Socio-Cultural Challenges Facing Community- Based Interventions in Providing Care and Support to Children Affected by HIV and AIDS in Lesotho

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ABSTRACT

In the recent times, children are experiencing many forms of injustices which are mainly the aftermaths of HIV/ AIDS. This situation has placed a very huge burden on children and thus, pushing them towards the edge of life whereby they have to assume highly demanding responsibilities at a very early age which in turn affects their development, mentally/ psychologically and even physically. Notably, government departments, Non- Governmental Organisations (NGOs), Community Based Organisations (CBOs) and Faith Based organisations (FBOs) have pledged their commitment in responding to the needs of OVC in the country. However, the number of children suffering under this burden far outweighs the nation's capabilities to offer them care and support. Evidently, orphans who do not receive support are disproportionately dropping out of school, living an unstable life, and vulnerable to high-risk survival strategies. In Lesotho, the community in general and the extended family in particular have always been expected to play a pivotal role in bringing up all children regardless of their status. Overstressed and in many cases already overwhelmed, the extended family networks face ever-greater burdens as the number of orphans continues to grow. On the other hand, the rapid increase has also met serious cultural challenges which invariably have a significant impact in their lives. This paper therefore observes some community care strategies for OVC in Lesotho and evident socio- cultural factors. The paper argues that a complex interaction of economic, social and cultural factors shape the nature, process and outcome of care and support for children in Lesotho. It concludes with recommendations for the way forward. Thus the paper will establish the cultural factors that motivate peoples' behaviors towards care and support of OVC, means of addressing these motivations appropriately and recommendations towards developing effective culture- friendly care programs for the children.

Keywords
Socio- cultural challenges, Care, support, HIV/AIDS, communities, community based interventions.

INTRODUCTION

As much as orphan-hood and child vulnerability are not a new phenomena and have been well contained within the strong social fabric of Lesotho, their scope and degree of complexity have clearly been worsened by the triple threat of HIV/AIDS, poverty and food insecurity. This situation has in turn aggravated the prevailing social problems which are inclusive of unemployment and income disparities, with the most dominant being poverty. Poverty like HIV and AIDS is multi- dimensional and the two are closely related. For a country whose economy is agro-based, poverty coupled with the chronic food insecurity that Lesotho has been experiencing recently, have both seriously affected the livelihoods of the majority (WFP, 2005; Famine Early Warning System Network, 2007). With a population of 2.2 million, of which 58% lives under the poverty line, the impact of HIV and AIDS has made a tremendous negative impact on the lives of the majority but more especially children (Gay and Hall, 2000).

Thus, adding to the poverty profile of Lesotho is its high HIV and AIDS prevalence rate of about 23.2 percent which has in turn resulted in a sharp increase in the number of Orphaned and Vulnerable children (OVC) (IRIN, 2007). In 2004, there were estimated to be 180 000 orphans in Lesotho of whom 100,000 were believed to have lost one or both parents due to an AIDS-related illness (UNAIDS,2004). Clearly, the challenges facing orphaned children cannot be underestimated. The Lesotho Government recognises the difficulties faced by orphans as they grow up and the need for them to receive the love, care and education requisite for growing into responsible adults and productive members of the society (Lesotho HIV Policy, 2000). The living conditions of OVC has placed a very huge burden on them and thus, pushing them towards the edge of life whereby they have to assume highly demanding responsibilities at a very early age which in turn affects their development, mentally/ psychologically and even physically (USAID, UNICEF and UNAIDS, 2002). Thus, HIV and AIDS have deprived most of the children of the opportunity of ever having a normal and real childhood/ life. Although, The Department of Social Welfare (2005) indicates that where it is not possible to find families for the children, local communities will be empowered to be able to give care and support to such children until a long term solution for their situation can be found, this arrangement has proved not to be as successful because of certain social and cultural challenges. These aftermaths do not impact on children alone but also have severe effects on care providers who resultantly find themselves in a state of despair and bewilderment as well (International Federation of the Red Cross and Red Crescent Societies, 2006).

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Intervention strategies aimed at strengthening OVC Care and support initiatives

In Lesotho, the community in general and the extended family in particular have always been expected to play a pivotal role in bringing up all children regardless of their status. In line with this statement, the Lesotho HIV Policy (2000) indicates that members of the extended families will be encouraged and assisted to care for orphans. However, "the socio- political trends and customs that can have a crucial impact on their immediate families and communities as well as the larger society directly affect the realisation of children's rights" Nyanguru (2000). Most importantly, in accordance with the Basotho culture, any child who has lost both parents is not regarded as an orphan as members of the extended family are obliged to assume total responsibility over the child. Although this strong tradition is expected to operate, it has also been affected by a number of changes as well as social, cultural and economic challenges. In view of these problems, there is a huge challenge facing both the old and the young as the spirit of assisting one another through the extended family is slowly depreciating. This is indicative of the detriment of the informal systems in meeting personal needs.

Considering the complexity of the situation of OVC, there is an evident need for more responsive and appropriate measures of intervention, thus, multi-sectoral and inter-disciplinary approaches (Lesotho Government, 2002: 3). The Department of Social Welfare has been accorded a primary responsibility for the protection of children in need of care. However, according to UN (2004) due to the lack of personnel, funds and capacity, the Department does not have a framework of foster care or other alternative family care for children in crisis, nor of family support services. As a result, the Department is dependent on Community Based organizations (CBOs), (Non- Governmental Organisations (NGOs) and church bodies to provide protection services for vulnerable children and their families. However, an OVC policy has been put in place as an advocacy tool for OVC, but it requires there to be a very strong enforcement for it to be functional. Amongst other issues, the policy intends to strengthen the family as an immediate unit of socialisation and for bringing up children. It also views the family as the most viable model of support (Lesotho Government, 2005).

There are other alternative modes of ensuring protection and support to children in need of care like adoption and foster parenting but these are to a very large extend not appreciated by the majority in Lesotho and more especially the rural masses. One of the reasons could be that they have not been accorded any value culturally. Therefore, this paper will firstly establish the socio-cultural challenges that affect community care Program in Lesotho. It will further look at factors that motivate peoples' behaviors in administering care for these children, means of addressing these motivations appropriately and their contribution towards developing effective culture-friendly care Program for the children.

Types of organized social services offered to children in Lesotho

Since the introduction of the Department of Social Welfare in 1976, Lesotho has been striving to come up with a more formalized and organized social welfare system to deal with people's individual needs. According to Lesotho Government (2005), the main purpose of this organised system of service is to supplement and partially supplant the traditional forms of social welfare security systems. As indicated before, just like the rest of the other African countries, the Basotho have always attached a great significance on the important contribution that the family and the society as a whole should have in ensuring children's protection and their proper upbringing. To everyone, this translates into provision of love, care and support to all children regardless of their economic and vulnerability status. However, over the past twenty years this shared value of humanity has seen a number of challenges. Largely these challenges are a result of social problems that are mounting at an escalating rate in the country.

Generally, the current social, cultural and economic situation in Lesotho has greatly impacted on the well- being of children in various ways and this calls for a long-term national response (Lesotho Government 2002). In 2000, the government of Lesotho introduced the Free Primary School education as a response to the educational needs of all children but more specifically those who are living in difficult circumstances. This arrangement has been of great assistance to the OVC and their families. Complementary to this, the Ministry of education has launched a bursary scheme for the orphaned and other needy children (UNICEF, 2005).

One of Lesotho's obligations pertaining to children is to provide for and protect their rights especially though scaling up the National responses to HIV and AIDS and its impact on children. In order to meet this obligation, the Lesotho Government has come up with policies and Legislations (*like the Child Protection Act of 1980, Children's Protection and Welfare Bill 2004; which will be reinforced by the National Social Welfare Policy; Adolescent Health Policy, 2003; National Policy on Orphans and Vulnerable Children, 2004;)* coupled with the domestication of various relevant international and regional instruments such as the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). Aligned with these, the Lesotho government through the Department of Social Welfare has been mandated to deliver quality social services and enhance children's rights. According to the Lesotho Government (2002), in implementing these instruments, the Government of Lesotho will maintain and uphold the four basic principles as raised by the CRC which are Survival, Development and Protection; Best Interests of the Child; Non-discrimination; and Respect for the Views of the Child.

According to the Lesotho Government (2005), the Government of Lesotho shall empower families and communities to be able to provide OVC with good quality care, support and protection. This implies that government highly recognises the importance of care in the communities as opposed to

institutional care and would like to see provision of basic physical, cognitive, emotional and psycho-social needs of orphans, vulnerable children and their caregivers on a sustainable basis. Nevertheless, one cannot help but make note of the urgency of implementing this aspiration and instituting support structures. A lot of research has been done on the coping strategies of OVC in Lesotho and most of them have revealed that for the OVC some of the situations are beyond their coping capacity and for that reason they need various forms of assistance and support. This line of argument is based on the realisation that there are multiple problems that characterise the situation of OVC in Lesotho namely homelessness, all forms of child abuse, exploitation, child labour and violation of OVC's inheritance rights. In order to solve these problems, Government has made a commitment that it shall:

- Empower families, communities and child-headed households to provide quality care and support for orphans and other vulnerable children;
- Provide for basic needs;
- Provide livelihoods for caregivers; (Lesotho Government,2005)

Evidently, the above mentioned are nothing but the tip of an iceberg. Obviously, the needs of OVC go far beyond education which clearly raises a need for instituting responsive measures of intervention and plans that will change this situation of despondency into that of hope. To face these challenges appropriate Social welfare Program have to be initiated and strengthened through a responsive Social welfare system.

Basically delivery of social services in Lesotho is based on the residual approach. The approach holds that Social welfare institutions come into play when the family and community networks or the private market and normal systems fail to deliver (Patel, 2005). Similarly in addressing children's needs, service delivery in the Department of Social Welfare is actually aligned with this approach whereby Government maintains that amongst some of the planned strategies for reducing poverty, it will empower local community structures by resuscitating and strengthening the extended family structures and providing selective social services to those who cannot be supported by their families especially children in difficult circumstances (Lesotho Government, 2002).

Great emphasis is placed on the important role that communities ought to play in provision of care and protection to OVC. Having noted that due to various reasons, there are situations whereby children have no families at all or that communities are either unable to accommodate some of them, there are some alternative means of care that may be considered such as residential care, foster care or adoption. All the same, the Department of Social Welfare And UNICEF (2006) clearly states that no form of alternative care (including foster care and adoption) should be viewed as a general answer to what may be perceived as similar needs in a group of children (such as orphans). It goes on to show that residential care is never a benign option as even the best residential care has to some extent a psychological/emotional affect on children.

Statement of the Problem

There are commendable efforts in promoting community care Programs for the benefit of children. Although there can be alternative modes of ensuring protection and support to children in need of care like adoption, foster parenting and residential care, these are to a very large extend not so functional in Lesotho. One of the reasons could be that they have not been accorded any value culturally. In addition, the issue of stigmatization and discrimination still remain as some of the main challenges to most of the Community Care Program. Despite having conducted many awareness raising activities on it, stigmatization is still rife in Lesotho and more especially in the rural communities. Evidently, there are a number of socio-cultural factors that motivate peoples' behaviors towards care and support of OVC. In turn, complex interaction of economic, social and cultural factors have also shaped the nature, process and outcome of care and support for children in Lesotho. However, there are commendable efforts in promoting community care Program for the benefit of children. According to Kymario (2004) government has emphasised on the idea of scaling- up measures of intervention towards alleviating challenges facing the OVC, but this response seems to be outweighed by the magnitude of the problem of HIV and AIDS. Considering the complexity of the situation of OVC, one may argue that current interventions are seemingly piece-meal as they cannot address their longer term needs. To enable the OVC to realise their dreams, they need to complete their education, they need more than just blankets, uniforms, food and visits to their homes but a long term holistic program which should be supported through governments. Although the efforts by different NGOs and other Government structures to address the situation of orphans are plausible, there is need to move from short term to longer term approaches which see these through to adulthood. Half a loaf approach does not apply when it comes to the upbringing of vulnerable children. It is important to remember that these interventions are coming in for the support, love and care that were supposed to be given by a missing parent(s).

Aim of the Paper

The aim of this paper is to examine some OVC community care strategies used in Lesotho and the socio- cultural challenges met in the provision of care and protection to children in Lesotho.

Scope of the Study

This paper is limited to a community based project that is aimed at improving the quality of lives for 687 children who live in the Roma Valley. These children have 152 guardians/ parents. The project is run under the auspices of the National University of Lesotho in collaboration with a local hospital (St Joseph's hospital) and covers 30 villages. It operates with the assistance of 30

Volunteer Care facilitators. These villages are mostly very rural and still attached to most of the Basotho cultural practices.

Research Questions

Specifically, this research explores the following questions:
1) What socio- cultural problems are facing community- care Program in the provision of care and protection to OVC?
2) What are the suggested measures for overcoming those problems?

METHODOLOGY

Methods

This paper has used data gathered from focus group discussions and in-depth interviews conducted in the 30 villages which are covered by the OVC community Care Program. The data collection exercise was done between June and August 2007. The following primary sources of data were used:

In-depth interviews: these were conducted with the community leaders (30), 30 Volunteer Care facilitators and 3 program management personnel who constituted key informants in the study and OVC (20). An interview guide which was designed in English and translated into *Sesotho*, the local language was used in conducting the interviews. Detailed notes were being taken during the interview sessions.

Focus group discussions (FGD)**:** FGDs were conducted with three groups 50 OVC. Each FGD consisted of both males and females and ranged from eight (8) to fifteen (15) participants.

All informants in both cases were purposefully sampled in order to have views of those who are directly involved in the Program and hence knowledgeable about challenges confronting the beneficiaries/ OVC.

Secondary sources: The paper has also used secondary data from government policy documents on OVC and social welfare as well as reports from the Ministry of Social Welfare and Health (MOHSW) and more other pertinent sources.

Data analysis: Data collected from both the FGD and in-depth interviews were analysed qualitatively. It was then coded considering the major themes that surfaced from the discussions and in-depth interviews.

Ethical consideration: When undertaking this study, the ethical issues like anonymity, privacy and confidentiality were assured and observed. Informed consent was acquired from all participants.

The findings have been presented under the following sub-topics: stigmatization and discrimination, socio-cultural definition of a child and family, alternative forms of care and general Social problems

Discussion of Findings

Socio- cultural problems facing community- care Program in the provision of care and protection to OVC

Stigmatization and Discrimination

The findings of this study have revealed that some of the key challenges that OVC Program are still battling with are rejection, discrimination and stigmatization. Although communities are being educated on the meaning of vulnerability and orphan-hood, they still belief that any orphan has been orphaned by HIV and AIDS. This consequently subjects OVC to further discrimination. It is also believed that for those sickly children whose parents have both died, there is a high likelihood that they are also HIV positive. The chiefs have noted that even though the Community Care Program are there to address the plight of OVC, this move on its own has actually stimulated stigmatization towards the beneficiaries. As they put it, these projects are referred to as "those for HIV and AIDS orphans". They however note that given the appalling situation of OVC, no community or Chief would manage without getting outside intervention. One of them went on to show that:

> *Society has accorded all chiefs a cultural responsibility of looking after all the orphans and to provide them with care and support, however, this is not easy at all given the drastic increase in the number of OVC. Unfortunately, government has no funds for OVC and we need help from government and the donor agencies*.

Socio cultural definition of a child and a family

According to all respondents, the Basotho culture expects families to provide for their children until they gain independence either by getting married, securing some jobs or any other means of raising an income. Additionally, if a child looses either one or two of the parents, other members of the extended families are expected to take over, but given the household economic situations, most of these families cannot cope. Although the International definition of an "orphan" is a child from birth to 18 years who has lost one or both parents, culturally, the question of age does not matter much to the general public (especially those who live in the rural areas). One of the respondents gave an example that the Roma Valley OVC Program only assists children below the age of 18, now his questions were"

> *"What happens with those children who reach this age while   still in school?*

> *Does it mean that they will just be dropped out of the Program and yet their well being is still at stake? So, what is the good of this Program? Our children start school around the ages of 10 or so and if they are to continue into their high school, by the time they finish they will have definitely passed 18. They will still be in need of food, clothing and medical assistance from the Program. This ought to be taken into account too".*

The Program staff also made note of the question of psychosocial variations in the age and developmental stages of children and adolescents. As part of the Community care package, the program introduced the aspect of Behavioral Change Communication. It was targeting all adolescent and youth in the communities regardless of their vulnerability status and intended to help them reach informed decisions in their lives. Amongst other topics, the adolescent and youth are expected to discuss sex - related subjects such as teenage pregnancy. Evidently, this was regarded as a very sensitive area and most of the communities expressed their fears that it could actually stimulate the youth's interest in sex let alone the fact that this subject is still regarded as taboo. In line with the above, the responses have indicated that the Program had some youth clubs whose main role is to provide an environment in which all children in the community would provide emotional and psychological support for one another. This initiative was made upon realizing that it is usually not easy or even impossible for OVC to have someone with whom they can share their frustrations and more especially when it comes to discussing sex related matters. Culturally, it is not even allowed that a child should talk about sex to anyone let alone an adult. This translates into a very huge challenge for the Program as this is one of those subjects which need to be addressed by the closest relatives to the OVC. Complementary to this, it is a well known fact that the teenage stage is characterized by a lot of confusion, behavioral and emotional distress which can only be overcome through close parental guidance.

Alternative forms of care

Note was made of child- headed households and challenges facing them. Although this is one of the categories that need more help in all respects, the responses indicated that the main limitation with community care Program is that they cannot provide holistic care to such children. Evidently, one of them has to assume a parental role hence the existence of child-headed households.

Culturally, there is no orphan, but in reality it is known that orphans don't lead normal lives which therefore impair their overall development. As one of the caregivers lamented:

> *... the saying that there is no orphan doesn't hold anymore because of the magnitude of this problem, the resilience of families, societies, chiefs and even these Program is no longer as effective. Thus, they cannot manage the entire needs of child-headed households. Some of them need shelter and I don't think there is any organization that can build them some.*

At the same time it was established that the Basotho do not believe in the idea of taking children to orphanages or giving them for adoption or foster-care. This is one of the serious challenges as the program could not provide for the holistic needs of the OVC. The program staff made reference to five cases whereby recommendations were made that the children in question be placed in children's homes and those proposals were not welcome at all. As one of the Chiefs aptly put it:

> *One of the reasons for not opting for adoption is that this is a very un-cultural thing to do, I am sure that the ancestors will not like it. I don't think it ever crosses any Mosotho's mind. It's much better to struggle with my sibling's children... if I starve they will starve but at least we will be together.*

On the same issue one of the Chiefs further argued that:

> *It makes no difference placing a child in an orphanage because he/ she is sure to come back at a certain stage or when they reach the age of 18/19 and be reintegrated into his/ her society. So all it does is nothing but to condone stigmatization.*

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One member of the Program staff alluded to the fact that the Basotho are not in support for adoption, foster care and placing children in orphanages and it will take a while before this can be accepted. He further indicated that:

> *There are very few known cases of adoption in Lesotho which is an indication that this is not common. In fact it has never been there that is why we don't even have a Sesotho word for adoption. Over and above all I don't think government is in support for placing children in orphanages probably that is why government does not even own an orphanage ...*

Interestingly, adoption and foster care have only received support from the Roma OVC Program Management but has been strongly criticized by other respondents who said that is confronted with strong societal stigmatization and it is also not practical at all in the context of Lesotho.

General Problems

Although those factors indicated above are specific socio-cultural factors that affect the program at large, there are some that have been pin-pointed as problems which may be peculiar and acute to children individually but at the end affect the whole the Program. These include the generally poverty stricken life which leads to malnutrition and hunger, high school drop out due to financial constraints, child labour so as to survive or provide care for siblings. These problems are interrelated. As one of the Program staff indicated

"We cannot provide these children with all what they need and more especially parental care, love and guidance. At times you may convince them that all will be good if they continue with their schooling but for some children that doesn't work at all. You can imagine a child who has absolutely nothing, not even clothes or shoes, would you really expect them to go to school on bare foot in winter. Even beyond that would you refuse if the oldest tells you that they are quitting school to look for a job in order to take care of their siblings?... No you cannot"

What this means is that in as much as the Program staff is aware that it is the right of all children to get education and to be protected from all kinds of abuse and exploitation, but in situations like these where there are no alternative survival strategies it becomes difficult to enforce recognition of these rights.

CONCLUSION

It is clear that Community Care Programs also have their own limitations due to a number of reasons that can also be largely attributed to some socio-cultural factors. On the other hand, problems relating to poverty and food insecurity have also vehemently triggered some of these challenges. The extended family care for orphaned children is still regarded the most viable model of support for the OVC. As propounded by Kaseke (2000), although kinship ties are weakening…the extended family system still plays an important social security function. To most of the Basotho, subsistence farming has been the backbone of their household economies, but due to the failing traditional arrangements which are based on the notion of community solidarity coupled with the current food insecurity; these have exacerbated the unfavourable living conditions of the OVC. Thus, the restricted and usually limited support that the OVC may be getting from the Community Care Program, cannot do much to change the situation of poverty and lack of economic and other resources that they need. Having noted that the kinship ties are also weakening and not coping to meet with the demands of OVC, there has to be intervention through the formal social security system in response to the needs of OVC. Complementary to that traditional arrangements of dealing with problems like food insecurity also need to be revived and strengthened. There have also been some identified alternative modes of ensuring protection and support to children in need of care like adoption and foster parenting and the temporary places of safety, due to some cultural beliefs, these are to a very large extend not so functional. One of the reasons could be that they have not been accorded any value culturally. Notably, a lot has to be done in terms of addressing the socio-cultural factors that affect community care Program in Lesotho. Even though there are Policies intended towards supporting OVC to ensure their protection and proper welfare, they have to be appreciated, understood and implemented accordingly. Seemingly, these policies acknowledge the importance of community care vis-à-vis institutional care but still there is a strong challenge of how to address the deep rooted cultural and traditional beliefs and practices.

Recommended measures for overcoming socio- cultural problems facing the OVC community Care Program
- Considering that discrimination is still very rife in Lesotho, a lot still has to be done in the form of education in order to produce an attitude change in the communities. Similarly, it will take a while before the Basotho can understand that children need to get support and guidance from adults and parents for them to live a proper life. Thus, there is need to do away with cultural barriers that prevent them from talking to children about issues like sex and pregnancy. As the Lesotho Government (2005) indicates, the community and

OVC have to be encouraged and engaged in discussions and planning for their own wellbeing.

- As much as Government aims at ensuring reintegration of OVC into their original and extended families and where this is not possible, to find alternative homes and places of safety, for this plan to work, there have to be complementary assistance through formalised government/ NGO structures. Although institutionalisation of OVC should be the last resort, there are some children who cannot cope on their own and for that reason need to be helped from outside their families i.e. institutional care or orphanages.

- Adoption and foster Care are alternatives that should be considered in alleviating problems confronting the OVC. Although these are to a great extent foreign practices that are not well comprehended in Lesotho although foster care is one traditional practice that can be traced far back. Even though it was not legalised, the Basotho know that if a child's parent/s die someone in the family has got to take them into custody. There should at least be measures in place to support foster parents like by helping them establish income generating schemes or else government should introduce foster care grants.

- Lastly, as an attempt of overcoming the children's degree of vulnerability to social problems like poverty and counter problems of child labour and school drop-out, government needs to introduce some responsive formal and semi formal social security Program like social assistance/ grants to complement efforts that are being made through the community- driven initiatives. It is well known that these children's needs stretch beyond the school fees and other related needs, agricultural inputs usually provided for ploughing the fields, and education on HIV and AIDS. They also need other basic household items and clothing for instance which are usually not provided in the Community based care Program.

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