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Livelihoods, care and the familial relations of orphans in eastern Africa

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Although the impact of AIDS-induced mortality and morbidity is well-researched, few studies explore the interaction and reciprocity of care between children and their households. Drawing on participatory research methods (interviews, focus groups, photo-essays, story writing and observations), we bring together the findings of two qualitative studies from rural communities in Ethiopia and Kenya involving 94 orphans and their households. We argue that children's contributions to household livelihoods are pivotal to the coping of households affected by AIDS. Despite various socio-economic constraints placed on their childhood, orphans' access to the household-based resources of extended families enhances their ability to obtain long-term means for their livelihoods. Care for orphaned children is also influenced by reciprocity in terms of household labour contributions, the care of sick family members and generating and contributing income in return for adult protection and provisions. We conclude that a one-dimensional view of orphans as "burdens" not only overshadows the meaningful contributions they make to their families, but also diverts attention away from interventions grounded in their felt needs and capacities.

Keywords: children; work; orphan care; poverty; HIV/AIDS; Africa

Introduction

The number of children affected by AIDS in sub-Saharan Africa is increasing alarmingly. In eastern Africa, the multiple social and economic repercussions of AIDS are felt in terms of household labour shortages (Oleke, Blystad, & Rekdal, 2005), loss of income and saving due to adult morbidity and mortality (Barnett & Whiteside, 2006), increasing numbers of dependents (Nyambedha, Wandibba, & Aagaard-Hansen, 2003b; Oburu & Palmerus, 2003), and the duty of children to provide care and support for the sick and/or the elderly (Robson, Ansell, Huber, Gould, & van Blerk, 2006; Skovdal, Ogutu, Aoro, & Campbell, 2009). Unsurprisingly, a growing body of literature has emerged addressing the epidemic's negative impact on children's well-being and extended families, as well as outlining a multitude of approaches to interventions (Ayieko, 1997; Guest, 2001; UNAIDS, 2008). It is perhaps for this reason that HIV and AIDS continue to be constructed within both academia and international aid circles as producing children who are "burdens" (Ennew, 2005; Meintjes & Bray, 2005).

Although it has been acknowledged that boys and girls in Africa make meaningful contributions to family livelihoods (Porter, 1996; Verhoef, 2005) and social and economic reproduction (Katz, 1991; Schildkrout, 2002), orphans continue to be viewed as vulnerable victims, and as mere objects of pity and charity appeals. Only a few studies have documented the complex material, familial and geographical contexts of their livelihoods (Abebe & Aase, 2007; Ansell & Van Blerk, 2004) and how the work these children perform constitutes an unacknowledged dimension of the social reproduction of many rural families (Robson, 2000; Skovdal et al., 2009). These studies highlight how orphans work for survival and fulfill their social and economic obligations within their households. They also show how combinations of interdependent factors, such as the sense of obligation to family, household needs for resources, the capacities of the children themselves and the children's own preferences, influence the reciprocal relationships between orphans and their caregiving families (Ansell & Van Blerk, 2004; Skovdal, 2010).

This article supplements these researches and explores the complex ways in which children's work is valued and enters into the equation of care by extended families that support orphans in Ethiopia and Kenya. The article examines the work and support performed by the children, as well as the interrelated familial and socio-cultural dynamics of care, including age, gender, inter and intra-generational relationships and how these shape the ways in which orphans are perceived by and define their position within extended family households. Finally, the implications of the

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study are presented in order to rethink interventions that recognise the importance of mutual care and acknowledge the role of children in the livelihoods of extended family households.

Methodology

The empirical material we draw on is on-going participatory research with AIDS-affected children in two rural communities in Ethiopia and Kenya. The research projects in Gedeo, Ethiopia (by TA), and Bondo, Kenya (by MS), were granted ethical approval by the HIV/AIDS Prevention and Control Bureau of the City Government of Addis Ababa and the Research Ethics Committee at the London School of Economics, respectively. Pseudonyms will be used to protect the identity of our research participants.

Empirical contexts

Gedeo District is located within the multi-ethnic Southern Regional State of Ethiopia. It is inhabited by almost one million people, most of whom belong to farming communities and are members of the Gedeo ethnic group (The Central Statistics Authority [CSA], 2002). The district is one of the most AIDS-affected regions, with an average urban adult infection rate of 14% and a rural infection rate of 8% (CSA, 2002). Levirate marriage or widow inheritance, by which a man takes the wife and children of his diseased brother, is a cultural norm and has three pivotal functions (Brøgger, 1984; Hamer & Hamer, 1994). First, it prevents clan land from being inherited by members of other tribes, as inheritance rights follow the patrilineage. Second, it is a form of social security, because a brother assumes the responsibility for looking after the wife and children of his deceased brother as "heirs" to his family. Third, levirate marriage ensures that the reproductive power of the widow is "not wasted", especially if the husband dies without having had children, who are seen as both a resource and a source of prestige and social status.

Our study in Kenya is situated in Bondo District, on the shores of Lake Victoria in Nyanza Province. The district is inhabited by the Luo ethnic group and, like Gedeo District in Ethiopia, is characterised by high levels of poverty and HIV (GOK, 2006). It is estimated that one in three children in Bondo have lost one or both parents and one in nine children have lost both biological parents (Nyambedha, Wandibba, & Aagaard-Hansen, 2003a). Furthermore, migrant labour, market forces, technology and foreign knowledge systems have all had some impact on weakening traditional indigenous institutions for supporting orphans (Nyambedha & Aagaard-Hansen, 2007). It is within this context that we explore the ways in which children's work enters into the equation of care by fostering households, and how the dynamics of care affect the temporality and quality of care orphans give and receive.

Data collection and research participants

The children participating in this study were purposefully sampled with the help of NGOs on the basis of how orphans are defined locally. This includes children under the age of 18 who have lost one or both parents, as well as children who are vulnerable to poverty and parental illness (Table 1). Although simplified, we will refer to the children in this study as orphans. As illustrated by Table 2, a wide range of methods were used during fieldwork that lasted for eight months. The empirical material was collected by us and local research assistants. Our individual and group interviews were semi-structured and followed topic-guides, whilst participatory methods, such as photovoice and participatory learning and action tools, were facilitated through workshops. Where feasible, data were recorded, transcribed and translated from Amharic or

Table 1. Socio-demographic characteristics of research participants.

Socio-demographic characteristics	Ethiopia (*n*)	Kenya (*n*)
Gender		
Boys	29	20
Girls	24	28
Age group		
10–12	14	10
13–15	23	31
16–18	16	7
Orphan status		
Social orphan (child vulnerable to poverty and parental illness)	5	7
Double orphan (child lost both parents)	13	8
Paternal orphan (child lost its father)	21	26
Maternal orphan (child lost its mother)	14	7
Guardian		
Mother	13	24
Father	4	2
Grandmother	9	10
Grandfather	6	2
Aunt	8	7
Uncle	8	3
Other	5	–

Table 2. Overview of methods and data.

Research tools	Ethiopia (n)[a]	Kenya (n)
Interviews		
Orphans and vulnerable children	53	24
Guardians	26	10
Focus group discussions		
Children	12 ($n=36$)	6 ($n=33$)
Guardians	4 ($n=16$)	–
Community members	6 ($n=12$)	2 ($n=31$)
Written compositions by children		
Story-writing[b]	140	27
Photovoice essays	36	240 ($n=48$)
Participatory learning and action tools		
Daily diagrams	–	48
Community maps	–	12 ($n=48$)
History profiles	–	48
Participant observation		
Field notes	Researcher	2 field assistants
Observations	Researcher	2 field assistants
Activity-based dialogues	Researcher	–
Household visits	26	–

[a]n = The total number of individuals involved.
[b]Not all the children who took part in story writing have participated in the research involving other methods. In addition, since story writing is used to elicit children's (rather sensitive) experiences in a more confidential and less confrontational manner (see Ansell, 2001), we asked the children in our research to write about their experiences of work, orphanhood and care anonymously. Hence, the age and gender of the participants in this activity is not determined.

Dhluo into English. Data from all our methods were incorporated into our thematic analyses. Although we will not report on data from all methods or emerging themes, this multi-method approach provided us with a multifaceted understanding of the complexity and reciprocity of care and support in children's lives, influencing how we report our findings. In what follows, we turn to discuss the two overlapping themes emerging from our studies: (1) the interface between livelihoods, labour and care; and (2) the familial and socio-cultural dynamics of care.

Findings

The interface between livelihoods, labour and care

Becoming an orphan not only has profound negative impacts on the welfare of children, it also results in fewer resources becoming available to them, thereby increasing the range of domestic work, income-generating activities, care work and agricultural work (see Table 3). This is further intensified by labour migration by household members to secure alternative livelihoods, which in turn has shifted the burden of domestic reproduction onto children. Seble, a 13-year-old girl, explained:

> I keep an eye on the children of my sister [deceased], who are now three years and one year old. My mother works for the coffee processing firm, so when she and my grandmother are not around, I am in charge of them. I get them meals, and wash their clothes and bodies. (Seble, age 13, Ethiopia)

The sickness or ageing of household members can shift responsibilities onto children, who then have to manage nursing care responsibilities and in some cases responsibility for generating income and food to sustain their livelihoods:

> I was caring for my mother, I was washing her, bathing her, washing her feet, cooking for and feeding her. I only slept for a little whilst and woke up early to clean the house, washed her and fed her

Table 3. Orphan's work.

Types of work carried out by orphans in Ethiopia and Kenya
Domestic work
Cooking, cleaning, washing clothes and dishes, sweeping floor, fetching water, collecting and splitting fuel wood, plastering huts and repairing thatched roofs
Income-generating activities
Sale of farm proceeds (vegetables, maize, bananas, avocado, mango, papaya, ground nuts, sweet potato)
Informal labour for cash (farmhands, domestic help, retailing commodities in markets, portering, burning of charcoal and sewing services)
Paid work in coffee picking and processing (Ethiopia only)
Agricultural work
Tending livestock (goats, cows and poultry); harvesting grass for cattle
Subsistence farming to produce food crops (e.g., maize, potato, vegetables, root crops)
Chopping *enset* (local staple), production of cash crops (coffee, *Khat* in Ethiopia only)
Care work
Caring for younger siblings, sick parents, relatives or community members; preparing special food; helping them to turn in bed and walk
Personal care involving bathing sick/weak family member; assisting to eat, dress and use the toilet
Nursing of sick family or community members by administering drugs and applying creams on bedsores; communicating with doctors and community health workers
Emotional support and encouragement to those dying

> before going to school or to the garden to get food. (Mark, age 13, Kenya)

For many children, orphanhood due to AIDS is experienced more as a gradual process than a single event. Children become orphans and disadvantaged long before their parents die because of the "time lag" between infection and death, which reduces adults' capacity to be productive and provide resources for the well-being of children in their care (Abebe, 2005, p. 48). During the latency period, the activities they perform are intensified. The experience of Kelemua and her six siblings, whose father had died three years back, demonstrate the situation:

> We first went to live with our aunt, but since she was poor herself, I and two of my brothers returned home. Our mother remarried and kept two of the children, who assisted her with the farm work...our eldest brother works on the farm [and is the head of the family]. I do the housework and sell goods in the daily market. (Kelemua, age 14, Ethiopia)

Kelemua's story is common to many orphans, who become viable in household livelihoods as producers, carers, homemakers and decision-makers. Such responsibilities often come at the expense of their well-being. Jane, for example, is the primary caregiver of her bedridden mother and is struggling to keep up with her responsibilities alongside going to school:

> When I come back from school I prepare food for her to eat, wash the utensils and look after the cattle. I find it very difficult to do all these duties. When you go to sleep, you don't feel well. (Jane, age 17, Kenya)

These duties exemplify how orphanhood is experienced as a transitory phase rather than a fixed state of life. However, in both Kenya and Ethiopia, children moved in and out of the social category of orphanhood for a number of reasons, including their inclusion into and/or exclusion from the family collective:

> We had land [inherited from their deceased parents], but it is far out in the countryside. When our parents died we became scared to live there alone, so we decided to rent it out on a share-cropping contract basis and came here to live with our grandpa. (Bedaso, age 15, Ethiopia)

Migration is used as a strategy to receive assistance from wealthier members of extended family households, as was explained by Tigilu, who had returned to Gedeo having spent three years in the commercial town of Moyale (on the border with Kenya):

> After my father died, I went to Moyale to live with my uncle. There are a lot of opportunities there, because there is business. The economy, the people's living conditions and jobs are better .... When I lived there, I assisted him in selling items in his store, and with the money I earned, I opened this commodity shop. (Tigilu, age 16, Ethiopia)

Such strategies were also observed in Kenya, where children provided support to neighbours and extended family members in the hope that their support would be reciprocated. Although many children felt a sense of responsibility for their family members and often voluntarily moved to a different location, it was not always their decision:

> One day my grandmother told my mother that she needed help. I then moved to her location. I performed some duties I was not expecting girls to do. The duties were washing clothes, utensils, clearing the compound and house, cooking, fetching firewood, looking after cattle and goats. I was also responsible for connecting my grandmother with her doctor. (Lucy, age 12, Kenya)

What these experiences of children suggest is how migration, kinship and livelihoods mediate the ways in which orphans and communities muster resources and cope with AIDS, and how this is significant for the survival not only of the orphans, but also of others. Children are sent away to earn an income or to provide care for a needy relative. Furthermore, the quotations reveal that orphanhood is lived in multiple contexts and realities, including interpersonal relationships, inter and intra-household interdependence, migration, the dissolution and formation of households, and also shifts in children's material circumstances. Like many orphans, Kelemua, Lucy and Tigilu assisted and cared for their sick and dying parents. Whilst this reveals a constraint placed on their childhood, it begs a reconsideration of how becoming an orphan is embedded in temporality and generational relationships, rather than in the one-dimensional, deteriorating living conditions of children, in which they "fall out" of a secure home and "proper childhood" to fend for themselves in what are known as "child-headed households" (Donald & Clacherty, 2005).

One fundamental reason why orphan care in rural communities continues to be less of a burden than is often assumed is the immensely valuable contribution, which boys and girls make in the form of labour for agricultural and domestic activities. In both Ethiopia and Kenya, guardians were reported to refer to children as "the wealth of the house" and "a blessing from God". Our findings suggest that the role of orphans in household livelihoods is central and dynamic, being governed by varying forms of reciprocity and care in which the flow of

resources – material, social and emotional – are embedded in mutual expectation and support.

Familial and socio-cultural dynamics of care

Another significant issue to emerge from our study is that orphan care is influenced by complex and interdependent familial, economic, cultural, geographical, social and personal factors. For example, the gender and age of orphans seem to influence who families wish to provide care for. Older boys who can carry out labour-intensive agricultural work in rural areas and younger girls who can help with domestic chores generally tend to be favoured when it comes to receiving care because of the nature of work they perform. Although there seems to be a rural–urban divide in the ability of families to provide care (Abebe & Aase, 2007), the picture becomes more complex when we consider cultural norms, as well as reciprocal relationships between orphans and their caregiving families.

The quality of care orphans receive is also affected by the previous bond between the deceased and adopting parents. A number of caregiving families mentioned that they treated orphans in their households in the best way possible, and some even talked about the importance of being fair when, for example, buying clothes for, feeding or disciplining children in the household. Likewise, orphans seemed to feel more secure in their adoptive families when they knew that the latter had had a good social relationship with their deceased parents. However, orphans from both countries indicated an unwillingness to face the difficulties of fitting in with their relatives because they believed that the latter might consider their presence as being driven by material prosperity. On the other hand, children showed a preference for living alone in order not to compromise their relatives' freedom. Beletu explained how she and her siblings wanted to remain in their parental home even when they were provided with alternative care options:

> My aunt came to take us with her, but we did not want to go because life can be hard there too. Besides, we have a house and more relatives here and are free to do things. (Beletu, age 16, Ethiopia)

Whilst we found that children received support from members of their households, the level of support was limited by stigma and cultural traditions, which increased their caregiving responsibilities. In both our study areas, children's work both within and outside households was characterised by considerable shifts in conventional gender roles. During fieldwork, although we observed that many of the duties boys and girls perform are gendered, many AIDS-affected families were forced to rethink traditional gender roles and responsibilities. In an effort to maximise the usefulness and productivity of the children she had agreed to foster, one guardian in Kenya stated that "here in our home there are no gender rules that forbid a child from doing something". Furthermore, within households there appear to be differences in how gender roles are played out, with some children being viewed as genderless in order for them to carry out duties:

> The first born child does all the duties; s/he is not viewed as either a boy or a girl and can do any duty. Younger siblings may choose to do certain chores. (Guardian, age 49, Kenya)

Similar observations were made in Ethiopia. Such account suggests a shift away from socialising children into gendered roles and is an outcome of the poverty and difficulties experienced by elderly guardians.

Implications of the study

This article demonstrates that the roles children play in sustaining household livelihoods are interwoven with care issues, which, in turn, translates into care grounded in mutuality and interdependence. Although being an orphan is associated with numerous social and economic disadvantages, the implications of the work they perform for care grounded in reciprocity between themselves and their vulnerable families cannot be overemphasised. A considerable number of the children in this research were sole earners and provided food and education themselves. However, access to some household resources had created opportunities for them to benefit from and contribute towards the well-being of their extended families. The study indicates that the counter-productive effects of viewing orphans as "burdens" instead of active social beings are enormous from the perspective of policy and practice. A focus on the problems facing orphans, rather than how orphans themselves face problems, overshadows the resourceful ways in which they cope with the impacts of HIV/AIDS. Where as orphanhood leaves children vulnerable to abuse and exploitation and might have a negative impact on their education, we believe that such a narrow focus only adds to the stigma and discrimination the children face, further diverting attention away from intervention strategies that are geared towards their needs, potentials and capacities.

Whilst calling for more research that explores how class and changing circumstances of care affect the welfare of orphans, the study suggests the need for interventions that target disadvantaged children more

widely, instead of "AIDS orphans" in particular. Since many of the problems that orphans face include a lack of food, education, shelter, clothing and medical facilities – problems which are faced by the majority of poor children – strategies should be tailored to meet the needs of children and families who suffer poverty in general, rather than for specific and narrow categories of "single" and "double" orphans. Moreover, most of the efforts to mitigate the burden of care have so far been shouldered by families and/or civil society and international donor organisations. Governments should be involved more directly in the delivery of services and in enhancing the caregiving capacities of AIDS-affected families and communities. Finally, we must acknowledge the contribution that orphans make to their households, listen to their views about how they cope and develop resilience, and incorporate these views when planning and programming interventions for them.

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