The nexus of decision making, re-allocation and migration on Children orphaned and affected by HIV and AIDS: a case study of rural Lesotho

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Abstract

AIDS has become a calamity in Africa impacting on all various groups. It presents a myriad of challenges among which is the re-allocation of children orphaned by the disease, which is the focus of this study. The study investigates the re-allocation of children orphaned and affected by HIV and AIDS with the aim of establishing how migration decisions were arrived at and the socio-economic experiences of these children. Informed by the bounded rationality theory, it employed the qualitative approach to collect data on 30 orphaned children and from 12 care givers in six villages of Leribe district, in Lesotho. The study shows that decisions resided with adult family members and the re-allocation and relocation of children affected them socially, economically and psychologically. It concludes with the suggestion that further research is needed in this complex nexus of decision-making, re-allocation and migration of children orphaned by HIV/AIDS to aid policies and interventions by the government.

Key words: *bounded rationality theory, caregivers, migration, orphans, HIV and AIDS*

Résumé

Le SIDA est devenu une calamité en Afrique qui touche tous les différents groupes. Il présente une myriade de défis parmi lesquels la réaffectation des enfants rendus orphelins par la maladie, qui est au centre de cette étude. L'étude examine la réaffectation des enfants orphelins et affectés par le VIH et le SIDA dans le but d'établir comment les décisions de migration ont été prises et les expériences socio-économiques de ces enfants. Informé par la théorie de la rationalité limitée, il a utilisé l'approche qualitative pour collecter des données sur 30 enfants orphelins et auprès de 12 soignants dans six villages du district de Leribe, au Lesotho. L'étude montre que les décisions appartenaient aux membres adultes de la famille et que la réaffectation et la réinstallation des enfants les affectaient socialement, économiquement et psychologiquement. Il conclut en suggérant que des recherches supplémentaires sont nécessaires dans ce lien complexe de prise de décision, de réaffectation et de migration des enfants rendus orphelins par le VIH / SIDA pour aider les politiques et les interventions du gouvernement.

***Mots clés**: théorie de la rationalité limitée, soignants, migration, orphelins, VIH et SIDA*

Introduction

Much has been documented about the levels and trends in HIV prevalence in sub-Saharan Africa since 2000 (Alcorn, 2019, Government of Lesotho, 2019; Volny-Anne, 2019; Leach-Lemens, 2018). In particular, lives of millions of children whose parents have died of AIDS or are infected by HIV have been dramatically altered. Ultimately, for the majority of the children, life patterns will transform for the worse. The number of orphans grew at alarming rates especially before the advent of anti-retroviral drugs. LePHIA (2017) reports that there are 13, 000 new HIV infections in Lesotho annually. This is a decrease from 21 000 new adult HIV infections in 2008 (UNGASS, 2008). Most likely, the bulk of those cases were accounted for by those involved in multiple sexual relationships. Lesotho ranks amongst the world's top countries in terms of HIV prevalence levels, having the second highest HIV prevalence after Swaziland, UNAIDS (in Avert, 2015). The Lesotho Times (2016) reports that Swaziland is at the top with 26% prevalence while Lesotho is second at 23%. Leach-Lenes (2019) notes that Lesotho's HIV prevalence rate is currently over 25%. Notably, TB is one of those opportunistic diseases that tend to wreak havoc among those with compromised immunity systems. In terms of TB prevalence, Lesotho has recently been reported to be number one (Maama, as cited in the Lesotho Times, 2016). This explains why the Government of Lesotho (2018) urges people to carry on spreading messages about this scourge.

Hosegood (2004) elaborates that the death of adult members is strongly associated with household dissolution. After controlling for other risk factors such as household size and economic status of the households that had dissolved, Hosegood observed that 24% of the sampled households had moved at least once between 2000 and 2003. Booysen et al. (2004) found out that the risk of dissolution was higher in South Africa for households in which an adult had died in comparison with a similar study of HIV and AIDS and household mobility in rural Tanzania. However, it could be argued that, the observed difference is largely attributable to the conceptualisation of household dissolution used in that particular study. Moreover, in a study of 1,422 rural Kenyan households interviewed in 1997 and subsequently in 2000, only nine had dissolved (Ford and Hosegood, 2005). This shows a marked difference between the dynamics of household displacements in West Africa and those of Southern Africa.

On a very positive note, Hanour-Knipe (2009) observes that the strategy of short to long-term fostering of children in rural South Africa is a well-established social system with many advantages for ensuring care and support of the children. The system goes a long way in limiting the homelessness of HIV and AIDS orphans. However, it should be stressed that the biological family is usually the ideal place to raise children since it

has several advantages. Among other advantages, it ensures that family values are passed on from parents to children through socialisation. Furthermore, siblings grow together, hence engendering family unity. Cognisant of the associated pros and cons, it may be argued that fostering should only be employed as a temporary solution to this social problem, or as a last resort.

Haour-Knipe (2009) highlights that the issue of displaced orphans and households has been studied to some extent, but mainly in developed countries with a long history of migration, morbidity, mortality and with little attention paid to the children in such families. Since there is very little literature on the impact of migration on children, this paper will fill that research gap by looking at the effects of re-allocating orphans and migration of children orphaned or affected by HIV and AIDS in Lesotho.

Theoretical framework

Decision making in social issues has always been intertwined with the concept of rationality. Thus, the study was aligned with the Bounded rationality model, propounded by Herbert Simon. The Bounded rationality model holds that in decision-making, rationality of individuals is constrained by the information that decision-makers have, the cognitive restrictions of their minds and the time available for them to make a decision. In the context of this study, it entails the information, mental capacity and time the guardians and adults had when making decisions about orphans. People differ in both available opportunities and desires, mostly influenced by environmental factors, hence, when an individual must decide, these factors influence him (Hernandez and Ortega, 2019). Unlike rationality which is characterised by unbounded cognitive ability of the person who makes decisions, bounded rationality holds that it is necessary for the person who decides to get assistance since mental capacity is bounded (Hernandez and Ortega, 2019). Therefore, using the bounded rationality model in patriarchal societies, females can assist men to make decisions.

Barros (2010) clarifies that choice is a selection of one, among numerous possible behaviour alternatives, to be carried out and a decision is a process through which this selection is performed, employing rationality. Jones (1999) highlights that bounded rationality asserts that due to human cognitive and emotional architecture, making choices becomes a challenge even in important decisions. A decision is subjectively rational if it maximises achievement, relative to the subject's actual knowledge (Mahoney, 2012). From this, it can be inferred that an action is deliberately rational insofar as the modification of the means to the goal is a conscious process. It is possible that the individual is not aware of some opportunities that are actually viable to him or, he may believe that certain opportunities are favorable to him, which in reality are not, therefore, it cannot be guaranteed that decision-makers choose the best alternatives

(Elster, 1999). This model was deemed suitable since it shades light on the constraints faced by decision-makers regarding re-allocation of orphans as well as how decisions were made.

Methodology

A qualitative approach was deemed most suitable in this study given that Golafshani (2003) highlights that it seeks to understand phenomena in settings which are natural and specific since it uses a naturalistic approach where a wealth of data will be collected and the children will be in their usual environment. In addition, it was also assumed that face-to-face interviews would enable the researcher to observe the children and caregivers' facial expressions, which are critical for conveying information. The Ministry of Health and Welfare also assisted the researcher to choose the district with high numbers of children orphaned by HIV/AIDS. Thus, the study site was Leribe district, which is one of the 10 districts of Lesotho. Six villages were purposively selected, namely, Ha Maholisa, Ha Maputoe, Ha Chonapase, Ha Motlalehi, Ha Nyenye and Ha 'Mathata. The sample consisted of 30 children aged between 6 and 17 years and 12 caregivers as informants. Snowball sampling procedure was used whereby village chiefs identified initial households with orphans and those households then direct the researcher to similar households. Data were collected between January and March 2018 using two interview schedules. Some of the open-ended questions for children were: What was the impact of moving from where you used to stay to this place? What can you say about your current life? Some of the questions for caregivers were: How were decisions to re-allocate children made? What challenges are you facing regarding caregiving? The interviews were conducted in Sesotho and they took an average of 30 minutes each. The main challenge was that some children were not eager to express their thoughts. Efforts made to counter this challenge included getting used to the children for a week, then arrange for interviews after that. Data were transcribed in Sesotho then later translated into English. Thematic data analysis was utilised by looking for similar patterns in data.

Ethical considerations

Since the study involved children, issues of gaining consent were fundamental. Tisdall et al. (2009) highlights that children under 18 are not legally competent to provide consent, hence, their decisions are often shaped and influenced by parents and other adult gatekeepers. Prior to conducting the study, the researcher sought and obtained ethical clearance to interview children from the Ministry of Health and Welfare. It was a daunting task to secure ethical clearance since the topic included delicate issues

which are: HIV/AIDS, children and orphan-hood. The researcher was asked by the Ministry of Health and welfare to submit a motivational letter and the interview guide. In addition, consent was sought and granted by the caregivers of the orphaned children, after explaining the purpose of the research. In addition, caregivers were asked to give their informed consent through signing of consent forms before any responses were solicited from them. For consent of children, it was sought from the caregivers of the children. This might be viewed as an oversight since some scholars highlight the importance of seeking consent directly from children prior to conducting research (Alderson, 2004; Einarsdóttir, 2007; UN, 1989). However, Ungar (as cited in Spriggs, 2010:7) argues that obtaining a signature from children can detract from "the important goal of engaging the child in discussion." The researcher holds that children below the age of 17 cannot make their own decisions regarding research issues since research is a foreign domain to majority of them. Permission to interview caregivers was granted by the principal chief in charge of the study site.

Additional ethical considerations which include anonymity and confidentiality were embraced in this research. According to Babbie (2010) anonymity is achieved in research project when neither the researchers nor readers of the findings can identify a given response with a given participant while confidentiality is guaranteed when the researcher can identify a given person`s responses but promises not to do so publicly. Thus, the researcher used numbers to identify participants.

Presentation of findings and discussion

This section presents data on the findings as well as discussing those findings. It ends with suggestions, particularly the role of sociologists and social workers in actively mitigating problems confronted by orphans and their caregivers.

Demographic information of children and caregivers

This sub-section presents the demographics of children and caregivers. To that end, it outlines gender, educational status and ages of the participants.

Table 1: Socio-economic details of children and caregivers

Variable	Attributes	Children Freq (%)	Caregivers Freq (%)
Gender	Male	12 (40)	2 (17)
	Female	18 (60)	0 (83)
Total		30 (100)	12 (100)
Educational Status			
	Primary	16 (53.3)	1 (8)
	Secondary	8 (26.7)	5 (42)
	High school	6 (20)	3 (25)
	Tertiary	0 (0)	1 (8)
	Never attended	0 (0)	2 (17)
Total		30 (100)	12 (100)
Ages	Minimum	6	23
	Maximum	16	77
	Mean	12	38

As depicted in Table 1, out of 30 orphans, there were more girl-orphans, 60% (N=18), than boy-orphans, 40% (N=12). This is a true reflection of the Lesotho demography in terms of number of females versus number of males. The World Fact book (2014) reports that the Lesotho demographics profile for those between zero and 24 years is 521 601 females and 505 023 males. With regard to caregivers, again, there were more females, 83% (N=10) than males 17% (N=2). Having more female caregivers is considered a normal scenario given that generally females are known for taking up the role of caring for children more than men. Carework is one of the duties forms the triple role of women. A study conducted by Hlabyago and Ogunbanjo (2009) on the experiences of HIV/AIDS orphans' caregivers; found that all the caregivers (nine) were females.

Concerning the educational status of children and caregivers, a very encouraging and commendable observation was the fact that none of the children reported that they had never attended school despite their unfortunate circumstances. As expected, most of the children (53.3%) were at primary level, while 27.8% of them had reached secondary school level and 20% high school level. This is perfectly in line with the age distribution statistics. A worrying phenomenon in this regard was that, none of them were at vocational college, which is clearly a result of the absence of the 17 and 18 year olds in the children's sample. Some of the caregivers indicated that the 17 and 18 year olds had been forced by their circumstance to leave their villages and look for

jobs to support themselves. Secondly, it is disturbing in the sense that, when a nation's young people who are supposed to be the socio-economic champions of tomorrow, find themselves having to expose themselves to the savagery of the world's largely capitalist work environment at such a tender age, with neither work experience nor any sound education and training, then is it now time for the whole society, and the leadership in particular, to introspect on such a debilitating scenario.

Furthermore, the fact that all the children attend school speaks to a great need of financial resources to cater for their educational needs such as school fees, uniforms and stationery. Notably, Lesotho has a programme for sponsoring orphans in some of the districts, but obviously the support remains far from being adequate, a lot more needs to be done. The study also revealed that most (75%) of the caregivers did not go beyond high school, in terms of education and training. Out of the 30 children, one (8%) had primary school education, five (42%) had secondary education, three (25%) had high school education and only 1 (8%) went beyond high school while two (17%) never attended school. Only one of the caregivers had vocational education. This generally paints a picture whereby amorous and yet not so well resourced relatives find themselves having to take up extra socio-economic responsibilities in order to assist the orphaned children.

Table 1 above also illustrates the statistical information on the age of both the relocated children and caregivers. The ages of the children were falling between six and 16 years, giving a range of 10 and an average of 12 years. On the other hand, the ages of the caregivers fell between 23 and 77 years, giving a range of 44 and an average age of 38 years. The rather youthful average age (38 years) is a clear indicator that majority of the caregivers are relatively young people who are on their own journey of adulthood but having to bear the responsibility of looking after some orphans, notwithstanding the odds against these youthful caregivers themselves. Such challenges usually include employment scarcity, need to sufficiently provide for their own young and upcoming immediate families, and need for the families' socio-economic security.

Table 2: Caregivers' relationships with children and employment status

Variable	Attributes	Frequency (%)
Relationship with orphans	Mother	3 (25)
	Father	1 (8.3)
	Uncle	1 (8.3)
	Aunt	1 (8.3)
	Grandmother	6 (50)
	Grandfather	0 (0)
Total		12 (100)
Employment status	Employed	2 (16.7)
	Self-employed	2 (16.7)
	Unemployed	8 (66.6)
Total		12 (100

Table 2 captures the relationship of children to their caregivers. It demonstrates that 25% (N=3) of the caregivers were mothers of the relocated children. Among the caregivers, there was one father, 1 uncle and an aunt. Given that there are only 2 male caregivers versus 10 female ones, it speaks volumes about the role of women in child rearing. Furthermore, it speaks to the economic disparities between men and women in African societies because an extra person to take care of often means a lot in terms one's potential to accumulate any savings and ensuring socio-economic security in the long run. In a way, caregiving contributes to ferminisation of poverty. Women are usually seen working extremely hard during their active years and still not having much, if anything, to show for their hard work when they grow old. Most of their resources are channelled to carework. The fact that there were 5 grandmothers and not even a single grandfather among the caregivers is really typical of many societies, particularly African societies, that grandmothers are the caregivers and not grandfathers. This is also echoed by Mudavanhu (2008) whose study had 12 Zimbabwean grandmothers aged between 56 and 76 years who were engaged in fulltime grand-parenting. It could be argued that, these societal practices, good as they may be, clearly bring forth the fact that the HIV/AIDS scourge has more far reaching socio-economic impact on women compared to men. Thus, carework illustrates the gendered dimensions of HIV/AIDS.

Table 2 above also illustrates the employment status of caregivers in order to relate it with the responsibilities they were shouldering. It is observed that out of the 12 caregivers, only 16.7 % (N=2) were formally employed, while the other 16.7% (N=2) were self-employed. The majority 66.6% (N=8) were unemployed. Since a huge majority of the caregivers are unemployed, it is most probable that a majority of the caregivers

are economically distressed. Hence, the challenges faced by those caregivers are further compounded by the extra responsibilities of looking after the orphans. It implies that there should be a significant proportion of young caregivers (as implied by the caregivers' average age of 38 years) who are unemployed and are in dire need of resources for their own sustenance and that of their dependants, including the orphans under their care. In a way, it may also explain the observed scarcity of the 17 and 18 year old orphans as they realise the need to quickly wean off and start assisting the dire situation they may have grown up in since they were being taken care of by financially crippled caregivers.

Migration causes, decision making and re-allocation of orphans

There are linkages between the cause and effects of migration, migration decision-making and re-alocation in terms of migrants' age, gender, economic status and relationship to the deceased. Out of the 30 children, 96.7% (N=29) had their households displaced due to the death of the breadwinner in the family. Only one (3.3%) reported the displacement to be due to the mother having been admitted in hospital for a prolonged period of time. This finding is echoed by Haour-Knipe (2009) who states that children were likely to be relocated if their parent dies. Pertaining to the question on who made the decisions to re-allocate and relocate the children, the caregivers reported that the decisions were made by adult family members (mostly men). In the event that the father is deceased, usually the mother would be asked to relocate from her husband's former workplace to her husband's home village. Decisions were made, most likely by males who were bound by what Jones (1999) terms lack of knowledge, of how it affected these women. In the case of the three mothers in this study (Table 2), two of them relocated with their children from Maseru city and one from South Africa, to their marital homes and villages. Notable is the fact that, all of them migrated from urban to rural areas. Evidently, the re-allocation and relocation of children of deceased parents is heightened by the fact that people tend to migrate from their original places of birth when seeking for work or greener pastures ending up being away from their extended families. Unfortunately, should the parents die living children behind, the issue of relocation of the children to live with some members of the parents' extended family is often the first, if not the only option available. The new caregivers will be the children's new attachment figures.

The study also revealed that it was not only the young children for which the relocation decision had to be made on their behalf. Being a patriarchal society, decisions to relocate are made by family elders, predominantly men, on behalf of women whose husbands would have passed on. To highlight such kind of scenario, the mother who previously stayed in South Africa, had this to say:

> *My father-in-law is the one who made the decision for me to relocate. He assumed that I was probably going to remarry in South Africa; hence he feared that he was never going to see his grandchildren again. To be honest, given a choice, I preferred staying with the children in South Africa than bringing them back here in Lesotho*. (Caregiver 7, February. 2018)

This clearly demonstrates that when decisions are made on behalf of others, at times they will not suit the people directly involved. Furthermore, at times the decision makers' interests could be over-emphasised at the expense of the best interests of the affected. That is why Elster (1999) explains bounded rationality by citing that decision makers do not always make the best decisions. For instance, it is most likely that this unfortunate woman had become more accustomed to her South African socio-economic situation to the extent that socio-economically she could have fared much better in that environment even in the absence of her husband and was able to give her children a better future than the current situation. She was now forced to come back to Lesotho and face a new socio-economic environment where she had to re-start and re-acclimatise from scratch. Meanwhile, both the mother and the children were losing out unrecoverable opportunities as she struggles to learn the ropes in this new environment. The same also happened to the other two mothers who relocated from Maseru city.

The dynamics were different in cases where both parents will have died. The study unearthed that upon the death of both parents, the relatives of these children (both from the father's and the mother's side) would engage in a meeting to discuss household displacement issues including the re-allocation of orphans. Decisions were taken by the adults in the family regarding where children should live and under whose care. The relocation of the children was a family affair. Regarding how decisions to relocate children were made, the study revealed that generally such decisions were made based on the economic status of relatives, the amount of burden already there, the relationship which existed between the living and the deceased parents and the quality of relationship between the children and the survivors. This is in line with bounded rationality model which holds that decision makers are bound by a number of factors when making decisions. Considering the quality of the relationship is commendable since there is need for attachment figures to develop attachment relationships. In fact, the study established that those who were attached to the children and had strong bonds with the deceased would naturally volunteer to take the orphans. When one caregiver was asked why she decided to take the orphans, she strongly asserted:

> *When my daughter passed on, I just felt compelled to take the children to raise them as my very own. It is because they are my blood too.* (Caregiver 6, January, 2018)

This statement, in a way, implies a strong bond between the deceased parents and the surviving caregiver. It also suggests a strong bond between the caregiver and the children themselves. Over and above, it also highlighted the sanctity of extended family cohesion. It was highlighted that in cases where the deceased were having squabbles with relatives, arriving at decisions was generally very complicated and time consuming. This was because relatives would not be eager to be the children's caregivers. According to the bounded rationality model, a decision maker is constrained by three factors (Jones, 1999). However, the model can be extended by adding constrains such as decision maker's past relations. It also emerged that financial status of potential caregivers was among key determinant factors, with those who are more financially endowed being the ones more likely to volunteer or to be assigned to take the children. In one particular case, the uncle who took three children admitted that financially he had no problem with taking good care of his young brother's children.

On the other hand, the study also revealed that grandmothers were generally keener to take orphans based on the bond that existed between them and those children notwithstanding their own economic circumstances. It also occurred in cases where there were no volunteers. To an extent, the study also established that when a wife dies, her mother was more inclined to opt to carry on the duty of caring for her daughter's children. Out of the 6 grandmothers in the study (Table 2), 83% (N = 5) were maternal and only 17% (N=1) was paternal.

The other factors which also influenced the migratory patterns of the double orphans were age, and gender of the children. Barros (2010) explains that rationality is employed when making decisions. For instance, the aunt who is a caregiver in this study (Table 2) reported that she took the child upon considering the age of the child. She clarified that it was not feasible for the father to take his six year old daughter seeing that he was staying alone. Undeniably, a six year old girl requires a lot of assistance with bathing, clothing and homework supervision. For this reason, an aunt is typically a better option to take care of the young girl compared to the father.

Notwithstanding the good intentions the elders might have, it is worth noting that decisions pertaining to the relocation of children were not made by the children themselves. One wonders whether the elders certainly had the monopoly of knowledge as to what is in the best interest of the children, given that Jones (1999) cites lack of knowledge as a constraining factor basing on the bounded rationality model. In fact, none of the children interviewed alluded to the fact that they were not consulted in the process of making such decisions. Worse still, some children revealed that at the

time the decision was made on their behalf, they actually had their own preferences on where they wanted to be raised. However, it should be borne in mind that there are a lot of factors determining children's living arrangements once they are orphaned. For instance, where the children might prefer to go may not be suitable in terms of finances or their future education. Borrowing from the bounded rationality model, Jones (1999), lack of finances may be the constraint. Besides that, those very same people the children may prefer, usually depending on the interactions they used to have with them during good times, may not even want to have much to do with them in their current situation. An age old adage goes "*when the days are dark, friends are few*." It may be argued that, in general, the decision-makers made attempts to relocate children to places which enhanced their well-being. On the other hand, it can be equally argued that, as much as possible, the decision-making process needs to be inclusive, with the directly affected individuals being given due respect.

Consequences of migration on the children

There are a myriad of challenges faced by children upon being reallocated and relocated. On the economic front, life was tougher for those who were taken by grandmothers than those taken by other caregivers. This buttresses the point raised earlier on that grandmothers opt to take care of orphans out of the bond they had with the children and also out of empathy. The study discovered that grandmothers had very little resources and ideally no capacity to carry an additional load. One of the grandmothers had this to say on the challenges encountered:

> *I am not employed, so I rely on what I get from my children. Therefore, from the meagre resources I get ... I have to squeeze in the needs of these additional members of the family. This means that I have to buy and eat less nutritious food and reduce the number of meals per day to keep us going*. (Caregiver 8, February, 2018)

Lack of adequate nutrition has negative health consequences, as another grandmother observed:

> *The main challenge I am facing is inadequate food and it makes my granddaughter to get sick often. Unfortunately, because of financial constraints, I cannot afford to send her to private doctors for proper medication.* (Caregiver 10, February, 2018)

The situation was further compounded by the fact that some of the children were also HIV positive. For such children, lack of a balanced diet and appropriate medication meant a high possibility of a bleak future for them. In fact, one grandmother lamented:

> *I cannot afford the transport costs needed to visit the hospital monthly. As you can see ... I am too old to carry the child on my back ... even to go to the local clinic when she is sick.* (Caregiver 11, March, 2018)

Even for those children who were living with their parent, migrating to the rural areas meant a whole new life for them. When asked to recount their new experiences, very sad realities came out, for example, one stated:

> *You see ... I used to stay in places where the school was a stone's throw away but now I have to travel for longer distances on foot*. (Child 8, January, 2018)

Suffice to say, the bulky of the children who migrated from urban areas narrated very sombre tales. For instance, one of them asserted:

> *My former school ... you will not believe this ... had state-of-the-art facilities such as* (counting his fingers) *a library, computer room, science laboratory, a hall and sports fields. It was a multi-racial school; hence some of my classmates were whites and coloureds. ... My new school has scant resources and I am very unhappy.* (Child 1, January, 2018).

In addition, and sadly, the children pointed out that even their dreams were shattered since they were now aiming for lesser things in life. When asked about their aspirations for the future, this is what child 10 had to say:

> *While I was in South Africa, I dreamt of becoming either an astronaut or a research scientist, but of late, I am aiming to be a driver.* (Child 10, February, 2018)

Even more sadly, when asked the same question, Child 10's sister answered:

> *I will just grab whatever comes my way now as long as I get a job. I cannot afford to be choosy now because who will pay for my tuition at tertiary level now since I am hearing that our government is now sponsoring few students at tertiary institutions.* (Child 11, February, 2018)

The above siblings exhibit lack of hope for the future. When children are hopeless like that, most of them are likely to lose concentration in their studies. Ultimately it leads to dismal performance. The following is a selection of some of the responses given to the same question:

> *Heey ... I wish I can turn the hands of time ... because I used to dream of owning a taxi business since my father used to be in that industry. However, now I am aspiring to work in a hair salon.* (Child 17, February, 2018).

> *I am not sure of what I want to do in future because it is pointless to dream when there is no money like this. Eeeeh .... How will I fulfil those dreams?* (Child 18, February, 2018)

The above siblings were both no longer optimistic about the future. However, that is not the only avenue they could take since Schnarch (1999) posits that while the drive for connection is powerful in humans, it is not as strong as our strivings for autonomy. Thus, with a positive attitude to life, these siblings have the potential to still excel in future.

> *Before my mother's death, I wanted to be a teacher like her, but now I want to be a lawyer and have my own law firm so that I will not have financial problems like I am experiencing now.* (Child 27, March, 2018)

Interestingly, the above response depicts that the child was now having bigger plans than before the death of the mother. The determination by the orphans was captured by Kagan (1987) who concluded that children are resolute in the face of adversaries. Contrary to this, one child had this to say about her future:

> *It is obvious that my future is doomed. ... Maybe I can only manage to work as a shop assistant. I do not want to have big dreams because I cannot achieve them when I am now an orphan.* (Child 30, March, 2018)

From the above excerpts, it is evident that for some children, the future is already doomed for them. However, for some, their current situation was motivating them to pursue enhanced goals than they aimed for before their parents' death.

Another disturbing observation was the apparent relative deterioration in the relocated children's school performance, albeit without a host of pertinent factors being controlled. For instance, it is palpable that most of these children had lost optimism for the future, which is bound to impact on their zeal to learn and excel. Also, life has generally gotten tougher for them, making it difficult for them to remain focused on their education. One of the mothers pointed out:

> *Aghhh, we had adequate resources while in South Africa, but they were all exhausted while seeking medical attention for my husband. Since we had not taken a medical aid, I withdrew all the savings while he was admitted in a private hospital to pay for his medical expenses. With the fast dwindling of our savings ... I was left with nothing by the time my husband died. Caring for my two children is a huge challenge for me now. (*Caregiver 1, January, 2018.)

Children also expressed how household displacement was affecting them academically due to a vast number of challenges. Their new life was completely different from their old life. With insufficient resources, caregivers often had to make tough decisions on what to prioritise first when spending money. Bounded rationality model highlights the issue of constrains hampering decision makers (Jones, 1999). At times, they would buy food instead of paying for arrears in school fees and children had to be expelled from school.

> *There were days when I would miss school after failing to make timeous payment of school fees. .... I would then spend the time crying, wishing my father was alive. Ummm ... I could not read or write any school work with tears flowing on my cheeks. I would lose appetite and just sit there ... crying.* (Child 29, March, 2018)

In this regard, the degradation in the children's school performance could be viewed as a result of a host of concomitant and negative factors, including involuntary absenteeism from school. Kimane (2004) observed that, the migration of households from the father's workplace to rural areas has psychological impact on the orphans. In addition, studies carried out by Clark et al. (2007) also revealed that the loss of a parent negatively affected children, with newcomers often withdrawn and finding it difficult to engage with other children. For some children, all this tend to impact on their school performance and even in other activity areas. In one particular case, a child who was being taken care of by a grandmother ended up dropping out of school due to lack of money to buy school uniforms and pay for secondary school fees.

Of importance too is the issue of the separation of siblings during re-allocation of orphans. The study revealed that there were instances where siblings had to part ways and such mobility had adverse outcomes for the children and this was exhibited through crying and being withdrawn. In one particular case, upon the death of the mother who used to stay with the children in the rural areas, the younger one was taken by the grandmother and the older one by the father. The grandmother narrated:

> *The younger one was always crying for her sibling. ... The separation was negatively affecting the child's life since they were used to staying together before the death of their mother. What makes it worse here is that there is no one to play with her in this household and its vicinity.* (Caregiver 12, March, 2018)

From the above, it can be observed that the attachment between the child and her mother, father and brother was suddenly broken. This generally has social and psychological impacts on a child as rightly articulated by the grandmother. More forlornly for the particular child, it was revealed that plans were already underway to re-allocate and relocate the same child again to another village where she was going to stay with her paternal grandmother. The reasons behind the impending relocation notwithstanding, it is apparent that relocation and successive re-allocations are a feature which HIV/AIDS orphans are living with. In this particular case, the maternal grandmother explicated the impending re-allocation and relocation stating that:

> *I have discussed this issue with my in-laws and we agreed that she has to be relocated to her father's home ... since there are other younger children that she will play with as compared to this place where she is very lonely* (Caregiver 12, March, 2018).

Expectedly, any change of caregivers and environment is likely to have some adverse effects on the child's progress in most spheres of life since it entails a change of attachment figures and the general environment. Needless to say, the child's educational progress and most daily routines are disrupted. With all these mounting problems, one would expect the involvement of social workers. However, none of the children or caregivers mentioned any assistance from social workers.

The study also found out that hasty migrations were unhealthy for children since they would not be ready for such swift changes of environment. It is said to be unhealthy because they will have to undergo various experiences, adapt quickly and mix with new places within familiar people. Conversely, Schnarch (1999) argues that some people downplay the degree to which humans can self-repair, meaning that children can still adapt to those new environments. However, one can still argue that usually such hasty moves are not informed by best interests of the directly affected people, especially children, and tend to be much less likely to be in the best interest of those same people. Hence, as much as possible, those in positions to make these decisions need to take cognisant of these realities if their actions have to yield the best outcomes to the intended beneficiaries. Thus, rationality ought to be applied when making decisions about orphans.

Intersections of consequences and recommendations

Various recommendations can be put forward which are relevant to the consequences of migration endured by the orphans. Since the study established that decisions tend to be done by the deceased's relatives, this study recommends the use of wills. Parents are encouraged to write wills while still alive, spelling out all that they want to be done in the event of their death. This is because death is a reality; hence it should be included in future plans to safeguard surviving spouses and children. It is worth mentioning that no mention was made in the findings of savings left behind to caregivers to aid them in catering for the orphans. Therefore, parents are encouraged to take insurance policies which cover their children's education as well. This might also ease the burden on caregivers' shoulders. For those orphans who fail to make it academically, there is need for them to get assistance with practical skills so that they may eke a living through income generating ventures. Suffice to say, there is need to raise awareness of the plight of orphans so that those touched may chip in with assistance.

Some of the orphans in this study were lacking basic needs such as food, health and education. For children lacking basic needs, there is need for the Lesotho Government to increase the assistance it renders to orphans. It is of paramount importance since children's rights need to be upheld by each and every democratic Government. In view of the fact that some of the orphans migrated from urban to rural areas upon the death of a parent, the rural communities might end up being overwhelmed by this social problem, hence Haour-Knipe (2009) suggests for more partnerships of community-based and non-governmental organisations. This is likely to lessen the burden on the family members. Some studies of migration of children in highly impacted countries, and policy recommendations for supporting such children have been formulated (Young and Ansell, 2003). Therefore, research is of paramount importance in this regard.

Since this study established that there were cases where no one would volunteer to take the orphans, there are three main options which are often explored in that regard. The first one is placing the children in residential institutions. Even though residential care has its shortcomings such as, the uprooting of the child from the community, routinisation of activities and loss of family ties, among others, it is a safe option and it strives to meet children's basic needs. Apart from that, children can be put under the care of foster parents, a process which involves the intervention of the state or service agents. Here a child grows up in a proper home environment. The third one is adoption, which most Africans are not yet acclimatised to.

The role of sociologists and social workers

Sociologists need to conduct more research in order to gather the facts on the ground. Empirical studies carried out by sociologists are envisaged to influence policy as well as catch the attention of donors or Non-Governmental organisations dealing with children issues. Social workers have a pivotal role to play in order to bring solace to the relocated children and their families. Social workers need to offer counselling services to the children, surviving parents, and caregivers. One of the goals of the therapy will be to enable them to make sense of what will have befallen them. Before resorting to residential care, foster care and adoption, social workers ought to work towards strengthening communities and families affected by HIV/AIDS. The monitoring of the new caregivers is imperative. The role of social workers in this instance is to augment the community's coping mechanisms. The nature of this social problem is such that nobody can fight it alone, it requires concerted effort.

With regard to the re-allocation of orphans caused by the death of breadwinners, it is recommended that social workers come up with ways to strengthen the community coping mechanisms. Upon migrating to a new environment, the children and caregivers might not be aware of existing resources. Those in need must be linked to the available resources. Allocated funds need to get to the intended beneficiaries. There is also need to advise Members of Parliament on the need for them to mobilise those in their constituencies to test for HIV and to work towards increasing the AIDS response rate within their constituencies. It is also imperative to educate the communities and ensure that care and support programmes are set up within the communities. In addition, it is crucial to mobilise and engage community-based faith-based organisations traditional leaders, private sector, trade unions, society and Members of Parliament and other politicians.

It is worth noting that the family is the first port of call when deciding where to raise orphans. However, in cases where family members are incapacitated to take over that responsibility, residential care, foster care and adoption options may be considered. These methods are employed under the supervision of social workers. They commence the placement process by carrying out assessments to establish circumstances under which it would be most appropriate to recommend children to be placed in alternative forms of care. They look at best ways to ensure that such moves take place under the most peaceful and favourable circumstances possible. However, these interventions need to be evaluated and followed up. Staying in the same community is undoubtedly the least disruptive solution for most AIDS-affected children. Separating siblings tend to affect them socially and psychologically. Social workers need to conduct research to establish, among other things, the well-being of the re-allocated and relocated children, coping mechanisms of the caregivers, school performance, nutritional status of the children, migration patterns and dynamics, sources of income and caregivers' forms of social capital. All this will be geared towards improving the welfare of the children and policy formulation.

Conclusion

There are multi-faceted migratory tendencies among families with people infected and affected by HIV and AIDS, which are admittedly too complex to proffer any prescriptive solution to. A number of conclusions can be made from this study. Orphanhood is a social problem in Lesotho and is heightened by the fact that it is now involving the inadvertent re-allocation and relocation of children. Decisions about the re-allocation and relocation of children resided with adult family members. Volunteers also made such decisions. The exclusion of directly affected children and even mothers in the re-allocation and relocation decisions does not augur well and it lacks guarantees in its intended interests. Bounded rationality model revealed that decision makers are constraint by some factors when making decisions, for instance lack of knowledge and finances. With regard to the impact of the migration of children orphaned by HIV/AIDS, the study unearthed that children and their caregivers were going through a range of social, economic and psychological challenges. Some of the caregivers were under-resourced. Separation of siblings during re-allocation of orphans was detrimental to their wellbeing. The school performance of some of the orphans was deteriorating and their dreams were shattered. The assistance of social workers is highly needed because some of the children might end up contracting HIV or involved in crime. Dignity, hope and self-esteem ought to be restored in the children so that they can have a promising future. The caring of orphans is involving, hence family members cannot cope on their own. Concerted effort from both the Government and civil service is therefore called for in order to contain the impact of HIV/AIDS on children. In the same vein, the development of novel policies and intervention programmes needs to take centre stage.

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