

Assistance needed for the integration of orphaned and vulnerable children – views of South African family and community members



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ABSTRACT

Guardianship within families is often regarded as the most viable and preferred option for orphaned and vulnerable children (OVC). However, this will place a considerably increased burden on the new caregivers of these children. This study examines whether assistance to prospective families would incline them towards incorporating children and, if so, what would act as 'threshold' incentives for them. Adults ($N = 1\ 400$) in diverse locations and of various 'relational proximity' to children were interviewed in three high HIV/AIDS prevalence provinces in South Africa. Close relatives were more inclined to take in children and would generally require lower levels of assistance than more distanced adults. Nonetheless, for most poor families, no matter their relation to the child, help is critical. More distanced families, friends and strangers also showed a strong willingness to incorporate children – provided they receive sufficient help. For all categories, the greater the assistance the more likely they would be to take in children. While direct financial assistance was important, assistance with education-related costs and having a trained and caring person come in 'now and then' to help were also significant factors. The age and HIV status of the child were viewed as important intervening factors in deciding whether or not to take in an additional child/ren by some people.

Keywords: orphans and vulnerable children, South Africa, guardianship, incentives.

RÉSUMÉ

La tutelle dans des familles est vue comme une option viable et préférée pour des orphelins et des enfants vulnérables (OVC). Néanmoins, ceci va augmenter le fardeau des nouveaux travailleurs sociaux qui vont s'occuper de ces enfants. Cette étude vérifie si une aide aux familles prospectives amènerait ces familles à prendre les enfants dans leurs foyers. Si c'est le cas, que serait le seuil d'encouragement. Des adultes ($N = 1\ 400$) dans divers endroits ayant la proximité apparentée variée vis-à-vis les enfants ont été interrogés dans trois provinces d'Afrique du Sud où la prédominance du VIH/SIDA est élevée. Les familles plus proches étaient plus disposés à prendre les enfants et ils demandent moins d'aide par rapport aux adultes plus éloignés. Cependant, pour la plus part des familles pauvres, peu importe leur proximité d'apparentée aux enfants, l'aide est essentielle. Davantage des familles plus éloignées, des amis et des inconnus ont également montré une volonté forte de prendre les enfants à condition qu'ils reçoivent assez d'aide. Pour toutes les catégories, plus qu'il y ait de l'aide, il y a davantage de gens qui prendraient les enfants. Tandis qu'une aide financière était importante, une aide des frais d'études et d'employer une personne bien formée qui va s'occuper et prendre soin des enfants de temps à autre furent des facteurs importants. L'âge et le statut de VIH de l'enfant étaient considérés comme des facteurs importants à la décision de prendre ou de ne pas prendre un/des enfant(s) supplémentaire(s).

Mots clés: les orphelins et les enfants vulnérables, l'Afrique du Sud, la tutelle, l'encouragement.

INTRODUCTION

Large numbers of children are victims of the growing HIV/AIDS pandemic. A significant number are already infected and more will be born or become HIV sero-positive over the coming decade (UNAIDS, 2004).

Significantly more will become orphaned and made 'vulnerable' as a result of the disease (Johnson & Dorrington, 2001; UNICEF, 2003). By 2010 around 20 million children in sub-Saharan Africa under the age of 15 will have lost one or both parents, mainly to AIDS

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(UNICEF, 2003). The vast majority of these will be in southern Africa. Questions around who constitutes an orphaned or vulnerable child are complex and no internationally accepted agreement is yet in place (Skinner, Tsheko, Mtero-Munyati, Segwabe, Chibatamoto, Mfecane, *et al.*, 2006). For the purposes of this study an orphaned and vulnerable child (OVC) is regarded as a person under 18 years of age, who has lost one or both parents to death, desertion or other means, and/or a child who has little or no access to basic needs or rights (Skinner *et al.*, 2006). In recent years a number of strategies and frameworks have been developed to assist countries in dealing with the growing issue of OVC, and some key intervention programmes have started (Global Partners Forum, 2004; Strebel, 2004; Subbarao & Coury, 2004; UNAIDS/UNICEF/USAID, 2004). However, the critical issue of the ‘placement’ of children following the death of the parent/caregiver has received relatively little attention, and as far as can be ascertained, no previous research has examined levels of assistance that families would require in order to facilitate placement in families.

The extended family has been widely proposed as both the most viable and the preferred option for the placement of OVC (Department of Social Development, 2002; Dunn, Jareg & Webb, 2003; UNICEF, 2003). Current evidence indicates that indeed the extended family has incorporated by far the majority of children orphaned by AIDS (Ansell & Young, 2004; Foster, Makufa, Drew & Kralovec, 1997; Foster, Makufa, Drew, Mashumba & Kambeu, 1997; Foster, 2000; Malinga, 2002; Ntozi, 1997; UNICEF, 2003; Urassa, Boerma, Ng’weshemi, Isingo, Schapink & Kumogola, 1997). However, organisations and researchers have cautioned against the expectation that the extended family can continue to absorb the full social, economic and psychological impacts of the epidemic (Foster, 2000; Foster, 2002; UNICEF, 2003). Even at the current relatively early phase of AIDS deaths in South Africa, some children have not been incorporated into families (Naicker & Tshenase, 2004), and though the extended family and the elderly in particular are caring for a large number of children, many are experiencing significant strain doing so. For example, in Mpumalanga (a predominantly rural province of South Africa) Makiwane, Schneider and Gopane (2004) found that 46.1% of people over 60 were taking care of children between 6 and 18 years of

age and 20.1% were taking care of children younger than 6. Over two-thirds of these respondents said that they were experiencing moderate, severe or extreme difficulties in caring for these children, while only 14.3% reported no difficulties. A recent study in Botswana has found that the ‘orphan crisis’ is impoverishing even working households, where caregivers lack sufficient resources to provide basic needs (Miller, Gruskin, Subramanian, Rajaraman, Heymann, 2006).

Freeman and Nkomo (2006) found that, although a number of adults of various ‘relational proximity’ to children would be prepared to incorporate children into their homes, this would create considerable additional stresses on the household. In this article we look at specific conditions or ‘incentives’ which may incline family and other community members towards incorporating a child (or children) in need into their homes. We look also at the HIV status and age of the child as factors that could confound placement.

We are acutely aware that incentives or grants are open to abuse. However, in the desperate social and economic circumstances in which many people in Africa live, it seems that some children may **only** be incorporated if families are assisted to do so. Given that incorporation into families (be this into extended, nuclear or other family form) is the desired option in most cases, it is critical for planning purposes to know what assistance may sway people’s decision and, if financial, what amounts would be influential. Clearly the threshold amounts would be different in diverse countries depending on factors such as need and expectations. Nonetheless, the issue of the elasticity of different financial incentives and other means of assistance is indeed likely to be important in any country looking at possibilities of assisting families to take in orphaned and vulnerable children. Moreover, if a policy of assistance was agreed upon, potential abuse would have to be dealt with by separate processes.

STUDY DESIGN

A total of 1 400 adults were interviewed in three provinces of South Africa (Free State, KwaZulu-Natal and Gauteng). The provinces had been identified as having high levels of HIV infection (Makubalo, Netshidzivhani, Mahlasela, Du Plessis, 2003; Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, *et al.*, 2005). Ethical clearance was obtained from the Human

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Sciences Research Council Ethics Committee. Subjects were selected from suburban townships (400 subjects), urban informal settlements (400 subjects), rural ‘tribal’ – formally ‘homeland’ – areas (300 subjects) and rural farming areas (300 subjects). Interviews were conducted predominantly in historically ‘African’ areas. Study areas within the identified provinces and within the four categories were selected by an independent specialist using a geographic information system mapping process. Households within the designated areas were randomly selected, and where members of a household were not present, a follow-up appointment was made. Every adult within the identified household was interviewed. A household was defined in terms of who ‘ate out of the same pot’. Numbers per household ranged from 1 (13.2% of households) to 10 or more (0.4% of households).

An interview schedule was designed for the purposes of the study. The interview schedule was translated by a professional translation company into South Sotho and Zulu, and checked for local idiom and accuracy by local study supervisors. Depending on their relation to children, respondents were interviewed in one or more of the following roles/categories:

- parent/caregiver ($N = 1\ 049$)
- grandparent (unless they were the primary caregiver) ($N = 305$)
- father (whether they were part of the household or not) ($N = 294$)
- adult in household (where children were not dependent on them) ($N = 325$)
- sibling (adult whose siblings have children) ($N = 849$)
- ‘best friend’ (adults with best friend who has a child) ($N = 1\ 391$)
- stranger (adults with regard to children unknown to them) ($N = 1\ 400$).

Where people fitted into more than one category they answered with regard to each relationship, for example as a sibling of a parent and as a ‘best friend’ of a person with children.

Although fathers were asked what they thought would happen to the child if the mother died and what assistance they might need in order to play the role of the primary caregiver, mothers were not asked this question. UNICEF (2003), amongst others, has found that paternal death would generally not result in a

change of caregiver. Importantly, given this situation, UNAIDS do not define a child who has lost a father as being an orphan, but do so when a mother or both parents have died (UNICEF/UNAIDS, 1999). Moreover, Freeman and Nkomo (2006) found that while 46% of fathers expected the mother of their children to look after their children if they died, only 22% of women expected the same of the father. Ntozi and Nakayama (1999) found that in Uganda children whose fathers had died of AIDS were most often cared for by the surviving mother, while less than 20% of fathers of AIDS orphans were the primary caretakers when the mother died. Hence in this study mothers were not asked about placement of their children should the father die.

In all categories interviewees responded to the different ‘incentives’ offered on a 5-point scale – ranging from the incentive being unlikely to influence their decision at all to being highly likely to make a positive difference. Three of the suggested incentives were directly financial, one educational and one was a human resource. The first financial amount, US\$30 (around R170) per month, corresponds with the South African child support grant to which impoverished primary caregivers with children under 14 are currently entitled. US\$100 (around R700) is similar to the current foster care grant which can be applied for under certain conditions, while the third amount proposed, US\$165 (around R1 000) per month, is higher than any current grant available but far lower than the established cost of any ‘reasonable’ level institutional care available to orphaned children. This amount was seen as potentially stretching the limit of what could reasonably be made available. Respondents were also asked whether the age and the HIV status of the child would influence their decision to take a child or children into their families. The educational incentive was having the full education of the child paid for (including school fees, books, uniforms etc.), while the human resource was to have a ‘caring and trained person assist from time to time with any problems’ the guardian had with bringing up the child.

As the entire sample had answered in at least three sections, each section was analysed separately as the interviewees were not independent – even though they were asked questions in different contexts. In assessing the relationship between the response variables, the Chi-squared test of Association was employed, as was

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Cohen's Kappa, as the stringent measure of agreement between the responses.

RESULTS

Table 1 outlines how adults in various relationships to children view different (hypothetical) financial and other forms of assistance as bearing on their decision to take in a child or not.

The majority in all 'relational' groups viewed US\$30 as unlikely to influence their decision on whether to take in a child or not. However, as the proposed

hypothetical grant was raised, so the likelihood of it playing a more important role as an incentive increased. Moreover, non-direct financial assistance, both in the form of having a child's education paid for and having a caring and trained person assist, had an important bearing on people's perception of whether they would take in a child or not.

Within all groups statistically significant differences ($p < 0.05$) were found between a grant of US\$30 and each of the other five 'incentives' offered. Nevertheless, grants of US\$30 and US\$100 per month were

TABLE 1. INFLUENCE OF INCENTIVES ON POTENTIAL CAREGIVERS

		<i>Would make no difference whatsoever</i>	<i>Would make me give some thought to the matter</i>	<i>Would make me seriously consider the matter which I otherwise would not have considered at all</i>	<i>Would influence me towards making a positive decision</i>	<i>Would definitely make a positive difference</i>
Grant of US\$30	Grandparent	51.7	13	3	11.3	21
	Father	61.1	10.1	4.4	9.5	14.9
	Adult in household	58.2	10.7	5.5	12.2	13.4
	Sibling	60.6	9.8	6.5	10.1	13
	Best friend	64.8	10.8	6.4	8.6	9.4
	Stranger	68.6	10.7	4.8	6.6	9.4
Grant of US\$100	Grandparent	17.9	12.6	9.6	21.9	37.9
	Father	22.9	12.8	12.8	22.2	29.3
	Adult in household	24	15.2	10.3	22.5	28
	Sibling	22.1	10.2	12.4	25.1	30.1
	Best friend	32.8	11.6	12.6	20.3	22.7
	Stranger	7.2	10.6	12.6	18.4	21.3
Grant of US\$165	Grandparent	5.6	2.3	2	22.6	67.4
	Father	10.4	4	3	18.5	64
	Adult in household	10.4	3.1	4.6	22.9	59
	Sibling	10.3	1.9	4	18.8	65
	Best friend	23.9	2.2	6.8	18	49.1
	Stranger	28.4	2.3	5.5	18.1	45.7
Education paid	Grandparent	8	1.7	.7	15	74.7
	Father	11.5	2	1.7	11.4	73.4
	Adult in household	15.8	2.7	3.6	16.7	61.1
	Sibling	12.9	1.4	3.5	14.6	67.6
	Best friend	25.9	2.2	5.5	14.3	52.1
	Stranger	32.1	2.8	4.7	12.6	47.8
Caring person visiting	Grandparent	27.2	2.7	4.3	14.6	51.2
	Father	28.7	3.7	3.0	11.5	53.0
	Adult in household	37.6	3.2	4.5	19.1	35.7
	Sibling	31	3.7	3.5	14	47.8
	Best friend	37.4	3	5.3	11.6	42.6
	Stranger	39.6	4.3	3.9	10.3	41.9

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perceived by grandparents as making far more of a difference than by any of the other categories. When the potential grant offered reached US\$165 per month, differences between grandparents, fathers, siblings and other adults in the household were marginal – 67%, 64%, 65% and 59% respectively. Perceptions of best friends and strangers also shifted significantly when higher levels of financial assistance were offered. While only 9% in both these groups felt that a grant of US\$30 would make a positive difference, this rose to 49% and 46% respectively with regard to US\$165. Nonetheless, even with this level of support, they were still less likely than close relatives to take in a child.

Using Cohen's Kappa (Cohen, 1960) strong agreement was found in each group between an incentive of US\$165 and having full education paid for (grandparents, Kappa = .408; fathers, Kappa = .451; siblings, Kappa = .517; adults in household Kappa = .517; best friends, Kappa = .605; strangers, Kappa = .651). In each group, this agreement score was higher than for any other agreement score.

In most cases socio-economic status (SES) was important in determining whether incentives would make a difference or not. For grandparents, fathers and other adults in the household, SES was statistically significant with regard to all five incentives proposed ($p < 0.01$) while for parental siblings, friends and strangers the incentives were statistically significant for all but the US\$30 grant ($p < 0.01$). In all cases of significance, the incentives acted in the anticipated direction, that is, they would make most difference to the socio-economically worst off.

The age of the child was a factor in whether to take in a child for 29.7% of grandparents, 26.6% of fathers, 40.9% of adults in the household, 35.4% of siblings, 48.3% of friends and 45.8% of strangers. Age is clearly more significant the greater the relational distance from the child. However, gender accounts for a disproportionate number of these responses. For example, 39% of grandfathers and 26% of grandmothers said that age would be an important factor. Importantly, with regard to building up a 'profile' of who is most likely to take in children and under what conditions, many fathers and grandfathers would be unwilling to take care of younger children (under 5).

The HIV status of the child would influence the decision on whether to take the primary caretaking role for a number of respondents (see Table 2).

TABLE 2. INFLUENCE OF HIV STATUS AND AGE ON GUARDIANSHIP

	Influenced by the HIV status of the child	Influenced by the age of the child
Grandparents	17.1%	29.7%
Fathers	15.5%	26.6%
Adults in household	27.4%	40.9%
Parental siblings	20.6%	35.4%
Friends	28.3%	48.3%
Strangers	29%	45.8%

DISCUSSION

Finding homes for children who no longer have their primary caretaker to look after them is already a major difficulty, but the challenges of placing orphans and other children needing homes within families will increase (UNICEF, 2003). Assisting families to incorporate children is generally regarded as better for the child and a more practical alternative than institutional or other care arrangements. From this study it is evident that assistance, *when perceived as making a substantial difference to the family's ability to function effectively*, makes a significant difference to most people's views on whether they would take in a child or not.

For most adults in this study a grant of US\$30 (for which households with an income below \$1 600 (R9 600) per annum in urban areas and \$2 200 (R13 200) in rural areas are currently entitled if the child is under 14 years of age) would not act as a fundamental motivation to take a child into their homes and families. Nonetheless, for a number of close relatives (grandparents, fathers, adults in the household) it would indeed make a difference. It would appear that these relatives are keen and motivated to incorporate children (Freeman & Nkomo, 2006) and any practical incentive is seen as helpful. Crucially, it is the socio-economically worst off within these groups who would be most influenced by the incentive of this grant – reflecting both their willingness to take in close relatives and their potential difficulties should they attempt to do so without help. More distanced relatives/friends and strangers, even if poor, were generally unlikely to be influenced by an amount of US\$30.

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As the financial grant increases, so it becomes more and more of an incentive to all groups. Nevertheless, it is still the closest relatives who are most likely to take in the children and would be most influenced by having financial assistance. Across all groups, non-direct financial assistance such as having a child's education paid for and having a caring and trained person assist would act as important incentives. In fact, there was a strong statistical agreement between the highest mentioned financial grant (US\$165) and having the child's education paid for. This agreement was higher than between either US\$100 and US\$165 or between US\$100 and having education paid for. Thus, respondents appear to regard the child's education as worth more to them than US\$100. Given that assistance with education could not be exploited for any personal gain in the way that financial incentives could, it can be assumed that the child's interest indeed takes primacy. Moreover, for all categories the possibility of having a person assist from time to time was regarded as more likely to make a difference to their decision to take in a child than both US\$30 and US\$100. Clearly most people are concerned about problems other than financial ones, and their decision to take in a child or not would not be motivated by financial worries (and incentives) alone.

It is the poorest of the poor across categories who expressed the most need for financial assistance if they were to take in an additional child or children. This was statistically significant across groups ($p < 0.01$). This would suggest that if assistance was to be provided on a limited basis, most benefit would be accrued by giving this to the very poor.

A critical policy question resulting from these findings is whether individuals are prepared to take in a child or children because they would clearly not manage the additional burden without assistance, or whether the child is secondary to the assistance – in which case abuse may be anticipated. From the above results there are good reasons to believe that necessity for assistance is most people's motivation for wanting help.

According to UNICEF (2003) around 2% of orphans are less than 1 years old; 15% between 2 and 4; 35% between 5 and 9; and 50% between 10 and 14. When asked whether the age of the child would make a difference to their decision to take in a child, closer relatives were less concerned than people of further

'relational proximity'. Nonetheless, even for close relatives age mattered for nearly a third of respondents. These were mainly men who did not want to take in babies or younger children. It is probably fortunate then, that the majority of orphans will indeed be older children.

A substantial number of people would not take a child or children into their family if they were HIV seropositive. Non-blood relatives were particularly reluctant – 28% of best friends and 29% of strangers – but even fathers (15.5%) and grandparents (17.1%) would be disinclined to take in a child or children if they were HIV positive. This is a worrying factor, clearly driven to some extent by stigma against people living with HIV/AIDS. However, the reality of taking in a positive child and possibly having to deal with ongoing illness and their death, clearly makes this decision a complex one.

IMPLICATIONS

A number of policy implications of significant importance to governments globally, who are grappling with questions of how to deal with the growing number of orphans and vulnerable children, arise from this study. Providing assistance of some kind is likely to make a difference to a number of people with regard to whether to take in an orphaned or vulnerable child/ren or not. Given the large numbers of children expected to become orphaned, governments will need to give serious consideration to providing direct assistance to families to assist them to take in children. In order to act as tangible support and encourage people to take in children, assistance will have to be of sufficient magnitude to take a meaningful burden off the family. In the current South African situation a grant of US\$30 will not make a considerable difference although each of the other alternatives is likely to. Countries will need to individually determine their appropriate 'threshold' levels.

Fathers can potentially play an important role as primary caretaker, as many want to and believe that they can. The notion of treating fathers differently from mothers with respect to providing assistance is contentious. However, in reality, and without additional assistance, while most mothers will play the primary care-giving role if the father dies, the same cannot be said of fathers. This study suggests, nevertheless, that some support to the father is likely to keep children

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who may otherwise need to be placed elsewhere, in the father's home.

Assistance to families need not be financial. Alternatives such as having a child's education paid for and having a trained and caring person assist the family from time to time were highly valued by all categories. While adoption is not common in Africa, there are a number of 'strangers' who would seriously consider taking in OVC if they were assisted to do so. People with higher education may be a particularly important resource in this regard.

Children who are HIV positive are going to be more difficult to place than children who are negative or whose status is unknown. Provision of prevention of mother to child transmission (PMTCT) programmes will reduce the number of HIV-seropositive orphaned children. Difficulties around placement of positive children provide yet another reason for comprehensive PMTCT programmes. Concrete assistance, such as the incentives placed before respondents in this study, needs to be put together with other alternatives that have been suggested in developing policy for OVC. Clearly assistance to families alone would be a vastly inadequate response to dealing with OVC. However, together with the many other ideas and strategies formulated (e.g. Global Partners Forum, 2004; Strebel, 2004; Subbarao & Coury, 2004; UNAIDS/UNICEF/USAID, 2004), assisting families through grants, educational and personal assistance is likely to lead to significant incorporation of children into families and less need for institutions or finding other caring and accommodation options.

Research is still needed on the economic implications for countries of this approach and the practical mechanisms that would be required to implement it. Furthermore where countries do embark on this approach, close monitoring and evaluation will be required to assess the extent to which assistance to families does indeed change behaviour towards incorporating children, the extent to which the assistance enables families to cope, and to ensure that the strategy does not result in the abuse of children.

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