the research process are at least partially counter-balanced by the ethical imperative of giving voice to marginalized groups. The *Tri-council policy statement* provides some useful guidance, in its assertion in section 5 that efforts to spare vulnerable groups from possible harm can also deny them the benefits of research. From the perspective of inclusiveness and dignity, the emotional risks are acceptable as long as they are mitigated to the furthest extent possible through a careful research design and a sensitive approach.

3.5.3 Reflections on the Use of Alternative Methods with Children

Many researchers working with children advocate mixed methodology so that participants are not limited to expressing themselves verbally (Hill 2006, van Blerk and Ansell 2006a, 2006b, Punch 2001, Aitken 2001a, 2001b). In particular, there is a fear that children may find conventional interviews stifling and boring. While preparing for my fieldwork, I gathered several ideas from previous work with children that suggested

mapping activities (Punch 2001), visual expression (van Blerk and Ansell 2006b), and dramatic exercises (Henderson 2006), and had intended to ask children to draw a picture or a map. However, my initial efforts proved unsuccessful, and they posed more of a barrier than an icebreaker, as these activities seemed to feel very alien to the children who did not have regular access to art supplies.

3.5.4 Giving Back to the Community

It is an ethical obligation that the results of this research are made available for community workers and policy makers, and that the analysis produces some useful information for these concerned groups. To this end, I will provide a report to EHAP containing a summary of the orphans' perspectives in the area, as well as suggestions for program development.

3.6 Data Analysis and Interpretation

The key issue in analyzing the data from interviews with children is how to allow their voices to emerge within academic discussions (Abebe and Aase 2007, Henderson 2006, James et al. 2004, Young and Ansell 2003a, Punch 2000, Baxter and Eyles 1997, Katz 1991). This section discusses the process of working with the data and some epistemological issues regarding the interpretation of the research results. The results must be carefully analyzed with consideration for the influence of the researcher's perspective, and a need to do justice to the perspectives of the orphans themselves.

The recorded interviews were translated and transcribed by a team of two. Their collaboration helped to reduce the bias in both tasks as the research assistants would

confer with each other on points that were not clear. The interview transcripts were uploaded to NVIVO, and divided into nodes according to etic themes such as “school,” “chores,” “worries,” and “death of parents.” As the organization of the data progressed, new nodes were created according to emic themes such as “cash-earning activities,” “abuse,” and “association of deceased parents with material comfort.” In many cases the etic and emic themes were difficult to delineate, partly because of the influence of the EHAP director on the formulation of the interview guide questions, and partly because many of the initially emic themes that emerged in the first round of interviews were integrated into the second round of interviews. The EHAP director read the findings and analysis chapter and provided feedback to help ensure the accuracy of the findings as presented and the appropriateness of the interpretation.

In subsequent chapters I use direct quotations from respondents to support my claims whenever they are available. However, because some of the interviews were not recorded, and because some respondents were not very responsive due to shyness or disinterest, some points are supported by life stories drawn from both the interview notes and transcripts.

One of the major challenges in analyzing the results of this research is to remain mindful of the influence that my own childhood experiences have on my interpretation of orphans’ lives (Charmaz 2004, Denzin 2004). I grew up in a rural community and am prone to nostalgia for the proximity to nature and the freedom to explore the landscape that I enjoyed. Many events during the fieldwork reminded me of home, such as boys playing soccer in an open field, and I was conscious of the fact that while this may have triggered a romantic response to the rural setting, a romanticized interpretation could

obscure the hardships that come with food insecurity and poverty. With this danger in mind, scenes of joy and playfulness also helped re-emphasize to me why the catastrophic overtones of much of the literature can be so problematic. Throughout the period of the fieldwork, I kept a regular journal to help identify the links between these feelings and what I was actually observing.

Another challenge in analyzing the research results is the negotiation between the hermeneutic extremes of the imposition of Western norms, and the prospect of cultural relativism. When this difficulty arose, I attempted to balance these interpretive modes by analyzing the discrepancy itself, stating explicitly those cases when my interpretation is not consistent with the respondents' perspectives. Education serves as a useful example. Most of the orphans in rural areas attended schools with crowded classrooms, few learning materials, and partial attendance. From my Canadian perspective, especially as someone who has pursued higher education, I perceive primary education as vitally important. However, perhaps due to poor quality education and food insecurity, the lack of good schools was not named as an important issue by the participants. It would be counter-productive for me to "give voice" to the research participants in a way that claimed that education is not important, however the reasons for this difference in outlook provides an interesting source of discussion.

The case of education also leads into one of the problems with speaking for children, and the sometimes questionable status of children's perspectives within research on children. Whereas this thesis endeavors to give voice to the research subjects, the voice of the researcher is also always present (Baxter and Eyles 1997). James et al. (2004) demonstrate that in the British family court system, which was reformed in 1989

to allow for more representation of children's perspectives, the social workers tasked with speaking on behalf of children tended to say *what they interpret as being good for the child*, rather than truly representing the child's viewpoint. James et al. (2004) refer to the 'welfare principal,' which dictates that the welfare of the child overrides the child's feelings and wishes. For example, it is my belief that children in Malawi should have access to good primary schooling despite the fact that they did not name it as a priority. Rather than speaking *for* the research participants and subordinating the importance of their wishes and feelings, in my analysis I speak alongside the orphans. It is only in actively listening to children and engaging with their perspectives that their agency within their own lives emerges, which in turn helps me to treat them as subjects engaged in research rather than objects of research.

3.7 Conclusion

There are many practical, personal, and intellectual obstacles to achieving the research goal of bringing orphan voices in to academic and policy discussions on orphanhood. The research methods described in this chapter present some ways that I attempted to navigate these challenges in approaching orphans as an outside researcher looking for in-depth knowledge about their lives. The epistemological foundations of the analytical approach allow me to interpret the data in such a way that children's perspectives can help to illuminate the complexities of their world, their agency in navigating it, and the need for scholars and policy-makers to give weight to this perspective.

CHAPTER 4: CONTOURS OF ORPHANS' EVERYDAY LIVES

4.1 Introduction

The research findings point to key divergences from the conceptualization of orphans discussed in Chapter Two. Rather than abandoned children left to survive on their own, most of the orphans interviewed were firmly embedded within social networks of friends, siblings, parents, guardians and teachers. Orphans, particularly those in rural areas, faced many problems related to poverty, which reflected the general trend in Malawi where poverty and food insecurity tend to be more widespread in rural areas. This finding suggests that the longer-term solutions to many of orphans' problems can be found in broader initiatives addressing poverty, hunger, and social inequality in Malawi. As with the concentration of poverty-related problems along geographic (rural/urban) lines, important pre-conditions for vulnerability emerged in the data that limit the usefulness of the orphan/non-orphan distinction as an indicator of child vulnerability. In terms of difficulty during parental illness and death, the child's age at the time, his or her place in the birth order, and the experience of migration to a new community were important factors. Orphans' workloads were influenced by gender, birth order, and socio-economic status, and their sense of well-being was related to their socio-economic status, guardianship, experiences of migration, and social practices of orphan care. The in-depth approach of this study afforded detailed information about each case that brought many of these factors to light and underscored the highly variable experience of orphanhood.

In general, orphans' sense of well-being was linked to the provision of material comforts, such as plentiful food, new clothes, and other resources. In light of this finding, and the finding that many orphans face intense poverty, it would seem that they would be generally dissatisfied with their lives, however a large majority said they liked the place they were living. They pointed to playing, receiving love from guardians, and having close friends as some of the things that made them feel good about their lives. This point presents an apparent contradiction, however it suggests that communities have demonstrated social resilience in providing care to orphans in spite of the challenges of rising numbers of orphans and dwindling resources.

This chapter is divided into five sections, which present findings and analysis related to the experiences of parents' illnesses and deaths (4.2), material poverty and its links to a sense of well-being (4.3), boundaries, punishment, and abuse (4.4), sources of love and support (4.5), and a gender-based analysis (4.6).

4.2 Experiences of Becoming Orphaned

The respondents' memories of their parents' illnesses and deaths reveal the changes and stress that many children experience when they are orphaned. Examining the details of these experiences helps to identify some of the pre-conditions of vulnerability that can influence the level of stress associated with parental illness and death, including age, birth order, cause of parental death, social attitudes and practices, and migration.

4.2.1 Experiencing Parental Illness

Among the seven respondents who could recall and were able to comment on the period of their parents' terminal illnesses, most noted increased responsibilities because of the increased pressure on the entire household to provide care.³ These responsibilities seemed to be given to boys as well as girls, creating situations in which boys carried out household chores usually done by women and girls. For example, Nelson,⁴ an eleven-year-old boy in District C who had been living in Blantyre at the time of his father's illness, remembered that he had additional chores in part because his mother spent so much of her time at the hospital. He said he had to wash dishes and cook *nsima*⁵ after school (interview 42). Adam, a twelve-year-old boy in District C, was living with his terminally ill mother at the time of the interviews and was carrying out household tasks such as washing dishes, cooking, drawing water, and sweeping, which he said were rare for a boy in his village to do. He said his mother had started teaching him how to take care of himself because "she is afraid it might be difficult for me to cope after she dies" (interview 43).

The experience of parental illness seemed to vary most according to a child's age at the time and birth order. While Adam and Nelson experienced higher workloads and had older siblings, three respondents mentioned that their older siblings took care of them or had extra chores during their parent's illness while they did not. Jennifer, a thirteen-

³ Several respondents were not able to comment at length on the experience, including two boys who were not told about their parents' illness, seven respondents who were too young at the time to remember, six whose parents died suddenly, and three in whose cases the experience was too sensitive to probe.

⁴ Pseudonyms are used to protect respondents' privacy.

⁵ *Nsima* is the thick maize porridge eaten as the staple food throughout most of Malawi.

year-old double orphan in District D said that when her mother was sick “I had my elder sister who did all the chores; as for me I was just worried” (interview 30). In two cases, a respondent said that his mother and elder brother cared for his father when he was ill (interview 29 and interview 38). Wilson, a twelve-year-old double orphan in District B, was the only first-born child to comment on the period of parental illness. He said that his grandmother took care of his father when he was sick, which left him doing many household chores such as washing dishes and cooking (interview 36).

Several studies have demonstrated that HIV/AIDS has a broad impact on household economies in Malawi, especially in rural areas where most people rely on household labor for food production (Bryceson and Fonseca 2006, Bezner Kerr 2005a, Mtika 2001). Once a patient is hospitalized, the household can lose two productive members because hospitals do not provide food, laundry services, or personal care such as feeding and bathing, such that a caretaker must accompany every patient. The absence of up to two productive household members increases the workload on children left at home. Children were not asked to comment about AIDS because previous studies have indicated that AIDS is a sensitive topic associated with social stigma (van Blerk and Ansell 2006a, Bray 2003, Cook et al. 2000), although some stories reflected the characteristics of an AIDS-related illness. Patricia’s story, for example, is reminiscent of an AIDS-affected household because her mother was sick for two years, and her father, aunt, and grandfather all accompanied her mother to the hospital in Mzuzu, about 30 kilometers away (although she did not specify the length of the hospitalization itself). She said she had more chores during that time, including washing dishes, drawing water, fetching firewood, cooking, and washing clothes (interview 34). Patricia said that her

father had been a trader prior to her mother's illness and was unemployed at the time of the interviews, causing extreme food shortages in their household. It is likely that the economic burden of his wife's protracted illness depleted the capital invested in his trading business, and had a long-term impact on the household income.

4.2.2 Losing a Parent

Parents' deaths were also stressful experiences for those who shared their memories with us. As with parental illness, the death of a parent was experienced differently by different children depending on the orphan's age at the time, whether they lived with their parents while they were alive, and the extent of upheaval following the parent's death. Many orphans did not experience a great change in their day-to-day life or were too young to remember, whereas others experienced considerable changes, especially in cases involving migration.

Seven of the orphans interviewed said that they were too young at the time of their parents' death to remember what it was like. Most of those who did not remember their parents stated that they did not think about them, suggesting that orphanhood at a young age led to less grieving for children. One boy who did not remember his parents, however, described imagining them and what his life would have been like had they not died. He said people did not tell him stories about his parents, but he imagined they were tall and black, just like him (interview 41). In one case the parent had not lived with the child prior to her death, which meant that there was little change in the child's day-to-day life aside from the loss of remittances. Annie, a thirteen-year-old in District D, lost her father when she was very young and when she was three months old her mother left her

with her aunt so that she could attend teacher's college in the south (interview 31). She later told us that her mother had remarried in the south and had a daughter there. She said she had never visited her mother and her mother only returned to visit her occasionally. She did not see her mother after learning that she was sick, and framed the change in her life after her mother's death largely in terms of the loss of remitted goods such as clothes and shoes. Annie, who was fostered at a young age by a close relative, challenges several assumptions about orphanhood and family structures, as the loss of her mother did not change her life in terms of her day-to-day family, home, and routine. She said she lives in a nice place because they are not given tough chores, and she feels that her aunt loves her (interview 31).

Some children experienced considerable change in their daily lives, which was usually associated with migration. Nine of the orphans interviewed moved to a different village or town following the death of a parent. Van Blerk and Ansell (2006a, 2006b) conducted a qualitative study with 266 children in Malawi and Lesotho who had migrated as a result of AIDS and found that migration often compounds the trauma of parental loss. One orphan's story illustrates many of the experiences that van Blerk and Ansell found to be common among children who migrate following an illness or death, including multiple losses of loved ones, difficulty in adjusting to a new home, and a feeling of being unprepared for the move. Nelson was born and raised in Blantyre and moved to the north with his mother after his father died. According to a discussion between the interpreter and Nelson's grandmother, they moved because his mother was inherited by her brother-in-law. Widow inheritance is a traditional practice in the patrilineal societies in the north, although Cook et al. (2000) report that it is coming under increasing strain

because widows are sometimes seen as carrying HIV. Although we did not ascertain the precise cause of his death, Nelson's father experienced a long illness reminiscent of an AIDS-related death, and not long after they moved to the north, Nelson's stepfather also died. Under circumstances that we did not explore in the interview due to their sensitive nature, his twin brother also died. These multiple losses from the deaths of loved ones weighed heavily on Nelson's mind, however he also worried about loved ones that he was separated from when he moved. As the two youngest children, only Nelson and his younger brother migrated to the north and he missed his three elder siblings who remained in Blantyre. He stated that he would like to move back some day and reunite with them (interview 42). Underscoring the importance of sibling bonds in times of change and crisis, Nelson said that the younger brother whom he currently stays with is his best friend "because he is kind, he shares with me everything he is given" (interview 42). The suddenness of his move seemed to be a significant cause of Nelson's anxiety when he said of the move: "I was worried because we had not yet closed school by then – it was very sudden" (interview 42).

Among those interviewed in the north, children who had moved following their parents' deaths tended to look back fondly on the places they had left. As well as missing his siblings, Nelson missed Blantyre "because after school we could play with friends" (interview 42), and because they received notebooks at school. He also said that he remembered his dad when they were living with his stepfather, suggesting that the transition was difficult. Jennifer, who had lived in Blantyre for a year with her mother and siblings after her father died, named several points that made Blantyre a better place, including superior schools, a better house with electricity and an iron sheet roof, and a

varied diet that included meat and rice. She hoped to return there in the future to look for a job (interview 30). In these two cases, the nostalgia associated with the places left behind in migration seemed to reflect the decline in standards of living following the death of a parent, however this conclusion is challenged by Maya's memories. At the time of the interviews, Maya lived in Ekwendeni town in relatively comfortable conditions to the extent that one of her favorite activities was watching satellite television. She had moved from Livingstonia, a northern town more quiet and isolated than Ekwendeni, and said that she preferred living there "because at Livingstonia, we could go to play or watch TV anytime we wanted, we read as well" (interview 14). Her memories of Livingstonia seem similar to the contentment that many of the orphans who stayed close to home expressed when talking about their friends, sports, and other enjoyable pastimes, suggesting that orphans' feelings about places are grounded in more than relative material comfort.

4.2.3 Experiences of Upheaval Among Children in Orphanages

In general, the stories told by the children living in orphanages showed more upheaval than the stories of the children in kinship-based care. For example, Mary, a twelve-year-old girl in Orphanage C said that she lived alone with her mother after her father died, and then her mother died, and so she stayed with a grandparent. This grandparent soon died and she moved in with another grandparent who mistreated her. Eventually she ran away from home to escape the abuse. On her first day alone on the streets in Blantyre she met a woman who took her to the Social Welfare Office, and a social worker then brought her to the orphanage where she lives now. After such a long struggle, Mary seemed relieved to be living in the relative stability of the orphanage.

While Mary's misfortune can largely be attributed to the loss of three caretakers in short succession, two other cases indicate the problems of virtual double orphanhood, whereby a surviving parent is not equipped to provide care because of poverty or social norms. Vincent, a thirteen-year-old paternal orphan in Orphanage A became a virtual double orphan as a result of intense poverty following his father's death. With the loss of his father's income at the Malawi Broadcasting Corporation, his family was forced to leave town because they could no longer afford to pay for their house. They moved to his mother's ancestral village, but as none of them had experience with farming, their yields were very low and it was very difficult to survive off the land. It was during this time that he came to live at the orphanage, although his younger brother remains with his mother in the village (interview 21). Millie, a fourteen-year-old in Orphanage A, was left with her grandmother at age three when her mother died and her father returned to his home village. In southern and central Malawi, most people live in matrilineal societies where a family lives in the wife's ancestral village after marriage, and upon the death of the wife, the father customarily returns to his home village and the maternal relatives care for the children (Cook et al. 2000). For unknown reasons, her grandmother was unable to provide adequate care so she brought the young girl to the orphanage. When describing her life, the girl said that her father "stopped giving love and forgot about me" (interview 22), indicating a sense of abandonment. Recently her grandmother convinced her to write to her father and tell him that she is still alive. Two months before the interview he had come to visit her for the first time, a reunion that helped her to resolve the feelings of abandonment.

The upheaval experienced by the orphans interviewed in the south could be due to the fact that orphanages admit children in the most desperate circumstances, however each orphanage has its own admissions process based on different criteria, which are not known. Another partial explanation for the greater upheaval among children in orphanages is that their stories reflect the earlier and more severe spread of the AIDS pandemic in the southern region and the higher rates of poverty there (Government of Malawi 2006).

4.2.4 Conclusion

The findings presented here illustrate the variability of orphans' experiences and suggest that while elements of the 'orphan crisis' narratives discussed in Chapter Two are found in the data, they represent the most severe cases and cannot be extrapolated to characterize all experiences of orphanhood. However, some common themes can be drawn from the data such as: a period of intense stress and increased workload during a parent's illness; a high prevalence of migration following a parent's death, which can lead to feelings of loneliness, nostalgia, and dissatisfaction with living conditions, and the influence of customary practices of widow inheritance in the north, and matrilineal orphan care in the south, on orphans' experiences following the death of a parent. The following sections focus on orphans' daily lives rather than their histories, and offer further examples of the various factors influencing orphans' living conditions and sense of well-being.

4.3 Orphanhood, Poverty, and Well-being

The interview data pointed to a strong link between orphans' living conditions and their sense of well-being. Orphans' responses to questions about their worries, daily problems, and things they missed about their parents usually referred to issues of poverty and deprivation, with these problems appearing to be far more acute in the rural areas. Orphans in Ekwendeni town and in orphanages worried less (or not at all) about food and material goods, and lived in close proximity to better schools and hospitals. Orphans living in the worst conditions are often in the poorest communities, suggesting that their poverty has less to do with their orphanhood than with the broad context of poverty and social inequality in Malawi. The data highlights some of the ways in which orphans make important contributions to their households by working in home-based agriculture and for cash outside the home, undermining the assumption that orphans are necessarily burdens on their caregivers. In this section, I look at the prevalence and effects of poverty on orphans' lives through the topics of hunger, the provision of purchased goods, health care, and education.

4.3.1 The Impact of Hunger

The issue of hunger emerged in several interviews as a major source of stress for orphans living in family-based care, with a range of impacts including a hindered ability to concentrate at school, a reduced desire to play, and difficulty in sleeping. In contrast, the children living in orphanages did not worry about food, as it was systematically provided through donor funding, though in some cases they discussed memories of food scarcity before coming to the orphanage. For example, Vincent said he worries "about the

poverty faced by day students at the orphanage's school, and all of the children who were not as fortunate as me" (interview 21). Reduced access to food was widely cited as a major change following the death of one or both parents. For example, Jonas, a paternal orphan in District A, associated memories of his father with mangoes, which he no longer has (interview 38). When we asked Theresa from District B if there was anything she missed that her dad could provide, she responded, "we used to eat breakfast when dad was alive" (interview 27).

The reason for the association of food with parents is clear when one considers the chronic hunger that some children experience. For example, Tom was living with his mother and brothers and sisters and said that they normally eat once per day and sometimes they go the whole day without eating a meal, which sometimes hinders his ability to play (interview 29). Sam, an eleven-year-old boy from District A, also complained of chronic food shortages in his household. He was an example of a virtual double orphan because after his father's death, his mother remarried and her new husband rejected his new step-children. Sam said that he does not live with his mother because "her husband ill-treats us, whereas mum gives us nsima he shouts at us" (interview 33). He was staying with relatives and his mother would visit him from time to time. He said he generally did not have enough food, and some days he would not eat. He had never eaten meat, and sometimes they would take oranges and bananas with their tea rather than a meal. He said that lack of food sometimes affected his ability to sleep (interview 33). The chronic nature of food insecurity in his household came to light when he said that if he would complain about hunger, his guardians "just say you don't have to be worried, that's how life is" (interview 33).

Food insecurity forced some orphans to engage in part-time work to supplement household incomes. Wilson, a twelve-year-old boy in District B who lost both of his parents, worked for tobacco farmers throughout the year to support his younger sister and elderly grandmother. He reported that he earns about 100- 150 Malawian kwacha per week (US \$0.75- \$1.00). His situation was similar to that of a child-headed household because his grandmother was ill and he was the only one able to work. Their house was by far the most meager in the village; surrounding homes had metal roofs and solid foundations, while their home was barely five feet high with no foundation and a poorly thatched grass roof - a situation that is reflective of the high levels of wealth disparity in rural Malawi (Government of Malawi 2006, Peters 2006). When we asked what happened to him after his father died, he said, "I was very worried. We didn't receive any help from neighbors or relatives" (interview 36). In addition to working for tobacco farmers and attending school, Wilson farmed his own plot to feed his household. During our visit, I noticed a granary about one third filled with maize and inquired as to whether that was his harvest. He said it was their entire harvest for a year. My interpreter informed me that this was about the amount one adult would normally consume in a month. He said they would normally eat twice per day, but they were always worried about food. He said Christmas was the last time he felt full, because he "worked extra hard and was able to save enough to buy some meat in town." We asked if he was looking forward to the same this year and he said, "no, I don't think it will be possible. It was so much work" (interview 36). Despite these difficulties, he said he was proud of his ability to provide for his family (interview 10).

Adam, whose mother was terminally ill at the time of the interviews, also worked for a tobacco farmer who paid him at the end of the season after the sale of his crops. While Adam had always been paid in the past, he still worried that the farmer might not pay him (interview 43). He expected to earn 2 000 Malawian kwacha (US \$15) for the season. This amount is extremely low by international standards, which usually refer to one dollar a day as the standard poverty line (UN 2007). The pay rate also seems low by Malawian standards, suggesting that Adam and Wilson are paid much less because they are children, although it is difficult to assess the level of exploitation involved because the pay scales for informal labor are not standardized, and it is not known how many hours he worked per day or how much adults are paid for the same labor. Nonetheless, there is some evidence that these working children are underpaid based on research in the Ekwendeni area in 2003 that identified a casual laborer earning 1 600 kwacha (US \$11) in a month,⁶ much higher than the amounts Wilson and Adam reported earning. Whiteside (2000) refers to a study conducted in 1993/94, which found that children were paid 2-3 kwacha per day, less than women (5-10 kwacha/day) and men (20 kwacha/day). The pay differentiation between men, women and children creates barriers for young men and all females to improve their living standards through paid labor.

Adam and Wilson's stories indicated that food scarcity can put orphans at risk when they are forced to work for money to buy food, marginalizing their access to education and recreational activities. Their marginalization is evident in the fact that both Wilson and Adam are one and two grades behind in school respectively. While child

⁶ This amount is based on unpublished field data provided by Dr. Rachel Bezner Kerr.

labor in off own-farm agricultural production, such as that practiced by Adam and Wilson, violates Article 32 of the Convention on the Rights of the Child (UNICEF 1990), in the context of chronic food insecurity the opportunity to earn money is clearly of benefit, providing food and a sense of economic independence. The gender-based analysis discussed below illustrates the advantage afforded by this economic independence because girls have less access to waged farm employment, which can lead to early marriage and financial dependence on men. Whereas Wilson's pride at being able to provide for his family does not erase the injustice of his weak socio-economic position, his efforts demonstrate his resilience and challenge the assumption that orphans are helpless and dependent.

4.3.2 The Provision of Material Goods

Food was the most commonly cited problem, however respondents often mentioned a range of other deprivations, such as lack of clothes, shoes, and soap, as major problems. In remembering deceased parents, there was a tendency to recall the relative material comfort enjoyed while parents were alive more so than love or emotional security. For example, Sam in District A said that he thinks about his late father frequently, and when asked what things his father did for him before he died, he said he bought him clothes (interview 33). A boy in District C whose parents both passed away when he was young said that he missed clothes and food that he used to receive while his parents were alive. He was living with his aunt and her family, and although he said he liked the place where he was living, he responded in the negative when asked if there was anything that was better now than before his parents died (interview 41). This sentiment was echoed by Jennifer, a thirteen-year-old double orphan, who said that what

she missed about her parents were “clothes, shoes, and soap, because when I ask them (her current guardians) for these things they just tell me they don’t have money” (interview 30).

In the cases of Annie and Wilson, the association of their parents with material goods can be partially explained by the fact that their parents were rarely present while they were alive because they worked in other places. They would periodically send home food, money, or goods purchased in the south. Wilson’s father labored on a cotton plantation in southern Malawi and he only remembered his father coming once a year before he became ill. He added that when his father would return home he was drunk most of the time, so they did not establish a close relationship. Despite the fact that he did not remember having much affection from his father, he remembered the food and clothes and other purchased goods that his father would bring him (interview 36).

These findings do not correspond to the results of the study by Cook et al. (2000), which found that although orphans noted the loss of material goods, the loss of parental love was more important to them. Cook et al. (2000) gathered data through focus group discussions with children and youth (including but not exclusive to orphans), families, community leaders and community representatives in nine villages selected from Malawi’s three geographical regions. Although the ages of focus group participants was not specified, most of the orphans quoted in this study were in their late teenage years, which perhaps meant they were better able to provide for themselves and were therefore less impoverished. Another explanation for this difference is that this study was conducted several years before I gathered my data, such that the cumulative impact of the HIV/AIDS pandemic and economic stagnation was not as severe at that time and the

poverty suffered by orphans might not have been as intense. Finally, the orphans they interviewed might have been older at the time of their parents' deaths, meaning that they were more emotionally attached to their parents and could not easily replace the love from their parents with the love from other caregivers. Whether or not the loss of love or material comfort is more important to orphans, it is clear that material deprivation is linked to a sense of lacking care.

4.3.3 Experiencing Illness

The question of orphans' access to health care emerged out of the EHAP director's interest in improving outreach programming, and evolved into a topic that provided insight into an important aspect of orphans' daily lives. The topic of health care is explored in terms of how orphans experience illness rather than on the frequency and severity of the illnesses. We asked questions about the last time they were sick, such as whether they visited the hospital, took medicine, received special meals, and who took care of them. It is difficult to draw strong conclusions about the comparative health of orphans from these findings because they are the respondents' perceptions of their illnesses rather than verifiable conditions. The stories do, however, provide some insight into the health care orphans received, which was sometime compromised by the unavailability of medicine in rural areas, the lack of transportation to health care facilities, and negative associations with hospitals.

When asked, "tell me about a time you were sick," eight respondents said it had been a long time since they were sick or that they could not remember. Only three respondents specified the name of the illness they had, whereas the majority said they had

a stomachache or a headache, or that they did not know what they had. Cora, a ten-year-old girl in District C whose mother died, told us about the last time she had contracted malaria. She was given Fansidar,⁷ an anti-malarial treatment, although she had not visited the hospital (interview 28). Because she lived next to the site of the mobile clinic, it is possible that she visited the clinic and was given Fansidar there. She said her father took care of her. Relative to other rural children interviewed she was fortunate in that her father is a teacher working at the school just across the road. It is likely that he was able to come and check on her regularly because of the proximity of his work place, as she often goes home during the school day to check on her pre-school aged brother. Cora's response stood out because she knew the name of her illness and the medicine she took.

When asked if they went to a hospital when they were last sick, ten respondents said yes and thirteen said no (two were not asked). Of the ten children who reported visiting a hospital, five were in orphanages and three of these respondents specified that they went in a car. By contrast, two of the children in rural areas who reported going to the hospital when they were sick described long journeys by foot and bicycle. Adam said he traveled about 15 kilometers by bicycle with a friend to go to the hospital when he was suffering from a stomachache, and that he was given medicine there (interview 43). Wilson traveled a similar distance alone by foot to a dispensary when he had a headache. Despite the fact that it was a bit farther, he said he went to the government dispensary rather than the mission hospital because they do not charge fees, whereas the mission charges a nominal amount (interview 36). This statement highlights the importance of

⁷ Fansidar is a brand of anti-malarial drug comprised of sulfadoxine and pyramethamine, which is commonly prescribed in Malawi to treat malaria.

cash availability when orphans and their families make health-related decisions. At the dispensary, he received an injection and some pills, also without charge (interview 36). The impact of a lack of cash and the general lack of availability of medicine in rural areas emerged when a twelve-year-old boy in District C described a cheap eye ointment that he had purchased at the village shop for 20 kwacha, or about 15 cents (interview 19). My colleague suspected that such a cheap ointment would not relieve this boy's problem and could in fact aggravate it.

Although the children in orphanages all reported having been taken to the hospital, the experience was often characterized by apprehension. For example, when an eight-year-old boy at Orphanage B had a headache, his housemother took him to the on-site clinic, where he received some medicine. He said that if they are very sick they are taken to the hospital in Blantyre, about a 45 minute drive away. He went there once but it was a scary place because there were people dying and he thought he was going to die there (interview 25). A twelve-year-old girl in Orphanage C said that she does not like being in hospitals but she cannot explain why (interview 24). Such negative associations are understandable considering that terminally ill parents might have died in a hospital or that the hospitals they visited were in poor condition.

Orphans living in areas remote from health care facilities and those in low income households seemed to be the most disadvantaged in terms of health care, although the relationship of these disadvantages to the overall health of orphans is unclear from the data. The question of orphans' negative association with hospitals presents an area needing further study as this attitude may affect health-seeking behavior in adulthood.

4.3.4 Uneven Access to Education

All of the orphans interviewed attended school. Most attended school regularly, although some reported that their attendance was interrupted for various reasons at different times of the year, such as during peak agricultural work periods when their labor was needed for planting or harvesting, and the rainy season when roads were impassable. In general, the level of involvement with school depended on the orphan's residence, as some areas had better quality schools, while others had exceptionally poor schools.

The research site with the least educational opportunities was District A. During one of the early interviews, I was surprised when a nine-year-old boy did not know his teacher's name (interview 7). In the next interview, a seven-year-old girl said that she had been absent from school that day, and when asked what her teacher would say the next day about her absence, she said "nothing, she won't say anything" (interview 8). When asked about what she learned in school, she said she had forgotten. Another boy in this village was in standard one⁸ at age twelve (interview 20). I asked the CBCC caregiver about the local school. She said that there are over 1 000 students at the school with only three teachers and a headmaster. She herself had a daughter who was preparing to write the final exams. She was making arrangements to send her daughter to town to prepare for the exams for a few months because the local facilities were so poor. Sending her child to town was a privilege that required either cash for lodgings or personal connections for someone to give her room and board. In the case of District A, orphans and non-orphans alike were at a disadvantage because of the poorly funded local school.

⁸ Approximately equivalent to grade two in Canada.

Most orphans in Ekwendeni town had access to better schools than non-orphans in District A.

In 1994, the Government of Malawi introduced a policy of Universal Primary Education (UPE) and removed primary school fees. UPE was partly a response to international pressure to improve economic development and human rights in Malawi through primary education, as well as a means of fostering democratic citizenship in the new era of multi-party democracy (Kendall 2007, Mundy 2006, Kadzamira and Rose 2003, 2001). UPE has helped Malawi to achieve an estimated 87% primary enrolment rate, which is among the highest in the region (UNICEF 2008), however several studies have revealed that this number masks the limited opportunities offered by fee-free education. When UPE was implemented, enrollment rose from 1.9 million to 2.9 million in one year without a significant increase in funding. Chimombo (2005) conducted ten case studies of primary schools across Malawi and found teacher to student ratios ranging from 1:53 to 1:142, many dilapidated buildings, a lack of desks, windows, and latrines, and a high proportion of unqualified teachers. Many teachers complained about heavy workloads, to the extent that one teacher was responsible for two grades and a total of 390 pupils. As a result of these heavy workloads, most of teachers' time and energy went into maintaining order in the classroom. These systemic problems are highly relevant to the problem of physical abuse at school, which is discussed below. Chimombo (2005) also found that one of the major obstacles to student engagement was the perception among parents and chiefs that school was irrelevant to local needs, both in terms of the need for children to learn farming and fishing techniques for their future survival, and in terms of the lack of future opportunities offered by primary education.

Kendall (2007) demonstrates that rather than fostering democratic access to the socio-economic opportunities afforded by education, UPE has reinforced localized and class-based differences because the poor quality of the public education system delegitimized it in favor of for-profit private educational institutions. She notes that this shift was in keeping with the ideological perspective of foreign aid donors who encouraged a liberalized market system, and that the differentiation of school quality reflects the socio-economic differentiation associated with free-market economics. In my research, place- and class-based differences among children were more important for educational access than orphan/non-orphan categories. District A's school stood in stark contrast to the schools in Ekwendeni town (some of which were private or run by the mission) and the school observed at Orphanage A, which had been built by philanthropic funds from overseas. The school run by Orphanage A was exceptionally well appointed, with brightly colored classrooms and two teachers per class of 40-60 students. Most of the orphans interviewed in Ekwendeni town and Blantyre expected to attend secondary school and aspired to such careers as nursing (6), piloting (2), teaching at the university (1), soldier (1), and driver (1). On the other hand, seven of the fifteen orphans in rural areas did not have aspirations that related to school, reporting farming (2), herding (1), building (2), or unknown (2).

None of the children in District A complained about the poor conditions at their school as these conditions seemed to be taken for granted. There were only two orphans who complained about the quality of education they received, and both of them had attended schools in Blantyre before moving to the north, suggesting that migration can affect an orphan's perception of the school environment and that it is difficult for children

themselves to perceive unequal access to education when there is no comparison available.

4.3.5 Conclusion

The findings show that poverty-related problems tend to be disproportionately onerous on rural orphans, reflecting the differences between urban and rural living standards in Malawi. Because over 80% of Malawians live in rural settings, problems of food scarcity, material poverty, and poor access to health and education services must be seen as important issues for orphans and non-orphans alike. Lack of food and other material resources have a wide-reaching and dramatic impact on orphans, affecting their health, sense of well-being, stress, and vulnerability to economic exploitation. The need for some children to work for cash had multiple and sometimes conflicting outcomes: these activities reduced time in school or recreation, while also giving the opportunity for economic independence that can lead to a sense of self-worth. In this light, working children cannot be seen simply as victims of economic exploitation as long as alternative sources of support are lacking. The differentiation of levels of poverty based on where children are living suggests the need to target efforts at the root causes of poverty in places where it is most severe. Some of the programs initiated by the government and NGOs to address these problems are discussed in Chapter Five.

4.4 Boundaries, Punishment, and Abuse

The topics of authority, punishment, and physical abuse at home and at school help illuminate the power relations that govern orphans' daily lives and the challenges associated with protecting children from abuse. Questions about rules and punishment

were phrased in terms of spatial boundaries (e.g., “how far are you allowed to go when playing?”), and the consequences for transgressing these boundaries (e.g., “what happens when you or the other kids go too far?”). Interviews with social workers revealed that the issue of child abuse was an emerging priority for child welfare in Malawi (interview 46 and interview 47). As such, during later interviews questions were posed to children about the existence of abuse at school and at home. Sexual abuse was not discussed in the interviews because of the heightened emotional risk to the participants. Orphans’ relationships with authority figures were generally characterized by respect and only in a few cases did respondents raise complaints about their treatment in terms of rules and punishment. The general respect for authority was such that some questions such as “why does that rule exist,” or “why do you obey guardians and elders,” were often difficult for children to understand. One boy in District C responded to the question of why he obeys his grandfather by saying simply, “I know he is an old man” (interview 16). The tendency of children not to question authority makes it difficult to ascertain the incidences of abuse, however the discussions of abuse that did emerge provide useful insights into the issue of child protection. Child abuse of any form is a human rights issue, as children have the right to personal security and a sense of self-worth (UNICEF 1990), however each case should be analyzed in light of its severity, its situational context, and the context of social relations in order to be properly understood and addressed.

4.4.1 Punishment and Abuse at Home

Verbal punishments such as scolding were much more common than corporal punishment. Maya, a double orphan in District D, said that she would be denied television as a punishment. She said that she liked her uncle “because he just advises you

when you're wrong without whipping you" (interview 14). A ten-year-old boy in District C confessed to once letting the cattle he was herding eat someone's maize in the fields. This mistake would have had major consequences in the context of food scarcity, however when we asked what they did to punish him, he said they just shouted at him (interview 40). Another twelve-year-old boy, also in District C, said that when he and his friends came home past curfew they were shouted at and there was no other punishment (interview 19). Suspecting that children might be ashamed to admit to receiving corporal punishment, we asked what happens to other children when they break the rules. One eleven-year-old boy spoke about other, older children in the village who were whipped for being disobedient. When discussing places that they are not allowed to go when they play, he said "some are disobedient, they go and come back when it's dark," and when they come back late, "then we are whipped, they whip us" (interview 1). Another partial explanation for the lack of reports of physical abuse can be drawn from a social worker's statement that many people treat orphans in their care more gingerly than their own children because of the embarrassment they would suffer if an orphan claimed to be ill treated (interview 46). The social pressure to treat orphans with kindness could mean that orphans are less likely to be abused, or that they are less likely to admit to being abused for fear of appearing ungrateful to their guardians.

Patricia, who lost her mother after a long illness, suffered chronic domestic abuse by her stepmother. Her father had two wives before her mother died, as polygamy continues to be fairly common in the Ekwendeni area. When Patricia's mother died, the second wife started favoring her own children in the distribution of food. Patricia said that a major source of stress for her was when "mom (referring to her stepmother) shouts

at me and makes me do all the chores as if I am a maid” (interview 34). When we asked if she ever refuses to do the chores, she said yes, but then her stepmother beats her and her father says nothing. She could talk to her aunt about these problems and was staying at her aunt’s house at the time of the second interview, although when asked if she feels that she is loved, she said no (interview 34). Patricia’s older sister was married with a child at age 15, and Patricia said that her sister got married to escape the problems at home and was happy with a nice husband and enough food. She would also like to be married.

One of the few cases of an orphan admitting to disobeying her guardians came to light when Jennifer, a thirteen-year-old girl in District D, described defying her grandparents by coming to school rather than staying home to harvest maize. Referring to the day before the interview, she said: “I ate nsima then I was told to go to the field to harvest maize, but then I refused by telling them I was coming here to school” (interview 12). She said that they allowed her to come to school because it is a safe place for her to come on her own. Jennifer described a strict environment in terms of spatial autonomy. When asked what the rules were governing her leaving home, she replied, “whenever I am chatting with my friends they come and shout at me telling me to stay at home” (interview 12). Whereas other girls did not point to this type of spatial restriction, as discussed below the types of chores that girls are responsible for tend to be the ones closer to home, suggesting that females spend more time close to home compared to males. In contrast to Jennifer’s experience, a boy in District C responded to the question of whether there were rules restricting where he could go by saying: “no, whenever we want to go very far we let them know and we are told not to come back when it is dark” (interview 19). He said if they came back late they would be shouted at but there would

be no other punishment. Girls in the rural areas reported playing and drawing water in places distinctly separate from their homes, suggesting that the difference in setting is important to consider along with gender. Jennifer lived in town where there would potentially be more danger from crime and traffic, while in a rural setting these hazards would be relatively rare.

Jennifer's unusual willingness to defy her guardians and protest her abuse could be related to her many experiences of parental loss and migration, which exposed her to different sets of social norms. She was born in Mzuzu where her father had been a teacher. She started school in Mzuzu, but then her father died and she and her family moved to Erukweni, a large village on the main highway about 20 kilometers from Ekwendeni. Two years later, she moved to Blantyre with her mother and siblings and stayed with her uncle for a year. They then moved back to Erukweni where her mother died. At her mother's funeral the elders convened and decided that Jennifer would go to Ekwendeni to stay with her grandparents and uncle. Her elder sister went to a private boarding school, and her younger brothers stayed in Erukweni with other relatives. She told us that her grandparents and uncle did not beat her but they often yelled at her: "the uncle likes shouting at me without any cause so this reminds me of my parents" (interview 12). It is unclear whether being yelled at reminds her of her parents because they were gentler with her, or if it is due to the fact that they also yelled at her. She told us that her mother used to beat her and her siblings, and while her father was still alive they would run to him for protection (interview 30).

4.4.2 Corporal Punishment at School

Jennifer was the first to talk openly about abuse at school. She seemed very upset about the corporal punishment her teachers used, singling out one of the male teachers who “teaches very well but he is angry as he comes to teach and we fail even to concentrate and get what he is teaching, he even whips us for the smallest mistakes we make” (interview 12). This was the only interview in which a respondent linked corporal punishment in school with a reduced ability to learn, although it is likely to be similar in other cases. Perhaps it was her varied experiences attending schools in Mzuzu, Erukweni, and Blantyre that provided her with an outsider point of view more conducive to criticism of common practices in Ekwendeni. The respondents who had not moved were uncritical of the abuse they received, perhaps because they saw it as a normal part of life. Many of the children’s responses to questions about whipping at school indicated that it continues to be a normal practice despite the fact that it was banned in 1994 when UPE was introduced. For example, one twelve-year-old boy who admires his teacher said “he only does it (whipping students) when you are not listening, and making noise in class makes him angry even though he is generally nice” (interview 41). A girl in District D also called attention to corporal punishment in the classroom, mentioning that her teachers “whip you whenever you’re disobedient,” however she also said that she thought this was fair treatment (interview 14).

Given the overcrowded classes and the lack of learning materials to keep pupils interested in the class, it is easy to see the potential for chaos in the classroom and the challenge of maintaining order. The lack of criticism of the corporal punishment used in schools could also be linked to common attitudes about domestic violence. While there is

little statistical data on the prevalence of child abuse in Malawi, Bezner Kerr (2005a) found that spousal abuse was common in the Ekwendeni area, having been reported in 44% of the households surveyed in her study. Her research suggested that domestic violence was almost a social norm in the area. Given the high enrollment rate at the primary level, primary schools present an opportunity to cultivate new values that do not rely on violence as a way of settling disputes. Non-violence is a value enshrined in the Convention on the Rights of the Child (UNICEF 1990) and a major goal of the Government of Malawi in its efforts to improve the lives of children. Improved teacher training, especially regarding classroom management techniques, increased teacher hiring, improved salaries and improved resources for the classroom have the potential to make a great difference in the lives of vulnerable children in Malawi.

4.4.3 Enforcing Child Protection in Malawi

Increased resources to child rights enforcement would be useful for the Government's social welfare operations, which are highly dependent on volunteer and NGO labor. The person in charge of child protection in the Ekwendeni area is a volunteer, who is paid an allowance by the government, and is based in Karonga about 150 kilometers away from Ekwendeni (interview 46). According to a social worker in Mzuzu, the regional Social Affairs Office covering Mzimba District, with a population of over 600 000 and an area of over 10 000 square kilometers, employs only six people (interview 47). Their time is often taken up by the most severe cases of neglect and abandonment; for example, when I visited the Social Welfare Office in Mzuzu the social worker was delayed because she had to raise funds from local businesses for funeral arrangements for an abandoned infant who had died the night before. Malawi's National

Plan of Action for OVCs (NPA) states: “the capacity of social workers is vastly inadequate and the effectiveness of protection services as a result have been of limited value” (Government of Malawi 2005: 21).

With limited resources to staff government agencies, NGOs (usually foreign-funded) and volunteer associations administer most social services to orphans. A disturbing case came to light during an interview with an administrator at Orphanage B, exposing some of the problems with a child welfare system dependent on foreign support. The orphanage had expelled a teenage girl after she was accused of sexual activities with a boy from the village school. This offense transgressed their zero tolerance policy for sexual activity, which was partly linked to the Christian values instilled in the institution, as well as the promotion of abstinence as a way of stopping the spread of HIV/AIDS. This girl had been living in the orphanage for most of her life, and would face extreme difficulty living on her own. While this may have been an isolated case, the difficult circumstance in which the young girl was left reveals the potential for institutions to provide only conditional care. An administrator at the orphanage said that while it was a difficult decision to send this girl away, her punishment was intended to be an example to the other children.

4.4.4 Conclusion

Despite the limited capacity for child protection, there was little evidence of severe cases of abuse, aside from Patricia’s story and institutionalized abuse at school. Patricia was the only child who said that she worried about violence, suggesting that from the perspectives of the children themselves, their vulnerability to abuse and violence was

not as immediate a concern compared to hunger, lack of clothes, lack of shoes, and missing deceased parents. Nonetheless, the general lack of resources for child protection, the stories of whipping, and the apparent acceptance of these practices in the area suggest that physical abuse of orphans and other children might be more common than what is shown by this data.

4.5 Sources of Love and Comfort

In addition to examining orphans' problems and vulnerability, it is important to look at how they experience their lives without assuming that their experiences are entirely negative. The presumption of misery can obscure positive aspects of orphans' daily lives that provide critical insight into how orphans deal with their difficulties. When asked, "how do you feel about this place," eighteen responded favorably, three said it was okay or better than before, and three did not like the place they were living (one was not asked). The positive responses to this question suggest a high level of contentment due to friends, family, playing, or a comfortable lifestyle, and appear to contradict the findings about orphans and poverty. They point to the range of orphans' needs, which include psychosocial and emotional support as well as material resources. Conceptualizations of orphans as existing outside of the normal social fabric, which lead to an impulse to 'save' orphans, fail to acknowledge the complexity of a child enjoying his or her life in spite of poor living conditions.

4.5.1 *Playing as a Relief from Stress*

Playing is an important way for orphans to relieve stress. A twelve-year-old girl in District D who had lost both of her parents was asked if she sometimes had worries, to

which she replied that she worried about her parents. She said there was no one she could tell her worries to, so we asked her, “how do you deal with the thoughts,” to which she replied, “I just go play” (interview 32). Football was overwhelmingly popular among boys, to the extent that one twelve-year-old boy from District C responded in the negative when asked if there was anything he liked other than football (interview 41). Another boy from the same village said that he lives very well and he likes the place where he lives because “they allow me to go and play football” (interview 39).

Favorite pastimes tended to correspond with things that were available in the place where each child lived. For example, two of the girls in District A mentioned that they liked to play with dolls that make a sound, which were available at the CBCC. While all four girls in town cited reading as a pastime they enjoyed, there was only one child in the rural areas who mentioned reading as an enjoyable pastime (interview 1), reflecting the lack of reading materials in these places.

Playing was also integrated into the time set aside for chores. Daily chores such as herding, fetching water, washing clothes, and minding younger children provided opportunities to socialize with friends. One twelve-year-old girl from District B said that she would chat with friends while fetching water; when asked what they chat about she said: “Aaa, we just play, that’s all” (interview 26). In order to understand why a twelve-year-old boy from District A liked goat herding so much, we asked, “can you tell me something interesting about goat herding because I don’t know much about it?” and he said, “we play – me and my friends Popa and Griffin” (interview 38).

The five children in orphanages were also positive about the places they lived, especially compared to the problems that they had suffered before coming to the orphanage. Four out of five said that they liked the fact that they could go to school. Other things that they liked were praying, having friends, having enough food, and going on occasional excursions to the airport (during which they would receive a soda). The overall level of comfort at the orphanages is likely related to the turmoil discussed above, which most of these children experienced following the death of their parents.

4.5.2 The Comfort Provided by Guardians

Guardians are often the most influential people in children's lives as they can be harsh or soft, stingy or generous, and children have little control over these behaviors. One of the most valued qualities in non-parental guardians from the orphans' perspectives was to make them feel as though they were treated the same as the other members of the household. A double orphan in District C felt that he belonged in the family he was staying with because he felt loved by "everybody at home" and that his aunt treats him the same as her own children (interview 41). A girl in District D who lost both of her parents and both of her siblings also felt good about the place she was living. When asked if she felt loved, she said, "yes, by aunt, she buys us things in common" (interview 44). Children in orphanages tended to have positive feelings about their caretakers, and often cited material rewards when asked how they knew they were loved. One girl in Orphanage A said she felt love from the private donor because he built their school (interview 22). Similarly, six of the nine orphans in the north who were asked, "how do you know you are loved," answered that love was expressed by giving food or

clothes. These sentiments resonate with the association of deceased parents' love with material comfort.

4.5.3 The Importance of Sibling and Peer Support

Peers are often overlooked as sources of support, and yet they provided a sense of belonging, comfort and excitement that seemed to greatly improve orphans' quality of life. Siblings played a key role in orphans' stories because they often had experienced the same events and therefore were in a position to provide empathy. Siblings were often separated following the death of one or both parents because of scarce resources in guardian households. Among the orphans interviewed, eight were separated from siblings following the death of their parents. A boy living in Orphanage B was recently able to meet with his brothers from whom he had been separated at a young age. He expressed a wish that he could some day live with them, noting that his older brother was a "jolly boy" (interview 25). A twelve-year-old boy in District C who lost both of his parents at a young age was separated from his siblings, who were sent to live with far-flung relatives. He also expressed a desire to be closer to his siblings, describing how excited he was to visit his elder sister in Erukweni, and how he imagines his siblings in Mzimba town live very well there (interview 41).

Many children with older siblings saw them as role models, a feeling which is perhaps intensified by the loss of parental role models. A boy in District B trusted his older brother more than anyone else because they often went hunting together (interview 29). A girl living with her mother looked to her married older brother for food, money, love and someone to talk to (interview 27). Another girl in the same village had an older

brother who married at a young age in order to keep his siblings together, and who had cared for her when she was sick (interview 26). In contrast, a twelve-year-old paternal orphan described his twenty-one-year-old brother in negative terms, as they often fought and he could not respect the his brother for quitting school in standard six and spending all of his free time at the bar (interview 45).

Friends were also a significant source of support for orphans. When asked whether they felt loved, and by whom, six said they were loved by friends. One of the boys in an orphanage spoke emphatically about how close he was to his best friend there, claiming that they shared everything and would be friends for life (interview 21). A boy from District A also talked warmly about his friends with whom he played, herded livestock and went to school. He said he would tell his worries to his friends and that he trusts them because they played together (interview 38). In their study of children who experienced AIDS-related migration in Malawi and Lesotho, van Blerk and Ansell (2006a) also found that friends were very important, stating that friendships were crucial for orphans' identity-formation. Many of the children participating in their study said that missing friends and making new ones were the most challenging aspects of migration. Whereas most orphan care policies recognize that separation from siblings is an undesirable outcome for orphans, few acknowledge the importance of children's bonds with their friends.

4.5.4 Conclusion

Guardians, friends, and siblings played complementary and crucial roles in providing emotional and social support to orphans. The positive influence that these

relationships often had on orphans' experiences pointed to the resilience of communities and families that is often overshadowed by stories of misery and abject poverty that dominate discussions of orphans in Africa. The data suggests that rather than orphans being unloved and set apart from society, in most cases children continue to be closely embedded in social networks following a parents' death. Furthermore, children's positive feelings about the places where they live suggest that their surroundings can have a positive impact on their senses of well-being, offering the opportunity for recreational activities that can provide solace or escape in difficult circumstances. The positive aspects of orphans' lives explored here point to the importance of addressing orphans' problems in ways that build on their existing support systems and helping communities to care for orphans rather than 'saving' orphans from social exclusion and removing them from conditions of poverty.

4.6 A Gender-Based Analysis: The Worlds of Girl Orphans and Maternal Orphans

Gender dynamics have a strong influence on orphans' everyday lives because Malawian society is characterized by unequal gender roles. Forster (2001: 247) writes of the gender relations in Malawian society: "antagonism between men and women is widespread, with much suspicion and lack of trust: men distrust women and women distrust men." Bezner Kerr (2005a) demonstrates that in the modified patrilineal society of the Ekwendeni area, the gender divide represents a power imbalance, whereby women are often disempowered from wage-earning activities, resulting in dependence on their husbands, vulnerability to physical and sexual abuse, economic marginalization, and low

social value. In this section, I analyze two aspects of gender relations: the role that gender plays in an orphan's daily life and the impact of the guardian's gender on the orphan's health and sense of being loved.

4.6.1 Gender and the Daily Lives of Orphans

Gender roles were most evident in the division of household chores. The ratio of girls to boys involved in key household tasks, illustrated in Table 3, indicates that while some tasks appear to be gender neutral, such as cleaning floors and drawing water, girls were far more likely to be responsible for tasks close to home, whereas boys were more likely to work in activities related to agriculture. Recalling the two cases in which

orphans were earning cash through agricultural labor, the fact that they were both boys supports the contention that the gendered division of labor is detrimental to girls' prospects of earning cash off of the farm. Patricia's desire to follow her sister in getting married to escape abuse and food scarcity at home provides an example of the limited options available to girls in rural areas. Perhaps if she were a boy experiencing abuse she would be able to work for cash and gain some level of independence.

Task	Girls (n=12)	Boys (n=13)
Herd Cattle	0	4
Cultivate Crops	3	6
Harvest Crops	1	4
Draw Water	5	6
Clean Floors	6	5
Cook	4	2
Laundry	7	1
Wash Dishes	11	4

In order to earn cash, most women in the Ekwendeni area engage in a form of casual labor known as *ganyu* or sell home-made products such as charcoal that do not require capital investment (Bezner Kerr 2005a). Bezner Kerr (2005a) found that despite the fact that women had many responsibilities, the value of their work was seen by men and women as inferior, leading her to suggest that in the Ekwendeni area there is a gender ideology around the division of labor that makes it acceptable, and even expected, that women do more work. Some girls claimed to have more chores to do because of their gender, such as Cora, who had lost her mother and was the only female in the household, and who seemed exceptionally burdened by her responsibilities. She said that she provided most of the childcare to her younger brother, even coming home to check on him while she was in school. When asked if she thought she did most of the chores at home, she responded yes. She also responded positively to the question of whether this was because she is a girl (interview 28). Jennifer also claimed to do more chores around the house because she was a girl. When asked what she likes doing during the day, she responded (interview 30):

I like reading, but during school days I am always busy with household chores such that my resting time is sleep, others are all boys so I do all the chores cooking, washing dishes, washing clothes and other chores.

The task she disliked most was harvesting maize, and she considered her household work less onerous than harvesting. Adam, whose mother was terminally ill, did his own cooking and cleaning. He said he took pride in his independence and saw these skills as rare for a boy his age (interview 18).

4.6.2 Gender of Guardians

The Government of Malawi prioritizes the response to orphans based on a hierarchy of vulnerability in which double orphans are considered the most vulnerable, followed by maternal orphans, and finally paternal orphans (Government of Malawi 2005). My research supports the supposition that maternal orphans are generally more vulnerable than paternal orphans because the five maternal orphans interviewed seemed to have negative or ambivalent feelings about their fathers, or recalled fondly the care their mothers gave them, which seemed to be superior than the care from their fathers.

Millie's story told above provided one example of how a father's abandonment can affect a child's sense of self. In Cora's case, her father is employed as a teacher, which, while not a lucrative position, provides the family with a relatively good income within the community. Despite this stable income, Cora recalled that her mother was "so loving," and that she knew her mother loved her because she bought her clothes (interview 28). The association of her mother with the provision of clothing suggests that her father was not buying her as many clothes, and their stable income suggests that the availability of cash was not the most significant factor in decisions about childcare expenses. For Patricia, the death of her mother left her vulnerable to abuse and food deprivation from her stepmother, which her father seemed unwilling or unable to stop. Martin, a twelve-year-old in District C whose mother died, lived with his grandfather even though his father stayed nearby in a different house. When asked from whom he felt love, he said his friends and his grandfather, whereas he said he did not feel that his father loved him very much (interview 39). Several times we met his father in the village and he was usually drunk in the afternoon. The boy's comments about his grandfather buying

him clothes and his father's frequent drinking suggest that his father does not spend much money on the boy's needs in relation to alcohol consumption. Other studies have noted that the use of money for alcohol is frequently a source of friction between men and women (Bezner Kerr 2005a, Forster 2001). Alcohol abuse could conceivably be a source of friction between a father and child if it reduced the father's economic and emotional support or led to violent behavior.

The observation that single men do not generally provide good childcare in Malawi is supported by evidence from demographic surveys. Stunting among preschoolers is often used to measure child nutrition. Malawi's high rate of stunting (44%) is not correlated with household income or caloric intake, but living in a female-headed household is associated with lower stunting (Government of Malawi 2006). Kennedy and Peters' (1992) study in Kenya and Malawi showed that the proportion of a household's income that was controlled by women had a positive and significant influence on household caloric intake, and that the female gender of the head of household compensated for differences in income at low levels of income. The evidence presented here supports the contention that single mothers generally did a better job than single fathers in providing for children's needs.

4.6.3 Conclusion

Gender dynamics in Malawi are characterized by a sharp division in roles and responsibilities, with women having fewer and poorer earning opportunities than men. Their limited opportunities mean that women have more difficulty achieving economic independence and for girl orphans this lack of options can lead to early marriages and

further dependence. Women in this study also tended to provide better childcare, which meant that maternal orphans were more likely to be separated from their surviving parent and feel that they lacked care.

4.7 Summary of Findings

The data and analysis presented here point to a host of factors that contribute to orphans' quality of life and sense of well-being, including poverty, gender, place, and migration. Simplified narratives of orphans and the 'orphan crisis' fail to capture the nuances of orphans' daily lives, which sometimes appear paradoxical; for example, a child could live in poverty and be happy, or children's work could be exploitative and yet provide certain benefits. The data also highlights individual agency, such as Wilson's efforts in working hard to feed his family, or Adam's mother's decision to teach her son life skills before she dies, which are not captured in models of orphan outcomes such as the social rupture thesis. These nuances only become apparent when orphans' lives are studied in depth, and in a way that brings forth the perspectives of orphans themselves.

The many pre-conditions of vulnerability that influence outcomes for children following their parents' death point to a need for policy-makers concerned with child welfare to move beyond the orphan/non-orphan dichotomy in identifying children's needs. Characteristics such as gender, age, birth order, whether they live in a rural or urban environment, the gender of the deceased parent, the cause of the parent's death, relationship to guardian, and the socio-economic status of the household, need to be considered alongside orphanhood status when conceptualizing the problem of child vulnerability in Malawi. While the multiple factors shaping orphans' lives can make their

problems appear intractable, addressing core issues can have an impact on several problems. For example, improving food security helps to address problems related to health, education, and the burden of stress. The following chapter discusses some of the initiatives being taken by the Government of Malawi and EHAP to address orphans' problems, underscoring the importance of policy responses that help communities to continue to provide care rather than removing orphans from their familiar environments, which in themselves are a source of comfort.

CHAPTER 5: CONCLUSION

Malawi is among the most disadvantaged countries in the world in terms of human development indicators such as household income, life expectancy, and food security. The roots of these problems lie in historical and contemporary processes including the slave trade, colonialism, labor migration, land alienation, and economic policies related to structural adjustment programs. The HIV/AIDS pandemic has lowered the living standards of many Malawians in recent years, forcing households into enduring poverty and challenging the capacity of social networks to respond to the needs of the sick, the newly impoverished, and orphans, more than half of whom have been orphaned because of HIV/AIDS. In this chapter, I summarize the main points that emerge from this thesis. I then give some examples of how the Government of Malawi and its NGO partners, including EHAP, are responding to the needs of OVCs by investing in community-based initiatives. Finally, I point to some areas for future research regarding orphans in Malawi.

The ‘orphan crisis’ in SSA is a problematic concept because of the shifting definitions of orphanhood, the cultural connotations of abandonment and helplessness associated with orphanhood, and the insufficiency of simplified models to capture the diversity of causes and experiences of orphanhood. Orphans are often portrayed as abandoned children, as potentially asocial, and as helpless people who are burdens on their caregivers. Challenging these conceptualizations, the research findings suggest that while some cases of abandonment and helplessness exist, these traits do not reflect the reality for most orphans in Malawi, who are cared for by a living parent or relatives and

are socially embedded in their communities. Many orphans pointed to poverty-related problems as the most pressing in their lives, with hunger as the most important. In most cases of extreme food scarcity, the entire household, and sometimes the entire village, suffered from food scarcity, challenging the assumption that orphans are at a disadvantage relative to non-orphans around them. These findings suggest that fears of an 'orphan crisis' are misdirected and risk obscuring the need for broad-based approaches to addressing child poverty in Malawi.

Academics and policy makers need to think critically about the specific causes and effects of child vulnerability in Malawi including, but not limited to, orphanhood status. The findings show that the official definition of an orphan refers to a diverse group who face a range of challenges. There are few commonalities between an orphan who lives in town with her grandparents and uncles, and whose favorite pastime is watching satellite television, and an orphan who lives in a rural community with his mother and constantly worries about food. Furthermore, many of the aspects of orphans' impoverished conditions in rural areas such as poor schools, poor access to health care, and unreliable food sources are related to structural problems arising from Malawi's economic marginalization since the colonial era and are only superficially related to their orphanhood status.

As in Victorian Britain, orphanhood in Malawi today rarely results in abandonment. Most orphans are cared for by a surviving parent or by relatives. Several factors can make foster homes acceptable substitutes for care from biological parents; some were orphaned at a young age and continued to live with the only family they ever knew, while others stayed with close relatives who treated them as full family members.

Orphans were also able to turn to friends, aunts, siblings or other relatives for emotional support outside of the home and thereby received care through their communities. The majority of positive responses to the questions of how orphans feel about the place they lived points to the success that many communities and caregivers have had in providing a good level of psychosocial support to orphans in spite of the constraints of their own poverty. These findings support Chirwa's (2002) argument that communities in Malawi have demonstrated social resilience in the face of high rates of HIV and orphanhood.

There are several benefits of studying orphans as social actors rather than as objects acted upon by larger processes. This approach helps to capture the role of children's agency in adapting to and overcoming obstacles and contributes to the growing body of literature on children's competency. Investigating children's agency while recognizing the structural influences that limit their options produces a richer and more detailed view of children's lives than a study of structures alone could provide. Listening to children's perspectives also helps to draw attention to problematic assumptions that often influence people's views of children as 'adults to be' rather than subjects in the present. Strands of the 'orphan crisis' narrative are focused on how orphans will mature rather than on their present experiences of orphanhood, emphasizing children as potential adults rather than social beings in the present. Studying children as social actors helps to focus attention on the complexities of their lives and perceptions in the present, producing empirical data that reflects the often neglected first-hand experiences of children, and understanding how common characteristics such as age, gender and place can lead to very different outcomes. There is also an ethical component to this approach,

in that treating marginalized people as social actors gives them dignity and credibility within the research process.

An epistemological approach that views orphans as social actors can lead to very different conclusions from an approach that views them as victims. Whereas the latter focuses on the problems and what orphans lack, be it parents, good schools, food, or clothes, the former also considers the great effort exerted by orphans and their caregivers in reaction to these circumstances. The research found that orphans often work hard to produce food or earn money for food, take on work responsibilities at home, and study diligently to improve their future prospects. Orphans' parents and caregivers sometimes migrate in search of better opportunities, or open their homes to children in need. Emphasizing orphans as victims tends to lead toward the logical solution of saving orphans, implying that their situations could not be worse, however a recognition of the many ways in which traditional care has been successful leads to the logical conclusion that policies and programs should seek to enhance the care-giving capacity of communities.

The Government of Malawi has prioritized family-based care as the core approach to helping OVCs in the National Plan of Action for Orphans and Other Vulnerable Children (NPA). The NPA was released in 2005 and outlines guiding principles, strategic objectives, and specific activities with anticipated funding sources and timelines. The preparation of the document was coordinated by a technical working group comprised of representatives from the Government of Malawi, the UN, pivotal donors, and the National AIDS Committee (Government of Malawi 2005). Most of the activities outlined in the NPA provide strategic support to OVCs living in communities, usually with

extended family members. The Government's role is primarily to coordinate, monitor, and provide support to community-based organizations (CBO) and NGOs as they carry out the action plans. As the key NGO in the Ekwendeni area that provides social services, Ekwendeni Hospital through EHAP works within the framework set by the NPA. EHAP provides programs targeted at the immediate needs of OVCs and their households, such as giving food, fertilizer, and blankets and paying for orphan school fees. It also runs programs aimed at strengthening the capacity for CBOs to provide care over the longer term through the establishment of income-generating activities (IGA) and the provision of early childhood development support through community-based childcare centers (CBCC).

Community-based IGAs are identified by the NPA as a means of providing economic support to households in need, with the profits offsetting the costs associated with raising children. EHAP has provided seed money for orphan care committees in the catchment area to invest in the sale of various goods such as paraffin, cooking oil, fish, and salt, the proceeds of which are used to help OVCs in the community. Two maize mills and several piggeries were also installed to generate income. In addition to providing seed money, EHAP has provided business training to 60 individuals so that they can increase profits for orphan care activities. The IGA initiative has the potential to provide income over time that can help to address some of orphans' immediate needs related to poverty, as well as offering spin-off benefits to the communities in business training and experience.

CBCCs have been established throughout Malawi to provide early childhood development opportunities and to provide a safe and welcoming place for children to

spend their free time. CBCCs are open to orphans and non-orphans alike in order to reduce the stigmatizing effects of targeting orphans specifically. There are 1 700 CBCCs in Malawi serving approximately 120 000 children under the age of five (Government of Malawi 2005). CBCCs are equipped with books, games and learning materials and CBCC caregivers receive basic training in early childhood education. EHAP also provides CBCCs with food so as to address nutrition deficits in the communities. CBCCs are an important initiative in reaching out to OVCs in Malawi and providing them with food, early education, and a socializing environment that helps them to develop within their communities.

While these initiatives are noteworthy in their focus on providing for children within their communities, they are heavily reliant on volunteer energy and foreign financial support, at least in the initial phases. Nonetheless, the strong response from communities in the Ekwendeni area point to the resilience of communities to adapt to new challenges and to continue working to care for OVCs among them. The effectiveness of community-based childcare programs such as IGAs and CBCCs present many opportunities for policy-oriented research, such as measuring the workload involved and the outcomes for orphans in communities with IGA programs, and comparing children from communities with CBCCs to those without CBCCs. Because volunteer efforts are often the driving force behind CBO initiatives, it would be useful to look at their motivation and sense of accomplishment, and to try to find ways to support volunteers.

For children's geographers, the positive sense of place among orphans, which helped to counteract the stress of grieving for parents and worrying about poverty, is a topic that should be more fully explored. This research hinges on the perspective that

children as social actors play a significant role in interpreting their own worlds and giving meaning to their surroundings, and as children experience the world differently than adults, these meanings are not always apparent to the adult researcher. Moreover, in a cross-cultural context these experiences and meanings can be even more divergent from what the researcher might anticipate. Further research that draws on theories of place and children's agency to explore how children interpret their everyday lives has the potential to create new insights into the contemporary orphanhood in SSA and childhood in general. As the number of orphans in Malawi continues to grow, and the enduring poverty continues to force more children into vulnerable positions, future research should look at ways of addressing child poverty, child protection, and their psychosocial development from a starting point of seeing children as social actors, and begin to work with them and their communities to address these issues.

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APPENDIX A: LIST OF INTERVIEWS

Code	Date	District ⁹	Orphanage ¹⁰	Gender	Age	Orphan Type
1	01-Jun-07	C		Male	11	Paternal
2	04-Jun-07	B		Female	12	Double
3	04-Jun-07	B		Male	11	Paternal
4	05-Jun-07	D		Female	11	Double
5	06-Jun-07	A		Female	12	Maternal
6	06-Jun-07	A		Female	11	Paternal
7	07-Jun-07	A		Male	9	Paternal
8	07-Jun-07	A		Female	7	Maternal
9	07-Jun-07	B		Female	11	Paternal
10	07-Jun-07	B		Male	12	Double
11	07-Jun-07	B		Female	10	Maternal
12	11-Jun-07	D		Female	13	Double
13	11-Jun-07	D		Female	13	Double
14	11-Jun-07	D		Female	11	Double
15	11-Jun-07	D		Male	12	Paternal
16	15-Jun-07	C		Male	12	Maternal
17	15-Jun-07	C		Male	10	Double
18	15-Jun-07	C		Male	12	Paternal
19	15-Jun-07	C		Male	12	Double
20	18-Jun-07	A		Male	11	Paternal
21	27-Jun-07		A	Male	13	Paternal

⁹ See description on page 41

¹⁰ See description on page 46

Code	Date	District ⁹	Orphanage ¹⁰	Gender	Age	Orphan Type
22	27-Jun-07		A	Female	14	Maternal
23	28-Jun-07		C	Male	12	Double
24	28-Jun-07		C	Female	12	Double
25	28-Jun-07		B	Male	8	Double
26	11-Jul-07	B		Female	12	Double
27	12-Jul-07	B		Female	11	Paternal
28	12-Jul-07	B		Female	10	Maternal
29	12-Jul-07	B		Male	11	Paternal
30	13-Jul-07	D		Female	13	Double
31	13-Jul-07	D		Female	13	Double
32	13-Jul-07	D		Female	11	Double
33	16-Jul-07	A		Male	9	Paternal
34	16-Jul-07	A		Female	12	Maternal
35	16-Jul-07	A		Female	11	Paternal
36	17-Jul-07	B		Male	12	Double
37	18-Jul-07	A		Female	7	Maternal
38	18-Jul-07	A		Male	11	Paternal
39	19-Jul-07	C		Male	12	Maternal
40	19-Jul-07	C		Male	10	Double
41	19-Jul-07	C		Male	12	Double
42	19-Jul-07	C		Male	11	Paternal
43	20-Jul-07	C		Male	12	Paternal
44	20-Jul-07	D		Female	11	Double
45	24-Jul-07	D		Male	12	Paternal
46	20-Jun-07	First interview with social worker				
47	20-Jun-07	Second interview with social worker				

APPENDIX B: ORPHAN INTERVIEW GUIDES

1. First Interviews in Northern Malawi (Interviews 1-20)

THEME	INITIAL QUESTIONS	PROBING QUESTIONS
Introduction	What is your name?	What does your name mean?
	How old are you? When is your birthday? How many people in your family/household?	
Daily Routine	What was the first thing you did when you woke up yesterday?	What did you do next, etc What is your favorite part of the day? What do other people in your household do?
Tasks	What tasks are you responsible for?	
	What is your least/most favorite duty?	
School	Did you go to school last month?	How frequently?
	Tell me about your teacher. How does your teacher treat the students?	
	What subjects do you study?	
	Do you ever read for pleasure?	
Play	What is your favorite game?	What do you like about this game?
		Have you played this game in the last month? If so, whom do you play it with?
		Are there other activities you like more than this game? What do you like about them?
Spatial boundaries	Are there rules about how far away from home you are permitted to wander for play/chores/school?	Do other kids have the same rules? Does it change if you are a boy/girl? Does it change when you reach a certain age?
	What places do you like to go?	Why do you like to go there? Would you show us this place?
	How often have you left the village in the past month?	For what purposes?
	What is the farthest place you have been?	Why did you go there? What did you think of this place?

2. Second Interviews in Northern Malawi (interviews 26-40)

THEME	INITIAL QUESTIONS	PROBING QUESTIONS
Autobiography	What were your parents' names?	Tell me about them.
	Where did you live with them?	Tell me about that house/place.
	Tell me about the time when your dad was sick. (Probe and repeat for mom)	Who cared for him/her?
		Did you have other new jobs to do?
		How did you feel?
		What was it like?
		Did other people come and stay with you?
Did you go and stay with somebody else?		
What happened to you after your parent(s) died?		
Living conditions	Tell me about your life here.	Housing, Clothing, Food
	Where do you get your water?	If from outside the house, how far do you go to fetch water?
Feelings about living conditions	How do you feel about the place you live now?	
	What are the things you like/dislike about this place?	
	Do you miss anything about your life before your parents died?	
	Are there things that are better for you since your parent(s) died?	
Sickness	Tell me about a time you were sick.	Did you visit a hospital? If yes, who took you to the hospital?
		Did you receive medicine?
		Who cared for you?
		What food did you eat?
Psychosocial support	Do you sometimes have worries?	If yes, what are your worries?
	If you have worries, do you have someone to talk to?	If yes, who?
	Is there someone you trust?	What makes you trust this person?
	Do you feel that you are loved?	By whom?
How do you know you are loved?		
Aspirations	Is there anyone who you look up to/want to be like?	What do you admire about this person?
	What would you like to do when you are older?	What do you like about this job?

3. Personalized Questions Supplemental to (2).

- Interview 26** *You said you're not allowed to go to Mr. X's place and Mr. Y's place. Have you ever been to these places? What happened?*
- Interview 27** *After your mother died, how long were you staying in Ekwendeni? What was your house like there? Who did you play with in Ekwendeni? What was the school like? Why did you return here? Do you feel you are needed at home?*
- Do you feel that you are like a mother to your brother? Do you like caring for your brother? Who stays with your brother after school? How does your father earn a living?*
- Do you feel that you do most of the chores at home?*
- Do you have enough time to play?*
- Interview 28** *Have you ever encountered anything dangerous while hunting in the mountain?*
- Interview 30** *What secondary school will you attend? Who will pay the fees? Who will decide where you will go? Where would you like to go? What do you expect boarding school to be like? Fun? Difficult?*
- Did your parents' deaths affect your school performance?*
- Do you feel you are in a better place than your siblings?*
- What was Blantyre like? House? Food? School? Did your mom die while you were in Blantyre? What would you like to do if you could go back to Blantyre?*
- Interview 31** *Why were you separated from your siblings? Where do they live and with whom? Whose decision was that? Do you wish you lived with them? How often do you see them? Do you think they have an easier life?*
- What happened to you in Lilongwe? Were you there for a long time? How did your aunt treat you? Describe the place where you stayed. Did you have different or more chores to do?*
- Interview 32** *How do you feel about your uncles and grandparents?*

Are you looking forward to secondary school? What do you think it will be like?

Interview 34 *How does your father provide for the family?*

Do you like your stepmother? Does she care about you as much as your mother did?

How did you feel when your sister got married? Why did she get married? Did she want to get married (why)? Did she ever consider finishing school instead? Is her husband a kind man? Is he older than her? How do they earn a living? Do they have enough food?

Did you like going to Ekwaiweni the time you went to visit your grandparents there?

Interview 35 *Are you ever lonely? Do you sometimes wish you had brothers and sisters? Do you have many friends?*

Interview 36 *How do you feel about being the main breadwinner of your family?*

Do you think you have been held back in school because of your responsibilities at home?

What sorts of jobs do you do to raise money?

How old is your grandmother? Does she ever get sick? Do you ever have to buy her medicine or take her to the hospital?

Do you ever fail to concentrate in school because of hunger?

Do you feel you have less time to play than other children your age?

Interview 38 *Please tell me a bit about goat herding because I don't know much about it.*

Interview 39 *Were you already living with your grandfather before your mother died?*

Does your grandfather teach you about life? What does he teach you?

Interview 40 *Who is Zondwayo? What does he do at your house?*

Have you ever lost a cow while herding? Do you alternate the herding duties with other boys?

Interview 41 *Have you ever had a doctor look at your eyes? If possible, can you show us the eye ointment you used?*

- Interview 42** *Tell me about the time your stepfather was sick (probe as with father).
Did you like your stepfather?*
- How do you remember Blantyre? How did you feel when you moved from Blantyre to this place?*
- What chores did you have to do when you lived in Blantyre?*
- How do you feel about herding for other people? Are you able to study while herding? Have you ever lost a goat? What happened? Were you punished?*
- How does your mother earn money?*
- Where is your twin brother?*
- How do you feel about being separated from your sisters? Why did they stay and you and your brother come here? Do you think they have a better life than you? How often do you see them? Would you rather be together with them?*
- Interview 43** *Does your mother ever get sick? Does she ever visit the hospital? How did you feel when she was sick? Who took care of her?*
- Why does your mother teach you household skills?*
- Do your older brothers ever help you financially? Do they have children of their own?*
- Interview 45** *Do you and your older brother share the household and agricultural work equally?*
- Is your mother sick?*
- Have you ever spent a night away from home? With whom? What did you do?*
- Do you have a girlfriend?*
- Do you try to be the same or opposite from your brother? Does he have a girlfriend? Does he come and go as he pleases? Do you spend a lot of your free time with your brother?*

4. Interviews in Blantyre (Interviews 21-25)

THEME	INITIAL QUESTIONS	PROBING QUESTIONS
Autobiography	What were (was) your parent(s) names?	Tell me about them.
	Where did you live with them?	Tell me about that house.
	Tell me about the time when your dad was sick. (Probe and repeat for mom)	Who cared for them/him/her? Did you have other new jobs to do? How did you feel? What was it like? Did other people come to stay with you? Did you go to stay with somebody else?
	What happened to you after your parent (s) died?	
Living conditions	Tell me about your life here.	Food, Daily Routine, School attendance, Interest in playing, Responsibilities, Housing, Clothing
	Can you show me where you sleep?	
	Where do you get your water?	If from outside the house/residence, how far do you go to fetch water?
Feelings about living conditions	How do you feel about the place you live now?	
	What are the things you like/dislike about this place?	
	Do you miss anything about your life before your parent(s) died?	
	Are there things that are better for you since your parents died?	
Sickness	Tell me about a time when you were sick.	Did you visit a hospital? If yes, who took you to the hospital? Did you receive medicine? Who cared for you? What food did you eat?
Psychosocial support	Do you sometimes have worries?	If yes, what are your worries?
	If you have worries do you have someone to talk to?	If yes, who?
	Is there someone you trust?	What makes you trust this person?
	Do you feel that you are loved?	In what ways?
Aspirations	Is there anyone who you look up to/want to be like?	What do you admire about this person?
	What would you like to do when you are older?	What do you like about this job?

APPENDIX C: ORAL CONSENT STATEMENT

“My name is Liam Riley and I am from Canada. I am a student at the University of Western Ontario and Rachel Bezner Kerr is my teacher there. I am working with the Ekwendeni Hospital AIDS Program. I am conducting interviews in order to help understand what it is like to be an orphan in Malawi. This information will be used to inform the Ekwendeni Hospital AIDS Program’s response to the needs of orphans. Please be aware that we are not here as part of a relief program, and will not be providing any food or donation to you or your village as a result of the interview, we are only trying to understand the situation. If you choose to proceed with this interview, you will be interviewed for about an hour today. Your participation is voluntary, and you have the right to not answer any or all of the questions at any time. If at any time you are uncomfortable about the interview you have the right to withdraw your participation. All of your answers will be treated as confidential by the research staff. Your identity will be protected in all discussions and material produced for any and all interviews. The interviews will be stored only on my computer and my usb key, both of which will have restricted access. Summary documents of research findings will be made available in Chitumbuka and English to the AIDS Program of Ekwendeni Hospital as well as to individual participants once the results have been analyzed. If you have a question about the study you can contact the Ekwendeni Hospital AIDS Program. Esther Lupafya, the AIDS Program Coordinator, may be contacted for further information or if you have any questions or wish to submit a complaint about the study.”

APPENDIX D: SOCIAL WORKER INTERVIEW GUIDE

THEME	INITIAL QUESTIONS	PROBING QUESTIONS
Introduction	What is your profession?	
	What is the area you work in?	
	How long have you held your current position?	
	How long have you worked in this region?	If not "all my life", where have you worked in the past? Compare.
Extent of orphan Problem	Do you think the orphan population in Mzimba District is growing, shrinking, or staying the same?	How does Mzimba District compare to other parts of Malawi?
	Do you know how many orphans are registered in Mzimba District?	What proportion of the total population is this estimated to be? How many are orphaned by AIDS? Repeat for all of northern region.
	Are there any situations where your department provides different services to orphans based on such factors as which parents have died? . . whether their parents died of AIDS or something else?
	Have you heard of additional meanings associated with the word "orphan"?	e.g., abandonment, failure of support network, AIDS stigma.
	Have you encountered confusion over the term orphan when dealing with people in the area?	
	Have you seen differences in the problems faced by orphans based on where they live within Mzimba District?	e.g., town/village, remote/accessible, good/bad farming, close to good schools?
	What efforts has the government made to increase the percentage of births being registered?	
Orphan Care Strategies	Has the government's approach to orphan care changed in recent years?	In what ways? Please provide examples.
	Tell me about your work with orphans.	
	How many orphanages are there in Mzimba District?	Who oversees them? How are they regulated? Are there any publicly funded orphanages?
	Describe the programs being implemented through the Ekwendeni Hospital AIDS Program.	Is EHAP unique within the district? Region? Country? How are these programs designed? (e.g., in collaboration with villagers or based on outside expertise)

How many social workers are employed by the government in Mzimba District?	How is this determined? Are they assigned throughout the country based on population, number of orphans, size of region?
Tell me about the National Task Force on the Global Movement for Children (GMfC) organized children's fora. (p 22 of NPA)	Where are they held? How frequently? Who participates (age, regional and gender and religious representation)?
Tell me about the children's parliament. (p 23 of NPA)	Repeat above probes
Tell me about Children's Corners (p 21 of NPA)	Are there any in Mzimba District or planned for Mzimba District? If not, are there programs targeting 10-18 year olds?
Tell me about safe houses.	Are there any in Mzimba District or planned for Mzimba District?
On p 28 the NPA states that community ownership is a guiding principle. Do you think maintaining community identity is important?	Why? Does this principle play out differently in urban and rural settings?
Also on page 28, strategic objective 2, "to strengthen the capacity of families and communities in caring for OVCs by providing support to improve their economic security, social and emotional well-being and protect them from abuse, exploitation, property dispossession, stigma and discrimination in respect of gender equality." What if families and communities are inflicting stigma and abuse? Are there strategies that address this problem by providing external resources, for example?	
On page 37, the NPA refers to the importance of information flowing down to the communities as well as up to the district and national structures. How is this being addressed?	
Tell me about the Community OVC Coordination Committees (p 35 of NPA)	Who composes these committees? Are they volunteers? How often do they meet? Where do they meet? How many people are on the committee?
Tell me about the National OVC Situation Analysis referred to on p 37	Who is writing this? Has it been written yet?

APPENDIX E: INFORMATION LETTER FOR SOCIAL WORKERS

Liam Riley
Ekwendeni Hospital AIDS Program
PO Box 19
Ekwendeni, Malawi

1151 Richmond St. N
Geography Department
The University of Western Ontario
London ON N6A 5C2

June 2007

Dear Sir or Madam:

My name is Liam Riley and I am a Master's student in the Geography Department of the University of Western Ontario in London, Canada. I am currently conducting research on the lives of AIDS orphans in Malawi. My research mainly consists of interviewing orphans in order to understand how they feel about their circumstances. In order to maximize the usefulness of this research, which has been undertaken in collaboration with the Ekwendeni Hospital AIDS Program, I will also be interviewing government officials, caregivers, and local professionals working with orphans. These interviews will allow me to understand the problem of orphans from various perspectives, complementing my research with orphans themselves.

From this research project I hope to produce useful information and analysis that will help program administrators in Ekwendeni and elsewhere in Malawi to better understand and respond to the needs of OVCs affected by AIDS. Also, I hope to be able to convey to people outside of Malawi what the daily life of an AIDS orphan consists of, and how they see their place in the world.

I will not be providing any form of compensation for the interview. If you choose to proceed with this interview, you will be interviewed for about an hour today. Your participation is voluntary, and you have the right to not answer any or all of the questions at any time. If at any time you are uncomfortable about the interview you have the right to withdraw your participation. All of your answers will be treated as confidential by the research staff. Your identity will be protected in all discussions and material produced for any and all interviews. The interviews will be stored only on my computer, which will have restricted access. Written transcripts will be kept in a secure place when not in use.

Summary documents of research findings will be made available in Chitumbuka and English to the AIDS Program of Ekwendeni Hospital as well as to individual participants once the results have been analyzed. If you have a question about the study you can contact the Ekwendeni Hospital AIDS Program. Esther Lupafya, the AIDS Program Coordinator, may be contacted at _____ for further information or if you have any questions or wish to submit a complaint about the study. You can also contact Dr. Rachel Bezner Kerr at the Geography Department of UWO at _____ for further information.

Sincerely,

Liam Riley
MA Candidate, University of Western Ontario

I have read this letter and agree to participate in the interview

Name and date

I have been given an opportunity to ask questions regarding this study and know whom to contact should I choose to lodge a complaint

Name and date

I give the researcher permission to use my job title in association with my testimony

Name and date

Witness and date