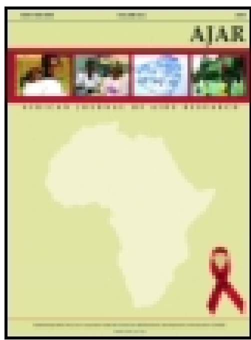

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Predicting the social consequences of orphanhood in South Africa

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This paper examines and questions the predictions found in the academic and policy literature of social breakdown in southern Africa in the wake of anticipated high rates of orphanhood caused by the AIDS epidemic. Analysis of the logic underlying these predictions reveals four causal relationships necessary to fulfil such dramatic and apocalyptic predictions:

1. **High AIDS mortality rates will produce high numbers of orphans.**
2. **These orphans will become children who do not live in appropriate social environments to equip them for adult citizenship.**
3. **Poor socialisation will mean that children orphaned by AIDS will not live within society's moral codes (becoming, for example, street children or juvenile delinquents).**
4. **Large numbers of such 'asocial' or 'antisocial' children will precipitate a breakdown in the social fabric.**

Evidence for each of these steps in the argument is scrutinised using available data from southern Africa and other regions that have moved further through the epidemic's cycle. The paper finds strong evidence for the first step, although variable definitions of 'orphan' make it difficult to draw accurate comparisons over time and space. Evidence for the second step is found to be mixed in terms of outcomes of AIDS orphanhood for child well-being. Moreover the argument takes little account of the social and economic environments onto which AIDS is mapped, including the economic fragility of households and pervading socio-cultural patterns of child-rearing. Data to substantiate the third step are anecdotal at best and no research is able to demonstrate a link between the long term effects of AIDS orphanhood and rising rates of juvenile delinquency. Arguments made towards the fourth step are shown to be based heavily on notions of the 'correct' social and physical environments for children and on unsubstantiated fears of alternatives to these. There is no evidence from countries where numbers of AIDS orphans are already high to suggest that their presence is precipitating social breakdown.

The paper argues — somewhat provocatively — that such apocalyptic predictions are unfounded and ill-considered. By misrepresenting the problems faced by children and their families, attention is distracted from the multiple layers of social, economic and psychological disadvantage that affect individual children, families and communities. Consequently, insufficient consideration is given to the multi-faceted supports necessary to assist children to cope with extremely difficult circumstances brought about over the long term by the HIV/AIDS epidemic.

Keywords: child well-being, evidence, HIV/AIDS, social breakdown, vulnerability

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> 'Although the numbers of orphans is staggering, its effects are only just beginning' (UNAIDS, 2001)
>
> 'We are talking about unsocialised, uneducated, and in many instances unloved children struggling to adulthood. The costs to them remain unmeasured. The costs to the wider society are potentially enormous and are already being seen and felt.' (Barnett & Whiteside, 2002, p. 210)
>
> 'Growing up without school or vocational education, they are juvenile delinquents, potential rebels. 'What future do they have, what future do we have?" (Hunter, 1990, p. 683)
>
> '…the potential for massive social breakdown and dislocation in Sub-Saharan Africa' (Hunter, 1990, p. 681)

Introduction

Demographic modelling of the AIDS epidemic predicts numbers of orphans that are unprecedented in southern Africa. As illustrated above, the common reaction to these figures in the media, development and academic spheres is that they not only represent a tragedy for orphaned children, but they herald a breakdown in the region's social fabric. In this paper, I argue that such apocalyptic predictions are both unfounded and ill-considered, thereby mis-representing the problems faced by children and their families. My analysis shows the existing evidence of longer term outcomes of AIDS-related orphanhood for society to be scant, contradictory and often unreliable, meaning that predictions around social disintegration are unfounded. The most consistent evidence we have is of multiple layers of disadvantage experienced by children orphaned or affected by AIDS. In this light, forecasting the end of society as we know it serves to distract attention from areas of social, economic and psychological disadvantage that affect individuals, families and communities. Moreover, such predictions blur the focus on effective ways of rendering assistance because they are used to garner financial support for interventions that have little empirical support. For example, institutional care and material aid to 'orphans' have been found to be inappropriate to children's needs and unsustainable over the long time period in which the epidemic will exert effects on children. I

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am aware that the arguments put forward challenge received wisdom and therefore may sound reactionary. The intention is not to undermine valuable efforts to understand and address the needs of children affected by AIDS, but to draw attention to the dangers of 'knowledge' that is not based on reliable evidence.

The paper is structured in the form of an investigation into the logic behind the predicted social consequences of orphanhood. I examine the available evidence for each step of the argument, drawing on socio-economic data pertaining directly to childhood, youth and the AIDS pandemic in southern Africa as well as comparative historical and contemporary material on children who have grown up without parents. Authors writing on this issue often fail to point out that disease, war or mass relocation have, at various points in South African history, brought sudden large increases in the orphan population (as illustrated in Phillips, 1990). There is no evidence to suggest that these situations precipitated a breakdown in society. AIDS-related orphanhood, however, is considered by many social scientists to differ significantly in its nature, scale and wider ramifications for society (Barnett & Whiteside, 2002). One objective of this paper is to consider the evidence for this proposition.

In her recent paper on AIDS and human security in southern Africa, Nattrass (2002) alerts us to the alarmist predictions of rising juvenile crime made by Schonteich (2001) and points out that there is little evidence to date that justifies framing rising rates of orphanhood as a policing or security problem (Nattrass, 2002, p. 9). Her analysis raises the question of whether the economic and psycho-social hardships faced by AIDS orphans are sufficiently different (both qualitatively and quantitatively) to those suffered by other groups of orphans and abandoned children in contemporary society or in history, to merit the forecasting of social disintegration. If not, Nattrass (2002) suggests, such predictions are another example of unsubstantiated 'moral panic' around the potential destructiveness of youth. The example of such public reactions given is the alarmist media reporting in South Africa during the 1990s suggesting that Black youth who had missed out on much of their education during the anti-apartheid struggle would swell the numbers of criminals and seriously disrupt society (described in Seekings, 1995; 1996). Time has proven that these were greatly exaggerated predictions. Similar images of children who live and work on the streets have international as well as national currency. In this paper I explore the empirical and non-empirical reasons why there are associations made between AIDS orphans and street children and look to analyses of the 'street children debate' for help in understanding the sources of pessimistic predictions about the future of South African society.

What exactly is feared?

Researchers quoted at the beginning of this paper refer to the potential for massive social breakdown and enormous costs to society stemming from high rates of orphanhood. Before examining the evidence behind these assertions, we need to know what is meant by 'social breakdown' and 'costs to society'. As the authors do not offer definitions of their terms, we are left to surmise that they are as serious and terminal as the words imply. Hence, social breakdown might include the end of functioning families and social institutions, lawlessness, anarchy or extreme political instability and a stagnant or largely underground economy.

In some cases, the predictions are not quite as severe and are described in terms of unprecedented challenges to social systems: 'Projected mortality increases such as these presage massive demographic changes and widespread social disruption. Many social systems which are extremely important in the normality of day-to-day life for the largest proportion of African people will be challenged, stressed and possibly changed by the epidemic' (Hunter, 1990, p. 687). But, neither the specificity of the challenges nor society's reactions to any previous similar stressors are explored.

A paper recently presented in South Africa states that 'Many of these children (orphans through HIV) may become destitute, hungry, exploited, and in some cases completely left very vulnerable to all sorts of crime, including child prostitution and drug abuse' (Oni, Obi, Okorie, Thabede & Jordan, 2002, p. 28). Here the implication is that children will be both vulnerable to, and perpetrators of, crime. Yet there is no evidence in the paper of children becoming involved in any kind of criminal activities.

Although not specific to South Africa, a second threat to human security is suggested by Barnett and Whiteside (2002, p. 210) who cautiously warn of increased political instability caused by 'orphans swelling the ranks of child soldiers'. They cite Zack-Williams' (1999) study of child soldiers in the civil war in Sierra Leone in which he concludes that where societies are stressed and governments offer very little, large numbers of youth who have been orphaned at an early age can easily become armed youths, recruits for millenarian cults or prey to unscrupulous politicians. Barnett and Whiteside (2002) are quick to point out that most orphans do not become child soldiers. However their assertions that there are substantial numbers of orphans amongst child soldiers and that in Africa many of these are AIDS orphans, seem to rely on anecdotal evidence rather than reliable data.

A third concern often implicit in predictions of the impact of orphanhood is that this generation of children will not be capable of running a healthy society when they reach adulthood, thereby affecting the overall development of a country. Members of governments have expressed such concerns[1], as well as policy-orientated researchers: '…survivors who are orphaned, unsupervised and inadequately parented are more likely to engage in criminal activities. Ultimately, South Africa is likely to experience a real reversal of development gains' (Coombe, 2000, p. 2). Again, the lack of evidence characterises such statements as assumptions rather than valid sociological arguments.

Looking carefully at writing on the social consequences of orphanhood, we see how readily fears are expressed that link children's vulnerability with their capacity to break the accepted social codes — particularly with respect to crime. Examples are found in Barnett and Whiteside's review of AIDS in the 21st century (2002, p. 210) and in a Save the Children UK report that speaks of 'warning signs' of a potential link between the effects of HIV/AIDS on children and ris-

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ing crime rates, while acknowledging that the relationship has not been fully explored (Grainger, Webb & Elliott, 2001, p. 38). Interestingly, the only source cited in both documents is Schonteich's (1999) article predicting dramatic increases in juvenile crime in South Africa.

It is worth noting that the repeated use of one particular source of evidence (particularly when the basis for such evidence is not examined) can result in a circular, self-perpetuating discourse around cause and effect that is isolated from other relevant social debates. We see evidence of such circular discourse in writing about street children and child prostitutes during the 1980s and 1990s. Researchers' repeated quotation of statistics describing populations of 'street children' and their assertions that these are increasing all the time, served to create 'facts' about street children that were not based in empirical evidence (Connolly & Ennew, 1996, p. 131). Similarly, two books written by the former director of ECPAT[2] became the principal or only sources of reference for journalists writing about child prostitution (Montgomery, 2000, p. 183). These books contain one interpretation of child prostitution, namely that it is a problem caused by abusive parents and western deviance, thereby failing to contextualise the issue in terms of the socio-economic environment in which children and families make decisions around sex work.

We see a similar lack of comparative or contextual analysis in the literature on AIDS-related orphanhood and its consequences. The sizeable proportion of material produced by large development organisations tends to deal only in generalisations of numbers and tries to describe the effects of AIDS on households and children across diverse geographical and socio-cultural space (for example Hunter & Williamson, 1997; UNICEF, 2001; Whitehouse, 2002). Alternatively, localised reports of orphanhood that draw on a single cross-sectional study (for example Aspaas, 1999; Marcus, 1999) provide insight into the present situation for specific communities, but rarely include historical or socio-cultural data on trends in orphanhood, non-nuclear household arrangements and child-care outside the family.

Literature that deals specifically with the consequences of orphanhood for society is not so readily available and can be problematic. The article by Schonteich referred to above is based on demographic predictions, one article that reviews several studies conducted in Africa on 'the plight of orphans and their care' (1999, p. 3) and UNAIDS reports on the extra loss suffered by children who lose parents to AIDS rather than other causes. None of these, either individually or collectively, amount to systematic evidence of the link between orphanhood, rising crime and social breakdown. The research used to substantiate the link between family factors (such as parental death) and juvenile delinquency (including violent crime) was done in the United Kingdom and North America and the author does not consider the very different cultural backgrounds, strategies of child-rearing and family organisation found in southern Africa.

In scrutinising the evidence base of the literature I do not argue that none of the social, economic and psychological factors mentioned will impact on children's psychological well-being or behaviour in the context of AIDS in southern Africa. Undoubtedly they will affect both. What I aim to show is that attempting to understand the links between orphanhood and behaviour using evidence from very different social, cultural and economic contexts is not helpful. Why? — because it precludes analysis of the consequences of orphanhood that matter most to children in southern Africa and prematurely labels orphaned children and youth as delinquents and criminals before the necessary contextual research has been carried out. This said, I acknowledge that writers resort to assumptions or inadequate evidence for understandable reasons. These include the recalcitrant attitude of the government in tackling AIDS and its impacts, a desire to alleviate current and future suffering and the sense that not enough is being done to this end.

Examining the logic

If we look for an underlying logic common to the predicted consequences for society described above, we find that a profound demographic shift brought about by AIDS-related mortality is assumed to lead to a similarly profound socio-economic and even cultural change. The logic is presented as a direct causal relationship involving four distinct steps:

1 High AIDS mortality rates will produce high numbers of orphans.
2 These orphans will become children who do not live in appropriate social environments to equip them for adult citizenship.
3 Poor socialisation will mean that children orphaned by AIDS will not live within society's moral codes (becoming, for example, street children or juvenile delinquents).
4 Large numbers of such 'asocial' children will precipitate a breakdown in the social fabric.

A recent example of an argument based on this logic runs as follows: 'The epidemic has vastly increased the number of orphans in Africa. Caring for them in the 'extended family' is desperately hard. Levels of care are variable, and some end up on the streets of the cities, hardly a preparation for the future as a member of a household or a community, least of all as a citizen. As these orphans grow into youth and adulthood, there are serious implications for the societies in which they will live their lives.' (Barnett & Whiteside, 2002, p. 211)

Within this sequence of cause and effect, we find several distinct but related arguments that crop up frequently in the literature:

- Extended families cannot cope with the care of AIDS orphans.
- Orphanhood as a result of AIDS has a qualitatively different impact on children and households to orphanhood through other causes.
- AIDS orphans will become a threat to society owing to the absence of positive role models.
- AIDS orphans are likely to become street children.
- A significant increase in the number of street children will lead to a breakdown in the social fabric.

The discussion that follows will look at the evidence we have to substantiate the four logical steps in the 'AIDS orphans will bring social breakdown' equation, paying particular attention to the common lines of argument listed above. Using evidence available from South Africa and elsewhere,

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I examine the long term implications of these impacts from the point of view of individuals, households, communities and societies. Where possible, I draw on information gleaned from other countries that have moved further along the epidemic's cycle as a means of informing predictions relating to South Africa. A comparative perspective is provided through historical and contempory analyses of other contexts in which children live and work outside the family structure.

Step 1: Demographic predications

Demographers have drawn on the South African Demographic and Household Survey (DHS) and 1996 Census data to assess trends in orphanhood thus far and to construct a model of mortality patterns that accounts for the particularities of HIV and can estimate numbers of AIDS orphans in South Africa in the future (Johnson & Dorrington, 2001). Past trends are of a slow increase in orphanhood (as defined by UNAIDS[3]) from 2.6% of all South Africans aged 0–14 years in 1995 to 2.9% of all South Africans in this age group (and a rate of 3.3% amongst Africans) in 1998 (Johnson & Dorrington, 2001). Johnson and Dorrington's (2001) model predicts that, without intervention, the numbers of maternal orphans under the age of 15 will peak around 2015, at approximately 2 million. If the population develops as predicted and no interventions are made, this will mean maternal orphans under the age of 15 will constitute between 9% and 12% of South Africa's total population (Desmond & Gow, 2002, p. 12). The recent SABSMM study concluded that 3% of 2–14-year-olds had lost a mother (Shisana & Simbayi, 2002, p. 67), a rather lower figure than that predicted by Johnson and Dorrington's (2001) model.

Predictions for other African countries are of slightly lower overall numbers, but larger proportions of orphans in the population: a recent DHS survey in Uganda estimates that every fourth family is hosting an orphan and that the total number of orphans in that country is estimated at 1.4–1.7 million, a very high number compared to the country's total population of 21 million (Deininger, Garcia & Subbarao, 2001). When assessed as a proportion of the total population of 0–14-year-olds, orphans account for 15% of this age group. In the light of these figures, closer analysis of data on the social impact of orphanhood in Uganda would help determine whether predictions of social breakdown are proving to be accurate (see later sections of the paper).

In 1990, Hunter drew attention to the exaggerated reports of numbers of orphans appearing in local Ugandan and international newspapers (Hunter, 1990, p. 683). Such misleading figures are often generated through faulty methodologies. These include the extrapolation of orphanhood rates collected from small communities to generate national figures, bias caused by varied definitions of the term 'orphan' amongst communities and researchers (Foster and Williamson, 2000, p. 276) and the frequent failure to assess numbers of 'AIDS orphans' in relation to baseline figures of the numbers of orphans in a country prior to the AIDS pandemic (Ennew, 2001). Similar errors lay behind grossly inaccurate estimates of numbers of street children by UNICEF, the ILO and other development bodies. Over the last two decades, there has been a proliferation of research reports stating that 'numbers of street children are always 'increasing' and yet the same figures are reported year after year' (Connolly & Ennew, 1996, p. 131).

The tendency for media exaggeration of numbers of both these supposed categories of 'vulnerable children' raises a number of issues. There is a danger that alarmist, insubstantiated and frankly sensationalist reporting of AIDS-related orphanhood can unwittingly enter academic and policy discourse. Moreover, the fact that the problem involves children and is therefore highly emotive, could hinder rigorous examination of the legitimacy of such reporting.

Step 2: The impact of AIDS-related orphanhood on children and families

In this section I examine the available evidence on the impact of orphanhood on the well-being and socialisation of children in South Africa and comment where possible on the potential influence of these processes on society as a whole.

Living arrangements and care: 'extended families cannot cope...'

A common argument made in almost all analyses of the impacts of AIDS on children is that the family structure (whether this is an extended family or a sibling family[4]) is not coping with the care of orphans[5]. Authors making this claim may in part be reacting against suggestions by some researchers that the 'traditional African family system' would be able to absorb the extra care needs of orphans (Campbell & Williams, 1990, quoted in Danziger, 1994). Unfortunately, the literature does not present an accurate picture of the spectrum of changes experienced by families and children and their impact on child well-being for two reasons. Firstly, the term 'coping' is rarely defined in relation to the context in which it is being used and secondly, comparisons that treat 'the traditional family system' as static and unified are flawed from the outset because they fail to acknowledge the fluidity and diversity in family forms across southern Africa.

In South Africa, the historical context of child care arrangements is relevant to the debate about pressures on so-called 'traditional systems' caused by AIDS and predictions of breakdown in these systems. The rules imposed by the apartheid government on African families and the strategies adopted by these families in response to these have meant that African children have been brought up in increasingly fluid environments. While one or both parents worked elsewhere, responsibilities for children's care shifted, often without any formal arrangements (Jones, 1993). Data from areas where the epidemic is most severe show that orphaned children are frequently cared for by grandparents, thereby indicating the continuation of trends in child care that began several generations ago. It is difficult to assess the precise prevalence of grandparental care or its implications for the well-being of children because the data tend to come from small surveys[6] or qualitative studies (Booysen & Arntz, 2002, p. 181). Yet we know that prior to the epidemic, the pensions of grandparents have contributed directly to

child well-being through their use in paying school fees and contributing to the costs of uniforms and books (Barbarin & Richter, 2001). The question now is how far the pension can stretch when it is the sole source of income for a household comprising grandparent and grandchildren. In theory, the Child Support Grant[7] and Foster Care Grant[8] should assist such households in meeting basic food, clothing and educational costs. However, the significant difference between rates of carers receiving these grants and the numbers who are eligible shows clearly that the support is not reaching a large proportion of those who need it, particularly residents of rural areas in the poorer provinces (Bray, 2002, p. 13).

According to the literature fostering by non-relatives is less common in southern Africa than in other parts of the continent and there has been little research on 'the prevalence of, reasons for and hindrances to such fostering' (Foster & Williamson, 2000, p. 277). One route to a better understanding of attitudes and behaviour around the care of orphans in South Africa is to examine the living arrangements of orphans recorded in large-scale social surveys, and to look at these figures in the context of co-residence of children and their parents. Table 1 shows the prevalence of maternal and paternal orphanhood and absence of living parents, amongst children living in households participating in the respective surveys. The figures in Table 1 indicate that:

- A significant proportion (approximately 10%) of children surveyed are either maternally or paternally orphaned, although a very small proportion are 'double orphans';
- Rates of paternal absence are very high and maternal absence fairly high;
- Paternal death and paternal absence is much more prevalent than maternal death or absence;
- Rates of parental death and absence are higher in the most recent and nationally representative surveys.

These surveys demonstrate that parental death and particularly paternal death, has been part of many children's experiences prior to the spread of HIV/AIDS. Interestingly, a study comparing the 1995 and 1998 OHS data shows no clear difference in the percentage of children who were orphaned (Anderson, Phillips, Van Zyl & Romani, 2002). In the light of larger demographic studies (referred to earlier), it is likely that the more recent upward trend in rates of orphanhood observed in the above table is due to increasing AIDS-related parental mortality. On a cautionary note, rates of orphanhood from the national and intra-provincial surveys should not be compared, owing to the lower rates of HIV in the Western Cape and the exclusion of rural households in the latter surveys.

The second striking feature of these data is the large proportion of children who have not been living under the care of their parents prior to high AIDS-related adult mortality. These results are consistent with the theory that informal fosterage has historical roots in responses to labour migration (as discussed above). A study of the 1995 and 1998 OHS data found a large increase in rates of fosterage during this period (Richter, 2002, p. 5), a trend that could be explained by the timing of the survey in relation to the evolution of the epidemic. If a large proportion of parents were sick in 1998, fosterage could be a prevalent strategy of families who feel unable to care adequately for their children and foresee the death of one or both parents. Fosterage may well therefore be an appropriate proxy indicator of orphanhood (as suggested by Richter, 2002, p. 6), but may not offer the best indicator of vulnerability with respect to care and living arrangements over the longer term. We do not know, for example, how rates of fosterage by non-kin compare to those by relatives, nor whether kinship is a critical factor in the quality of care provided to fostered children.

Research in South Africa (Marcus, 1999, p. 19) and Uganda (Basaza & Kaija, 2002, p. 32) finds that the principal factors affecting the informal fostering or adopting of chil-

Table 1: Rates of orphanhood and parental absence in childhood[a] according to selected national and sub-national household surveys conducted between 1993 and 2002

Survey, coverage and date	Sample no. (0–17yrs)	Mother dead	Father dead	Both parents dead	Mother absent	Father absent	Both parents dead	Both parents present	Total
PSLSD[b] national 1993	17 630	2.0%	7.6%	0.6%	12.9%	35.3%	9.7%	31.9%	100%
DHS[c] national 1998	19 703 (0–14yrs)	2.2%	8.5%	0.8%	5.2%	30.5%	20.6%	32.2%	100%
KMP[d] Cape Town metro 2000–2001	1 747	1.1%	7.5%	0.2%	12.7%	36.1%	8.1%	34.3%	100%
CAPS[e] Cape Town metro 2002	7 222	3.2%	8.9%	1.1%	12.8%	39.0%	7.2%	27.8%	100%

[a] Here 'childhood' is defined according to international standards, namely 0–17 years. The surveys reported on covered children in this age group, with the exception of the DHS that covered children up to 14 years of age only.
[b] Project for Statistics on Living Standards and Development (PSLSD)
[c] Rates of fosterhood and orphanhood were calculated for a large sample of under 14-year-olds during South Africa's most recent Demographic and Health Survey, or DHS (Department of Health, 1998, p. 11).
[d] The Khayelitsha/Mitchells Plain (KMP) survey was conducted in specific urban localities within the Cape Town metropolitan area (Western Cape).
[e] The Cape Area Panel Study (CAPS) is a panel study of households and young people in the greater Cape Town metropolitan area. These figures are derived from the household level data collection in the first wave of the study in 2002.

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dren in the context of AIDS are economic. In Botswana, where rates of AIDS induced orphanhood have already risen sharply, there is evidence that psycho-social, as well as economic, aspects of poverty play a powerful role in individual and family responses to AIDS deaths. In the absence of social security provision for poor families or children, the government of Botswana has recently established special financial support mechanisms for orphans. Those caring for orphans are found to be reluctant to 'accept this assistance, particularly if acceptance might identify the dead parent as having died of AIDS; or it may suggest that the family cannot cope — another stigma' (Rajaraman, 2001, p. 9 cited in Barnett & Whiteside, 2002, p. 209). On-going ethnographic research in northern Botswana has encountered families of orphaned siblings who have decided not to accept the food rations offered by the government, because 'everyone would know that they are orphans and are not coping on their own' (Daniel, 2003, p. 2). The value of ethnographic studies on these topics is twofold. Firstly they are able to document the actions taken by families of orphaned siblings (many of whom can also be termed child-headed households), the capacity of sibling groups to maintain the well-being of their members and hence the extent to which they can be described as 'coping'. Secondly, they are able to explore aspects of culture that result in behaviour that appears counter-productive in terms of family livelihoods and child well-being (for example, actions that deny the reality of a situation and define it as one in which 'nothing is wrong'). The study in northern Botswana finds that in many instances orphaned children in sibling family units are frequently hungry, fail their school exams, show behavioural problems and therefore are not coping (Daniel, 2003).

Education, development and work

One of the more consistent pieces of evidence of differential opportunities for AIDS orphans is in access to schooling. Qualitative and quantitative data from a number of African countries confirm significantly lower enrollment rates in orphans than non-orphans (Foster & Williamson, 2000, p. 281; Desmond & Gow, 2002, p. 15). Evidence from South Africa points to a similar trend in areas of high infection (Marcus, 1999, p. 15), but one that is so far less pronounced and contingent on age and gender. For example, longitudinal research currently underway in the Free State reports a relatively small proportion of children aged between 7 and 13 years who are not attending school, but a higher proportion of 14–18 year olds who are not attending (Booysen & Arntz, 2002, p. 175). The two waves of data (collected in May 2001 and December 2001 respectively) suggest that younger children tend to be taken out of school for short periods whereas older children may miss much longer periods of school (Booysen & Arntz, 2002). This age difference fits with families' needs for assistance with domestic work and care of sick relatives and younger children. Moreover, the second wave of data collection indicated a statistically significant difference between non-attendance in school for older children in households affected by HIV as opposed to their peers in non-affected households (Booysen & Arntz, 2002, p. 176).

A survey of households impacted by HIV/AIDS in four provinces found that within a total sample of 330 children who were maternal orphans, twice as many girls than boys had dropped out of school (Steinberg, Johnson, Schierhout & Ndegwa, 2002, p. ii). We might expect that this difference relates to a female domestic and care-giving role, but the survey showed that girls were no more likely to be primary care-givers than boys of the same age (Steinberg *et al.*, 2002, p. iv). Other possible explanations include a cultural bias towards educating boys.

The usual reasons cited for the withdrawal of orphaned children from school are that new care-givers cannot afford educational expenses and wish to increase the household's labour resources (Oni *et al.*, 2002). In a survey conducted in Limpopo Province, affected households spent 8.7% of total household expenditure on education costs (a mean of R259 per month), whereas amongst unaffected households this proportion was 15.6% (a mean of R640) (Oni *et al.*, 2002, p. 53). Yet, it is interesting to note that a greater difference was found in expenditure on housing between affected and unaffected households, suggesting that spending on other basic needs is trimmed before deciding to pull children out of school.

There is some evidence of an increase in the amount of work performed by orphaned children in rural areas of South Africa heavily affected by AIDS (Giese, Meintjes, Croke & Chamberlain, 2003), but no substantial research has been done on the way AIDS may be changing the nature of child work or its impacts on well-being. In Zambia, orphans from the age of 5 years (particularly girls) were found to have growing domestic roles (McKerrow, 1996 cited in Foster & Williamson, 2000, p. 280). Although the study does not mention the effects of such work, we can expect that heavy domestic responsibilities will keep a child away from school and may isolate them from their peer group. On the other hand, there may be psycho-social benefits to an increased work role at home that accrue from children's sense of contribution to the household, especially when it is under economic and emotional pressure. For example, research in Nepal amongst children working in the carpet sector and thereby contributing to the family income, found that these children derived satisfaction and a sense of self esteem from their working role (Baker & Hinton, 2001, p. 187). To the best of my knowledge, there has been no research that looks at the costs and benefits of children's contributions to the household from the point of view of children and other family members and specifically in an AIDS context.

At a time when a parent is becoming increasingly frail, it may be important for children to spend time at home and to be involved with preparation for parental death. Yet it could also be argued that children need other continuities, such as school, to bolster their psychological health during the severe illness or death of a parent. And once orphaned, children who have replaced schooling with work are likely to find it difficult to re-integrate into the educational system for both economic and social reasons (for example, their responsibility to look after younger siblings). A recent analysis of the intersecting risks posed to children by HIV/AIDS and their involvement in the labour market concludes that children orphaned through HIV/AIDS are more likely to enter the workforce, to be exploited in the workforce and to become

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infected by HIV than other children (Rau, 2002, p. 10). Reasons for this greater risk include the impoverishment of natal and fostering households, the absence of inherited assets and the likelihood that children will enter menial, informal or exploitative work either because their parents were engaged in such work, or because AIDS-related discrimination prevents access to lower risk employment (Rau, 2002). In South Africa, we have some of evidence of the first and second risk factors, but — as yet — no direct evidence of AIDS-affected children entering high risk employment for the two reasons given. Further research is required in order to understand the relationship between AIDS-related stigma, discriminatory behaviour and employment opportunities for young people.

A small amount of research has been done on the changing dynamics of children's work outside the home in South Africa. Some attention has been given to apparently rising rates of child prostitution in the Western Cape (Barnes-September, Brown-Adam, Mayne, Kowen & Dyason, 2000; Molo Songololo, 2000) and the related trafficking of children into the sex trade that is fuelled in part by greater numbers of tourists visiting Cape Town (Molo Songololo, 2000). The study of child sex work is sensitive and challenging, meaning that reports are usually based on small amounts of qualitative work (for which the sampling and methods used are not adequately explained) and tend to draw conclusions without the necessary evidence[9]. For example, Foster and Williamson's review of the impact of HIV/AIDS on children in sub-Saharan Africa refers to children departing from orphaned households to seek work on farms or in urban centres to generate income and to girls engaging in commercial sex or entering marriage early in order to provide for their younger siblings (2000, p. 280). No evidence is provided to back up these assertions and the only related study referred to in the paper is one that traced the impact of maternal death on children of 11 sex workers in Kenya (Njoroge, Ngugi & Waweru, 1998 cited in Foster & Williamson, 2000, p. 281). Later in the paper I tackle the question of whether a working role and even an unsupervised working role (such as that of street children), is necessarily problematic for children and for society in the long term.

Health and physical well-being

One indicator of an inadequate social environment for children orphaned through AIDS is a poor state of physical and pycho-social health. In the absence of substantive information from South Africa, I briefly review the diverse findings of research conducted in other parts of Africa.

A study conducted in Zaire on the impact of premature maternal death on children found that children who lost their mothers prematurely to HIV had higher rates of missing scheduled clinic visits, early weaning and poor adult supervision as compared to their peers whose parents were still alive (and were either HIV negative or positive) (Kamenga, DaSilva, Muniaka, Matela, Batter & Ryder, 1990). Such practices stand to affect child health. However, none of the studies conducted prior to 2000 found a significant increase in morbidity/mortality of orphans as compared to non-orphans (Foster & Williamson, 2000). This may have been because HIV prevalence was still fairly low and families were able to manage any additional stressors.

A recent retrospective cohort study conducted over a ten year period investigated the influence of maternal HIV status and orphanhood on child mortality and physical well-being in Malawi (Crampin, Floyd, Glynn, Madise, Nyondo, Khondowe, Chance, Kanyongoloka, Ngwira, Zaba & Fine, 2003). It found increased child mortality associated with the death of HIV positive mothers (but not with HIV negative mothers or of fathers)[10]. A more surprising finding was that amongst children who survived, neither maternal HIV status nor orphanhood was associated with stunting, wasting or reported ill-health. The authors conclude that the lack of evidence for excess morbidity amongst surviving children born to HIV positive mothers suggests that the extended family has not discriminated against children who have lost a parent to AIDS, at least in terms of physical well-being[11]. In several other African countries, studies have indicated that children of parents who have been ill or died as a result of AIDS are at higher risk of malnutrition than their peers (Preble, 1990, p. 679; Crampin *et al.*, 2003, p. 7). A baseline study of child health indicators in Uganda, where prevalence rates have peaked, found that 15% of younger children orphaned by AIDS and 20% of older children reported having insufficient to eat, with 24% of older children reporting that they are not given enough to eat a few times a week or more (Basaza & Kaija, 2002, p. 36).

These discrepancies indicate that physical well-being outcomes are highly context-specific and cannot be generalised from one setting to another (Basaza & Kaija, 2002).

An area of risk about which we know little in terms of the general population of children in South Africa and even less with respect to AIDS orphans, is that of sexual abuse. The fact that programmes to support orphans in Zimbabwe have had to tackle the sexual abuse of children by their carers (Grainger *et al.*, 2001) reminds us of the vulnerability of children living in institutions.

Psycho-social health

It has been argued that the psycho-social impact of HIV/AIDS on children has been neglected owing to an overriding concern for the social and economic impacts (Foster & Williamson, 2000, p. 282). Having conducted an assessment of current knowledge in this area, Wild (2001, p. 8) concludes that 'at present, knowledge about the psychosocial adjustment of AIDS orphans is based on an intermingling of sound data, less reliable data and clinical observation, and is therefore somewhat less secure than might appear at first glance'. A central problem is the lack of comparative material; South Africa has no national-level data on children's mental health that could provide a baseline for assessing the effects of AIDS-related parental death.

Foster and Williamson (2000, p. 282) suggest that the combination of 'stigmatisation, dropping out of school, changed friends, increased workload, discrimination and social isolation of orphans all increase the stress and trauma of parental death'. Young participants in qualitative research in KwaZulu-Natal said that anxiety about parental illness had negative effects on their school work, to the extent that they had to repeat the school grade (Marcus,

1999, p. 22). This same study revealed that children are frequently excluded from conversations about the imminent or recent death of a parent, owing to cultural norms about what is 'right' for children: 'We don't discuss death with children. It is only us elderly who talk about it' (Marcus, 1999, p. 26).

Many argue that the risk to children lies in the loss of primary care-giver. Where very high rates of fosterage are practised, the loss of a foster parent may have as serious an affect on a child as the loss of their natal parent (Urassa, Boerma & Ng'weshemi, 1997 cited in Foster & Williamson, 2000, p. 276). One Ugandan study found high rates of depression amongst orphans, particularly among 10–14-year-olds with a widowed father (Urassa, Boerma & Ng'weshemi, 1997 cited in Foster & Williamson, 2000). These findings suggest that the trauma of losing a mother was greater than losing a father in this particular context. They also raise questions around the method used for measuring depression and its ability to capture locally meaningful experiences and understandings of poor mental health.

A Zambian study noted particular changes in children's behaviour following the onset of AIDS-related illnesses in parents that were related to self-esteem rather than sociability. Moreover, orphans were found to 'exhibit internalised behaviour changes such as depression, anxiety and low self-esteem rather than acting out and sociopathic behaviour such as stealing, truancy, aggression and running away' (Kirya, 1996 and Forsyth, Damour & Nagier, 1996 cited in Foster & Williamson, 2000, p. 282).

Wild's (2001) review of the available literature in Africa and the USA concludes that 'we do not yet have a definitive answer to the question of whether losing a parent to AIDS places children at increased risk for psychosocial adjustment difficulties'. Some research does point to heightened levels of emotional and/or behavioural problems amongst children who have lost parents to AIDS-related illnesses relative to a comparison sample from the same community. However, the studies reviewed also demonstrate that orphaned children 'will not invariably be dysfunctional and suggest that family process variables and the supports available to children may be more important predictors of children's adjustment than the parent's illness or death *per se*' (Wild, 2001). In the light of this finding, it is clearly inadequate to simply assume a direct relationship between the parent's AIDS-related illness or death and the psycho-social health of children.

When considering the psychological impact of orphanhood and its implications for individual children and society, it is worth looking at long-term studies done with other children in so-called 'difficult circumstances' (such as refugees, displaced children and street children). These have shown that they respond to traumatic situations in different ways. While some experience severe impairment in their overall development, others are resilient and adapt quickly to the new situation (for example, the Bhutanese refugee children studied by Hinton, 2000, p. 209). Research on resilience in children has examined the conditions under which social and psychological well-being are maintained even when stress is severe, and the factors that increase the ability to recover quickly and completely after severe trauma. One of the conclusions reached is that a range of different factors are responsible for promoting resilience and protecting children from negative outcomes, including 'capacities that are part of the child's physical and psychological make-up, as well as features of the social ecology in which the child is involved' (Dawes & Donald, 2000, p. 10). For this reason, the context in which the traumatic experience takes place can be as important, or perhaps more important, than the experience itself. If favourable conditions can be created, then there is a good chance that a child will be able to successfully overcome the trauma of losing a parent. We know that the majority of orphaned children in South Africa are from poor communities and that parental illness and death is likely to bring further economic pressures through increased medical expenditure and loss of a breadwinner. The question therefore is whether the presence of certain securities (such as shelter, a consistent care-giver, friendships and/or an income source) make a critical difference to the impact of parental death on children. This is a complex question to research owing to the specific peculiarities of each family scenario and each child's personality. Nevertheless, studies of so-called 'positive deviance' would be helpful in identifying any such securities, especially in situations where high rates of orphanhood seem to be having severe negative effects on children's psycho-social health. Moreover, they would shed light on the question of whether children orphaned through AIDS experience a qualitatively different set of traumas and long term effects, from those who lose parents through separation, divorce, labour movements or other causes of death. This question of 'the AIDS difference', leads us to the next argument that is implicit in much of the literature on AIDS orphans.

'Orphanhood as a result of AIDS has a qualitatively different impact on children and households to orphanhood through other causes'

Although orphans have always existed in any given society, AIDS orphanhood is considered to be unique in its impact on families and society for a number of reasons. Firstly, large numbers of child-headed households are predicted owing to the age profile of AIDS deaths. These arrangements are considered problematic environments for children to grow up in. Secondly, AIDS is found to increase the likelihood that orphaned children are relocated prior to or following parental death owing to economic and social pressures. Thirdly, AIDS morbidity and mortality are thought to have different effects on the household economy and hence the well-being of children when compared to other illnesses and are found to induce a particular form of stigma and discrimination. In this section I draw on national and international data to examine the evidence we have for each of these trends and their likely impact on South African children and the social fabric.

Rates of child-headed households in South Africa remain quite low at national level[12] but there is evidence to suggest that they are prevalent in particular areas. To date, a very limited amount of research has been conducted on the characteristics of child-headed households in South Africa. We therefore know little about the domestic or economic responsibilities of children running and/or living in these households, nor about the impact of household responsibilities on

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their economic well-being, health, education and sense of self esteem. Moreover, the differential impacts on children according to their age and developmental stage have not been adequately researched. One of the only pieces of research on the situation of child-headed households is a study conducted by the Nelson Mandela Children's Foundation (2001) in which 117 orphans living in 34 child-headed households and 47 service providers in four provinces were interviewed. The study found that the principal problems faced by children related to a lack of access to services — including school — and to poverty (Nelson Mandela Children's Foundation, 2001). Put briefly, some school authorities were found to exempt orphans from paying fees whereas others did not take into account the special needs of orphans. In addition, the social and health services in place to meet the needs of communities affected by HIV/AIDS were found to be fragile and unsustainable in their infrastructure as they consisted of NGOs and community structures largely staffed by volunteers. The priority needs expressed by the children interviewed were food, security, clothing and education. Their responses imply that if service provision could be strengthened to meet basic needs, the business of running a household was something children considered viable. None of these findings relate to current or future threats to the social fabric. Instead they speak of the struggle of individuals, families and community organisations to sustain livelihoods in the context of scarce resources and structural barriers to services.

Evidence gleaned from various parts of southern Africa suggests that decisions to leave children living in child-headed households are often made by relatives who are reluctant to foster older children, when older children have had experience in child care, when siblings wish to stay together and/or the dying mother's wish was for her family to stay intact (Foster & Williamson, 2000, p. 279). We do not know enough to judge whether this is also the case in South Africa, but the finding alerts us to the range of reasons why child-headed households exist and to the possibility that living with one's siblings without a permanent adult care-giver may not be the worst case scenario for the children concerned. A short cross-sectional study of only 34 child-headed households (such as that conducted by the NMCF cited above) can provide only a limited amount of information. It would be unwise to base our understanding of the dynamics of and outcomes for child-headed households in South Africa on this information alone. What is needed is more information on the variation in the characteristics and vulnerabilities of children living in child-headed households by age and gender, as well as between urban and rural areas, cultural groups, communities of differing economic profiles and areas of high and low HIV/AIDS prevalence. Only then will we know what kinds of physical and psycho-social disadvantages these children are experiencing, the extent to which communities and service providers can meet their needs and the resulting broader implications for society.

The second apparent differing feature of AIDS-related orphanhood is the frequency with which children are moved prior to and following parental death. Research in Zimbabwe noted this pattern amongst children affected by HIV/AIDS (Foster, Makufa & Drew, 1997 cited in Foster & Williamson, 2000, p. 280). Current research in the Free State has found that migration in households affected by HIV/AIDS is characterised by a temporary movement of younger persons between households in the immediate community and in 37% of cases these moves were made in order to change the persons they were staying with or due to illness or death (Booysen & Arntz, 2002, p. 186). In contrast, those moving in non-affected households tended to be slightly older, to be moving further afield and for reasons relating to work, marriage or education (Booysen & Arntz, 2002). As a result of apartheid policies, pass laws and patterns of labour migration in South Africa, African children experienced frequent and sudden relocation throughout the last three decades. These migratory practices have not been without their costs to children and to family cohesion (Jones, 1993; Ramphele, 2002), but they have been incorporated into community organisation to the extent that it would be wrong to describe them as causing 'social breakdown'. Thus far, we do not have evidence to suggest that the movement of children in the context of AIDS will have any different consequences for children or for society. This does not mean that we should ignore the movement of children. Rather it suggests that we should learn from the past through careful study of the ramifications of such movement for individual children as they grew up and through analysis of how best to support children currently experiencing similar changes in location, care-giver and community. Such analysis should of course be undertaken in the context of the uneven distribution of HIV/AIDS infection, and the possibility that — as noted in Zambia — frequent intra-rural or intra-urban migration of children following parental death may produce a clustering of orphans in poorer areas, meaning that certain communities face greater social and economic strain than others (McKerrow, 1996 cited in Foster & Williamson, 2000, p. 280).

Turning now to the impact of AIDS-related orphanhood on children's health and well-being, there are a number of plausible reasons why the loss of a parent through AIDS may have greater impact on household economics and child well-being than death from other causes. These include the likelihood that both parents are infected and therefore death of the second parent is likely to follow, the tendency for longer illnesses prior to death amongst HIV positive as compared to HIV negative persons, and the possible stigmatisation of the child (Crampin *et al.*, 2003, p. 2).

If we take a comparative perspective on this question and consider evidence from Asia we find few or muted differences between the effects of AIDS related deaths on households and those of non-AIDS deaths. A recent study conducted in the Indian state of Maharashtra found that the death of an active adult from AIDS caused a significant negative impact on the household economy, although differences in outcomes and responses between these and households suffering a non-AIDS death are not great (Verma, Salil, Mendonca, Singh, Prasad & Upadhyaya, 2002). When households were stratified by income levels, it was found that rates of orphanhood in low-income households following AIDS deaths were much higher (83%) than in low-income households following non AIDS deaths (57%) (Verma *et al.*, 2002, p. 22). The greater likelihood of both

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parents succumbing to AIDS than other causes will contribute to this difference. Also, children who are biologically orphaned through causes other than AIDS are likely to be cared for in the extended family system. In the context of much higher rates of perceived discrimination amongst households that experienced an AIDS death (20% as opposed to 2% in households with non AIDS deaths), the designation of orphan status may be more common for children whose parent(s) died of AIDS. Results also show a gradual decrease in orphan rate as income increases (Verma *et al.*, 2002) and several indicators of child well-being (being able to visit a health centre when sick, percentage who have worked, percentage withdrawn from school) are significantly affected by income levels. The indication here is that economic means affects families' abilities to integrate an orphan (through informal fosterage) rather than designate a child to be an 'orphan' in need of external support. Hence the authors conclude that the impact of AIDS on both households and children in this region is much more negative amongst those who are already socially and economically disadvantaged (Verma *et al.*, 2002, p. 1).

At this point, it should be acknowledged that there are contesting findings and interpretations relating to the relationship between socio-economic status and the impact of AIDS. South African research discussed in this paper often points to an intimate link between poverty and responses to AIDS. Yet the crucial question that remains is how the epidemic affects children over and above, or in different ways to, the deepening of poverty.

Greater differences in the impact of AIDS related deaths on households compared to non AIDS related deaths have been found in Thailand, although data to show specific impacts on children are thin. For example, a study by the UNDP in Chiang Mai Province in northern Thailand found that the impact of an adult AIDS related death on the household was substantial and generally greater than a non AIDS related death (Pitayanon, Kongsin & Janjoeren, 1997). A recent review of orphanhood following Thailand's successful control of the epidemic reports rising numbers of orphans 'have a difficult time adapting to change…have to struggle to survive and may become a menace to society. They may commit crimes, turn into drug addicts, or become commercial sex workers' (Janjaroen & Khamman, 2002, p. 20). Yet no data are given to support these predictions and after documenting the stigma, rejection and isolation that are part of the psycho-social impact of AIDS in the family on children, the authors note that 'there is no direct evidence or research studies at present that indicate precisely how many children are in such circumstances or are expected to fall under such circumstances in the future' (Janjaroen & Khamman, 2002, p. 22).

Data from southern Africa on this topic are scarce. A recent survey in Tanzania looked at certain indicators of well-being amongst AIDS orphans, 'ordinary orphans' but excluded paternal orphans (Conroy, Tompkin, Landsdown & Elmore-Meegan, 2001 cited in Barnett & Whiteside, 2002). The major findings of this study were that child-headed households were found more frequently amongst AIDS orphans than others, AIDS orphans attend school less frequently than others and are more likely to drop out of school, the numbers of orphans are overstretching the ability of households and community to cope, and that girls are more vulnerable than boys to abuse and ill treatment (Conroy *et al.*, 2002 cited in Barnett & Whiteside, 2002). In a sample of 2 786 AIDS orphans there were 128 incidents of attempted suicides, and in a sample of 2 420 other orphans there were none. Given that this was a survey, it is unlikely that the research team were able to thoroughly explore the causal factors behind these differences. Nonetheless, this evidence deserves some serious consideration regarding impacts on children because it illustrates effects in the opposite direction, in other words of behaviour that could be termed anti-social. Evidence from other studies discussed earlier in the paper indicates that absence from school and problems coping at household level are primarily economic problems stemming from deepening poverty. The higher rates of abuse of girls than boys is a general pattern with or without AIDS, but obviously in an HIV context has greater implications for girls in terms of increased risk of infection. However the alarmingly high number of attempted suicide amongst AIDS orphans points to qualitative differences between their experiences and those of their peers whose parents died of other causes. A frequent explanation for the overall greater risk to AIDS orphans is that they must 'grapple with the stigma and discrimination so often associated with AIDS' (Kelly, 2000). The effect of such stigma has been found to include being deprived of basic social services and education, either through exclusion by service personnel (Nelson Mandela Children's Foundation, 2001), or through choices made within the family not to use services available in order to hide their vulnerability (as reported in Botswana in Daniel, 2003).

The terms stigma and discrimination tend to be used liberally and unproblematically in policy documents around the care of people living with HIV/AIDS and orphans (International Federation of Red Cross and Red Crescent Societies, 2002; Monico, Tanga & Nuwagaba, 2001). The absence of any explanation or discussion of meanings of these terms indicates an assumption that they are self-evident and that their meanings are shared across many cultural environments. Yet emerging qualitative studies indicate that there are complex and varied social dynamics underlying people's experience of stigma internationally and within southern Africa, in their understandings of the term and in the ways 'stigma' interacts with other vulnerabilities associated with AIDS (Stein, 2003).

A question prompted by recent research in Botswana is the extent to which stigma relates to poverty, orphanhood and the inability to survive, as opposed to AIDS *per se*. Daniel's ethnographic work documents the reticence of orphans living in sibling families to access financial support because they feared it would expose the fact that they were orphans and were unable to cope on their own (2003, p. 2). Stigmatising attitudes towards, as well as social exclusion of, the poorest members of a community have been well-documented in a number of societies (Narayan, Chambers, Shah & Petesch, 2000, p. 86). Without denying the ample evidence of secrecy and denial surrounding AIDS in many communities, it is worth pausing to consider the links between these attitudes, examples of stigmatising behaviour and the underlying social, cultural and economic factors

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motivating such behaviour, before drawing broad conclusions positing the impact of 'stigma and discrimination'.

These considerations alert us to the interrelationships between social and economic poverty and AIDS; a theme that has recurred throughout the paper and particularly in relation to the unique implications of AIDS-related morbidity and mortality for children, families and society.

Step 3: AIDS orphans will live outside society's moral codes

This third step of the logical sequence that relates AIDS orphanhood to social breakdown is one that links the poor socialisation of orphans with a rejection of mainstream social values and practices. In this section I discuss two particularly common arguments found in the literature that attempt to make this link.

'AIDS orphans will become a threat to society owing to an absence of positive role models'

This first argument is one that tries to connect loss at an individual level with societal level outcomes. It is amply illustrated in a statement made by a member of the National AIDS Coalition in South Africa: 'Children orphaned by AIDS will have no role models in the future and they will resort to crime to survive'[13]. The first assumption contained in this argument is that loss of one or both parents will necessarily mean that a child has no other role model. As explained above, African families are often extended and have multiple branches, any one of which may pay a lesser or greater part in a child's up-bringing at any one time. Parents therefore, are by no means the only people who act as role models. Members of the extended family and local community are all actual or potential role-models. Moreover, there is ample evidence from studies with other groups of children living outside their own family context that adult neighbours and members of their own peer group provide role models. Children living on the streets of Kathmandu, the capital city of Nepal, sought informal and formal support from local shop-keepers, their employers, older 'brothers' (friends rather than kin) and social workers (Baker, 1998). Street children in Peru were quick to explain that 'my friends brought me up' (Ennew, 1994).

A historical perspective is also important here. Anthropological research in a number of settings within South Africa suggests that positive male role models have not been a part of African children's lives over the last generation as a result of the conflict between the ideals of a patriarchal system in which men are meant to be providers, protectors and decision-makers, with the realities of low skill levels and unemployment (Henderson, 1999; Ramphele, 2002, p. 103). If we are to deduce what kind of qualitative change in children's socialisation will be brought about by the AIDS epidemic, we need to ask two questions. Firstly: What proportion of the population do we expect to remain who could in theory act as role models? Secondly: Does a lack of 'role model' (as defined by those using the term), necessarily make children a threat to society?

The answer to the first question needs to be ascertained at community level because predictions of national mortality and orphanhood rates do not provide the detailed differences between communities across the country necessary to understand the likely demographic profile of the particular setting in which children grow up. The second question needs closer consideration: To be a threat to society implies engaging in behaviour that puts others at risk. As stated earlier, the psychological literature on children's resilience indicates that a combination of stressors is needed to put children at greatest risk of the kind of psychological damage that may translate into such behaviour. Lack of a 'role model' would therefore appear to be an insufficient trigger for 'anti-social' behaviour on its own. Moreover, research with 'street children' who grow up without a parent or substitute care-giver in a number of cities around the world shows very different behaviour patterns. Amongst the street children of northeast Brazil researched by Hecht (1998), violence was a part of everyday life and of the eight who died during his 13 months of fieldwork, six were killed by other street children (Hecht, 1998, p. 140). In contrast, in my own research over 6 years with street children in Nepal, the few deaths that occurred resulted from accidents or illness (Baker, 1998). There was no evidence to suggest that these street children were at a significantly greater risk of death than other urban poor children.

What Hecht's (1998) study makes clear is that the perceptions of and reactions to street children by members of Brazilian 'mainstream society' create a physical, social and emotional environment that is inherently exclusionary and violent. The police, social workers and members of the public (most notably in the form of neighbourhood vigilante groups or death squads) all treat street children with a combination of disdain and physical abuse[14], in an attempt to dominate and control a group of people who they regard as outside the accepted norms of society. In Nepal, street children do experience occasional police beatings and insults from the general public but this does not equate to the level or nature of violence levied against Brazilian street children. The relatively benign environment in Nepal stems partly from the fact that so-called 'street children' are often indistinguishable from the many migrant working children living in slums with families or in their work premises, and partly because the term *khate*[15] ('street child') and its connotations have only been part of mainstream Nepali vocabulary and hence the public conscience for about a decade. What we learn from such comparisons is that children who are without an obvious care-giver or role-model are more prone to violent behaviour if they live in communities that exclude, abuse and condemn them as 'no-hopers'.

In the light of such analysis, the question of whether the absence of a role model will make orphaned children a threat to society is shown to be simplistic and spurious. By reducing the issue to the level of a particular familial relationship, it ignores the role of the wider community and indeed society at large. As the examples above demonstrate, the social milieux in which children live have a profound influence on children's sense of self, their attitudes to others and their behaviour. It is perhaps only when we focus our attention on children living outside 'the normal family' that we see the extent of this influence.

Such analysis offers a new perspective on assertions

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that a lack of proper care-taking and schooling of children orphaned by AIDS 'leads to poor socialization, alienation from guardians and the community, and possible delinquency' (Hunter, 1990, p. 686). An acknowledgement of the role played by the wider social milieu shifts the emphasis of responsibility for outcomes from individual children and their particular family experiences to society as a whole. At the same time, we should not ignore the very real concerns expressed by participants in the KwaZulu-Natal study that children under their care are turning to crime 'because they are not well looked after' (Marcus, 1999, p. 18). The analysis of similar concerns with respect to street children indicates that the question of whether and when petty crime committed by children becomes a threat to society depends to a large extent on how that same society understands and reacts to such activities. For example, we might ask whether attempts are made to understand the circumstances under which children steal, given that these could range from extreme hunger to boredom.

'AIDS orphans are likely to become street children'

Statements akin to the following are becoming a familiar element of the AIDS prognosis[16]:

'The HIV/AIDS epidemic is leading to increasing numbers of street children in Africa. In both Zambia and Zimbabwe, there was an increased probability that street children were orphaned' (Foster and Williamson, 2000, p. 281).

Supporting evidence for this statement consists of two references to studies in Zambia, one of which is a UNICEF Situation Analysis of Street Children. Such 'Situation Analyses' are usually conducted over a short time period and fail to include any comparative perspective capable of contextualising their findings with respect to street children.

In Barnett and Whiteside's recent review of AIDS in the twenty-first century, it is stated that orphans in 'extreme cases' turn to the street, where their physical needs and financial desperation make them vulnerable to crime, substance abuse and sexual exploitation (through which they risk contracting HIV) (2002, p. 212). Given the poverty and vulnerability of families in southern Africa currently experiencing high AIDS-related mortality, it is possible that a proportion of orphaned children do end up trying to earn and survive on the streets. To date however, we have no reliable indication of the numbers of AIDS orphans living on the streets, nor how these figures compare to the numbers of orphans on the streets prior to high AIDS prevalence. Where 'AIDS orphanhood' is quoted as the defining reason, there is usually no consideration of the multiple reasons why these particular children are living on the streets whereas many of their orphaned peers are not. Furthermore, we do not know whether the experience of being orphaned through AIDS makes a significant difference to these children's vulnerability, their involvement in crime or any other activity that could be perceived as a threat to society. In this light, the recurrence of references to the potential for orphans to 'end up on the streets' (Whitehouse, 2002, p. 20) reveals the widespread moral discomfort with this outcome. While studying the social and cultural milieu of 'street children', a number of researchers have identified the cognitive dissonance that the concept of 'street children' causes (Glauser, 1990; Baker, 1998; Hecht, 1998). What has been shown is that the conflicting notions of street children as victims, delinquents and heroic survivors, coupled with the notion that the streets are 'dangerous' public spaces that are unsuitable for children who should grow up in the 'safety' of the home, creates such a confused picture in people's minds that they resort to an assumption that the existence of 'street children' can only be problematic for children and for society.

Street children are threatening because they thrive outside authority, in ways that contravene our understanding of 'what children should or can do'. Aptekar, in his study of street children in Colombia, reflects on the reasons for his own ambivalent reactions to these children stating that the children's liberty, their flaunted sense of independence and their haughtiness allowed him 'to experience a sense of wonder, admiration, and even envy' while at the same time being very aware of their plight (1988, p. 197). In reflecting on the associations made between AIDS orphans and 'street children', one cannot help wondering whether a similar process underlies the predictions of extreme vulnerability for individual orphaned children and threats to society. If this is the case, then we risk slipping into the same set of assumptions and generalisations that were made about street children in the 1980s that have, as a result of thorough ethnographic research, since been refuted (for example Baker, 1998; Hecht, 1998; Veale, Taylor & Linehan, 2000).

Step 4: Large numbers of 'asocial' children will precipitate social breakdown

This final step in the logical sequence hypothesises that the cumulative effect of many inadequately socialised children will lead to a qualitative change in the social fabric. The question that must therefore be asked is whether we have any historical precedents or comparable contemporary situations of high rates of orphanhood which we can use to test this hypothesis.

A study of the impact of Uganda's war with Tanzania in 1979 found that children orphaned in the Luwero triangle, 'seem to have grown up with few lasting problems or strain on the social and political fabric' (Hunter, 1990, p. 683). The effects of this war appear to have been concentrated in a particular area and service providers identified orphaned children, moved them from the war zone until after the war, then brought them back to their home areas and provided foster families with support. It is difficult to know how significant these arrangements were in mitigating the impact of orphanhood and war and therefore to know whether more generalised orphanhood in an AIDS context would lead to different outcomes. Recent figures indicate that numbers of children orphaned through AIDS in Uganda are extremely high, and that orphanhood is widespread across the country[17]. Data from Thailand shows very high rates of AIDS-related orphanhood in rural northern regions of the country[18]. The critical point here is that the lack of any data from either of these countries indicating social breakdown means that, at present, predictions of a disintegrating social fabric are unfounded.

Charnley's (2000) study of children separated from their

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families during the recent civil war in Mozambique provides some interesting insights into responses to children without parents. Charnley reports on the findings of an evaluation of the family-tracing and re-unification programme[19] designed to establish the outcomes for children in different living arrangements and to examine popular beliefs that separated children should not be placed in substitute families unrelated by blood for fear of the child being ill-treated (Charnley, 2000, p. 113). Results showed evidence of great heterogeneity and complexity in child-care arrangements amongst the different ethnic and cultural groups in Mozambique, including the different effects of patrilineality and matrilineality on fostering arrangements[20] (Charnley, 2000, p. 114). Interestingly, none of the substitute families interviewed considered ceasing to care for a child because of a lack of material goods, however 'under living conditions that were close to the limits of survival there was a tension between the will to care for children and the ability to do so' (Charnley, 2000, p. 117). Moreover, substitute families considered that they had a role in the skill development and socialisation of separated children in their care.

To date, we do not have a comparable retrospective view on the dynamics of orphan care in an AIDS context and the factors affecting decisions of extended families or unrelated foster families. The findings of Charnley's study suggest that children may be integrated into families through a wide variety of mechanisms. This serves to highlight the importance of understanding indigenous, community-based responses to child distress in times of conflict, or indeed in the face of an epidemic. Appropriately designed longitudinal research that tracked experiences and outcomes for children orphaned through AIDS would provide us with much-needed data on these issues. However I am not aware of any such studies in southern Africa, other than those that have been recently initiated[21] and may not run for sufficient time to provide data that can shed light on the long term social consequences of orphanhood.

'A significant increase in the numbers of street children will lead to a breakdown in the social fabric'

An argument that is often used to justify predictions of social breakdown is that large increases in the numbers of street and/or working children will instigate this breakdown. Yet in none of the writing that cites links between AIDS orphanhood, street children and social breakdown have I seen any reference to the literature that examines longer term outcomes for street children, nor the impact of their presence on wider society.

Interestingly, predictions were made in the 1980s that the apparently rapidly growing numbers of street children would cause serious social disruption. These tended to refer to cities in South America where street children were known or assumed to be involved in gang-based violence. A retrospective analysis of reactions to street children in Brazil shows that during the 1980s, when the presence of a growing number of children on the streets became more visible and disturbing, the general public were 'concerned about trying to interpret the phenomenon and began to steel themselves for a challenge that would not be easily overcome' (Rizzini, 1996, p. 226). A popular interpretation of the issue was to see the street as a battleground in which certain measures (ranging from the brutal to the educational) were required to control and transform this group of children.

Subsequent examination of predictions like these has shown that they were often rooted in an underlying notion that childhood, and particularly youth, is a dangerous period of life. Young people are considered vulnerable, but also rebellious and potentially delinquent. For these reasons, there is a perceived need to organise and control the young in order to prevent social disorder. Families are generally promoted as a way in which society can maintain such control over children, meaning that children who are outside 'the family norm' are even more dangerous. Social research makes it clear that the requirements for 'normal family life' change over time and across cultural groups. Moreover, it has been pointed out that the family is promoted as 'good', in part to help organise and control the way society thinks about and acts towards the economic, sexual and political behaviour of the young (Griffin, 1993 cited in Dimmock, 1997).

A striking example of controlling attitudes and behaviour towards 'threatening' street children has been noted in Brazil, a country that is often compared to South Africa on the basis of similarly large and growing inequalities between the rich and poor. Here, the killing of street children by vigilantes has received support by a significant proportion of the population (20% of those surveyed) (Scheper-Hughes & Hoffman, 1998, p. 352). The reasons why these children are perceived as dangerous and at the same time, endangered, strike to the core of 'a deep national preoccupation with the future of Brazil, the causes and effects of violent crime, and the uses of public space, as well as with a perceived breakdown of social boundaries in a society where both rich and poor feel threatened' (Scheper-Hughes & Hoffman, 1998, p. 353). These sentiments must be seen in the context of Brazil's political history which saw a period of democratic reform and demilitarisation (1985–1996) follow a military dictatorship, but fail significantly in bringing economic development to the poor. Without the harsh dictates of the military police state, the very poor no longer remained contained in shanty towns (*favelas*) and very poor, needy children gathered in smart city streets where they were seen as a 'blemish on the urban landscape and a reminder that all is not well' (Scheper-Hughes & Hoffman, 1998).

In Brazil, and in many other societies, street children evoke strong and contradictory emotions of fear, aversion, pity and anger. Moreover the visible presence of apparently abandoned children causes social embarrassment, and fuels the impulse to segregate, repress, exclude, confine and even 'eliminate' street children altogether. The authors of this chapter, one of whom is an anthropologist who has studied children in Brazil for decades, remark that 'social shame is a greatly underestimated motivator of human action' (Scheper-Hughes & Hoffman, 1998). Their work is relevant to our discussion because it exposes some of the possible underlying, and even subconscious, motivations behind the patterns of thinking that are now structuring debate around AIDS orphanhood. Their exploration of the discourses and practices that continue to endanger street children in Brazil and stand in the way of their access to

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newly established constitutional and legal rights, forces us to think about the practical implications of our current conceptualisation of 'AIDS orphans' and the way in which we debate their long-term well-being. Will these, for example, serve to re-enforce political and cultural obstacles to the extension of social citizenship to poor children and youth?

Concluding discussion

Having considered the thinking behind, and the evidence for, predictions of social breakdown resulting from AIDS orphanhood, I return to the question posed at the outset of this paper: Do such apocalyptic predictions represent a similarly groundless moral panic to that which arose in the mid 1990s around Black youth? Without the benefit of hindsight we cannot answer this question conclusively. However, the findings discussed and issues explored in this paper indicate that the panic around AIDS orphans is exaggerated in the context of a lack of evidence and paucity of reliable data. In asking what has fuelled these exaggerations, a number of factors relating to the position of children in society, norms around social control and substantive concerns around the specific vulnerabilities of AIDS orphans have been discussed. Throughout the paper, reference has been made to the participation of UN and non-governmental development organisations in the debate around AIDS orphans. It is worth bearing in mind that one of their central priorities is to keep donors focused on the social and economic consequences of HIV/AIDS as a critical developmental issue requiring continued financial support. The plight of AIDS orphans and the implications of high orphanhood rates for society, are particularly emotive issues and perhaps therefore used more readily in efforts to keep the issue 'live'.

A cynical analysis of the development discourse would find that AIDS orphans have become the new category of 'vulnerable children' requiring special protection and attention. In this respect, AIDS orphans can be added to a list comprising 'street children', 'trafficked children', child soldiers and children engaged in hazardous labour, all of whom have had their turn in the spotlight over the last two decades. Thinking about the way such categorisations are so easily made, applied and prioritised as 'the current issue', forces us to question their value with respect to debate and policy towards appropriate responses to the vulnerabilities of children affected by AIDS. The raft of critique written in the 1990s of the approaches to street children during the previous decade ought to warn us of the dangers of labelling groups of children according to one aspect of their lives. The same body of literature points out the de-contextualisation of groups of 'vulnerable children', or in UNICEF's terms 'children in need of special protection'[22], from the wider social and political whole and what this can lead to in terms of pathologising those given the label, while ignoring their many links into mainstream society. For example, in analysing the thinking behind equating 'street children' with abandonment and destitution, Veale *et al.* (2000, p. 142) conclude that the term 'street child' is 'a product of a linguistic process that serves to abstract children from their situation and position them in a state of abandonment'.

Surely then, it is important to learn from mistakes made in efforts to respond positively to the plight of 'street children' and other such vulnerable groups of children. Retrospective analyses of such responses have shown a number of potential dangers of such labels of vulnerability that stand to affect children's lives directly. These include the use of assumptions around the nature and severity of these vulnerabilities based on the 'label' within programme design without any consultation with children and their families around how they experience their lives. In addition, notions of 'need' and 'coping' that come with these labels tend to ignore the possibility that children have various means of adapting to and managing situations that involve the absence of parents. The danger here is that programme interventions can unwittingly undermine such positive strategies. This point is made not with intent of reactionary provocation, but with deep concern for the foundations upon which we build our responses to children affected by the pandemic.

HIV/AIDS is a social, economic and health issue of massive proportions that arguably stands to impact children in multiple ways that go beyond the specific work or living arrangements of the categories of vulnerable children listed above. Our reactions — whether as researchers, policy makers or social workers — are in part an understandable response to the unprecedented nature of the epidemic and potential enormity of these repercussions. There are however implications of such reactions for those most at risk: 'HIV/AIDS created social panic because it was an unexpected and an inexplicable epidemic. Social panic allows for untested theories and for fantastic explanations to emerge. It also allows for legitimacy of harsh measures — the curtailing of the rights of the few (the infected) in order the supposedly protect the rights of the many (the uninfected)' (Ceasar, 2002).

Given the lack of understanding of how AIDS affects child well-being in the long term, whether through orphanhood or other means, we may ask whether the rights of this young affected sector of the population are being upheld and respected. Might it be the case, for example, that their rights are being neglected in favour of uninformed and often spurious 'explanations' that fit with dominant social norms around childhood, and the position of children in relation to 'the family' and society?

This paper has attempted to assess the knowledge available, pointing out the problems and limitations inherent in some of the research used to draw conclusions about the current and future fate of AIDS orphans. The lack of any conclusive evidence around long-term dramatic consequences for society has alerted us to the possible sources of spurious predictions and to the power of myths relating to orphans and other 'children out of place'[23] to influence our thinking and debate.

The more reliable evidence available points to the impact of HIV/AIDS on individual children who may experience multiple layers of disadvantage in one or all of the home, school or community environments. Such economic and social disadvantage is not unlike that experienced by children who have been neglected and/or marginalised owing to their caste, ethnicity, poverty, gender and or the lifestyle they have adopted in response to poverty and rejection (for example, living and working on the streets). As has been

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shown, in none of these cases have circumstances of individual disadvantage led to social breakdown. At the same time, we must of course acknowledge the enormous suffering of children affected by the epidemic, irrespective of its implications for the broader social fabric.

Notes

1 In the November 2002 conference aimed at stemming the AIDS-orphan crisis in southern and eastern Africa held in Windhoek, the Namibian health minister, Libertina Amathila, announced to delegates: 'I believe that your role here is to ensure that we improve the quality of life of orphans and other vulnerable children, and increase their chances of becoming active and productive members of our society'. (http://www.africaonline.com/site/Articles/1,3,51146.jsp)

2 End Child Prostitution in Asian Tourism (ECPAT) is a non-governmental organisation based in Bangkok. The two books are titled *The Child and the Tourist* (1992) and *The Rape of the Innocent* (1994).

3 The UNAIDS definition of orphanhood was used, namely any child under the age of 15 who has lost their mother.

4 The terms 'sibling family' and 'child-headed household' are often used indiscriminately and it is rare for either academic or policy-based authors to define their meanings. Both terms usually refer to one-generation households, although 'child-headed households' in the draft new Children's Bill can include elderly and infirm adults. The technical difference is that 'child-headed households' are managed by someone under the age of 18-years, whereas 'sibling families' would also include living and care arrangements managed by a sib aged 18 years or over.

5 Preble (1990), Danziger (1994), Ahimbisibwe *et al.* (1996), Gillies *et al.* (1996), Ayieko (1998), Loudon (1998) and Foster (2000) cited in Booysen and Arntz (2002, p. 183).

6 A survey of 732 orphans in Uganda found that 32% were being cared for by grandparents, a Zambian national survey in 1996 revealed a figure of 38% and a survey of 297 orphans in rural Tanzania showed that 43% were cared for primarily by grandparents (Monk, 2000; Deininger *et al.*, 2001, p. 21).

7 The maximum age of eligibility for the Child Support Grant was raised in the 2003 budget from 7 years to 9 years, with a commitment to progressively increase this age to 14 over the next 3 years.

8 The Foster Care Grant, which is worth almost four times as much as the Child Support Grant, is available to adults who go through the courts to foster orphans formally.

9 For example, Booysen and Arntz present a series of conclusions regarding the outcomes of parental death that are based on questions asked during focus groups in research in the Free State. One of these is that should both parents die, the 'children often resort to street life and turn to crime and prostitution to survive' (2002, p. 175). We are not told whether this was a single participant's statement or a common view, nor do we know whether it is a fear or an experienced reality.

10 The HIV status of the children in this study was not known, so the direct (vertical transmission of HIV infection) and indirect impacts of HIV in the mother could not be accurately distinguished.

11 It should be pointed out that the study only captured those children who remained in the district from 1980 to 2000 and it therefore cannot shed light on well-being outcomes for orphaned children who were fostered by families living outside the district.

12 The SABSMM study was the first to gather national data on child-headed households and produced a figure of 3% of households headed by someone aged 12–18 years (Shisana & Simbayi, 2002, p. 68). This proportion rose slightly to 4.2% in urban informal areas (Shisana & Simbayi, 2002).

13 Ashraf Grimwood, National AIDS Coalition in South Africa, quoted in Schonteich (2001, p. 3).

14 'When enforced by the police themselves, violence against street children can take countless forms, from *bolas na maoi* (smacks to the hand) to pistol whippings, from kicks and punches to electric shock. As a general rule, the older the detainees, the more severely they are beaten' (Hecht, 1998, p. 129).

15 This term was one used amongst street children living in Kathmandu in the early 1990s to refer to each other. Once 'discovered' by social organisations and the media, and used to report on the situation of Nepal's 'street children', it entered the common urban vocabulary.

16 Examples of this prediction are common in UN documents, for example: 'There are the children who themselves are abandoned or orphaned, often becoming in turn — street children' (Statement by UNAIDS, 'HIV/AIDS and children' April 1996) and 'children affected by AIDS are likely to become orphans, and some of these will become street children, living in poverty or by prostitution' (UNAIDS and UNICEF launch the 'Children in a world of AIDS' initiative, July 1996).

17 As stated earlier in the paper, the total number of orphans in Uganda has been recently estimated at 1.4–1.7 million. This represents a very high number when compared to its total population of 21 million. Moreover it means that every fourth family is hosting and orphan (Deininger *et al.*, 2001).

18 UNICEF's recent report 'Children on the Brink' (2002) puts the number of orphaned children in Thailand at 289 000, of whom 21 000 are double orphans.

19 In 1991, three years after the initiation of this programme, 10 000 separated children had been documented and half of these had been re-united with their parents or extended families (Charnley, 2000, p. 113).

20 There were high rates of institutional care in patrilineal areas owing to the sense of ownership of children by the father's family and related care obligations that could not be met when there were no suitable female members of the father's family to take on the caring role. In contrast, in matrilineal communities, family systems were found to be more cohesive and there was greater willingness among women to foster, meaning that few children ended up in residential care (Charnley, 2000).

21 For example, the ethnographic work amongst sibling families in northern Botswana (Daniel, 2003) and panel surveys on the social and economic impact of HIV/AIDS in two communities in the Free State, South Africa (Booysen &Arntz, 2002).

22 For many years, UNICEF used the term 'children in especially difficult circumstances' to describe group of children they consider especially vulnerable. In 1996, this term was changed to 'children in need of special protection'.

23 The term 'children out of place' makes explicit the social classification of children considered to be outside family supervision and the norms of childhood. It was used to initiate a process of critical analysis of the research and policy debate around 'street children' in the mid 1990's (Connolly & Ennew, 1996).

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