An enumeration of orphans and analysis of the problems and wishes of orphans: the case of Kariba, Zimbabwe

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Abstract

In southern Africa, HIV and AIDS accounts for the largest proportion of orphans. Very often the orphaned children become destitute, and young girls in particular become more vulnerable to HIV and AIDS as they try to fend for the rest of the family. This paper reports on the number of orphans in Kariba, Zimbabwe, describing their problems, coping strategies and wishes. The study was carried out in Nyamhunga and Mahombekombe high-density residential areas of Kariba, Zimbabwe. All households in the study area were visited, and a semi-structured questionnaire aimed at enumerating orphans and obtaining information regarding general problems of orphans was administered to heads of households present. In addition, information on the plight, coping strategies and survival wishes of orphans were collected through 15 focus group discussions held with orphans, care givers, community leaders and stakeholders. The prevalence of orphans in Kariba, based on a sample of 3 976 households, was found to be very high (56%) with most of the orphans in the age group 6 - 12 years. The majority of the orphans were paternal and under maternal care. Over 30% of the orphans of schoolgoing age were not in school, and some young girl orphans became involved in commercial sex work. The survival wish list of the orphans included school fees, accommodation, health care provision, adequate food and income-generating projects. However, suggestions on orphan care and needs given by community members were somewhat divergent from the orphans' wish list, indicating that community interventions may not be sensitive to the wishes of those affected. Although the study did not categorise orphans according to cause of death of parents, there are indications that most of the orphans are accounted for by HIV and AIDS.

Keywords: Orphans, care givers, problems, needs and coping strategies.

Résumé

En Afrique australe, le VIH/SIDA est responsable de la plus grande proportion des orphelins. Plus souvent, les orphelins deviennent indigents. Les jeunes filles, en particulier, deviennent plus vulnérables au VIH/SIDA lorsqu'elles essaient de se débrouiller toutes seules pour toute la famille. Cette communication fait un rapport du nombre d'orphelins à Kariba, au Zimbabwe. Elle décrit leurs problèmes, leurs stratégies de faire face et leurs vœux. Une étude a été faite à Nyamhunga et à Mahombekombe, des quartiers résidentiels bondés de Kariba, Zimbabwe. Tous les foyers du quartier sous étude ont été visités. Un questionnaire semi-structuré visant les chiffres des orphelins et la façon d'obtenir l'information portant sur des problèmes généraux des orphelins a été administré auprès des chefs de foyers qui étaient présents à la maison. Les informations concernant le triste état, les stratégies de faire face et les vœux de survi des orphelins ont été recueilles à travers les 15 discussions de groupes de foyer menées auprès des orphelins, des travailleurs sociaux, les chefs de communautés et d'autres parties concernées. La prédominance des orphelins à Kariba, selon l'échantillon de 3 976 foyers, fut très élevée (56%). La plupart des orphelins étaient paternels et sous la tutelle maternelle. Plus de 30% d'orphelins qui devaient être scolarisés ne l'étaient pas. Pour des raisons comme: le désir de se débrouiller pour nourrir sa famille et le manque de direction, quelques jeunes filles se donnent à la prostitution commerciale. La liste de vœux de survi des orphelins avait entre autres, les frais d'école, l'hébergement, les soins, l'alimentation adéquate et des projets ayant un rendement financier. Cependant, les suggestions selon les membres de la communauté concernant les soins et les besoins des orphelins étaient différentes de ce qui figure sur la liste des orphelins. Cela démontre à quel point les interventions communautaires ne seraient pas sensibles aux souhaits des enfants en question. Cette étude n'a pas séparé les orphelins suivant la cause de mort des parents. La prédominance du VIH/SIDA à Kariba et élevée (25%) et il parait que la plupart d'orphelins sont ceux du VIH/SIDA.

Mots clés: Orphelins, travailleurs sociaux, problèmes, besoins et stratégies de faire face.

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Introduction

The problem of orphans world wide has increased drastically in the past decade, mainly as a result of HIV and AIDS. The UNICEF, USAID, UNAIDS Joint Report (2004) shows that the global number of orphans increased by 30% between 2001 and 2003. The region with the largest number of orphans is Asia, while sub-Saharan Africa (SSA) has the highest prevalence of orphaned children. An estimated 12.3 million children have been orphaned by AIDS in SSA. According to UNICEF (2004), Nigeria had approximately 7 000 000 orphans at the end of 2003, Ethiopia 3 900 000, South Africa 2 200 000, Mozambique 1 900 000, Zimbabwe 1 300 000, Zambia 1 100 000 and Botswana 340 000.

Currently in Zimbabwe the estimated adult HIV prevalence is 15.6 % (*The Herald,* Harare 2007), having dropped from 33.7% in 2001 to 24.6% in 2003. Although there has been this decline in prevalence of HIV, the number of orphans has increased over the years because of the increase in numbers of people who have in the past few years died of HIV and AIDS. The number of orphans rose from 345 000 in 1988 to 900 000 in 2000 and to 1.14 million in 2003. A 2004 UNCEF report has put the approximate number of orphans in Zimbabwe at 1 300 000. This number is projected to increase to 1.5 million, or 25% of the child population, by 2010. The need to provide care and support for the large number of orphans is placing considerable strain on social systems. At family level, the extended family, which has the traditional responsibility to care for orphans, is under ever increasing pressures. Consequently, the number of child-headed families has increased (Zimbabwe Nutritional Survey Report, 2004).

At the time that this study was undertaken in Kariba, a resort border town of Zimbabwe, it was generally known that there were many orphans and children living on their own in the town. However, there were no statistics to quantify the extent of the problem. Several organisations had taken a keen interest in orphan welfare, and had initiated feeding schemes (Red Cross and Tony Hope Foundation), education assistance schemes (Ministry of Education BEAM programme) and subsidies for foster parents schemes (Sisters of Charity). Many of the organisations working with orphans reported duplication and overlap of efforts, because of lack of a common register of orphans. Orphan children and foster parents deserving assistance from donor organisations or from the Ministry of Social Welfare could not get assistance promptly, as the verification process was lengthy. It is against this background that this study was conducted to enumerate orphans in Kariba and elucidate their plight. While there are many definitions of orphanhood (Save the Children, 2002; UNAIDS 2000a;

UNICEF 2000, 2003, 2004), for the purposes of this study we adopted the UNICEF definition of orphans as children under the age of 18 who have lost one or both parents. We included orphans aged 18 and below. The study sought to determine the extent of the orphan problem in Kariba regarding numbers, orphan needs and existing interventions, and to map the way forward of addressing the problems identified.

Methods

Study area

The study was carried out in Charara, Quarry, Nyamhunga and Mahombekombe high-density residential areas of Kariba, Zimbabwe. Kariba is located 366 km north-west of Harare, the capital city of Zimbabwe, and situated on the eastern shore of Lake Kariba, an artificial lake 280 km long and up to 42 km wide, spanning 5 200 square kilometres. Lake Kariba, which is shared between Zimbabwe and Zambia, is the centre of Zimbabwe's hydroelectric and fishing industry, and a major tourist hub. Urban Kariba has a population of approximately 25 000 people and a further 10 000 or so people live on the Zimbabwean shore of the Lake Kariba (Zimbabwe Census 2002 National Report: 2004).

Mahombekombe is located on the slopes of mountains on the edge of Lake Kariba and close to the industrial area. There were approximately 6 000 people living in Mahombekombe in 2001. There is one primary school in the area and one health centre. Most of the hotels and lodges in Kariba are located near Mahombekombe area. Nyamhunga is located on flat land about 1km from the lake. There were approximately 5 000 people in Nyamhunga when the study was conducted. There are two primary schools and one secondary school, and health services are offered by one public health centre and three private clinics. There is a hotel/night club in the middle of the township. Clients from Mahombekombe and Nyamhunga as well as others from Heights low-density residential suburb patronise the hotel. The Charara area consists of scattered settlements around the industrial area of Kariba. The Quarry area is a small residential area which mushroomed around the small mining activities in Kariba.

Research design

The study was both a survey (enumeration of orphans and identification of their problems and needs) and exploratory in nature (identification and assessing of problems, needs and coping strategies of orphans).

Sampling

All households in Nyamhunga, Mahombekombe, Charara and Quarry were included in the study, so that the study population

was taken as the sample. Only a few households, where there were no occupants at the time of the study, were left out. The female or male heads (whoever were readily available) of the families were interviewed, to determine the number and problems of orphans then living on their premises, or those who had lived on their premises in the previous year. This included both orphans that were under their care and those that were not. Child-headed households were also included in the sample and orphans present were interviewed. In addition, the sample included caregivers, community leaders and some of the parents of the orphans if they were available. Snowballing sampling was used to identify all the caregivers and community leaders working with orphans.

Research approach

The study assumed a community-based approach. A sensitisation workshop was held with the community to discuss the project objectives and to formulate study tools. Research assistants were recruited from the community and trained in questionnaire administration. Pre-testing of the questionnaire was done and amendments were made. At the end of each day of collecting data the team met to review problems encountered by the research assistants, and identified cases where a revisit to the interviewees was necessary. After data analysis and preparation of a draft report, a dissemination workshop was held at which possible intervention strategies were discussed. Thereafter a final report was prepared incorporating all comments made at the workshop. This paper is based on the final report that included these inputs from the community.

Data collection tools

The study used both qualitative and quantitative research techniques. A quantitative questionnaire was used to enumerate orphans and to assess their needs. The questionnaire focused on the age, sex and type of orphan, schooling status, orphan problems and possible solutions to their problems. In-depth interviews and focus group discussions were held with orphans, young commercial sex workers, parents, caregivers and community leaders, in order to identify the problems and coping strategies of orphans. In FGDs with orphans, each respondent was also asked to share their orphanhood experiences if they were willing to do so, and this produced some detailed qualitative data on the problems and aspirations of orphans. A total of 15 FGDs were held, eight with orphans, two with young commercial sex workers, three with caregivers, and two with community leaders. Case studies and narratives were also generated through the in-depth interviews that were held with various orphans. These qualitative methods were also used to explore community perceptions and prevailing attitudes towards HIV/AIDS, as well as identifying intervention strategies.

Ethical considerations

Ethical issues were taken into consideration throughout the study. Firstly, participants were informed about the purpose of the study and clarification was given, where respondents had questions or did not understand. Informed consent was sought from all the respondents who took part in the study, and in the case of orphans this was sought from their guardians, parents or caregivers. In order to protect the identity of orphans who took part in the study pseudonyms were used in the presentation of our findings.

Results

Table 1 shows the distribution of orphans by household head. Most of the orphans identified were found in households headed by mothers, followed by male-headed households, and lastly in child-headed households. Grandparents (adult relatives) and other children also looked after a substantial number of orphans. A total of 2 152 orphans were identified, but details regarding which parent had orphaned the child were only given for 2 136 orphans. Of those whose status was known, 1 164 were paternal orphans (lost father), 316 were maternal orphans (lost mother), and 656 were total orphans (lost both parents).

Table 2 shows the number of orphans by age categories and sex. The distribution of orphans by sex was roughly equal, with 1 080 males and 1 072 females. The majority of orphans were in the age category 6 - 12 years, followed by the 16 - 18 category, which had 17 more children than the 13 - 15 years category. The least number of orphans were in the 1 - 5 age category. An analysis of how many orphans of schoolgoing age were in school showed that similar proportions of boys (72.3%) and girls (70.3%) were in school, with almost 30% of all orphans of schoolgoing age not attending school. Table 3 shows the figures disaggregated by age group. The data were further disaggregated according to orphan type, and in- and out-of-school orphans. Table 4 shows that more paternal and double orphans were out of school, followed by those who had lost mothers (maternal). An assessment of the needs of orphans indicated that the majority (86.8%) were in need of basics (food, clothes, school fees, medical care and decent accommodation). Cases of abuse of one form or another were reported by 8.8% of the orphans, while 4.4% and 0.4% indicated lack of parental love and identification papers respectively.

Orphan service organisations

The study identified several organisations that were already caring for orphans in various ways, and these are indicated

Table 1. Family heads and orphans in study households

Family head	Number of households	Households with orphans
Mother	1 197	1 045
Father	2 425	927
Girl child	66	46
Boy child	205	135
Adult relative	83	73
Total	3 976	2 226 (56.0%)

Table 2. Age and gender classification of orphans

Age in years	Males	Females	Total
1 - 5	153	170	323
6 - 12	471	449	920
13 - 15	221	225	446
16 - 18	235	228	463
Total	1 080 (50.2%)	1 072 (49.2%)	2 152

Table 3. School status of orphans by age and sex

	Age group	In school	Out of school
Male	6 - 12	391	73
	13 - 15	175	41
	16 - 18	94	139
	Total	660 (72.3%)	253 (27.7%)
Female	6 - 12	367	77
	13 - 15	167	53
	16 - 18	89	133
	Total	623 (70.3%)	263 (29.7%)

Table 4. Schooling status of orphans by orphan type

Type of orphan	In school	Out of school	Total
Paternal	655	222	877
Maternal	194	69	263
Double	363	222	585
Total	1 211	513	1 725

Table 5. Identified orphan caregivers

Caregivers	Nature of support
• Church community	School fees and food handouts
• Red Cross	Food and counselling
• Kariba District Hospital	Referral to Social Welfare and ZRP and counselling
• Sisters of Charity	School fees and financial assistance
• Tony Waite Foundation	Feeding programme and payment of school fees
• Abstinence for Life	HIV/AIDS prevention targeted at youths, including orphans
• Women's Institute	HIV/AIDS prevention targeted at youths, including orphans
• Kariba Athletics Club	Recreation for youths with special exemption for orphans
• Schools	BEAM programme for schools and counselling

in Table 5. Overlap or duplication of efforts is apparent, particularly when one considers that the organisations worked in the same area but did not share their databases. The different organisations' representatives said that each organisation worked in isolation, resulting in possible duplication of what other organisations were doing. For example, the Tony Waite Foundation and Sister of Charity feeding programmes targeted the same orphans. The organisations also highlighted that their impact was minimal because of limited resources. Some representatives also commented that in some cases the relatives of orphans misused the resources targeted for orphans, resulting in exacerbation of the problems and plight of orphans.

Problems encountered by orphans

Orphans encountered various economic, social and psychological problems. During FGDs the orphans highlighted that they did not have money to spend on basic needs like clothing, food, stationary and school fees. Caregivers and community leaders also reinforced this during separate FGDs. The issue of resources was linked to the death of parents, which left children without adequate financial support. In most cases the deceased parents would have been the breadwinners and their death would have compromised the household's economic viability. The current economic hardships being experienced in the country were also highlighted as exacerbating the economic problems of orphans. In cases where parents left some savings or pension money for their children, these were being eroded by inflation.

Laina is a 12-year-old orphan and was in Grade 7. She gave the following narrative about her problems since the death of her parents:

My parents are both dead. My mother died first and my dad remained unwell for about a year and then he also died [she pauses and looks really sad]. After he died we were taken by his sister whom we are staying with. We stay with her and her two sons who also go to school. My father's property was shared among our relatives. We were told that he left no money for us. Since the death of my father we have faced a lot of problems with my little brother. We sometimes do not have school fees and have to miss school. Our fees are paid after she has paid the fees for her children. She tells us she has to ask from other relatives to help with our school fees. We do not even have complete school uniforms and she does not buy clothes for us [almost crying, interview is temporarily stopped to allow her to recompose]. We don't have enough food and life is so hard. I feel miserable most of the times. One time I got sick and my aunt said she had no money and so I could not go to the clinic. I stayed at home for two days and got really sick until I could not even eat and then she took me to the clinic. I had malaria.

The study revealed several factors that contributed to problems of orphans, including breakdown of safety nets, poverty, malnutrition and illness, loss of inheritance, predisposition to HIV infection, withdrawal from school, lack of control and psychosocial problems. Some of the orphans highlighted that after the death of one of their parents or both they were left with no one to look after them, as relatives were reluctant to take care of them. Such orphans ended up staying on their own. This was shown by the case of Fiona aged 17, whose parents died when she was 16 years old, and a head of a family:

We stay the three of us, my sister aged 10 and my brother aged 14 and myself. Our parents died last year after a long illness, and after their death our grandmother came to stay with us for about six months, then she returned to the rural areas. She said we could remain behind and go to school. She usually comes back to check on us maybe once in three months. Our parents left us a three-roomed house and we get assistance from relatives and also Sisters of Charity. Life is not easy but we struggle on as I look after my siblings. I do small projects like selling freezits and sweets, so that we are able to get money. Sometimes things are hard, especially paying school fees. I have discovered that I cannot depend on my relatives. Some of them also don't have [much] but they also try to give us the little help they can sometimes.

Discussions with orphans and caregivers revealed that the role of the extended family and community in coping with orphans was in a state of change and instability. The traditional role of extended families and communities in caring for orphans was being challenged by the burden of HIV and AIDS and the harsh economic climate.

Some of the orphans explained that they were living in poverty, as they could not generate enough income for their upkeep. Those staying with relatives felt that their welfare was not a priority for their caregivers. The available food was usually not adequate and therefore meals were usually limited to two per day, while access to medical care and treatment was also problematic. Orphans highlighted that they were often sent away from school because of non-payment of school fees. Consequently most of them ended up withdrawing from school.

Narratives from some of the orphans revealed that soon after the death of their parents, some relatives grabbed household assets, property and bankbooks.

An orphan called Ron aged 12 said:

After my mother died, my father then married another woman. She became our mother, but she was not very nice to me and my young brother. My father fell sick and he died [looks sorrowful],

[after which] our 'mother' changed. She started saying she could not look after us and was being nasty. She sent us to my mother's relatives where we are staying, and she remained with all the property. We have nothing, no property and no money from my father's things.

The problem of loss of inheritance was said to be due to the absence of written wills by the late parents. A common problem that was highlighted by orphans who had lost one parent was the issue of losing their inheritance to stepparents if the remaining parent remarried. Orphans who participated in the FGDs strongly stressed that stepparents usually took control of all assets and property, and where the remaining parent died, these stepparents automatically grabbed the inheritance.

The study revealed that some orphans were being abused in the households in which they were staying. The children reported that they were beaten, forced to work for longer hours after school, and were assigned numerous errands, while children of the caregivers living in the same household were not treated similarly. An orphan called Tino, aged 11, said *'unherera hwakaoma'* meaning that it is difficult to be an orphan:

I do almost everything in the house where I stay with my mother's young sister. I ask myself is this not work for girls, because even if l am a boy I wash plates, cook, sweep and am sent everywhere. I rest when I sleep but I know I have to wake up early to clean. If I do not do the work I am scolded and sometimes beaten. When my parents were alive I never used to do all this work, I used to play a lot with my friends.

Some of the young orphans complained of being sent to sell vegetables and fruits after school until late, instead of concentrating on their studies. They were also cases of young orphan girls who had now resorted to commercial sex work in order to improve their livelihood.

Caregivers and community leaders highlighted that some of the orphans lacked discipline. They explained that such orphans were rude, arrogant and were engaging in criminal activities, especially the young orphan boys. This was mainly because of lack of parental guidance. Psychological problems for orphans were greater in cases where both parents had died. Some of the younger orphans confessed to living in fear of dying. They felt that their own death was imminent. One such case was of Chengetai a 7-year-old orphan who said:

I am afraid, what if I also die [she cries], I am afraid. When I sleep I have all these dreams that I am dying and when I wake up I feel so afraid.

Some said that they lacked parental love and were often frustrated, and hence they felt empty and lonely with no one to listen and talk to, like they used to do with their parents. Some orphans said that because of their present living conditions they wished their parents were alive. This was a source of stress for them. Witnessing the illness and death of their parents had traumatised some of the orphans. Caregivers and community leaders agreed that orphans were encountering psychological problems, highlighting that most of the orphans were not focused; they were withdrawn, were not open and were frustrated, resulting in some of them engaging in deviant behaviour like drinking, stealing and taking drugs. Other caregivers felt that some orphans were creating psychological problems for themselves, as such orphans developed wrong attitudes to life and their caregivers, and viewed all efforts to help them negatively.

Coping strategies

From most of the interviews, orphans made it clear that their life had changed after the death of one or both of their parents. The older ones had to shoulder new responsibilities, and there were also significant changes regarding their welfare. One orphan called Shamiso lamented 'Upenyu hwakangochinja masikati machena pavakangofa' meaning 'life changed just like that in broad daylight when they died'. These changes have meant that most orphans have to be innovative and also seek assistance in order to survive, especially in the light of the current economic hardships facing the country.

Orphans engaged in various activities in order to earn a livelihood. Some orphans, particularly the older ones, were involved in income-generating activities like selling of vegetables, fruits, freezits and kapenta. Others were involved in craftwork. This involved the making of *'maponde or rupasa'* (mats made from reeds and grass) for sale locally. Orphans also bought and sold fish heads and belly flaps from a local fish factory. Some orphans received various forms of assistance from organisations, churches, neighbours and well-wishers. Other orphans had looked for jobs within the community as maids, labourers and gardeners. However, some orphan girls resorted to commercial sex work. Older commercial sex workers organised clients for the younger orphan girls. On the other hand, some orphan boys resorted to stealing and illegal income-generating activities, like selling of stolen property and gambling; while others resorted to taking alcohol and drugs, which they perceived would help to solve their problems.

Way forward: interventions

Various interventions and recommendations were proposed by the different respondents. What is of interest are the differences

in responses from the orphans, caregivers, community leaders and the orphans service organisations Some of the care givers wanted institutions for orphans to be created, while the orphans themselves did not want to be isolated in institutions. Younger orphans were more interested in meeting their basic needs like school fees, clothing, rentals and food, while the older orphans indicated an interest in starting sustainable income-generating projects like poultry and fisheries. The community leaders were also keen to see various income-generating projects spearheaded by the orphans themselves being introduced. It was perceived that this would instill a sense of ownership of these projects among the orphans. The need for counselling facilities for the orphans was also highlighted. The church was seen as the best place where orphans could be counselled to cope with the loss of their parents. Caregivers were interested in the allocation of more resources to their efforts in mitigating the impact of HIV and AIDS on the orphans.

The perceived interventions varied because of the different needs of the stakeholders. Stakeholders agreed that sustainable and well-managed income-generating projects were ideal in dealing with the plight of orphans. These interventions would largely depend on finding willing donors, and also on government initiatives like the National AIDS Fund, which is administered through the District AIDS Action Committees. According to stakeholders and community leaders, the success of these intervention projects would also depend on the local leadership and stakeholders, who must ensure that the intended beneficiaries, the orphans would benefit from all the intervention strategies that would be put in place.

Discussion

The prevalence of orphans in Kariba was found to be very high (56%). The results show that the majority of orphans were paternal, meaning that most of theme stayed with their mothers or maternal relatives. This study showed that the prevalence of orphans in Kariba was higher than the 2000 (16%) and 2003 (19%) national orphan percentage rate among all children. The present study resulted in the creation of a database for Kariba that is used by stakeholders for planning and implementing their programmes on orphans. Some donors have also funded several projects on orphans on the basis of findings of this study.

From the enumeration and FGDs, the study showed that orphans face various problems regarding their upkeep and welfare. Similar problems have also been identified and highlighted in other studies that have been carried out elsewhere in Africa (Dhlamini, 2004; Drew *et al.*, 1996; Jackson, 2002; Makaya *et al.*, 2002; Matshalaga, 2000; Nyambedha, 2001; Schonteich,

2001; Seeley *et al.*, 1993; Strebel, 2004; Subbarao *et al.*, 2000; Whitehouse, 2002). According to orphans in this study; the problems they experienced started or were exacerbated after the death of their parents; and were mainly compounded by the fact that many of the families lived in communities already disadvantaged by poverty, poor infrastructure and limited access to basic services. Zimbabwe has in the past 5 years experienced many problems ranging from drought, economic hardships, the HIV/AIDS epidemic, and fuel and food shortages, to high inflation (over 1 000% at the time of the study and now more than 100 000%). This has also had an effect on the upkeep and survival of orphans. The common unmet needs for orphans were education, food, medical care and clothes. The problem of food availability and nutrition was illustrated by the 2003 nutritional survey for Zimbabwe, which weighed and measured nearly 42 000 children including 1 760 orphans, and showed that a higher percentage of orphans were malnourished compared with non-orphans (Zimbabwe Nutritional Survey Report, 2003). The orphans' psychosocial problems ranged from fear, lack of parental love, trauma, stress and frustration.

The emotional and psychological problems faced by the orphans also put them at higher risk for juvenile delinquency. Some of the children, especially the boys, resorted to stealing and illegal income-generating activities. Some orphan boys experimented with drugs and alcohol. Emotionally troubled children are more likely to be sexually abused and forced into exploitative situations as a means of survival (Lentfer, 2002). Some of the young orphan girls in Kariba resorted to commercial sex work, which makes young orphan girls vulnerable to HIV infection, thereby exacerbating their problems.

The problems of orphans were in some cases exacerbated by the loss of their inheritance. Some spoke of how they had been denied their inheritance by relatives and stepparents. This is mainly because few people in poor communities in sub-Saharan Africa make official wills, increasing the risk that a deceased person's property will simply be grabbed by other family members, and in some cases by other members of the community (UNICEF 2003). Also closely related was the fact that some of the deceased parents would have left no estate for the children to inherit. Most of the resources would have been used for medical and funeral expenses incurred by the late parents. This resulted in most orphans finding themselves in very difficult circumstances.

It was apparent that losing a mother or both parents brought more suffering, as evidenced by the higher numbers of paternal and double orphans who were out of school. This also corroborates with results from other African countries that

have shown that orphans' access to education is compromised when households in which they are kept do not have adequate resources for school fees and levies (Lentfer, 2002).

From the results it is also clear that most of the families with orphans failed to cope with providing and caring for these orphans. Orphans had difficulty in accessing basic needs, as they were taken into already economically struggling households. Absorbing the vast number of children left by the AIDS crisis and other causes simply lies beyond extended families' ability to cope with the burden of added mouths to feed. The issue of economic viability of households caring for orphans was also a point of concern among care givers. Most of the care givers could not provide the orphans with adequate financial support.

Another point of concern was the emergence of child headed households in Kariba. Some of the orphans had become heads of families as there was no one willing to 'foster them'. Traditionally, orphans have always been absorbed into the extended family networks, but this study revealed that in some cases this did not happen.

Coping strategies of orphans existed both at individual and community levels. At individual level orphans relied on income-generating activities. However some of the income-generating activities were not approved by most stakeholders. The community in Kariba developed mechanisms to help orphans after the realisation that, due to urbanisation, the extended family safety nets had been weakened. The community had various initiatives that had been put in place to reduce the impact of the problems facing orphans. The stakeholders involved included churches and non-governmental organisations, as well as government departments. Volunteer organisations also played a role in caring for orphans. These initiatives and some of the coping strategies helped to cushion the orphans. The point of emphasis was on sustainable solutions that would help in dealing with the problem of orphans in Kariba.

Conclusion

The study showed that the problem of orphans was worse in Kariba compared with other parts of the country. Lack of basic necessities among orphans was widespread. Large proportions (30%) of children had lost education opportunities. There was a subtle increase of young orphan girls involved in commercial sex work in Kariba. The study, through its focus on the caregivers' and orphans' wish lists, presented opportunities for developing intervention strategies. It is imperative for communities and various stakeholders to develop interventions that are sustainable and will effectively address the needs of orphans in Kariba.

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