COPING STRATEGIES OF ORPHANS AND VULNERABLE CHILDREN IN UGANDA

A CASE STUDY OF ENTEBBE MUNICIPALITY

PRESENTED ON 12TH DECEMBER 2007

AT THE 5TH AFRICAN POPULATION CONFERENCE

HELD IN ARUSHA, TANZANIA

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ACRONYMS:

AMICAALL	ALLIANCE OF MAYORS AND MUNICIPALLEADERS INITIATIVE FOR COMMUNITY ACTION ON HIV/AIDS AT THE LOCAL LEVEL
ARV	ANTIRETROVIRAL TREATMENT
CHAI	COMMUNITY LED HIV/AIDS INITIATIVES
EWA	ENTEBBE WOMEN ASSOCIATION
HIV/AIDS	PRESIDENTIAL INITIATIVES ON COMMUNICATING TO YOUTH ABOUT HIV/AIDS
SMA	SINGLE MOTHERS' ASSOCIATION
TASO	THE AIDS SUPPORT ORGANIZATION
UWESO	UGANDA WOMEN'S EFFORT TO SAVE ORPHANS

UNAIDS

ABSTRACT

The study identifies what problems orphans in Entebbe Municipality as vulnerable children and their caretakers undergo and tries to establish practical copying strategies basing on psychosocial, economic and security needs as Constitutional or Statutory rights of children.

The general objective of the study was to find out the copying strategies of vulnerable children focusing mainly on orphans. And the main objectives were to identify the problems orphans and vulnerable children face, the strategies they use to cope with the problems and how the caretakers cope with the problems of orphans.

A lot of literature on vulnerable children reveals mainly two causes of vulnerability:

1. Poverty – these are children from very poor families living below the poverty line, who most times can hardly afford a meal. Live in leaking grass thatched houses, clothed poorly and don't go to school. Poverty in relation to children in low income families living below the poverty line; unable to enjoy the basic needs as defined by World Bank, as families having one meal a day, living in unhealthy and crowded accommodation, being poorly clothed, lacking access to safe drinking water, education, information and medical services.
2. Orphaned – Orphaned children from findings and literature, refer to Poverty and Orphanhood as the major causes of vulnerability. Orphanhood; with reference to children who have lost one or both parents, due to diseases,(HIV/AIDS or Malaria), Civil Wars, accidents and other causes of death. According to Uganda's definition, these are children who have lost one or both parents. In Uganda, parental deaths are mainly due to diseases like HIV/AIDS, malaria and other calamities like wars (instability in the country).

Orphans in Uganda are estimated at 7% of the total population, posing a challenge in explaining how such orphaned children cope.

Methodology: The sample was selected using purposive non random sampling where by the most informed knowledgeable informants in the problem were chosen. There were three sets of

questionnaires designed, one for orphans below 18, orphans above 18 years and caretakers of the orphans.
Data collected were both qualitative and quantitative in nature. This data were got from various orphans below and above 18 years and caretakers.

Findings: The problems the orphans mainly encounter in their life include: lack of school fees, lack of scholastic materials , lack of love and care , loneliness , lack good clothes , lack stable homes, discrimination, and cannot choose what they want.

The majorities of the respondents try to cope with the problems by generally working hard, working in peoples gardens, fetching water, reading hard if in school, and try to be well behaved. Others try to cope by begging from relatives and friends, begging from one person to other. Some of them pray to God for divine assistance and healing while others try shifting from one home to another.

In conclusion, the research looked at children who have been orphaned mainly by AIDS – Children Affected by AIDS (CABA), Orphans and vulnerable children (OVC). Many children below the age of 18 years have lost one or both parents. This means losing parental support and above all loosing parental love. Vulnerability of these children sets in a bid to struggle to cope with the prevailing situations. This is a global issue that has become a concern to almost every family.

Recommendation: Orphans go through a number of turmoil in their bid to survive therefore urgent national strategies need to be put up. Solutions to the orphan crisis should be at the center of attention of all concerned governments. More programme should be put up targeting orphans. For instance:

- The government should protect the most vulnerable children through improved policy legislation and channeling resources to communities
- Access of orphans and vulnerable children to Education, Health and other important basic needs
- Raise awareness at all levels through advocacy and social mobilization to create a supportive environment of all children affected by HIV and Aids.

INTRODUCTION

HIV/ AIDS in the previous two decades was a myth to most families unlike in the recent decade where its incidence, prevalence and impact have attracted a global concern. The third decade has been faced with the challenge, of HIV/AIDS epidemic, creating a gap where a lot more is desired to address its influence on Human resource security as a major ingredient of production and capacity building sector for national growth and economic development. It's therefore asserted that the implications of HIV/AIDS scourge on the modern workforce, if not urgently intervened, will have serious effect in the global village functioning.

Uganda has predominantly young population with 47.3% under 15 years, one in every four people (23.3%), is an adolescent and one in every three (33.5%) is a young person. The total population is 24.7 million, with annual growth rate of 3.4%. Currently the population is estimated at 24.8 million and is projected to be 28.4 million by 2010 and expected to double up by 2020. The rapid population growth rate raises a concern for the young people since they account for a greater proportion of Uganda's population. *(UBOS, 2002)*

World Health Organization (WHO) estimates that 60 million people globally have HIV/ AIDS infection, of which 40 million are children and youth; 12 million of young people are infected, aged 12 to 24 years and girls, five to six times are more at risk than boys and
2 million children in Uganda are orphaned with HIV/AIDs, *(PIASY,* ***Manual (2003).***

In just two years, between 2001 and 2003, the report states, the global number of children orphaned due to AIDS rose from 11.5 million to 15 million – the vast majority in Africa. In Asia, Latin America and the Caribbean, other regions covered by the report, orphan numbers have dropped by around a tenth since 1990.have lost parents due to AIDS has risen from just under 2 per cent in 1990 to over 28 per cent in 2003. Since 2000, 3.8 million children have lost one or both parents to AIDS, and by 2010, 18.4 million children – more than one in three orphans – will have lost parents to AIDS.

Some 5.2 million children in sub-Saharan Africa became orphans in 2003. In five countries in southern Africa, 15 per cent of all orphans lost one or both parents in that year; a similar number of children were living with chronically ill family members.

By 2010, sub-Saharan Africa will be home to an estimated 50 million orphaned children, and more than a third will have lost one or both parents to AIDS, according to a biennial report on global orphaning released today by USAID, UNAIDS and UNICEF.

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In Uganda, the youth aged 10 to 24 years are 33% of the total population and are sexually active, with Children growing up in slummy environment beginning sex as early as 8yrs of age, while 17% of the Children in schools begin sex at 14 years and the country has the highest teenage pregnancy rate because young people have limited access to health services and care due to stigma and costs of services. The major cause drawing many children to indulge in such practices is traced to poverty and Orphanhood.

Surveillance; virtually no family is left untouched by the epidemic. Almost every one is caring for the sick relative, looking after the orphaned children, brothers, sisters, and sons, and helping to support relatives who have lost their bread winners and no longer have any money.

Due to the HIV/AIDS scourge, many parents have died leaving the children with caretakers like relatives and sometimes on their own (child headed households.) Moreover some children remain without care there by venturing into urban life with the hope of easier life and existence but end up in stressful conditions with some begging on the streets while others get trapped into child abuse situations such as being sex workers, drug addicts and hawking. Where as others get hooked into unpaid or underpaid child labour situations such as those taken up as domestic workers.

Since the acquired immunodeficiency deficiency syndrome was first recognized in 1981(centers for disease control, 1981) the number of infected individuals has continued to rise especially among heterosexuals in Africa and Asia (UNAIDS and WHO, 1998). Estimates by the joint united nations Programme on HIV/AIDS(UNAIDS) and the World health organization (who)indicate that by the beginning of 1998 over 30 million people world wide were infected with the immunodeficiency (HIV), the virus that causes AIDS, and that 11.7 people around the world have lost their lives to the disease(UNAIDS AND WHO,1998 P.7)

Entebbe Municipality with a population of 65327 people with 14216 households,(AMICAALL 2007) is currently faced with a high number of HIV/AIDS orphans, as reflected by the presence of a number of organizations with a task of looking after the HIV/AIDS orphans including: TASO, CHAI, UWESO, Jaja's Home, Kids of Africa, and SOS children's villages which has about 100 and above orphans.

The death toll due to HIV/AIDS is still very high despite the on going campaigns and sensitization activities. The havoc wrecks on the populace, there fore productivity and ability to utilize resources and services can not be over emphasized.

Rationale/Catastrophe:

According to the joint report by UNAIDS, UNICEF and USAIDS (July 2004), a child is orphaned by AIDS every 14 seconds. The Rapid growth of HIV/AIDS virus in AFRICA and throughout the developing world has dramatically impacted on big numbers of children living them without food, shelter, education and protection.

Dramatically high mortality rates will result in the depletion of much labour force both in urban and rural areas with the losses having a profound impact on the very foundations of the economies and state administration, undoubtedly sub-Saharan Africa is not alone facing the challenge several countries are beginning to feel the early impact of the lost generation, children orphaned and made vulnerable by AIDS, with the Orphans number threatening to reach 25 million by year 2010.

According to the 1991 housing and population census in Uganda, of 8.9 million children, over 1 million (11.6%) were orphans. And of these 526,920 were males yet 516,536 were females. The central region had the highest number of orphans (ranging between 16.9% - 17.9%). As of 31st December, 1999, a cumulative total of 55,861 AIDS cases (children and adults) had been reported to the surveillance Unit of the STD/AIDS Control Program. Of the reported 55,861 cases, 51,795 (92.7%) are adults and 4,066 (7.3%) are children aged 12 years and below (Ministry of health website – www.health.go.ug)

The UN Publication, (1994), estimates that by 2010, over 18 million African children will have lost 1 or both parents to AIDS and the number of double orphans will increase by around 2 million over the same period in the sub-Saharan Africa. The worst consequence of AIDS is the fact that it created high numbers of orphans through out the world.

The most recent WHO global Programme on AIDS 2000 report estimates show that in 1999 alone, 5.4 million people world wide were newly infected with HIV world wide (UNAIDS and WHO,2000.P8). According to this already 18.8 million people have died of AIDS. 3.8 of them are children. Nearly twice that many (34.3) are now living with HIV.
The UNAIDS Report shows that by 2003, 15 million children under 18 had been orphaned by HIV/AIDS worldwide. AIDS is responsible for leaving vast numbers of children across Africa without one or both parents. In Uganda, by 2003, a total of 940,000 (48%) were orphans. According to the U.S Census bureau (cited in Hunter and Williamson, 1998) 15.6 million children were estimated to have lost their mothers or both by the year 2000 increasing to 22.9 million by 2010 in 23 countries heavily affected by HIV\AIDS .Of these countries 19 are in sub-Saharan Africa, where by the year 2010 these orphans will comprise to 8.9% of children under 15 years.

The world Health organization's global programme on Aids estimates that 1.3 million people world wide have developed AIDS since the start of the pandemic. An estimated 8-10 million people in over 150 countries have already been infected with HIV and by the year 2000 this figure is likely to rise to 25-30 million.

AIDS is the leading cause of death for people aged 15 to 49. In 2003, 4.8 million people were infected with HIV and 2.9 million died of AIDS. By end of the same year, 2003, there were an estimated 143 million orphans (from all causes) aged 0-17 in 93 developing countries. In just two years (2001 – 2003), the global number of orphans due to AIDS increased from 11.5 million to 15 million (A biennial report on global orphaning released by USAID, UNAIDS and UNICEF).

Children on the Brink 2004 presents the latest statistics on historical, current and projected numbers of children under age 18 who have been orphaned by AIDS and other causes. The 2004

edition also stresses the importance of very distinct developmental needs that must be met as vulnerable children progress through early and middle childhood to adolescence.

By end-2003, there were an estimated 143 million orphans (from all causes) ages 0-17 in 93 developing countries. More than 16 million children were orphaned in 2003 alone. In just two years (2001 – 2003), the global number of orphans due to AIDS increased from 11.5 million to 15 million.

Some 5.2 million children in sub-Saharan Africa became orphans in 2003. In five countries in southern Africa, 15 per cent of all orphans lost one or both parents in that year; a similar number of children were living with chronically ill family members

In 11 of the 43 countries in sub-Saharan Africa, more than 15% of children are orphaned. These countries are Angola, Botswana, Burundi, Central African Republic, Democratic Republic of Congo, Lesotho, Mozambique, Rwanda, Swaziland, Zambia and Zimbabwe. Botswana has the highest number of orphans in Africa with 20% of all children having lost one or both parents. Millions more children live in households with sick and dying family members. Although not yet orphaned, these children also suffer from the effects of HIV/AIDS. (UN publication 1994)

In some cities of central Africa up to 40% of people in the 30-34 year age group are reported to be infected with HIV. The great majority of those infected with the virus are people aged between 18-4 4, most of whom are parents. AIDS has affected the countries of sub-Saharan Africa more severely than most other parts of the world.

In this region where the disease is spread mainly through sexual intercourse between men and women, about 6 million people are estimated to be infected with HIV, half of whom are women of child bearing age. Approximately one in every 40 adults in sub-Saharan Africa is HIV positive. (WHO workshop on AIDS in Central Africa; Bangui, pg 22, October 1995)

Why the Concern:

Though Orphanhood is not a new social problem in Ugandan society since it has had its roots traced to early 1980s, the concern for the study is the mismatch between the escalating massive

orphanhood proportions void of positive copying strategies against the scarce resources distribution.

Table below shows UN estimated projected deaths of HIV/AIDS epidemic in Uganda based on 1994 records:

Year	1980	1990	1995	2000	2005
Death rate with AIDS	17.6	19.5	21.0	20.6	18.5
Death rate without AIDS	17.6	17.5	16.1	14.4	12.7
Difference	0	2.0	4.9	6.2	5.8

Source: UN Publication, 1994.

UN 1994 estimated 100,000 deaths annually due to AIDS-related illnesses alone basing on a population size of 20,000,000 people. Data from 'AIDS Newsletter' (CAB International) August (1997) quotes Dr Madraa, Head of Uganda's STDs/AIDS Control Program, stating that 460,758 of 546,173 Ugandan people who had HIV/AIDS had died since 1988 and that about 1.5 million people were currently infected with HIV, and In Uganda 1 out of six children is an orphan.

Table: 2 ESTIMATES OF THE HIV/AIDS DECEMBER EPIDEMIC IN UGANDA, 2001

Number of people living with HIV/AIDS	Total	1,050,555
	Adults	945,500
	Women	531,909
	Men	413,591
	Children < 15 years	**105,055**
New AIDS cases in 1999 and 2000	Total	99031
	Adults	89128
	Women	49092
	Men	40036
	Children< 15 yrs	**9,903**

Cumulative AIDS death since the beginning of the epidemic	Total	947 552
	Adults	852 797
	Women	427 153
	Men	425 644
	Children < 15 yrs	**94,755**

Source: STD/ ACP Surveillance unit projection scenario

Table: 3: **GLOBAL ESTIMATES OF THE HIV/AIDS EPIDEMIC AS OF DECEMBER 2001**

People newly infected with HIV in 2001	Total	5.00 Million
	Adults	4.30 Million
	Children <15 years	**0.88 Million**
Number of people living with HIV/ AIDS	Total	40.00 Million
	Adults	37.20 Million
	Women	17.60 Million
	Children < 15 yrs	**2.70 Million**
AIDS death in 2001	Total	3.00 Million
	Adults	2.40 Million
	Women	1.10 Million
	Children < 15 yrs	**0.58 Million**
Total number of death since the beginning of the epidemic	Total	24.80 Million
	Adults	19.90 Million
	Women	10.10 Million
	Children<15yrs	**4.88 Million**

Source: UNAIDS / WHO 2001 Report

From the above statistics and prevailing HIV/AIDS status, there is all cause for the study to be undertaken so as to establish practical copying strategies to assist orphans to overcome the existing challenges in their environment.

METHODOLOGY

The methodology used in carrying out the survey includes the description of the area, population of study, methods followed in sample selection, data collection techniques and data analysis. In carrying out the research various participatory methods can be utilized including key informants, interview focus discussions and self administered questionnaires, review of secondary literature. The study was a cross sectional descriptive study aimed at establishing the copying strategies of HIV/AIDS orphans. The study involves both qualitative and quantitative methods

Target area or Sample selection: The area was selected by use of purposive non random sampling techniques in which the most experienced, informed and knowledgeable informants in the problem and copying mechanisms of AIDS affected orphans were selected.

Sampling: The sample size selected was fifty orphans. The main reasons for this selection was because the population area was homogenous and therefore the sample would be representative enough. Secondly the time accorded for the research could not allow the use of a big sample size, resources were also not enough for a big sample size.

Apart from the fifty orphans the researcher also got information from the caretakers of the orphans. This was done to get the most informed and knowledgeable informants who could give relevant on the copying strategies, problems that AIDS orphans go through.

Three different types of questionnaires were designed and administered. These were designed based on the objectives of the study. Questionnaire 1 was for the for orphans aged between 4-18 years, questionnaires 2 for orphans above 18 years, questionnaire 3 was for the caretakers of orphans.

The designed questionnaires were checked for suitability, and updated accordingly, before actual data collection. Tools for data collection were organized before actual data collection took place. The necessary questionnaires and forms were printed and photocopied. Stationery and equipment like plain papers, pens, pencils, clipboards, and rubbers were bought. Transport facilitation was

also prepared, collecting data were organized. Letters of introduction to the orphanages were written and were communicated to and the people concerned were informed, to make them aware of the time intended for data collection.

Data Collection Methods:

The data collection took 30 days with a total of seventy questionnaires completed. Different forms of Questionnaires were designed; one for orphans below 18 years where 40 questionnaires shall be filled, the Second Questionnaires shall be for orphans above 18 years (Youth or Young Adults) and10 questionnaires will be used and other questionnaires will be for the care takers, guardians and stakeholders as key informants.

A focus group discussions were done on 5 orphans in each group will be interviewed to encourage participants to voice their opinions (Hussey 1957).

Participatory rural appraisal approach used with open ended questions prepared in advance and appropriate probes focused to carry orphans through suggested possible copying strategic process before, during and after the death of the parent. This was meant to create rapport and ensure accurate data collection though deeper experience sharing.

Observation method was also be used during data collection. Looking and studying orphans at real life situations in order to identify suitable copying strategies relevant to different orphan age groups and categories of social environments.

Secondary sources of Data collection on the documented copying strategies, problems of orphans, Protection on the right to health, access to good food and nutrition, security of tenure, access to safe water consumption, housing and education of orphans as provided for in the Constitution of the Republic of Uganda (1995), Children's Act Cap 59(2000) and other Conventions, Declarations and both local and international legal machinery and library data from other scholars.

Face to face interviews were conducted to enable the researcher to see facial expressions, reactions of interviewees and note various emotions expressed in speech and other forms of expressions, an average of 15 minutes was allocated to each respondent. There was the researcher's personal involvement in this form of data collection, aimed at interacting with all types of selected interviewees. This was meant to obtain both qualitative and quantitative data, which would be hard if some other people were to be engaged, since the researcher knew extent of which questions to ask when, to who and what level of probing. It is also convenient where the orphans do not know English, The researcher's knowledge of Luganda as a local language was apply to limit misunderstanding or misreporting of the data collected. It further allows the researcher to make close observation and report crucial events with appropriate recommendations.

STUDY FINDINGS / RESULTS

How the survey was conducted

The study sought to look at who have been orphaned mainly by AIDS – Children Affected by AIDS (CAB) and children who are directly affected by HIV/AIDS in their families and communities, in the following areas:

- Problems orphans and vulnerable children, and caretakers face
- Coping strategies used by orphans and vulnerable children.
- Strategic solutions OVC and caretakers take
- The nature and types of family usually affected.
- The most realistic solutions the OVC and the caretakers have.

Three types of questionnaires were designed for data collection: Qn 1: "Orphans and Vulnerable Children (4 Yrs – 18 Yrs)", Qn 2: "Orphans who are above 18 years", and Qn 3: "Caretakers of Orphans and Vulnerable Children".

There were a total of 70 questionnaires collected, 44 for Questionnaire one (Qn1), 16 for Questionnaire two (Qn2) and 10 for Questionnaire three (Qn3). Qn1 catered for orphans 18

years and below, and Qn2 for orphans above 18 years. The analysis covered the period between July and September 2005.

The study targeted orphans and caretakers. A total of 60 orphans were interviewed using questionnaire 1 (44, 73%) and Qn 2 (16 27%). The orphans 18 years and below were 44 (26 females and 18 males for Qn1), while those above 18 years were 16 (10 females and 6 males), and the care takers were 10. The total number of female orphans interviewed was 36 while that of the males was 24.

The Age of Orphans

The age of orphans is fairly consistent across countries. Surveys suggest that overall about 15% of orphans are 0-4 years old, 35% are 5-9 years old, and 50% are 10-14 years old. *Monasch, R and J T Boerma 'Orphan hood and childcare patterns in sub-Saharan Africa: An analysis of national surveys from 40 countries AIDS 2004, 18 (suppl 2): S55-S65*

The age range of the respondents was 6 - 25 years, with 6 respondents above 18 years. Thus, 36 females and 24 males.

Place of Birth:

Most of the respondents did not know their place of birth (42, 70%). This may be because many of the orphans were taken in by their guardians when still young and thus did not know their places of birth. Asked why they did not ask their guardians they answered that the guardians had no idea.

Place of Residence

The orphans interviewed were from the villages of Entebbe as shown in the table below. These villages included Katabi (17%), Kitoro (5%), Kigaga (2%), Kitubulu (7%), Kiwafu (13%), Kitala (5%), Lunyo (10%), Lugonjo (7%), Manyago (5%), Nsamizi (7%) and Post Office Ward (3%).

Tribes of Respondents

The highest number of orphans was Ganda constituting 46% followed by Nkole who were 18%. Other tribes included Acholi (2%), Itesot(10%), Langi (7%), Gwere (5%), and Soga (3).

Caretakers by type

	Frequency	Percent	cum Percent
Not applicable	3	5.00%	5.00%
Brother	2	3.30%	8.30%
Maternal aunt	24	40.00%	48.30%
Maternal uncle	18	30.00%	78.30%
Paternal aunt	10	16.70%	95.00%
Paternal uncle	3	5.00%	100.00%
Total	60	100.00%	100.00%

In Uganda, like in many African countries, there exist deep-rooted kinship systems that are expected to provide social safety to the orphaned. These are extended family networks of aunts and uncles, cousins and grandparents. But inmost cases you find that the capacity and resources of these relatives are over stretched to breaking point, or are already impoverished, often elderly and have often themselves depended financially and physically on the support of the very son or daughter who has died.

Income of working orphans. Could not mention the money they get when they work

Marital status: From the 60 respondents interviewed, only 3 were married, one with two children and two with four children each.

Asked about when their parents died, 51% of the orphans did not want to say.

EDUCATION

Going to school

Children drop out of school or fail to go to school because their parents cannot afford to pay the fees and other expenses, or when their parents or one of the parents dies and have nobody to take over. From the research findings, a total of 53(88%) orphans go to schools, 7(11.7%) are in primary schools, 37(61.7%) in secondary schools, 8 in tertiary institutions and 1(1.7%) in university 88% of the orphans were going to school but most of them are from primary and secondary, few being able to attain university education.

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Level of those who go to school

IF YES: WHICH LEVEL ARE YOU?:	Frequency	Percent	Cum Percent
Not Applicable	7	11.70%	11.70%
Institution	8	13.30%	25.00%
Primary	7	11.70%	36.70%
Secondary	37	61.70%	98.30%
University	1	1.70%	100.00%
Total	60	100.00%	100.00%

Few of the orphans were able to reach higher levels of learning this is because caretakers did not have the money to further their education. The lucky ones reached senior four and that was it for them. Many of them were forced to go to the teaching profession, which they did not like. This is from one Brenda who passed well her senior four and wanted to go for "A level" however due to lack of money by her foster parents this was impossible. She speaks this with tears running down her cheek.

Some of the orphans interviewed alleged that they were often made to work more than the children of foster parents or guardians as if to buy their way for lodge. Many of them emphasized that the work took a lot of their time and thus did not have the time to concentrate on their academics, no wonder the poor grades according to their teacher

TYPE OF SCHOOL:

Type of School	Frequency	Percent	cum Percent
Not applicable	8	13.30%	13.30%
Boarding	12	20.00%	33.30%
Day	40	66.70%	100.00%
Total	60	100.00%	100.00%

CLASS	Frequency	Percent	cum Percent
Not applicable	15	25.00%	25.00%
P1	1	1.70%	26.70%
P3	2	3.30%	30.00%
P5	4	6.70%	36.70%
P6	1	1.70%	38.30%
P7	1	1.70%	40.00%
S1	1	1.70%	41.70%
S2	11	18.30%	60.00%
S3	11	18.30%	78.30%
S4	5	8.30%	86.60%
S5	4	6.70%	93.30%
S6	4	5.00%	100.00%
Total	60	100.00%	100.00%

Problems encountered by the respondents/ orphans

The vulnerable groups considered mostly include the youths, women, people with disabilities, children and the poor. These groups are exposed to a number of social and environmental factors such as luck of basic needs like food, shelter, clothing, education and medical care that affect their well-being and therefore have to struggle to cope with prevailing situations.

The problems the orphans mainly encounter in their life include: lack of school fees (27), lack of scholastic materials (11), lack of love and care (8), loneliness (6), lack good clothes (5), lack stable homes (1), discrimination (1), and cannot choose what they want (1).

The economic impact of HIV/AIDS illness and death of a parent(s) has serious consequences for an orphan's access to basic necessities such as shelter – *lack of stable homes*, food, and clothing – *lack good clothes*, health and education – *lack of school fees* and *scholastic materials*. Orphans run greater risks of being malnourished than children who have parents to look after them.

According to Hunter and Williamson, 2000, it is difficult to over state the trauma and hardship that the increase in Aids related morbidity and mortality has brought upon children. He also affirms that they are denied the basic closeness of the family life, lack love and attention. They are pressed into situations to care for dying parents, removed from school to help out with farm work or pressured into sex to cater for their needs and their families. They receive less access to health and are harshly treated or abused by step or foster parents. The child's inheritance or property taken leaving them vulnerable to mortality, illiteracy and exploitation. (hunter and Williamson 2000)

Discrimination, loneliness, lack of love and care: The emotional suffering and trauma of the children that usually begins with their parents' distress and progressive illness up to the death of their parent(s), drives them to loneliness, lack of love and care. They then may have to adjust to a new situation, with little or no support, and they may suffer exploitation and abuse.

Affecting Family Structures: In African countries that have already had long, severe epidemics, AIDS is generating orphans so quickly that family structures can no longer cope. Traditional safety nets are unraveling as more young adults die of AIDS related illnesses. Families and communities can barely fend for themselves, let alone take care of the orphans. Typically, half of all people with HIV become infected before they are aged 25, developing AIDS and dying by the time they are aged 35, leaving behind a generation of children to be raised by their grandparents, other adult relatives or left on their own in child-headed households.

Since HIV can spread sexually between father and mother, once AIDS has claimed the mother or father, children are far more likely to lose the remaining parent. Children often then find themselves taking the role of mother or father or both - doing the housework, looking after siblings and caring for ill or dying parent(s).

Children grieving for dying or dead parents are often stigmatized by society through association with HIV/AIDS. The distress and social isolation experienced by these children, both before and after the death of their parent(s), is strongly exacerbated by the shame, fear, and rejection that often surrounds people affected by HIV/AIDS. Because of this stigma and often-irrational fear surrounding AIDS, children may be denied access to schooling and health care. And once a parent dies, children may also be denied their inheritance and property. Often children who have lost their parents to AIDS are assumed to be infected with HIV themselves. This further stigmatizes the children, reduces their opportunities in the future, and they may also not receive the health care they need, and sometimes this is because it is assumed they are infected with HIV and their illnesses are untreatable. *"And in the midst of all that, we are seeing within the communities themselves and within extended families truly heroic efforts to absorb the children, to work with them, to give them the nurturing and caring in the environment, in their own communities that is so necessary for this next generation."* Stella Goings, UNICEF

"We should remember that the process of losing parents to HIV/AIDS for the children often includes the pain and the shame of the stigma and the fear that the disease carries in most of our societies." Statement by UNICEF representative Bjorn Ljunqvist[13]

In Africa, families depend on small scale farming in small gardens or shambas to get food and basic earnings. But a family in which a parent is chronically ill with HIV/AIDS suffers from economic deprivation. As the person suffering from HIV/AIDS spends less time working on the shambas or engaged in other productive work, family food production falls and cash income dwindles. With other family members devoting increasing amounts of time to caring for the sick person, the shamba becomes overgrown with weeds and banana and coffee trees are left an attended to. Eventually when a parent(s) die, the children are faced with a number of problems.

In just two years, between 2001 and 2003, the report states, the global number of children orphaned due to AIDS rose from 11.5 million to 15 million – the vast majority in Africa. In Asia,

Latin America and the Caribbean, other regions covered by the report, orphan numbers have dropped by around a tenth since 1990.have lost parents due to AIDS has risen from just under 2 per cent in 1990 to over 28 per cent in 2003. Since 2000, 3.8 million children have lost one or both parents to AIDS, and by 2010, 18.4 million children – more than one in three orphans – will have lost parents to AIDS.

The United Nations and many partner organizations have endorsed a framework of action to provide guidance to donor nations and the governments of affected countries to respond to the urgent needs of children affected by HIV and AIDS. The key strategies are to:

- strengthen the capacity of families to protect and care for children by prolonging lives of parents and providing economic, psychosocial and other support;
- mobilize and support community-based responses to provide both immediate and long-term support to vulnerable households;
- ensure access of orphans and other vulnerable children to essential services, including education, health care and birth registration;
- ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to communities; and
- Raise awareness at all levels through advocacy and social mobilization to create a supportive environment of all children affected by HIV and AIDS.
- Key to effective responses is the direct involvement of children and adolescents in planning and implementing efforts to mitigate the impact of AIDS in their communities, the report states.

Some 5.2 million children in sub-Saharan Africa became orphans in 2003. In five countries in southern Africa, 15 per cent of all orphans lost one or both parents in that year; a similar number of children were living with chronically ill family members.

By 2010, sub-Saharan Africa will be home to an estimated 50 million orphaned children, and more than a third will have lost one or both parents to AIDS, according to a biennial report on global orphaning released today by USAID, UNAIDS and UNICEF.

Children on the Brink 2004 presents the latest statistics on historical, current and projected numbers of children under age 18 who have been orphaned by AIDS and other causes. The 2004 edition also stresses the importance of very distinct developmental needs that must be met as vulnerable children progress through early and middle childhood to adolescence.

By end-2003, there were an estimated 143 million orphans (from all causes) ages 0-17 in 93 developing countries. More than 16 million children were orphaned in 2003 alone.
In just two years (2001 – 2003), the global number of orphans due to AIDS increased from 11.5 million to 15 million.
Some 5.2 million children in sub-Saharan Africa became orphans in 2003. In five countries in southern Africa, 15 per cent of all orphans lost one or both parents in that year; a similar number of children were living with chronically ill family members.

Copying with problems

The majorities of the respondents try to cope with the problems by working hard (25), working in peoples gardens, fetching water, reading hard if in school, and try to be well behaved. Others try to cope by begging from relatives and friends (11), begging from one person to another. Some of them pray to God (16) for divine assistance and healing. And others try shifting from one home to another (2)

Advice given by orphans to others: The common suggested copying skills passed on to orphans include: being creative (7), being patient (3), being well behaved (12), praying to God (6), reading hard (16) and working hard (14).

Community concern.

Communities are now accepted as very important partners in the battle against AIDS. the battle against HIV/AIDS would be lost or won in the communities. The word "community" is often used to denote the people out there in the villages, among whom the problem is located. The word "community" is often used to denote the people out there in the villages, among whom the problem is located. Children who are affected by AIDS, indeed all children who are the targets of intervention of

any kind, must be allowed to contribute to the strategies that are expected to improve their life-situation. Adults always assume that they are the ones who know what is best for their children. Because they believe that they have been through childhood as a stage, and therefore know what it entails to be a child. But the best interest of the child should require involving the child in determining what is best for children. Children are almost exclusively the ones who take care of the sick adults

The research looked at children who have been orphaned mainly by AIDS – Children Affected by AIDS (CABA), Orphans and vulnerable children (OVC)

Many children below the age of 18 years have lost one or both parents. This means losing parental support and above all loosing parental love. These children are vulnerable as they struggle to cope with the prevailing situations. This is a global issue that has become a concern to almost every family. Therefore most realistic solutions have to be sought from the orphans themselves and the caretakers.

Available Documented literature on prevalence and incidence of HIV/AIDS Orphans as a global concern:

AIDS is generating orphans so quickly that family structures can no longer cope. Families and communities can barely fend for themselves, let alone take care of the orphans. The (UN Publication 1994) reveals that "half of the people with HIV become infected before they are aged 25, developing AIDS and dying by the time they are aged 35, leaving behind a generation of children to be raised by their grandparents or left on their own in child-headed households".

Some orphaned children are taken in by extended family. Members who are able to take them in, it may be the beginning of the resumption of normal life when they finally over come their grief or bereavement and can stop bearing the brunt of coping for the family. The trauma of watching a loved parent suffer and die while trying to cope materially this is by far the most stressful period when other parents cannot or do not step in to help the child risks falling through the social safety period and ending up homeless on urban streets.(Asinguire 1992)

Traditionally extended families have played a big role in the care of orphans. In one study in Masaka district. It was found that HIV epidemic had substantially increased the number of

orphans. It was seen that orphans were well looked after with in this community (kamahi et al 1996).This study found out that there was no differences in school attendance and mortality between orphaned and non orphaned children. This copying capacity may however become overstretched when the epidemic evolves further.

Inevitably many orphans are cared for by their grand parents (beer et al, 1988).Aged grand parents in the ages. Aged grandparents in the 50s and 60s have assumed a major role in taking care of the orphaned grand children. However such grand parents with diminished capacity to work. Cannot provide adequate material and economic support for these children (barnet and blaikie 1992).The aged grand parents may result into children being undisciplined. In ganda society there is an expectation that grand parents will be indulgent, passive and permissive towards their grand children.

Emergency of child headed households has been one of the ways in which orphans have had to cope with this tragedy. In Rakai studies carried out have indicated that child headed households is real and rampant in the district. Due to its orphan population Rakai has been recruiting children to go work in urban centers as house maids (Mwaka and tumushabe, 1996, p77). It has been noted that the economy considerably depends on child labour after the death of the most energetic adult population aged 15-35 years.(Mwaka and tumushabe,1996,p8)

Few of the orphans were able to reach higher levels of learning this is because caretakers did not have the money to further their education. The lucky ones reached senior four and that was it for them. Many of them were forced to go to the teaching profession, which they did not like. This is from one Brenda who passed well her senior four and wanted to go for "A level" however due to the lack of money by her foster parents this was impossible. She speaks this with tears running down her cheek.

Some of the orphans interviewed said that they were often made to work more than the children of foster parents or guardians as if to buy their way for lodge. Many of them emphasized that the work took a lot of their time and thus did not have the time to concentrate on their academics, no wonder the poor grades according to their teacher.

In Uganda, like in many African countries, there exist deep-rooted kinship systems that are expected to provide social safety to the orphaned. These are extended family networks of aunts and uncles, cousins and grandparents. But in most cases you find that the capacity and resources of these relatives are over stretched to breaking point, or are already impoverished, often elderly and have often themselves depended financially and physically on the support of the very son or daughter who has died.

The common social problems observed among the orphans include: lack of school fees lack of scholastic materials lack of love and care), loneliness lack good clothes, lack stable homes discrimination and cannot choose what they want

The economic impact of HIV/AIDS illness and death of a parent(s) has serious consequences for an orphan's access to basic necessities such as shelter – *lack of stable homes*, food, and clothing – *lack good clothes*, health and education – *lack of school fees* and *scholastic materials*. Orphans run greater risks of being malnourished than children who have parents to look after them.

According to Hunter and Williamson, 2000, it is difficult to over state the trauma and hardship that the increase in AIDS related morbidity and mortality has brought upon children. He also affirms that they are denied the basic closeness of the family life, lack love and attention. They are pressed into situations to care for dying parents, removed from school to help out with farm work or pressured into sex to cater for their needs and their families. They receive less access to health and are harshly treated or abused by step or foster parents. The child's inheritance or property taken leaving them vulnerable to mortality, illiteracy and exploitation. (Hunter and Williamson 2000)

The emotional suffering and trauma of the children that usually begins with their parents' distress and progressive illness up to the death of their parent(s), drives them to loneliness, lack of love and care. They then may have to adjust to a new situation, with little or no support, and they may suffer exploitation and abuse.

In African countries that have already had long, severe epidemics, AIDS is generating orphans so quickly that family structures can no longer cope. Traditional safety nets are unraveling as more young adults die of AIDS related illnesses. Families and communities can barely fend for

themselves, let alone take care of the orphans. Typically, half of all people with HIV become infected before they are aged 25, developing AIDS and dying by the time they are aged 35, leaving behind a generation of children to be raised by their grandparents, other adult relatives or left on their own in child-headed households.

Since HIV can spread sexually between father and mother, once AIDS has claimed the mother or father, children are far more likely to lose the remaining parent. Children often then find themselves taking the role of mother or father or both - doing the housework, looking after siblings and caring for ill or dying parent(s).Children grieving for dying or dead parents are often stigmatized by society through association with HIV/AIDS. The distress and social isolation experienced by these children, both before and after the death of their parent(s), is strongly exacerbated by the shame, fear, and rejection that often surrounds people affected by HIV/AIDS. Because of this stigma and often-irrational fear surrounding AIDS, children may be denied access to schooling and health care.

And once a parent dies, children may also be denied their inheritance and property. Often children who have lost their parents to AIDS are assumed to be infected with HIV themselves. This further stigmatizes the children, reduces their opportunities in the future, and they may also not receive the health care they need, and sometimes this is because it is assumed they are infected with HIV and their illnesses is untreatable which is a violation of children's rights as provided for in CRC Article 24, ICESCR Article 12 and UDHR Article 12 where children are entrusted with the right to the enjoyment of attainable standard of health and facilities for treatment and rehabilitation of health.

And in the midst of all that, we are seeing within the communities themselves and within extended families truly heroic efforts to absorb the children, to work with them, to give them the nurturing and caring in the environment, in their own communities that is so necessary for this next generation .The process of losing parents to HIV/AIDS for the children often includes the pain and the shame of the stigma and the fear that the disease carries in most of our societies.

In Africa, families depend on small scale farming in small gardens or shambas to get food and basic earnings. But a family in which a parent is chronically ill with HIV/AIDS suffers from economic deprivation. As the person suffering from HIV/AIDS spends less time working on the shambas or engaged in other productive work, family food production falls and cash income

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In just two years, between 2001 and 2003, the report states, the global number of children orphaned due to AIDS rose from 11.5 million to 15 million – the vast majority in Africa. In Asia, Latin America and the Caribbean, other regions covered by the report, orphan numbers have dropped by around a tenth since 1990.have lost parents due to AIDS has risen from just under 2 per cent in 1990 to over 28 per cent in 2003. Since 2000, 3.8 million children have lost one or both parents to AIDS, and by 2010, 18.4 million children – more than one in three orphans – will have lost parents to AIDS.

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What has so far been done?

The United Nations and many partner organizations have endorsed a framework of action to provide guidance to donor nations and the governments of affected countries to respond to the urgent needs of children affected by HIV and AIDS. The key strategies are to: Strengthen the capacity of families to protect and care for children by prolonging lives of parents and providing economic, psychosocial and other support; mobilize and support community-based responses to provide both immediate and long-term support to vulnerable households; ensure access of orphans and other vulnerable children to essential services, including education, health care and birth registration; ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to communities; and Raise awareness at all levels through advocacy and social mobilization to create a supportive environment of all children affected by HIV and AIDS.

Keys to effective responses is the direct involvement of children and adolescents in planning and implementing efforts to mitigate the impact of AIDS in their communities.

Recommendations/ Future Prospects:

Suggested solutions to manage the orphan crisis include the following:

- Intervention by both governments and Non government stakeholders/Institutions i.e. More programmes should be put up targeting orphans. For instance:
- The government to make more legal Institutions and machinery to protect the most vulnerable children through improved policy legislation and channeling resources to communities.
- NGOs, CBOs and Civil society Organizations ought to increase advocacy and implementation Government Policies, Children's Act, and other statutory laws concerning safe parenthood and enjoyment of children's rights.
- Access of orphans and vulnerable children to Education, Health and other important basic needs should be emphasized as rights not privileges.
- Raise awareness at all levels through advocacy and social mobilization to create a supportive environment of all children affected by HIV/Aids
- Collective responsibility is called for from both policy makers and implementers to flow to a to all stakeholders including the community were this children live as a normal growing and enabling environment
- Sensitization of children of their rights and formation of self assertiveness committees to empower children to council one another and to cope with the stressful desperate conditions that surround them.

CONCLUSION

The Uganda AIDS Commission estimated in 2001 that at least 800000 people have died of AIDS in Uganda since its on set in 1983 and 600000 were living with HIV/AIDS and approximately 10000 were on antiretroviral therapy. Thus even though the HIV/AIDS prevalence has dropped .Children will continue to be orphaned fur into the future unless further gains are made in reducing HIV prevalence or expanding access to ART rapidly.

The overall objective of the study was to find out the copying strategies of orphans in their bid to find a better and meaning full life. Many of the orphans as seen above cope by reading hard if in school, moving on to the streets for a better life. Challenges they face include lack of love and care, food, shelter, security etc.

Communities are now accepted as very important partners in the battle against AIDS. The battle against HIV/AIDS would be lost or won in the communities. The word "community" is often used to denote the people out there in the villages, among whom the problem is located. Children who are affected by AIDS, indeed all children who are the targets of intervention of any kind, must be allowed to contribute to the strategies that are expected to improve their life-situation.

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APPENDENCES:

1.0 STUDY INSTRUMENTS

Qn 1: Orphans and Vulnerable Children (4 Yrs – 18 Yrs)

1. Name _____ 2. Date of Birth _____ 3. Age ____

4. Sex Female / Male.

5. Place of birth: Parish _____, Sub county _____ County _____ District _____

6. Place of residence: Parish _____, Sub county _____ County _____ District _____ Tel: _____ Other : Specify _____

7. Tribe _____

8. Do you go to school Yes/No I f yes:

9. Which level are you? Primary, Secondary, university, institution, other: specify _____

10. Type of school: Day/boarding

17. Class:___

18. Who takes care of you? Brother, Sister, Maternal aunt, Paternal aunt, maternal uncle, paternal uncle, grand ma, grand pa, relative, other: specify _____

19. Who pays your school fees? Brother, Sister, Maternal aunt, paternal aunt, maternal uncle, paternal uncle, grand ma, grand pa, relative, other: specify _____

20. If no (not going to schools)

Why? _____

21. If working: What type of work _____

22. How much money do you get Shs. _____

23. Marital status: Single, Married, divorced, widowed, and separated

If married:

24. How many wives ____

25. How many children do you have _____

Family history

26. How many are you: Sister _____ brother's _____

27. Fathers name _____ occupation _____ Other Specify (e.g. sick, normal dead.)

_____

28. Mothers name _____ Occupation _____Other Specify (e.g. sick, normal dead.)

_____

If parents died:

29. When did your parents die? (State years e.g. 2 yrs ago)

Mother _____yrs Cause _____

Father _____yrs Cause _____

30. What problems do you encounter in your life?

_____

_____

_____

_____

How do you cope with these problems?

_____

_____

_____

_____

What do you think can be the best solution to these problems?

_____

_____

_____

_____

What advise would you give to the other orphans?

_____

_____

_____

_____

Qn 2: Orphans who are above 18 years

1. Name _____ 2. Date of Birth _____ 3. Age ____

4. Sex Female / Male.

5. Place of birth: Parish _____, Sub county _____ County _____ District _____

7. Place of residence: Parish _____, Sub county _____ County _____ District _____ Tel: _____

7. Tribe _____

8. Do you go to school Yes/No I f yes:

9. Which level are you? Primary, Secondary, university, institution, other: specify _____

10. Type of school: Day/boarding

17. Class: ___

18. Who takes care of you?: Brother, Sister, Maternal aunt, Paternal aunt, maternal uncle, paternal uncle, grand ma, grand pa, relative, other: specify _____

19. Who pays your school fees?: Brother, Sister, Maternal aunt, Paternal aunt, maternal uncle, paternal uncle, grand ma, grand pa, relative, other: specify _____

20. If no (not going to schools)

Why? _____

_____ If working:

21. What type of work _____

22. How much money do you get Shs. _____

23. Marital status: Single, Married, divorced, widowed, and separated

If married:

24. How many wives (men) ____

25. How many children do you have _____

Family history

26. How many are you: Sister _____ brother's _____

27. Fathers name _____ occupation _____ Other Specify: (e.g. sick, normal dead.)_____

28. Mothers name _____ Occupation _____ Other Specify: (e.g. sick, normal dead.) _____

If parents died:

29. When did your parents die? (State years e.g. 2 yrs ago)

Mother _____yrs Cause _____

Father _____yrs Cause _____

30. What problems do you encounter in your life?

_____

_____

_____

_____

31. How do you cope with these problems?

_____

_____

_____

_____

32. What do you think can be the best solution to these problems?

_____

_____

_____

_____

33 What advice would you give to the young orphans?

_____

_____

_____

_____

Qn 3: Caretakers of Orphans and Vulnerable Children

1. Name _____ 2. Date of Birth _____ 3. Age ____

4. Sex Female / Male.

5. Place of residence: Parish _____, Sub county _____ County _____ District _____ Tel: _____

8. Name of Organization (where applicable)_____:

9. How many orphans and vulnerable children do you take care of?: Males _____ Females _____

Family history of these children

10. How many have: Fathers Mothers

Live and normal	_____	_____
Live but sick	_____	_____
Dead	_____	_____

Do you have children of your own? Y/N

11. If yes: How many? Son's _____ Daughters _____

12. What problems do you encounter with these children?

_____

_____

_____

How do you cope with these problems?

_____

_____

_____

What do you think can be the best solution to these problems?

_____

_____

_____

What advise would you give to the young orphans?

_____

_____

_____

THANK YOU