Grandparents as parents: Skipped-generation households coping with poverty and HIV in rural Zambia
Reijer, D.B.J.

Citation for published version (APA):

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Over the last three decades the HIV epidemic has touched the life of every Zambian in some way. Many young parents have died, leaving their children in the care of grandparents. This research is based on 14 months of qualitative and quantitative data collection, guided by an ecological perspective on child development, in Msasuka, a small rural community in the Zambian Copperbelt Province. The focus is on so-called skipped-generation households, which are households where the younger generation and their older guardian(s), mostly grandparents, live together without any members of the middle generation. As families tried to cope with the impacts of HIV, including the increasing numbers of orphans and vulnerable children, they were forced to find new ways of caring, including new types of households. One of the most prevalent solutions currently seen in Zambia is indeed the skipped-generation household. These households face high levels of poverty, securing livelihoods is difficult, and depression is common among members of the older generation. The aim of this research is to provide a comprehensive understanding of the changing dependency between orphans and other vulnerable children and their older caregivers.

Daniël Reijer obtained his master’s degree in human geography of developing countries at Radboud University in Nijmegen. His thesis focused on the migration of children affected by AIDS. He has worked in the field of HIV since 2002.
Grandparents as parents
Grandparents as parents:

Skipped-generation households coping with poverty and HIV in rural Zambia

ACADEMISCH PROEFSCHRIFT

ter verkrijging van de graad van doctor
aan de Universiteit van Amsterdam
op gezag van de Rector Magnificus
prof. dr. D.C. van den Boom
ten overstaan van een door het college voor promoties
ingestelde commissie,
in het openbaar te verdedigen in de Agnietenkapel
op donderdag 3 oktober 2013, te 10:00 uur

door

Daniël Berend Jan Reijer

geboren te Kerkrade
Promotiecommissie

Promotores: Prof. Dr. J.D.M. van der Geest
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Faculteit der Maatschappij- en Gedragswetenschappen
Grandparents as parents

Skipped-generation households coping with poverty and HIV in rural Zambia

Daniël Reijer
This study was supported by the Netherlands Ministry of Foreign Affairs through the IS-Academy programme on HIV/AIDS at the Amsterdam Institute for Social Science Research of the University of Amsterdam.

Published by:
African Studies Centre
P.O. Box 9555
2300 RB Leiden
The Netherlands
asc@ascleiden.nl
http://www.ascleiden.nl

Cover design: Heike Slingerland

Cover photograph by Daniël Reijer: Two boys fishing in the Kafue River. Fishing is an important source of food and income for many respondents; it also was a good opportunity to speak to children and to gain access to their families when the catch could be shared.

Printed by Ipskamp Drukkers, Enschede

ISSN: 1876-018x

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## Abbreviations

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<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>AU</td>
<td>African Union</td>
</tr>
<tr>
<td>DHS</td>
<td>Demographic Health Survey</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agricultural Organisation of the UN</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>GIZ</td>
<td>German Society for International Cooperation</td>
</tr>
<tr>
<td>GoZ</td>
<td>Government of Zambia</td>
</tr>
<tr>
<td>GTZ</td>
<td>German Society for Technical Cooperation</td>
</tr>
<tr>
<td>HBC</td>
<td>Home Based Care</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>IFAD</td>
<td>International Fund for Agricultural Development</td>
</tr>
<tr>
<td>JCTR</td>
<td>Jesuit Centre for Theological Reflection</td>
</tr>
<tr>
<td>MCDSS</td>
<td>Ministry of Community Development and Social Services</td>
</tr>
<tr>
<td>MDC</td>
<td>Mpongwe Development Company</td>
</tr>
<tr>
<td>NAC</td>
<td>National HIV/AIDS/STD/TB Council</td>
</tr>
<tr>
<td>NACZ</td>
<td>National Aids Commission of Zambia</td>
</tr>
<tr>
<td>NAPCP</td>
<td>National AIDS Prevention and Control Programme</td>
</tr>
<tr>
<td>ODI</td>
<td>Overseas Development Organisation</td>
</tr>
<tr>
<td>OHCHR</td>
<td>Office of the High Commissioner on Human Rights</td>
</tr>
<tr>
<td>OVCs</td>
<td>Orphans and Vulnerable Children</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Children Transmission</td>
</tr>
<tr>
<td>PPCT</td>
<td>Person, Process, Context and Time model (taken from Bronfenbrenner)</td>
</tr>
<tr>
<td>RNE</td>
<td>Royal Netherlands Embassy</td>
</tr>
<tr>
<td>SIDA</td>
<td>Swedish International Development Agency</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Program</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Development Agency</td>
</tr>
<tr>
<td>WeD</td>
<td>Working Group on Well-being in Developing Countries, University of Bath</td>
</tr>
<tr>
<td>UCZ</td>
<td>United Church of Zambia</td>
</tr>
</tbody>
</table>
Acknowledgements

I would like to thank everyone who played some part in this study. In particular:

In Misangwa: The children, young people, grandmothers, grandfathers and others who were willing to share their lives with me and who, despite my strange questions and their own hardships, were willing to invest time and effort in the study. Thank you also to my research team: Bana Bwingii, Juliana Kataka, Paul Kolala, Colette Matantani, Francis Meleki, Eireen Muma and Mevis Young. Thank you Fr. Mike and Fr. Mumbi for letting your home be my home and for all the help you gave me during my time in Misangwa.

At the University of Amsterdam (UvA): My supervisors Sjaak van der Geest and Ria Reis. The journey has been long and difficult at times, but we have made it. Sjaak, you are now able to pronounce Bronfenbrenner’s name, and I know you will always associate me with him! Ria, I will always remember the time you visited Zambia – I’ve never been more exhausted from discussions and brain-storming after anyone’s visit. Thank you both for your guidance and for sharing your experiences and knowledge, both in relation to your fields of expertise as well as your experience in guiding PhD candidates.

Sjaak and Ria, you have been my intellectual parents, but you were not alone. In this regard I want to mention two people who have meant a great deal to me and to my academic journey. The first is Fr. Michael Kelly of the Jesuit Centre for Theological Reflection (JCTR) in Lusaka. Michael, thank you for reading and commenting on my chapters, for sharing your vast knowledge about Zambia, education and children, and for always finding motivating words. The second – and I am sad that you are no longer around to read this – is Jeroen van Ginneken. Ever since we first met at the Netherlands Interdisciplinary Demographic Institute (NIDI), Jeroen supported my dream of pursuing a PhD, read all my chapters, helped me to sort out all of the demography, and we laughed together when we found out just how small the sample sizes of the DHS surveys really are. I am extremely grateful for everything you both have done in terms of shaping me and making this work possible.

This study would not have been possible with the help of Michiel Baas, Anneke Dammers, Jose Komen, Miriam May, Hermance Metropp and Nicole Schulp at the AISSR secretariat. Finally, at the UvA I want to thank my colleagues, especially those in the post-fieldwork working group: Marieke van Eijk, Fuusje de Graaff, Eline van Haasdrecht, Sasha Ramdas, Erica van der Sijpt and
Janneke Verheijen. I also want to thank Zoe Goldstein for editing the manuscript – I am still not sure how you turned my texts into what they are now!

My extended family: As is the case with the care for orphans in Zambia, this study took place in the context of my own extended family. This was true both in the Netherlands and in Zambia. Thank you Eliz and Mike for sharing your home, your family and your lives with me. Eliz, thank you also for all the reading and editing you did on earlier versions of the chapters. Especially during the last few weeks, it seemed like everyone was somehow involved in this project. Thank you Josien, Piet, Anneke, Taco and Vreni – you all know how much you have done to make this project a success.

At ‘de Apenrots’ in The Hague: I want to thank the Netherlands Ministry of Foreign Affairs for their financial support for this project. I am especially grateful to Paul Bekkers, Reina Buijns, Els Klinkert and Marijke Wijnroks for your support and guidance. And of course Melle Leenstra – you weren’t only a great help and supporter at the Ministry in The Hague but also a great travel companion in Zambia. And you were one of the few people to whom I entrusted ‘the beast’, which you referred to as the battered old pick-up in your own dissertation.

I am indebted to several people who have materially and financially supported this project. I want to mention three people in particular who, through their contributions, made aspects of this research possible, which would otherwise have been impossible. Jos and Carolien, thank you for your help. An important part of the follow-up of the 2001 household survey respondents became possible because of your help. Harry Vink, your support opened numerous doors and possibilities, which would have remained closed without it.

Thank you to my many friends who have accepted my preoccupation with work during the last six years. I feel we have not spent enough time together but I will be a better friend moving forward. I will play more pool, I will visit New Zealand, I will go for walks on the beach, and I will organise more barbeques.

Most of all I want to thank my enduring, forgiving, loving and beautiful wife. Nathalie, without you I would not have been able to complete this project. It has been difficult on you especially. How much I look forward to finally spending evenings, weekends and holidays with you and Neelie... Finally, after all these years. The two of you touch my inner smile!

I still haven’t gotten used to the idea but it is finally here: Life after the PhD.
Questions about children, older people and HIV in Zambia

Introduction

The HIV epidemic has affected Zambian society in all its facets for almost three decades. In particular, the caring capacity of individuals, households, and extended families has been severely taxed by the HIV crisis. The number of new infections was highest in the years 2001, 2002, and 2003 with an estimated 110,000 new cases annually. This has been reduced by over 50% to an estimated 51,000 in 2011 (UNAIDS, 2012). Antiretroviral therapy (ART) is becoming available to more and more people suffering from HIV and AIDS (Ibid.), the impacts on those affected by the epidemic are still dramatic and continue to intensify, as projected by past observers and commentators (Barnett & Whiteside 2006: 48; Gillespie 2006: 1).

The spread of the HIV epidemic in the region, which primarily takes place through heterosexual contact, means that most of those infected are sexually active adults. As a result, children and older people carry much of the burden of the epidemic following the death of (mostly) the middle generation. Furthermore, research on the living arrangements of orphans and vulnerable children (OVCs) in Zambia indicates that many children are not growing up with their parents or other middle-aged adults, but are increasingly living with their grandparents and other older caregivers (Subbarao, Mattimore & Plangemann 2001; Ainsworth & Filmer 2002; Martin & Wiesner 2010; UNICEF 2012). The need for more data on the role of older caregivers looking after OVCs has been noted in the past (see for example CPOP 2006). In part, this call stems from the identification of specific links between old age, poverty, and HIV that are not yet fully understood.
This introductory chapter touches upon the background to the research on which this study is based, providing a brief overview of HIV in Zambia over the past 25 years and a primary analysis of the impacts of HIV on children and older people in the country. The chapter is set up as follows. To begin, the next section introduces the rationale for undertaking this study. The third section contains a brief description of the research I conducted in Zambia in 2001, on the migration of children affected by HIV, some of the outcomes of which led to this current research. This is followed by a section with a declaration of my research affiliation. Then comes a brief overview of the HIV epidemic over the last three decades, both in global terms and as it pertains to Zambia. The section entitled ‘HIV and the changing prospects for children’ describes the changes that have occurred in the nature of orphanhood over the last thirty years, in Africa as a whole and in Zambia in particular. This is followed by a section that examines ageing and the changing position of and pressures on the elderly, in particular in sub-Saharan Africa. The next section then introduces the primary focus of this work, which is skipped-generation households, and in the final section of this chapter the research questions are presented.

Research rationale

Across the developing world, older people are at risk of living in poverty and of experiencing low levels of well-being in material, physical, and emotional terms (Lloyd-Sherlock 2000; Gupta, Pattillo & Wagh 2009). The probability for older people to live in poverty in sub-Saharan Africa is particularly high in comparison to other regions, and the risks associated with poverty are extreme (Collier 2007; Kakwani & Subbarao 2005; Adeyemi, Ijaiya & Raheem 2009). Understanding the determinants of material well-being among older people is therefore an important prerequisite for poverty reduction and for the improvement of overall well-being. In countries and communities severely affected by HIV, the vulnerability of older people to poverty is compounded by the loss of middle-aged adults from the extended family. Adult children are the ones most likely to care for their parents once they reach old age. Indeed, in the region, children are seen as a person’s pension. Since many older people have lost their children, they have thus lost their primary caregivers in their old age.

One living arrangement that has become increasingly prevalent in Zambia as a result of the loss of prime-aged adults and the increasing interdependence of young and old are skipped-generation households. These households consist solely of members of the younger and older generations, and lack a middle generation entirely. Examining the linkages between old age, caring patterns for children affected by HIV, and poverty is especially important in relation to this
type of household. Both the older people and the children living with them face a high probability of living in poverty. Up to now it is unclear how the roles of these two generations who live in skipped-generation households affect the overall well-being, in all its dimensions, of the members. While some empirical findings concerning the needs of OVCs and older people are available (see for example Knodel et al. 2003; Dayton & Ainsworth 2004; Seeley et al. 2009; Ice et al. 2010, Adhvaryu & Beegle 2012), less is known about the specific contexts and needs related to skipped-generation households. The relationships of dependency and reciprocity between the elderly and OVCs, the impact that living together has on the well-being of both generations, and the implications for policy have not yet been analysed.

In Zambia, the precise number of older people caring for OVCs in skipped-generation households is not known. There is some data about the number of children living with grandparents (though this does not exclude the presence of other younger or middle-aged adults). Most estimates suggest that approximately 40% to 60% of all orphans live with grandparents (UNICEF 2006; ORC Macro 2003a & 2009). Data further shows that many older caregivers of OVCs live in rural areas (UNICEF 2006 & 2012). Life in rural areas is tough – services are scarce and work is hard to find – and as a result, poverty rates are much higher than in urban areas (JCTR 2012). The impact of this upon skipped-generation households is particularly heavy since members of such households have little or no access to financial means, nor do they have the human capital to work for money. Thus, understanding the dynamics of skipped-generation households should be an important aspect of any analysis of the linkages between poverty and HIV. Today, the specific risks and opportunities that this living arrangement poses for OVCs, and how these compare to other living arrangements, remain unknown. Living in a skipped-generation household is a forced arrangement in many ways, yet it is possible that the presence of the older generation benefits the younger generation, or vice versa.

In order to contribute towards remedying this gap in knowledge, this study focuses on the well-being of children and older people living in skipped-generation households in Zambia. The study examines the particular living arrangements of such households and, when relevant, compares them to other living arrangements. By studying the well-being of children, the older people they live with, and the dynamics in their homes, the study will shed some light on the general situation of OVCs, as well as the situation in skipped-generation households in particular. Too often research has been guided by the plight of isolated populations (for example: children or older people or people infected with HIV), while the real impacts of HIV these days can be seen in the dynamics and survival
strategies of (extended) families, in which older people play a pivotal role in the development of children.

Despite the presumed prevalence of poverty and low levels of well-being, especially material well-being, my earlier research among OVCs in Zambia (see the following section) showed that living with older caregivers does offer something positive to children. Many children of all ages explained that they would choose poverty, hard work, and hunger if it meant living with their siblings and grandparents. For them, being with these significant others was more important than meeting basic needs. My findings demonstrate how different dimensions of well-being – in this case material versus emotional well-being – can be weighed up by children, even those who are very young. This is an important finding, and this current study seeks to contribute further towards a better understanding of the implications of the different dimensions of what it means to be well for an overall concept of well-being.

This research was developed to provide better insight into the caring patterns within skipped-generation households, the well-being of the members of these households, and how these households may become better able to fend for themselves. Following from this, the aim of this project is:

To provide a comprehensive understanding of the changing dependency between OVCs and their older caregivers in skipped-generation households in rural Zambia.

The research questions that were developed based on this aim are presented at the end of this chapter. But first, in order to understand and place these questions in context, some background information will be provided below.

Background of this research

In 2001 I conducted research for a non-governmental organisation (NGO) operating a home based care (HBC) programme for people living with HIV (PLHIV) in the Zambian Copperbelt Province. The NGO asked for research about the children of clients enrolled in the programme. At the time there was no ART available to PLHIV, which resulted in the inevitable deaths of all clients suffering from AIDS-related illnesses. During the final stages of these people’s lives, the programme provided financial and food support to them and their families. The children registered with the programme often disappeared from the organisation’s radar, however, following the death of one or both of their parents. The question the organisation formulated was: What happens to children in the
months following the death of their parent(s)? I spent nine months in Zambia conducting research to try to answer this question (see further Reijer 2002).

The first part of the research was a post-mortem survey in two shanty townships, Nkwazi and Chipulukusu, in Ndola. Initially, 616 children of deceased clients of the HBC programme were selected. Of this total, 507 (82.3%) were either traced or information about their new whereabouts was collected. This information came from those children who did not move, and from relatives, neighbours, and HBC volunteers. In total, 26.6% of the 507 children had left town, migrating to the rural villages where their parents’ (in most cases their mothers’) families originated from. Many of the children were reported to be living with their grandparents in these villages.

The second part of the research followed up some of the children in the rural areas to which they had migrated. Two locations where a large number of the children had gone to were selected. The first was Serenje district, which is the home of many Bemba people, who make up the predominant ethnicity in Nkwazi Township. The second was Misangwa, the traditional home of the Lamba people, the predominant ethnicity found in Chipulukusu Township. Household surveys were carried out in both places. Of all the rural children included in the household survey, 8% were orphans who had lost their parent(s) in town. Of the 1646 children included in the two rural household surveys, 624 were found to be orphaned children. Of these 624, 21.1% were orphans who had been living in town and who had migrated to the rural area following the illness or death of their parent(s).

The third part of the research was qualitative. It consisted of numerous in-depth interviews and focus group discussions (FGDs) with children and their parents or guardians. The data showed that in general, orphaned children and young people had very little choice about which relatives they came to live with following their parents’ death. These decisions were made by their adult relatives, usually the older people. Yet many children explained that, if given a choice, they would choose to live with their grandparents. Generally speaking, the socio-economic situation was better in households headed by the children’s aunts, uncles, or older siblings, and the children were aware that food and educational support from grandparents would most likely be less than what other (younger) relatives would be able to provide. Some explained that they knew that they would probably go hungry more often if they lived with their grandparents. Nevertheless, this preference for grandparents as guardians was expressed both by those children living with their grandparents as well as those living with other caregivers.

One of the reasons that I undertook this current research was because it continued to intrigue me how the children and young people that I had researched in
2001 made choices between the provision of basic human needs on the one hand and love and care on the other. The most daunting question I had was regarding the extent to which children and young people can and do actively weigh their choices, and what this means for our understanding of well-being.

Research affiliation

Throughout the duration of this current project, I was affiliated with the University of Amsterdam in the Netherlands. In total, 14 months of fieldwork were conducted in rural Zambia. While in Zambia, I was affiliated with the Copperbelt University in Kitwe, which provided an office space when needed as well as valuable contacts. The research was conducted in Misangwa, one of the two locations where the 2001 study took place. Funding for this study was provided by the Netherlands Ministry of Foreign Affairs within the IS-Academy cooperation framework for HIV/AIDS. This cooperation between the Ministry and the University meant that I was seconded as a consultant to the Ministry annually. These consultancies consisted of conducting literature reviews and brief research projects, and I was asked to contribute to policy and report documents. Issues that these consultancies focussed on included the Millennium Development Goals (MDGs), social protection interventions, and food security.

Three decades of HIV

The global HIV pandemic

According to UNAIDS, there were 34.2 million (31.8 million to 35.9 million) PLHIV worldwide at the end of 2011. This number is 30% higher than the figure of 26.2 million (24.6 million to 27.8 million) reported for 1999. Furthermore, by the end of 2010, an estimated 6.6 million people in low- and middle-income countries were receiving HIV treatment (ART) – an increase of more than 1.35 million over 2009 and accounting for nearly half of those eligible. The number of people dying from AIDS-related causes was 1.8 million in 2010, down from a peak of 2.2 million annually during the mid-2000s. According to new calculations by UNAIDS, thanks to the roll-out of ART 2.5 million AIDS-related deaths have been averted since 1995 (UNAIDS 2012). While this is a major public health achievement, there are still over 10 million people worldwide who are eligible for treatment but who are not receiving the drugs. These numbers serve

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1 Unless explicitly mentioned, data presented in this section is taken from a presentation prepared for the XIX International AIDS Conference in Washington, July 2012, by UNAIDS (see http://www.unaids.org/ under ‘Resources’ and then ‘Epidemiologyslides’).

2 In 2010, all people at stage III or stage IV of the WHO disease staging system for HIV infection and disease were eligible for ART as well as people in stage I and II with a CD4 count below 350 per microliter.
as a reminder that there is much work to be done to help people infected with HIV.

There is less clarity in terms of the agenda for mitigating the effects on people not infected with but directly affected by HIV. In 2006, the then director of UNAIDS, Peter Piot, said that “[t]he first 25 years of action against AIDS and its agent, HIV, can be characterized as a ‘crisis-management’ approach, but it is time for a long-term sustainable response”. In many ways this is still true today. The scale-up of treatment has taken place at the expense of prevention and mitigation activities, and the plight of people who have been affected by, but who are not infected with, HIV is steadily disappearing from the international agenda.

The lack of attention for children affected by HIV in particular was apparent at the most recent International AIDS Conference held in Washington DC in July 2012. At the rapporteur’s session on the final day, only four of the 103 slides that were presented focused on children affected by HIV. The situation in affected countries also shows that their governments largely follow the international agendas and policies. Zambia is no different, and there too mitigation of the impacts of HIV has received less funding and less attention.

**A history of HIV in Zambia**

The HIV epidemic came to Zambia in the early 1980s (GoZ 2009a). It was generalised and spread throughout the population, mainly transmitted through heterosexual contact (GoZ 2009b). Following the first cases, the National AIDS Surveillance Committee (NASC) and the National AIDS Prevention and Control Programme (NAPCP) were established to coordinate HIV-related activities. Despite this, the response to the epidemic in the early years can be characterised as minimal, and the few activities that did take place were either externally driven or instigated by NGOs. The role of the government during this time was rather dubious, as most of what was known about HIV was kept secret by the authorities, under the directive of President Kaunda. Politicians were very reluctant to speak out about the growing epidemic, and the press, which was state-owned and controlled, did not mention HIV or AIDS.

A turning point came following the death of President Kaunda’s son. When Masuzyo Kaunda died of AIDS in 1987, his father openly discussed HIV and AIDS for the first time. At the time, many in Zambia felt that such openness was coming much too late. History has taught us, however, that it was early compared to other countries in the region. Almost ten years after Dr. Kaunda first mentioned HIV and AIDS, it was estimated that over 15% of Zambians aged 15 to 49 years were HIV positive (see Figure 1.1), and as the prevalence increased the government was again slow to respond to the emerging crisis. Typical of the international community’s evaluation of the government of Zambia was the opin-
ion voiced by Stephen Lewis, then UN Special Envoy for HIV/AIDS in Africa. In 2003, he said that the then current Zambian president, Dr. Chiluba, who had been in power since 2001, “spent his time disavowing the reality of AIDS and throwing obstacles in the way of those keen to confront the disease” (Lewis 2003).

Zambia is one of the most affected countries in the world in terms of HIV infection. Though it does not have the highest adult HIV prevalence rate – this dubious honour is reserved for Swaziland, Lesotho, and Botswana – what makes Zambia one of the most affected countries is the fact that it has had such a high HIV prevalence rate over a long period of time (Figure 1.1). Indeed, for two decades the prevalence rate in Zambia was 20 times higher than the world average.

![Figure 1.1 Estimated adult (15 to 49 years) HIV prevalence rate, Zambia, 1990 to 2011](source: UNAIDS Data Portal at www.unaids.org under the ‘Aidsinfo’ section, accessed on 04/04/2013)

The new millennium signalled a new and much clearer political attitude and engagement in Zambia. The National HIV/AIDS/STD/TB Council (NAC) became operational in 2002. In that year, the Zambian Parliament passed a national AIDS bill that made the NAC a legally established body able to apply for funding. In 2004, the third president of Zambia, Dr. Mwanawasa, declared HIV and AIDS a national emergency and promised that his government would start providing ART. The efforts of his government paid off, and the response has saved thousands of lives and has resulted in a national programme that boasts one of the highest rates of treatment coverage in Africa. At the end of 2011, ART coverage in Zambia was estimated at 72%, much higher than the average of 48% for low- and middle-income countries (Ford 2012).
The current state of HIV in Zambia

UNAIDS estimated that in 2011, 970,000 people were living with HIV in Zambia, of which 170,000 were children aged 0 to 14 years (UNAIDS 2012: A14). In terms of ART coverage, in 2009 283,863 people were receiving ART in the country (ibid: A67) There is, however, a big difference between the coverage of children and adults; the estimated ART coverage for children in 2011, for instance, was 26%, compared to 84% for adults (WHO 2011, p.163). Regarding mortality figures, it is estimated that in 2009 there were 31,000 deaths in the country due to AIDS-related illnesses compared an estimated 75,000 in 2004 (UNAIDS 2012: A26). While estimates do vary, the number of children younger than 18 who have lost one or both parents is estimated at 1.3 million (MoE 2007; UNICEF 2010).

During the last three decades the epidemic has spread throughout the country and has touched every Zambian’s life. The crisis has impacted households, families, communities, companies, and even the national economy. Indeed, the mortality and morbidity of the epidemic has impacted national progress on many fronts, which include economic growth, improvements in the Human Development Index (HDI), and overall mortality rates.

HIV and the changing prospects for children

The UN resolution “A World Fit for Children” was defined at the Special Session of the UN General Assembly on Children in 2002. One of the core aims encapsulated in the resolution is that in order “To combat HIV/AIDS, children and their families must be protected from the devastating impact of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)” Nevertheless, today children are still largely ignored in the global response to HIV. The worst shortfalls are in paediatric care, primary prevention, and the protection and support of affected children, notably the 12 million children in Africa who have lost one or both parents to the virus (Horton 2006).

The reality for most children infected with or affected by HIV in Zambia today is bleak. While child mortality was in decline in the decades prior to the emergence of the HIV crisis, progress on key indicators has started to slow down as a result of HIV/AIDS, and child mortality has been on the rise again over the last two decades (ORC Macro 1997, 2003a & 2003b). Many infected children still have no access to paediatric ART services and they are likely to die as a result. Furthermore, for those affected rather than infected, the impacts of HIV on their lives and well-being will linger for decades, even after the epidemic begins to wane (Foster & Williamson 2000). While orphanhood may be the most visible and impacting event in many children’s lives, children whose parents have not
died may also be severely impacted. HIV/AIDS affects children in countless ways. They may become caregivers to the sick or to other children, sometimes even becoming the head of the household. Malnutrition, ill health, and exploitation are common in this group, and they run a higher risk of experiencing abuse, dropping out of school, and contracting HIV themselves.

*The demographics of orphans and vulnerable children (OVCs)*

In 1995 it was estimated that there were approximately 403,000 single orphans and 49,000 double orphans in Zambia. These children had lost their parents to all causes (MSYCD 2004: Appendix 1, 37). In 2011, according to UNICEF, these figures had increased: 690,000 children had lost one or both of their parents to AIDS-related illnesses, and there was a total of 1.3 million orphans due to all causes (UNICEF 2012). In terms of orphan prevalence, Zambia ranks alongside Zimbabwe and Malawi as having the highest in sub-Saharan Africa. In the region in general there is a high prevalence of orphans and HIV is the largest single factor behind this, responsible for an estimated two out of every three orphan cases (Guarcello, Lyon & Rosati 2004).

In sub-Saharan Africa, the age distribution of orphans is relatively consistent: about 15% of orphans are 0-4 years old, 35% are 5-9 years old, and 50% are 10-14 years old (Monash & Boerma 2004). Since HIV infected adults may live for many years, this results in an increased prevalence of orphans in the higher age cohorts (Bicego, Rutstein & Johnson 2003). Demographic Health Survey (DHS) data for Zambia also shows this trend, as the overall number of children orphaned has increased, but age distribution remains fairly consistent (CSO 1997 & 2003).

In contrast to orphan prevalence, very little data is available on the number of children who are vulnerable as a result of HIV. In 2006 poverty in Zambia was widespread, with 64 percent of the total population living below the poverty line, rising to 80 percent in rural areas (GoZ 2006). As is described in more detail in Chapter Two, there are several indicators – including but not limited to economic factors – that can be used to identify vulnerable children.

Kinship, for instance, has many consequences for child care and fostering, and thus for the vulnerability of children. It has the potential to impact children through inheritance rules, land rights, social and economic positioning and rights, the nature of support networks, and so on. Across Africa, while most societies are predominantly patrilineal, matrilineal societies are found in parts of Zambia and Malawi, Central Africa, and in Western Africa, especially in Ghana and the Ivory Coast. Across the continent, children traditionally belong to their extended family. In matrilineal societies, children are, if not taken care of by their own mother, cared for by members of her lineage group, and much less so by the
lineage group of their father. The implications of lineage on children’s well-being were found to be far-reaching in Misangwa. Some of the consequences for households and children that emerged will be discussed in the empirical chapters of this study.

Orphanhood: Educational opportunities and labour demands

In terms of access to education in Zambia, net enrolment rates (for both boys and girls) in primary schools were reported to be around 92.4% in 2009, down from 96.8% in 2008 (UNSTATS 2012). Gender inequality is somewhat worrying, however, as in the same year there are only 93 girls for every 100 boys at primary school. In secondary education, the enrolment rates are much lower: the last known net enrolment rates for boys and girls, which dates from 1998, was 16.4% (UNESCO 2011). In terms of tertiary enrolment, Zambia ranked in the bottom five worldwide in 1998 (Legatum Institute 2009). There is no significant effect of orphanhood on children’s opportunities to attend primary school (UNESCO 2011). Differences do exist between orphans and non-orphans as the risk of primary school non-enrolment is higher for double and paternal orphans than for non-orphans (ibid.). However, while no statistics are available, anecdotal evidence suggests that there is a substantial difference between the enrolment of orphans and non-orphans at both secondary school and at the tertiary level.

Educational infrastructure has improved in recent years as the government has invested substantially in primary and secondary enrolment. Primary education is free in Zambia, though there are costs involved for enrolment, and children’s parents or caretakers are required to pay Parent-Teacher Association (PTA) fees, as well as examination and diploma fees. Furthermore, while school uniforms are no longer compulsory, there remains a social obligation for children to wear them, adding to the costs of sending a child to school. Secondary and tertiary education is not free, and the result is that such opportunities are unattainable for many families. Not only is enrolment expensive, but many pupils have no choice but to board at school because the distances to walk are too far. Boarding adds to the financial pressures.

While the available data tells us a fair amount about orphans and educational opportunities, very little is known about vulnerable children. For instance, very little quantitative data is available on the relationship between orphanhood and the demands for labour. It is known that orphanhood, vulnerability, and poverty are often linked, and anecdotal evidence suggests that orphans and fostered children have a higher risk of being forced to work for their households than other children living in the same household. A project conducted as part of the inter-agency research cooperation programme “Understanding Children’s Work” (UCW) (Guarcello, Lyon & Rosati 2004) is one of the few examples of research
that has examined the connection between orphanhood and child vulnerability – in particular labour demands – in Zambia. The project used three indicators of child labour\(^3\) and found that by a relatively small but significant percentage, orphans were more likely to be involved in economic activity than non-orphans. The researchers also found that there was little difference between the three different categories of orphans (maternal orphans, paternal orphans, and double orphans), though on average male maternal orphans were most likely to be engaged in economic activity, while female double orphans were most likely to carry out household chores.

A frequently heard argument among people who advocate against the involvement of children in work for their households is that it may interfere with their education. It is worth noting that this assumption does not hold much weight in present day Zambia, given the situation at most primary schools. Laws on education have limited the number of pupils per classroom, but there is no legislation on the minimum number of hours that pupils are required to be in class. Since teachers’ workloads are very heavy, most pupils at primary level spend no more than two to three hours in the classroom per day. This leaves ample time for children who live close to school to walk there, attend classes, and then walk back and work around their homes and/or in the family fields.

Where are OVCs found?

Fostering within (extended) family networks remains the most common safety net for the care of orphans in Africa. This is not a new phenomenon, and the fostering of orphans by relatives is well fitted to the prevailing African setting (Subbarao, Mattimore & Plangemann 2001). Across the continent we see two types of fostering: voluntary and crisis-led fostering (Foster et al. 1995; Njamukapa et al. 2003; Madhavan 2004). Voluntary fostering pertains to arrangements between the biological and foster caregivers over the raising of a child. The practice is culturally sanctioned in most of sub-Saharan Africa (Bledsoe & Brandon 1992; Caldwell, Caldwell & Orubuloye 1992; Aspaas 1999; Alber 2004) and can have benefits. Crisis-led fostering occurs in response to the death of one or both biological parents or to a major shock.

What actually happens to children in Zambia immediately after the death of one or both parents remains under-studied. One of the few studies conducted in the country (aside from my own study that was described in the background to this research) found that 56% of orphans were likely to be separated from their

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\(^3\) The indicators used in the project were based on the 1999 Child Labour Survey executed in Zambia (CSO 1999). They are (1) Economic activity only, (2) household chores, and (3) a composite index that includes as child labourers children performing economic activity (excluding light work) and children performing household chores for more than 28 hours a week (Guarcello, Lyon & Rosati: 2004: 6).
siblings. Of these, 26% never see each other at all and 20% see each other only once a year (USAID/SCOPE/FHI 2002). Such separation has implications for the well-being of children and for their systems of support (Gillespie, Norman & Finley 2005). There are also variations in fostering patterns between urban and rural areas. The Child Labour Survey of 1999 conducted in Zambia showed that orphan prevalence rates were slightly higher in urban than in rural areas, for all three types of orphan categories (CSO 1999).

Living arrangements play a critical role in the well-being of OVCs. Research has shown that across 28 sub-Saharan African countries, the degree of relatedness between orphans and caregivers is highly predictive of children’s developmental outcomes (Case, Hosegood & Lund 2003). These researchers also showed that most single orphans live with the surviving parent. A broader analysis covering 28 countries found that paternal orphans in most of East Africa were much more likely to live with their mother compared to those in West Africa (Ainsworth & Filmer 2002). Furthermore, across the whole sample of country very few orphans who lose their mother remain with their father (ibid.).

Research has shown that in Zambia specifically, only 40% of maternal orphans live with their fathers (Case, Hosegood & Lund 2003). In a different study conducted in Zambia, results revealed that among maternal orphans, 63% do not live with their surviving father, while 32% of paternal orphans do not live with their surviving mother (UNAIDS/USAID/SIDA 1999). Furthermore, across the Southern African region double orphans are much more likely than other children to be living in households headed by a grandparent (Bicego, Rutstein & Johnson 2003). According to DHS data for Zambia covering 2001/2, 33% of all orphans at that time lived in households headed by a grandparent (ORC Macro 2003a).

Over the last decade, there has been growing concern that the increasing number of HIV-related orphans is beginning to overwhelm the traditionally strong extended family structures in highly affected communities and countries (Foster 2002). The cumulative impact of the orphan crisis can be seen in the increasing proportion of households that foster orphans. In 1992, 12% of all households in Zambia contained one or more orphaned children (0 to 14 years), but in 1996 this figure had risen to 18%, and the 2001/2 DHS survey estimated that 21% of all households at the time contained orphans (CSO 2003). According to the 2007/8 DHS, this figure had risen further still, with 24.9% of all households fostering one or more orphans (ORC Macro 2009).

These figures indicate that the proportion of households with orphans in Zambia has increased and that more and more of these households are headed by women (mothers and grandmothers). From the various household surveys conducted in the country in the last decade, it is clear that households with orphans tend to have older household heads than those without orphans. The role of the
older generations, and developments relating to ageing and HIV, are discussed below.

Growing old in HIV affected families

In the following sections, background information on ageing in Africa and the role of grandparents and other older caregivers is provided.

Ageing worldwide and in sub-Saharan Africa

There are notable trends in terms of ageing across the world. For one, the ageing of populations in industrialised countries has occurred to a greater extent than in developing nations. In the Western world, the average age has risen steadily over the last decade. This can be seen in part as a consequence of the baby boom that occurred after World War II (Anderson & Hussey 2000). Two other demographic trends have occurred that have contributed to increases in the average age. The first is that fertility rates have declined sharply, and some countries even have sub-replacement fertility. The second is that average life expectancy at birth has continued to rise. This has led to a situation where, according to the UN, for most OECD member states fertility rates will remain below the replacement rate until at least 2020 (UNDESA 2011).

In another notable trend, the number of people aged 50 years and older worldwide is expected to triple between 2010 and 2050 (UNDESA 2011). The fastest growth within the proportion of people aged 60 years and over is expected to occur in countries in sub-Saharan Africa. Indeed, the situation in Africa and sub-Saharan Africa specifically mirrors global trends. In 1980, 3.1% of Africans were aged 65 years and over, in 2010 this had increased to 3.5% (ibid.).

This change is part of a continuing demographic transition that is being driven by several factors. The first is increasing life expectancy, especially among those people who have already passed their sexually active age. In Africa, life expectancy has been increasing steadily every year, and rose from 53 years in 1990 to 56 years in 2010 (UNDESA 2011). This trend, however, is limited by the declining life expectancy at birth in countries heavily affected by HIV, most of which are located in Southern Africa. In the countries hardest hit by the epidemic, life expectancy at birth has decreased over the past three decades. This is not because older people are dying earlier (they are in fact growing older), but because the mortality rate among young adults has increased. A second factor is the sharp decline in the fertility rate across the continent. In 1990, the total fertility rate

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4 Sub-replacement fertility is a total fertility rate (TFR) that leads to each new generation being less populous than the previous one in a given area. In 2003, the TFR required to sustain the global population was 2.3 (Espenshade, Guzman & Westoff 2003).
(TFR), or the expected births per woman in her child bearing years, in Africa was 5.3. This dropped to 4.4 in 2010 (AfDB 2011). The third factor is the HIV epidemic. As AIDS-related deaths have increased, the proportion of the adult population in highly affected countries has accordingly decreased substantially.

Generally speaking, ageing comes with increasing feminisation of the older age categories. While the male to female ratio can be expected to be equal for most other age categories, it becomes skewed for age groups above 64 years. Across Africa today, there are 25% more women aged 64 years and over than there are men (AfDB 2011). This skewed distribution is caused by women outliving men, but given the rates of high maternal mortality and poor access to health care for women, especially in sub-Saharan Africa, this distribution could be more skewed. As deliveries become safer, and women’s access to health care continues to improve, even more women will outlive men in the years to come.

Why should policymakers be concerned about the trends of ageing across Africa? Ageing is correlated with the reduction of physical and mental health and well-being, the remedy of which requires substantial inputs of time and money from families, communities, and governments. Few African countries have formal social security programmes, and social protection programmes have very low coverage. This means that very little support is currently being provided to the elderly, and in order to meet their needs substantial investments are required. Despite this, ageing populations have been ignored in policy dialogues and documents. This is strange given that the elderly and elderly-headed households are among the poorest. The traditional structures that guaranteed that both children and the aged are cared for have eroded in many places. HIV-related morbidity and mortality, increasing individualism, and migration have all contributed to the declining support for the older generation, and have led to a situation where older people are increasingly forced to care for their grandchildren.

**Children with older caregivers**

The HIV epidemic has been, and is, cutting away the middle generation in many sub-Saharan African communities. The middle generation is vital to the organisation of social life and for the care and support of children and the elderly. Grandparents and other older people are often the primary caregivers for OVCs, and given the feminisation of old age it is increasingly grandmothers who assume these caring roles. According to UNICEF, between 40% and 60% of all OVCs in sub-Saharan Africa are cared for by their grandmothers (UNICEF 2012).

In African countries, elderly women are probably the most vulnerable group within society. Poor education, limited access to work, and patrilineal inheritance practices mean that many older women are forced to work up to an old age (UNICEF 2007). The deaths of their husbands add to their poverty and their
dependency on subsistence farming and other forms of informal employment. Many old people have to sell all of their lifetime’s accumulated assets in order to pay for the care of their sick children and the funeral costs of deceased relatives.

Figure 1.2  The increasing importance of grandparents: Relationships of double orphans and single orphans (not living with surviving parent) to the head of the household, Namibia, 1992 and 2000

It is not traditionally uncommon for grandchildren to live with their grandparents, but HIV has changed traditional patterns of household formation. The lack of support from, or the absence of, children’s parents, the numbers of children living in a single household, and the lack of alternatives are all indicators that the fostering seen today is characteristic of crisis-fostering. In many communities, grandparents have emerged as the ‘new’ parents (Martin & Wiesner 2010), but there are variations between countries. DHS data collected in 2003 in Kenya showed that 40% of all OVCs lived with their grandparents (ORC Macro 2003a). In Tanzania and Zimbabwe, close to 60% of all orphans were reported to be living with their grandparents in 2007 (UNICEF 2007). Figure 1.3 shows how fostering by grandparents changed in Namibia between 1992 and 2000. Not only has the size of the group of orphans increased (this is indicated by the relative size of the two pie charts), but the percentage of children who are the grandchil-
dren of the heads of households has also increased from 44% in 1992 to 61% in 2000 (UNAIDS 2004).

Increasingly, the middle generation within families has either migrated away or disappeared, leaving only the young and the old, the latter of whom are mostly women. Those left behind constitute two dependent generations (the old and the young), who lack the middle generation who would traditionally have performed the caring role. These households are referred to as skipped-generation households. Our understanding of the dynamics and caring structures in such households is limited, as is described in the following section.

Moving forward together: Skipped-generation households

A generally accepted definition of a skipped-generation household (or skip-generation household, as they are sometimes called) is one “where an older person, often a grandparent, becomes the primary caretaker for a child who has lost one or both parents, or whose parents are absent for a long period of time” (Samuels and Wells 2009: 1). There is very little published work on skipped-generation households. Some authors have mentioned such households in their studies (Chazan 2008; Samuels & Wells 2009; Evans & Day 2011; Woods 2012) and have commented that their prevalence is likely to increase as the HIV epidemic matures (Jesmin, Amin & Ingman 2011; Zhageni 2011). For children, living with elderly caregivers in skipped-generation households has been associated with numerous negative consequences, including lower nutritional status, lower material well-being, a higher risk of dropping out of school, and higher demands for labour (Schatz et al. 2012). For the older caregivers, the consequences are not positive either, as caring for orphaned children has been related to depression, destitution, and lower well-being in general (McKinnon & Harper 2011; Ice et al. 2012).

Even as this thesis goes to press, a brief literature study revealed that still very little has been published specifically about skipped-generation households. Most of what is available about such households pertains to contexts that are very different from the setting of this research, as they predominantly focus on Hispanic and African-American families in North America (Goodman 2012; Luo et al. 2012; Shakya et al. 2012). Other available texts are found among the grey literature (UNDESA 2004; UNDESA 2005; Albone & Cain 2008; Samuels & Wells 2009). There is, in addition, some work that touches upon the topic of skipped-generation households but does not focus on them specifically. There are very few, if any, publications that focus explicitly on skipped-generation households in communities affected by HIV and AIDS in sub-Saharan Africa.
Research questions

The research aim, which is stated in the second section of this chapter, was used to formulate the following central research question guiding the study:

How do members of the older and younger generations, who live in skipped-generation households in rural Zambia, care for each other, and how does their interdependence and well-being change over time?

The demographic and social trends highlighted in this chapter suggest that members of both the older and the younger generations face multiple vulnerability risks as a result of HIV and AIDS-related illness and death among the people around them. The deaths of parents and other middle-aged caregivers have orphaned large numbers of children and have left many older people without support. Children who can no longer live with their parents are increasingly found to live with their grandparents, or with other older relatives, in households without a middle generation. In light of this situation, the following sub-questions were formulated:

1. Where do OVCs live and what proportion of OVCs and other children live in skipped-generation households?
2. How does the situation of children living in skipped-generation households compare to the situation of other children?
3. What are the attitudes and caring strategies of the older generation towards the younger generation?
4. What are the attitudes and caring strategies of the younger generation towards the older generation?
5. What are impacts on the well-being and development of the younger generation living in skipped-generation households?
6. What are the recommendations, based on this research, to strengthen the resilience of the younger and the older generations living together in skipped-generation households?

The first sub-question of this study aims to reveal more about the living arrangements of OVCs, and in particular provide insight into the extent to which OVCs live in skipped-generation households, in Misangwa, Zambia. The data collected aims to show the distribution of children and young people in the community of Misangwa, and the proportion of these, OVCs specifically, that live in skipped-generation households. Answering this question will also enable an examination of whether or not evidence exists to support claims that there is a
trend towards a feminisation of the impacts of HIV and of caring patterns in the community studied.

This introductory chapter has also shown that the old are especially at risk of living in extreme poverty. The poverty of older people and of skipped-generation households has a direct influence on the well-being of children. Therefore, the second sub-question aims to compare the situation of children in skipped-generation households to that of children in other types of households. This comparison takes shape mostly in terms of socio-economic well-being, the broad definition of which, as adopted in this study, relates to many characteristics including education, nutrition, housing quality and parenting.

To understand the development and well-being of OVCs, we can consider many factors. One of the most important determinants of the development of children is the role of guardians. What responsibilities do guardians hold, and what attitudes and coping strategies do those people who act as guardians hold towards these responsibilities? This is captured in the third sub-question, which seeks to provide insight into the roles and responsibilities of the older generation who are increasingly acting as guardians for the younger generation. In this chapter, it has been explained how growing old in times of HIV has impacted people extensively, in both material and psychological terms. This question aims to unravel how much the impacts of HIV affect older age guardians. This requires both a subjective understanding of these people’s self-ascribed roles, as well as an objective assessment of what they are able and willing to do for the children in their care.

While the third sub-question above covers one aspect of cohabitation in skipped-generation households – the attitudes and caring strategies of the older generation towards the younger generation – the fourth sub-question aims to examine the question from the reverse perspective: namely the attitudes, roles, and coping strategies of the younger generation towards the older people they live with. The changing and volatile realities of children affected by HIV have been described in this chapter, as has their self-professed preference to live with their grandparents. How do their past experiences and their expectations of living with their grandparents affect the way they feel about growing up in skipped-generation households? What are their attitudes toward their older guardians? Part of this assessment is to see whether their expectations have been met and how they deal with their present day situation and the needs and expectations of their older guardians.

This chapter has shown that in Zambia, the well-being of both the older and the younger generation is under stress as a result of numerous factors, many of which are related to the impacts of more than three decades of HIV. The fifth formulated sub-question thus seeks to find out how the development and well-
being of children are influenced (both positively and negatively) by living in skipped-generation households. It aims to do this by unravelling how the changes in rural Zambia at the levels of the community, the family, and the household, including the impact of HIV, influence the well-being and development of children growing up in such households. Is the context one that causes dysfunctional behaviour or does it help children to excel and deviate from the negative expectations that some people hold for them given the background and context of their development? This analysis includes examination of what it means to live with older guardians as well as other OVCs in skipped-generation households.

The trends and changes illustrated in this chapter are unlikely to end any time soon. At the same time, today’s older generation is ageing and the next older generation (the middle generation of today) has been diluted in many families, while in some families it has disappeared altogether. This means that the problematic situation in many families and skipped-generation households is not likely to improve over the coming years. The sixth and final sub-question of this study is meant to provide, based directly on the findings of this study, recommendations to strengthen the resilience and well-being of those living in skipped-generation households, now and in the future.
Doing and thinking research

Introduction

In this chapter, the practical aspects of the research are presented. The first part consists of descriptions and definitions of the concepts and terms that are used throughout. Next, the theoretical framework underlying the study will be introduced, as well as the research location. The final sections cover the data collection methods.

Definitions of concepts

The initial definitions for the research concepts were derived from the literature. During fieldwork, the respondents were asked to share their own understandings and definitions. These two perspectives were combined to form the definitions provided here. Four categories of concepts are described in the following section. The first category is related to households: What constitutes a household and what is a skipped-generation household? Secondly, concepts related to the (social) organisation of life in Misangwa are presented. This category consists of three concepts: homestead, village, and community. Next, the different types of respondents are covered, namely children, orphans (including AIDS orphans), orphans and vulnerable children (OVCs), young people, the younger generation, and the older generation. The final category consists of other important concepts related to development and wellbeing: trauma, child development, stages of child development, well-being, and satisfaction with life.
**Household definitions**

In this section, two concepts are defined: households and skipped-generation households.

- **Household**

There are a number of reasons why this research focuses on households rather than on other entities such as families or homesteads. The most important reasons for this are provided in the section called ‘Focus on households’.

The definition of a household in low-resource settings such as Misangwa, where this study was conducted, may differ from those definitions applicable in OECD countries. The UN recognises this and often chooses to use the definition provided by the World Programme of Agricultural Censuses (WPAC) (FAO 2010: 21). The WPAC describes a household as:

Either (a) a one-person household, that is to say, a person who makes provision for his or her own food or other essentials for living, without combining with any other person to form part of a multi-person household, or (b) a multi-person household, that is to say, a group of two or more persons living together who make common provision for food or other essentials for living.

For the purposes of this research, we do not need to consider one-person households since the focus lies either on skipped-generation households or on households that consist of children living with their parents or guardians. Earlier studies in Misangwa (for example Reijer 2002; Drinkwater, McEwan & Samuels 2006) found no child-headed households in the area, and it was found to be even more unlikely to come across a one-person household consisting only of one child.

The people who make up a household do not necessarily sleep in the same house or hut. Rather, they may sleep in different houses or huts that are found in the same homestead. People living in the same homestead generally belong to the same extended family, but do not necessarily belong to the same household. Alternatively, a household may only occupy part of a house, which is shared with another household. In Misangwa, most houses and huts are small and as a result households are spread over multiple huts, where different activities (sleeping, cooking, eating) take place.

Part of this research was conducted by research assistants and surveyors. To ensure that the same definitions were used by all, the two following aspects of households needed to be taken into consideration:
- A household is a group of people who eat together regularly, or who “eat from the same pot”.
- Members of a household may be temporarily away, or households may have visitors at the time that they are researched. One example of this is children who attend boarding school. These children do not live full time at home, but they might be visiting the household during their holidays at the time that the household is surveyed. This means that it needed to be clear how much time a person spends in a household in order to be included as a member.

Based on these considerations, the following definition was chosen:

A household is a group of two or more people living together, who eat together or make provision for the essentials for living, and are present at least six months of the year.

- Skipped-generation household

Skipped-generation households are households that consist of a young generation and an old generation, but which lack the middle generation. These households often consist of grandparents and their grandchildren (whose parents are not present). However, since this is not always the case, the definition needs to be more encompassing. The factors that drive people to live in such households will be discussed first.

The middle generation may be absent from skipped-generation households for a variety of reasons. These can include health issues, work, imprisonment, or death. In such cases, an older person, often a grandparent, takes on the role of guardian for their children’s children (Fuller-Thomson 2005; Hayslip & Kamin-ski 2005). The meaning of a grandparent in this context needs to be seen in the broadest sense of the word. In Africa, the brothers and sisters of your parents are also your parents, and the brothers and sisters of your grandparents are also your grandparents. When talking of grandparents, therefore, I do not necessarily refer to grandparents in the more narrow Western sense, but rather to the socio-emotional identification of older people as grandparents by children or the wider family.

Literature shows that for older adults in Africa, the role of being a primary guardian for children is not a new phenomenon (Mills, Gomez-Smith & De Leon 2005: 192; UNDESA 2005). There have, however, been important recent trends in this direction, especially since the onset of the HIV epidemic, in particular because HIV directly impacts sexually active adults (i.e. especially the middle generation). Skipped-generation households are thus not new, but their preva-
idence and root causes differ from what was common in the past. The high numbers of young people without a parent and the total absence of support from the missing middle generation are two major differences.

The term skipped-generation is not commonly used in the literature and therefore few definitions are provided. One definition is provided by the Overseas Development Institute (ODI), which write that skipped-generation households occur “when an older person, often a grandparent, becomes the primary caretaker for a child who has lost one or both parents, or whose parents are absent for a prolonged period of time” (Samuels & Wells 2009: 1).

This definition makes sense in the context of this study and has therefore been adapted for the purposes of this research:

A skipped-generation household is a household that consists of two or more members belonging to the older and the younger generation – who differ by at least one generation – live and eat together, or make provisions for essentials for living, and who are present for at least six months of the year.

The (social) organisation of life in Misangwa

Three concepts that are necessary to understand the social and geographic organisation of life in Misangwa are discussed here: homestead, village, and community.

- Homestead

The Oxford English Dictionary defines a homestead as a house, especially a farmhouse, and outbuildings. In Misangwa, the typical homestead one encounters consists of a cluster of several physical structures and is normally occupied by members of one extended family. However, while these people may belong to the same homestead, they do not necessarily live in one household. Generally, the physical structures found in homesteads include houses where the residents sleep, an outbuilding that is used as a kitchen, and housing for chickens, goats, and other animals (if such animals are present). In the past, homesteads often also consisted of a construction used to store maize and other produce\(^1\). The few people in Misangwa who rear cattle also have enclosures where the cows are kept, which are called Kraals\(^2\).

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\(^1\) As will be explained in later chapters few people today still use the traditional methods for food-storage. Most only store some food in their houses and sell the rest.

\(^2\) A Kraal is a Dutch or Afrikaans name for an enclosure in which to keep animals within a homestead. The term was first introduced in South Africa in the 1650s by Dutch settlers and was taken over by the local people. Some of these people, including the Tonga, migrated north from South Africa and ended up in Zambia.
Two types of homestead are found in Misangwa. The first consists of multiple households that are mostly (but not always) part of the same extended family. Historically, this was the most common living arrangement, in particular with the extended family living all together, and descriptions of these can be found in the work of Doke (1931) and the Rhodes Livingstone Institute (see Mitchell & Barnes 1950). The second type of homestead, which is more common today, is much smaller and often consists of only one household.

One common feature of many homesteads in Misangwa is that they are located close to the farming land of the households that make them up, and furthermore, when they consist of multiple households, they are often matrilineally organised.

- **Village**

It is difficult to find clear distinctions between homesteads and villages in the literature. In Misangwa, however, the differences are clearly noticeable. Where homesteads consist of one household, or of a small number of households of the same extended family, villages are larger and members of most of the different households that make up the village do not necessarily belong to the same extended family. Apart from the size of and the relationships between households, there are other differences.

Villages, for instance, do not consist of the same outbuildings that are found in homesteads. For one thing, the livelihood focus of people living in villages is not primarily agriculture. Those living in villages who do depend on agriculture have homesteads closer to their land, where some or all of the household members spend some of the year. In contrast to homesteads, villages also have more communal spaces. These may consist of markets, bars (or drinking places, as they are locally called), shops, and churches. Some animals, mostly chickens and ducks, may be kept by those living in villages, but this is on a much smaller scale than in homesteads. Finally, in homesteads people often grow vegetables or have fruit trees, but this is rarely seen in villages.

Misangwa today counts only three large villages. There are other larger groups of households, but these are mostly linear settlements along the roads, and are not villages since they do not have communal spaces nor are the households located around central spaces. The three ‘real’ villages consist of between 25 and 50 households, but it is clear from the numerous deserted and collapsed houses that can be found there that many have reduced in size over the last years/decades.

- **Community**

A frequently used term that is often left undefined is that of community. The term can be used to describe many social settings and may be specific to a group
or hold a more holistic meaning encompassing all people in a specific place. Here, I will outline the way in which the reader should interpret the term when it is used in this study. Community here refers to the 13,000 or so people who live in Misangwa, and as such form one specific group of people who share the geographic area that it occupies. Most of these people share not only a geographic home area, but also a history of living in the area with the same people for most if not all of their lives. Since Misangwa was located far away from the mining towns that sprung up during the peak growth of the mining industry in the area in 1920s and 1930s, it was not affected by labour migration as much as many other parts of the Copperbelt Province. Furthermore, the area was never a so-called ‘relocation area’ where the Colonial rulers forced people to settle (Mitchell & Barnes 1950). This means that the population is more homogenous, and has stronger historical ties among the people, than many other areas in the Copperbelt Province.

Definitions of respondent categories

Five categories of respondents, which are sometimes overlapping, are defined in this section. These are: children, orphans, vulnerable children, orphans and vulnerable children (OVCs), and older people.

- Children

In most countries, children are defined as boys and girls up to the age of 18 years. The Zambian government follows this definition. In this study, the respondents defined a child as a person who is no longer a baby and not yet an adolescent. However, they did not talk about “a child” but rather about people who are not yet adults. For them, adulthood is not linked to age but to certain life events, such as marriage or moving out of the parental home. These views are not reflected in national policy or legislation.

The input from the respondents was valuable when interpreting data and understanding the context, especially when one considers the relationships between the generations. Are guardians still guardians when a person is 18 or 19 years old? In the community they are considered so, and therefore the definition should be expanded.

When interpreting social roles and relationships, I refer to ‘children and young people’ or to the ‘younger generation’. These two groups are also defined in this section. For the sake of statistical analysis and interpretation, the definition of children as provided by the United Nations Declaration of the Rights of the Child (OHCHR 1959) and the Zambian Government (GoZ 1999) will be used:

Children are all boys and girls up to the age of 18 years.
• Orphans (and AIDS orphans)

Definitions of orphans vary in terms of the restrictions of age and the nature of parental loss, and they also change over time. Most of the estimates and models that were used in the 1990s considered an orphan to be a child who had lost either both parents or only the mother. Children who had lost only their father were not classified as orphans (Foster & Williamson 2000). Demographic and Health Surveys conducted regularly in many countries, however, take into account paternal, maternal, and double orphans. UNICEF defines orphans as children aged 0 to 18 years who have lost one (single orphans) or both (double orphans) parents (UNICEF/ISS 2004).

Children who have lost their parent(s) as a result of HIV-related causes are called AIDS orphans. In the past, UNAIDS defined an AIDS orphan as a child under 15 years who has lost his/her mother (maternal orphan) or both parents (double orphan) to AIDS. This excluded paternal orphans and orphans aged 15-18 years. Most institutions today define AIDS orphans as all children below the age of 18 years who have lost their father and/or mother to HIV-related causes (Grassly & Timaeus 2003; UNICEF 2007).

Allowing the respondents to define their own concept of what constitutes an orphan turned out to be problematic. Some of the older respondents did not want to talk about orphans. As one old man explained, “We have called them that for too long and too often. We now see the damage this has done to our children”. Like this old man, many respondents said that they felt that people in the community had caused segregation of orphaned children through the labelling of them as orphans. Some guardians said that they often heard demeaning and discriminatory remarks aimed at the children in their care. One example is “Ni bwa shalefyala”, which is a Lamba expression translating as “dogs have puppies all over”. It describes men who have children with different women but do not look after them. Such remarks are made with little consideration of whether the child’s father has assumed his responsibilities or not, or whether he is deceased.

Many such examples were offered by respondents. Some respondents argued that this has led to the association of orphans with poverty, lack of parental responsibilities, prostitution, and other problems. For them, this was enough reason not to talk about or define the concept of orphans. To avoid compounding the burden on these children and their caregivers, it was decided not to refer directly to orphans or AIDS orphans during the fieldwork. In the study, as most of the guardians of these children were their grandparents, they were simply referred to as grandchildren.

Where the term orphans is used, it is understood to mean:
Children who have lost one (single orphan) or both (double orphan) of their biological parents.

AIDS orphans\(^3\) are defined as:

Children who have lost one (single AIDS orphan) or both (double AIDS orphan) of their parents to HIV-related illnesses.

- **Vulnerable children**

One way to define vulnerable children is to work with local definitions as established by community members. Various examples of this are available in the literature. In one example, which involved work in three countries, researchers established that vulnerability can be defined by a number of potential, often overlapping, factors, of which the loss of a parent through death or desertion is the most important. Additional factors that increase vulnerability are severe chronic illness of a parent or guardian, poverty, hunger, lack of access to services, inadequate clothing, poor shelter, and deficient caretakers. Child-specific factors include disability, emotional problems, substance abuse, direct experience of physical or sexual violence, or severe chronic illness (Skinner *et al.* 2004). Poverty is a frequently used indicator of vulnerability. In many countries, children living in households whose members live below the poverty line are defined as being vulnerable. In the rural areas of Zambia, where 77.9% of all people have to make do with less than one US Dollar a day (JCTR 2012), this definition is inadequate, because it does not distinguish between those children who are living in poverty and those who are both poor and face additional vulnerability risk factors.

A deeper and more detailed analysis of vulnerability and vulnerable children is provided in Chapter Three under section 3.3.5. Here, a definition based on community work in Zambia (Smart 2003) will be used. This definition states that children are vulnerable if they:

- Are double/single orphans
- Do not go to school
- Are from female/aged/disabled-headed households
- Have sick parent(s)

\(^3\) While I present this definition here it is not a concept that will be used in later chapters. This is because is not useful: Few, if any, children will say their parents died of HIV-related causes and there is no way, for example through autopsy reports, to establish the cause of people’s deaths. Furthermore, distinguishing between children who lost their parents to HIV-related causes and other causes stigmatizes this specific group. Mathematical models are the only way to estimate the size of the group of AIDS orphans; based on such calculations it is estimated that just over half of all orphans in Zambia are children orphaned as a result of HIV-related deaths (UNICEF, 2010: 46).
− Are from families that have insufficient food
− Live in housing that is below local average standards.

• Orphans and vulnerable children (OVCs)

The term OVCs is often associated with the large groups of children in sub-Saharan Africa whose parents are HIV infected, who have lost their parents to HIV-related illnesses, or who are growing up in communities severely impacted by the epidemic. There is no definitional link to HIV, and the term can equally apply to children affected by other catastrophes in different contexts. Nevertheless, in the Southern African context, the marked rise in mortality among middle-aged adults can be attributed definitively to HIV, as no there are no other significant contributing factors, such as armed conflict (UNAIDS 2000). However, even if most orphans have lost their parents to HIV-related illnesses, there is no real function, other than for the sake of statistics, to distinguish between orphans and AIDS orphans (CSO 1999). In Zambia, an estimated 20% of all children under the age of 18 years are orphans, with most orphaned as a result of HIV (Hacker 2004). Because this research aims to address the vulnerabilities of all children in skipped-generation households, it will not focus specifically on children affected by HIV. The definition that is used thus defines OVCs in the widest sense:

OVCs can be children who have lost one or both parents, who do not go to school, who grow up in female/aged/disabled-headed households, who live with (a) sick parent(s), who live in a family with insufficient food, or who live in below average standard housing.

• Older people

In the literature, controversy arises over who older people are. Definitions vary and may relate to physical age, to old age as a social construct, or to the abilities of people to work and be independent (HelpAge 2004). The United Nations uses the age of 60 years as the dividing line between old and young cohorts of the population in demographic analysis (UN 2007). In the Western world, people think of 60 or 65 as the cut-off point, in particular because this is the age when citizens become eligible for pensions and social security benefits. Such a cut-off point has little meaning in places where social security systems are non-existent.

The respondents were not able to clearly define old age or older people. Rather than talk of a specific age, they provided characteristics that they associated with older people or old age. An important characteristic was physical well-being. A person who has lost the abilities they had as a young adult is seen to be old. Oth-
er descriptions included a person who walks with a stick or someone who has grandchildren. All of these descriptions can lead to some unusual constructions; for example, as some girls have their first child before the age of 16 years, they could be grandmothers at the age of 32, but the question is open as to whether this makes them ‘old’.

Social roles and physical abilities are important and need to be considered when studying the well-being of individuals and households. For this reason, no fixed definitions of old age or of elderly people have been used. The specific circumstances of an individual or a household have instead been used to determine whether age is relevant. Where required for statistical analysis, and to allow for comparison with other data, the generally accepted definition provided by the UN will be used:

An elderly person is any person aged 60 years and older.

Definitions of four central concepts

Four concepts central to the research – namely trauma, child development, stages of child development, and satisfaction with life – are defined here.

- Trauma

The term trauma “has been used in so many contexts and by so many authors that it has lost some of its original meaning” (Briere & Scott 2013: 3). The concept is often used to refer to both the experience that produces distress as well as to the experienced distress itself. Technically this is incorrect according to the American Psychiatric Association, as trauma should only be used to describe the events that are psychologically overwhelming for an individual, and not the reaction to it. The Association defines two criteria that classify an event as a trauma (American Psychiatric Association [APA] 2000: 463):

- Criterion 1: The direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.

- Criterion 2: The person’s response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behaviour).

Briere and Scott (2000) discuss how the classification of an event as traumatic or not tends to evoke considerable discussion. They conclude that an event is traumatic if “it is extremely upsetting and at least temporarily overwhelms the individual’s internal resources” (ibid.: 4). The definition of trauma used in this study follows this understanding.
In the field of HIV-related orphanhood, there has been little focus on creating a framework with which to identify the causal pathways through which children experience parental illness and death and orphanhood. Nor have there been many studies to systematically assess how these experiences might lead to trauma or on the implications of trauma on child development (Richter et al. 2004; Nyamukapa et al. 2008). Nyamukapa and colleagues developed and statistically tested a framework to help understand the interrelationships between HIV-related parental illness and death, psychosocial distress among children affected by HIV, and affected children’s future opportunities and chances (ibid.: 133).

So which events in the lives of the respondents of this study have been found, by others, to constitute trauma? Prior to and after the death of parents, children may experience relocation, changing childcare patterns, and diminishing resources (Hosegood & Ford 2004). Parental illness and death themselves are potentially traumatic events for children, especially when the child must become the primary caregiver of his/her dying parents (Foster 2002). Following their parents’ death, children and young people need to adjust to their new situation, their new contexts, and their new outlook and expectations of life. Over time they may experience new forms of trauma such as stigma, discrimination, and loss of educational and nutritional support. Whether events, changes, and experiences constitute trauma depend on many factors, such as the frequency, timing, and context of parental illness and death, the personal characteristics of the children or young people themselves, including their age and general attitude, as well as various other contextual factors (Dowley 2000; Hosegood & Ford 2004). When the term trauma is mentioned in this study it should be interpreted as follows:

Trauma is the direct experience of an event that involves serious threat to one’s own psychological or physical integrity or witnessing (or hearing of) an event that involves illness and/or death of a parent or another close relative. The response of the individual to this or these event(s) involves intense fear, helplessness, horror, or disorganised or agitated behaviour.

• Child development

The development of children is bound in both time and place. Their well-being and development are dependent on the physical context in which they live and their biological makeup. At the same time, views about the importance of particular skills vary considerably between contexts. Definitions used in Western-oriented textbooks on child development may not grasp what children in the rest of the world need (Nsamenang & Dawes 1998), as the cultural views in these works are not always applicable to other settings.
The definition of child development used in this study was developed to encompass what is the same for all children universally, while also allowing for local variations. To elaborate on how this was achieved, it is essential to provide some background on the literature. A valuable starting point is the definition provided by Aber and colleagues, which states that “Child development is the acquisition and growth of the physical, cognitive, social and emotional competency required to engage fully in family and society” (Aber et al. 1997: 47).

The respondents in Misangwa, including children, were consulted on the concept of child development. They were found to focus on the type of support children need during different phases of their lives. They did not refer to the cognitive and emotional processes that children go through, but rather talked of physical and social development. When older caregivers were asked what, according to them, child development is, they often answered that it is a process that is very difficult. Further questioning revealed that they meant that the needs of children in terms of nutrition, types of guidance, and guardian support are important yet difficult to guarantee. The general definition provided by the respondents was as follows:

Child development means helping a child grow by doing everything for a child to help it grow up into a healthy, educated and religious adult.

The clause “everything a child needs to grow” indicates the complexity of this concept. The types of support and guidance required depend on the age and development of the child. This implies that it is important to consider the needs of children at different stages during their childhood. It is therefore valuable to define children and their needs during the different stages of child development.

- Stages of child development

Child development takes place along a biological timeframe that is the same for all children, though during this timeframe children respond very differently to experiences and external influences due to different levels of physical, cognitive, emotional, and psychological development. Before presenting some of the theoretical approaches to the stages of child development, it is important to consider two context-specific factors.

The first is that the children and young people that this research focuses on have experienced trauma. This trauma includes the death of one or both parents, the splitting up of siblings, migration, and changes in living arrangements and caregivers. The age of a child, or rather his or her development stage, has a great influence on how s/he reacts to and deals with these traumas. This means that even children who have experienced the same trauma may be affected differently and their outcomes may vary.
The second factor is specifically related to an orphan’s age and developmental stage. As mentioned in Chapter One, there is a fairly stable age pattern for orphans, with half of all orphaned children found in the age group 10-14 years, 35% aged 5-9 years, and 15% 0-4 years (Monash & Boerma 2004). This means that since older OVCs outnumber younger ones, there are also links between developmental stages and the relative prevalence of OVCs in particular age categories. This has implications for both research and policy. The needs of children at different developmental stages vary greatly and interventions should be tailor-made for these varying needs. It is important to protect and support the very young OVCs, but we should not forget the plight of the majority of OVCs, who are older than five years, and 50% of whom are older than 10 years.

Literature provides different definitions of the stages of child development. Theorists such as Jean Piaget, Lev Vygotski, and Erik Erikson have all suggested pathways to understand child development. While their work focuses on different aspects of development, they hold many corresponding views. One such view is that the stages of the development of children are culturally defined and are shaped by institutions, customs, and laws (Piaget 1936; Vygotski 1978).

HIV and chronic poverty in Zambia have placed high demands on children at particular points in their development. These demands are very different from the demands that much of the Western-oriented literature, including that of the three authors cited above, builds on. One outcome of these demands is that children may drop out of school prematurely. They may be required as labour, and girls might have to take up childcare and marry at an early age. Other demands include caring for their sick and dying parents and assuming adult roles, sometimes to the extent of assuming responsibility for their own households (LeVine et al. 1994; UNICEF/ISS 2004).

Respondents were asked to outline and describe the stages of child development that they discerned. As with the overall concept of child development, they approached the various stages from a very practical perspective, focusing on their own role and what they felt they needed to do for children at different stages. They defined three stages in the development of a newborn into a full grown and independent adult. The first stage is birth and very early childhood, when the child is still a baby. The second is from when a child becomes a toddler until s/he enters puberty. The third is the stage that begins at puberty, through adolescence and into adulthood.

The three stages suggested by the respondents are comparable to the internationally recognised categorisation suggested by major international organisations (UNAIDS/UNICEF/USAID 2004), namely early childhood (0 to 5 years), middle childhood (6 to 11 years of age), and adolescence (12 to 17 years of age). The biggest difference between these stages and the stages defined by the respondents
are the age boundaries. In order to be able to compare this study to other studies on child development, it was decided to maintain the generally accepted age boundaries. Following from this, three stages of child development are defined:

Early childhood (0 to 5 years of age)
An individual’s mental, emotional, and social skills develop in early childhood (Garcia 2001) Children between the ages of three and six need opportunities to develop their fine motor skills, cultivate their language skills through talking and singing, and acquire the rudiments of reading and writing (Evans 1993). On average, more than half of the intellectual development potential of a child has already been established by the time the child has reached the age of four (Young 1996).

Children are particularly vulnerable during the first five years of their life, since during this time they require the most intensive childcare, nourishment, and security. In this period (particularly during maternity and the first year of life) the child has the highest probability of dying. Many children born to an HIV positive mother will not be infected thanks to prevention of mother to child transmission (PMTCT) programmes offering ART; nevertheless, the illness or death of their HIV positive mother will diminish their chances in life. A study in rural South Africa showed that under-fives whose mothers died of HIV-related causes were at a threefold increased risk of death themselves (Ndirangu et al. 2012). Research also shows that children who are HIV negative but are born to HIV positive mothers also face a higher risk of child mortality for various reasons including less access to vaccination and lower socio-economic status of households (Ibid.; Newell et al. 2004).

Not all infants are born HIV negative as some do acquire HIV from their mothers. HIV infection greatly reduces their chances of survival. Although use of antiretroviral drugs to treat children has increased in recent years in sub-Saharan Africa, only 26% of children who require ART are receiving it compared to 84% of adults (WHO 2011:163). Young children growing up in vulnerable households also face an increased risk of HIV infection and related illness.

Middle childhood (6 to 11 years of age)
Children between the ages of 6 and 11 are in the age period commonly referred to as middle childhood. Research and practical work with children has identified the importance of this phase for the development of cognitive skills, personality, motivation, and interpersonal relationships. The explicit grouping of ages 6 to 11 appears to be neither an idiosyncrasy of Western cultures nor merely a default category among arbitrarily defined periods of human development (Collins 1984). Rather, this category marks a universally distinct period between major
developmental transition points. In diverse cultures, the age period of five to seven years is seen as the beginning of the so-called age of reason (Rogoff et al. 1975). Children are assumed to develop new capabilities at this age and are assigned roles and responsibilities within their families and communities. Middle childhood is the time when a child begins to assume a larger share of responsibility for its own behaviour in relationship to his/her parents, peers, and others.

The middle years are also important for encouraging and fostering self-esteem in children (Harter 1983). The development of self-esteem is important as it leads to a better adjusted, more confident adolescent. Children in this period need a sense of security and belonging in a family or family-like environment. OVCs need special attention because the development of a positive self-identity and high levels of self-esteem are more difficult for them to achieve, in particular because they frequently become the target of stigma, segregation, and discrimination within their communities, and sometimes within their own household and family.

Adolescents (12 to 17 years of age)
During this final stage of child development, several key developmental experiences occur. These include physical and sexual maturation, progress towards social and economic independence, and further development of identity. As the adolescent matures, a number of issues related to his/her well-being become increasingly significant. These include the prevention of sexual abuse and exploitation, the attainment of life skills, and the achievement of overall health and productive development. While adolescents may seem to cope, they often experience depression, hopelessness, and increased vulnerability. In many developing countries, access to education for adolescents is much lower than for younger children. The impacts of HIV on households and communities further jeopardise their chances of schooling. This is not only because of the high levels of poverty in these homes but also because these adolescents have to assume responsibilities for supporting their family. Because sexual activity normally begins during adolescence, this is a time when it is especially important to provide comprehensive sexual health education and services to reduce the risks of unwanted pregnancies and sexually transmitted infections (STIs), including HIV.

- Satisfaction with life
Satisfaction with life is directly linked to well-being, the latter of which is related to how people feel about what they have and what they can do. This ‘how they feel’ is a subjective experience about the quality of their lives and indicates whether or not they feel satisfaction. Satisfaction of life may be defined as “a global assessment of a person’s quality of life according to his chosen crite-
ria” (Shin & Johnson 1978: 478). The qualification of life satisfaction depends on the comparison between a person’s circumstances and what the person feels is an appropriate standard. This means that this judgment is based on a comparison with a standard that each individual sets for him- or herself. It is not an externally defined standard but a subjective characteristic of well-being. When a researcher is assessing life satisfaction, therefore, this assessment should centre on a person’s own personal and subjective judgments, not upon external criteria judged to be important by the researcher (Diener 1984).

It is also important to focus on the assessment of overall quality of life, rather than summing up satisfaction with separate domains. Health is important, as is physical well-being, income, and social relationships. Yet different people will place different values on these different domains. While happiness might be beyond the scope of this work, in the literature we find that happiness and satisfaction with life are closely related. Happiness requires total satisfaction; that is, satisfaction with life as a whole (Tatarkiewicz 1976).

Theoretical framework: Contextualising well-being and development

The theoretical framework for this study builds on the concept of well-being, which is framed within an ecological approach. Child development is studied by focusing on the well-being of children, and the well-being of those around them, the two being related in many ways. For example, grandparents frequently say that having their grandchildren around makes them happy, and at the same time their well-being affects the children living with them. To fully understand children’s well-being, it is therefore essential to focus on the people around them, the household they live in, and the community in which they grow up. It is also relevant to place the present day situation in a longer term perspective that includes the changes that have taken place in Misangwa during the lives of the people who live there today. To create such an insight, the ecological systems theory of child development, as proposed by Bronfenbrenner, is used. Both the notion of well-being and the ecological framework are described in this section.

Well-being

Generally speaking, external aspects of people’s lives shape their well-being, as do internal elements including personal characteristics and life histories. For the purposes of this study, the definition of well-being used needs to accommodate the universal, while allowing for the inclusion of the local and context-specific. A useful starting point is the following description provided by Pollard & Lee (2003: 60):
Well-being has been defined by individual characteristics of an inherently positive state (happiness). It has also been defined on a continuum from positive to negative, such as how one might measure self-esteem. Well-being can also be defined in terms of one's context (standard of living), absence of well-being (depression), or in a collective manner (shared understanding).

Well-being should be seen as both a static unit of measurement at any given moment in time and a process that is multi-dimensional. The concept is complex, in part because well-being is not simply the sum of wealth or happiness, and the lack of well-being is not simply the result of material poverty or misery. The concept also contains a tension between the local perspective and the universal context: people experience well-being in their own local context, yet the resources, capabilities, and opportunities that they need to achieve their well-being goals are often present outside of the local context. Finally, well-being is a mix between objective and subjective complexes, and it follows that the objective and subjective needs of the person play a large part in their well-being.

For the younger and older generations alike, an important dimension of well-being that needs to be examined is physical and mental health. The frail bodies of the old and the history of malnourishment during early childhood of some of the younger generation will influence their well-being. The World Health Organisation (WHO 2012) defines health as “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. For the purposes of this study, this definition is useful because it shows that physical, mental, and social well-being are related to disease and infirmity, but also to the broader definitions of the ‘social determinants of health’ (CSDH 2008). Therefore, any definition of well-being is intrinsically linked to health.

Respondents in Misangwa were asked to explain what the concept of well-being means to them in relation to their day-to-day realities. This proved to be very difficult for them. The most common response was that people did not experience well-being. The respondents explained that hunger and poverty were real for them on a day-to-day basis. This prevented them from thinking about what the concept might mean. They were simply too worried about day-to-day survival to really think about what well-being might consist of. In fact, some people even became agitated by the question. The following quote from an old man shows this frustration:

I don’t know what you want with these questions ... how can I worry about things, or even enjoy things, when I don’t know what my family will eat tomorrow? Maybe when I have sorted out the feeding problem, I can start to worry about the schooling of my grandchildren, about the roof of our house, about the rains and the fields ... But it is always worries! You are asking me what I would enjoy and that is that I have no worries ... But that cannot happen. So I think that is not the well-being you are talking about.

All definitions suggested by the respondents were focused on material and financial assets. No one mentioned friends, relatives, being together, or receiving
love as part of well-being. Food, housing, finances, and schooling were the day-to-day problems that occupied people minds.

The respondents’ prominent worries about basic human needs are a reminder that well-being is always related to whether or not these basic needs are met. Maslov argued for this view of well-being (Maslov 1943: 372). With his hierarchy of needs, he argued that there are no other relevant needs until the basic physiological needs have been met. The question of whether or not the needs related to well-being are hierarchal is discussed later on. What is clear, however, is that well-being is much more than basic human needs alone; the example of children choosing love and safety with grandparents over material support from other relatives is telling of this.

Another definition of well-being that does not assume an order or hierarchy is provided by the Research Group on Well-being in Developing Countries (WeD) at the University of Bath. Their definition states that “Wellbeing is a state of being with others, where human needs are met, where one can act meaningfully to pursue one’s goals, and where one enjoys a satisfactory quality of life” (WeD 2006: 34). This definition builds on three prongs that constitute well-being:

1. Human needs, including health (in the broadest sense, as defined by the WHO), autonomy, security, competence, and relatedness, the satisfaction of which, at a basic level, enhances objective well-being everywhere. This includes both immediate need satisfiers as well as subjective, psychological, and relational needs. Often, material needs can be accessed through social relationships. This makes the objective and subjective intertwined.

2. Socially meaningful goals that people set drive their strategies and actions to achieve them. Many goals are material, social, and cultural and are embedded in a person’s family, community, nation, and the global society. Thus, social contexts and well-being cannot be divorced. Well-being thereby consists not only of an objective and subjective side, but also contains a social or relational component. The different forms of relationship in people’s contexts offer opportunities for choice (however constrained) between different goals and identities.

3. Satisfaction with life is more than a positive or good feeling; it is also more than the absence of misery. Satisfaction with life is in fact a better indicator of subjective well-being than happiness, because happiness is affected by aspirations and preferences, while satisfaction is more squarely rooted in the concrete and actual reality of people’s lives.

Of all definitions of well-being found, the WeD definition seems to be the most suitable for research in low-resource settings like Misangwa. It also seems
to be the most balanced between the universal and the local and the objective and subjective. Well-being must always contain both the objective circumstances of people’s lives and their subjective evaluations of their situation. If we translate these objective and subjective dimensions into simple terms, well-being must cover three essential issues:

1. What people have
2. What people can do with what they have
3. How people feel about what they have and what they can do.

These three essential issues imply that well-being is not an outcome, but rather a state of being in the present that builds on the past and is aimed at the future. The interplay between objective circumstances and subjective perceptions takes place between outcomes and processes within the person, while the person is embedded in society and other external surroundings.

The well-being of children depends greatly on their personal characteristics as full human beings in their own right as well as social beings. Into this consideration, we also need to incorporate the developmental stages and their implications for well-being. Children develop from infants into adults and go from being completely dependent organisms to largely independent human beings. The human needs and well-being of children are to a large extent linked to their development across time. This has certain implications for data collection, as both the methods and the data collected should be linked to the stages of child development.

In order to study the development of children and their well-being, it is essential to focus on the context in which this development takes place. Ecological systems theory, which is used in this study for this purpose, is described in the following section.

Ecological systems theory

The primary care for children lies in the household with parents or guardians, but the role of the extended family and community should not be underestimated. To understand the development of children in skipped-generation households, we need to examine the situation in, and the context of, these households. Researchers such as Muus (1988) argue that research should attempt to understand how youths continuously adjust to their changing yet interrelated social and cultural environments. According to Vaux (1990), social support is best viewed as a complex process unfolding in an ecological context. Research on child development and well-being thus needs to focus on the contextual factors and processes that place a child’s development in jeopardy and/or increase the chances of
him/her becoming a happy, well-adjusted adult. In order to grasp this, an understanding of how the child relates to his or her context is essential (Huston 1994). According to Huston, most research in developmental psychology does not consider the role of the larger social arena in shaping developmental processes.

In many developing countries, the views and practices towards child development vary considerably from those in the West. In Western societies, the developmental goals that parents and educators aim for are the product of an individualistic cultural script. In non-industrialised societies, the underlying script is often more collectivist or interdependent, aimed at social participation, obedience to authority, and harmony in social life (Triandis et al. 1988; Rosenthal 2000). The discourse of the individual in Western psychiatry is in fact not a view of the world as it really is (Bracken et al. 1995). The differences in goals and expectations of parents, guardians, and wider society determine the day-to-day experiences of children, their interactions with others, as well as with objects and symbols in their immediate environment (Rosenthal 2000). Cultural values and traditions are mediated by more proximal processes of childrearing, such as specific practices that drive their development (Hwang, Lamb & Sigel 1996). In the context of orphanhood and fostering in Africa, the cultural norms and concerns as well as the socio-economic situation need to be taken into account at all layers of the context in which the child grows up (Liddell 2003).

Children in African settings experience change and discontinuity in their social environment to a much greater extent than children in Western settings. The emergence of HIV in many sub-Saharan African countries has increased the incidence of change in children’s environments considerably. Traditional models and customs related to childcare and child support have been severely stressed by the (direct and indirect) impacts of HIV and poverty. Research has shown that in poor or disrupted family environments, appropriate levels of discontinuity can actually enhance a child’s cognitive competence and adaptive skills (Lightfoot 1978; Bronfenbrenner 1979). What ‘appropriate’ means in these contexts remains, however, debatable. Building on this theory, others have argued that as long as parents or guardians agree on the central values that are important to the developing child, discontinuity may be beneficial to the child as it may foster the acquisition of skills that will allow the child to adjust to the demands of the wider social world (Van IJzendoorn et al. 1998).

Generally speaking, the study of child development finds its origins in the field of developmental psychology, which has been shaped primarily by two theoretical debates. The first perspective concerns the stages of child development, and the second is the contextualisation debate, the best known example of which is Bronfenbrenner’s ecological systems theory. Bronfenbrenner believed that any comprehensive study of the development of children involves studying
how people live and grow up in the ‘social wild’ (Garbarino 1982). Development, according to Bronfenbrenner, is defined as “the person’s evolving conception of the ecological environment, and his relation to it, as well as the person’s growing capacity to discover, sustain and alter its properties” (Bronfenbrenner 1979: 9).

In this definition, the developing child is not viewed as a clean slate, in the sense that he or she is born without any innate or built-in mental content. Rather, a child is seen as an individual, growing, and dynamic entity that “progressively moves into and restructures the milieu in which it resides” (ibid.: 21). In addition, because the child both impacts the environment and is impacted by it, this relationship is two-directional and is characterised by reciprocity. The environment which surrounds a child is also not limited to the immediate setting, but “it is extended to incorporate interconnections between settings, as well as external influences emanating from the larger surroundings” (ibid.: 22).

The different environments found in this social wild, ranging from the family to economic and political structures, together act as part of the life course from childhood through to adulthood. According to Bronfenbrenner, child development “takes place through processes of progressively more complex interaction between an active child and the persons, objects, and symbols in its immediate environment. To be effective, this interaction must occur on a fairly regular basis over extended periods of time” (Bronfenbrenner 1988: 996).

The experiences of children depend on the settings where they spend time. The experiences that a child has with people and objects in the various settings s/he encounters are called proximal processes. They are seen by Bronfenbrenner as the “primary engines for human development”. He continues to explain that the experience of the child can be seen “as a set of nested structures, each inside the next, like a set of Russian dolls “(Bronfenbrenner 1979: 22). The number and quality of the connections between these nested structures have important implications for development. Child development is also affected by settings where the child does not spend time. Indirectly, the proximal processes that influence development may be affected by external environments such as the laws of a country, the workplace of the child’s parents, or liberalised market economies. Dawes, Donald & Louw (2000) argue that for a developing child, the proximal processes and contextual elements all change over time as the individual develops according to the various stages of development and the environment.

The ecological framework, as proposed by Bronfenbrenner, seeks to provide a unified yet highly differentiated conceptual scheme for describing and interrelating structures and processes, in both the immediate and more remote environment, as they shape the course of human development throughout the lifespan (Bronfenbrenner 1979: 11). The framework enables the integration of the child
and all environmental and contextual factors, such as the household, the extended family, the community, legal systems, climate, natural conditions, among others. The framework makes it possible to come to a contextualised understanding of what the direct and indirect impacts of HIV and of life in skipped-generation households are on the well-being of OVCs in Zambia. A major advantage of this approach is that it not only recognises context and contextually bound notions of child development, but also that children themselves are considered active decision makers who make their own choices about their own development and proximal processes.

The earliest version of Bronfenbrenner’s ecological model consists of four layers of influence in development across the lifespan, with the layers arranged around the developing child. These levels of context interact with each other whilst at the same time affecting the individual (Lloyd 2002). At the centre of his model we find the organism, or the developing child, who is born with a set of *person characteristics* that continually interact with the outside world. Around the child are four layers of surroundings: microsystem, mesosystem, exosystem, and macrosystem. Bronfenbrenner later added a fifth layer, which he termed the chronosystem, to reflect changes over time.

The models he proposed in his later work are more complex, as he realised that his earlier work did not sufficiently account for the role of individuals in the system (Bronfenbrenner 1989). His later work can best be captured by looking at his Person-Process-Context-Time (PPCT) model. This framework builds on his earlier ecological systems theory but places much more focus on the characteristics of the individual, the aspects of time, and proximal processes. In the attempt to understand individuals in context, this model builds on four interacting dimensions (also referred to as factors or pillars). These four factors that influence the proximal processes of children, as explained by Dawes, Donald and Louw (2000), are:

- Process factors (for example, the forms of interaction that occur in the family)
- Personal factors (for example, the temperament of the child)
- Context factors (for example, families, neighbourhoods, or wider society)
- Time factors (for example, developmental changes over time in the child or environment).

These four pillars are discussed more extensively in the following paragraphs.

- **Process**

  Process, the first of the four pillars, plays a crucial role in development. T
child and his or her context lie at the core of child development. Bronfenbrenner provided several examples to show the things that occur regularly in the lives of developing individuals, and which are crucial to their development. These examples include playing with a young child, child–child activities, group or solitary play, reading, learning new skills, and so on. Such activities constitute the engines of development because through these engagements individuals come to make sense of their world, understand who they are and what place they hold in it, and play their part in changing the prevailing order whilst simultaneously finding their place in it.

For this study, the primary process under investigation is the interaction between developing children, their older guardians, and their siblings, within the context of skipped-generation households. Other interactions that are important are the relationships of these children outside of their homes, for example with teachers, peers, and others in the community. The same is true for the relationships of the older members of these households: who do they interact with, how does this affect their well-being, and which of their proximal processes are directly related to, or about, the well-being of the children in their care?

While proximal processes are fundamental to Bronfenbrenner’s framework, their nature can vary according to aspects of the individual and the context, both spatial and temporal (Bronfenbrenner & Morris 1998; Bronfenbrenner 2005). Bronfenbrenner explained this as follows:

The form, power, content, and direction of the proximal processes affecting development vary systematically as a joint function of the characteristics of the developing person; of the environment—both immediate and more remote—in which the processes are taking place; the nature of the developmental outcomes under consideration; and the social continuities and changes occurring over time through the life course and the historical period during which the person has lived (Bronfenbrenner & Morris 1998: 996).

- Person

Bronfenbrenner acknowledged the importance of biological and genetic aspects of the developing child (Bronfenbrenner 2005; Bronfenbrenner & Ceci 1994). He devoted most attention to the personal characteristics that individuals bring with them into any social situation (Bronfenbrenner 1995; Bronfenbrenner & Morris 1998). According to him, these characteristics can be divided into three categories: demand, resource, and force characteristics. All three are briefly described below.

Demand characteristics are those which Bronfenbrenner refers to as personal stimulus characteristics. These characteristics, which act as an immediate stimulus to another person, include age, gender, skin colour, and physical appearance. These types of characteristics may influence initial interactions because of the expectations that they immediately form in others. In Misangwa, differences
between children manifest mostly in the fields of age and sex, and so their demand characteristics do not vary greatly as they are mostly from the same area, speak Lamba, share common names, and have the same ethnicity and cultural background. This is also the case for children from town who returned to the traditional homes of their parents after death or during illness.

Resource characteristics are not as apparent as demand characteristics, though they may be induced or assumed, with differing degrees of accuracy, based on demand characteristics. Resource characteristics relate partly to mental and emotional resources, such as past experiences, skills, and intelligence, as well as to social and material resources. In the context of this study, this is extremely important, as it is likely that children who grow up in skipped-generation households score below average in terms of resource characteristics. Such characteristics include access to good nutrition, proper housing, having parents, educational opportunities, and so on. While there is no link between orphanhood and intelligence, it is clear that losing one’s parents influences past experiences, and that living with older people in skipped-generation households influences the socio-economic context in which children develop.

Finally, force characteristics are those that have to do with differences of temperament, motivation, persistence, and so on. According to Bronfenbrenner, two children may have equal resource characteristics, but their developmental trajectories will be quite different if one is motivated to succeed and persists in tasks while the other is unmotivated and gives up easily. In his later writings, Bronfenbrenner provides a clearer view of individuals’ roles in changing their context. The changes can range from the relatively passive (a person changes the environment simply by being in it, to the extent that others react to him or her differently on the basis of demand characteristics, such as age or gender), to the much more active (the ways in which the person changes the environment are linked to his or her resource characteristics, whether physical, mental, or emotional), to the most active (the extent to which the person changes the environment is linked, in part, to the desire and drive to do so, namely force characteristics).

In this study, resource and force characteristics are particularly important. As indicated, demand characteristics vary only to a limited extent. The implications of caring for a dying parent, then relocating and living in a skipped-generation household and facing extreme poverty, are likely to be traumatic for children. This is bound to influence their resource and force characteristics. One avenue of this research will thus examine how children deal with the adversity they face, and whether they use their past experiences to change their contexts in a passive or more active way.
• Context

The context in which child development takes place involves four interrelated systems. The first of these is any environment where the individual spends a lot of time engaging in interactions with others. These settings are called microsystems. Examples of microsystems include the home, the school, and peer groups.

As people spend time in more than one microsystem (they live in a home and go to school, for example), there will be interrelations between these settings. These interrelations between microsystems constitute the mesosystem. An example of a developed mesosystem is the following: The elderly guardians of a child are unable to pay the costs associated with her education. The teacher, who is part of the school microsystem of the child, decides to go to the child’s home (the home microsystem) to talk to her guardians about the problem. Upon arriving at the skipped-generation household, the teacher realises that the grandmother and the children living with her are extremely poor. He decides to allow the household extra time to find the money. Without this mesosystem linkage, the teacher might have called out the student in class and asked her why the money had not been paid. This could have stigmatised the child as other pupils would have witnessed the teacher asking these questions. Such a mesosystem is particularly important for children because it ensures that the people involved in the different microsystems are aware of the child’s behaviour, problems, achievements, and so on, and can therefore act accordingly.

In the third layer of contextual systems, the exosystem, though the developing individual is not actually situated there, it nevertheless has important indirect influences on his or her development. Because the individual is not directly part of the exosystem, it can be more difficult to grasp. One example of a frequently mentioned exosystem effect is the work situation of parents. In the context of this study, other examples make more sense, since older guardians are unlikely to have work or a work setting. An example of an exosystem in the context of this study is the church: An older guardian is particularly stressed about the problems in the home household and goes to church to talk to others. She meets other older guardians who share comparable experiences. This comforts the old woman, who then feels more at peace with the problems at home and with the role she has to play. When she returns to her household she is more relaxed and better able to cope with the problems at home. This leads to her being more understandable towards the children and improves the atmosphere in the home.

Finally, Bronfenbrenner defines the macrosystem as a context encompassing any group whose members share values or belief systems. These include culture, social structures, lifestyles, resources, and hazard or life course preferences (Bronfenbrenner 1993). In the context of Zambia, and in particular the communi-
ty in Misangwa, the influences of HIV, poverty, and orphanhood are all examples of macrosystem influences.

- **Time**

The final element of the PPCT model is time, which plays a crucial role in this framework. Bronfenbrenner & Morris (1998) wrote that time is made up of micro-time, meso-time, and macro-time. Micro-time is described as the time that passes during a specific event or interaction; this is the time that passes while proximal processes occur. An example of micro-time is the time that passes while a child plays with friends or talks to neighbours at the communal well. Meso-time is understood to be the extent to which certain events, interactions, or changes occur consistently in a person’s context. Examples are that children go to primary school from their 7th to their 14th year, that families go to church every Sunday, or that maize is planted in November and harvested in April. Macro-time constitutes the changes, historical events, and developmental processes that take place during a person’s life course. Macro-time constitutes what Bronfenbrenner terms the chronosystem in his early work. The differences in the lives of elderly people in Misangwa between the 1940s and now is a good example of chronosystem changes. A frequently cited example of macro-time influences comes from the work of Elder (Elder 1974 & 1996, cited for example in Tudge et al. 2009). Elder showed significant differences in the developmental trajectories of people from two cohorts who were born in the same area but ten years apart. The two groups were both alive during the great depression in the United States, but experienced the implications of it very differently. According to Elder, this was because the groups experienced the depression at a different point in their life course.

This current research encompasses all three elements of time. Macro-time, or the chronosystem, is incorporated in the introductory and empirical chapters. Life histories provide a good idea of the changes in society, reciprocity, family relations networks, and caring patterns. At the same time, some of the wider changes in the community and local practices and beliefs are highlighted. Meso-time is included by focusing on interactions between the various categories of respondents and others. By focusing on the intensity and development of these proximal processes, it is possible to distinguish the important interactions and relationships. Finally, micro-time is included through the use of observation; how long, for instance, does it take for certain things to take place?

It is necessary to add some nuance to this. The inclusion of time in this study is a little different from how Bronfenbrenner (1994 & 1995) and Bronfenbrenner & Morris (1998) have described it in their texts. Bronfenbrenner does not provide a clear description of how his PPCT model should be applied by the researcher,
though he often comments on how it has been applied by others. Most of the works he discusses employ a rather systematic inclusion of the aspect of time, in the sense that time is included as a powerful longitudinal dimension. This is done using two techniques: the first is following a group of respondents over a long period of time, and the second is collecting historical cohort data and comparing developmental outcomes.

Neither of these approaches was possible within the scope of this research. The setup and timeframe did not allow for the study of the respondents and the skipped-generation households over a long period of time. Furthermore, no reliable historic cohort data is available for Misangwa, and without such reliable cohorts it is not possible to carry out such follow-up. I believe that the best available methods were chosen to include all aspects of time. Despite the shortcomings, all three levels of time have, to some degree, been included.

Trajectories to well-being outcomes: Dysfunction versus competence

A much praised example of research using Bronfenbrenner’s framework is the seven year longitudinal study conducted by Cecil Mary Drillien (Drillien 1957 & 1964), which focuses on the implications of low birth weight in babies. Drillien conducted the research by selecting 360 newborns with low birth weight and a control group, approximately equal in size, consisting of newborns with normal birth weight. Her research showed that children with low birth weight were more likely to suffer from stunted growth, were more susceptible to illness, had impaired intellectual development, and did less well at school. Comparing children’s intelligence revealed that while children with low birth weight were as intelligent as children with normal birth weight, they did poorer in school and were more likely to work below their mental capacities. She wrote that “In most cases, failure to attain a standard commensurate with ability was associated with problems of behavior, which were found to increase with decreasing birthweight [and] to be more common in males” (Drillien 1964: 209). Her research went further as she also looked at the social class of the households in which children grew up. Her analysis revealed that dysfunctional behaviour in children was more likely to occur in low-resource settings. At the same time, the way in which parents responded to children’s dysfunctional behaviour was more adequate in higher resource settings. This shows that the context in which children develop is related to the degree and nature in which both dysfunctional and competent behaviours are accepted or responded to. Thus, in Drillien’s study, the degree to which children with low birth weight function depends both on how low their birth weight was, as well as the socio-economic status of their households.

In this current study, the focus does not lie on low birth weight. The children who are the focus of study are those who have been severely affected by HIV.
Most of them have lost their parents and in many cases parental death followed a long period of sickness, during which these (young) children were their primary caregivers. These children have suffered the loss of their parents, relocations, uncertainty, and other forms of trauma. As in Drillien’s study, these children are not different from other children in terms of demand characteristics, and in terms of some of the resource characteristics such as intelligence (as defined by Bronfenbrenner). Another common aspect of their lives is that they are growing up in skipped-generation households, where they face higher than average risks of living with minimal resources. They are also all raised by guardians who are two generations older than they are.

Children who suffer trauma may exhibit dysfunctional behaviours as a result. At the same time, children who have faced disappointment and loss may exhibit competence and strong force characteristics, as they come to realise that no one other than themselves can improve their well-being. In this context, dysfunction refers to the recurrent manifestation of difficulties that the developing child has in “maintaining control and integration of behaviour across situations, whereas competence is defined as the demonstrated acquisition and further development of knowledge and skills—whether intellectual, physical, socioemotional, or a combination of them” (Bronfenbrenner & Morris 1998: 803). Analysis of the development of children living in skipped-generation households, using Bronfenbrenner’s PPCT model, will shed light on how these dynamics work for this group of children.

The PPCT model was used as a guide for the research methodology of this study and for the analysis of the data. All four components of the model are examined for both the developing children and their older caregivers. Social mappings are used to gain insight into the (wider) contexts in which these children grow up (context, meso-time, and proximal processes). Socio-economic analysis of the households studied is part of this contextual analysis (resources and process). In-depth interviews, which provide information with which to construct life histories, shed light on people’s past experiences, both in terms of meso-time and macro-time.

There are some limitations to the study approach, which will be discussed in more detail in the concluding section of this study. Apart from the limitations in terms of carrying out real longitudinal research, there is also limited assessment of children’s resource and force characteristics, as well as the fact that this is an outsider’s view of the development process. Despite these, I argue that sufficient aspects of the PPCT model have been investigated to say that this model and the broader work of Bronfenbrenner have been used as guides. The specific methodology of the study is introduced in the sixth section entitled ‘Research tools’.
Fieldwork location

This research was conducted in Misangwa, part of Mpongwe District in the Zambian Copperbelt Province. The location for the study was selected mostly for its applicability, suitability, the familiarity of the researcher with the area, and the availability of older data.

For several reasons, it was decided that the research would be conducted in a rural location. Zambia is today one of the most urbanised countries in Africa with approximately 40% of the total population living in urban areas (WHO 2009). Furthermore, there are approximately 26% more orphans in urban areas than in rural areas (UNICEF 2003). However, poverty in rural areas is much higher than in urban areas. Given this disparity, it is likely that the distribution of the broader category of OVCs – which includes vulnerable children as well as orphans – is more balanced between urban and rural areas than the distribution of orphans.

Figure 2.1 Map of Zambia, showing population density by province, including the Copperbelt province

Source: CSO (2003: 16)
According to research, 80% of rural people live in poverty, compared to 34% of people in urban areas (JCTR 2007). Elderly people are also more likely to be found in rural areas. According to USAID research, the proportion of elderly people in the total population is around three times higher in rural areas than in urban areas (USAID 2004). Therefore, one is likely to find more poverty stricken households with older people, including skipped-generation households, in rural areas.

The reason for choosing Misangwa was also related to researcher familiarity and the availability of older data. In 2001, I spent a year researching OVCs in Zambia. This research was conducted in two rural sites: Misangwa in Mpongwe District and Serenje in Serenje District. Returning to one of the locations of the 2001 research added the possibility of including a longitudinal dimension to this current research; Misangwa was evaluated to be more suitable than Serenje. There were several advantages to working in Misangwa, but the most important one was familiarity. As a young boy growing up in Zambia, I used to visit Misangwa. I also spent most of the fieldwork time there in 2001. The proximity of Misangwa to the towns in the Copperbelt Province also allowed for the study of rural–urban interactions and migration. A final consideration was that I had good connections with important stakeholders and possible respondents in Misangwa.

Figure 2.2 Sketch of the area of Misangwa

Source: Map drawn by an unidentified local artist for St. Anthony’s Rural Health Centre; the area depicted is approximately 20 by 20 kilometres
Figure 2.1 shows the Copperbelt Province in relation to the rest of Zambia. As the figure shows the province has, together with Lusaka province, the highest population density of the country. It is also the most urbanised province with five of the ten largest Zambian urban centres. Figure 2.2 shows a sketch of the area of Misangwa, prepared by an artist for the Rural Health Centre at St. Anthony’s Mission. The mission can be found at the centre of this sketch. The names around the mission all refer to villages and homesteads. The named locations further away from the mission generally refer to farms that are named after the family that run them. In the north of the map part of the Mpongwe – Machiya road can be seen.

Research background

Introduction

Research that is focused on the well-being of OVCs growing up in skipped-generation households prompts several questions. Why do you want to know this? Are there many such children? Are there many skipped-generation households? Is it new that children live with elderly relatives in skipped-generation households? To answer these questions, a longitudinal perspective is essential, as many of these questions relate not only to the here and now but also to changes over time. This study aims to provide a contextual view of skipped-generation households, and this is achieved by means of an extensive and varied (both qualitative as well as quantitative) set of research tools, which are presented in the next section.

Desk research was carried out in 2007, and data collection in the field took place in 2008 and 2009. The first fieldwork period was between March and October 2008, the second was from March to November 2009. As mentioned before, the fieldwork was a revisit, since I had studied households in the area during earlier research in 2001. Where possible, the same data collection tools were used to allow for a comparison between the 2001 and 2008/2009 data.

Focus on households

Households were chosen as the primary focus for two specific reasons. The first relates to the specific nature and causes of the occurrence of skipped-generation households. In Misangwa, traditions dictate that the elderly should not be burdened by relatives with problems. For such a demanding and challenging task as caring for orphans, traditionally people would not turn to their elders if there were alternatives. Both the number of skipped-generation households in the area, and the poverty that they face, make it clear that within many families there are no alternatives to burdening the old. As middle-aged adults continue to disap-
the younger and older generations must form skipped-generation households, and given the limited social capital of these households, many have few ties with the extended family. As a consequence, they exist as isolated entities, often below the radar of the outside world.

A second reason to focus on households rather than on families is the geographic spread of people’s homes. Most people in Misangwa depend mainly on the production of maize, combined with other crops. But several changes have occurred in terms of land tenure over the last few decades that have influenced the geographical location of people’s homes. The first change is that land tenure has become permanent. In the past, people used the agricultural tradition of slash-and-burn, which meant that within a few years, after they had yielded several harvests and the land was depleted, they had to shift to new fields. This system was feasible since land was plentiful and it was possible for whole villages to move every few years. As villages moved, households constituting extended families stayed together. The population in the area expanded rapidly in the 1950s 1960s and 1970s and additional people from outside moved to the fertile land in Mpongwe District (then part of Ndola Rural District). To illustrate the increased population pressure: In 1950 the population of Zambia was 2.44 million, today it is 13 million (UNDESA, 2011). Both the changes in the legislative aspects of land tenure and the increasing pressure on land meant that people were forced to settle permanently. One outcome of this was that people’s permanent land was often located far away from their homes, and many have felt compelled to leave their villages in order to settle closer to their fields.

The breaking up of villages was further fuelled by a third trend, which is the increased mobility of people. Both in-migration and out-migration (which is often followed by return migration several years later) have added to the breakup of villages. As people came to the area, or returned after having spent time in town, they had difficulties in finding land. Often they would ask the chief to allocate land to them, and the chief would then be forced to allocate land far away from the roads and populous areas. To access their land, these people were forced to move further away from the villages and from those whom they would normally have chosen to live close to.

The resettlement of people away from villages, villages which consist of households all belonging to the same extended family, means that today more than ever before people live in isolated households. Contact within extended families has reduced steadily, especially for older people who are physically less able to travel large distances to visit their relatives. This means that households, especially skipped-generation households, need to fend for themselves without support from their relatives. In such a situation, it makes sound sense to focus the research on households.
Language

Most of the data for this study were collected in Lamba. This language is comparable to Bemba, which is probably the most widely spoken language in Zambia, besides English. As a young boy growing up in Copperbelt Province, I was fluent in Lamba. Over the years these skills diminished and in early 2008 I felt that I was no longer capable of carrying out interviews in Lamba. In the first weeks of fieldwork, I took Bemba lessons (teachers for Bemba are much easier to find than they are for Lamba) and I remastered much of the Lamba I used to speak. With the help of research assistants, I was able to carry out almost all data collection activities. When translating respondents’ contributions, I have tried to stay as close to the respondents’ intended meanings as possible, and all translations have been checked by a research assistant and/or translators.

Ethical considerations

All respondents, no matter how young or old, were informed about the purpose of the research and the role of the researcher (and, where appropriate, the research assistant). Assurance was given that confidentiality would be maintained at all times. Additionally, all respondents were made aware that no direct gains would come from participation. This was difficult to believe for some respondents. They were often convinced that there would be a link between the research and some form of external support. Extensive effort was made to convince them otherwise, and they were told that their input might benefit people like themselves. Most respondents were happy to contribute to research that could potentially benefit people in other places, who face the same difficulties they face.

No form of payment was provided to any respondents. During some visits, gratitude for their contribution was expressed through small gifts, which included a piece of soap, a small bottle of cooking oil, or salt and sugar. Children were given exercise books and pens or pencils. In Misangwa, bringing these items is an appropriate way of thanking people for welcoming you to their home. Participants in FGDs were thanked for their participation through the provision of a meal for them and their families.

All the names of respondents mentioned in this dissertation are fictitious. Where a specific respondent is quoted frequently, the name assigned to them is used consistently throughout. The names of professional respondents (people working for NGOs, governments, or other development entities) are real.

Save the Children, an NGO, has published several relevant documents on ethics for researchers working with children. One of the topics they touch upon, which is frequently forgotten in other guidelines, is what could be termed ‘common-sense ethics’. These are things that might not be captured in rules or ethical guidelines but which are nevertheless important. When working with children on
sensitive issues, it may be ethically acceptable to ask about painful events. Yet when a child becomes emotional or starts to cry, researchers may not have the necessary skills or training to deal with the emotional reactions that they have just caused. I chose not to push respondents, or to question them about issues with which they were uncomfortable, in order to avoid triggering things I would not be able to help them with. In some cases, this meant not pursuing interesting avenues during interviews. It was important for me to respect common-sense ethics and avoid unnecessary pain or emotion for my respondents, both young and old.

Research tools

Introduction

In this section, the research tools that were used to carry out data collection are highlighted. They were conducted at different times during the fieldwork that took place in 2008 and 2009.

Household survey

Quantitative data was collected by means of a household survey conducted in 2009. The survey was designed to provide insight into the general socio-economic situation in Misangwa, and the incidence of OVCs and skipped-generation households. Because this was a restudy – I had conducted a similar household study in 2001 in the same area and using the same sampling techniques – it was possible to compare the findings of both studies. The oldest woman in the household was the preferred respondent for the survey. Where there were no women among the oldest members, the oldest man was selected. Households were selected randomly using stratified sampling, and households without children were excluded from the sample. The questionnaire for the household sample was based on the 2001 questionnaire.

A team of surveyors was recruited to carry out the data collection. They were brought together for an intensive training session, which included field testing prior to the survey execution. The team consisted of five surveyors who completed 40 questionnaires each, bringing the total to 200. It was ensured that none of the surveyors were assigned to survey households close to their own homes.

- Aims of the household survey

The 2009 household survey provided data that helped contribute answers to some of the research questions mentioned in Chapter One. The data collected also provided a comparison to the results of the 2001 household survey. The data
collected by means of this survey was valuable to the research in general, and provided the most important input for the longitudinal component of the study.

- Sampling and/or selecting

Random sampling implies that all possible respondent entities are known. These are entered into a system and then a random sample is selected by a randomiser. In Misangwa, since this was not possible as there are no detailed records of the population in the area, another approach was needed. It was decided that the team of surveyors would visit their specific survey areas and make a rough count of the number of villages and households. This information was used to prepare a sampling plan. The selection of households (in some cases the selection of certain households within homesteads) was done by the surveyors. The surveyors were provided with a chart to help them decide how many households to target in each village. This depended on the number of households in the village. For small homesteads of one or two households, one household would be surveyed. For larger villages of up to six households, two would be surveyed. Having said this, many homesteads only consist of one household, and in such cases, a sample of homesteads needed to be selected randomly.

Once the surveyors had ascertained how many households to sample in a homestead, they selected the first household using the following method: They were provided with a wooden cube the size of a matchbox, with arrows (all pointing in the same direction) painted on it. Standing in the centre of the homestead they would throw the block into the air. When the block landed on the ground, the household closest to the direction in which the arrows pointed was chosen. If the selected household was childless, the house on its left was selected. Once the chosen household was surveyed, the procedure was repeated, depending on the number of households to be surveyed in that village or homestead. A description of the statistical side of the sampling can be found in Appendix 1.

- Preparation of the questionnaires

Much of the 2001 questionnaire was used again in 2009. The slightly adapted questionnaire was field tested and revised. It was translated and field tested once again by surveying three households.

- Training of surveyors

The surveyors were trained in terms of the way that they should introduce themselves, ask for permission, and explain the purpose of the research. Ethics were part of the training. The questionnaires were introduced and surveying techniques were discussed, which included how to ask questions, how to avoid suggestive
questioning, how to exercise patience with slower respondents, how to comfort
respondents, and how to assist respondents who are unclear about certain ques-
tions.

• Data collection

Surveyors were given five questionnaires at a time. Once these were completed
they were discussed and analysed. At this point, the surveyors were able to ask
questions or discuss more difficult or unclear data collection situations. Consis-
tency checks and data quality assurance checks were also carried out. In this
way, the training and supervision of the surveyors took place at regular intervals
during the three week exercise. Where necessary, surveyors were asked to go
back to households to verify answers or collect additional information.

Focus group discussions

In total, 16 FGDs were conducted among homogenous respondent groups. Four
FGD sessions were held with members of the older generation, and eight sessions
with members of the younger generation. Another four sessions were held with
school children. The groups of school children consisted of non-OVCs, OVCs,
and OVCs living in skipped-generation households.

Table 2.1 Overview of FGDs conducted

<table>
<thead>
<tr>
<th>Number of sessions</th>
<th>Number of participants</th>
<th>Description of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>10 / 11</td>
<td>Older people, both heads of households and others, living in skipped-generation households.</td>
</tr>
<tr>
<td>2</td>
<td>9 / 11</td>
<td>Older people, all heads of skipped-generation households.</td>
</tr>
<tr>
<td>2</td>
<td>10 / 11</td>
<td>Primary school going children in grades 4 and 5, approximately half of whom were OVCs and half non-OVCs. Of the OVCs, half lived in skipped-generation households.</td>
</tr>
<tr>
<td>2</td>
<td>11 / 9</td>
<td>Primary school going children in grades 6 and 7, approximately half of whom were OVCs and half non-OVCs. Of the OVCs, half lived in skipped-generation households. Children (aged 5 and 6) living in skipped-generation households.</td>
</tr>
<tr>
<td>2</td>
<td>9 / 10</td>
<td>Children (aged 7 to 13) living in skipped-generation households. Separate sessions for genders.</td>
</tr>
<tr>
<td>2</td>
<td>11 / 11</td>
<td>Children (aged 7 to 13) living in skipped-generation households. Separate sessions for genders.</td>
</tr>
<tr>
<td>2</td>
<td>10 / 11</td>
<td>Adolescents (aged 14 to 17) living in skipped-generation households. Separate session for genders.</td>
</tr>
<tr>
<td>2</td>
<td>10 / 11</td>
<td>Adolescents (aged 18 to 22) living in skipped-generation households. Separate session for genders.</td>
</tr>
</tbody>
</table>
A maximum of 12 respondents were invited to each discussion; the number of actual participants varied between nine and 11. The location chosen was always one that was convenient for the respondents. The discussions were led by me and one of the research assistants. The following table provides an overview.

All FGDs were audio recorded and later analysed by the research team. The first three FGDs that were conducted were transcribed. It became obvious that the limited usefulness of the transcriptions did not justify the amount of time and effort needed to produce them. Rather, all recordings were analysed and only the relevant discussions and comments were transcribed.

**In-depth interviews**

I conducted in-depth interviews covering a range of topics, including the topics mentioned for the FGDs. More than 120 in-depth interviews were completed among OVCs, the older members of skipped-generation households, key stakeholders, officials, and representatives. Table 2.2 provides an overview of the people interviewed. The complete list of people interviewed can be found in Appendix 2.

![Table 2.2](image)

For each of the categories of respondents, separate interview guides and topic lists were prepared. During fieldwork it was found that it was not possible to interview very young children. Experience led me to set the cut-off age for the inclusion of young children at six years.

Interviews with members of skipped-generation households were very different from the other interviews. They took longer and were often spread over several days. Interviews with other respondents were conducted in a more formal manner and these were generally completed in 45 to 75 minutes. The interviews were audio recorded digitally, and relevant parts were transcribed and translated.

The issues that were discussed, which were adjusted depending on the respondents and their age, included:
- The general situation of children living with elderly caregivers
- Definitions of concepts valuable to the research
- Attitudes and thoughts of people towards childcare and family responsibilities
- The nature and impact of social and family networks
- Reciprocity within the household
- Reciprocity outside the household, focusing specifically on families, communities, and other aspects of the ecological surroundings
- Resources, resource needs, and resource availability and problems
- Well-being and satisfaction with life
- Past experiences and life histories
- Livelihood assets and asset constraints
- Ways of dealing with adversity and shocks.

Observations

All of us, consciously or not, engage in observation or ‘field research’ constantly throughout our daily lives (Babbie 1975). For this study, I lived in the fieldwork area for just over a year. During this period, I saw, heard, and learnt a lot about people and their day-to-day lives. Through unobtrusive observation during the fieldwork period, I was able to interact and build relationships with many children and the people in their lives. Observational research is difficult to map, therefore a flexible approach using descriptive and inferential methods was used to process and store the data collected. Specific observations, special instances or events, and other relevant data were written down and, where necessary, logged.

Follow-up of 2001 respondents

A number of the 2009 household questionnaires covered the same people who had been included in the earlier survey in 2001, and some of the people interviewed in the earlier study were also interviewed in 2009. The follow-up entailed tracing and visiting some of the households from the 2001 survey, which were particularly interesting for the current research. These visits provide personal accounts that give a face to the demographic and social changes that have been taking place in the Misangwa area.

Organisation of this book

Various aspects of doing and thinking about the research have been discussed in this chapter. The important concepts used in the rest of the dissertation have been defined and the theoretical framework introduced. What should be clear is that this study consists of a mix of various research methods and approaches. The
data collection employed both qualitative and quantitative methods, while the means of analysis have their origins in human geography, demography, and anthropology. I believe that combining qualitative and quantitative data enables a research project to paint a general picture of a problem while simultaneously providing detailed and in-depth information. In this section I will explain not only the setup of the following chapters but also how the types of data and data analysis backgrounds are used in the following chapters. Hopefully, this will provide the reader with a good sense of what awaits them.

Chapter Three is the first of five empirical chapters. This chapter is built around the results of the two household surveys conducted in Misangwa in 2001 and 2009. The data is predominantly socio-economic and demographic in nature and contains few qualitative findings. The chapter aims to provide a longitudinal perspective on demographic changes among the people of Misangwa. By focusing on the situation in 2001 and 2009, I will show not only changing population composition but also the socio-economic differences among respondents that became evident between the two surveys. As such, the chapter provides information on the macrosystem, as defined by Bronfenbrenner, as well as changes over time which relate to macro-time.

Chapter Four consists of the accounts of three skipped-generation households, which are described using a case study approach. This chapter serves as an exploration of these households, the people who live in them, and the issues that they face. The three cases, which are very different but also very alike, help the reader to gain a better understanding of the lives of the respondents, the dramatic changes over time that older people have faced, and the turbulent youths of members of the younger generation.

Chapter Five focuses on the 65 skipped-generation households that were extensively studied. The chapter begins with a demographic and geographic exploration of these households, including their socio-economic situation and make-up. In the following two sections there is description of the age, sex and other characteristics of the older and younger generations respectively. These first sections are demographic and geographic in nature. This focus changes in the fifth section, where the chapter becomes more qualitative and focuses on some of the issues that emerged. Guided by Bronfenbrenner’s ecological approach, several issues that require further exploration and are discussed in later chapters are identified in the final section of the chapter. As such, this chapter builds on Chapter Three, which is quantitative, and on the qualitative description of the three cases presented in Chapter Four. The chapter can be regarded as a bridge between Chapters Three and Four on the one hand, and Chapters Six and Seven on the other.

Chapter Six (‘Grandparents as parents?’) and Chapter Seven (‘Children’s stories’) are in many ways mirror images of one another. These two chapters focus
on both sides of the ‘skipped-generation household coin’: Chapter Six focuses on the older generation while Chapter Seven focuses on the younger generation. In both chapters, the life histories of the respondents are discussed, as well as (following Bronfenbrenner) the social arenas that they are part of. These chapters are mostly qualitative in nature, although where relevant some quantitative data is presented. More than any of the other chapters, these two chapters let the respondents speak for themselves; both contain many quotes and describe situations that were overheard and seen during the fieldwork.

Chapter Six, which focuses on the older generation, looks specifically at their roles as guardians of their grandchildren. This means looking both at the roles that these older people feel that they should play as guardians, and the roles that they are actually able to play. In this chapter, the problems that the older generation face, the problems their households face, and the problems they see in the community around them are also examined. Gaining insight into these problems is part of the value of this exercise; the other is that the issues they raise also help to understand their perceived well-being and the macrosystem changes that they have observed. In the final sections of this chapter, some of the differences between the studied skipped-generation households, as noted in Chapter Five, are linked to observed differences between members of the older generation.

Chapter Seven, which focuses on members of the younger generation, follows Bronfenbrenner’s PPCT model most closely of all chapters. The chapter focuses on children’s microsystems and mesosystems, and includes discussion of their personal characteristics, their interactions with others, and the aspects of time that were found to be at play. The findings in terms of mesosystems are the basis for the latter sections of the chapter, where it becomes clear how children have to navigate through the interactions, and thereby also through the proximal processes, in order to work towards their development and well-being, and the development of their household. The relationship between the younger and older generation is also highlighted from the perspective of the younger generation (as it was for the older generation in Chapter Six). The chapter ends with a discussion of some of the examples of deviant behaviour which were found among the children studied.

Chapter Eight brings together the important findings of the five empirical chapters and draws conclusions based on these findings. These conclusions are divided into several categories. In the final sections of this chapter, some recommendations relating directly to the findings of this research are presented.
How life changed in Misangwa between 2001 and 2009

Introduction

The aim of this chapter is twofold. The first aim is to provide the reader with background information on the lives of people in Misangwa. It describes the general situation, socio-economic conditions, and household composition of the 14,000 people who make up this rural community in Zambia’s Copperbelt Province. The second aim is to show how the situation for the people of Misangwa changed specifically between 2001 and 2009. Throughout the chapter, there is a specific focus on the prevalence of OVCs, the caring roles of older people, and the number of, and situation in, skipped-generation households.

This chapter is set up as follows. The next section describes the first impressions I had when I visited Misangwa after an absence of more than seven years. Some of the changes that were immediately visible are discussed through a personal narrative. The third section entitled ‘Results from the household survey (2001 and 2009)’ describes the data collected through two household surveys that were conducted in a similar manner in 2001 and in 2009. The data is presented in such a way that the reader can see the earlier and later situations together, and special attention is given to changes over time. The issues discussed are: the socio-economic situation; the demographic composition of the population; the situation for children in general and OVCs in particular; the role of older people who head households and who are guardians of children; and the prevalence of skipped-generation households. In the last section of this chapter the important findings are summarised and discussed.
Changes I saw in Misangwa between 2001 and 2008

I spent my childhood in Zambia. We lived in Ibenga for several years and often used to visit the Italian Priests at St. Anthony’s Mission in Misangwa. We loved to go fishing and swimming at Lake Kashiba, which is located four kilometres from the Mission. The journey could only be undertaken in the dry season, as the dirt roads were often impassable during the rains. I have fond memories of those times and I chose to do part of my Master’s research there in 2001. When I left Misangwa at the end of fieldwork, the newly tarred road between Mpongwe and Luanshya had just opened. A drive that in the past had taken between three and four hours had now been reduced to an hour-and-a-half. The road brought many new prospects to the area.

I travelled to Misangwa in May 2008, together with a friend who wanted to spend a few days at St. Anthony’s Mission, to prepare for my doctoral fieldwork. The tarred road to Mpongwe was in good condition and it was now only an hour’s drive from Ndola. The settlement, which once consisted primarily of a large Mission Hospital and staff houses, had expanded greatly since my last visit. There was a bus station, a large Basic School, a Secondary School with boarding facilities, shops, a market, a filling station (though not operational), and a large agricultural supply depot. There were several new buildings for the district government, a medium sized police station, and some office blocks. The Ministry of Education, Ministry of Health, Ministry of Social Welfare, and Ministry of Community Development and Social Services all had offices there. The settlement around the hospital that I remembered had grown into a small town that was bustling with activity.

As we drove on, the tarred road ended and we continued on the dirt road. About 15 kilometres further on was the sign at the turn-off that I knew so well: St. Anthony’s Mission Rural Health Centre / Lake Kashiba. The road from here was how I remembered it: narrow, quiet, and of poor quality. This small road, that stretches over 11 kilometres to the Mission, did have power lines. I had brought with me a special laptop with extended battery life, because I had assumed that the Mission was still without electricity. On my previous visit in 2001, the generator, which ran on diesel, was used for only three hours in the evening. As we approached the Mission, my friend said, “You should now be able to see the lights of the Mission”. It was dark, though it was not yet seven o’clock, and I asked him whether the generator would be on already. He laughed and told me that the Mission had received electricity in 2003.

St. Anthony’s Mission looked exactly as it had done when I had left it, but electrification had changed the place. Security lights were on at the two convents and the Rural Health Centre. The people living around the Mission could bring
their car and truck batteries for recharging, which meant that they could operate radios and television sets. The radios were audible in the evenings and that was different to how I remembered it. However, many of the people I had met in 2001 were still there, and in the first few days after I arrived I met many old friends.

I was surprised to see so many people with mobile phones. It became a familiar sight to see a person on a bicycle emerging from the bush and making his way to higher ground to make a phone call. There were also several electric hammer mills located around the Mission, close to the power supply. These are easier to operate and more reliable than the old diesel powered hammer mills, which were now scattered all over Misangwa, no longer in operation. As is common in Zambia, the electricity supply was intermittent and this caused hardship for people who had to walk far to the mills to grind their maize.

I noticed that in 2008, the economic situation in the direct vicinity of the Mission had improved considerably since my previous visit. Commercial farmers in the area offered seasonal work. There were more opportunities for people to travel locally, as there was now a taxi service between the Mission and Mpongwe. People could then travel from Mpongwe to Luanshya and on to other towns by minibus. Some of the houses in the Mission had television antennas on their roofs.

Beyond the Mission, little seemed to have changed. People talked of hunger in the area. The hungry months, from December to April, were characterised by extreme hunger, and people died every year, they said. The ‘mono-cropping’ agriculture that was common during my earlier visit was still prevalent, with people growing only maize and groundnuts. This increased their dependence on the rains (and their vulnerability when the rains were insufficient), and added to their food insecurity. The population had increased and in many areas the trees had been cleared for land use, though there were many idle fields. Deforestation was visible everywhere, and the thick forest that used to surround the Mission had almost disappeared. The trees had been chopped down to make charcoal, which was sold in the towns.

The staff at the Rural Health Centre told me that their records showed HIV/AIDS and tuberculosis to be the primary causes of death in the area, followed by malaria and malnutrition. Since 2006/2007, the deaths attributed to HIV/AIDS had decreased marginally due to the introduction of ART at the centre. A number of water wells had also been developed, but people still suffered from waterborne infections.

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1 A hammer mill is a machine whose purpose is to shred maize into rough flour (known as mealiemeal, which used to make Nshima, the staple food.)
The privatisation of the Mpongwe Development Company (MDC) had adversely affected Misangwa. In 2001, the MDC was still a government run agricultural company and a large (seasonal) employer. Its presence was the most important incentive for the government to tar the road between Luanshya and Mpongwe. In 2006, the company was privatised and the new owners continued to produce maize, wheat, sorghum, and barley, though they replaced the coffee plants with Jatropha trees. The fruit of the Jatropha\(^2\) tree is used to produce biofuels. Using international subsidies, the new owners had been able to create one of the biggest Jatropha plantations in Zambia, and the fruit is harvested twice a year with machines. The trees, however, make the ground infertile. During an interview, Mr Mubanga, former Coffee Manager at MDC, told me that during the final coffee picking season in 2006 the firm had employed 3,000 pickers and about 600 people for processing. Now, without coffee to pick, there was no longer any seasonal work through MDC.

In summary, Mpongwe had changed radically, while Misangwa had changed little. The electrification of the Mission and the new road to Luanshya had brought change, but the new opportunities were not for the poor. Food insecurity and poverty were still widespread, and there were few improvements made in agricultural development for subsistence farmers. The loss of employment opportunities at MDC was particularly detrimental to the Misangwa area.

Results from household surveys (2001 and 2009)\(^3\)

Two data sets, collected through the household surveys conducted in 2001 and 2009, are presented and discussed here. Both surveys were conducted in the same areas using the same sampling and selection techniques.

The first sub-section examines some of the general descriptive statistics collected through the two surveys. These include the number of households covered and the respondents found in these households. Next an overview is provided of the basic socio-economic indicators surveyed, including housing conditions and income. The third sub-section presents data on the demographic composition of the population. Following this a general overview of the children who were included is provided. Special attention is given to the OVCs found in the data. Several attempts were made to estimate the number of vulnerable children, but identification based on socio-economic situation or parental presence proved difficult to work with and, more importantly, these estimates are not reproducible. For this reason, the identification of vulnerable children was related to parental presence. This discussion is found in the fifth sub-section entitled ‘Orphans

\(^2\) See for example http://en.wikipedia.org/wiki/Jatropha

\(^3\) Please note that the percentages do not always add up to 100.0% due to rounding-off differences.
and vulnerable children’. In the next section the focus lies on elderly people – those aged 60 years and above – who head households and who are an important group of guardians for OVCs. In the final sub-section, the proportion of households found to be skipped-generation households, in both 2001 and 2009, is discussed.

**Survey descriptions**

Table 3.1 shows the basic data from the two surveys conducted in 2001 and 2009. As can be seen in the table, 202 households were surveyed in 2001, accounting for 1,476 people, compared to 200 households in 2009 with 1,419 people. The average number of persons per household was 7.3 in 2001, slightly higher than the 7.1 found in 2009 (this difference is not statistically significant).

<table>
<thead>
<tr>
<th>Survey</th>
<th>2001</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of households</td>
<td>202</td>
<td>200</td>
</tr>
<tr>
<td>Total number of respondents</td>
<td>1,476</td>
<td>1,419</td>
</tr>
<tr>
<td>Mean household size</td>
<td>7.3</td>
<td>7.1</td>
</tr>
</tbody>
</table>

**Housing conditions and socio-economic indicators**

Housing conditions are poor in Misangwa. Figure 3.1 shows the roofing materials and the materials used to construct the walls of people’s houses. The proportion of households with corrugated iron roof sheets increased from 6.5% in 2001 to 20.5% in 2009. Corrugated iron sheets are expensive and this indicates that some households did have more income. The graph shows that most people lived in thatched houses built with sun-dried mud bricks. From 2001 to 2009, there was a slight increase in the number of houses built with burnt bricks. This is also an indication that some households have invested in their housing conditions. Despite these investments, many houses were nevertheless of poor quality and offered little protection from mosquitoes and rodents in 2009; these houses leaked and walls were at risk of collapse during the rainy season.

For both years, most households were dependent on subsistence farming and their most important source of food was their own produce. The main source of food for households, as mentioned by the respondents, reiterates this: in 2001, 83% of households mentioned their own food production as their most important source of food, and 80% said the same in 2009. In contrast, only 16% of the
respondents in 2009 said that they purchased the bulk of their food (this proportion was the same in 2001). Farming was the most important source of food for many of the surveyed households, as well as their primary source of income. In 2001, 72% of the respondents mentioned their own food production as their most important source of income, compared to 83% in 2009.

The income of households increased in the period between 2001 and 2009. In 2001, the average monthly income was 27,139 Kwacha (which was the equivalent of 10.60 Euro). The 2009 data show that the average income was 88,791 Kwacha (the equivalent of 13.80 Euro).

In order to assess whether income levels had improved between 2001 and 2009, households were ranked according to a socio-economic profile. Data on various aspects of the socio-economic well-being of households were collected through the household surveys. A typology of socio-economic profiles, taken from a large study of orphans in Zambia (USAID/UNICEF/SIDA, 1999: 320-321), was used, and the questionnaires were adjusted according to the purposes of this study. The following profiles of well-off, poor, and very poor households (including descriptive names in Lamba) were used:

---

4 “Poles and Dagga” refers to a building method where walls are made of vertically and horizontally aligned sticks and tree trunks that are plastered with mud.

5 Exchange rates were found at www.oanda.com, and for both 2001 and 2009 the midyear rate (as of 1st July) was used.
Profile 1: Inchusi, bapengele – The very poor
   - Face food shortages daily
   - Live in poor and small houses
   - Own no or very few livestock
   - Go from house to house begging
   - Have no money to send children to school
   - Have no money

Profile 2: Bapina, balanda – The poor/suffering
   - Have some food to last them much of the year
   - Live in properly built and thatched houses
   - Keep some small livestock
   - Make money by selling beer
   - Send some of their children to school
   - Have a bit of money

Profile 3: Bankankala – The rich or well-off
   - Have plenty of food to eat
   - Good houses with iron or asbestos roofing sheets
   - Keep livestock including goats, pigs, and/or cattle
   - Manage to send their children to school
   - Hire the poor to work on their fields
   - Have a lot of money

Table 3.2 below shows the proportion of households in each of the three socio-economic profiles.

<table>
<thead>
<tr>
<th>Year</th>
<th>Profile 1 Very poor households</th>
<th>Profile 2 Poor households</th>
<th>Profile 3 Well-off households</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>78 38.6%</td>
<td>89 44.1%</td>
<td>35 17.3%</td>
</tr>
<tr>
<td>2009</td>
<td>67 33.5%</td>
<td>66 33.0%</td>
<td>67 33.5%</td>
</tr>
</tbody>
</table>

In 2009, a very balanced distribution across the three socio-economic profiles was presented, with approximately a third of the households falling in each ranking. In 2001, there were fewer well-off households and slightly more households in the categories of poor and very poor. Based on this, the data shows that households were generally better off in 2009 than they were in 2001, as fewer households were very poor and more households were well-off.
Demographic profiles of respondents

Of the 202 heads of households surveyed in 2001, a total of 157 (78%) indicated that the language spoken in the home was Lamba. In 2009, this was 166 (83%) of the 200 households surveyed. The tribal composition of the households followed these findings. People who had migrated to Misangwa, most of whom were not Lamba, nevertheless spoke Lamba in their homes. In the 2001 survey, 64.4% of the respondents said that their household belonged to the Lamba tribe, compared to 65.0% in 2009. The other ethnic groups represented were Bemba and Kaonde. It is important to note that almost all of the ethnic groups to which the respondents said that they belonged follow matrilineal kinship.

Data on the sex as well as the adult–child proportions of the respondents can be found in Table 3.3 below. Table 3.4 presents data on the heads of the surveyed households.

Table 3.3  Sex and child–adult proportions for the sample population in 2001 and 2009

<table>
<thead>
<tr>
<th>Survey</th>
<th>2001</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Child–adult proportions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of adults</td>
<td>603</td>
<td>40.9%</td>
</tr>
<tr>
<td>Number of children</td>
<td>873</td>
<td>59.2%</td>
</tr>
<tr>
<td>Total</td>
<td>1,476</td>
<td>100.1%</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>801</td>
<td>54.3%</td>
</tr>
<tr>
<td>Female</td>
<td>675</td>
<td>45.7%</td>
</tr>
</tbody>
</table>

Table 3.4  Sex, age range, and average age of head of household in 2001 and 2009

<table>
<thead>
<tr>
<th>Survey</th>
<th>2001</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>111</td>
<td>54.9%</td>
</tr>
<tr>
<td>Female</td>
<td>89</td>
<td>44.1%</td>
</tr>
<tr>
<td>Data missing</td>
<td>2</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>202</td>
<td>100.0%</td>
</tr>
<tr>
<td>Age range/average</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age range of heads</td>
<td>16 to 72</td>
<td>20 to 90</td>
</tr>
<tr>
<td>Average age of heads</td>
<td>42</td>
<td>52</td>
</tr>
</tbody>
</table>
Tables 3.3 and 3.4 show that the adult-to-child ratio remained the same between 2001 and 2009, but the male-to-female ratio changed a little, as there were more female respondents in the 2009 survey. Despite the drop in the proportion of men in the total population (see below), the proportion of male-headed households increased from 54.9% in 2001 to 67.0% in 2009; conversely, only a third (32.5%) of the households was female-headed in 2009, down from 44% in 2001. The mean age of the household heads was 52 years, up from 42 years in the 2001 survey, indicating that the proportion of older people heading households had increased.

Population pyramids were constructed based on the demographic data collected (see Figure 3.2 and Table 3.5). It is important to mention here that this data is only for households with children. As such, the data and the population pyramids are not representative of the total population of Misangwa. It is difficult to estimate the size of the group that was not included in the samples. Based on anecdotal evidence, an estimate would be that less than 10% of all households are childless. Despite this, the information gives a good graphical overview of the age distribution.

Three processes cause changes in population composition: births, deaths, and migration. A striking difference can be seen between the 2001 and 2009 population pyramids in terms of shape. Two differences are immediately visible. The first is the decrease in the proportion of young to middle-aged men (those aged between 20 and 34 years). The second is the change in the age distribution of children (see also Table 3.6).
Table 3.5  Age distribution of all respondents in 2001 and 2009

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>0 to 5 years</td>
<td>177</td>
<td>22%</td>
<td>152</td>
<td>23%</td>
<td>107</td>
<td>16%</td>
<td>105</td>
</tr>
<tr>
<td>6 to 10 years</td>
<td>165</td>
<td>21%</td>
<td>121</td>
<td>18%</td>
<td>140</td>
<td>21%</td>
<td>107</td>
</tr>
<tr>
<td>11 to 15 years</td>
<td>104</td>
<td>13%</td>
<td>101</td>
<td>15%</td>
<td>137</td>
<td>20%</td>
<td>133</td>
</tr>
<tr>
<td>16 to 20 years</td>
<td>76</td>
<td>9%</td>
<td>63</td>
<td>9%</td>
<td>95</td>
<td>14%</td>
<td>114</td>
</tr>
<tr>
<td>21 to 25 years</td>
<td>57</td>
<td>7%</td>
<td>45</td>
<td>7%</td>
<td>29</td>
<td>4%</td>
<td>45</td>
</tr>
<tr>
<td>26 to 30 years</td>
<td>57</td>
<td>7%</td>
<td>49</td>
<td>7%</td>
<td>28</td>
<td>4%</td>
<td>36</td>
</tr>
<tr>
<td>31 to 35 years</td>
<td>34</td>
<td>4%</td>
<td>36</td>
<td>5%</td>
<td>12</td>
<td>2%</td>
<td>39</td>
</tr>
<tr>
<td>36 to 40 years</td>
<td>31</td>
<td>4%</td>
<td>22</td>
<td>3%</td>
<td>30</td>
<td>4%</td>
<td>43</td>
</tr>
<tr>
<td>41 to 45 years</td>
<td>29</td>
<td>4%</td>
<td>14</td>
<td>2%</td>
<td>27</td>
<td>4%</td>
<td>24</td>
</tr>
<tr>
<td>46 to 50 years</td>
<td>13</td>
<td>2%</td>
<td>16</td>
<td>2%</td>
<td>26</td>
<td>4%</td>
<td>28</td>
</tr>
<tr>
<td>51 to 55 years</td>
<td>16</td>
<td>2%</td>
<td>17</td>
<td>3%</td>
<td>10</td>
<td>1%</td>
<td>17</td>
</tr>
<tr>
<td>56 to 60 years</td>
<td>9</td>
<td>1%</td>
<td>9</td>
<td>1%</td>
<td>16</td>
<td>2%</td>
<td>20</td>
</tr>
<tr>
<td>61 to 65 years</td>
<td>13</td>
<td>2%</td>
<td>13</td>
<td>2%</td>
<td>12</td>
<td>2%</td>
<td>5</td>
</tr>
<tr>
<td>66 to 70 years</td>
<td>7</td>
<td>1%</td>
<td>10</td>
<td>1%</td>
<td>4</td>
<td>1%</td>
<td>6</td>
</tr>
<tr>
<td>71 years and older</td>
<td>13</td>
<td>2%</td>
<td>7</td>
<td>1%</td>
<td>7</td>
<td>1%</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>801</td>
<td>100%</td>
<td>675</td>
<td>100%</td>
<td>680</td>
<td>100%</td>
<td>728</td>
</tr>
</tbody>
</table>

Migration is one explanation for the change in the proportions of young and middle-aged men. During interviews, some respondents mentioned a shortage of employment in the area due to the loss of seasonal employment opportunities (see the second section), which may be responsible for some out-migration. Increased economic activity around Mpongwe, and opportunities for work (especially in road construction) elsewhere in the area, may also be significant factors for why men move away from Misangwa.

Data from the surveys on the whereabouts of living parents who were not living with their children could provide some explanation for this absence. The data in this case shows that migration does not explain why so many young and middle-aged men are missing. The 2001 survey contained only one child, and the 2009 sample only 13 children, whose fathers were away for work reasons. More often, the men not living with their children were usually deceased or they had divorced or separated from the children’s mother. Mortality, in fact, better explains the skewed population pyramid and the absence of men.

In areas that have a high HIV prevalence, studies have shown that mortality rates among HIV positive men enrolled on ART are higher than those for women (Taylor-Smith et al., 2010; Mills et al., 2011). Women tend to go for HIV testing earlier, and they start ART if they know that they are HIV positive. Men commonly deny their illness and many delay seeking treatment. It is common for men to seek treatment at a late stage of illness, when survival chances are much
slimmer. Anecdotal evidence from Misangwa confirms these findings. There is consensus that the health seeking behaviour of women, also in relation to HIV, is better than for men (Braitstein et al. 2008; May et al. 2010; Cornell et al. 2009). Women are more in need of health care during pregnancy and as caretakers of children, and they are more likely to accept their HIV status and seek treatment.

The pyramids suggest that a mortality-related demographic shift has occurred. The changes appear to correspond to the expectations formulated by UNAIDS in the Report on the Global AIDS epidemic (UNAIDS, 2000). In this report, the concept that in heavily affected countries population pyramids would be replaced by population chimneys was introduced. According to the report, HIV could radically alter the population structures of heavily affected countries:

In developing countries, population structure is generally described as a pyramid ... Now, AIDS has begun to introduce a completely new shape, the ‘population chimney’. The base of the pyramid is less broad. Many HIV-infected women die or become infertile long before the end of their reproductive years, which means that fewer babies are being born; and up to a third of the infants born to HIV-positive mothers will acquire and succumb to the infection ... As only those who have not been infected survive to older ages, the pyramid becomes a chimney (UNAIDS, 2000: 21-22).

Figure 3.3 shows the population pyramid included in the abovementioned UNAIDS report. The figure shows the impact that HIV/AIDS was, at the time, predicted to have on the population of Botswana. The dark red pyramid shows the population structure as it would have been in the absence of the HIV epidemic, while the light red sections show the projected chimney resulting from the HIV epidemic. In the absence of HIV, the base would be wider for a number of

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**Figure 3.3** The population chimney: Projected population structure for Botswana in 2020, with and without AIDS

Source: UNAIDS, 2000
reasons. The first is that more mothers would survive and fertility rates would be normal. The second is that fewer children would die because they would not acquire the virus from their mothers. Finally, far fewer young adults would die.

The data samples used to construct the pyramids presented in Figure 3.2 were relatively small (covering only 202 households in 2001 and 200 in 2009), and therefore caution needs to be taken when drawing conclusions. Nevertheless, we cannot ignore the fact that the 2001 population pyramid for Misangwa is comparable to the projected situation for Botswana without AIDS (as shown in Figure 3.3). Furthermore, the 2009 pyramid can be seen as moving towards the population chimney, as projected for Botswana with AIDS. In the 2009 population pyramid of Misangwa, some young adults (especially men) were missing, the proportion of people over 50 years had increased, and there were fewer young children. This suggests that the change in population structure that UNAIDS suggested in 2000 might have materialised in Misangwa. It is likely that these changes had already begun before 2001.

To understand this transformation, another example is provided. The UN Population Division published similar figures in 2000, showing the expected population composition of South Africa, with and without AIDS, in 2000 and projected for 2025 (see Figure 3.4). The yellow bars show the actual estimate and projected population, the red bars show the hypothetical population in the absence of AIDS.

**Figure 3.4** Population size with and without AIDS, South Africa, 2000 and 2025

It is unlikely that the demographic transition that took place between 2001 and 2009 in Misangwa will continue, due to the current availability of ART. Fewer middle-aged adults are likely to die and fewer children are likely to be born with HIV (because of PMTCT). Fertility and infant mortality rates should adjust ac-
Accordingly. Declining mortality due to HIV-related causes is presented in Figure 3.5.

**Figure 3.5** Declining HIV-related mortality in Zambia between 1990 and 2011

The social consequences of the transition that has already occurred are difficult to predict. Because of high middle-aged adult mortality, many children are orphans. It is increasingly likely that older and elderly guardians will care for these children. The next section relates to the children in the households. It aims to show whether these two expected changes have occurred in the period between 2001 and 2009.

**Background on children in the household surveys**

This section focuses on the demographic characteristics of the children included in the surveys and their access to education.

- **Demographic characteristics**

  In Table 3.3, we saw that there were 873 children in the 2001 survey and 837 in the 2009 survey. Though the numbers have changed, the proportion of children among all respondents remained the same over the given period. Looking at the age categories of the children⁶, we see that the proportion of children aged 0 to 5 years was larger in 2001, while the 2009 distribution shows a larger proportion of older children (see Table 3.6), with fewer children in the 0 to 5 age group and

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⁶ These are based on the previously defined stages of child development, see Chapter Two.
more aged 12 to 17. The mean age of the children confirms this, as it increased from 7.8 years in 2001 to 9.5 in 2009, while the median and 50th percentile age changed from 8 to 10 over the same period.

Table 3.6  Age categories of children in 2001 and 2009

<table>
<thead>
<tr>
<th>Age</th>
<th>2001</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>0 to 5 years</td>
<td>323</td>
<td>37.0%</td>
</tr>
<tr>
<td>6 to 11 years</td>
<td>331</td>
<td>38.0%</td>
</tr>
<tr>
<td>12 to 17 years</td>
<td>218</td>
<td>25.0%</td>
</tr>
<tr>
<td>Total</td>
<td>872</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

A chi-square test to determine whether the differences found reflect real changes confirmed that the different distributions across the three age categories for the two years are statistically significant (P < 0.001). The change in age distribution over the observed period is substantial and, as explained in the previous section, is likely to be linked to the general alteration of the population structure. Table 3.7 shows the male-to-female ratio of the children included in the 2001 and 2009 samples.

Table 3.7  Sex distribution of children in 2001 and 2009

<table>
<thead>
<tr>
<th>Sex</th>
<th>2001</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Female</td>
<td>482</td>
<td>55.2%</td>
</tr>
<tr>
<td>Male</td>
<td>391</td>
<td>44.8%</td>
</tr>
<tr>
<td>Missing gender</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>873</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

• Educational access

Primary education for children between the ages of 7 and 13 is free in Zambia. In terms of policy, this means that primary education is free for all, and net primary

7 A p-value less than 0.001 indicates that in 99.9% of all cases, the distribution found may be attributed to chance. Where a p-value is less than 0.05, the distribution may be said to be statistically significant at the 95% confidence interval.
School enrolment in Zambia has improved in recent years: the UN reports that it was 69% in 1999 and 91% in 2005 (UNDATA 2010). Table 3.8 shows the enrolment rates of children aged 7 to 13 years included in the household surveys; the difference is not statistically significant between the two years ($P < 0.46$). The primary school attendance rate in Misangwa for 2009 was lower than the 2005 national average (according to the UN, see above): in 2001, 78.3% of all children aged 7 to 13 were enrolled compared to 81% in 2009. Analysis of the data reveals that the sex of the child has no predictive value in terms of his or her educational enrolment.

**Table 3.8** Enrolment rates of children aged 7 to 13 in 2001 and 2009

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Yes</td>
<td>123</td>
<td>78.8%</td>
<td>152</td>
<td>77.9%</td>
<td>275</td>
<td>78.3%</td>
</tr>
<tr>
<td>No</td>
<td>33</td>
<td>21.2%</td>
<td>43</td>
<td>22.1%</td>
<td>76</td>
<td>21.7%</td>
</tr>
<tr>
<td>Total</td>
<td>156</td>
<td>100%</td>
<td>195</td>
<td>100%</td>
<td>351</td>
<td>100%</td>
</tr>
</tbody>
</table>

The data collected on the reasons why children of primary school going age were out of school can be found in Table 3.9.

**Table 3.9** Reported reasons why children aged 7 to 13 years were not attending primary education in the 2001 and 2009

<table>
<thead>
<tr>
<th>Reason child is out of school</th>
<th>2001</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Distance to school</td>
<td>5</td>
<td>6.6%</td>
</tr>
<tr>
<td>No money/support</td>
<td>36</td>
<td>47.4%</td>
</tr>
<tr>
<td>Too young</td>
<td>32</td>
<td>42.1%</td>
</tr>
<tr>
<td>Unhealthy</td>
<td>3</td>
<td>3.9%</td>
</tr>
<tr>
<td>Not interested in school</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total number in age group out of school</td>
<td>76</td>
<td>21.4%</td>
</tr>
<tr>
<td>Total number in this age group</td>
<td>355</td>
<td>-</td>
</tr>
</tbody>
</table>

In this case, I will use the net primary attendance rate (attendance among children in the official school age group) rather than gross attendance rate (attendance among children of all ages), since I do not have to worry about age exclusions. In many cases, when respondents were asked about the reason why a child was not in school, they were quoted as saying that their child was too young.
Forty-two percent of the 2001 respondents and 46% of the 2009 respondents said that the child in question was out of school because he or she was too young. The bulk of these children were aged 7 or 8 years. This contradicts government legislation, which states all children aged seven to 13 to be attending primary school. In 2001, almost half (47.4%) of all children who were out of school were not attending for financial reasons. By 2009, this figure had dropped to just over one quarter (27.1%). This decrease is likely to be the result of the introduction of free primary education. But while school fees have been eliminated, parents or guardians still need to pay for school uniforms and PTA fees. Education is free on paper, but in reality there are still financial barriers.

Box: Situation at St. Anthony’s Mission Basic School

I spoke with the deputy headmistress of St. Anthony’s Basic School in August 2009. She told me that the school has 18 classes, grades 1 to 9, with two classes per grade. The school had an allocation of 20 teachers, but there were only 12 teachers on the staff. She said that a teacher’s job was challenging. It seems this was an understatement. She did not mention that the roof of one of the two classroom blocks had been blown off in November 2008 and still awaited repair. This meant that three classrooms were unusable. Classes were taking place in the three remaining classrooms and in the teachers’ room. There were four classrooms and twelve teachers at the school for 18 classes consisting of 720 pupils. During my fieldwork, respondents reiterated the facts of this situation. Furthermore, the children I spoke to attended school for only one or two hours each day.

The situation regarding secondary education was very different. For one thing, secondary education is fee based. Furthermore, at the time of both household surveys, there was no secondary school in Misangwa. The nearest one was in Mpongwe, which could be a distance of up to 40 kilometres for some. Interviews with young people and anecdotal evidence suggest that access to secondary and tertiary education was extremely low because it was too expensive for the respondents. In the Misangwa area in 2009, two new secondary schools were being constructed, one centrally at St. Anthony’s Mission and the other seven kilometres away. It is likely that the new schools will cater for local children and boarders.

In summary, primary school enrolment improved slightly in the period 2001 to 2009 (though the differences found were not statically significant), but enrolment was still lower in Misangwa than the national average. Secondary education was not accessible for most.
Orphans and vulnerable children

Table 3.10 shows the number of children who have been orphaned and the nature of their orphanhood (maternal, parental, or double orphans). Figure 3.6 shows the incidence and nature of orphanhood graphically. The proportion of orphaned children increased substantially in the period 2001 to 2009. In 2001, just over 18% of all children were single or double orphans. This increased to 33% in 2009 (P < 0.0001), making this statistically significant. The proportion of double orphans increased from 7% in 2001 to 18% in 2009 (P < 0.001). This was expected, since following the increase in maternal and paternal orphans due to HIV is the subsequent death of a second parent.

Table 3.10  Numbers and nature of orphanhood in 2001 and 2009

<table>
<thead>
<tr>
<th>Nature of orphanhood</th>
<th>2001</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Non-orphans</td>
<td>715</td>
<td>81.9%</td>
</tr>
<tr>
<td>Single and double orphans</td>
<td>158</td>
<td>18.1%</td>
</tr>
<tr>
<td>Total</td>
<td>873</td>
<td>100.0%</td>
</tr>
<tr>
<td>Of the orphans:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal orphans</td>
<td>41</td>
<td>25.9%</td>
</tr>
<tr>
<td>Paternal orphans</td>
<td>56</td>
<td>35.4%</td>
</tr>
<tr>
<td>Double orphans</td>
<td>61</td>
<td>38.6%</td>
</tr>
<tr>
<td>Total</td>
<td>158</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Figure 3.6  Pie charts on the incidence and nature of orphanhood in 2001 and 2009

The identification of orphans is straightforward, yet few authors give clear definitions of what or who vulnerable children are. Even fewer identify vulnerable children by means of reproducible criteria. It seems that there is a definitional
problem, which has led to a situation where many people write and talk about OVCs, while no one really knows who these children are.

The Zambian government defines a vulnerable child as a child below the age of 18 years who has a chronically ill (sick for three or more consecutive months within the last 12 months) parent or who lives in a household where an adult has been chronically ill or has died (ORC Macro, 2009). This definition links vulnerability to the health of the child’s parent or guardian. According to international organisations that deal with the well-being of children in relation to HIV, such as UNICEF and UNAIDS, the concept of OVCs should be framed in a medical, even HIV-related, framework. The definitions of these organisations are comparable to the one provided by the Zambian government. Another example of a definition is provided by PEPFAR, who define a child as more vulnerable due to any or all of the following factors resulting from HIV/AIDS: the child is HIV positive, lives without adequate adult support, lives outside of family care, or is marginalised, stigmatised, or discriminated against. Because of the various definitions that are applied, there is considerable confusion in terms of interpreting research results and adjusting policy and programming.

Linking children’s vulnerability to death and illness of their parents does not acknowledge that social consequences are more encompassing. Many households unaffected by illness or death take in orphaned relatives, and while the orphaned children living in these households are considered to be OVCs, the other children living in the same household (who are living with their parents) are not seen as vulnerable. Reality is different, however. Food security may be affected by the arrival in the household of new mouths to feed. This will affect all of the children living there, not only the orphans. In a country such as Zambia, that has had a high HIV prevalence for over thirty years, the effects of the epidemic are visible beyond mortality and morbidity. A wider focus on social vulnerabilities is essential to understand how society has been affected by HIV.

One of the most comprehensive studies aimed at mapping who OVCs are and how to monitor them was conducted by Skinner and colleagues (Skinner et al., 2004). In this study, which provides an analysis of the definitions of OVCs used in scientific journals and research, the authors provide guidelines for the identification of vulnerable children. Their analysis shows that child vulnerability should be linked to three main ‘pylons’ – material problems, emotional problems, and social problems – and the relative importance of each depends on the context. The authors urge pragmatism, in terms of defining vulnerability according to “what is immediately seen in a situation and what is more easily measurable” (ibid.: 624). What is important, they stress, is the contextualisation of definitions.

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9 During interviews, this view was expressed many times by people working for local and international organisations concerned with the well-being of children affected by HIV.
and a broad and holistic approach towards child vulnerability; the authors do not give a clear blueprint that can be applied to survey data.

Various definitions, including community definitions that were contextualised by respondents in Misangwa, were tested. The analysis shows that identifying vulnerable children is a complex task. The vulnerability of children is often cumulative and can be seen as a continuum rather than a static sense of being. Including in this evaluation all children who match at least one indicator of vulnerability, as described by Skinner and colleagues, provides us with an idea of which children suffer some degree of vulnerability, but it does not shed light on the question of which children are specifically vulnerable when compared to their peers. To identify this specific vulnerability, research should be aimed at OVCs rather than at orphans.

The various criteria that were tested proved unhelpful. In some cases, the alteration of one specific criterion, for example whether a child was living in a female-headed household or not, changed the size of the child population defined as vulnerable by over 50%. Depending on the criteria used and the way they were applied, between 20% and 80% of all non-orphans surveyed in Misangwa could be defined as vulnerable. This is not surprising given the data on the general levels of poverty in rural areas in Zambia, which show extreme hunger and deprivation. According to the International Fund for Agricultural Development, in rural Zambia 83% of all people are considered poor and 71% extremely poor (IFAD, 2010). Children growing up in extreme poverty are vulnerable, and by applying these criteria more than 70% of all the children I surveyed could be considered OVCs.

In order to identify specific vulnerability among the generally vulnerable child population in Misangwa, I chose to use criteria linked to orphanhood. If we want to compare 2001 and 2009 data on the proportion of OVCs among all children surveyed, then the criteria would need to be straightforward and the identification process replicable. The definitions mentioned above, which use various indicators of vulnerability, did not allow for this. Therefore, the definition of vulnerable children (the V in OVCs) that I used was: All children who are virtual double orphans. As a result, OVCs are defined as all children who are paternal, maternal, or (virtual) double orphans. The term virtual orphanhood in this definition means that even though a child’s parents may be alive, neither the child nor their guardians have any idea of the whereabouts of these parents, and no form of support whatsoever is provided by the parents to the child or to the household in which they have come to live.

This definition does exclude some categories of children who may be included in other authors’ definitions. The most important are children living in female-headed households, children living in poor quality homes, children with a sick
parent, children whose parents are disabled, and children who live with their parents in households that include other dependent children. Table 3.11 shows the proportion of children who were orphans, and the type of orphanhood, for both surveys.

Table 3.11  OVCs in 2001 and 2009

<table>
<thead>
<tr>
<th>OVCs</th>
<th>2001</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Maternal orphans</td>
<td>41</td>
<td>20.9%</td>
</tr>
<tr>
<td>Paternal orphans</td>
<td>56</td>
<td>28.6%</td>
</tr>
<tr>
<td>Double orphans</td>
<td>61</td>
<td>31.1%</td>
</tr>
<tr>
<td>Virtual double orphans</td>
<td>38</td>
<td>19.4%</td>
</tr>
<tr>
<td>Total OVCs</td>
<td>196</td>
<td>100.0%</td>
</tr>
<tr>
<td>Orphans in all children</td>
<td>158 of 873</td>
<td>18.1%</td>
</tr>
<tr>
<td>OVCs in all children</td>
<td>196 of 873</td>
<td>22.5%</td>
</tr>
</tbody>
</table>

Mapping who OVCs are has revealed a number of important developments in Misangwa between 2001 and 2009. The first is that the composition of the orphan population has changed. The proportion of orphaned children increased, and at the same time the number of orphans who had lost both of their parents increased from 31% in 2001 to 51% in 2009. As the HIV epidemic in an area persists over time, so does the likelihood that the surviving parent within an infected couple will also die\textsuperscript{10}. The data also shows that the proportion of children who have been ‘virtually orphaned’, who defined as vulnerable children, decreased. The total proportion of children classified as OVCs increased from 22.5% in 2001 to 35.8% in 2009 (P < 0.0001).

Living arrangements of OVCs
Table 3.12 shows the relationship of children to the heads of the household where they reside. The first part of the table shows the living arrangements of non-OVCs; the second part shows this for OVCs. At first glance, the differences seem to be limited; but given the change in OVCs prevalence (from 22.5% to 35.8% of all children), the table shows that the role of aunts, uncles, step-parents, and siblings in caring for OVCs has reduced. By far, the most important caregivers for OVCs were the grandparents (48.0% in 2001, 52.7% in 2009). No child-headed households were found.

\textsuperscript{10} This is not true for discordant couples where only one of the two partners in infected by HIV.
Table 3.12  Relationship between children and the head of the household where they lived in 2001 and 2009

<table>
<thead>
<tr>
<th>Who is the head of the household in relation to the children residing there?</th>
<th>2001</th>
<th>%</th>
<th>2009</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent(s)</td>
<td>573</td>
<td>84.6%</td>
<td>466</td>
<td>86.8%</td>
</tr>
<tr>
<td>Grandparent(s)</td>
<td>68</td>
<td>10.0%</td>
<td>51</td>
<td>9.5%</td>
</tr>
<tr>
<td>Step-parent(s)</td>
<td>29</td>
<td>4.3%</td>
<td>15</td>
<td>2.8%</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
<td>1.0%</td>
<td>5</td>
<td>0.9%</td>
</tr>
<tr>
<td>Total</td>
<td>677</td>
<td>100.0%</td>
<td>537</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>%</th>
<th>2009</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVCs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparent(s)</td>
<td>94</td>
<td>48.0%</td>
<td>158</td>
<td>52.7%</td>
</tr>
<tr>
<td>Remaining parent</td>
<td>31</td>
<td>15.8%</td>
<td>83</td>
<td>27.7%</td>
</tr>
<tr>
<td>Aunt and/or uncle</td>
<td>44</td>
<td>22.4%</td>
<td>40</td>
<td>13.3%</td>
</tr>
<tr>
<td>Others</td>
<td>27</td>
<td>13.8%</td>
<td>19</td>
<td>6.3%</td>
</tr>
<tr>
<td>Total</td>
<td>196</td>
<td>100.0%</td>
<td>300</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Figure 3.7 shows the relationships of OVCs to the heads of the household where they lived. It shows the absolute increase in the number of OVCs and the proportional increase in the role of grandparents.

Figure 3.7  Heads of households where OVCs live in 2001 and 2009

Another way of viewing this data is to examine households where OVCs live, rather than looking at the living arrangements of individual children. In 2001, OVCs were found in 79 of the 202 households (39%), while in 2009 they were found in 97 of the 200 households (48.5%). Table 3.13 shows the number of OVCs per household.
Table 3.13  Number of OVCs per household in 2001 and 2009

<table>
<thead>
<tr>
<th>Number of OVCs</th>
<th>2001</th>
<th></th>
<th>2009</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of households</td>
<td>Total number of OVCs</td>
<td>Number of households</td>
<td>Total number of OVCs</td>
</tr>
<tr>
<td>1</td>
<td>27</td>
<td>27</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>2</td>
<td>17</td>
<td>34</td>
<td>29</td>
<td>58</td>
</tr>
<tr>
<td>3</td>
<td>15</td>
<td>45</td>
<td>26</td>
<td>78</td>
</tr>
<tr>
<td>4</td>
<td>13</td>
<td>52</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>30</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>6</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>8</td>
<td>3</td>
<td>24</td>
</tr>
<tr>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>79</td>
<td>196</td>
<td>97</td>
<td>300</td>
</tr>
</tbody>
</table>

In the 2001 survey, the average number of OVCs per household with OVCs was 2.48; this average rose to 3.09 for 2009\(^{11}\). The number of households with OVCs increased from 79 to 97 (an increase of 22%), while the number of OVCs increased from 196 to 300 (an increase of 53%). In 2009, there were fewer households with only one OVC (16 households, compared to 27 households in 2001), and more households with more than one OVC. The impact of one child joining a household might be limited, but the effects of two or more children joining are much greater.

Data on the heads of the 79 and 97 households where OVCs lived, in 2001 and 2009 respectively, were analysed. In the 2001 survey, 36 heads were female and 42 were male (for one the sex was missing), while in 2009 there were 47 female and 50 male. Most of these people were married: 68% in 2001 and 54% in 2009. Single household heads accounted for 19% and 14.5% of the heads in 2001 and 2009 respectively; 10% in 2001 and 19.5% in 2009 were divorced. The average age of the heads of households with OVCs increased only slightly in the period, from 48.9 years in 2001 to 50.5 years in 2009, while for both years the median age was 50.

The role of older people as caregivers

A large proportion of the people who were found to head households with OVCs were elderly, aged 60 years and above. This data is shown in Table 3.14. The increase in the proportion of households headed by an elderly person was found to be not to be statistically significant. The same is true for the increase in the

\(^{11}\) The median number of OVCs per household was 2 in 2001 and 3 in 2009.
number of households with OVCs headed by an elderly person which is also not significant.

Table 3.14  Demographic characteristics of households headed by an elderly person (aged 60 years and older) in 2001 and 2009

<table>
<thead>
<tr>
<th>Households</th>
<th>2001</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Number of elderly-headed households</td>
<td>32</td>
<td>15.8%</td>
</tr>
<tr>
<td>Total number of households</td>
<td>202</td>
<td>100.0%</td>
</tr>
<tr>
<td>Number of households with OVCs where the head is elderly</td>
<td>23</td>
<td>29.1%</td>
</tr>
<tr>
<td>Total number of households with OVCs</td>
<td>79</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Respondents in elderly-headed households that included OVCs:

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>92</td>
<td>49.7%</td>
</tr>
<tr>
<td>Children</td>
<td>93</td>
<td>50.3%</td>
</tr>
<tr>
<td>Total</td>
<td>185</td>
<td>100.0%</td>
</tr>
<tr>
<td>Average household size</td>
<td>8.04</td>
<td>7.42</td>
</tr>
</tbody>
</table>

**Skipped-generation households**

Table 3.15 shows the number and proportion of skipped-generation households among the households surveyed. The proportion of surveyed households that were skipped-generation households increased from 5.9% in 2001 to 10% in 2009. This increase is not statistically significant.

Table 3.15  Number and proportion of households found to be skipped-generation households in 2001 and 2009

<table>
<thead>
<tr>
<th>Households</th>
<th>2001</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Households surveyed</td>
<td>202</td>
<td>100.0%</td>
</tr>
<tr>
<td>Skipped-generation households found</td>
<td>12</td>
<td>5.9%</td>
</tr>
</tbody>
</table>
Discussion

Prior to discussing the conclusions that can be drawn from the data from the 2001 and 2009 household surveys, the most important findings will be summarised. In terms of the macroeconomic context of Misangwa, two contrasting changes took place between 2001 and 2009. As was explained in this chapter’s second section, the number of jobs available decreased drastically following the privatisation of the Mpongwe Development Company. During the final coffee picking season in 2006, the firm had provided 3,600 jobs; none of these seasonal jobs remained in 2009. Despite the decrease in the number of available jobs, people still found ways to make some income, which they were able to invest in their material assets. An illustration of this increased wealth was the notable increase in the number of mobile phones, bicycles, and houses with corrugated iron sheets.

In this chapter the demographic changes that had occurred in terms of age/sex distribution of the surveyed population were presented. While in 2001 the population make-up resembled a ‘traditional’ population pyramid (as one might expect for an area such as Misangwa), the situation in 2009 was different. We could call the new shape of the population make-up a population chimney (as UNAIDS does) or a population violin (as I propose). The greatest differences between 2001 and 2009 were found in the proportion of young and middle-aged men and in the age distribution of children. This shows that the long-term impacts of HIV on population structures are visible in Misangwa. This transformation is unlikely to continue (at least not at the same pace) thanks to the introduction of ART, though the changes that have already occurred will have lasting social consequences. Two of these consequences are the increased prevalence of OVCs and an increase in the role of older people as guardians.

I found an increased prevalence of OVCs in Misangwa between the two surveys. This was to be expected given the changes in the population make-up (see section on Orphans and vulnerable children). The absolute number of OVCs increased, as did the overall proportion of OVCs in the total population of children. In 2009, one in every three children was a (virtual) orphan. This increase is also reflected in the average number of OVCs per household: in 2001 this was 2.48, compared to 3.09 in 2009. The number of households with OVCs did not increase at the same rate as the total number of OVCs. The cause of children’s OVC status also changed. The proportion of paternal orphans increased, but most striking was the increase in the proportion of double orphans. In 2001, 7% of all children were double orphans, but this had risen to 18% in 2009.

The proportion of households headed by elderly people who were guardians of OVCs remained large. The data indicates slight increases, but the survey popula-
tions were too small to assess whether these changes were statistically significant. Grandparents were (after biological parents) the most important group of people responsible for the care of children and they were the largest group of guardians for OVCs. In 2001, 48% of all OVCs lived with grandparents; in 2009 this was 53%.

Finally, some increases were found in the proportion of households surveyed that were skipped-generation households (see final sub-section of the previous section). The data shows that the proportion of such households increased, but given the small sample size the changes are not statistically significant.

Some conclusions can be drawn from these findings. For one, several demographic transitions were noted: there was an observed change in demographic make-up in the population; the number of OVCs in the population increased; and there were more older people acting as heads of households and guardians of children. All these transitions make it likely that the social networks and support structures of specific groups of people have deteriorated in Misangwa. When older people become guardians, it is often because there are no alternatives within extended family networks. This also means that these older people have no one within their family network to turn to for help or support. This can be seriously detrimental for the well-being of these older people and the children living with them.

The decline in the number of younger and middle-aged men is also cause for alarm. The analysis presented shows that this decrease is not the outcome of increased out-migration and must therefore be the result of mortality. These deaths correlate to the increase in the number of paternal orphans found in the 2009 sample. The death of young and productive men means that there are fewer people to plough the land, to construct and thatch houses, to undertake paid labour, and to be fathers to their children. This intensifies problems such as decreased farming outputs and increased food insecurity for vulnerable households. De Waal and Whiteside (2003) provide a description of these problems in their proposal for a new variant famine scenario, where one observes more widowed women, households with sick adults, and households without middle-aged adults (including skipped-generation households), all of whom are particularly vulnerable.

Most babies die when, or shortly after, their mothers pass away. The older generation cannot care for them with their limited physical and financial means. The fact that few young children who lose their mothers and become dependent on guardians survive partly explains the changing age distributions. A second cause is the nature of orphanhood, since the chance of being orphaned increases with age. For skipped-generation households, this change is positive. Fewer young orphans mean fewer children who cannot be cared for sufficiently, while a
greater number of older orphans mean more social and human capital for the household.

This chapter serves as justification for the need for the research carried out in this study. The number of OVCs has increased and older people provide a very important caring role for these children. As middle-aged adults continue to die due to HIV-related causes, the young and the old must rely on one another more for survival. Skipped-generation households are the result of this increasing dependence. Their existence illustrates how large the problems resulting from HIV have become. Such households are extremely vulnerable as they consist of two groups of people who are traditionally dependent on the group of people that is now missing. The data does not show that the number of skipped-generation households has increased with any statistical certainty, but it does show that it is likely that the number of such households will increase in the future. Studying these households will help researchers and policymakers to focus on the most vulnerable.

A somewhat more difficult and hypothetical conclusion is to sketch the consequences that the altered demographic composition of the population will have in the coming twenty to thirty years. Nevertheless, two expected impacts are outlined, based on the data discussed in this chapter. The data show that there were fewer young children in 2009 than in 2001. This means that when this group reaches adulthood, they will have to care for a relatively larger number of dependents. This task will be even more difficult because fewer of these children will have completed primary education and very few will have attended secondary education. Their chances to participate in the formal labour market will be much slimmer than for the generations before them. This means that they will be less likely to have the material means to support the people who will later depend on them.

If the fertility rate remains the same (or continues to drop, as it has over the past decades), this cohort will have fewer children than the generations before them had. This is likely to lead to a situation where the reduction in the number of children becomes entrenched and the natural population growth will cease or be reversed. Unless migration to rural areas increases, or fertility rates increase, this will lead to altered and problematic dependency ratios for decades to come.

In the long run (for example, in 50 to 60 years), the impacts of HIV are likely to lead to an overall population reduction. This could actually be beneficial for the population of Misangwa, since the population pressure on available land is already high and reductions in population pressure would mean that there is more land available for individuals.

For the current generation of orphans, the demographic trends that have taken place over the past decade or so have had a detrimental influence on their well-
being and development. The pressure on older people to care for large numbers
of dependent children is huge. The consequences of this on the lives of both the
old and the young will become clearer in the following chapters.
Introduction

This chapter is the first of four chapters that focus on households, in particular on skipped-generation households. The case-studies presented in this chapter paint a picture of the situation in three skipped-generation households, providing the reader with an insight into what life in such a household is like. The case studies show how different the skipped-generation households in Misangwa are. At the same time, they also show how many similarities there are between these households and how their histories share common events. These cases will also be used to identify some of the issues that influence the development and sustainability of the well-being of these households. The case studies touch upon the history, make-up, income, social relations, and well-being of the members of these households. The final section presents a discussion of some of the issues that emerge from the case studies.

Bana Ebenah’s household

I met Bana Ebenah during my master’s research in Misangwa in 2001, and when I returned in 2008 I went to the homestead where she lived and found her still there. Ebenah was born around 1939 and so was about 64-years-old when I first visited her in 2001. She did not know her exact date of birth, but by matching the stories she shared about events that she remembered during her childhood (most notably the period of hunger caused by the migration of red locusts in the early 1940s) I was able to estimate her approximate year of birth. She married in 1955
and her husband died in the mid-1980s, just after their last child was born. Together they had six children: two sons (John and Bryce) and four daughters (Manrime, Beauty, Rosalia, and Tennible). In 2008, Beauty was the only child still alive. She was living in Eastern Province with her husband and children. Ebenah and her daughter had not seen each other for many years since neither had the money to pay for the journey to visit one another.

The death of Ebenah’s husband, probably as a result of diabetes-related complications, was the first of a series of deaths in Ebenah’s family. Her favourite brother disappeared in 1992, when he was in the bush on a hunting trip. She suspects that he was killed by a wild animal. In the following years, two sons and two daughters died. Her description of the illnesses and deaths of three of them suggest that they died of HIV-related causes. The first to die was her second born son Bryce. He died in the late 1990s. After his death, his wife turned to Ebenah for support and joined the household with her two children, Gina and Kelvin. Not long after she joined the home, Ebenah’s daughter-in-law also became ill. After a lengthy illness, during which Ebenah was her primary caregiver, she died. Gina and Kelvin remained in the household and Ebenah became their guardian. While she was caring for her dying daughter-in-law, her youngest daughter, Tennible, also became sick. As Tennible’s health deteriorated, Ebenah again became the primary caregiver. Tennible lived with her mother, together with her six-month-old baby boy named Francis. When she eventually died, Francis remained with his grandmother.

At that time in 2001, Ebenah had three grandchildren living in her household whom she cared for. She said that despite all the adversity she had experienced, this period stood out as an extremely painful and difficult one for her. This, she explained, was because her grandson Frances was a very young baby. She was unable to care for him properly and he died, not long after his mother passed away. Ebenah explained how she had done her best to care for her daughter and her baby grandson but was unable to save either of them:

I tried to care for them both but the care for a sick and dying person and the feeding of a child was too much! We had so much suffering and when my daughter died, we had no money left. I am old and could not be a mother like I was once during the time I was young ... We had no money and no cows or goats so I didn’t have any milk. I could not go to the shop to buy even a small packet of milk due to lack of money. The baby was never a healthy baby and without milk to feed him, he had no chances at life ... I buried him behind the house near that anthill.

In 1999, Rosalia, Ebenah’s third daughter, was left by her husband. She was the mother of three children: Albert, Lydia, and Royce. Shortly after he left her, Rosalia fell ill, but she remained in her own home, where her sister Manrime cared for her. Eventually, after a long period of being bedridden, Rosalia died.
Rosalia’s children were brought to Ebenah’s home by their father’s relatives and she assumed guardianship of them.

For several years, Ebenah cared for the five grandchildren by herself. But then the household composition changed: the two oldest grandchildren, Gina and Kelvin, left the household in 2005 and 2006 respectively. Kelvin moved to town in search of work while his sister, Gina, married and moved to a village several kilometres from Ebenah’s house. This was a relief for Ebenah as she had fewer mouths to feed, but it also caused problems as Gina and Kelvin had helped her greatly when they were living at home.

In 2005, Ebenah’s eldest son, John, died in a minibus accident. He left a wife and three children. It was a sad time for her as she felt that she had lost her husband’s family line with the death of both of her sons. At the same time, she said that she was relieved that John’s children remained with their mother. She felt differently about her daughter’s Manrimé’s children, who died in the follow year. The description of her death led me to believe that she died of tuberculosis. She had been sick for some time and when she was eventually taken to the hospital nothing could be done for her. Manrimé’s children, Eireen, Constance, and Fred, were living with their father when their mother fell ill and died. Ebenah said:

I didn’t think it was right for a single man to raise the children by himself. They were too young to be with him since at that age children need a woman ...

She decided to collect the three children in 2006 and bring them to her own house where she could care for them.

In 2009, when I visited Ebenah again, her household consisted of seven people: herself and six grandchildren. The composition of the household in 2001 and 2009 are presented in Table 4.1.

Ebenah and her grandchildren lived in a small homestead consisting of eight houses occupied by four households. Ebenah was not related to the people living in the other households. The village had a cemented well which had been installed by the government several years earlier. The family lived in one of the eight houses. It was a small mud house with a thatched roof, approximately three by four metres in size. They had a large field of approximately two hectares within walking distance of the house. One boundary of the field had a small stream that provided a constant supply of water throughout the year. Their home was close to the Mission grounds, where the Basic School, Rural Health Centre, two hammer mills, and a small market were located. Just outside the Mission was a government-run agricultural camp, where people could buy fertilizer and seeds or sell their produce.

Ebenah was born and raised in Misangwa and most of her relatives still lived in the area. She named several brothers, sisters, and relatives who lived within
### Table 4.1  Bana Ebenah’s household in 2001 and 2009

<table>
<thead>
<tr>
<th></th>
<th>Relationship</th>
<th>Age</th>
<th>Sex</th>
<th></th>
<th>Relationship</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>Bana Ebenah</td>
<td>Head</td>
<td>±64</td>
<td>Female</td>
<td>Bana Ebenah</td>
<td>Head</td>
<td>±72</td>
</tr>
<tr>
<td>Gina</td>
<td>Grandchild</td>
<td>19</td>
<td>Female</td>
<td>Living in Balako village</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kelvin</td>
<td>Grandchild</td>
<td>19</td>
<td>Male</td>
<td>Left the household, now in town</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennible</td>
<td>Daughter</td>
<td>16</td>
<td>Female</td>
<td>Died</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albert</td>
<td>Grandchild</td>
<td>11</td>
<td>Male</td>
<td>Albert</td>
<td>Grandchild</td>
<td>19</td>
<td>Male</td>
</tr>
<tr>
<td>Lydia</td>
<td>Grandchild</td>
<td>9</td>
<td>Female</td>
<td>Lydia</td>
<td>Grandchild</td>
<td>17</td>
<td>Female</td>
</tr>
<tr>
<td>Royce</td>
<td>Grandchild</td>
<td>6</td>
<td>Male</td>
<td>Royce</td>
<td>Grandchild</td>
<td>14</td>
<td>Male</td>
</tr>
<tr>
<td>Francis</td>
<td>Grandchild</td>
<td>0</td>
<td>Male</td>
<td>Died</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eireen</td>
<td>Grandchild</td>
<td>16</td>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Constance</td>
<td>Grandchild</td>
<td>16</td>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fred</td>
<td>Grandchild</td>
<td>10</td>
<td>Male</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

walking distance of her home. She also had many friends and was acquainted with a lot of people. The problem, she explained, was that all of these people were also poor, and her brothers and sister were old like her and had no means to support her. Many of her close friends were also old and could not assist her. Others had died over the years. She depended on her grandchildren for help, especially Albert, who was the oldest grandchild in her home.

During the harvesting season in both 2008 and 2009, I noticed that the household used only a very small part of their land to grow maize; no more than ten square metres. Ebenah said that they did not use much of their vast land as they did not have an adequate supply of labour. This was a surprising comment on her part, as the household consisted of six grandchildren aged between 10 and 19 years; labour was not a problem that her household faced. As will be shown later, this comment was in fact an excuse to mask other issues. Maize was the only crop they grew and the rest of the land was covered in grass, shrubs, and the very persistent local grass called *Ulukoto*. According to people in the area, one cannot get rid of this grass without the use of chemicals. Ebenah confirmed this and explained that her household did not have money for such chemicals.

The household’s income was generated through different activities. As was the case for almost every household in Misangwa, agriculture was a primary source of cash. They sold as much as they could of the small amount of maize that they harvested yearly. Ebenah tried to supplement this income by selling Munkoyo beer that she brewed every two to four weeks. Albert, Royce, and Fred would also go fishing in the nearby stream or in the Kafue River several kilometres away. They sold fish to the local fishermen who travelled to the markets in Mpongwe. The granddaughters would sometimes forage for bushfoods, which they would sell. Often, however, they barely found enough to feed the family and
nothing could be sold. The socio-economic ranking of this household showed that it qualified as very poor (see Chapter Three for a detailed description of these rankings).

In 2008, when I saw Ebenah again after a seven year absence, I found an old and physically frail woman. During my visits it became clear that she was often sad and I got the impression that she was depressed. She had been affected by all the losses she had experienced during her life. In particular, the deaths that had occurred in her family weighed down on her. Not only was she always sad, but when I visited her home I often found her to be angry. She would curse others but also curse her fate:

What have I done for God to punish me like this? I have lost all these people and now in my old age I am living like this ... What did I do wrong? I am angry because I did not deserve to live this life, but, there is nothing I can do.

A problem in Ebenah’s house, which she never mentioned or talked about, was her own alcohol abuse. Anyone who visited her home regularly would have realised that she was an alcoholic. She was often drunk during my visits, sometimes as early as ten in the morning. Sober, she was a quiet and sad woman, but she became obnoxious and even aggressive when she was drinking. Her drinking was known in the community and I heard many stories and disapproving remarks from people who knew her. Despite her old age and frequent intoxication, Ebenah did everything she could to stay in control of her household. She wanted to decide how all things should be done. But while she believed that she was in control, the reality was that the children often went their own way and disregarded her wishes and commands.

The education of the grandchildren was a problem. Only Albert, the oldest, was attending school in 2009, and he was due to write his grade nine examinations in December. The other children were not in school, but Lydia had completed grade 7, Royce grade 5, and the youngest, Fred, was briefly in grade 1 in 2008. Fred had started schooling in January, but had dropped out before I visited the home in April that year. Ebenah said that they had no money to keep the children, except Albert, in school.

The children all looked healthy and none of them appeared to be malnourished. In private, they expressed to me their unhappiness about their grandmother’s drinking. They complained about this frequently, but they also felt that her desire to stay in control of them was hampering their own development. During the period in which I visited the home, I learnt that they had developed many

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1 As far as I can remember, Ebenah did not drink (or drink problematically) in 2001. My fieldwork notes from the time mention no issues with alcohol, even though I did find and record this in other households.
strategies to deal with this amongst themselves. At one point, they had decided to take matters into their own hands, as Lydia (aged 17 years) explained:

It is not that we don’t appreciate what she is to us, but you cannot wait for a drunken person like this. Fred is very young ... He never understood what was going on at that time. We felt so sorry but we were scared of our grandmother. She used to shout at us and tried to beat us with sticks. It is a good thing she is old, so she never managed to catch us! We had to look out for each other. Nowadays we wait for her to come home and if she doesn’t want to prepare anything, we just accept and stay quiet. Then when she sleeps we work together and cook something, so that we do not have to go to sleep hungry.

Based on both the stories that the grandchildren shared and my own observations, it became clear that it was Albert who headed the household with Lydia’s help. Together they decided what should be done and how best to deal with the difficult behaviour of their grandmother. Albert explained that her beer brewing activities cost them money rather than generating any:

She says she looks after the family by brewing beer ... I can tell you it is us who provide her with money to buy sugar and mealie-meal to brew that beer, since it is all given away. She drinks at other people’s places then those people will come to drink here. Nobody buys that beer; it is all to repay those people that have given her beer in a loan.

Earlier I described how the household used only a small portion of their land, and according to Ebenah this was because of problems with labour. I learned from the children that in fact she was the reason why they did not use more of their land, since she did not allow the grandchildren to farm unless they did exactly what she wanted them to do. On the small maize plot, they complied with this, though at the same time they disregarded her instructions and had started secretly to grow vegetables at the back of the field, out of sight of the home. They grew onions, tomatoes, cabbage, and green peppers along the banks of the stream. They were able to sell some of the vegetables, while the rest was for their own consumption. Ebenah had no idea of this and the children wanted to keep this a secret from her. Albert explained to me that because of her frequent intoxication, keeping this secret was easy. What was more challenging was preventing the youngest child in the home, Fred, from revealing their secret. They had managed in the past, and Albert and Lydia were confident that they would continue to manage. Lydia explained:

Fred is now getting older and he is beginning to understand what we are trying to do for ourselves. We have managed to keep our own books for so long. It will continue to become easier as he grows.

What was tricky, according to the children, was how they could bring produce from their garden into the home for consumption. They often managed to eat the food when they were compelled to cook for themselves because Ebenah was drunk. At other times, they would tell her that they had bought the food at the
market. She was suspicious at times, they said, but as far as I know she had not found out the truth.

My overall impression of this household was ambivalent. HIV and AIDS had had an immense impact on Ebenah and her grandchildren. The illness and death of almost all of her children required Ebenah to be the primary caregiver for a number of dying patients, and the guardian of more than 10 children over a period of 15 years. Her life history was a tragic story marked by poverty, death, suffering, and the loss of dreams and hopes. Whether her grief and despair drove her to drink I cannot say, but she was able to forget her grief and worries on a day-to-day basis by drinking. These problems related to alcohol were found to be common in many skipped-generation households; according to my observations, I noted such problems in at least a third of those studied. The situation in the household would have been more desperate were it not for the actions of her grandchildren. Through their hard work, ingenuity, and persistence, they were able to survive. The children cared for each other and their grandmother. They were able to pay for Albert’s schooling through their farming, fishing, and gardening.

Ba Thomson’s household

Ba Thomson and his wife were originally from North Western Province. They married when he was 24 and she 14. Following their marriage, they moved to Kitwe, one of the major towns in the Copperbelt Province, and lived there until Thomson lost his job in 1985. The couple had 11 children, two sons and nine daughters. When I got to know the couple in 2008, Thomson was 60 years old, and only five of their children were still alive.

Following Thomson’s forced retirement, they needed to decide what to do with their lives and with the money he had received on termination of his contract. They decided not to return to their traditional home and opted to settle in the rural areas of the Copperbelt Province. They ended up in Misangwa. When they arrived, they were strangers to the area and had to build up their farm and home. The first step, however, was to acquire land. Thomson explained that this at first seemed to involve little effort, but, as it turned out, the land they received came at a high price:

When I came here in 1995, I had to discuss with the chief if I would be allowed to settle on his land. He offered me three plots that I could choose from. We chose this place ... In return for the land the chief instructed me to work on his fields and to donate some of my harvest to his palace. When the chief saw that we knew how to farm and that we managed to cultivate a lot he called me to come to him. He told me that he had chosen me to be his personal advisor during the farming season. I had no choice but to oblige to what he asked. For three years, I worked for the chief.
Working as a personal advisor to the chief cost Thomson a lot of time and effort. This meant that he had less time to work on his own land and as a result the size of the family’s harvests shrunk and the family started to face problems of their own:

I started fearing we would end up hungry if I did not commit to my own survival. So, I decided to tell the chief I wanted to return to my farm and that I no longer wanted to be his advisor. Eventually he agreed to release me, but only after I worked for him for one more year.

At first, it seemed that the work that Thomson did for the chief was only a repayment for the land they had acquired. Yet I learned that the family had benefited in many ways through the ‘repayment’ work Thomson had done for the chief. In 2009, he still had a strong relationship with the chief and was a trusted advisor and reliable spokesperson for the community. This came with many advantages; one example is that when many bridges were washed away in the heavy rains in 2008, the bridge leading to Thomson’s farm was one of the first to be repaired by the men working for the chief.

**Figure 4.1** Make-up of Ba and Bana Thomson’s household in 2009

The nuclear family consisted of six people in 2009: Thomson, his wife, and their four daughters (aged 15, 17, 17, and 20 years). Fourteen grandchildren from six other families founded by the couple’s children also lived in the household. Of these 14, five were aged 18, 19, and 20 years, and nine were younger than 18 years (their ages ranged from 10 to 16 years). Of the 14 grandchildren younger than 18 years, 10 were double orphans while four had not been orphaned. These latter four children were no longer with their parents because their parents lived in town and their mother was ill. According to Thomson, of his four daughters
and two sons who had died, one had died of a snakebite, one of malaria, one was murdered, and the other three died of long illnesses. The term long illness is used frequently in Zambia and is a euphemism for HIV/AIDS.

The Thomson farm consisted of a number of buildings located around a single large round house at the centre of the homestead. The houses were round and their arrangement was not of the type typically found in Misangwa. Local villages consist of rectangular houses, and they are not arranged according to a specified pattern. The architecture of the Thompson buildings was based on the building style found in North Western Province, where the couple came from. The smaller structures on the homestead were where the children and grandchildren slept. There was one small open hut, which served as the kitchen and central eating place. There was a large maize storage structure and on the outskirts of the homestead were several makeshift structures that housed the family’s four pigs. On top of one of the anthills close to the main house, Thomson had built a small hut with large chairs. This was his “lookout post”, and it had a good view of the farm and the small river along its southern border. The farm consisted of several large fields and a large garden on the banks of the small river. Several fruit trees – oranges, bananas, papayas, mulberries, and guavas – grew in the compound.

The farm was located far into the bush and it was a two-hour walk to the main road, at least a three-hour walk to the Mission, two-and-a-half-hours to Mfulabunga Basic School, and two hours to Mpongwe. This meant that the children had to walk long distances to school and it was also a problem to take produce from the farm to the Mission or to Mpongwe. When I asked Thompson about this, he explained that the distance had disadvantages as well as advantages:

Yes, it is very difficult. The distances are big. Not only for the children going to school, but also for trading. I remember one time we were selling maize to this trader. We carried 20 bags of maize, each 50 kg, to the road by bicycle. Then the trader did not come. Together with two of my grandsons I spent four nights by the side of the road. You have to guard those bags or they will be stolen. When the trader did not come, there was nothing we could do but bring all those bags back to the house.

But, I can say there are many advantages also. We don’t have theft and farming is much easier when no one comes to steal your food, your tools, or your crops from the field. Here we don’t need security; it is the end of the road, no one comes here. All these problems with drinking, fighting, and gossiping ... we know none of those things at our farm. My daughters are very beautiful and I worry that they will have teenage pregnancies before they complete school. But they tell me: “Daddy don’t worry, we are committed”. I believe them. And that is the other advantage: here there are no young men coming to your house to ask for that or that girl ... A boy won’t even offer to walk the girls’ home, it is too far!

Despite this, the family was able to maintain strong links with the community. As was explained above, they had a good relationship with the chief. Other important relationships existed with the Catholic Priest at the Mission and with Thomson’s customers (he was a skilled mason). Thomson’s wife was a faithful
Catholic who attended mass at Mfulabunga Church twice a week. One of the Priests from St. Anthony’s Mission came to say Mass there every Friday morning. This gave Bana Thomson the chance to build and maintain her relationship with the church and the people at the Mission. She was also an active member of the Catholic Women’s League, a powerful and important group among the social groups formed around the Catholic Church.

The family’s income came from a number of sources. The farm produced an average of 500 bags of maize each year. The family would keep the maize that they needed for their own consumption and sell the rest. In the spring of 2009, for instance, 420 bags of maize were sold. The garden was used to grow onions, which the family sold to the Rural Health Centre at St. Anthony’s Mission and to the boarding school at Mpongwe. Their gardens also produced tomatoes, cabbage, and rape. This was for family consumption, but when harvests were good some was sold at the market close to Mfulabunga Basic School. Thomson made extra money as a mason and carpenter, doing odd jobs for the Mission and people in Misangwa. The last time I visited them, Thomson had nearly completed the family’s new house: a “proper” house, he explained, made of burnt bricks, with iron sheet roofing and seven bedrooms to house all the family. In terms of socio-economic ranking, the household qualified as well-off, the best off of the socio-economic rankings defined in Chapter Three.

Thompson and his wife were both in good health and they were active people. Bana Thompson spent most of her day working in the family garden. Her husband joined her unless he had paid work elsewhere. Both walked the long distances to church, the markets, or customers a few times a week. They were optimistic people who had come to Misangwa with a clear plan. They were close with their children and grandchildren, and during every visit it became clear how well the members of the households worked together and how much they enjoyed each other’s company. Despite their problems – old age, the loss of many of their children, the hard work on the fields, and the great distances they had to walk – they had managed to secure an adequate income and were able to provide well for their children and grandchildren. As Thompson put it:

Life has not been easy but we came here to achieve the things that we have achieved. Once I finish my house then my plans will have materialised. The young ones living with me are all in school and when they are not in school they all cooperate to work on the farm with us and run the household. It is so good for us old people to see this harmony. We have been very blessed and for that I thank our Lord!

In contrast to most children and young people in Misangwa, the children living in Ba Thomson’s household were always well dressed. During my visits to

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2 Rape is a crop grown in many parts of Africa that is best described as a mix between cabbage and spinach.
their home, they were friendly and asked many questions about the purpose of my visits. They provided a contrast to the other children included in the research, who were often shy and took a long time to become comfortable in their role as respondents. Despite the large number of children and grandchildren in the home, they were all enrolled in school. When I first visited them in 2008, two of the oldest daughters, Helen and Margret, were preparing for their grade 12 examinations. A year later, the older of the two girls, Helen, was studying business administration in Lusanshya. She lived with friends whom the family knew through Church, and came home once a month to spend the weekend with her family. Margret had not done very well in her exams and I understood that she was repeating examinations for two subjects in the hope of starting her further studies in 2010. The other 16 children were attending school at Mfulabunga Basic School or Mpongwe Secondary School. Despite the long walks they needed to make to and from school, they all nevertheless participated in the work on the farm and around the house.

Interviews and informal interactions with the couple's children and grandchildren taught me that they experienced their lives as positive and that they were optimistic about the future. An interview with Mulenga, a 16-year-old double orphan, illustrated how they felt about their guardians and their new lives:

It was a difficult time for me when my parents were sick. My father was sick for a long time and the family was suffering very much. Then after my mum died we were very worried. I used to think I would become a street child and sleep outside. That happens to many orphans. But then my grandmother came to collect me and also my younger brother and sister. We came to this place and found things to be quite okay and I know we will manage. I am in school doing grade 10. One day I hope to be a farmer like my grandmother. I enjoy the work on the farm and I have learnt many things from them [the grandparents]. They are very good people. It is good we share the work.

This household was, strictly speaking, not a skipped-generation household, as some of the children of the two grandparents were still living with them, and therefore there were three generations present. I have included it in this chapter, however, as I argue that it was a skipped-generation household because it had no real middle generation in the true sense of the word, namely because the older couple's children were not the parents of the younger generation living in the household. The second reason is that all the members of the younger generation were in school and thus all dependent on the elderly couple. None of the children in the home was married, none had established a family or had children of their own, and none was involved in the decision-making processes of the household. Many things were unique about this household. This includes the agricultural skills of Ba and Bana Thomson, but also the close ties they had with important community members. They were able to cultivate large plots of land and were able to diversify their sources of income.
Bana Marjory’s household

In 2009, Bana Marjory was 68-years-old and the guardian of eight grandchildren and one great-grandchild. With much joy she told the story of how, in 1957, she was a young woman who sang in the Church choir. One day the choir travelled to Mukubwe for a singing competition. During that visit she met a young man with whom she fell in love. The love turned out to be mutual and later that year his family travelled to Misangwa to meet her family, and it was decided that the two could marry. He moved to Misangwa, they were married, and they had six children and eventually 22 grandchildren.

Her husband, a fisherman on the Kafue River, died in an accident in 1974. The canoe he was travelling in overturned and he was killed by a crocodile. His body was never found. Marjory explained that not being able to bury her husband had been very difficult for her and that only through time had she been able to accept the situation. Compounding these difficulties was the fact that she later found out that she had been pregnant at the time her husband died. Following the loss of her husband, she had to raise their six children alone, which was not an easy task:

I was still a young woman those days and from doing things together you just find yourself having to raise six children by yourself. It was not easy and I struggled a lot. But I think I have done what I had to do. My children all finished primary school and some even attended secondary school. Sometimes I think the work was for nothing but that is not the way to think. As a parent, you expect your children to attend your funeral, not for you to be there for theirs. It was unfortunate they left this earth too early. I did what I could to save them but sometimes you can’t interfere with the plans of God. Even if His plan is for you not to have money, meaning you can’t take your children to the hospital.

Despite several offers, she decided not to remarry:

A few men came to my house to propose to me but I always declined telling them I was still in mourning. I think I would have liked to remarry but the problem is you never know how the match will be. Will the new man accept your children? Will the children accept their step-father? And then a man will want to have children of his own and I would have had to give him those. But six children was already a lot and I didn’t want more children to feed. So I decided to stay alone and not to marry another man.

Marjory had three sons and three daughters; the oldest child was born in 1963 and her youngest in 1975. In 2009, only one of these children, her third child, Kelvin, was still alive. He was 39-years-old and was a subsistence farmer who lived in a village close to Marjory’s home. He had a wife and four children.

Marjory lost five children in a period of 13 years. Her oldest son, Joseph, died in 1986 when he was 23-years-old. He had an accident with an axe while clearing trees on a new farming plot. The cut went untreated and after a while he became ill from the infection. The infection spread and his condition worsened. Looking back, she concluded that he should have sought medical attention, but “there was no money in the family when he had injured himself, so we decided to wait”.

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Eventually his foot had to be amputated at Mpongwe Hospital, but “It was too late and the poison from that foot had already reached his body”, Marjory explained. Joseph died and left a wife and four children. Soon after, his wife left Misangwa with their children and returned to her own family, who lived 60 kilometres away. Marjory had not seen or heard from her or her grandchildren since.

In 1990, her oldest daughter Maria died. She had not left her parental homestead but for many years had lived in a separate household. She never married, but did have a young daughter who was left in Marjory’s care after her death. Marjory was secretive about Maria’s death and refused to discuss it. People in Misangwa rumoured that she had committed suicide after the baby’s birth. According to the rumours, she was heartbroken because the father of the child had abandoned her. All Marjory said about what had happened was that it was unfortunate. The granddaughter, also called Maria, who was raised by Marjory, had a son of her own, called Vebon, in April 2008.

A second daughter, Eliza, died in 1992 following a long sickness during which she was bedridden. Marjory explained that Eliza had lost her husband only months before she became sick.

She became very thin and could not eat often. We cared for her but there was nothing we could do. I know she died of that disease [AIDS].

She came home to Marjory when she first fell ill and Marjory was her primary caregiver until her death. She left four children who remained with Marjory. These children were still present in 2009; two boys – Ton aged 18 and Ayrton aged 14 years – and two girls – Vanessa aged 17 and Marjory aged 15 years.

In 1995, Marjory’s youngest son, Maxwell, died aged 22 years. He had been in poor health for a long time. He was married and had two children. When Maxwell was admitted to the Rural Health Centre at St. Anthony’s Mission, his wife and children left Misangwa. Marjory explained that her son often lost blood when he went to the toilet and he had a problem with his intestines. The medical staff could do little for him and he was transferred to Mpongwe hospital, where he died two days later. As with the death of her other son Joseph, she had never heard from the widowed daughter-in-law or from the grandchildren again.

The last death of one of her children occurred in 1999. Her daughter Kondwani and her three children had lived with Marjory for some years following her divorce. She died after a long period of sickness. Marjory suspected her death to be AIDS-related. During the final months of her life, Marjory had been her daughter’s primary caregiver. She fed, bathed, and cared for her before she eventually died at home in Marjory’s arms. Marjory and her brothers had decided that the three children would remain with her, as no one in the family was in a better position to look after them. The three still lived with Marjory in 2009: the
oldest girl, Roice, was 15-years-old and the two boys, Thomas and Mike, were aged 13 and 11 years.

Figure 4.2 Family tree of Bana Marjory’s household

The family lived in a small homestead that consisted of two small houses made of sundried bricks, an open nsaka\(^3\) used for cooking, a small elevated chicken house, a grass structure for maize storage, and several fruit trees including bananas and guavas. There was also a dilapidated building in the homestead where her daughter had once lived. Her farm was located along a small road that led from the Mission to the small pontoon crossing the Kafue River. The soil in this area was very fertile and several commercial farmers had established farms in this area. In fact, Marjory had been approached more than once by commercial farmers seeking to buy her land. She had indeed sold part of her land to a South African farmer:

He came to visit all the farms to ask if we wanted to sell land. I had a small plot some kilometres away from our home, which I never used – it was too far – so I decided to sell that land. It gave us a little something that we used to buy the chickens that you can still see today.

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\(^3\) Nsaka is the local name for a house built with poles (sometimes, but not always, with walls) and a circular thatched roof.
She still owned three hectares of land close to the homestead. About half of it had been cleared and was available for farming. The rest was covered with trees and shrubs and it was obvious that this land had not been used for many years. When Marjory and her husband acquired this land they did not know many people. Both of their families lived in Chief Machiya’s lands, which are located some 50 kilometres away from Misangwa. Over the years, she had come to know her neighbours and others in the vicinity of her home:

I came here as a stranger but I have come to know the people here. These days I don’t meet them often anymore, I am an old woman ... Old people prefer to stay close to their home because we move too slowly.

In spite of the fact that her frail body limited her mobility, Marjory was able to name a number of people with whom she had contact on a regular basis. According to her, the most important people in her network were her neighbours, her son who lived less than two kilometres away, a number of friends she had had from the time she was still an active member of the church, and some other acquaintances. She explained that during the last five years she had found it increasingly difficult to walk to church (approximately eight kilometres away). In 2007, she had decided that it was simply too much and she stopped going. She was happy that some of her grandchildren attended church, and they were able to tell her friends and the Pastor how she was doing. The Pastor visited her occasionally to have a chat. This was important for her and she often said how grateful she was for his commitment to her. She also had some elderly relatives in the area, including two brothers. They were also old and immobile, so the siblings did not see each other regularly. She explained that they exchanged news and messages via the grandchildren.

In terms of income, Marjory described the households ‘struggling’ but ‘managing’; two phrases that are understood to mean ‘working hard’ and ‘coping’ in the Zambian context. The most important source of both food and income was maize. Besides maize, they also grew some groundnuts, which are rich in oil and a high value cash crop\(^4\). In 2008, they sold 200 bags of maize and 10 bags of groundnuts. Around their homestead, they had cassava plants, which provided food in the months when the maize supplies ran out. The family also had several fruit trees and they were able to sell fruit, mostly bananas, to supplement their income. The oldest granddaughter, Maria, ran a small business. She travelled to Luanshya every two months to buy sweets, sugar, salt, and packets of cane spirit in bulk. Back in Misangwa, she sold these items in small quantities at a stall she owned close to one of the busier paths near their house. This brought in some money, but, according to Maria:

\(^4\) A cash crop is an agricultural crop which is grown for sale for profit; the term is used to differentiate marketed crops from subsistence crops.
There is only business in the months when the people have money. Especially after the harvest people buy a lot of sweets and Tujilijili. There is no business from November and only in April, when people have sold their maize, do they start buying again.

As the family lived close to the Kafue River, the grandsons did some fishing. Most of the time, the catch would be eaten by the household members, but when they were lucky some fish could be sold to fishermen and fish traders. In terms of socio-economic ranking, the household qualified as the middle category of ‘poor’.

In 2008, Marjory was, despite her limited mobility, in good health. She was able to work on the farm and often when I visited she would be away collecting water, firewood, or bush foods. She did have some problems with her sight and it was clear that she needed both spectacles and a cataract operation. During her life Marjory faced many misfortunes, as did most heads of skipped-generation households, and the impacts of adversity were frequently far-reaching. The death of her husband, having to raise her children alone, the deaths of five of her six children, and later the unsupported guardianship of some of her grandchildren had caused pain and suffering for her. She talked about this on several occasions, but always expressed her happiness about her life, and she considered herself rich to be surrounded by so many caring and loving grandchildren. The members of the household worked hard together and tried to make the best of their difficult circumstances. Her way of dealing with the hardships in her life is captured in the following comment she made:

Yes, it is tough for a person. To lose your husband is tough. To lose almost all of your children is tough. To care for your own child when she is slowly dying, even dying in your arms, is very, very difficult. And sometimes you will think to yourself “Is there never an end to all these problems?” But, then I find myself surrounded by these young ones who need me but who also care for me, their old grandmother. They try and together we have managed to at least have some food every day. Sometimes we have problems in the home but then I realise I am just an old woman, my time has passed, and that now it is their time. So I accept and just go about my normal jobs. They can decide how to do things now; they have shown me they are able to make those choices.

The grandchildren living with Marjory appeared healthy. Of the nine children, four were in school. Vebon, who was Marjory’s great-grandson, was too young to go to school. Three grandsons (aged 11, 13, and 15 years) and one of the granddaughters (aged 15 years) went to a Community School close to the waterworks. The school offered education up to grade eight. The older grandchildren had also attended this school and three of the four had left with a grade eight diploma. The problem in terms of secondary education, aside from the financial constraints, was that the closest secondary school was in Mpongwe, over 30 kilometres away. This distance was too great and the family could not afford to

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5 Tujilijili is the local name for cane spirit or other distilled alcohol, packaged in small plastic sachets.
pay for the costs associated with boarding and transport. Thus the children had no way of attaining secondary education, which they said had been disappointing for them. One of the grandsons, Ayton, aged 14 years, explained:

You know, sometimes there is nothing that you can do to change a situation. I would have liked to go to grade nine but the school is far away. And we are poor people ... If we had another bicycle, or enough money to rent a small house close to the school, then maybe ... yes I could attend. Now that is not how it is, so I work hard to develop and further the household. Maybe one day my own children can attend secondary school. That is what I want to work towards.

The oldest grandson, Ton, aged 17 years, explained to me that he had needed to adjust his goals but that he felt he had done so successfully:

I used to do well in school. In grades five and six I was the pupil with the highest grades of all my class! My teachers used to tell me I would be able to achieve many things. Like being a teacher, or a doctor or even a president! Haha, imagine me being the president! But for many years I thought I would be going to the secondary school, and then maybe to go to town and be a doctor. When I was older I started to understand that we are poor people and that those things are not for us. Now I have decided to remain here and take over this farm from my grandmother. There are many commercial farmers here. I plan to work for them and learn how to make a lot of money through farming.

The material needs of the grandchildren were mostly met. They had blankets to sleep under, they all had several items of clothing, most of them had one pair of shoes, and the family ate two or sometimes three meals per day. They had a radio that the boys used to listen to football matches, the girls used for music, and Marjory used for news and local programmes. They also owned a bicycle that the grandchildren used to cycle around Misangwa to visit friends or run errands. In 2009, Royce, the oldest granddaughter, had bought a mobile phone. This increased her status in the home as other members wanted to use her phone.

The household’s agricultural output was not large, but it was sufficient for the family’s needs, both in terms of money and food. The household members told me that over the last few years their food storage ran dry only twice. The household was found to be slightly better off than the majority of skipped-generation households. Yet, it was no more than average compared to the general population. In terms of education, it was also average. Conflicts in the household were few and relations with neighbours and others were positive. Overall, life in this household was slightly better than in most skipped-generation households.

Discussion

The three cases described in this chapter point to common features of skipped-generation households that will be analysed in order to gain a better understanding of the dynamics at play. At the same time, the cases highlight that there are differences between these households and the people constituting them. The
study of these differences will help to understand the observed variations in socio-economic status, the well-being of the household members, and in terms of the outcomes of child development between the skipped-generation households. This will be done in the following three chapters.

Several common features that were found within skipped-generation households deserve close study. One of these is the troubled pasts of the respondents. Both the older and younger generations have seen difficult times; they have cared for terminally ill loved ones and have lost many of them. Following the death of relatives, they have all had to assume new roles in their lives. The first question to be addressed in the following chapters is therefore: What are the past experiences of the respondents? This will be answered through the construction of respondents’ life histories. The question that follows from this is: How have people’s past experiences shaped their attitudes? This question will be answered using Bronfenbrenner’s typologies of person characteristics, as well as the reported well-being of respondents.

Other common features of these households that were found to be important were livelihood strategies, the geographic location of households, and the interactions of members of the two generations with people around them. Chapter Five thus focuses on the livelihood strategies, and indeed livelihood outcomes, of the 65 skipped-generation households studied. This chapter also examines the geographic spread of households and the linkages between problems, outcomes, and geographic location. In Chapters Six and Seven, much attention is devoted to the respondents’ social context. Using Bronfenbrenner’s PPCT model, this contextual analysis will be carried out within the framework of Microsystems and mesosystems. This will be done for members of both the older and the younger generations. Using this methodology, two questions will be answered: Who are the important people in the respondents’ environments? And what are the outcomes of these interactions and what are important proximal processes that shape the development of the members of the younger generation?

While attention is given to the common features of skipped-generation households in the following chapters, the differences between households will also be explored. The three cases described in this chapter demonstrate several such differences. Differences in knowledge (Ba Thomson’s extensive skills in agriculture versus Marjory’s traditional farming style) and differences in attitude (Marjory’s positive outlook versus Ebenah’s fatalism) are two examples. These differences may explain the varying levels of success of these households in terms of caring for their members and facilitating successful child development. The question that needs to be answered in order to assess this is: How do people’s skills, knowledge, attitude, and experience influence their material, physical, and social well-being? Building on this, the following three chapters will also examine the
question: Which aspects of people’s knowledge are most important for them to secure a livelihood and improve the well-being of all household members?

The relationship between the older and younger generation is an important avenue of difference that will also be explored further. In the second and third cases presented above, I described households where members worked together and did their best to develop together. In the first case, however, the younger generation had decided to go their own way as a strategy to cope with the problematic drinking and controlling character of their grandmother. Are there clear relationships between cooperation, or the lack thereof, and the socio-economic and personal well-being of the household members? Another possible explanation for differing well-being outcomes between households are the numerous potential sources of conflict, including high levels of poverty and inter-generational gaps, which may or may not be mitigated or avoided. Expectations, attitudes, inter-generational conflicts, and disappointment are all issues that will be explored to identify different outcomes among these households. Chapters Six and Seven will explore these issues and will thereby answer the question: What are important sources of conflict in these households and what are the most effective ways that respondents use to avoid these conflicts or mitigate their effects?
Sixty-five households: The larger picture

Introduction

This chapter describes the 65 skipped-generation households included in this study. The aim of this chapter is twofold. The first is to provide an overview of the composition and socio-economic situation of the households, the second is to identify some of their common features.

Twenty of the 65 households were identified during the execution of the household survey, the other 45 through snowball sampling. The data presented here were collected through home visits, in-depth interviews, FGDs, and participant observation. The first three sections of the chapter consist of quantitative data on skipped-generation households. Three aspects are discussed: the households, the older generation, and the younger generation. In the last section five of the shared features are presented. In the fifth section entitled ‘Implications of the characteristics of households and their members’, the findings are summarised and discussed in relation to Bronfenbrenner’s PPCT model. The final section consists of a brief discussion on the findings presented in this chapter.

Overview of the households

The numbers of people belonging to the two generations, and who made up the 65 skipped-generation households, are presented in Table 5.1. In total, the households consisted of 352 people. Of these, 261 (74.1%) belonged to the younger generation (both children and young people, all below the age of 26 years). Of the 261 members of the younger generation, 221 were found to be children.
younger than 18 years. In total, 91 of the 352 people (25.9%) belonged to the older generation. The average skipped-generation household consisted of 5.4 people, of whom four were either children or young people.

Table 5.1 Composition of the 65 skipped-generation households studied (n=65)

<table>
<thead>
<tr>
<th>Composition</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of members of the older generation</td>
<td>91</td>
<td>25.9%</td>
</tr>
<tr>
<td>Number of members of the younger generation</td>
<td>261</td>
<td>74.1%</td>
</tr>
<tr>
<td>Total number of members</td>
<td>352</td>
<td>100.0%</td>
</tr>
<tr>
<td>Average household size</td>
<td>5.41</td>
<td>-</td>
</tr>
<tr>
<td>Median household size</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Average number of members of the younger generation per household</td>
<td>4.01</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 5.2 shows the gender distribution of the members of the skipped-generation households studied. Among the members of the older generation, the majority were women, and more households were female-headed (36, 55.4%) than male-headed (29, 44.6%). This is much higher than the ratio for the other households included in the household survey: for the 180 (non-skipped-generation) households, the male-to-female ratio of the household heads was 125 to 55, meaning that only 30.6% of these households were female-headed. For members of the younger generation, no differences were found in terms of the proportion of respondents by sex.

Table 5.2 Sex of the members of skipped-generation households (n=352) and household heads (n=65), by generation and gender

<table>
<thead>
<tr>
<th>Household members/heads</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Younger generation</td>
<td>130</td>
<td>49.8%</td>
<td>131</td>
</tr>
<tr>
<td>Older generation</td>
<td>57</td>
<td>62.6%</td>
<td>34</td>
</tr>
<tr>
<td>Total</td>
<td>187</td>
<td>53.1%</td>
<td>165</td>
</tr>
<tr>
<td>Households heads</td>
<td>36</td>
<td>55.4%</td>
<td>29</td>
</tr>
</tbody>
</table>

The housing of skipped-generation households was comparable to other households in Misangwa in terms of structure type, though the average number of structures available to the households was lower and the structures were often smaller. In addition, the general upkeep of these houses was found to be worse. Data in Table 5.3 shows that the majority of the houses (87.7%) were built with sun-dried bricks and had thatched roofs. Two households had no structures and
the members slept outside; in both these cases, river flooding had washed away their houses. One of these two families was in the process of building a new house, though the other household consisted of an old man living with eight grandchildren, and he was physically unable to construct a new house and his grandchildren were too young to help. During a visit in the later part of my fieldwork in 2009, the old man told me that the staff of the Rural Health Centre intended to help them. However, when I left Misangwa several weeks later, nothing in his situation had changed.

Table 5.3 Housing conditions of skipped-generation households (n=65)

<table>
<thead>
<tr>
<th>Housing condition</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houses with sun-dried bricks and thatched roofs</td>
<td>57</td>
<td>87.7%</td>
</tr>
<tr>
<td>Houses with sun-dried bricks and corrugated iron roofing sheets</td>
<td>5</td>
<td>7.7%</td>
</tr>
<tr>
<td>Houses with cement bricks and corrugated iron roofing sheets</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>No houses – sleeping outside (reported to be temporary)</td>
<td>2</td>
<td>3.1%</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

The strategies that the 65 skipped-generation households pursued to secure a livelihood were comparable. All households either owned or borrowed farming land that they could access. They used their land to grow maize, and some households had diversified their farming to include the production of groundnuts and cassava. Farming was found to be the primary source of food and money for all households. They also carried out an array of other activities to generate food and money, which included fishing, growing vegetables, trading, producing charcoal, and piecework. Table 5.4 shows the complete list of activities mentioned by the respondents.

Ensuring that there was enough food throughout the year was found to be difficult for skipped-generation households. Sixty-one of the 65 indicated that they had experienced food shortages in the past 12 months. This is reflected in the most significant problems which households reportedly faced, according to the respondents: for 59 of the 65 households, food shortages and lack of money were the two most pertinent problems mentioned.

Contrary to what one might expect, food shortages were not always the result of poor harvests or under-production. Even households which produced enough food to see them through the year were at times forced to buy food. Indeed, 53 of the 65 households indicated that they had sold some of their maize following the harvest only to find that they then needed to buy food later in the year. This situation is due to the fact that the households sometimes had to sell part of their harvests to meet immediate and pressing financial needs.
Another factor was the lack of facilities in which to store the harvested produce. The lack of storage facilities for farm produce was found to be common, because the traditional method of food storage – in open structures made of grass and poles (known as *amatala*) and covered with ash – was no longer being used by many households. Some of the respondents mentioned pests or unexpected rain, which could ruin their food, as a reason for abandoning traditional storage methods. Others lacked the manpower to erect such a structure. Theft, however, was the most important reason for people to stop storing food in the traditional way. Abandoning traditional methods was common, but people often had no alternatives. Most households only kept the portion of the harvest that they could store in their house. Given that the structures available to skipped-generation households are generally small, and that they own only one or two structures on average, most were only able to store a small proportion of their maize or other produce. Not being able to store their produce forced them to sell it, which meant that these households faced an extreme risk of food shortages during the “hunger months”\(^1\).

---

\(^1\) Ranging from December (when the annual rains begin) to April (when the first maize can be harvested), the hunger months constitute a period when many households experience food shortages, people’s cash flow runs out, and food is most expensive. Prices increase because of the annual food production cycle across the country, but also because transport becomes more difficult at this time. It is a time when many people borrow money (at extremely high interest rates, sometimes more than 100%), or
Selling part of the harvest and having to purchase food later on in the year is not economical. The prices for maize, for example, are three to four times higher in December and January than they are in April and May, when people sell their harvests. To illustrate this, in April/May 2008, a 50 kilogram bag of maize sold at 35,000 Kwacha, while in January 2009 the same bag cost 120,000 Kwacha (a price increase of more than 340%).

<table>
<thead>
<tr>
<th>Socio-economic ranking</th>
<th>Skipped-generation households (n=65)</th>
<th>Other households in the household survey (n=180)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Very poor households</td>
<td>35</td>
<td>53.8%</td>
</tr>
<tr>
<td>Poor households</td>
<td>16</td>
<td>24.6%</td>
</tr>
<tr>
<td>Well-off households</td>
<td>14</td>
<td>21.5%</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Figure 5.1  Wealth ranking of skipped-generation households (n=65) and all other households included in the 2009 household survey (n=180)

The socio-economic ranking of households is presented in Table 5.5 (the methodology used to classify households can be found in Chapter Three). The table shows the ranking for the specific group of 65 skipped-generation households and for all of the other 180 households surveyed. On average, skipped-generation households were found to be poorer. For the other (non-skipped gen-

they sell maize that they have not yet grown for very little money to so-called briefcase traders, who come to the area from town knowing that people are desperate for cash. The debts incurred during this period haunt many people throughout the rest of the year.
eration) households, the proportions were evenly spread across the three categories, while among the skipped-generation households, over half (53.8%) ranked as very poor. Only 21.5% were well-off, compared to 33.9% of the other households. These differences are statistically significant (P < 0.0052). Figure 5.1 shows this data graphically.

As illustrated in the case studies in the previous chapter, the geographic location of households has both advantages and disadvantages. The majority of the skipped-generation households studied (42 of 65, 64.6%) were not part of larger villages and were found alone, occupying their own homesteads. Six of the households (9.2%) were located in larger villages. The remaining 17 households were in small homesteads with an average of 2.6 households per homestead. In the case of 11 of these households, the homestead consisted of the skipped-generation household, and the household of a son or daughter of the head of the skipped-generation household with his/her family.

The socio-economic situation among the skipped-generation households varied greatly but did not correlate with geographic location. Some isolated households did well, others did not. The only pattern found was that the four richest skipped-generation households in the sample, including that of Ba Thomson (one of the cases presented in Chapter Four), were semi-commercial farmers and they were located far away from other households. Given the extensive agricultural activities of these households, this more isolated location was essential in order for them to access sufficiently large plots of farmland. It appears, however, that the success of their agricultural activities explains why they were “well-off”, and this was not related to geographic location per se.

A clear pattern that was found between geographic location and livelihood strategies was related to the collection of firewood and bush foods. Households in more populous parts of Misangwa generally had more trouble with these two activities, and had to invest more time and energy in finding firewood and food in the bush. Those households located in more isolated parts had much better access to firewood and were more likely to find and bring home caterpillars, rodents, birds, specific plants, and other bush foods. Population pressure and deforestation in more populous areas also meant that the natural capital, in terms of food and firewood, was less abundant.

Characteristics of the older generation

A number of demographic and physical characteristics of the older people found in the 65 skipped-generation households are presented in this section. Their age distribution can be found in Table 5.6, while the age distribution of household heads specifically is shown in Table 5.7.
Table 5.6  Age distribution of members of the older generation, by sex (n=91)

<table>
<thead>
<tr>
<th>Age</th>
<th>Female</th>
<th></th>
<th>Male</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>40 – 49 years</td>
<td>2</td>
<td>3.5%</td>
<td>2</td>
<td>5.9%</td>
<td>4</td>
<td>4.4%</td>
</tr>
<tr>
<td>50 – 59 years</td>
<td>17</td>
<td>29.8%</td>
<td>1</td>
<td>2.9%</td>
<td>18</td>
<td>19.8%</td>
</tr>
<tr>
<td>60 – 69 years</td>
<td>19</td>
<td>33.3%</td>
<td>16</td>
<td>47.1%</td>
<td>35</td>
<td>38.5%</td>
</tr>
<tr>
<td>70 – 79 years</td>
<td>16</td>
<td>28.1%</td>
<td>10</td>
<td>29.4%</td>
<td>26</td>
<td>28.6%</td>
</tr>
<tr>
<td>80 – 89 years</td>
<td>3</td>
<td>5.3%</td>
<td>4</td>
<td>11.8%</td>
<td>7</td>
<td>7.7%</td>
</tr>
<tr>
<td>90 years or older</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>2.9%</td>
<td>1</td>
<td>1.1%</td>
</tr>
<tr>
<td>Total</td>
<td>57</td>
<td>100.0%</td>
<td>34</td>
<td>100.0%</td>
<td>91</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Men were, on average, older than the women: the mean age for women was 64.1 years (median age of 65) compared to 68.2 years (median age of 68.5) for men. The explanation for this difference is that it is common for men to marry women who are younger than themselves.

Table 5.7  Age distribution of heads of skipped-generation households, by sex (n=65)

<table>
<thead>
<tr>
<th>Age</th>
<th>Female</th>
<th></th>
<th>Male</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>40 – 49 years</td>
<td>1</td>
<td>2.8%</td>
<td>1</td>
<td>3.4%</td>
<td>2</td>
<td>3.1%</td>
</tr>
<tr>
<td>50 – 59 years</td>
<td>7</td>
<td>19.4%</td>
<td>1</td>
<td>3.4%</td>
<td>8</td>
<td>12.3%</td>
</tr>
<tr>
<td>60 – 69 years</td>
<td>14</td>
<td>38.9%</td>
<td>14</td>
<td>48.3%</td>
<td>28</td>
<td>43.1%</td>
</tr>
<tr>
<td>70 – 79 years</td>
<td>12</td>
<td>33.3%</td>
<td>9</td>
<td>31.0%</td>
<td>21</td>
<td>32.3%</td>
</tr>
<tr>
<td>80 – 89 years</td>
<td>2</td>
<td>5.6%</td>
<td>3</td>
<td>10.3%</td>
<td>5</td>
<td>7.7%</td>
</tr>
<tr>
<td>90 years or older</td>
<td>0</td>
<td>0.0%</td>
<td>1</td>
<td>3.4%</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>100.0%</td>
<td>29</td>
<td>100.0%</td>
<td>65</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

The data in Table 5.7 shows that the majority of the households (75.4 %) were headed by someone aged between 60 and 79 years. Figure 5.2 shows this data graphically. The average age of the household heads was 66.9 years, while the median age was 68 years. The age of household heads ranged from early 40s to one man who was 92 years old. The lower boundary, which might seem low for members of the older generation, is explained by the fact that many people become parents, and thus indeed grandparents, at an early age\(^2\). As such, relatively young people can already be part of the older generation.

\(^2\) It is not uncommon for a girl to give birth to her first child at the age of 15. If that child is a daughter, who also gives birth at the age of 15 or 16, then the mother could be a grandmother by the age of 30.
Table 5.8 shows the marital status of the heads of the skipped-generation households studied. It shows that clear differences existed between the marital status of the women and the men. In Zambia, a man is identified as the head of a household in all instances where a man and a women are both present. The majority of the female heads of households were thus widows. Men, on the other hand, were more frequently found to be married. Only in two cases were married women identified as the head of the household: in one of these cases, the woman was married to a poligamous man who lived with another wife; in the other, the husband insisted that his wife was the head. In the latter case, the man wanted to make a point of being progressive, even though he knew that everyone around him regarded him as the household head. In general, the chances of women being widowed is higher than for men since men marry women who are much younger than they are and because women have a higher life expectancy than men. As a

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Married</td>
<td>2</td>
<td>5.5%</td>
<td>23</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
<td>2.8%</td>
<td>0</td>
</tr>
<tr>
<td>Widowed</td>
<td>31</td>
<td>86.1%</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>36</td>
<td>100.0%</td>
<td>29</td>
</tr>
</tbody>
</table>
result, more male-headed skipped-generation households consisted of married men living with their younger wife.

One common characteristic of older people in Zambia is their limited education. It is common that elderly people, particularly women, will have never attended school. In the skipped-generation households studied, this was no different. As Figure 5.3 shows, the majority of women (64%) had never attended school; for men this was just under half (45%). Thirty-eight per cent of men had attended primary school for two to four years; for women this was 28%. Less than 20% of the men had completed primary school compared to 10% of the women. None of the heads of skipped-generation households had attended secondary school. These findings correspond to the educational levels found among older people nationally through the DHS Survey of 2007, as can be seen in Figure 5.4.

![Figure 5.3](image)

At the time when most of these older people were of school going age, Zambia was still under colonial rule. Various authors have expressed their disgust over the lack of access to education for Zambians during this period:

As far as education is concerned, Britain’s colonial record in Zambia is most criminal. Her colonizers have left the country as the most uneducated and unprepared colony of Britain’s dependencies on the African continent (Tembo 1978: xii).

Kelly adds to this by explaining the educational situation at the time of Zambia’s independence in 1964:

At independence, only 110,200 Africans had completed six years in primary schools, and only 32,000 had completed the full primary course of eight years. At the secondary level, although over 8,000 Africans were enrolled in schools, only 4,420 had passed the Junior Secondary (Form II) Examination and a mere 961 had passed the School Certificate Examination. Only 107 had graduated from university, of whom four were female (Kelly 1991: 13).
Characteristics of the younger generation

In the 65 skipped-generation households studied, there were 221 children (aged one to 17) and 40 young people (aged 18 to 25)\(^3\), bringing the total number of members of the younger generation to 261. In this group, the great majority (91.6%) were grandchildren of the head of the household. One child was a great-grandchild, six were nieces or nephews, and 15 were biological children of the

---

\(^3\) In the 65 skipped-generation households surveyed, four members were identified as belonging to the younger generation who were aged 25 years (slightly older than the official cut-off age for young people of 24 years). Given their roles in the household, it was nevertheless decided to include them in the younger generation.
head of the household. In Table 5.9, the ages of the children and young people are presented by gender. Figure 5.5 depicts this data graphically. The largest proportion of children fell in the 10 to 14 years age category.

Table 5.9  Age distribution of members of the younger generation in skipped-generation households, by sex (n=261)

<table>
<thead>
<tr>
<th>Age</th>
<th>Female</th>
<th></th>
<th>Male</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>0 – 4 years</td>
<td>10</td>
<td>7.7%</td>
<td>10</td>
<td>7.6%</td>
<td>20</td>
<td>7.7%</td>
</tr>
<tr>
<td>5 – 9 years</td>
<td>33</td>
<td>25.4%</td>
<td>29</td>
<td>22.1%</td>
<td>62</td>
<td>23.8%</td>
</tr>
<tr>
<td>10 – 14 years</td>
<td>45</td>
<td>34.6%</td>
<td>49</td>
<td>37.4%</td>
<td>94</td>
<td>36.0%</td>
</tr>
<tr>
<td>15 – 19 years</td>
<td>33</td>
<td>25.4%</td>
<td>32</td>
<td>24.4%</td>
<td>65</td>
<td>24.9%</td>
</tr>
<tr>
<td>20 – 24 years</td>
<td>8</td>
<td>6.2%</td>
<td>8</td>
<td>6.1%</td>
<td>16</td>
<td>6.1%</td>
</tr>
<tr>
<td>25 years</td>
<td>1</td>
<td>0.8%</td>
<td>3</td>
<td>2.3%</td>
<td>4</td>
<td>1.5%</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>100.0%</td>
<td>131</td>
<td>100.0%</td>
<td>261</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Figure 5.5  Proportion of members of the younger generation, by age categories

The age differences between males and females were not statistically significant. Table 5.10 shows the age categories for the children (aged zero to 17 years) who were included in the sample of 65 skipped-generation households. The age distribution for this group is comparable to the age distribution for the whole younger generation included in the 2009 household survey: there were fewer young children, and the largest proportion of children fell in the 10 to 14 years age category.
Table 5.10  Age distribution for all children (aged zero to 17 years) in skipped-generation households (n=221)

<table>
<thead>
<tr>
<th>Age</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 4 years</td>
<td>20</td>
<td>9.0%</td>
</tr>
<tr>
<td>5 – 9 years</td>
<td>62</td>
<td>28.1%</td>
</tr>
<tr>
<td>10 – 14 years</td>
<td>94</td>
<td>42.5%</td>
</tr>
<tr>
<td>15 – 17 years</td>
<td>45</td>
<td>20.4%</td>
</tr>
<tr>
<td>Total</td>
<td>221</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Table 5.11 shows the orphan status of the children and young people in skipped-generation households. Of these children and young people, 78.5% were double orphans or virtual double orphans (see Chapter Two for definitions of these categories). Of the others, 15.7% were paternal orphans, 3.1% were maternal orphans, while 2.7% had not lost their parents. Furthermore, 257 of the 261 (98.5%) were living with neither of their biological parents. The presence of parents according to the categories of orphan status is presented in Table 5.12. No statistically significant differences were found between the genders.

Table 5.11  Orphan status of members of the younger generation of skipped-generation households, by sex (n=261)

| Orphan status | Female | | Male | | Total | |
|---------------|--------|----------------|--------|----------------|--------|
|               | #      | %   | #      | %   | #      | %   |
| Maternal orphans | 3  | 2.3%  | 5  | 3.8%  | 8  | 3.1%  |
| Paternal orphans | 19 | 14.6% | 22 | 16.8% | 41 | 15.7% |
| Double orphans  | 92 | 70.8% | 95 | 72.5% | 187 | 71.6% |
| Virtual double orphans | 10 | 7.7% | 8  | 6.1% | 18 | 6.9% |
| Non-orphans    | 6  | 4.6%  | 1  | 0.8%  | 7  | 2.7%  |
| Total          | 130 | 100.0% | 131 | 100.0% | 261 | 100.0% |

For all children aged between 7 and 13 years⁴ included in the household survey, 81% were enrolled at a primary school in 2009. For the group of children in the same age range who were living in skipped-generation households, this percentage was lower, at 62.5%. The socio-economic situation in skipped-generation households is the most obvious explanation for this difference. During interviews with guardians, many of them said that they did not have the financial means to pay for education. Several respondents explained that they were not able to pay the 10,000 Kwacha (less than two Euros) to enrol children at a com-

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⁴ This is the age group for which primary education is compulsory by law in Zambia.
Community school\(^5\). Many considered the notion of free education to be a farce. While primary education is technically free in Zambia, the expense of school uniforms, exercise books, and writing utensils must still be incurred by families of school-going children. For skipped-generation households, these items are often too expensive.

<table>
<thead>
<tr>
<th>Description of orphan status</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Maternal orphan – with father</td>
<td>1</td>
<td>0.8%</td>
<td>0</td>
</tr>
<tr>
<td>Maternal orphan – not with father</td>
<td>2</td>
<td>1.5%</td>
<td>5</td>
</tr>
<tr>
<td>Paternal orphan – with mother</td>
<td>2</td>
<td>1.5%</td>
<td>6</td>
</tr>
<tr>
<td>Paternal orphan – not with mother</td>
<td>17</td>
<td>13.1%</td>
<td>16</td>
</tr>
<tr>
<td>Double orphan</td>
<td>92</td>
<td>70.8%</td>
<td>95</td>
</tr>
<tr>
<td>Virtual double orphan</td>
<td>10</td>
<td>7.7%</td>
<td>8</td>
</tr>
<tr>
<td>Non-orphan – with both parents(^6)</td>
<td>4</td>
<td>3.1%</td>
<td>0</td>
</tr>
<tr>
<td>Non-orphan – not with parents</td>
<td>2</td>
<td>1.5%</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>130</td>
<td>100.0%</td>
<td>131</td>
</tr>
</tbody>
</table>

Other reasons explaining the lower enrolment and attendance rates for this group of children were also found. Some guardians explained that they only allowed children to go to school if they were clean and their uniforms had been washed, since unwashed children or those wearing dirty clothes were said to be ridiculed and teased at school. Numerous respondents (both guardians as well as school going children) indicated that the child would stay out of school if no soap or detergents were present in the home. Soap and washing powder can therefore also be seen as an indirect though essential cost of enrolling children in school. Distance to schools was another reason why some children were not enrolled in primary school. Furthermore, enrolled children did not always attend school because their labour was needed in their household. During the planting and harvesting seasons, for instance, children were sometimes kept out of school. In other cases, absence or illness of household members meant that children were

---

\(^5\) Community schools provide the cheapest education because children there do not wear uniforms, which are often the most expensive part of sending a child to school. Uniforms are not required at government run schools, but because every child wears a uniform, there is a social obligation to wear one.

\(^6\) These children lived in the Thomson household presented in Chapter Four. As was explained, this household is not a skipped-generation household in the strict sense of the word. It has been included, however, as an exception.
needed at home and would not attend school for some time. Generally, however, the children who were enrolled in school would attend school most of the time.

As was explained in Chapter Three, access to secondary education could not be assessed through the household survey. Anecdotal findings suggest that for children and young people growing up in skipped-generation households, secondary school access was lower than for children in general. Seven of the skipped-generation households had older children (aged 13 years and above) attending the two highest grades of basic education (grades eight and nine) and only two households had children enrolled in secondary education (grades 10, 11, or 12). On the whole, it is safe to say that secondary school is unattainable for most children and young people growing up in skipped-generation households in Misangwa.

As was shown in Table 5.4, the livelihood strategies of the households were found to be diverse. One common finding across the sample of households was that children and young people did a lot of work for their households. Not only were they found to be engaged in work for their own households but, when possible, they also worked for other households. This work was done in return for food, clothing, and sometimes money. The younger children (aged five to eight average) also worked for their households. They mostly did work around the house rather than on the fields or for other households. Their roles included sweeping the yard, collecting water and firewood, searching for bush foods, and sometimes light work on the land such as sowing seeds and weeding. Older children and young people did the heavier work in the fields such as hoeing and harvesting. They were also responsible for the upkeep of the house(s) and other structures in the homestead. The older girls looked after the young children and did some trading, while some of the older boys went fishing or grew vegetables.

Observations of the work done by members of the younger generation suggest that they did a lot of work for their households. Generally they were involved in the work that the heads of the households assigned to them. As was discussed in Chapter Four, some grandparents felt that the children could decide what livelihood strategies to pursue, and how to go about them. Other grandparents felt that they should make the decisions for the household. As will be shown in Chapters Six and Seven, there were differences between households in terms of the roles of grandparents. Overall, in households where the responsibilities were shared, the children did more work, were more productive, and felt better about themselves and their situation.

In a UCW (“Understanding Children’s Work”) sample of 60 developing countries, working children showed lower school attendance in 46 countries, slightly higher attendance in seven countries, while no difference was found in five countries (Guarcello et al. 2006: 2). These findings reinforce the notion that in most
countries child labour is a limiting factor for school attendance. Among the school going children in the skipped-generation households studied in Misangwa, it was found that work carried out by children was not a limiting factor for education, because the children only spent a few hours each day attending school (including the walk to and from school). Due to such short school days, there was sufficient time remaining to be involved in work. Multi-variant analysis shows that in situations where children are able to work and generate money, they are more likely to be in school (Reijer & Van Gaalen 2013, forthcoming).

Implications of the characteristics of households and their members

Across the sample of 65 skipped-generation households, a number of common characteristics of the households and their members were found. The five most important common characteristics and their implications on child development and well-being are discussed here.

The disappearance of the middle generation

The absence of middle-aged adults has many consequences for skipped-generation households, most of which are negative. Middle-aged adults are those who are expected within families to care for the older and younger generations. They are the primary source of human capital and the most important providers of labour, food, and money. The current middle generation is also part of the first generation of Zambians to have had real access to education. With their loss, families have thus also lost valuable knowledge and skills. This leads to reduced academic stimulation for children, less support for children attending school (especially in higher grades), and unrealistic expectations of the worth of primary school diplomas. These implications, as well as the potential loss of the inter-generational transfer of skills, are discussed in Chapter Seven.

The loss of human capital is one consequence for those left behind. Another is that they have to deal with the loss of loved ones. The death of parents for children and young people, and the loss of children for the older generation, is extremely painful. Those left behind face sadness, grief, and sometimes destitution. Loss of support and increased poverty is psychologically devastating and detrimental for socio-economic well-being. How members of the older generation cope will be discussed in Chapter Six, while this is discussed in relation to the younger generation in Chapter Seven. In this study, the ways in which both the older and the younger generation dealt with loss and their attitudes towards the future were found to vary. Not only did their personal well-being depend on the
way in which they coped with loss, but the well-being of other household members was also impacted. This is also examined in Chapters Six and Seven.

Another consequence of the loss of middle-aged adults, when they migrate or die, is that families lose their social capital and social networks. Many skipped-generation households have lost important relationships with middle-aged adults in the community, leaving them with smaller social networks, fewer potential sources of support, fewer possibilities to participate in social and community groups, and reduced access to information. While the loss of social capital is a shared characteristic of households, the way in which people deal with this and try to compensate for this loss was found to be different among individuals. Some people suffered and complained, others actively engaged with neighbours, their church, or other social groups. Some did both. The implications of this for both the older and the younger generations are also discussed in the following two chapters.

**Older people heading households**

In the majority of the 65 skipped-generation households, the head of the household was the only person belonging to the older generation. Heading a household, especially alone, is far from easy. Furthermore, the problems associated with being the head of a household are compounded by old age, which itself comes with many limitations and complications. Many of the older people were frail and were no longer able to carry out the tasks required of them. Income generation and farming, as well as the maintenance of houses, became huge challenges. Collecting water, firewood, and walking in the bush in search of food also became more time consuming and physically painful. This often meant that they depended heavily on the younger generation.

Not all old people faced this problem, however. Some were able-bodied and still very active, both in terms of farming and social engagement. The difference in age and physical well-being, and the attitudes of the people themselves (“I am old so I cannot do the work” versus “I am old but I will try to do everything I still can”) varied greatly. Chapters Six and Seven will further examine the differences and implications among the older generation of physical well-being (or lack thereof) and their attitudes towards old age.

Many members of the older generation agreed that they were not able to meet the responsibilities they held as guardians. Respondents said that controlling the children in their care was hard, and as their age and physical limitations increased, so this role became increasingly difficult. The respondents often talked about the anxieties and frustrations resulting from not knowing what the children and young people in their household were doing, who they were with, or where
they were. This detachment from children’s lives was reinforced as many of them were not able to accompany children to the fields, to school, or to church.

Most of the heads of households were widowed. The loneliness stemming from being unable to share their burdens was a common experience among widows. They often talked of how secluded they were and that life would be much easier if their husband (and in some cases wife) was still alive. Those who were fortunate enough to still be together indicated that this helped them a lot.

Many of the older people had not only lost their children and other middle-aged relatives, but as they aged they also lost friends and relatives of their own generation. Furthermore, given their deteriorating mobility, they found it increasingly difficult to walk the long distances to keep in touch with people outside of their household. This further loss of social capital meant that their connections with the wider community became even weaker. As the wider community starts to forget about them, the urgency to visit or support these households quickly declines. The most important source of support for many needy people in Misangwa is provided by the various churches, but the older heads of skipped-generation households were often no longer able to attend church, and thus fell below the radar of these institutions.

There were also some positive observations. Members of the older generation talked of the enjoyment they derived from having their grandchildren nearby. For people who had lost their own children, having grandchildren with them was comforting. Many explained that they saw their deceased children in their grandchildren. For the members of the older generation, there was also another benefit of having grandchildren around: older people are at risk of being stigmatised in the community when they live alone, because people might accuse them of being witches or sorcerers, which would make their lives even more miserable. With grandchildren in their home, they avoid such negative attitudes from others. A final positive finding was that the relationship between grandparents and grandchildren was often a pleasant one, and this provided for a respectful and harmonious atmosphere in many of the skipped-generation households.

Not all children and young people had harmonious relationships with the heads of their households, however. Those members of the younger generation who felt that their relationships with the older generation were strained were outspoken about this. They were also critical of their grandparents. In Chapter Seven, some of the frustrations and disagreements that children and young people had with their grandparents are presented, as are some of the ways in which they tried to deal with these difficulties.
A high proportion of households were female-headed

A large proportion of the skipped-generation households were female-headed, which had both advantages and disadvantages. The main advantage, according to public opinion in Misangwa, was for the children. People felt that women are better able than men to take care of children, especially younger ones. Children and young people echoed this view, and those with grandmothers evaluated the care and comfort they experienced more positively than did children and young people living with grandfathers. Furthermore, women are responsible for farming and other income generating activities throughout their lives, so for them it is easier to continue with these tasks once they assume responsibility for skipped-generation households than it is for men.

Almost all female-headed households were once male-headed. The female heads had built their households and accumulated assets together with their husbands, but following the death of their husbands many women lost their assets and sometimes even their land. This is because following the death of a man, members of his extended family will often go to his home and take the material assets such as pots, pans, radios, tools, beds, and blankets. In some instances, relatives go so far as to throw the widow and the children and young people out of their home. Locally, this is known as “property grabbing”, and is a common phenomenon in Zambia (Mendenhall 2007: 1).

Compared to the situation over a decade ago, some improvements have been made to stem the practice of property grabbing. For example, under President Mwanawasa (who was president from 2002 to 2008) the Zambian government improved the access of women and children to local courts. Previously, the only recourse for victims of property grabbing was to notify the Victims Support Unit of the Zambian Police; according to key stakeholders, courts at the district level are much more effective in dealing with such cases. Anecdotal evidence suggests, however, that property grabbing still occurs.

Property grabbing is not the only reason why many households lose their assets. As husbands and children fall ill, those around them lose valuable productive time, while their caring expenses (medical care, food, and so on) increase. Some respondents narrated how they were forced to sell all they had, including blankets, pots and pans, and farming tools, to pay for the care and medical expenses of the sick and the funerals of the deceased.

The proportion of female-headed households in my sample had increased between 2001 and 2009. The proportion of skipped-generation households with female heads also rose. Yet there were differences between these households, and in no way was the female gender of the head an indication of increased poverty or reduced well-being. Rather, the attitudes of these women, their physical well-being, the assets they had, and the relationship they had with their grandchildren
were what mattered most. Therefore, while women bear the brunt of the burden of heading skipped-generation households, this is only part of the story. How they deal with their situation and with the resources that they have tells a much more nuanced story about their well-being. The personal and physical characteristics of the heads of these households, and their roles in fostering the development and well-being of those in their household, are discussed in Chapters Six and Seven.

**Lots of land but little activity**

A common phenomenon found among the skipped-generation households studied was their access to land. Observations suggest that the land of most households ranged from a half to one hectare. For some it was larger. In a few instances, the land was so large that it was not possible to estimate its size. While a handful of households made extensive use of their land, many did not. In some situations, the household made no use of the land at all.

Given that agricultural produce is the primary source of food and income for people in Misangwa, it was important to find out why some households made little or no use of their land. The lack of manpower and the lack of money to purchase seeds, fertilisers, and tools were given as explanations by respondents. Property grabbing also meant that especially female-headed households often lacked the tools required for farming. Sometimes reasons were given that did not make sense. For example, some households stated lack of labour, even though a number of young and able-bodied people lived in these households. Lack of cooperation between the generations or different opinions about how farming should be conducted were the more likely reasons for inactivity in these cases (see, for example, the description of Bana Ebenah’s household in Chapter Four).

The majority of the households who did use their land grew traditional maize varieties. The field(s) of these households stood in stark contrast to the fields of their neighbours. Other households in the area were more often able to purchase hybrid seeds and fertilisers and were able to invest more time and energy into ploughing and weeding. Data that was collected on harvest size suggest that fields with new varieties of maize and fertiliser yielded between five to ten times more than unfertilised fields with non-hybrid maize varieties.

Physical and financial constraints were found to be only part of the reason why many skipped-generation households were less productive in agriculture when compared to other households. Lack of knowledge about farming techniques (such as sustainable or organic farming) other than traditional methods was also common among these households. Older people often only had knowledge of slash-and-burn farming. This traditional form of agriculture has been practiced across the world for centuries, but has become unsuitable for most
people in Misangwa today. Land use and tenure has become permanent, and people are no longer able to simply move on to new plots after they have used a piece of land for several years. Permanent farming on land using slash-and-burn techniques leads to rapid depletion of the land, in particular because people require higher yields from plots and thus the available fallow periods become shorter (Yadav, Kapoor & Sarma 2012: 2). Where land use is permanent, fallow periods are reduced to the time between harvest and planting (several months rather than several years). The depleted land then has no time to recover naturally. While there is scientific debate about the practice of slash-and-burn techniques today, studies have shown that it is associated with low crop yields and soil degradation if it is not practiced exactly as it was traditionally (El Moursi 1984: 8). As soil degrades, the land requires increasing amounts of fertiliser, which means that people need to invest money. Skipped-generation households generally do not have the money to buy seeds or fertilisers.

More older children and young people and fewer younger children

The largest age group among members of the younger generation in the skipped-generation households was the group aged 10 to 14 years. In contrast to the expected population make-up of Misangwa, the youngest age category (zero to four years) was the smallest, accounting for only 7.7% of all members of the younger generation in skipped-generation households. If we exclude those young people aged 18 to 25 years and focus only on children (i.e. those aged zero to 17 years), the proportion of children in the youngest age category is slightly larger but still much smaller than would be expected among the general population, accounting for only 9%. As has been explained, this age distribution is related to the nature of orphanhood, which more frequently affects older children and young people.

This age make-up is potentially advantageous for skipped-generation households. While care for the very young is demanding, older children and young people can be beneficial for their households. Children aged between five and nine years can be useful in collecting water and firewood, cleaning the houses and the homestead, and they may even do some light work in the fields. Older children can assume more tasks, and they were often found to have taken over most of the responsibilities of their older guardians, including childcare and income generation. The advantages and disadvantages of the age make-up of the younger generation are explored in Chapter Seven.

Discussion

Two aims were formulated for this chapter. The first was to provide an overview of the composition and socio-economic situation of the households. In the intro-
duction to this chapter, I explained that the data presented are mostly socio-
economic and demographic. The analysis of the data, however, touches upon the
various aspects defined in Bronfenbrenner’s PPCT framework. This is discussed
here.

One of the questions formulated in Chapter Four aimed to find out the rela-
tionship between the geographic locations of households and their socio-
economic outcomes. The analysis of the data did not show any significant rela-
tionship between the two. Despite there being no clear link, however, it is true
that the location of the households had many consequences in terms of one of the
four pillars of Bronfenbrenner’s model, namely context. For one thing, the loca-
tion of a household has implications for the interactions that the members of this
household can have with others. Members of skipped-generation households tend
to have few people in the vicinity of their homes, since they often live in isolated
plots, away from the rest of the community. For the younger generation, this is
not such a problem – they are mobile and can cover long distances to reach
school – but for older people this seriously limits the opportunities they have to
interact with others. Older people thus have fewer microsystem linkages, and are
less able to participate in the mesosystem linkages around the children and young
people living with them.

Lack of frequent contact with others can make people feel isolated and lonely,
but it also affects their resources. Since most of the heads of the skipped-
generation households were living away from their relatives, fewer proximal
processes occurred, which in turn implied that these people received less help.
This negatively impacted their resource characteristics and thus increased the
poverty in these households.

Resources are negatively affected by several factors, not only by the decreased
social capital of household members. Low agricultural output linked to physical
limitations and lack of farming implements and inputs, the lack of knowledge
(also a resource characteristic), high dependency ratios within households, and
lack of assets were other reasons. The illiteracy of older people also affected their
access to information, support, and social contacts. One structural problem that
affected all households in Misangwa, but skipped-generation households in par-
cular, was the lack of space to store their harvests. Even those skipped-
generation households that produced enough food to see them through the year
were compelled to buy food because they could not store what they grew.

Changes over time (what Bronfenbrenner called the chronosystem and later
macro-time), also affected the members of skipped-generation households. As
was explained, different events and trends that manifested over the course of
several decades led to fact that the majority of the households found were being
headed by a woman alone. As older women lose their husbands, children, sib-
lings, and friends, they become more isolated in the community, which is in turn compounded by their limited mobility. As they become older, many fail to participate in communal or religious activities and became even more isolated. Isolation and lack of support increase their poverty and sense of devastation. This can lead to depression and fatalism, which negatively affects their force characteristics, namely differences in temperament, motivation, persistence, and the like (Tudge et al. 2009: 204). Chapter Six presents life stories that show how people’s lives have changed over time, and how these changes can help to understand their attitudes and beliefs in the present day.

Relationships with others (what Bronfenbrenner called process factors) were found to be relevant both outside and within the households. As was shown in Chapter Four, relationships between the two generations in the homes also varied. Chapters Six and Seven focus on the type of relationships that exist within these households, the ways in which the generations evaluate these relationships, and the impact of these relationships on child development and the well-being outcomes of all household members.

The second aim formulated for this chapter was to raise important questions and issues requiring further examination, based on the data presented. Some of these issues have already been mentioned, but the four most important issues that emerged are summarised here.

The first is the role of the older generation in income generation and food production, which relates to the aspect of process factors in the home. Some members of the older generation were in control of the decision making in their households, others worked with the members of the younger generation to come up with shared plans and strategies. The question that this raises is how the role of older people in decision making affects the productivity of and the social relations within the households.

A second issue is the composition of households. The findings raise a number of questions: Does household composition influence the socio-economic situation or well-being of household members? Are older children more ‘profitable’ for households in a socio-economic sense? To what extent does composition explain differences? What factors, apart from household composition, are important?

A third issue that is relevant in this regard is the social capital of the older generation. Again this is related to context, but it is also clearly related to other aspects of the PPCT model, such as the interrelations between person characteristics and time. Many of the older generation living in skipped-generation households had limited social networks and did not have much contact with others in the community. This led to loneliness and unhappiness. What are the implications of these limited social networks for the young and the old? What does it
mean for children to grow up with these relatively isolated people? Who looks after these children and who corrects and protects them? Another question that arises is whether lack of money or economic capital leads to lack of social capital.

The final issue that emerged is the loss of knowledge and skills, which potentially has consequences for the well-being and development of the younger generation. Again it is the interplay between the person characteristics of the members of the households, changes over time, and the contexts in which they exist that need to be analysed. The older generation is poorly educated at best; some never attended school at all. Much has changed since the days they were middle-aged adults. When their children were old enough, they passed on their responsibilities for income generation and farming to them; but when their children died, they had to reassume many of these responsibilities. The skills and knowledge that these older people have, however, are out-dated. What happens to children who have learned other things from their parents, at school, or elsewhere? Do the elderly accept that children know things that they do not know? Are they willing to accept that the era they live in requires different approaches than the era they remember? What does all of this mean for the children growing up in these households? These questions, and others raised in this chapter, are explored and answered in the following two chapters.
Introduction

This chapter and the next form a pair, as they focus on the two generations living in skipped-generation households. While this chapter looks at the older generation, Chapter Seven focuses on the younger generation (children and young people).

This chapter has two aims. The first is to examine the well-being of the older generation in skipped-generation households. How do they experience their lives and their responsibilities as guardians of their grandchildren? In addition, how does their well-being or lack of thereof impact the well-being of the children in their care?

The second aim is to provide insight into how these older people manage their roles and responsibilities as guardians. The question to be explored is whether they are able to provide the material and emotional support that the children in their care need in order to develop into healthy and educated adults. To answer this question, it is necessary to explore the roles they play in accomplishing this task of raising the children in their care, as well as their particular physical and emotional capacities. It also requires an examination of what these guardians feel that child development should entail and how they see their role in facilitating this development. Comparing what people feel they should do, and what they actually (can) do, will help to evaluate their role as guardians.

In the local context in Misangwa, being a grandparent is about having grandchildren and not about how old a person is. It is therefore possible to find grandparents who are as young as 40 years old. Despite their young age, their social roles imply that they should be included in the older generation. As such, the
definition of skipped-generation households refers to households missing the middle generation, but does not necessarily imply a large age difference between the remaining two generations.

Given the specific situation that members of the older generation in skipped-generation households live in – a situation marked by poverty, the unexpected responsibility of raising grandchildren, the death of some of their own children, and the loss of other sources of support – their well-being is complex and difficult to assess. The following excerpt from an FGD conducted with a group of older people in Misangwa in 2008 shows how complex and multifaceted the definition of well-being can be.

Moderator: What gives you happiness?
Grandfather 1: Despite all the troubles I have in my life it makes me happy when someone comes and asks me “How are you?”
Group: No, that is not happiness.
Grandfather 1: For me, to be greeted and appreciated by others, gives me happiness.
Grandmother 1: Happiness requires many things like food and shelter, the basic needs. If you don’t have those then someone greeting you will mean less and you will hope that person goes further to provide things for you.
Grandmother 2: Yes, not only food and shelter but you also need clothes to be happy.
Grandfather 2: Is that very important? What good are clothes to you when you are sick?
Grandmother 1: Yes, not only food and shelter but you also need clothes to be happy.
Grandfather 2: Is that very important? What good are clothes to you when you are sick?
Grandmother 1: Medicine and medical services are very important to me, more than clothes.
Grandfather 2: For me information is very important. You go to the clinic and they ask you to pay even if you are not supposed to. Without information we face corruption.
Grandmother 1: It all comes to money. I don’t have money but if I did I would be able to buy all those things that we have been mentioning.
Moderator: Besides the things you mentioned – food, shelter, clothes, health and money – are there other things that bring you happiness?
Grandmother 3: Satisfying my spiritual needs.
Grandfather 2: To appreciate God for keeping me for so long. I am still alive!
Grandmother 3: We don’t live long for many people to attend our funeral. No! We appreciate the Lord and want to go for Him and ourselves. That is what I mean with spiritual needs.
Grandmother 1: That is one thing but if your spiritual needs are met but your stomach is empty you might see your funeral before you want to.
Grandfather 2: So all these things that have been mentioned are important. I presented information. Someone mentioned shelter and clothes, or good health. You can see we are old as we sit here and we have talked about all of us looking after the young ones. When you can’t meet your own needs or the needs of the young ones there is no happiness.
Grandmother 1: Yes! There is just poverty.

The set-up of this chapter reflects as much as possible the agenda set by Bronfenbrenner, through his PPCT model, for the ecological study of child development. Bronfenbrenner and his colleagues paid a lot of attention to parents, parental monitoring, and social contexts. The reality of skipped-generation households
implies that the focus needs to be on guardians rather than parents. In a 1994 article, Bronfenbrenner and Ceci mentioned research conducted by various scholars (Drillien 1964; Tulkin & Kagan 1972; Tulkin 1977; Fischbein 1980; Luster, Rhoades & Haas 1989; Moorehouse 1991), which, according to them, show that proximal processes (the experiences that a person has with people and objects in the various settings s/he encounters) and their impacts vary according to various contextual factors related to parenting. These include maternal beliefs, the quality of mother–child interactions, the attention given to children’s school-based experiences in the home, and the degree of parental monitoring of young people. In an earlier piece, Bronfenbrenner and Morris (1988) hypothesised that the power of proximal processes varies according to the characteristics of the individual and the environment, as well as the developmental outcome. By focusing on the four pillars of the PPCT model – process, person, context, and time – in relation to the older generation in skipped-generation households, it will be easier to understand their roles as well as to define the environments in which children living in such households grow up. This will be done as follows:

Process factors, the first of the four pillars, are the interactions between the object of focus, in this case the older caregivers, and the people around them. The most intense interactions take place in the home. Only in a handful of the skipped-generation households did the older generation consist of more than one person, thus the interactions that are focused on for this pillar are predominantly between guardians and the children in their care. The process factors as they occur in other social settings, such as the relationships that older people have with their neighbours and the wider community, will also be analysed.

The construction of life histories provided some of the insight into the second pillar. Here, the personal characteristics of members of the older generation are presented, including descriptions of their youth and upbringing, and their opinions on life in present day Misangwa and on the skipped-generation households in which they live.

The third pillar of Bronfenbrenner’s model is context, or rather contextual embedding. The macro-level contextual layers defined in the model – namely the exosystem and macrosystem – are not discussed here because these levels have been discussed indirectly in other chapters (see Chapters One and Three). The other two contextual layers – the microsystem and mesosystem – are discussed in the fourth section of this chapter, where the focus is on the individual level, the household level, and the community level.

The concept of time is also captured through the life histories. It was not possible to capture time in the fashion that Bronfenbrenner intended: cohort data is not available and this research did not allow for many visits over a long period of time. However, by focusing on the lives of the older generation in different peri-
ods – starting with their childhoods and ending with their role as primary guardians of their grandchildren – it became clear how their lives have progressed and how their expectations have changed over time. The analysis of the life histories shows how the current psychosocial well-being of the older generation is not only related to their current life situation but also, to a large extent, to their experiences throughout their entire life course.

This chapter is set up as follows. In the following section, some context is provided that is essential to understanding how and why members of the older generation look at themselves and their roles in particular ways. It focuses on the expectations that these people have of others but also looks at what they expect of themselves. Then, the next section provides a detailed description of the life histories of the older generation living in skipped-generation households. These have been reconstructed based on data collected by means of in-depth interviews and FGDs. The fourth section deals with context, and three contextual layers – individual, household and community – are presented. The fourth section entitled ‘Three levels of experience’ examines the experiences of the respondents on the individual, household and community level. In the section that follows the main variations accounting for the differences between the different skipped-generation households, in terms of socio-economic status and well-being, are outlined. Finally, the main findings are presented in the ‘Discussion’ section where several conclusions are drawn in relation to the two main aims formulated for this chapter.

Expectations of others and expectations of oneself

Issues surrounding expectations frequently emerged as important topics during interviews with members of the older generation. In general, they formulated two categories of expectations. The first are expectations they have regarding others, or more specifically regarding the roles of others in meeting their expectations for their old age. The second are expectations they have for themselves, as heads of a household and as guardians of children who depended on them. Both of these expectations are discussed below.

Based on how the older respondents had perceived older people and grandparents when they were younger, they had developed clear visions of what their days in their old age would look like. During their lives, however, they have seen huge changes in their social context. They have watched their children become sick and die, and other middle-aged adults die or migrate away. They have had to assume the role of primary guardians for their grandchildren and for other dependent children who have turned to them. In terms of macrosystem changes, since the 1970s the Zambian economy has been deteriorating and unemployment
has increased. Recent years have seen the economy pick up, but this has brought few tangible changes for rural populations. Social inequality has increased, which has had dire consequences for the old, those affected by HIV/AIDS, and for people in rural areas. The most important consequence of all these developments is that their expectations of old age and their expectations of others, particularly their children, have not been met.

The second set of expectations was those that the older people held for themselves as guardians. They were asked to describe successful child development and the roles that they, as guardians, should play to facilitate this development. A group of 50 respondents were involved in this exercise through in-depth interviews, informal conversations, and FGDs. The respondents focussed on two aspects of care that they felt were necessary for child development to be successful: material care and social care. Material care relates to nutrition, health, protection, adequate housing, proper clothing and education. Social care relates to social contacts and relationships with members of the family, and the socialisation of the child into the community and with religious groups. Child development, according to the respondents, is successful when a child has developed into a healthy and educated adult (linked to material support) who is social, responsible and religious (linked to social support).

The next challenge was to find out which roles and responsibilities the older respondents assigned to guardians. They described guardians as the most important people in the lives of children whose parents can no longer care for them, as they are the ones who help children to develop into healthy, educated and sociable adults. They felt that guardians should be responsible for the nutrition, health, education, and religious upbringing of children. The socialisation of children was considered the responsibility of the wider family and the community. In terms of the expectations they held for themselves as guardians, the older respondents felt that they should provide all the material support that the children in their care needed. In the following sections, it will be shown that their inability to deliver on these expectations impacted their well-being and sense of self-worth.

Life histories

Twenty-eight heads of skipped-generation households were interviewed to trace their lives from their earliest memories to the present day. Life history data provide insight into the experiences of people during their life course. This methodology allows informants to identify moments and events in their lives which they feel are important. It is also a method that allows respondents the freedom to raise issues that they want to discuss. Life histories can therefore provide infor-
information on issues that the researcher might not have considered. During the exercise conducted for this study, a number of unexpected issues emerged, which were later researched in more depth.

Figure 6.1 shows the issues that the 28 respondents mentioned during the interviews and FGDs. The size of the text in the diagram correlates to the number of respondents who raised the issues.

**Figure 6.1** Issues that emerged from the life histories (text size corresponds with the number of respondents who mentioned the issue)

<table>
<thead>
<tr>
<th>Issue</th>
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<tbody>
<tr>
<td>Loss of self-efficacy</td>
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<tr>
<td>Ill-health</td>
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<td>Widowhood</td>
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<td>Social isolation</td>
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<td>Poverty</td>
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<tr>
<td>Death of children</td>
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<tr>
<td>Lack of support</td>
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<tr>
<td>Unmet expectations of old age</td>
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<td>Loss of assets</td>
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<tr>
<td>Loss of assets</td>
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<tr>
<td>Loss of perspective</td>
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<tr>
<td>Death of children</td>
</tr>
<tr>
<td>Caring for grandchildren</td>
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<tr>
<td>Unmet expectations of old age</td>
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<td>Loss of assets</td>
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<td>Loss of perspective</td>
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During their childhoods, the respondents had been involved in many of the same activities that children today are involved in. They assisted with chores around the home, worked in the fields, and supplemented the household income or food supply by fishing, hunting or roaming for bush food. Girls married early and their marriages were arranged by relatives. The young men who married moved into the village of their wife’s family. Later, when the newlyweds found land and had acquired the skills required to start their own farm, they moved out.

All respondents said that they had grown up in large villages. They found it difficult to estimate the number of houses but most agreed that the villages of the past were much larger than those seen today. They also recalled that family relations were more central to daily life. The following two quotes show how the respondents saw these changes:

When I was young we lived in a very big village. There were uncles, aunts, my parents, grandparents and many other relatives in the same village. More than twenty houses! It was good to live like that because as a child you knew your family. There are no villages like that nowadays ... the villages have disappeared and everyone lives alone these days. (69-year-old grandmother)

The villages were large in those days, and as a female you didn’t leave your village ... even when you got married. The men would move to your place and you would remain with your own family for many years. Some would move out but I stayed with my relatives. It was good that way because you always had your family to care for you, even if your husband went away for work. (61-year-old grandmother)

The respondents remembered social events that took place during their early lives. The large harvest celebrations, which all members of the village participated in, provided fond memories.

In those days everyone used to share. As a family we had land and everybody contributed to the work that had to be done. When the fields were harvested the food was shared among all the people. Everyone would get something: those with many children would get more, those with few children got something smaller. But it was a good way to share, no one had hunger in their house. (70-year-old grandfather)

Another social event that the older respondents recalled were the celebrations when hunting parties returned home with animals such as antelopes, elephants or hippos that they had successfully hunted. Harvest feasts are seldom organised in present day Misangwa, principally because there are so few communal fields left. In the past, villages cultivated land together; nowadays, fields are owned by individual households. There are no shared harvests and thus no incentives to celebrate together.

Knowing about the past life experiences of the older respondents is important for understanding their current sense of wistfulness. Most respondents looked back at their childhoods with nostalgia, as a time when life was good. It is natural for old people to romanticise the past, particularly if they experience misfortune later in life. However, the respondents’ nostalgia has a factual basis. The things
that they felt have changed or have disappeared included the upholding of traditions, extended family life, and the absence of hunger or poverty. The older respondents grew up in families with strong relationships. Listening to them, I realised how different life in Misangwa is today compared to when they were growing up. Not only has family life changed, but family structures have changed, traditional support and kinship structures have become weaker, and many of the respondents’ younger relatives have died or moved away.

*Life with young children*

All 28 respondents had children of their own. Only one of the 28 had never been married. She had delivered three children, but all from separate fathers who had never proposed marriage to her. The average number of children per respondent was 8.4. They had had large families, but not as large as the families that they grew up in, and when compared it is clear that fertility rates dropped by close to 50 percent in one generation. A further difference between the older respondents and the generations above them was their relative mobility: five of the older women respondents and seven of the men had lived outside Misangwa for long periods of time. Often, it was the men who moved to town to work and their wives sometimes joined them.

According to the respondents, infant and under-five mortality rates were high when their children were young. Inquiries into neonatal mortality proved difficult and were not appreciated. The respondents were, however, willing to talk about the fate of live births. Most had lost one or two children when they were very young, some had lost older children. Diarrhoea, malaria and accidents around the home, often involving fire, were mentioned as the causes of death for older children. Burns, drowning and infections resulting from accidents were mentioned in relation to the deaths of adult children. The losses were explained as acts of God, or as a part of life that one has no control over:

> It is only now that people have started naming their babies when they are born. When I was young we used to wait for maybe two months before giving the child a name. Only if it would live and not die then we would give it a name. It was normal that babies died in those days. (70-year-old grandmother)

> Sometimes a baby is born but it was not meant to be. Then you may find it is taken from you, there is no reason for this only that it was not meant to live. We used to find this happening often and we would just try again to see if the next child was meant to live its life. (70-year-old grandmother)

The respondents had been able to provide their children with education. Those who had lived in town had sent their children to vocational training or higher education. Those who had remained in Misangwa were able to provide their children with full primary education and some years of secondary education. The data presented in Chapter 3 on the educational attainment levels of people aged
20 to 50 years (the age group that represents the children of these older respondents) shows that the number of years of education for this group is much higher than for their parents. Education was often seen as being key to living a successful and wealthy life. The respondents held great expectations for their children because of this.

We gave all of our 12 children a proper chance at life. All of them were able to go to secondary school and those who were serious managed to complete grade 12. I hoped they would do well in life and perhaps support their parents when we would become old. (68-year-old grandfather)

In total my husband and I had nine children. Three died at an early age. The remaining six all went to school and completed either their grade 9 or grade 12. It was a good time because it was easy for us to send them to school hoping they would not be forced to live the lives that their parents lived. We believed that education would help them to develop. (60-year-old grandmother)

Some of the frustration and despair that many of the older people talked of was linked to these unmet expectations. They felt that they had worked hard to provide their children with the skills to live a better life, yet despite the investments their expectations had not materialised. Many of their children had died and those who were still alive were not in a position to support them. The dream of growing old supported by their children had not become a reality.

Of the 28 respondents, 16 had spent all of their lives in Misangwa. The other 12 had lived in town for some time and returned to Misangwa to retire. Those who had spent their whole lives in Misangwa were subsistence farmers, and their life stories were more or less comparable. One exception was an elderly woman who had spent many years working for the Italian priests at St. Anthony’s Mission. Her husband was a janitor at the Rural Health Centre and had quite a reputation among the people who knew him. Bana Bwingi, one of the key informants for this research, explained:

Why she is called Bana Green? Well, it is because of the work her late husband, Mister Green, used to do. He was the person who kept the hospital and the surrounding areas clean. Because of his job he used to always dress in a nice suit, with a tie, and he was always very clean. That is why people called him Mr Clean ... But the people here do not speak English and they cannot pronounce some words. So instead of calling him Mr Clean they used to say Mr Green. And over the years he has been known as Mr Green and his wife as Bana Green.

This quote provides insight into several aspects of rural life. A man who wore a suit attracted attention and was called Mr Clean. Most people in Misangwa were poor and only owned one pair of good clothes that they would wear to Church on Sundays. Some had no good set of clothes at all. Someone who dressed smartly was thus a rare sight. The quote also shows the limited education of most rural people and the amount of gossiping that takes place in the community. During interviews and FGDs, several people commented about the level of
gossip and storytelling within the community, stating that any behaviour considered not quite usual was immediately noticed and talked about.

People who had spent part of their lives in town had very different life histories than those who had never left Misangwa. The respondents who had lived in town talked about the nice houses they had lived in. They described how they had earned high salaries and lived modern lives and dressed in Western clothing. Two respondents had owned cars. In his book on modernity in the Copperbelt Province, Ferguson named this difference “cultural dualism”, where a clear distinction is made between urban European modernity and rural traditional African village life (Ferguson 1999: 82-84). The narratives shared by these older respondents illustrate this dualism. In the urban towns they experienced higher levels of wealth and their children had better educational opportunities. These families were more exposed to modernity and as a result had lost some of the cultural norms and practices that people in the rural areas held on to. I will explain in second to last sections how their wealth, lifestyle and altered social behaviour affected how they were received upon their return to Misangwa.

*Life with adult children*

When talking about their adult children, the respondents provided contradictory stories. On the one hand, they talked of young, healthy and well-educated people who were geared to live a better life than their parents. On the other hand, they talked about a generation severely impacted by death. Many of their children had died over the last decade; most had died of HIV-related illnesses. Both sides of the story are described below.

The children of the respondents who had lived part of their lives in town had remained there when their parent(s) had returned to Misangwa. Many found employment in the urban areas of the Copperbelt region or in Lusaka. For the older respondents, this meant that when they first moved back, they had no longer had their children around them, even before the mortality among their children began to take its toll.

The older respondents generally felt that their children had done well. They had jobs, had gotten married, and had children of their own. On average, the older respondents had around ten grandchildren, but a few people had more than 25. The experience of having grandchildren varied among the respondents. As the following quotes show, these variations were related to where their children and grandchildren lived.

*It was a good time for me. Two of my daughters lived in our village for many years so I was together with the grandchildren every day. They used to spend time with me when the parents had gone to the fields or when they had to do business. It was good for me since I enjoyed the company of those children and you see something of yourself in them.* (70-year-old grandmother)
When I received my benefits it was time to leave town but our children remained there. So for many years I never knew my grandchildren. They were in town with their parents but it was not possible to visit each other often. There were some that I only knew when they were already grown up, maybe 12 or 13 years. (69-year-old grandfather)

Some of the grandchildren were close to my home, others lived further away and I did not see them often. Those who lived close used to visit my home many times. Sometimes they would pass through, other times to come to stay with us for a night or longer. The grandchildren who lived in town were not here often. Some would come to spend their holidays at our home but not often. Once your children go to town they may not want to expose their children to life as it is in the bush. (61-year-old grandmother)

The transition from the ‘normal’ situation of life and death as it used to be, to a life that consisted of many deaths, large numbers of orphans in the family and increased poverty, occurred within a period of only a few years. At first people did not see a trend, but as more and more of their children died they realised what was happening. The orphans, upon joining their households, then made it clear that life had really changed. This transition is discussed in the following section.

The loss of children and other relatives

There are many factors that cause mortality among middle-aged people, including disease and accidents. While the mortality rate among middle-aged adults has always been high in the area, during the late 1980s and 1990s it rose sharply. The deaths of the respondents’ children from HIV-related causes did not occur at once. The respondents described how they slowly began to realise that something was very wrong in their families. Their children first began falling ill in the late 1980s, but it was not until the mid-1990s that mortality rates increased dramatically. Some respondents lost a number of children within a few months. Some mentioned that one or more of their children had started ART, had recovered, and were rebuilding their lives. However, the stories shared show that for the majority, ART came too late:

I had a total of nine children. Seven of them died between 1989 and 2002. When the first, a son, became sick and died, we only found out about this later. His wife had sent a message to say that he was dead and that he had been buried in Petauke in 1989. He was a strong young man and they didn’t specify what had happened. Then my third daughter died – she lived here with me in Bulima area – and I was with her when she died. No one knew what was wrong with her and why they failed to save her at the clinic. Later on many more people died and they started talking about this HIV/AIDS ... Now I have come to realise that all of my children who died had the same [disease]. It was terrible: one day you think everything is fine, the next day you find that your children are dying and that problems are everywhere ...

(60-year-old grandmother)

You know people come and go. When my child died we thought it was the flu or malaria that killed her. It was sad to see a young person die such a death but it is part of life. When more and more young people were dying, and all my children were either sick or dead, it was clear that something else was happening. It was not like before when maybe one or two of your children can die. Within one year I lost three children all to the same disease! Then I knew that the future would not be as I had expected during my life. (68-year-old grandfather)
The respondents had all lost adult children; some had lost one or two, others had lost all of their children. In the beginning, few people had heard of HIV or AIDS and the deaths of middle-aged adults remained unexplained.

I had 10 children and 14 grandchildren. Of those, seven children and five grandchildren have died. Today I am living with eight grandchildren. Two of my children live far away but one lives nearby and she tries to help me when she can. The fourth is my young son; he is now 24 but doesn’t do anything with his life. I can say he is a drunk. That is why I do not mention him at first. He is no good and doesn’t do anything for his old mother. The daughter I have lives near Water Works [approximately 15 kilometres from her mother’s home] but passes through here when she has to go somewhere. Her husband died last year and she is now caring for her own children and for four orphans. (62-year-old grandmother)

Around me I have seen the deaths of many young people. Fortunately the Lord has spared my family. Of the 7 grownup children I had there is only one who died early, when she was 25. The others are still with us. It is the children of my daughter who died that you will see around my house. (55-year-old grandmother)

They are all gone ... Some died outside the country where they were working. Some died in Ndola, and others just died here, where you are standing right now. This is not according to my expectations and today I am an old man who has no family, no children, no wife ... It is just me and these grandchildren. (69-year-old grandfather)

People did not know why their children were dying and some felt responsible for their deaths. When talking about this period, some of the respondents said that they were actually glad to learn about HIV/AIDS. Knowledge of what had killed their children meant that they were no longer blamed for the deaths by their relatives and others in the community. Even in a society where people hardly ever talked of HIV or AIDS – they talk of “the disease” or of “a long illness” – the respondents experienced an end to the blame that was directed towards them.

We used to be blamed, as old people, for the deaths of our children. “You have poisoned them” or “you have used witchcraft to get rich and now your children are dying” is what people used to say. There was nothing to say, no good defence, against such people. But why would a parent want to kill a child? It was only later, when we got to know about HIV/AIDS, that things became easier. If someone accuses you it was easy to tell them that the death of so-and-so was not unexplained, there was a reason and it was killing many young people. It was terrible to lose so many young people from the family but it was good to know that it was not our fault ... as old people. (87-year-old grandfather)

Witchcraft was often seen as the cause of death in the past. People would gossip that a parent, like myself, who lost many children, was to blame. Either for financial gain, or to do well at hunting or farming, drove people to use witchcraft. I knew I had done nothing wrong but perhaps someone else had used witchcraft on my children? Now I have come to realise it is no one’s fault, it is the disease that has killed so many of our people that is to blame. (70-year-old grandmother)

According to the stories shared, many of the adult children – mostly daughters – had come to their parents for support and care when their health had started to deteriorate. The much smaller group of men who were nursed by their parents before they died were usually living in their parental village when they first became ill, though four cases were found of sons who had migrated back to their
parental village. Women, on the other hand, travelled home to their parents from other villages and urban areas when they became ill. This migration, known as the going-home-to-die syndrome (Foster & Williamson 2000), was something that many respondents had experienced.

When the women had come to their parents during sickness, they had brought their children with them. These children had thus spent months or even years living in their grandparents’ village during their mother’s illness, and when orphaned, it was common for their families to leave them in the care of their grandparents.

My daughter used to live in Ndola with her husband. They had five children together. After her husband died in 2002 she came to live with us. She said she had no job and had to leave the place she was living since it was rented. When she came here we were happy to have new people living here, especially the grandchildren. In 2003 I saw she was not well. The following year she was very ill and for many months we cared for her but in the end she died ... She was buried next to the relatives. During the funeral all members of the family sat together to decide what would happen with the children. Three of them stayed with us while two went to live with their uncle in Luanshya. (60-year-old grandmother)

My son lived in our village. He had two children living with him but was in separation with his wife so she was not around that time. After he died we were scared that the maternal clan would come to demand those two grandchildren. But they were not seen. So we had to keep those children ourselves and they have been with us since 2004 when my son died. (61-year-old grandfather)

Three daughters came back to live with us when they fell sick. Two were living close to our home but one was in Eastern Province. After each of them lost her husband they came back to live with us here at our home. All three eventually died ... The grandchildren remained with us when their mothers died. (75-year-old grandmother)

Tradition is such that you worry about the children of your daughters. When she dies it is you and the family who have to find a solution to the problem of those children who are left behind. When your son dies you can go there, to his wife’s home or family, and claim what there is to inherit from your son. The children, even if they are your grandchildren, are not for you ... It is for their mother’s family to decide what happens. (75-year-old grandfather)

The children you can see around my home today are all children of my daughters who have passed away. There is one young boy who was the first born to my son and he is also with me because his wife was treating the boy badly. We went there to claim him ... with the others there is no such thing, those children just come to your house and you have to accept them. (59-year-old grandmother)

The sort of decisions that families needed to make during the early days of HIV changed over time. It was usual for the children of the first adult child to die to live with their uncle or aunt (the brother or sister of the deceased), though as more young people disappeared from family networks, the options for fostering reduced. The only option left in many cases was for grandparents to care for the orphans.

At first life didn’t change so much. If you were unfortunate to lose a child, you would organise the funeral and burial and the grandchildren left behind would be cared for by one of the other children. It is very sad but since we have big families you can continue to live a normal
life. It is when many of your children have died that you begin to worry ... I asked myself who would care for me when I would be old, who would come to thatch my houses, who would work on my field ... It was later that I saw what the biggest problem was: there was no one to look after the grandchildren. (60-year-old grandmother)

If you are lucky as an old person today you will find yourself deciding what to do with the children together with other old people. If you are not lucky it will just be you, and the children will have nowhere to go ... So they stay. (50-year-old grandmother)

Here it used to be that your brother's children were also your own children. If you died, your children would go to your brother's or your sister's place. What we see more and more these days is that old people are now the ones who are caring for our grandchildren. In the past the elderly were there to be cared for by their relatives; they would receive food and move to the home of one of their children where they would be looked after. In my work I see that this has changed very much. Old people are often found living alone without any support from their relatives and many are looking after their grandchildren. In the past we would not have this but today I am no longer surprised when I find one of my old clients looking after six, or seven, or even ten children. Our society has changed very much. (Paul Kolala, Project Coordinator for an NGO operating in Sakania and a key informant)

In the next part of this section on life histories, the focus lies on the lives of the respondents after the deaths of their children.

Life with grandchildren

The guardianship role played by the older generation has changed over the years. Previously, it was a temporary arrangement that benefitted everyone. It was common for children to stay with grandparents for extended periods of time, while the middle generation supported their parents. As many members of the middle generation have died, however, things have changed: fostering has become permanent, the support for older people from their own children has disappeared, and thus the arrangement has become a burden for many grandparents. In the survey, for instance, most grandparents in skipped-generation households said that they received no support at all, while the number of children in their care has increased to as many as eight or ten.

At first I was very happy. When my daughter lost her husband in Mfulira she asked me if I wanted to look after her two children for some time. I agreed and said they could come to stay with me and attend school at Mfulabunga School. Their mother visited us sometimes and always sent money for the school fees ... Then she died and it became a bit tougher for me but still I managed. Then my other daughter came to stay with me, she brought three young ones. Then when she died I realised the children were not visiting me and keeping me company. No, they were now my children to take care of. Slowly things changed. It was a joy but it became a problem which has put me in the situation I am in now. (67-year-old grandmother)

This quote reflects the changes that many of the respondents have experienced. At first they were happy that their grandchildren had come to live with them, because the grandchildren kept them company, did chores around the house, and were not a financial burden since the parents of the children supported
them. This made the older persons’ lives easier as they had both money and children to assist around the house and in the fields. Many said that as the number of children increased and the support from parents disappeared, the joy turned to desperation.

When these problems started it was maybe one or two children who needed to find someone to look after them. For me it was easy to take in those. As more people came to my door things became very difficult. Today I have nine children living with me. To care for them properly is not possible since I have nothing to give them. (69-year-old grandmother)

One, then two, then three. Those days I managed. When the numbers kept increasing it became more difficult in many ways ... How can you expect an old man like me to be caring for seven children as I am doing today? You don’t even have enough space in the house and I am too old now to build an extra hut for them. (68-year-old grandfather)

Many respondents felt that they were being burdened beyond their capacities:

What can I do? There is no food in our home, no money for school fees. Only hungry eyes. These children came to my place and they are part of you ... they are your blood. Despite the problems I face I had to keep them and yes, if other children would come to me I would take them into my home. They have nowhere to go. (70-year-old grandfather)

I am unable to provide for these children. There is not enough food, there is no money for schooling, and I am too old for farming. When you grow hungry there is no one I can ask to help us. My children are all gone and other relatives are old like me. We all face this issue of caring for the orphans and you just have to accept that the Lord has me in mind as their guardian. (64-year-old grandmother)

These two quotes reflect how many respondents felt. They often said that they would take in more children, even though they could not care for them, if they had nowhere else to go. These comments reveal how the lives of these older respondents have become increasingly difficult. As the households have grown in size, the challenge of feeding themselves and the children has become more difficult, and day-to-day survival has become the primary goal in life.

As the number of children increased it was no longer possible to provide the young ones with enough food. Often we go to bed with an empty stomach. The children become very hungry and sad when there is no food in the home. Especially the young ones, they do not understand. (57-year-old grandmother)

Food was always a problem for me but it became difficult to store the harvests. Since more and more people needed a place to sleep I was unable to keep the maize from the fields. In terms of economics it is a bad thing because you always have to sell when the prices are low. Slowly I had to sell more and more and then later when we ran out I had to buy at higher prices. Today we are with eight and I can only store four bags, in the past I could keep more than ten bags and we would have enough until the rains [December]. Now we run out in the cold season [June or July]. (60-year-old grandfather)

Bush foods have become more important for skipped-generation households as the number of grandchildren have increased; indeed, many people have come to depend on them. Because of this, members of such households spend a lot of time searching for edible plants, roots, and insects or small animals. Some of the
respondents shared how their increasing reliance on bushfoods has become a problem. The population of Misangwa has increased over the years and this has brought many changes in the area. For one thing, the population density has increased, and this has led to more people searching for food in the bush. As a result, the supply of such foods has decreased, and people are forced to walk further to find them. This takes a lot of energy and reduces the productive time available for other activities.

Finding food in the bush has become very difficult. In the past it was abundant but now we have to walk for many hours to find the forests that provide this food and when you are there you may find somebody has already been there and all the fruits or caterpillars have already been collected by someone else. When I was young there was plenty for everyone but now it is like the market. Everybody goes there to find food. (60-year-old grandfather)

We used to have many fruit trees here, even in our village. We had many mango and papaya trees and there were some guava trees also. But people have no idea how to keep them and they may cut down a tree or break off a branch just to get the fruit. As you can see now there are no more trees here and that source of food is gone. To find anything can mean walking for many hours. (69-year-old grandfather)

The older generation face more problems than the struggle to provide for their grandchildren and dealing with the loss of support from their own children; they also experience difficulties in balancing their old and new social roles. The role of grandparent implies a different relationship with children than the role of primary guardian. Some of the older people felt that they were failing to combine these two roles, since they were only able to fulfil their role as a guardian but no longer able to be a grandparent. They often expressed their frustration about this and blamed not only themselves but also their grandchildren.

Being a parent and being a grandparent are very different things. It is for parents to control the young ones, it is for grandparents to sit with them, to share stories and to make life easier for them. Today I feel I often only have the time and energy to control them and to tell them what to do and how to do it. We don’t have time to sit together or to share stories of the past. I miss that time that I used to spend with them. (67-year-old grandmother)

It is not possible to be a parent and a grandmother to children. Once you become their parent they no longer see you as a friend or as someone they trust. Especially the girls used to come to me when they have problems, nowadays they never want to discuss things with me. It hurts me that they don’t see me like they used to do. (69-year-old grandmother)

Children nowadays have no patience with old people. When you ask them to sit with you or when you start to tell them stories they simply refuse. They will say they are busy, or that they don’t want to talk about this past. They have lost the respect in listening to their elders. (75-year-old grandfather)

In Chapter Seven I will go into greater detail about the complexities of the issues raised in the quotes above. Listening to your elders’ stories is indeed an important way of showing respect for them. Yet the topics that the older generation wants to discuss with the younger generation may not always be what the latter want to hear, especially when it comes to stories about how life used to be,
who their parents were, and that life in the past was much better than today. These are all common themes in the stories shared by older people, and they might be too painful and traumatic for children. For some of the children, this lack of interest in hearing such stories is certainly not a lack of respect for their grandparents but more of a protective measure to guard their own comfort.

Looking back at how life in Misangwa has changed

The lives and roles of older people in Misangwa have changed over time. A number of the factors that have led to these changes have been identified. These include migration, HIV/AIDS, orphaned children and the guardianship of grandchildren. The respondents also identified other changes that they had observed during their lives. These changes are listed in Table 6.1.

<table>
<thead>
<tr>
<th>Description of changes in community life</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of support for older people</td>
<td>24</td>
<td>86%</td>
</tr>
<tr>
<td>Disintegration of villages / Increase in ‘modern’ households</td>
<td>21</td>
<td>75%</td>
</tr>
<tr>
<td>Increased poverty</td>
<td>21</td>
<td>75%</td>
</tr>
<tr>
<td>Independence of Zambia</td>
<td>19</td>
<td>68%</td>
</tr>
<tr>
<td>Increased individualism / Lack of togetherness among people</td>
<td>18</td>
<td>64%</td>
</tr>
<tr>
<td>Loss of favourable agricultural subsidies</td>
<td>18</td>
<td>64%</td>
</tr>
<tr>
<td>Loss of respect for older people</td>
<td>17</td>
<td>61%</td>
</tr>
<tr>
<td>Loss of traditions</td>
<td>16</td>
<td>57%</td>
</tr>
<tr>
<td>Corruption</td>
<td>15</td>
<td>54%</td>
</tr>
<tr>
<td>Increased distances</td>
<td>15</td>
<td>54%</td>
</tr>
<tr>
<td>Increased urbanisation</td>
<td>14</td>
<td>50%</td>
</tr>
</tbody>
</table>

The loss of support for older people was most frequently mentioned by the respondents. Many of their children have died and rural life has changed considerably. For many, the independence of Zambia in 1964 was a turning point in their lives. They explained that they were happy to live in a free and independent country and that independence was important to them. At the same time, they were very critical about what independence had, and had not, brought them:

It was a big celebration for us when our country became Zambia and we were able to rule ourselves as a people. It was good since the colonial rulers were not good for the people. There were many rules and many things that were not allowed. When I worked in town I was not allowed to take my family there, they had to remain here in Misangwa. Only after independence did they come to town to join me. (75-year-old grandfather)
Many people said “Ah, when independence comes things will be different!” I also believed it but did not see this. We had good roads, we had jobs, the agriculture was good, and the towns were clean. Not as it is now. Our leaders have failed us and I am sorry to say this but it was better that time. Even if we as blacks were not treated the same way as the whites, at least you could buy this, or buy that ... nowadays our leaders are corrupt and they don’t care about the people. That was not the case before 1964. (70-year-old grandmother)

After independence many things changed in our daily lives. At first they were good. Dr Kaunda [the first president of independent Zambia] had many things that brought prosperity to the people. All the children started going to school and my own children were able to attend secondary school and higher education. In my time that was not possible. Also the land was used to its maximum. Under Dr Kaunda there were subsidies on fertiliser and seeds, the cooperatives were working well and the maize was bought by government for a good price.

Now our leaders have forgotten about the poor, about the elders and about those people who do not live in town. I can say that independence was good at first but now it brings us nothing. (87-year-old grandfather)

The hopes people had had of a free nation had in many cases not materialised and some of the respondents felt that their current poverty was the result of a lack of leadership and commitment by their leaders. It is important to note that the early years after independence were very successful in economic terms, but that in the 1980s this changed as global commodity prices slumped and the economy performed poorly.

The respondents mentioned other changes. They talked about the loss of support for the elderly within their families and from the community in general. They described how in the past the elderly were highly respected and were often consulted by family members and younger people in the community:

When I was growing up I was taught the elderly were the ones I should thank for everything I had. We used to have a lot of respect for old people. At that time they never lived alone. Any old person you found lived with their children and grandchildren, and they were cared for by these people. (62-year-old grandmother)

They said that they felt that the special position of the elderly had been degraded over the years. They felt that as older people, they did not hold the same position that older people used to have when they were young. One change that they noted that they felt has been responsible for this lack of care and support for the older generation is increased individualism, which they said is linked to the changes brought about by urbanisation, increased Western values, poverty, the loss of traditions and values, and the loss of a sense of togetherness. According to one 62-year-old grandmother, “Young people no longer want to care for their older relatives”. This was a frequently heard comment, but not everyone shared this view. Some people explained that many young people were willing but unable to care for the old because they did not have the means, or they had too many other caring and supporting responsibilities for other relatives. Everyone agreed that increased individualism was not good, though some people blamed the
younger generations for this while others felt that society as a whole had changed.

Another change seen was in terms of the geographic distribution and structures of households and villages. Urbanisation and re-ruralisation has led to the redistribution of people. People who had left home to move to town had to acquire new land, often far away from their previous homes, when they returned to the rural areas. This caused the distances between villages and households to increase. Another contributing factor to changing village composition was the high mortality among young and middle-aged people linked to HIV; some villages even disintegrated. The increased distances between these increasingly stand-alone households have caused problems for the elderly. Close to 70 per cent of the respondents said that they felt socially isolated because of the distances between their homes and those of their family and neighbours. They mentioned that the biggest change that had occurred since their youth was the fact that their neighbours no longer lived in the house next to them, but in the village next to their village.

In his book ‘The politics of Kinship’, Van Velsen (1964) argued that all kinship relations are politicised and manipulated for personal gain. This is something that can be seen in social life in Misangwa. In Chapter Seven, a number of examples will reveal the discrepancy between the demands made by the elderly and the abilities of the younger generation to meet these demands. Some of the older respondents explained that they perceived the lack of care from their younger relatives to be a criticism; in their eyes, not caring for one’s elders implies that the younger generation considers the care provided by the older generation to have been insufficient. The older respondents felt that this criticism was unjustified. Van der Geest (2008) explained this feeling in relation to old people’s experiences in Ghana, namely that being cared for in one’s old age is the unfailing outcome of an industrious and caring life. At least, this is what people claim, but reality might be different.

A frequently found outcome of the discrepancy between expectations and reality was that the elderly were often bitter and disappointed. In some circumstances, they were so angry that their behaviour pushed others away from them. This led to further difficulties and to a wider gap between the demands they made and the supply of support and contact that they had.

Three levels of experience

For older people heading skipped-generation households, three levels of problems were identified: the individual level, the household level, and the community level. Above I have presented several of the identified problems and issues
faced by the older respondents, which are mostly related to being household heads and the primary guardians of grandchildren. Below, focusing specifically on these three levels, I raise issues that were experienced as problematic as well as things that were said to be positive and which brought joy or relief.

The individual level

The respondents were asked to answer the following two questions: What problems do you experience as a person responsible for your household? And what issues do you face in your role as guardian of the children living with you? Their answers are summarised in Table 6.2.

<table>
<thead>
<tr>
<th>Description of problem</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1: Old age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical problems linked to age</td>
<td>28</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of labour</td>
<td>25</td>
<td>89%</td>
</tr>
<tr>
<td>Loss of support</td>
<td>22</td>
<td>79%</td>
</tr>
<tr>
<td>Ill health</td>
<td>20</td>
<td>71%</td>
</tr>
<tr>
<td>Difficulties controlling children</td>
<td>14</td>
<td>50%</td>
</tr>
<tr>
<td>Disability</td>
<td>14</td>
<td>50%</td>
</tr>
<tr>
<td>Category 2: Being a widow/widower</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of support</td>
<td>22</td>
<td>79%</td>
</tr>
<tr>
<td>Loss of assets</td>
<td>17</td>
<td>61%</td>
</tr>
<tr>
<td>Breakup of family (death of children and siblings)</td>
<td>14</td>
<td>50%</td>
</tr>
<tr>
<td>Category 3: Social isolation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of support</td>
<td>28</td>
<td>100%</td>
</tr>
<tr>
<td>Loss of children</td>
<td>26</td>
<td>93%</td>
</tr>
<tr>
<td>Loneliness</td>
<td>26</td>
<td>93%</td>
</tr>
<tr>
<td>Lack of neighbours / Long distances</td>
<td>19</td>
<td>68%</td>
</tr>
<tr>
<td>Category 4: Loss of perspectives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caring for children without support</td>
<td>28</td>
<td>100%</td>
</tr>
<tr>
<td>Expectations of old age not met</td>
<td>26</td>
<td>93%</td>
</tr>
<tr>
<td>Depression</td>
<td>18</td>
<td>64%</td>
</tr>
<tr>
<td>Lack of support</td>
<td>16</td>
<td>57%</td>
</tr>
<tr>
<td>Poverty</td>
<td>15</td>
<td>54%</td>
</tr>
<tr>
<td>Loss of belief in self/self-efficacy</td>
<td>12</td>
<td>43%</td>
</tr>
</tbody>
</table>

During the fieldwork, all respondents who lived in skipped-generation households, young and old, mentioned the problems of lack of food, inadequate housing and lack of money for education. Upon closer investigation, other issues also surfaced.
Old age was one of the problems mentioned. The age of the heads of the skipped-generation households meant that they were physically unable to carry out the heavy work needed for farming and income generation. This was understood to be the primary cause of their poverty. Another consequence was their reduced ability to parent the children living with them. Many people mentioned disabilities such as loss of sight, loss of hearing, painful joints and back problems. They experienced pain when doing day-to-day activities such as walking, sitting down, getting up, cooking and other regular activities. Finally, the respondents linked their age to their lack of social capital. Because they were old, many of their friends, siblings and relatives were dead, and this left them lonely and without support.

Another issue mentioned by some was the loss of their husband or wife, which led to other problems. Several of the older respondents felt that they had lost valuable support from the person who had stood next to them for much of their adult life, who had given them their children and helped raise them. The death of their partner had brought grief but it also meant that they had lost much of the support they once enjoyed. There were also cases where the women had lost assets, which were claimed and grabbed by the family of their deceased husband.

Many of the respondents said that they felt lonely, isolated and socially removed from the wider community. This was because of old age, the death of their children and the changes that have occurred in society. The loss of their children meant that the older people were without the relatives most likely to care for them. This lack of support was experienced through increased poverty, and the loss of relationships translated into loneliness. As can be seen in Table 6.2, almost all respondents (26 out of 28) mentioned loneliness as an issue in their lives, while all mentioned the loss of support.

The loss of prospects in relation to their grandchildren’s futures was also frequently mentioned. Many respondents said that they felt there was nothing they could do to improve their situation. The only thing that they felt they could do was to hope and wait for someone, external to their home, to help them. They also said that they were bereaved and depressed. All that they had hoped for during their lives and everything they had imagined about their old age had failed to materialise. Over half of the respondents (16 out of 28) mentioned that they were depressed or deeply saddened about the lives they lived and the support they were unable to give the children who depended on them. The following three quotes illustrate this sense of despair.

It is just me, I am 75. If it is possible for an old man to die I would have peace with that. I am too lonely by myself since my wife is gone. But I have young children living with me who need someone to care for them. I cannot send them to school, I can’t provide for them when it comes to food, clothing or a proper house. We just remain like that. (75-year-old grandfather)
We sit and wait for someone to support us in any little way they can. I can’t change the lives of these children. I just sit here waiting and praying that one day someone, a well-wisher, will notice us and come to our rescue. (70-year-old grandmother)

At night I lie in bed and quietly cry to myself. I pray to God and ask him what it is I have done to deserve this kind of life. And I cry because I know that another day has passed that my grandchildren have gone to bed without eating a proper meal all day. (57-year-old grandmother)

Some of the older people talked of positive experiences, even if they were burdened by problems. Knowing that what they were doing was right – caring for their grandchildren – gave them comfort, as did their faith. Loneliness was a common theme, but many of them enjoyed spending time with their grandchildren. Many shared stories of sitting around the fire at night discussing the past and their hopes for the future with their grandchildren.

When I see the young ones I can see in them my children, who have died. It is good to see you have something to leave behind in this world. (64-year-old grandmother)

Some days we can just sit together, and talk or sing, and you can forget that things are bad. At those times you feel like things are okay. (69-year-old grandfather)

The general feeling that they voiced, however, was that they had little to enjoy in their daily lives. On top of this, as was explained above, the children sometimes tried to avoid these moment when their grandparents tried to assume roles linked much more to grandparenting than to parenting. For most, the lack of grandparent–grandchild contact led to more sadness and loneliness. Only in a few cases did the respondents say that they were able to care for the children and be a grandparent at the same time; those who did mentioned that this brought them comfort and happiness.

*The household level*

When visiting the skipped-generation households, it was apparent that they faced many problems. Respondents were asked to name the problems and issues that they felt they had in their households. The issues they raised are presented in Table 6.3. The issues relating to poverty, illness and mortality have been discussed elsewhere in this study (see Chapters Three, Four and Five). Some of the other issues mentioned are briefly described in this section.

Twenty-one of the 28 older respondents (75%) felt that their authority was not always respected by their grandchildren. The stories indicate that this problem was experienced mostly with teenage children. This is not distinct for grandparent–grandchild relationships, and in families where children grow up with their parents, such problems with teenagers will also most likely be encountered. The younger children were said to obey their grandparents, while the relationship between grandparents and adolescents, when successful, was more often one of mutual cooperation and less of hierarchy.
It is those ones who are old enough to move around but who are too young to be treated like adults. Sometimes they just laugh at me and tell me there is nothing I can do if they refuse to do what I tell them to do. (76-year-old grandmother)

Table 6.3 Household problems mentioned by heads of skipped-generation households (n=28)

<table>
<thead>
<tr>
<th>Description of problem</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category 1: Poverty</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No access to education</td>
<td>28</td>
<td>100%</td>
</tr>
<tr>
<td>Lack of money</td>
<td>28</td>
<td>100%</td>
</tr>
<tr>
<td>Lack of food</td>
<td>27</td>
<td>96%</td>
</tr>
<tr>
<td>Lack of clothing</td>
<td>27</td>
<td>96%</td>
</tr>
<tr>
<td>Lack of farming inputs/implements</td>
<td>26</td>
<td>93%</td>
</tr>
<tr>
<td>Lack of blankets/bedding</td>
<td>25</td>
<td>89%</td>
</tr>
<tr>
<td>Poor housing</td>
<td>25</td>
<td>89%</td>
</tr>
<tr>
<td>Number of mouths to feed</td>
<td>23</td>
<td>82%</td>
</tr>
<tr>
<td><strong>Category 2: Disease and illness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>25</td>
<td>89%</td>
</tr>
<tr>
<td>Malaria</td>
<td>23</td>
<td>82%</td>
</tr>
<tr>
<td>Child mortality</td>
<td>12</td>
<td>43%</td>
</tr>
<tr>
<td><strong>Category 3: Issues with raising children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of respect for authority of grandparent(s)</td>
<td>21</td>
<td>75%</td>
</tr>
<tr>
<td>Children staying away from home</td>
<td>19</td>
<td>68%</td>
</tr>
<tr>
<td>Intergenerational conflicts</td>
<td>18</td>
<td>64%</td>
</tr>
<tr>
<td>Failure to control and punish the children</td>
<td>17</td>
<td>61%</td>
</tr>
<tr>
<td>Conflicts among children</td>
<td>16</td>
<td>57%</td>
</tr>
<tr>
<td>Disagreements about farming/income generation</td>
<td>15</td>
<td>54%</td>
</tr>
<tr>
<td>Children’s use of alcohol/marijuana</td>
<td>14</td>
<td>50%</td>
</tr>
<tr>
<td>Conflicts in the home</td>
<td>9</td>
<td>32%</td>
</tr>
<tr>
<td><strong>Category 4: Other issues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of support</td>
<td>22</td>
<td>79%</td>
</tr>
<tr>
<td>Breakup of families</td>
<td>13</td>
<td>46%</td>
</tr>
<tr>
<td>Lack of cooperation among household members</td>
<td>12</td>
<td>43%</td>
</tr>
</tbody>
</table>

A majority of the respondents (19 of 28) complained that the children living with them stayed away from the home at night. For the grandparents, one of the most painful things about children who stayed away from home was that they felt that they did not get to share their stories with them. The guardians tried to explain the children and young people why they should stay at home. Their words, however, mostly went unheeded.

They run around, spend time away from home and they don’t do the things I tell them. When I talk to them they will tell me “Yes, I am sorry, I will do so and so tomorrow” ... But the next day they will just do the same and the dishes will still be there. (63-year-old grandfather)
They stay away from home and they come home at any time they want. They say that they will be back in one hour then they stay away for the whole day. I struggle to keep them here and when they do come home it is too late and I fail to correct them. (67-year-old grandfather)

I tell them they should remain at home. I am an old woman and in the evenings I often need to sleep. Just the pain in my body commands I go to sleep. I know that they are waiting for that time. The young ones will go to sleep with me but the older ones will leave. I think that they like to go to the drinking place to listen to music, I just pray they don’t get drunk or smoke ganja [marijuana] with their friends ... As an old person there is nothing I can do, when I sleep they leave and that is how we live. (76-year-old grandmother)

The lack of capacity among the older people to instruct some of the children in their care, and the disrespect that some children show their grandparents, were both found to be directly related to the grandparents’ age and physical well-being. If they were old or physically frail, they did not have the energy to be a strict parent or to seek out the children when they went out at night. The children knew exactly what they could and could not do and get away with. For instance, the children knew that their grandparents would be tired at the end of the day and would go to bed early. Once they were asleep, they could go out and would not be followed or monitored. However, such behaviour is not only related to the age of the guardians. It is also important to note that some of these problems were more related to the age and behaviour of the children, since adolescents in particular often exhibit behaviour that is perceived to be difficult by parents or guardians.

Grandparents had less trouble with the younger children, who were more likely to obey. When conflict occurred in the home between the young and the old, the younger children were more likely to take the side of the grandparent. This brought the older people a lot of joy. The roles that some of the older children assumed in order to keep their younger siblings in line also helped the older people. Nevertheless, in general, according to the older respondents it was difficult to deal with the large age difference between themselves and the children in their care. This has been termed ‘intergenerational conflicts’ in Table 6.3. The grandchildren often did not understand or agree with many of their guardians’ beliefs and the traditions they tried to pass on. This source of conflict was common in relation to income generation strategies and the ways in which the family fields were used. The older generation often felt that they knew best, but the older children and young people were the ones who did most of the work on the fields and they were often more knowledgeable about new farming methods.

Children today will demand many things from you. When you cannot provide these they can become vicious and tell you that you do not love them like their parents do. I don’t have money for the things they want and I don’t understand why they want those things. And when I explain they don’t accept that from me and just say I am not like their parents. (72-year-old grandfather)
These young ones are always looking for arguments. I tell them we need to plant the maize and that they should clear the land. But for them it is all different. They protest and tell me I should invest in the cooperative. They say I should buy seeds from the cooperative. But the seeds we have are good and that is what has worked all my life. Who are they to tell an old woman how to do these things? (69-year-old grandmother)

They have found many excuses for the problems we face and they have many ideas of what we should do. They should be doing what I tell them to do with no objections. They are youngsters, what is there for them to be telling me how to do these things? (69-year-old grandfather)

The findings suggest that the older respondents felt that they were in the position to make decisions, and that they were the ones who knew what should be done and how. When children questioned this authority or told them that things could be done differently, this was perceived as insulting or cheeky. As we will see in Chapter Seven, the children’s viewpoints were different and they felt that they were better able than their grandparents to make particular decisions.

*The community level*

The respondents were asked, without looking back at the past but focussing on the present, to name some of the things in the community that make their lives as heads of their households, and as guardians of their grandchildren, difficult. The five main issues that were raised can be found in Table 6.4.

<table>
<thead>
<tr>
<th>Community level problems</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theft</td>
<td>20</td>
<td>71%</td>
</tr>
<tr>
<td>Lack of cooperation</td>
<td>20</td>
<td>71%</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>19</td>
<td>68%</td>
</tr>
<tr>
<td>Violence</td>
<td>14</td>
<td>50%</td>
</tr>
<tr>
<td>Conflicts among community members</td>
<td>12</td>
<td>43%</td>
</tr>
</tbody>
</table>

One common problem was theft; 20 out of the 28 respondents (71.4%) mentioned this as a problem in their community. This might seem surprising, as many of these households were very poor. What was there to steal? Food, chickens, livestock, crops, grass for thatching and even firewood was frequently stolen, often with serious consequences. The following quote is typical:

People steal anything they can find. My housing is poor and I cannot lock the door. Whenever I go anywhere, even just to the well, I need to leave someone here to watch over the village. Anything that is left may be stolen ... Salt, sugar, pots, a plate, some leftover food, anything ... So you always need to be on guard. (78-year-old grandfather)
I observed that the poorer the person or the households was, the more far-reaching the consequences of theft were. The only visible difference between those who mentioned theft and those who did not was the location of their homes. The isolated households were less likely to experience theft than those in the more populated parts of Misangwa. The loss of assets and food is one result of theft, but it also leads to conflicts between people. Within the community, people readily suspected and accused each other of theft. In such instances, the accuser will no longer have a meaningful relationship with the accused, while the accused in their turn will talk badly of the accuser. In many neighbourhoods, such accusations have led to a deterioration of social relations.

Alcohol abuse was another community problem that was mentioned by a large proportion of the respondents (19, or 67.9%). Alcohol abuse was found to be common, and according to the respondents it led to many problems in the community, including conflicts and lack of cooperation, often the result of arguments and violence among people when drunk. At the same time, the money spent on alcohol by a member of a household negatively affects the household budget for the other members. More about this is described in the next section which explains some of the causes in variations between households.

During visits and interviews, the respondents also talked about joyful moments in their lives. Contact with neighbours was very important for them. Interacting with neighbours was pleasant, but it was also a source of information and news that they would otherwise miss. Many of the respondents were no longer able to attend church and they did not participate in other community events. When they had the opportunity to meet one another, such as when a visitor came to their home, they perceived this as something very positive. They explained that being able to share their views and interact with others made them feel important and appreciated. They said that this improved their sense of self-worth as well as their mood.

The study of the older people’s well-being proved to be a difficult task given the day-to-day problems they face. Despite these difficulties, it was possible to get a sense of people’s perceived well-being, which went beyond their daily struggles. It was found that there were great differences among the heads of skipped-generation households in terms of their sense of well-being. All faced problems, but the nature of these problems as well as the intensity with which they were experienced varied between households. Indeed, in some cases two people with very similar problems could evaluate their well-being very differently; one might focus on the problems, while the other focuses on the more positive issues. Some explanations for the variations in terms of well-being and in being successful heads of households or guardians to children are discussed in the following sections.
What explains apparent variations?

Several factors were found that explained, to a certain extent, the variations between the heads of the skipped-generation households in terms of their ability to be good guardians, despite the poverty and desperation that they faced.

Interactions with others

Loneliness due to lack of contact with others and limited social networks was found to be common. To assess the level of contact that the older people had with others, they were asked to record their social interactions. A comparable exercise was conducted with the children, who were asked to keep a diary. Some of the members of the older generation who were asked to participate in this assessment were suspicious of the request. They wondered why I was interested in their interactions with others and wanted to know if I also needed to know the nature of these interactions. The exercise was also complicated by the fact that most of the older respondents were illiterate and thus unable to keep such records themselves. To solve this problem, multiple in-depth interviews were held with the guardians in skipped-generation households. Randomly, parents of children in other types of households were interviewed too, forming the control group. Given the large amount of time that was needed for this task, few respondents were

Table 6.5 The number of interactions, in the week prior to data collection, between guardians in skipped-generation households (n=15) or parents/guardians in other households (n=10) with people outside of the household

<table>
<thead>
<tr>
<th>People outside of the household</th>
<th>Heads of skipped-generation households (n=15)</th>
<th>Heads of other households (n=10)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Neighbours</td>
<td>12</td>
<td>80.0%</td>
</tr>
<tr>
<td>Peers of children</td>
<td>6</td>
<td>40.0%</td>
</tr>
<tr>
<td>Relatives</td>
<td>6</td>
<td>40.0%</td>
</tr>
<tr>
<td>Teachers</td>
<td>2</td>
<td>13.3%</td>
</tr>
<tr>
<td>Market traders</td>
<td>8</td>
<td>53.3%</td>
</tr>
<tr>
<td>Church members</td>
<td>5</td>
<td>33.3%</td>
</tr>
<tr>
<td>Church leaders</td>
<td>6</td>
<td>40.0%</td>
</tr>
<tr>
<td>Others</td>
<td>14</td>
<td>93.3%</td>
</tr>
<tr>
<td>Average number of interactions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with children</td>
<td>12.8</td>
<td></td>
</tr>
<tr>
<td>Average number of interactions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with adults</td>
<td>5.6</td>
<td></td>
</tr>
<tr>
<td>Average number of all interactions</td>
<td>18.4</td>
<td></td>
</tr>
</tbody>
</table>
enthusiastic about participating, which is reflected in the low number of participants. In total, 15 older people from skipped-generation households and 10 control cases were willing to provide data. This sample is too small to test for statistical significance, but several inferences can be made based on the data. The data can be found in Table 6.5.

The Table shows that the average number of interactions with outside others – both children and adults – was much lower for the older heads of skipped-generation households (18.4) than for the control cases (36.2). It appears that some of the heads of skipped-generation households were able to maintain strong and varied relationships with others outside of the home, though the majority were not. Those who did manage to build up and maintain meaningful relationships were at an advantage. They had the potential to improve their social standing and reduce their loneliness, while improving their sense of self-worth. In some cases, having strong relationships with others showed a positive correlation with household income and agricultural output. What surfaced as a trend among the more positive cases was the personal characteristics and physical well-being of these people. Interviews with some of the older people who were able to generate higher incomes revealed that they had complex and deeply rooted social networks. The less successful respondents generally lacked strong relationships with others.

Household composition

Given the definition of skipped-generation households, many variations in terms of composition are imaginable. The data shows that the make-up of the two generations within the households studied varied greatly. The variations in terms of the older generation were related to two characteristics. The first was whether the head of the household was single or married, and whether there were other people in the home besides the head of the household. The second concerned the age of the older member(s). In terms of the younger generation, the variations were related to their number within the household and, more importantly, their age and age range.

One aspect of becoming older is that people lose their partners. In the few cases where a married couple headed a skipped-generation household, this was reported to be beneficial; they reported higher levels of well-being and had a better socio-economic status. One example of the differences between older people who were alone and those who lived with their spouse was their reported levels of anxiety. People living with their spouse reported fewer anxieties compared to others who were alone. Some mentioned other advantages.
Sometimes I want to start war with the young ones. My wife is the one who can talk to me. She tells me I have to accept that I am old and that it is not my time anymore. Yes, this is my place, my house, my land, but soon it will be their land so I need to leave some things to them ... but there are boundaries to what I can allow. It makes it better that there is a woman to remind me what it is like to look after these children. (62-year-old grandfather)

Many of the things a mother is supposed to do are difficult for me. I am a single man and I cannot talk to the younger girls especially. If only my wife was still here, she could deal with these things. (69-year-old grandfather)

It is good to be together. I am the one who does many teachings around the home; my husband is a mason and builder. I do a lot of farm work and he also does work on the farm and is able to secure some work around the area and sometimes on the Mission. We can work together like that and this helps our family to develop. (62-year-old grandmother)

Some household heads explained that they struggled to meet the needs of the children living with them. In other households, caring for the children was considered to be an advantage. Those grandparents living with a number of older children and young adults talked about the contributions of the young people to income generation and child rearing. Sometimes respondents explained how the older children served as a buffer between themselves and the younger ones. It was not the number of children in a household that predicted well-being, but rather the age of the children. Several examples were found of households that were small (consisting of two to three young children, say aged three to nine, and a grandparent) but which were very poor. Other households that were doing much better in socio-economic terms could be much larger, but had both younger and older children. The following quotes illustrate the viewpoints of the respondents:

Things are tough but at least we try to work together and make the best of things. The two oldest boys [18 and 21 years] do a lot of work on the farm and when we run out of food I can send them to go fishing or to do some piecework so that we can at least buy a little something to feed ourselves. (60-year-old grandmother)

Without the help of my granddaughter I could not do it! She is there to help me. Together we can prepare the food but it is her who grinds the maize, who walks to the well, who washes the clothes ... She is the one who looks after the young ones. I can’t do the work, I am too old, I don’t know how we would live if she was not here to help. (62-year-old grandmother)

Some things are just too much for me. The young men contribute to our income by farming and they are able to do the ploughing and harvesting. Without those two it would just be me and there would be no food in the home. I cannot care for these children by myself, you have seen I can no longer walk properly and even my eyesight is very bad. (68-year-old grandfather)

Things are not easy for us; the way we live is not a good one. But at least we can work together. It brings me some relief to see that the young ones have grown and that they see they are needed. It means that now we can work together. That is how God has awarded me for what I have done, He has given me help through the grandchildren I have raised. (55-year-old grandmother)
The age distribution of the children in skipped-generation households was thus more predictive of well-being than the number of children present. The presence of older children and young people meant help with child rearing and more labour for the household. In order to be helpful for the well-being and maintenance of a household, however, the members of this age group need to be allowed to make a contribution. But as we have seen in this chapter (and will see in the following), the relations between the older and younger generations, and the expectations of the former with regards the latter, do not always allow for such effective contributions.

The consequences upon return after a prolonged stay in town

Earlier in this chapter, a difference in the life histories was explained which was related to whether or not the respondents had spent some time living in urban areas. The respondents who had lived in town for part of their lives described this period as educational and as a time when they had tasted modern life and had many possessions. When they returned to rural life, they often had employment benefits or pensions. This made them comparatively rich in Misangwa and they were able to buy land, build a house or acquire some cattle.

Despite these investments, their lives were far from easy. A number of respondents explained that they were not welcomed back by others in their community. Jealousy can damage personal and social relationships, and if not navigated properly can lead to accusations of witchcraft and other problems.

I came back to this place after I left my job with the mines. I was able to purchase this land and build a house with iron roofing sheets. But I did not see my relatives anymore or my friends. I think the difference lies in the way people look at life. People here are uneducated and they envy your possessions ... We no longer got along and it was painful for me because I had expected to be welcomed in by the people I left so many years before. (72-year-old grandfather)

When I came back it was very difficult to adjust to the life and the mentality of the people here. It was as if they were not happy to see me. They said I must be a witch, or a thief, for me to come back and build a nice house. I tried to explain that I had worked hard for many years but they would just say "even we have worked hard, but can’t spend money like you, so something must have happened in town that has made you a powerful man ... and a dangerous one". (60-year-old grandfather)

We were looking forward to returning to Misangwa, to our family and our friends. We did not come here to laugh at people or to show off the things we had. We came back to be together but there was no welcome. (57-year-old grandmother)

This is the perspective of those who had left for town and later returned. Those who had stayed in Misangwa held different views. Many felt that when their relatives were working in town, they had not adequately supported them or visited them often enough. They felt neglected by these relatives who did not share their wealth. The following quote illustrates such feelings:
Those people ... they left here many years ago. Then one day they come back. They expect you to take them back but they haven’t done anything for you. You will see them with nice clothes, money, maybe even a car. And then they want you to accept them when they have forgotten about you all those years. They come here and pretend to be poor farmers when they are actually businessmen. (64-year-old grandmother)

Other reasons why returning migrants were not accepted back into the community were suggested. People explained that they did not understand where these people’s apparent wealth came from, and this led to jealousy and suspicions. People did not understand why some of those returning did so well at farming, despite their absence for many years. Other issues included loss of traditions, loss of rural manners and people’s use of language. As a result, many of the urban migrants who returned were not able to reintegrate back into rural life.

Not being able to become part of the rural community had negative consequences, including loneliness, lack of support and frustration. The respondents who had returned to Misangwa after living many years in town were among the most frustrated and resentful people in the community. They did not see that there were other skipped-generation households in the community without support, and instead saw their isolation and the problems they experienced upon their return as the specific result of the time that they had spent in town. They blamed their poverty on not being accepted in the community, not on being a skipped-generation household. Their situation was, however, not especially different from that of other skipped-generation households, but they felt that they were being singled out by the community.

One way of dealing with the envy and accusations against them was to move away from the more populous areas. This would often take them quite far afield, since agricultural expansion and population increase had both occurred during their absence. They therefore had to settle far away from other people and services, and when they became old and had to care for their grandchildren, this distance became a problem.

Alcohol

Health centre staff, teachers, community development officers, agricultural extension officers, church representatives, and others in Misangwa agreed that alcohol abuse was a major problem in the community. Among the 200 respondents who took part in the household survey conducted in 2009, 36 (18%) indicated that alcohol abuse was one of the three biggest problems facing their community. Of the 65 skipped-generation households included in this study, 38 older members said that they felt that alcohol abuse was a problem in the community. None of the older heads of skipped-generation households, however, felt that it was a problem in their household. Some of the children interviewed had different views. According to the children, their household had one or more members whose alcohol use was a problem.
Collecting data on alcohol abuse was difficult. The respondents were open about other people’s alcohol use, but were more secretive about their own. As a result, statistical data was not collected. Through observations and discussions with children and others (such as neighbours), it became evident that alcohol abuse was taking place in many households, including skipped-generation households. One of the cases presented in Chapter Four was about an alcoholic grandmother, and it highlighted the problems that alcohol abuse can bring to households and the children in them.

Looking at people’s lives, their terrible poverty and lack of hope, it is possible to imagine that for some intoxication was more appealing than facing harsh reality. The problems this caused in their households, however, were extensive. The purchase of alcohol directly reduced the amount of food and money available for all household members, and the individual’s (agricultural) productivity was also diminished.

During one FGD with elderly heads of skipped-generation households, the respondents’ alcohol dependency became visible. The discussion started at nine o’clock on a Tuesday morning in May 2009. Eight elderly people came together near Mayani village. The participants welcomed the research team and brought out a bucket of Munkoyo, a type of traditional beer. “This is for our guests who have come to visit us today!” one elderly man said. My assistant and I thanked the group but explained that we still had a long day of work ahead of us and would only have a few sips. The participants all had one large cup of beer, which they drank in a single gulp. Twenty minutes or so later they all had another cup and the bucket was finished. One of the participants brought another bucket from her house and within half an hour that one was also empty. It was around 10.00 at this point and we decided that the participants were too drunk to continue a meaningful discussion, so we stopped for the day and planned to continue the next morning. The following day we requested that the participants wait until after the discussions to start the drinking. The same thing happened anyway and we had to stop the discussion at around 10 o’clock. On the third day we were able to wrap up the discussion within an hour. The quality of data collected was not good, however, because of the intoxicated state of the participants. After the session ended on the third day we provided them and their families with lunch, as was our practice after conducting an FGD.

The following day, one of the older women who had participated in the discussion came to see me at my home.

I have come to apologise about the way your visit to our community took place. It was not a good way to receive you. We are old people and should behave, not get drunk. You see, we heard from some people that you came to their home to have a meeting and that afterwards you provided them with lunch. So when you came to our place to invite us we knew that lunch was coming our way. Since you had provided the families of the people you invited
with lunch some of those in our group suggested we should get some beer. One of the ladies brews Munkoyo and we all gave her some of our food. That is why she had those buckets ready for us. After you left the first day some people were very disappointed as they had no food in their homes. One of them said it was not good that you did not bring food. For me it was no problem because I understood you would bring food after the meeting was completed. For some it was a problem because they had no food to feed their grandchildren. All that food was used to buy the beer.

This example illustrates how the well-being of the older people and the children in their care was affected when the older guardians drank alcohol. I found it surprising to see so many older women drunk in a society where alcohol use by women is not regarded as acceptable.

Discussion

Two questions were formulated at the beginning of this chapter: what is the level of well-being of the members of the older generation in skipped-generation households, and to what extent are they able to carry out their responsibilities as guardians of the children living with them? The second question will be discussed first because, as will be shown, the answer to this question is necessary for formulating the answer to the first.

The role of the older generation as guardians

In the second section some of the roles and responsibilities that the respondents attributed to being guardians were highlighted. Based on the data discussed in this chapter, it is clear that the grandparents heading skipped-generation households were seldom able to be the guardians that they felt they should be. They were unable to meet the basic needs of the children they cared for, as they failed to provide the required food, educational support, clothing and bedding.

Children often went hungry. This was one of the worst things for a guardian to see. The children and their grandparents spent a lot of productive time searching for food, and as a result there was little energy left for other things. They were not able to teach the children how to generate an income or how to produce food. The grandparents were often unable to go to the fields and few were able to instruct children through teaching-by-doing.

The limited mobility and social capital of many of the older guardians also brought problems. Many were not able to take their grandchildren to church. Some had so little contact with others that they were unknown by many people around them, such that the community members did not know to whom their grandchildren belonged. The socialisation of the children living in skipped-generation households thus depended much more on the children’s own contacts and relationships than on the people that their grandparents knew.
Finally, some grandparents were not able to properly parent the children in their care. They had little knowledge of the whereabouts of the children and no control over their behaviour. Given the anonymity of some of these children within the community, and the lack of control that their guardians had over them, children in skipped-generation households, probably more than other children, had to rely on themselves and their siblings. This in itself constituted a failure by grandparents in terms of living up to the role that they felt they should play.

Even when the elderly guardians prioritised the most important tasks, they still failed to meet their responsibilities. All of the parents and guardians that were spoken to in the study agreed that food, shelter and education are the most important things a child should be provided with. In most skipped-generation households, guardians were unable to provide any of these. Failing to meet so many of these self-ascribed roles and responsibilities was a painful and saddening experience for them. This had a strong negative influence on their perceived well-being.

Well-being

It was difficult to lead the respondents to define their concept of well-being. This was illustrated in the FGD extract provided in the introduction to this chapter, which showed how the focus on day-to-day survival, stemming from a lack of basic needs, limited people’s experience of well-being. This chapter has also shown that there were things in their lives that inspired them or gave them a sense of happiness, self-worth and gratitude. These contributed to their sense of well-being, even if respondents did not always name them.

The definition of well-being used in this research was developed by the Working Group on Well-being in Developing Countries (WeD2006) at the University of Bath, and entails a state of being with others, where human needs are met, where one can act meaningfully to pursue one’s goals, and where one enjoys a satisfactory quality of life. Reconsidering the FGD passage presented in the introduction of this chapter, we see that all of the four elements of this definition of well-being were mentioned by the respondents. Human needs were referred to when the respondents discussed poverty, hunger, and access to shelter and food. A state of being with others was mentioned by Grandfather 2, who talked of his joy when someone visited his home to ask how he was doing. The pursuit of meaningful goals was explored in the discussion about religion, growing old and the care for young ones. Finally, a satisfactory quality of life was the core of the discussion they had in relation to whether one could talk of satisfaction with secondary needs when the primary needs, such as food and shelter, have not been met.
Well-being is complex and despite people’s challenges, there were things which gave them joy. The elderly in Misangwa had tough lives but they experienced well-being through their day-to-day encounters with the children living with them and from their contacts with neighbours and friends. Additionally, the knowledge that they were doing what they should be doing – caring for the children – also gave them a sense of well-being.

In the final paragraphs of this section, all four components of the definition of well-being provided are re-examined.

- A state of being with others...

The older generation of skipped-generation households lived with members of the younger generation, sometimes together with a husband or wife. Being with others means more than that, however. Their expectations of old age placed them in the centre of their families, surrounded by their children, grandchildren and relatives. They had expected to be living in large villages surrounded by their families, living at the centre of the community, where they would be respected and cared for. They had not expected to be living in small, almost nuclear, families, without their children and relatives and isolated from the rest of the community due to distance and limited mobility. This is not the state of being with others that they had envisioned. The analysis of people’s social network encounters presented above also show that the older respondents in skipped-generation households had fewer interactions with others than those around them had.

There were times when the grandparents experienced joy from living and interacting with their grandchildren. Neighbours were also extremely important. Despite this, it is clear that in relation to this aspect of people’s well-being, these needs were rarely being met. Their social status within the community and within community groups was also unrealised, as they did not participate in the community or attend church. Furthermore, when they did interact with others, they felt that they were not really listened to. Many of the older respondents complained that no one really showed them the deeper respect that they sought. This respect comes in the form of listening to their advice, stories and wisdom.

- Where human needs are met...

Almost all of the skipped-generation households were extremely poor. There was not enough food and people often went to bed hungry, especially in the ‘hunger months’. Many of their houses were in disrepair or had partly collapsed, and they struggled to protect their homes from the wind, rain and rodents. These households faced shortages of clothing, bedding and other basic essentials such as soap and washing powder. When the children went to sleep hungry, the adults experi-
enced anxiety about food and money, and they worried about not being able to send the children to school.

• Where one can act meaningfully to pursue one’s goals...

The most fundamental goal of a person is to survive. The older generation in skipped-generation households was doing this, but only this. This cannot be accepted as a meaningful goal if its only outcome is mere survival. The primary meaningful goal of these older people was to facilitate successful child development for the children and young people in their care. As we have seen, they were not able to fulfil these roles and responsibilities. Other goals they once pursued, such as growing old in the company and care of others, have also failed to materialise, and as time has passed they have had to readjust their goals many times. Many of them were found to be bereaved, depressed, lonely, impoverished and lacking any form of support. Not only had they lost the ability to pursue their own goals, but their goals had disappeared and been replaced by a focus only on the primary goal of any human being, namely to survive and to keep the children in their care alive.

• Where one enjoys a satisfactory quality of life...

When a person is not able to meet his/her basic needs, their dreams have disappeared and meaningful goals are blocked by the day-to-day struggle for survival, one would expect that their quality of life would be diminished. In many ways, this was true of the older guardians heading skipped-generation households. Yet despite the hardships and struggles, these people did have joy in their lives. When the older grandchildren assumed the care of their brothers and sisters, when one of the grandchildren brought home some money, when one of the church representatives visited their home, or when the rains were good and the harvest was reasonable, they felt that their lives had quality. It was in this appreciation of life that some people found the energy to keep going. Through their faith and the knowledge that they were doing the right thing for their grandchildren, they found the will to appreciate themselves, and at times felt that their lives had a quality worth fighting and living for.

The conclusion is bleak in relation to all four pillars of the concept of well-being. It can thus be stated that well-being is something that few heads of skipped-generation households experienced, even if they had moments when they did enjoy aspects of their lives. But short-lived feelings of satisfaction of life are not enough. If their well-being is to improve, it is their grandchildren who hold the key.
The responsibilities, in terms of who cared for whom, in skipped-generation households was found to be fluid. As the guardians became older and the grandchildren grew up, caring patterns and responsibilities shifted. At a certain point, the older grandchildren began to assume the role played by the middle generation in ‘normal’ households. It was found to be essential for the well-being of a household that it included children of different ages. The happiness that grandparents felt when spending time with the younger children and the help and support they received from the older children improved their sense of well-being.

The positive influence of this age range among the children in skipped-generation households also applied for the well-being of the children. Younger children were better off if there were older grandchildren around to look after them. This was true in socio-economic terms, but also in terms of other benefits, since the older children were able to mediate during times of conflict and protect their younger siblings from harsh parenting. The well-being of the children is the focus of the next chapter.
Introduction

This chapter focuses on the younger generation in skipped-generation households, using the lens of Bronfenbrenner’s ecological approach to child development. Bronfenbrenner argued that research on child development is better informed when studies take place within natural settings and that theory finds greater practical application when contextually relevant (Bronfenbrenner 1974: 4). In his later work, he revised his ecological systems theory into the PPCT model (Process–Person–Context–Time) (see Bronfenbrenner 1994 & 1995; Bronfenbrenner & Ceci 1994; Bronfenbrenner & Morris 1998). All four pillars of this model are studied in this chapter in a way that is comparable to Chapter Six, which focused on the older generation in skipped-generation households.

The first aim of this chapter is to provide an understanding of the roles of different people, and the social norms that exist, within the various social settings in which children and young people grow up in Misangwa. The second aim is to shed light on the roles that these children and young people play in their day-to-day lives, in terms of the relationships and interactions that they have with others in their social settings, and the part that these relationships play in shaping their development.

In the following section, the life histories of the members of the younger generation in skipped-generation households reveal the influence of time, the fourth pillar of the PPCT model. The use of life histories allows for an examination of the backgrounds of the respondents, and helps us to understand who these chil-
dren and young people are (personal characteristics), and what events have taken place to shape them (process factors).

Then, in the next two sections, the focus lies on context. The first part examines the various microsystems that the children and young people belong to. As the home is the most important microsystem, the analysis begins there and then continues to other settings such as school, peer networks and the wider community. The second part examines the mesosystems. These are the contextual layers that consist of interactions between the ‘significant others’ who are part of the children and young people’s microsystems. An example of mesosystem interactions are those between a child’s parent(s) or guardian(s) and his/her teacher. The analysis of context also deals with many of the interactions that these children and young people have with their guardian(s). In this sense, it is also related to process. The final part of this chapter is dedicated to discussing and summarising the findings.

Children and young people’s life histories

Introduction

Thirty life histories were constructed using data from in-depth interviews with children and young people living in skipped-generation households. The children were asked to identify and describe important changes that had occurred in their lives. Five issues emerged that were common for all, namely the loss of parents, relocation and the associated uncertainties, adjusting to poverty, living with elderly caregivers, and the breakdown of the intergenerational transfer of knowledge and skills. These issues will be discussed in the following sections.

The loss of parents

As was shown in Chapter Four, the majority of the children and young people living in skipped-generation households were (virtual) double orphans, as is reflected in their life histories: of the 30 children and young people who were purposefully sampled, 22 were double orphans and eight were maternal orphans who had lost all contact with their surviving father.

The respondents described the death of their parent(s) as traumatic, and becoming orphans had had many implications for their lives since. For most children and young people, the loss of their parent(s) was a long-term process that had lasted for several months or in some cases years. They explained that during their parents’ illness they had had little idea of what was in store for them, but some did realise that things were more serious than their parents had told them.

1 None of these children could say with any degree of certainty whether or not their father was still alive.
I knew my father was not well but I never expected him to die. He was ill quite often, I can say, but he would tell us not to worry saying it was only malaria, or a cough, and so on. When he started to lose weight very quickly I realised things were more serious. He coughed so much that one day he started coughing blood. That is when I knew there was a chance that he would pass on ... Eventually he died ... When my mom also started to be sick the following year I warned myself not to be misled again. I asked her if she was also sick, like our father. She said “No”, but all along, I told myself that this was not true. With pain in my heart, I learned that I was right because in December of that same year, she also died. That is now more than six years ago. (17-year-old male)

You know how it is: when you don’t want something to be true you tell yourself that you are mistaken. All of us at home did this I am sure. But when the illness becomes so severe, with coughing, loss of weight and many open wounds, you have to admit to yourself that things won’t be okay again. But you keep this to yourself as not to break the spirits of the person who is sick ... The death of my parents, when it came, was very painful but no longer unexpected for me. (22-year-old female)

Interviews with the children and young people showed that the experience of parental death can be seen as having two distinct periods. The first period was during the illness, a long period of uncertainty and often denial. Later on, this denial turned to realisation and acceptance. The second period was the time after death. Very few children or young people mentioned the funerals and burials of their parents. The data suggests that they had extremely painful memories of these events and very few of them were involved in the proceedings. The funeral and burials were dominated by the adults and little or no attention was given to the children.

I hear people say it is the time you should say goodbye. But it was not the time to say goodbye for me. I could not even come close to the grave and I couldn’t see what was taking place. There were so many people: the family, the neighbours and many people I didn’t know. As children you have no place there, even if it is your parent who is being buried ... (17-year-old male)

We, as the children, were with our mother all the time [during her illness]. Our aunt used to come to visit sometimes but every day, it was us who cared for her. We were there with her when she passed on. Suddenly many relatives, neighbours, friends and many others were coming to our house. People were all over and we were told to sleep outside because the houses were occupied by the visitors. No one asked me anything. Everything was decided by others and after the funeral we were told to collect our things. We left the next day and I haven’t been to see that place for five years since she died. (18-year-old female)

As HIV is predominantly spread through heterosexual intercourse, co-infection in couples is common. This means that when one of the partners is HIV positive, the other is also likely to be infected. If ART is not available or is not accessed and thus the infection goes untreated, in time the infected person will most likely fall ill and die. During the period when most of the younger respondents lost their parents, knowledge about HIV was limited and ART was not available. Knowledge has since increased, ART has become available, and this has brought about relevant behaviour change, but there are still many children and young people who have lost both parents to the disease.
Table 7.1 shows that it is unusual for children to live with their father following the death of their mother. Of all OVCs included in the 2009 household survey, only 7.3% (22 of 300) were children whose mother had died and who were living with their father. Following the death of a child’s mother, the father often ‘disappears’. In the case of paternal death, women usually assume the care of the children on their own: 23.7% (71 of 300) of the respondents were children who had lost their father and were living with their mother. Children whose parents were both alive but were living elsewhere, for example if they were working in town, have not been included in this table. The children in the table were either orphans or virtual orphans: children who had lost their parents or could not confirm whether their parents were alive.

Table 7.1 Status and/or whereabouts of parents of (virtual) orphans, from the 2009 household survey (n=300)

<table>
<thead>
<tr>
<th>Living situation</th>
<th>Status of Mother</th>
<th>Status of Father</th>
<th>Frequency</th>
<th>Percentage</th>
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<tr>
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<td>Unknown</td>
<td>Unknown</td>
<td>20</td>
<td>6.7%</td>
</tr>
<tr>
<td></td>
<td>Alive</td>
<td>Dead</td>
<td>11</td>
<td>3.7%</td>
</tr>
<tr>
<td></td>
<td>Dead</td>
<td>Alive</td>
<td>18</td>
<td>6.0%</td>
</tr>
<tr>
<td></td>
<td>Dead</td>
<td>Dead</td>
<td>154</td>
<td>51.3%</td>
</tr>
<tr>
<td>Child living with mother</td>
<td>Alive</td>
<td>Alive</td>
<td>4</td>
<td>1.3%</td>
</tr>
<tr>
<td></td>
<td>Alive</td>
<td>Dead</td>
<td>71</td>
<td>23.7%</td>
</tr>
<tr>
<td>Child living with father</td>
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<td>Alive</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>Dead</td>
<td>Alive</td>
<td>22</td>
<td>7.3%</td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
<td>-</td>
<td>300</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Lamba people follow matrilineal kinship and matrilocal residence. This kinship system has far reaching consequences for children who lose one or both parents. As mentioned, children who lose their father are likely to remain in the same household as their mother. The situation is very different, however, if the mother dies. After the death of the mother, the maternal family is likely to claim ownership of the surviving children. The widowed husband loses the children and, if his household is in the village of his maternal relatives, will move away and leave the children behind. It is often suggested in Zambia that this is the result of a lack of interest by men in their children. This research found, however, that for many men, lack of power and influence better explains why they no longer lived with and cared for their children following their wife’s death. Lineage structure dictates that they have no ownership over their children and have no rights to claim them. Several widowers interviewed said that they felt saddened
and powerless after their wives had died, and felt that their children had been taken away from them.

Due to the matrilineal kinship structure and the commonness of co-infection among married couples, it was observed that of the (virtual) double orphans in the study, children who had lost their mother first were, in a sense, less harshly affected than those children who had first lost their father. For those whose father died first, they would have had to help nurse their father during his sickness and death and would have then cared for their mother when she too became ill. Losing contact with a father is traumatic, but one can argue that this is less traumatic than being the primary caregiver of one or two sick and dying parents.

Children and young people who had provided palliative care for their dying parent(s) explained how this had affected them. Their stories show how traumatising these events were for them. Many said that they had emotional and sleep problems, experienced nightmares, and had feelings of deep sadness or depression. The impacts of caring for a dying parent were different among the young respondents, but the following quote captures what many told me.

Those memories are always with me. When I go to fields, I remember the time my mother collapsed and we carried her home. When I see the house where she died, I remember her body, the many wounds she had. I don’t feel like eating meat, even if it is chicken, since that time. When I think of that time, I start to cry and everyone asks “What is wrong?” But it is not possible to explain ... When I sleep, I wake up in the middle of the night feeling bad because I didn’t wash her in the evening. Then I remember she had died ... That was four years ago but in my thoughts it is still like yesterday. (16-year-old male)

The age at which children and young people experienced parental illness and death also explains much about the way in which these events affected them. Children and young people who were older when their parents died had more memories of them and of the events leading to their deaths. Children who were younger at the time were less likely to remember their parents and had less vivid memories of their passing, often basing their stories on what they heard from others.

Relocation and uncertainty

Almost all of the children in skipped-generation households had been relocated after the death of one or both parents. These relocations were full of uncertainty. As described above, for children who had lost their father, they generally remained with their mother; thus relocation usually took place following the death of the mother. Relocation sometimes took place within the same village, within the Misangwa area, or the children and young people moved to very different parts of the country. If the children were living away from their maternal relatives in their father’s region, following the death of their parent(s) they would be sent to their mother’s traditional home. As described in Chapter Six, some wom-
en decide to migrate to their own relatives, together with their children, when they fall sick. This migration is known as the going-home-to-die phenomenon (Foster & Williamson 2000), and is the result of socio-economic problems following the death of husbands or resulting from their own illness.

The children and young people’s experiences of relocation depended on many factors. The changes in surroundings, the number of moves, and the distance (physical and social) that they migrated were all important. These factors also played a role in terms of the way in which they were able to adjust to new caregivers and surroundings. For many children, the period immediately following their relocation was particularly difficult. They had to adjust to a new household, new guardians, and often completely different physical surroundings (especially those who moved to rural areas after having grown up in town). Some children joined households where other children were already present. In such situations, they needed to claim a new position in the social structure of their new home. The children’s stories about this time tell of much uncertainty, and this affected the position they took, or which they were given, by others. Because of their emotional state and uncertainty, many at this time were not assertive and self-conscious enough to fight for their place in their new households.

When I came to this place from Luanshya, it was very difficult for me. You don’t know anything about the place. I didn’t know my aunt and uncle with whom I came to live. I didn’t know their children or whether the children would accept me and I didn’t know village life. I was often mocked. I left behind all my friends and knew no one who could show me around this place. Where is the market? Where is the school? That is what I was asking myself. Rural life as we have here is very different from town and I felt very lost. The only things I did know was that my parents had died and my relatives had decided to send me here. At first, I had to wait to see what was there for me and later, slowly, I learned to know this place. (16-year-old male)

Children and young people’s relationships with their new guardians and the other members of their new household were often difficult. For some, it took time to develop these relationships. The children and young people said that they were certain that the relationships that they forged in these new homes would never be the same as the relationships that they had had in their parental homes. This realisation brought them pain. Another aspect of relocation that some children discussed was the extra pain and difficulties they associated with multiple changes of guardians and households. Just when they felt that they had adjusted to their new lives, their worlds would be turned upside down and they would have to go through the whole adjustment process all over again.

Your life changes and you find yourself in a place you don’t know ... with people you don’t know. But you get used and you get by. Then they [older relatives] decided we could not remain in that place. For me it was my grandfather who came to collect me. I left Ndola with him and left behind my new family. I didn’t know why but I knew I had to get used to a new life all over again. (17-year-old female)
Adjusting to a life of poverty

The older children and young people often mentioned the economic decline that they had experienced. In the timeline of their life histories, the illness of one of their parents was the starting point of this socio-economic decline.

It was a tough time for us when mum was sick. We had no money, there was no food in the home and we stopped going to school. Sometimes relatives would give us something but it was only later, when our mother had died and we came to our grandmother, that it became a bit better. (16-year-old female)

When my father became ill we started to suffer, also in terms of money. There was little food, no money for clothing, we stopped going to school. Sometimes the situation improved, other times it got worse, but the poverty we have seen since that time has never left my side. (21-year-old male)

The negative spiral of poverty that many of the children and young people described began during their parents’ illness and worsened after their parents died. Despite the high levels of poverty in skipped-generation households, few children complained, however. They recognised that poverty and hunger were problems shared by all in such households, and they saw, on a day-to-day basis, that their grandparent(s) were doing what they could for them.

You know problems are plentiful. The only way we can try to manage is to work hard. All of us try our best to contribute to our development. My grandmother is old but she does what she can. For us, what I can say is that we do what we can as people who are in this situation. Life is tough but there is no one to blame for the problems. All we can do is cooperate, avoid conflicts and disagreements and trust in God ... You don’t have to blame anyone for the situation, just have faith that we are all trying and that things will get better. (21-year-old male)

The children and young people who remembered life with their parents remembered that they were much better off in those days. Material support, the quality of housing, the quality and quantity of food, and their educational opportunities were all better. While remembering this, however, they chose not to look back. They explained that they had to accept their fate and work hard to improve their lives. Looking back brought them nothing, is something that they often said.

Loss of intergenerational transfer of knowledge and skills

When their parents died, children and young people lost the most important source of information and skills that they had had in their lives. Indeed, they experienced that the acquisition of knowledge and skills from the older generation(s) reduced or stopped completely. This was not only true for children who had lost both parents, but also for those who had lost only one parent. The remaining parent, usually the mother, became responsible for running the home alone. Even though the children helped, the time she could spend with them was limited and thus she had less time to pass on her knowledge and skills. Children
who had lost both parents also experienced this, as their new caregivers were less likely to have much time for them.

The loss of the transfer of knowledge and skills from the older generation was felt very strongly by children and young people in skipped-generation households. There are several reasons for this. Older guardians had little time to spare, as day-to-day survival consumed all their time and energy. Furthermore, their older guardians’ physical capacities were limited. Many skills are passed on through teaching-by-doing, and the transfer of skills and knowledge ceases once the guardians can no longer ‘do’. Another reason is that the skills and knowledge required by the younger age group were limited among the older generation; older people, for instance, had little or no education and were thus unable to help the children with their school homework. Finally, there are sensitive areas between children and older people in Lamba culture. Some things, such as sexuality or growing up, cannot be discussed between a grandchild and grandparent, as they are traditionally limited to child–parent or child–uncle/aunt interactions.

The age of the children and young people when they lost their parent(s) was found to be relevant for understanding how they were affected by the loss of opportunities for the intergenerational transfer of knowledge. Children who were young when their parents had died experienced few opportunities to gain knowledge and skills from them. Children and young people who were older had already gained some knowledge and skills from their parents. The interviews showed that there was no strict cut-off point in terms of age, but children who were still with their parents between the ages of ten and 12 years were the youngest group to benefit. Children who were younger than ten years did not note any significant learning experiences.

**Children and young people’s microsystems**

*Introduction: Four microsystem settings*

To gain insight into the lives of the children and young people and their older guardians living in skipped-generation households, and the contexts in which their lives take place, the younger respondents’ social networks were mapped. I used Bronfenbrenner’s work on the social ecologies of child development, according to which the social ecology is divided into several contextual layers. The most direct is the microsystem. This layer includes the people that the child or young person has direct contact with and encompasses all relationships that he or she has with his or her immediate surroundings. The home setting is the most prominent and important microsystem setting for developing children and young people, as it is the setting where they spend the most time and consists of the people who are closest to them.
The first step in studying the microsystems consisted of free-listing exercises. For this, 60 children and young people were selected randomly from the sample of children drawn from the 2009 household survey. Forty-two of the respondents were individually interviewed, while the other 18 were included in FGDs. Thirty of the 60 respondents were children and young people growing up in skipped-generation households; the other half were living in other types of households. Approximately half of the latter group were living with their parents and included non-orphans as well as single orphans; the others were orphans fostered by non-elderly guardians. This latter group of 30 respondents formed the control group.

During the free-listing exercise, the younger respondents were asked to name the places where, and the people with whom, they had interacted in the previous week. They shared stories of the places where they had met others and described the length of these interactions as well as what these interactions had meant for them. One advantage of using this method over more exhaustive methods is that while not all places and people were mentioned by the respondents, they naturally mentioned those interactions that were important to them. These are what Bronfenbrenner would call interactions with significant others. The results of the free-listing exercise show that four microsystem settings were important for the respondents: the home setting, school setting, peer setting, and community setting. Table 7.2 shows these four settings and the people whom the children and young people reported interacting with in each.

Table 7.2  Microsystem settings and relevant actors for children and young people, found through free-listing (n=60)

<table>
<thead>
<tr>
<th>Home setting, consisting of:</th>
<th>School setting, consisting of:</th>
<th>Peer setting, consisting of:</th>
<th>Community setting, consisting of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardians or parents Siblings Other children Other relatives</td>
<td>Friends/peers Brother/sister of peers</td>
<td>Friends/peers Brother/sister of peers</td>
<td>Friends/peers Neighbours</td>
</tr>
<tr>
<td></td>
<td>Friends/peers Classmates Teachers</td>
<td>Age mates of the opposite sex</td>
<td>People at common places such as the well</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parents/guardians of peers</td>
<td>Church members</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>People at the market</td>
</tr>
</tbody>
</table>

Following the free-listing exercise, the next step was to ask the respondents to keep a diary. In the diary, they recorded every interaction that they had with other people during the course of one week. The people mentioned in these diaries are listed in Table 7.3.
Table 7.3  Number of interactions between children and young people and others in the course of one week, mentioned by respondents in their diaries (n=60)

<table>
<thead>
<tr>
<th>People with whom children and young people interacted</th>
<th>Children and young people in skipped-generation households (n=30)</th>
<th>Children and young people in control group (n = 30)</th>
<th>2 Sample unpaired T-test significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>4</td>
<td>22</td>
<td>P &lt; 0.003</td>
</tr>
<tr>
<td>Guardians</td>
<td>28</td>
<td>6</td>
<td>P &lt; 0.001</td>
</tr>
<tr>
<td>Siblings</td>
<td>24</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Other children (not siblings) in the household</td>
<td>26</td>
<td>14</td>
<td>P &lt; 0.002</td>
</tr>
<tr>
<td>Grandparents (if not guardians)</td>
<td>3</td>
<td>16</td>
<td>P &lt; 0.001</td>
</tr>
<tr>
<td>Aunts or uncles</td>
<td>14</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>29</td>
<td>24</td>
<td>P &lt; 0.046</td>
</tr>
<tr>
<td>Neighbours</td>
<td>27</td>
<td>21</td>
<td>P &lt; 0.055</td>
</tr>
<tr>
<td>People at common places (other than neighbours)</td>
<td>23</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Teachers</td>
<td>12</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Market traders</td>
<td>13</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Church leaders</td>
<td>11</td>
<td>19</td>
<td>P &lt; 0.04</td>
</tr>
<tr>
<td>Parents/guardians of other children</td>
<td>15</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

Some of the differences seen in Table 7.3 above were the direct consequence of the different compositions of the households of the children and young people. The differences in frequency for contact with parents, guardians, and grandparents were relevant to the living arrangements of the children; for instance, when comparing a double orphan living in a skipped-generation household to a child living with both living parents. Other differences between the interactions of children and young people with others, and the nature of these interactions, were less evident. Some of these differences worked positively for those in skipped-generation households, others put them greater at risk of poverty, conflict with guardians, and other problems. These are discussed in the following section.

The home setting

Several issues were found in the home situation of children and young people living in skipped-generation households that were different from the home situation of children and young people in other types of households.
• Discrimination of children and young people

Children and young people living in skipped-generation households did not report segregation or discrimination among the various children living in the home. In the control group, this was different. Fifteen of the 16 respondents who lived in a household where the biological children of the guardians lived alongside orphaned and/or dependent children reported some form of discrimination or segregation. In such households, the non-biological children reported that they felt that they were treated unfairly in comparison to the other children, in terms of receiving less food, attention, love and comfort. Research that I conducted in 2001 showed that in such households, biological children did less work for the household on average than non-biological children, while they received more financial support in the form of school fees and school supplies, including uniforms and books (Reijer 2002).

The children and young people in skipped-generation households and the orphans living with other guardians talked of hunger. In skipped-generation households, this was caused by poverty, while in other households it appeared to be a combination of poverty and discrimination. These children were sometimes made to wait for the biological children to finish eating before they were allowed to eat what was left. Both groups reported hunger, but the care that they received was different. Children and young people in skipped-generation households reported receiving more love, care and comfort from their guardians. Another difference is that in skipped-generation households, all members go hungry when food supplies ran low; in other settings, it is the orphans who go hungry first.

The caring and loving relationship that existed between grandchildren and grandparents and older guardians in skipped-generation households may account for the absence of discrimination in these homes. Another factor is that since there are no children with parents in skipped-generation households, there are no first or second class differentiations, and thus no preferential treatment. Furthermore, grandparents and older guardians, as well as the children and young people in their care, have all suffered from the illness and death of their loved ones. Both seek comfort and love, which the older and younger generation try to provide one another. The biological relationship between the older guardians and the children and young people was therefore found to be less important than their comforting presence.

• Dealing with loss and grief

Both the older and younger generations in skipped-generation households have faced loss and grief, but they did not always find support and consolation in one another, and they sometimes used opposing strategies to deal with their feelings.
Most of the children and young people tried to forget about their parents and their previous lives, and silence was a commonly used strategy to avoid discussing their sadness and grief. The elderly, however, dealt with their emotions and feelings of loss and grief very differently. They felt the urge to talk about their feelings, in particular about the deceased.

The urge for elderly guardians in skipped-generation households to talk of the dead was more than something that they simply felt like doing; they also felt a responsibility to tell their grandchildren about their past. Despite their focus on day-to-day survival, in the evenings many elderly caregivers sought opportunities to talk to their grandchildren, trying to help or push them to discuss their feelings and grief. However, few elderly caregivers had the skills or the knowledge required to help their grandchildren deal with their traumatic experiences, and thus such attempts by guardians to encourage talk often failed. In some instances, they did more harm than good. Some of the children and young people’s reactions to these attempts led them to stay away from home.

[It is] at night when we sit around the fire that my grandfather starts talking about my parents and the olden days. He talks about when he was young and when my parents were still alive. Those are all the things I don’t want to hear. I don’t want to remember my parents because it only makes me sad to know they are gone and I will not return to that way of life. To avoid hearing these stories I pretend to sleep or I go away. (13-year-old boy)

My grandmother always tells me how beautiful my mother was and that I am like her. But to me it is only painful and sad. This is because I can’t remember what she looked like ... So I say to my grandmother I still have some job to do such as collecting a bit of water, or that I am tired. (9-year-old girl)

As the quotes above indicate, the children’s reactions to such attempts by their elderly guardians to discuss their parents and the past were often negative. Some children and young people stayed away from home, others made up excuses, and in so doing they avoided having to listen to their guardians talk about their parents and the past. The consequences of this were painful for all involved. The gap between the two generations would widen and in some instances irritation would mount, leading to intergenerational conflict. In other households, the elderly were without people to talk to since the children had fallen silent.

The children and young people indicated that their siblings were the only people with whom they felt comfortable discussing the illness and loss of their parents and their relocations. Despite living with their siblings, however, some felt that the home was not a setting where they could talk freely. One reason for this was that their guardians were usually present. If they did not have opportunities to talk privately to their siblings about their grief, they would rather not discuss their feelings at all.

Despite intergenerational conflicts, older children and young people expressed a degree of understanding of their guardians’ grief. Since they consciously expe-
rienced grief and loss themselves, they were more perceptive of what their guardians were going through. They realised in many cases that their guardian did not have other people to talk to as he or she had little contact outside of the home. They told of how they tried to avoid conflicts and tensions in the home, for example by listening to their guardian even if they did not feel like doing so.

I always tell myself that my grandmother is missing my parents just like I miss them. But my mother was her child so the way she remembers my mother is different from how I remember. She knew my mother when she was young, even before I was born. I know my mother from when I was young and we didn’t live with my grandmother. We remember the same person but still it is different. So I understand that her memories and stories are different from my stories. So I listen to my grandmother and share my own memories with her. (16-year-old female)

When my grandmother cries I go to sit with her. She complains that all her children have died and that she is living a life that she does not deserve. I remember my parents and even some of the aunts and uncles that she mourns. It helps her when I also share some of my stories about these people and we help each other to feel better. (18-year-old male)

If it was only me, I wouldn’t talk about those who are no longer here with us. I prefer to forget about the past and instead focus on the future and my development. But my grandparents are very sad ... They have lost many of their children. For them it is important to talk about them, and about the past. So I try and sit down with them when I feel they need someone to listen. It is difficult for me but I feel that responsibility to them. (19-year-old female)

Younger children did not tend to show such consideration for their grandparents and they avoided having to talk about these issues. In households where there were only younger children, the chances of stress and conflict were therefore greater; but in households with more varied age distribution among the younger generation, the older children supported their grandparents and conflicts were less likely to occur.

- Other causes of stress between children and young people and their guardians

Dealing with loss and grief was one of a number of reasons for stress and conflict between the older and younger generations in skipped-generation households. Other reasons were related to the generational gap.

Decision making about income generation, particularly farming, caused problems. The older members of skipped-generation households had stopped farming years earlier, when their children and other middle-aged relatives had taken over from them. When they became the heads of skipped-generation households, they had to start again. Some grandchildren had learned to farm from their parents and what they had learned was different from what their grandparents had practiced. Examples of such differences include the fact that the older generation did not use fertiliser, they used traditional maize varieties, and they burned their fields rather than composting residual plants. Some members of the younger generation, on the other hand, knew that the modern techniques were better than the old
ways. They felt that they had the knowledge, skills and energy to improve their family’s harvest. Furthermore, they were the ones doing most of the work in the fields, and they felt this entitled them to have some say in how it was done. Nevertheless, they had little power to make decisions, and this situation frustrated many of the respondents.

When I was living with my parents I used to work with them on the fields ... We used to save money and invest into the cooperative. Since my father is no longer around it is not his way of farming anymore. My grandfather refuses to invest. We have seen our harvest become small. I tell my grandfather often that he should invest in the cooperative. But to him this is strange and he thinks I am just causing problems ... I told him again last year and he said, “When I was young we never used fertilisers, it is because of the poor rains that cause the plants to be small”. I have seen for myself what fertiliser can do but I cannot influence my grandfather. It makes me feel sad and angry to know we could have enough food. Instead we work hard and go hungry. (19-year-old male)

When I was with my parents I used to work with them on the fields. After I wrote my exams I was on their fields full-time. These are the same fields I work on today, since we remained in the same village after they died. We used to buy a lot of fertiliser and some seeds through the cooperatives. I tell my grandmother I know how we can improve and develop ourselves. She gets angry at me when I say these things ... This makes me sad. Even if we work harder than our neighbour we still have a smaller harvest. (19-year-old female)

Not being listened to or consulted by their older guardians was painful for the younger generation, especially when they felt that their households were going hungry as a result. The respondents said that they felt that this was unnecessary. Several young people in this situation saw this as a reason to leave the household in which they lived.

I lived with my grandmother and grandfather since 2002 when both of my parents died. They were the ones who would tell us how to work on the fields and when to sell the harvest ... But they were never seen on the fields because they were too old. For me it was not possible to remain there because I saw the hunger my siblings were facing. I learned what farming today is like from my mother. But old people don’t know how it is. For me there was no choice and despite the pain I felt for my brothers and sisters I left that place in 2007. My older brother lives in Mpongwe and he agreed to give me some land to farm on. Now I have a wife and a child and we are in a better place. (23-year-old male)

Many of the younger respondents voiced their frustrations, but only a handful of them actually went against their older guardians’ wishes. Rather than argue, most kept quiet. Some deviated from their guardian’s wishes, but kept this a secret: some respondents, for instance, invested in seeds and fertiliser for the fields, others had alternative income generating strategies besides the work they had been told to do. The lack of parenting in their households and their guardians’ limited physical mobility allowed them to do such things unnoticed. One of the activities engaged in by the children and young people, without the knowledge and approval of their guardians, was growing vegetables.

I knew there was money in relish [vegetables] since very few people grow them. My father had shown me how to grow some vegetables so to me it was a good idea. I told her we
should use the land next to the river to grow vegetables. But she always refused. So with the money that I made from fishing we started to save a small amount every time. When I had enough I went to buy seeds at the Mission. I went to collect seeds for rape, cabbage, and tomatoes. Now we have more food for the family. What we do is that when our grandmother sends the young ones to the market to buy something we go to our farm. There we pick the vegetables and we keep the money. Sometimes she finds out we didn’t go to the market and she will ask us where we got the relish. We tell her we bought them from that person, or that person, who has a garden. She cannot check these things and she forgets quickly. In this way we manage to eat, to buy seeds for the garden, and use the money for other food or for school uniforms. (19-year-old male)

The above quote shows the strong will and personality exhibited by some of the younger respondents. However, this sense of action, determination and planning was not very common. More common were stories of children and young people who lied about their incomes to their guardians. Though most said that they did try to save money for their household, some admitted to using the money that they withheld to pursue their own interests.

Decision making about work and income generation was not the only issue that was a potential source of stress and conflict. A second issue was related to the changing roles and responsibilities of members of both the younger and older generations in the home. In the skipped-generation households studied, the generation gap between the children and young people and their older caregivers forced both groups into roles normally played by middle-aged adults. This was a source of stress.

Many children and young people expressed disappointment and frustration about the roles played by their older guardians. When they had relocated, they had expected grandparents, but had instead found guardians acting like parents.

I used to visit my grandmother often when I was still living with my parents. She lived close to our house. She was always very nice to me. After my parents died I hoped my grandmother would take us into her home. Eventually it was decided we were to move to her house. At first I was very happy. But I soon found out she was very different. She acted differently to me than she did before. She became like an aunt to me rather than my grandmother. Sometimes I think she is like a parent. I thought life would be better but sometimes I feel it makes no difference if you are with your granny or with another relative. (13-year-old female)

I used to live in Nkana [an urban settlement close to Kitwe]. When it was decided that I would go to live with them [grandparents] after my parents died I did not know what I would find. My friends told me I would enjoy spending time with my Shikulus [elders] and that I would enjoy it ... I had many expectations but I found it to be very different. For me they are like parents and not like the stories I heard from my friends. (14-year-old male)

It is like they are different people. It takes long to get used to the difference between grandparents who you visit as a child and the people who are now trying to raise you. I have heard from my friends who live with other relatives that life for them is very tough. When I compare this to my own life I know I should not complain. It was just a shock to me that my grandmother was suddenly the one who was responsible for me. (16-year-old female)

The disappointment and the unmet expectations expressed by the younger respondents living in skipped-generation households were not found among or-
phans and dependent children who lived with other guardians. This difference is best explained through the types of relationships between these different children and their guardians. Children have a certain type of relationship with aunts, uncles and other middle-aged relatives. These people are, even in a normal situation, more involved in their parenting. As a result, those children and young people who had moved in with an aunt or uncle did not have a sense of disappointment about the role that their guardian(s) played. For children who had moved in with their grandparents, however, they found in this new situation the loss of a former relationship.

A third source of stress and conflict were the unrealistic expectations that older guardians had of the younger people in their care. These expectations manifested prominently in relation to the perceived value of education. The older generation had rarely enjoyed more than two years of schooling, if that. Despite this, they had been able to find work. They felt that a child with a primary school diploma, who had more years of education than they had ever had, should have no problems finding work. The reality is, however, very different. The older generation had no understanding of the employment situation in Misangwa, or in Zambia as a whole. Children with grade seven, grade nine or even grade 12 diplomas have difficulty finding jobs, especially in rural areas. Instead, many of the children worked around the house or on the farm after completing school, and very few were able to find paid work.

When I finished grade seven exams I had good grades and hoped to continue my schooling. My grandparents did not allow this. My grandfather told me I had many more years of education than he had ever had. He said, “I only had standard 1 and 2, only two years, and I had enough food for my wife and all of my children. You can do the same and look after me and your grandmother now”. Up to today they have not allowed me to go back to school. When I explain I cannot find a job like this they get angry and tell me I am lazy. (16-year-old male)

When their expectations were not met, the older guardian blamed the children and young people. As was seen in the above quote, they felt that the children were lazy and were not trying hard enough to find work. Their frustration was reflected in the way that they behaved towards the young people in their care, which in turn caused the young people to feel frustrated and pressured. The latter also felt that their guardians had no understanding of the current labour market and saw their expectations as unfair and unrealistic. This dynamic led to a lot of stress in several of the households studied. Some of the young people mentioned how they had decided to leave the household because of this situation. Some who had moved on shared that they had stopped visiting their former home altogether, because they felt that they were not able to meet their grandparents’ expectations of them and pleas for more support.

My grandmother had heard I was driving a minibus. She thinks every person to drive a car is the owner of that car. When I had my first salary I went back to her home and gave her
something. She took the money, K. 50,000, but was angry with me. She expected more and said I didn’t care about her. The next time the same thing happened. My salary as a driver is not much and renting a home in Luanshya is very expensive for me. My wife has no job and we have three children. Also, we look after two children from her sister. The next time I came to my grandmother she was again shouting at me and insulting me. I explained we were also suffering and that this was what I could share. She just shouted at me telling me it was me who was in town and who was rich. “You don’t care about your grandmother!” she said ... Nowadays I just stop visiting her place and instead I meet my younger brother. I give him something to take home. (22-year-old male)

The children and young people, especially the younger ones, found these arguments and conflicts with their grandparents difficult to deal with. Several discussed how they found themselves forced to choose sides. The younger ones, especially those younger than ten years, often chose the side of their guardian over their older siblings; they also complained that they did not understand why their older siblings were angry with them when they did so. Many of these younger children said that they chose their guardian’s side because they felt sorry for them; others said that they did not understand the conflict, or that they felt compelled to stick with their guardian simply because of their love and loyalty to them. Some comments made by the younger children (aged eight to 11) during FGDs reveal such feelings.

When there are misunderstandings at home I feel sorry for my grandmother. When things go wrong some of my brothers will be angry with her. I feel sorry for her and try to comfort her. When the others make fun of me, or when they beat me, it is my grandmother who comforts me and protects me. I have to do the same for her. (9 year-old female)

I try to stay away from the words, but when I am forced to choose I will go for my grandmother, she is the one who I trust to protect me and tell me what is right. (10 year-old male)

The one who protects and comforts me is the one that I trust. When there is a problem I comfort my grandmother. The older children get angry with me ... But she is the one who can assist me in life so I need to stay with her. (9 year-old female)

You cannot choose properly when these situations take place. I just sit and say nothing and afterwards I will go to help my grandfather with cooking or sweeping so that he does not feel alone. (11 year-old male)

It was once when we had many problems at home. For me it was simple, I went to my friend’s place. That night the other children didn’t come back to the home and I was the only one who slept in the house. When they came back the next day they were angry because I didn’t go with them but I told them, “This is my home, there is no other place where I can sleep”. (10 year-old male)

The older children and young people dealt with the conflicts differently. They carried their frustration with them but rarely voiced this to their guardians. During conflicts, they said that they would try to convey what it was that they wanted to say without losing their patience or raising their voice. Dealing with criticism from the younger generation was difficult for the older guardians. In some cases, they became angry and scolded their grandchildren for trying to interfere with the way the household was run. Not being able to change anything prompt-
ed some young people to leave home, though most tried to restore the peace and move on. In some cases, they simply did what they were told by their grandparent.

- Changing relationships among the younger generation

In skipped-generation households, children and young people must assume adults roles early in life. However, when some of them took on parenting responsibilities for the younger children in the household, this often caused conflicts among the younger generation. Children who had once played together found themselves in a situation where the older ones began acting more like parents and less like siblings. This transition sometimes happened without problems; though when older siblings felt the need to verbally or physically punish the younger children, this could lead to problems. This FGD excerpt illustrates how children and young people struggled to deal with this.

Moderator: You have mentioned you have fights with the older children in your home because you feel they treat you wrongly. Can someone explain what you mean by this?

A: Yes, I can explain this. There was once when I took some relish from the pots. The food had been prepared by my older sister and we were just waiting for someone to come home before we could eat. So when she saw me eating some relish she started shouting and took me outside. There she beat me with the spoon that she used to make nshima. I started crying and my grandmother came to comfort me. My sister didn’t accept this and said she had told me not to touch the pots. And then my grandmother agreed that I had been wrong.

Moderator: And how did you feel?

A: I was very angry with my sister, we are all the same. She should not act like she is my parent.

Moderator: And how did you feel about what your grandmother had said?

A: I don’t understand why she allows my sister to control me like that. If it was something my grandmother had told I would understand, but not this way.

B: I have experienced the same ... If you go out of the home when you were told to remain at home my brother can shout at me. I knew he had told me to remain there but he always goes out and does what he wants. Since he is not my father or grandfather I remember that we used to get money from our grandmother and we used to walk to the market together. Even then we sometimes used to make mistakes so I don’t understand why he gets angry now if he did the same when we went together.

Interviews with other younger respondents suggest that in households where middle-aged adults were present, such problems among the younger generation were less common. The middle-aged adults took on the parenting roles and the older children did not. Especially when it came to handing out punishment in these households, the older children were less likely to assume such roles; when

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2 Corporal punishment is a very common practice in Misangwa and is not frowned upon by adults or children.
they did so, it was only when they were much older, and the age difference between the children was such that the younger ones accepted the older one’s authority.

In skipped-generation households, the elderly guardians were not always able to maintain their authority over the younger members, and thus often depended on the older children to discipline the younger ones. As seen above, the younger children talked resentfully about being punished by their older siblings. Despite the stories, however, it would be incorrect to assume that parenting by older children consisted only of punishments. The findings show that it entailed much more, such as caring, comforting, and helping and supporting younger siblings. Indeed, many of the older young people interviewed felt that it was not up to them to punish the younger children, and as the following quotes show, they were reluctant to use their parenting powers.

Yes, we say she [grandmother] is the one who decides. In reality the children often work together for our development. This means I am now much more like the parent for the young ones. I don’t tell them this because I want to be a friend and brother, like it was in the past. I just tell them what is to be done and I don’t shout at them ... If they need to be punished then that is not up to me to do. (18-year-old male)

When I have a problem in controlling the young ones I will not be the judge but I tell our grandmother. She is the one to decide on what will happen to them. For me I want to work hard for the family but I am not the parent even if I am older. I can warn the young ones but in the end I leave it to my grandmother to decide what to do when there are problems. (16-year-old female)

The transfer of parenting roles to the older members of the younger generation in skipped-generation households did not occur in all households. Some older guardians were able to parent the children themselves. In these households, it was common for older children to stand up for and protect their younger siblings during times of intergenerational conflict. Not only did they protect them, but they sometimes took the blame when things went wrong knowing that, as adolescents, they would not be punished. They would also do this when they felt that their guardian was behaving inappropriately or badly, for instance as a result of frustration, depression or alcohol abuse.

There was an issue at our house last night. When our grandmother returned to the home she found that someone had gone into her house. I know it was my little brother [aged ten years] because he told me he found some food in her house. I told him we would prepare something for him but he was too hungry to wait for us and he entered her house. When our grandmother starting asking us who had been there I said it was me. I told her I was looking for a pot that was missing. It was a good thing to do because she doesn’t beat me these days. If she had heard it was Fred it would have been war! (19-year-old male)

This type of protection was found to be common, particularly when the age difference between the children was large. Many of the young people commented upon how their own roles had changed over time; they carried various responsi-
bilities for their guardians, sometimes taking on adult roles, but at the same time they were loyal to their younger siblings. In most households, the members of the younger generation worked together and generally got along. Despite the efforts of all, however, intra-generational conflicts within households still occurred. The trusting relationships between children came under pressure as young children felt betrayed and older children and young people felt unappreciated and frustrated.

The school setting

The school setting was another important social setting. Not all of the children and young people living in skipped-generation households went to school, though the majority did. While they attended classes only for a short time each day, they nevertheless spent a lot of time at school and socialised around the school premises.

Much of their contact with other children and young people occurred during the walk to and from school. For some, this walk could be up to two or even three hours. These walks thus constituted well-established microsystems, as the children and young people would meet friends and other people along the way. During classes there was little room for interaction, as children’s input or discussion is not accepted. Sports and drama activities were not included on the timetable, but most schools did have sports fields, so after school hours many of the boys played football while the girls played netball or other games.

As seen in Table 7.3 above, there was no difference between children and young people living in skipped-generation households and those in the control group in terms of the number of reported interactions between children and teachers. Furthermore, both groups of younger people said that they experienced difficult relationships with their teachers, describing them as unfavourable and yet unavoidable. Few children or young people reported having strong or positive relationships with their teachers. They gave two reasons for this. The first was that teachers were not accessible. The teachers in Misangwa face high workloads and must teach several classes per day. Children spend no more than two hours a day in class and the average size of a class is 40 pupils, so the amount of contact between individual pupils and their teacher is limited. The second reason given was that the children and young people actually tried to minimise the contact between themselves and their teachers, as they were afraid that their teachers might contact their parent or guardian.

As is probably the case everywhere, children also mentioned teasing and fighting at school. The data suggest that poverty was the cause of some of the problems and stigma facing some children at school. When households failed to meet the financial and material demands associated with school, the children
faced difficulties. Non- or late payment of contributions, the wearing of worn out uniforms, and lack of grooming were all reasons for discrimination.

I conducted several sit-in observations at schools, where I witnessed teachers singling out specific children whose parents or guardians had not paid their contributions on time. I observed these children being summoned to the front of the class on several occasions, where the teachers made it clear that they were tired of “poor orphans”. All of the children pulled up to the front of class for late payments were called orphans, whether they lived with their parents or not. One illustration of this is the story of a 12-year-old girl who lived with her parents. Her family was poor, and her parents had difficulties paying the PTA contributions. She told how she had been shouted at by the teachers for this, and recalled her teacher saying: “It is always orphans causing problems here. No money and you are dirty ... Go home and bathe before you come back!” When the girl arrived home she got into more trouble: “My parents got angry for me because they did not believe I got sent out of school for being an orphan ...” This example reveals a generalisation that was common in the area, namely that poverty and orphanhood were associated with one another.

When my grandmother was late paying the fees the teacher started questioning me. At first this was in the office when she would ask where the money was. Later on the teacher would call me to the front of the classroom. She called me an orphan ... From that day things were different ... Some children stopped playing with me because they said I had killed my parents. It is just with special friends that I can play now. (12-year-old female)

In general terms, the teachers did appear to care about the children. But at the same time, they felt stressed and frustrated about their status as poorly paid civil servants. All of the teachers whom I spoke to in Misangwa were from outside the area and had been relocated there by the Ministry of Education. During interviews, they said that it was difficult for them to make ends meet and that the demands on them were huge. The school facilities were inadequate, there were not enough classrooms, teaching materials were unavailable, and staff housing was insufficient and in poor condition. Some teachers said that they taught over 150 pupils per day. While their socio-economic situation was better than most people in the area, they still needed to pursue other income generating activities in order to live.

The reality for the teachers was that they worked for institutions that were seriously underfunded and they were pressurised by their colleagues and management to push those who failed to pay on time. They were aware of the potential damage in terms of stigmatisation and discrimination that such pressure – especially when delivered publicly in front of a child’s peers – could cause, yet they singled out such children nevertheless. I argue that despite their frustration and lack of skills and resources, these are nevertheless no excuse for the public shaming of children.
The peer setting

All of the younger respondents mentioned friends as important people in their lives. Twenty-nine of the 30 younger respondents in skipped-generation households documented in their diaries having had interactions with friends and peers. For the control group respondents, this number was 24 out of 30. Friends meant a lot to the younger respondents in skipped-generation households. Friends were considered fun, but they were also the people with whom they could consult in case of questions, difficulties or worries. The numerous activities which the younger respondents undertook with friends included doing chores together, walking to school, working on the fields, playing together and simply hanging around. The respondents had many friends, whom they categorised according to the level of trust that they felt with them. Almost all of the children and young people had one best friend.

Despite the warm relationships that many children had with their peers, these relationships were not always positive. Orphaned children and those from very poor homes were teased, bullied, segregated or abused by other children. As was explained in the previous section, teachers were the source of some of these problems. Peers, however, picked up on what teachers said and continued the teasing. The children called this joking (milangwe), though sometimes it was more serious and conflicts could occur as a result. Another source of teasing among children was when punishments at home became a public affair, and this was picked up on by their peers.

If your grandmother is angry this will be taken over by the community. People may start to joke about you saying you are misbehaving or you are a bad person for upsetting your grandmother. If she calls you stupid they will remember. After my grandmother called me stupid the children at our neighbour’s village started joking about this and called me stupid. I felt very bad and stopped visiting them because of that. (11-year-old male)

It is very painful to me that what happened to me is repeated by other children. My father died and the people say he was bewitched when he was walking to his field. People sometimes avoid me and they say I am now the one who is bewitched. I don’t know but it gives me doubts and sometimes I fear I can also die from the spell. Other times they say I was the witch who killed my father. I don’t want to remember those times but other children hear these stories from their parents and they like to talk about it. I pray that one day they will forget what people have said. (11-year-old female)

The older children and young people in particular spent a lot of time with their peers. During this time they had the opportunity to discuss their situation at home, their future and ambitions, members of the opposite sex, music, sports and religion. Young people were very interested in news and current affairs. Newspapers were rare, but when someone had one it was shared, and groups of young people gathered to read together. The few radios and televisions in Misangwa were also popular among these younger respondents, and whenever possible they gathered together to enjoy the broadcasts.
On the BBC radio there is one programme that my friends and I enjoy very much! It is about music. Young people from all over the world can ask for a song to be played. The only thing you have to do is to explain how your life is and where you listen to the programme. It is very nice to hear people from other countries and to find out about their lives ... I listen at my friend’s house. (17-year-old female)

Programmes on music and science were popular among girls, while sport programmes, especially about football, were preferred by the boys. Gaining access to media was difficult. None of the skipped-generation households possessed televisions and only six of the 65 households owned a radio. Most respondents who did not have access to a television or radio went to a friend’s home or to public places such as bars.

Many adolescents admitted that they did not only visit the drinking places to listen to the radio or watch television. Both girls and boys went drinking if they had the money, while the boys also smoked ganja or fiamba (local names for marijuana). This they did with friends, they said, and never alone. Young people also said that they had sex. Based on their answers to specific questions, they demonstrated that they were well informed about HIV and STIs. Because of fear of gossip and stigma, however, they encountered problems in accessing condoms and birth control.

I used to attend a youth club where we were told about AIDS and other sexually transmitted diseases. I can name many for you. The problem is not that I don’t know how to protect myself but that it is difficult to buy condoms in this place. I know where they are found. If I go there I am afraid many people you know will be found there. You can’t buy these things without people talking about you. (19-year-old female)

Part of life in skipped-generation households is that the younger generation have to assume more responsibilities at an earlier age. As has been demonstrated above, this can lead to conflicts between members of the two generations, and among members of the younger generation. It also has consequences for the social standing of the respondents, especially the older boys and young men. In some homes, they have had to assume responsibilities that are considered woman’s work and were thus seen to be feminine. These respondents reported that this caused them to lose their social standing and made them the victims of name calling and ridicule by their peers.

I am the oldest of the children living here ... My grandmother does not leave her bed often these days. This means I have to do all the work around the house. The people who see me cooking, washing or cleaning the house often laugh at me ... Our neighbour always laughs at me. He tells his friends, “You will see a woman from far, but when she comes close you see it is a man”. It hurts me that people question my manhood and say I can’t be a real man doing these jobs. I often hear people saying, “There are problems in that home; there is not even a woman to do the cooking”. They have no idea why there is no woman in our household. There is no defence when people say that in our home, “The woman has been replaced by a man”. (21-year-old male)
When males did female jobs, this sometimes even led to the breakup of friendships.

Some of the boys and girls who live close to our home had seen me by the river washing the clothes of my younger brother and sister. I was also washing some of the clothes, including the underwear, even those of my grandfather. When they saw this they began to laugh. When I came to school I heard that they had told others. My friends say I should stop doing those things, they said they did not want to know me if I continued. They told me to stop coming to their homes. One of my closest friends told me, “I do not want to be seen with you if you continue to behave like a woman. People might think that we are sodomists.” (17-year-old male)

Other respondents explained how they had also lost friends because of their chores. For young men, the consequences reached further, as the girls or women whom they were dating would end the relationship upon finding out what they did at home. The young men explained that their girlfriends questioned their masculinity, and believed that it was often the friends of these girls who pushed them to do so.

I was seeing a girl who I met at school. You might call this having a girlfriend. Here that is difficult so I will just call her my female friend ... One day she told me that her friends had been asking her about me. She said they were asking if I was a real man and if she was sure I was good for marriage. She asked me, “You carry the water like a woman, you cook like a woman and you look after the small children like a mother. How can I be sure you will be able to give me children when we get married?” I told her that these two things were not the same. But she couldn’t understand and said she didn’t want to meet anymore. Even to this day I have not seen her, she is “looking for a real man”. (21-year-old male)

Experiences like this one are things that these young people could hardly share with others. Often, the people with whom they would like to talk about such matters were the same people who had gossiped about them. For the older boys and young men, it was difficult to choose between the needs at home and their own social standing in the community.

What I can do about these issues? For me that is a tough question. The easiest thing is to ignore those people and trust the Lord knows you are doing [the] right thing. But everyone wants friends, I want to marry a nice girl and one day start a family. Everyone needs respect. So sometimes I find myself thinking I should leave this place and build a house for my own ... But then I remember my role here ... God would not want me to abandon them even if it is tough. But doubts are there. (21-year-old male)

The problems stemming from doing tasks associated with the opposite sex primarily impacted the boys and young men rather than the girls and young women. In cases where girls reported similar situations, these appeared to have less impact. Some older girls and young women had to assume men’s roles, including ploughing, harvesting and thatching. Some of them reported that people would laugh at them and say that they should find a man to help them. Neverthe-

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3 Sodomy is a term used in Zambia to refer to homosexuality.
less, in Misangwa women doing men’s work seemed to be more acceptable than when males did female jobs.

The community setting

Neighbours were important people in the lives of the younger respondents. Twenty-seven of the 30 younger people living in skipped-generation households mentioned interactions with neighbours, compared to 21 of 30 from the control group. This difference was found to be statistically significant ($P < 0.056$), which shows that young people in skipped-generation households were more likely to engage with their neighbours than others in the community were.

Many of the younger respondents in skipped-generation households said that they felt comfortable with people who were the same age as their parents would have been. Most of the neighbours that the children and young people mentioned spending time with were middle-aged adults. These neighbours were important when they had problems or questions, and they were the people that the younger respondents said that they trusted. They explained that they felt that the neighbours understood them better than their guardians, and this led many children to go to their neighbours when intergenerational stress or conflicts occurred in their households.

Often I will talk to my neighbour when I have done something wrong. The neighbour will listen to my whole story and only judge when I have finished. My grandmother will start to shout and beat me before I have explained everything. The neighbour will listen to me and she will talk to my grandmother. My grandmother will not beat the neighbour and will often forgive me when she knows the whole story. (12-year-old female)

Not all experiences with neighbours were positive, however. Sometimes the neighbours were involved in the ridiculing and name calling of children and young people (gossiping about boys and men who undertook feminine tasks in their households is one example). Other negative interactions that the younger respondents talked about included drunken neighbours, and disputes and lack of general cooperation between their household and their neighbours, which led to hostility and fighting in the community.

Some skipped-generation households made beer as an income generating activity. In cases when their homes served as a drinking place, the neighbours and other community members would spend a lot of time, sometimes whole days, sitting around and drinking. This caused the older children in particular to feel vulnerable.

I don’t drink. Despite that many of my friends drink, I feel it is a waste of money. Also, God does not approve and I want to be a good Christian. Sometimes I do feel pressured. Our grandmother brews beer and sometimes people will come to our house to drink. My friends do respect my choices. But people who come to our house, especially the neighbours, will joke. They ask, “Why don’t you have a small cup? You are a man ... or do you still want to be a boy? Or say, “Real men are supposed to drink ... just go and play with your friends! You
Mwaiche [young boy]!” Often I find it easiest to get a small cup and pretend to be a drinker than to refuse! (18-year-old male)

The times when our neighbour has people who come to his place to drink I hesitate to leave the house. Some of the men know I live here and they will send the young ones here to call me. I know that when they get drunk they become interested in touching me and asking to dance with them ... They refuse to listen when I say no. Then they start singing about me and the things they want to do ... it is difficult, and sometimes afterwards I will hear children singing the songs they hear about me. (19-year-old female)

Problems associated with alcohol have been discussed in detail in Chapter Six. Suffice it to say here that misfortune, ill health, hunger and grief were all reasons (or excuses) for people to drink. Skipped-generation households were among the poorest in Misangwa, and the older generation were often lonely and bereaved. The children and young people in these households were thus at a greater risk of living with an intoxicated guardian, and experiencing the negative impacts that this may bring.

In Misangwa, social groups were found to be important in people’s lives. They constituted a large part of people’s social capital and were important for social standing. As was explained in Chapter Six, the members of the older generation in skipped-generation households were found to be less likely to be part of social groups than other people in the community. This meant that the younger people in these households were also less likely to be part of social groups. For example, children and young people living in skipped-generation households were less likely to attend church or be a member of a church group than their peers in other types of households – as illustrated in Table 7.3, which shows that interactions with church members and leaders were not mentioned as often as by younger people in the control group. The difference between the two groups was statistically significant (P < 0.039).

Given their limited participation in social groups, the children and young people in skipped-generation households lacked many social connections that were found to be common for others. They often realised that they were missing out, but did not feel that they could do anything to change this.

I used to attend the Church of Zambia together with my parents. My grandmother is also a religious person but the church is too far for her. It is at the other side of the Mission and it can take us more than two hours to reach. Since we have no bicycle we cannot manage. Most of my friends go to church but for us it is difficult because we cannot leave our grandmother alone with the young ones. It is just not possible now. I want to go there together with my friends but at the moment we just remain at home. (18-year-old male)

Not being part of community groups meant that some of the more general social control that is exercised over children was absent for those growing up in skipped-generation households. It meant that these younger people enjoyed more freedom and less interference in their lives, but there was in turn less community
protection and guidance. It also meant that they were more vulnerable to risky behaviour and abuse by others. This will be discussed in the following section.

Mesosystems that hardly exist

Introduction

Bronfenbrenner defined the mesosystem as “a set of interrelations between two or more settings in which the developing person actively participates (e.g., for a child, the relations among home, school, and neighbourhood peer group; for an adult, among family, work, and social life” (Bronfenbrenner 1979: 25). According to Bronfenbrenner, the most basic form of a mesosystem is created “when the developing person first enters a new setting” (ibid.: 210). For instance, when a child starts his/her educational career, s/he becomes the primary link between the microsystem of the school and the microsystem of the home. Primary links are the reason why mesosystems exist, yet in order to study mesosystems the focus must also be on the participation of significant others. These may be parents, guardians, other adults, siblings and peers, all of whom have contact with one another; contact in which the developing child plays no direct part but is the focus of attention. Put more simply, mesosystems are the relations that exist between the significant others found in the different microsystems that a developing child operates in. Examples are the linkages between a child’s parents or guardians and their teachers or friends (or the parents of their friends). Strong mesosystem linkages work to inform important people in the lives of children about their whereabouts and actions when they are in other microsystem settings.

To study the mesosystems of children and young people, both those living in skipped-generation households and those in the control group, I collected data about the microsystems of the children and those of their parent(s) or guardian(s). For the purpose of comparison, the microsystems of parents/guardians living in other types of households were also collected. This data was recorded in Chapter Six, where the contact between guardians in skipped-generation households with outside others were examined and compared to those of guardians in other households (the control group).

Figure 7.1 shows the microsystem settings of two respondents in a skipped-generation household: a granddaughter (12 years) and her grandfather (74 years). The figure shows in which settings, and with which actors, they reportedly interacted. The data was based on both respondents’ diary entries kept over one week. They shared a few contacts: people in the home setting, neighbours, friends of the girl, extended family members and people in the community. The girl, however, had two important microsystems that her grandfather played no part in: the
income generation setting and the school setting. In turn, her grandfather was the only one to have interactions with his church.

Apart from sharing a home and a family, these two people interacted with different significant others in different social arenas. This meant that few people in the girl’s microsystems outside of the home – such as her school and peer settings – had contact with her grandfather. Indeed, the girl’s microsystems were diverse and it seems unlikely that people in any one of them interacted with people in the others.

This lack of contact is illustrative of weak mesosystem level exchange. Without any relations between the people in the girl’s different microsystems, especially the lack of connections between her grandfather and others, her mesosystem is underdeveloped, if not almost non-existent. No communication structures linked the various social settings that the girl was part of, or the significant people who are found in these settings. In practice, this means that if something were to happen to the girl at school or at the market, her grandfather would be unlikely to know about it unless she told him what had happened. The girl was thus responsible for communication between the various settings and people in her life. This is not necessarily problematic, but one could imagine that she would be less inclined to tell her grandfather or others around her when she has misbehaved or has failed to live up to what is expected of her, for example at school.

The situation demonstrated in Figure 7.1 is comparable to that found in many of the skipped-generation households. The data suggest that the mesosystems around children in Misangwa in general were weak. Across the 65 skipped-generation households studied, however, the mesosystems of the children were even weaker. Some of the findings related to mesosystems are discussed in the following paragraphs.

The first finding relates to neighbours. We saw that these people were important in the lives of children and young people in skipped-generation households. Here, we see that they were sometimes the most important supplementary links in younger people’s mesosystems, and were often the only people with whom the older guardians interacted frequently.

Another finding is that in skipped-generation households guardians’ involvement in their grandchildren’s education was limited. None of the 30 guardians studied had frequent contact with their grandchildren’s teachers and most of them had never visited the school. The teachers in turn were overburdened and sometimes had other (income-related) priorities, thus had little time for such interactions. Children and young people also contributed to this, mentioning several reasons why they tried to avoid contact between themselves or their guardians and their teachers. These included that some of them were scared of the teachers and they were afraid that teachers might inform guardians of things that happen
at school, such as the actual length of time children spend at school. This lead to a situation where there was limited interaction between teachers and pupils and between teachers and guardians, and very few teachers were part of the children and young people’s mesosystems.

**Figure 7.1** Personal and shared microsystem settings and actors for a granddaughter (12 years) and her grandfather (74 years) living in a skipped-generation household

In fact, it was found that there were few community members, besides neighbours, who served as the so-called supplementary links that constitute mesosystems of all the children and young people’s developmental contexts. Because of the older guardian’s limited mobility, and the reduced number of (reciprocal) relationships that they engaged in, this was particularly true for younger people living in skipped-generation households. The consequence of this was that older guardians had little idea of what the younger people in their care did when they were away from home, teachers had little idea of the situation in their homes, and other people in the community did not know their guardians (and even if they did know the guardians, they had no contact with them).

A fourth finding is that the role of peers as mesosystem linkages was generally very limited. Friends of the children and young people living in skipped-generation households did interact with these children’s guardians, and several of the older guardians mentioned that the friends of the children in their care pro-
vided a source of joy, but few of the children appreciated their friends sharing information about them with their guardians. Most children thus practiced restraint when visiting their friends’ homes and did not talk freely to the guardians. Several respondents explained that they preferred to play away from home so that their guardians could not ask their friends questions.

I prefer to play with my friend at his home or anywhere away from my home. My grandfather is always at home. He will ask us to do this or to do that. Sometimes he questions my friends where I have been and who I was talking to. So we prefer to meet each other somewhere else. (13-year-old male)

Many of the adult–child interactions were formal. This is part of a cultural behavioural pattern, where an older person cannot be looked at directly, and the younger person must always show deference. Children cannot talk freely and openly because of the age difference, and need to show respect towards adults, especially the elderly. For older children and young people, it was observed that this relationship often played out differently, as they were less shy than their younger siblings. They all said, however, that they did not have open and free interactions with the parents or guardians of their friends. Overall, therefore, the role of younger people of all ages in mesosystems appeared to be limited: because of the nature of adult–child interactions but also because they protected one another.

The fifth finding relates to another difference found between skipped-generation households and other households, namely participation in church. Most of the older guardians no longer attended church, since many of them were not able to walk the long distances. The following two quotes are from church leaders who commented on this.

I have been the priest-in-charge here since 2002. Over the years I have seen the number of old people who are in church during the Mass decline. The number of these people who are registered as being members of the congregation is stable. There are more and more people who send us a message requesting we visit them at their homes because they are not able to visit the church because of their frail state and the long distances that they need to travel. (Fr. Mumbi, priest-in-charge at St. Anthony’s Catholic Mission)

It is a real problem for the senior members of our church. People are old, their physical condition is poor and distances are great. I realise I would not notice if there were less children present but it is very obvious older people have difficulties attending church. Some do still come every Sunday, but those are the people who live close to the church. Many old people who live further away are not able to travel the distance. I try to visit them, but even for me transport is a problem. (Rev. Mfulwe, reverend at the United Church of Zambia (UCZ) at Mfulabunga)

The descriptions provided by the church leaders reflect the data collected from older guardians. A third (33.3%) of the older guardians in skipped-generation households reported having interactions with people they knew from church (see Table 6.5 in the previous chapter). For respondents from other types of house-
holds, this was 60%. Further questioning showed that of the 15 heads of skipped-generation households whose interactions with others outside of the household in the past week were investigated, only three had attended church in the previous week, compared to nine out of 10 respondents in the control group. Children, particularly the younger ones, whose guardians did not go to church, were unlikely to attend church themselves. Thus a lower proportion of children and young people in skipped-generation households attended church compared to those in other households. Given that most Zambians are very religious and almost all people of Misangwa count themselves as followers of one of the many churches in the area this has a great impact on them. Not being able to go to the church that you say you belong to led to even more social anonymity and isolation.

It seems that the children and young people growing up in skipped-generation households were not handed opportunities by their guardians or other adults, but needed to seize opportunities themselves. In Misangwa, the community was generally unaware of which households were in greatest need – as seen from the underdeveloped mesosystems – and thus the children and young people in skipped-generation households themselves needed to know how to look for help and support. This is one of the most important conclusions to be drawn from the microsystem and mesosystem analyses presented in this chapter. Children and young people needed to be the messengers of their own development. This is explained further in the conclusion to this chapter.

To illustrate how the factors explained above contribute to the limited development of children and young people’s mesosystems, it is functional to provide an example.

A mesosystem example: The case of Maxwell

This section provides an example of the mesosystem around Maxwell, a 16-year-old double orphan living with his 76-year-old grandmother and four siblings (two girls and two boys). The analysis reveals that Maxwell had links with the people in his home setting (his guardian and siblings), with the people he interacted with when he worked on the field in his income generation setting, with peers and friends, with people at school, and with community members. In Figure 7.2, all of these microsystem links to Maxwell are shown. There were also several links between the different microsystem actors, providing the supplementary links that constitute the mesosystem. Strong links are shown using solid lines, while the weaker links that were the product of chance and were not specifically for or about Maxwell are indicated using dotted lines.
The figure shows that there were few strong supplementary links to create Maxwell’s mesosystem. At home, Maxwell’s grandmother and siblings had strong relationships. His grandmother had regular contact with the neighbours and at times she talked about Maxwell with them. The other strong supplementary link that existed was between people in the school setting and his peers and friends. For example, teachers mentioned talking to siblings and friends of Maxwell to find out how things were at his home. In many cases, Maxwell’s peers and friends were also part of the school setting, but they have been indicated separately because not all interactions took place at, or were about, school.

One can argue that in terms of Maxwell’s development, three important supplementary links were missing: those between his grandmother and his school, between the grandmother and the income generation setting to which he belonged, and between the grandmother and his friends/peers. Links between his home and these three settings could facilitate the exchange of information which could foster his development. This dialogue could be used by Maxwell’s grandmother and the people in his microsystems to better support him and indentify the problems he faced, and could even help to prevent problems occuring in his life. The lack of these linkages implies that it was up to Maxwell to communicate his progress or problems to others. He was the one who had to update his grandmother on how he was managing his life. At the same time, Maxwell also had to inform his teachers if there were problems at home, such as
those that might lead to him being absent from school or late with the payment of school fees. He had to act as his own link in these areas.

What the absence of these linkages means for the children and young people in skipped-generation households is discussed in the following section.

The implications of poor mesosystems

Many of the children and young people in a skipped-generation households said that while they had more work to do for their household compared to other younger people, one of the advantages of living in such a household was that they had more freedom. This freedom was the result of weak mesosystem linkages, the absence of which has two explanations. The first is the age and lack of mobility and physical well-being of the older guardians, which meant that they were unable to control the younger people in their care, or go into the community to find out where they were and what they were doing. The second is the social isolation that was common to many of these households, meaning that they had less social capital and fewer relationships.

With weak mesosystems and guardians too old to check up on or punish them, the younger people living in skipped-generation households had the freedom to stay away from home longer than they should. In some cases, this meant that their older guardians were unnecessarily burdened with chores that the younger people could have done. The older children and young people in particular spent much time away from home, either socialising with friends (thus investing in social capital) or in the pursuit of food or money. The fact that these children and young people were able to make money, grow vegetables (without the knowledge of their guardians), and support their younger siblings was not only possible because of the limited mobility of the older generation. These activities were also possible because no one in the community mentioned them to their guardians. Had they had stronger meso-level linkages around them, someone would have likely informed their guardians about their activities.

Many of the younger children who attended school said that they were not honest about the time that they were in class. Several examples were found of children who spent much more time away from home than they needed to. Sam, a 12-year-old boy, stayed away for more than six hours every school day. His grandmother thought that he was at school, but in fact he was actually spending time at his friend’s home. His siblings knew about this and when I asked them why they did not talk to their grandmother about Sam’s behaviour, they had a logical explanation: they too lied about time and distances in order to be able to stay longer with their friends.

The young people’s contributions in terms of money and food, secured when they were absent from home, were vital for many of the households. Neverthe-
less, the potential problems related to weak mesosystems were also present, namely that guardians had no way of verifying whether the children were away from home for ‘good’ or ‘bad’ reasons. This caused them great concern. Playing football and walking longer routes to spend time with friends, as Sam did, is not dangerous. But for adolescents, this lack of guardian (and community) control enabled them to engage in risky behaviour that was potentially harmful to them. Some of the older children and young people, for example, had good excuses to be away from home, but in fact used these opportunities to spend time at drinking places listening to music, using drugs and alcohol, or for amorous meetings.

Most of the parents I spoke to in non-skipped-generation households would not allow their children to frequent drinking places. In fact, children were severely punished if their parents found out that they had been to one. This was different for children in skipped-generation households. Their guardians were unaware of their whereabouts and were unlikely to find out from others where they had been. Furthermore, even if they did find out that the children had been doing things that they were not allowed to do, they had no control over this since they were unable to punish the children and thus fulfil their roles as guardians.

Several adolescent boys and girls in Misangwa spoke of going to drink beer when they had the money, and some of the older boys smoked ganja or fiamba. Drinking places were also the best places to meet the opposite sex.

When I go drinking I drink at places that are some distance away from the home. My grandmother doesn’t know the places or the people where we go so we don’t risk her finding out where we go. (19-year-old male)

Because my grandfather is old he sleeps early in the evenings. Some days he gets tired by 20 hours so there is still time to go out of the house to see my friend [boyfriend]... for him it is not possible to stay away from home for long in the evening so we meet close to his place ... (15-year-old female)

The children and young people with whom I spoke were aware that those living in skipped-generation households had more freedom and ran a lower risk of getting caught than those living in other types of households, when they did things they were not supposed to do.

Those things like drinking and smoking are not for me ... But my friends are always encouraging me to join them. My friend always tells me, “For you it is easy, there is no control at your home since your grandmother is too old to know what you are doing”. I think he is right because I see that his mother is much stricter and that she would tell his uncle to beat him if he is caught. (22-year-old male)

Having a weak mesosystem provided opportunities for children and young people to do things that they were not supposed to do. In some cases this also meant that they were able to deviate from the wishes of their guardians in order to improve their lives. For example, if a guardian was too old to come to the fields, the younger people could decide on their own which farming activities to
undertake and how. Lack of control and feedback due to missing mesosystem links also meant that they had more freedom to manage any money made from activities such as fishing and trading.

When I have sold the fish I caught I start to divide the money. I will give some to our grandmother. Some I will keep to buy some sweets or a soft drink for my little brother. The rest we, as older children, keep for when the household runs out of food. Or for when the PTA funds for schooling of the young ones needs to be paid. No one will tell our grandmother. And she has no way of knowing. (16-year-old male)

As can be seen in the quote above, some children and young people used the freedom of weak mesosystem linkages to go behind their guardian’s backs in order to improve their own situation and that of their household in general. Rather than giving his grandmother the money he made through his income generation activities away from the home, which he feared would be misused by her, this 16-year-old boy chose instead to invest most of the money he raised into his own and his siblings’ development, and the well-being of the household in general. Indeed, a few of the younger respondents said that they saved money secretly, which they invested in their own or the other children’s education, or used to buy food for their household in times of hunger.

Another way of using the relative freedom that children in skipped-generation households experienced was to seek support or advice from people outside of the household. Some guardians did not approve of children consulting others, because they feared that this could erode their authority. The underdeveloped mesosystems, however, meant that the children were free to consult people of their choice, who they felt could be helpful to them.

One example of the use of deviant yet positive strategies was seen in the case of 19-year-old Albert, who was living with his grandmother Bana Ebenah (this household is one of the case studies discussed in Chapter Four). Albert had tried several times to convince his grandmother that he could improve their situation by growing vegetables, but she had forbidden him to do so. Despite her clear orders, he started a small vegetable garden which he and the other children attended to, and which they kept secret from their grandmother. When he failed to successfully grow tomatoes, he decided to go to the Agricultural Centre at St. Anthony’s Mission and consult a local agricultural officer, who could advise and teach him how best to go about his work.

When we started the vegetable garden I didn’t know how to grow tomatoes. I didn’t know what was wrong but I knew that Mr Kalesha, who works at the Mission, might be able to help me. When I asked him he showed me how to keep the plants. I have visited him many times to ask for help. Since he showed me it is easy for me and I am able to grow many tomatoes.

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4 Agricultural Extension Officers are seconded by the government to support people in a given geographic zone with their agricultural activities.
The situation in Albert’s home was difficult. When the household was short on food, his grandmother would often tell him to skip school and go and make some money through fishing. Albert explained that he felt forced to choose between his own goals (going to school) and his grandmother’s orders (to make money). In order to be able to continue doing both, he came up with a plan, which turned out rather well for him. To deal with his absence from school and the questions his teachers asked about this, he went back to his friend the agricultural officer.

You see I was working often and my teachers started asking questions. At some point they got angry and I was confronted with the registers that showed I was absent often. I tried to explain why I was absent but my teachers warned me to stop being absent, or they would be forced to expel me and talk to my grandmother. This scared me and I went to ask Mr Kalesha what to do. After some days he called me and said he had decided to talk to the headmaster to explain the problems. They agreed that if I was able to copy the notes from friends the teacher would accept me to miss some few days and this is what happened! I now copy notes from my friends when I am absent and I show my teachers the book afterwards so they see that I have done the work.

What Albert actually did, without knowing, was to create mesosystem linkages between important adults in his life. The fact that he chose to exclude his grandmother was related to her alcoholism and her lack of support for his own ideas and goals.

It is important to stress that only a few examples of the positive use of the children and younger people’s freedom, due to weak mesosystems, came to light in the research. In the few cases where such strategies were found, the outcomes were always positive; though it is of course likely that the respondents were more willing to share their successes than their failures. What these examples show is that children and young people in skipped-generation households experienced more opportunities to deviate from their guardians’ wishes than those in other types of households. Furthermore, some of these children and young people used such opportunities to follow paths that they believed would improve their situation. In the following section, the most important findings of this chapter are addressed and conclusions are drawn.

Discussion

Before addressing the two aims of this chapter, I will present two important findings that shed more light on the different roles that older guardians, children and young people, and community members were found to play in the lives of the younger generation living in skipped-generation households.

Keepers and messengers of development

The findings presented in this chapter have shown that children and young people in skipped-generation households grow up in contexts that differ from those
of other children and young people. They face material constraints and social and
familial responsibilities that are deemed ‘not normal’ by most people in Mis-
angwa, and in many ways these constraints and responsibilities make their lives
more difficult.

One such constraint is poverty, which is in turn linked to intergenerational
stress and conflict. Another is that children need to assume adult roles for their
households at an earlier age than their peers in other types of households where
the middle generation is present. A final aspect that makes their lives more diffi-
cult is the limited involvement of others in their lives, well-being and develop-
ment. This means that these children and young people must often bear the re-
ponsibility for their own development. This latter characteristic of their lives,
which differs from existing norms, is discussed below.

Why is the influence of other people on the lives of children and young people
in skipped-generation households more limited than for most other children in
Misangwa? One reason is the behaviour of the children and young people them-
selves. They try to keep certain people – teachers, for example – at a distance.
Another reason is the limited social capital of their older guardians, which dimin-
ishes further as they become older and their physical mobility decreases. As a
result, fewer people outside of their household are involved in their lives.

According to existing norms in Misangwa, children are raised both by their
(extended) families as well as by the community. Many of the children and
young people in skipped-generation households, however, grow up in relative
anonymity in their own community, which means that, more than other children,
they have relative freedom of movement in the community and limited social
control over their actions. How these children and young people use (or abuse)
this freedom and lack of social control is up to them and their (older) siblings. As
such, they are the keepers of their own development.

The limited development of these children and young people’s mesosystems
means that there are fewer people looking out for them or monitoring their pro-
gress or development. If they have difficulties, few people will know about it and
there is little chance that someone will alert their guardian. The children and
young people must, therefore, not only be the keepers of their own development
but also the primary messengers of their achievements and setbacks. Education is
one example of this. If a child is experiencing problems at school, no one (other
than the child, if he or she decides to) will alert the child’s guardian. At the same
time, if there are problems at home, no one (other than the child) will inform the
teachers. The only link between these two important settings is the child, who
can choose to pass on messages or to remain silent.

Isolated microsystems and underdeveloped mesosystems place a heavy burden
on children and young people. Some can deal with this and are able to utilise the
opportunities that arise and thus develop into healthy adults. For others, the burden may be too heavy. The difference in terms of these children and young people’s outcomes can be explained by their own capacity to carry the burden and their ability to communicate about their development and well-being. Children and young people who were found to be responsible, daring, outgoing and adventurous seemed to do better than those who were more timid and introverted.

While children and young people’s behaviour is linked to their individual characteristics – what Bronfenbrenner implies by ‘Person’ in the PPCT model – there is more to it. Their life histories have also shaped and changed their personal characteristics. The past experiences of children might have the potential to motivate them, in the sense that they might have learned that they need to fend for themselves and that they alone can improve their situation and life course. At the same time, those who exhibit timid and reserved behaviour may be responding to the trauma that they have experienced, such as the death and/or loss of both parents and (multiple) relocations. How such factors influence children is likely to vary between individuals, but what is clear is that the behaviours and personalities of the younger generation in skipped-generation households are the ‘product’ of who they are biologically, what they have experienced over time, and their ecological contexts. Isolated microsystems and underdeveloped mesosystems are also a result of the relationships with their older guardians, and as such it is clear that all four aspects of Bronfenbrenner’s PPCT model – process, person, context and time – shape their development.

What the findings in this study have also shown is that the children and young people in skipped-generation households needed to seek the support, help, advice or intervention from others outside of their home. When they did so, it was found that others, especially adults, could have a very positive influence on their lives. The following paragraphs present this influence graphically using the transactional model of child development, as developed by Sameroff (1975) and others.

Figure 7.3 shows two hypothetical examples of the influence of interactions with others on child development. The first child displayed in the figure grew up with his parents and worked on the fields with them. The parents passed on their knowledge about farming, which the boy carried with him to his new life in a skipped-generation household. The second is the path of a child who did not work with his parents. The figures show how the well-being outcomes of these two children are not so much dependent on knowledge but rather on their interactions with others.

Equipped with knowledge and skills, the first child ran into difficulties because his new guardian did not agree with him about the way he felt that they should be farming. The outcome was stress in the home and frustration on both
Figure 7.3 Intergenerational transfers and the transactional model of child development: Two hypothetical examples of farming knowledge passed down (or not) by parents

Child 1

Parental home

Positive temperament

Intergenerational transmission of farming skills

Knowledgeable about farming and able to produce food

Child 2

Parental home

Positive temperament

No transmission of farming skills

Little knowledge of farming

Skipped-generation household

Trusting attitude to change

Assists grandfather with farming

Poor farming output but no frustration and conflict

Skipped-generation household

Trust ing attitude to change

Assists grandfather with farming

Poor farming output and frustration and conflict

Time

sides. The second boy had no prior knowledge about farming, and as a result followed the methods that his grandfather proposed. While the effectiveness of their farming might be less than if they used modern methods, the work was done harmoniously and there were no conflicts.

From this example, the point is not to conclude that children without skills are better off. Later on in life, when the children become responsible for farming and income generation, they are likely to profit from the knowledge and skills that they acquired from their parents earlier on, while those who have no such skills or knowledge are more likely to suffer because of this. However, what the example does show is that in the short-term, what is important regarding the children’s well-being is that while both households were unproductive, the difference was that there was frustration and conflict in one house, and harmony in the other.

The transactional model sheds light on many of the interactions between the younger generation in skipped-generation households and those around them.
When Albert, the young man living with Bana Ebenah (discussed above and in Chapter Four) sought the help of one of the agricultural officers in the Mission, his own development outcomes, as well as those of the other children in his household, improved substantially. Through his own initiative, he forged a connection with a significant other, and in so doing gained knowledge, skills and confidence to undertake an endeavour that changed his and his siblings’ lives.

Children and young people who seek the support of others may get help, and when this happens they often benefit from this. Much depends, however on two factors: the first is whether the children seek the support of people around them; the second is whether the people that they ask for help, support or advice are willing to assist them. The hypothetical examples in Figure 7.4 show two children who both seek support from a neighbour, but only one child is assisted. The outcomes are seen to be very different.
**Changing roles and dependencies**

In addition to the significance of the interactions – or lack thereof – with others in the various contexts of the younger generation in skipped-generation households, it has also been demonstrated that in such households there is no ‘conventional’ child–guardian relationship. The interdependence between the two groups changes over time and is linked to the ages of both groups, as well as to their physical and psychosocial well-being. Members of the younger generation are often the ones caring for their guardians as well as those children younger than themselves. Three different stages of interdependence between children, young people and their older guardians were identified.

During the first stage, the relationship between very young children and their older guardians is ‘conventional’; the young are cared for by the older generation and depend on them for most of their needs such as food, nurturing, protection, attachment and learning. During this stage, the role of the guardian is most important for the survival and successful development of the young child.

During the second stage, children become less dependent on their guardians. Not only does the dependence of the children decrease, but the care offered to them also decreases. Guardians grow older and are less able to parent or support the children. These children assume more responsibility by caring for their guardians, and also take on adult roles as their guardians struggle to carry out these responsibilities. Middle childhood is the only stage where it is most likely to find the young and the old caring for and supporting one another.

The third stage, when the children become adolescents, shows a reversal of the initial child–guardian relationship. The children and young people have become stronger and wiser. At the same time, their guardians have grown older, physically weaker, and less aware of their grandchildren’s day-to-day lives and activities. The differences between the two generations at this stage can lead to conflict. This is also a time when the adolescents take on more caring responsibilities for the younger children, and become increasingly responsible for the household and income. Often, they also have to look after their guardians and it falls on them to maintain peace in the home as they mediate between the old and the young.

As time passes, all members of the household grow older and the relationships change further. The question is whether this evolving interdependence can be related to a ‘normal’ trajectory of child development. I think not. The changing and evolving roles within skipped-generation households often deviate from existing norms, and are not found in other households. One phrase often heard in Zambia is: “I know a grandmother who is caring for several grandchildren”. The findings from this study show that this comment does not reflect the reality in many homes. It is not just grandmothers (or grandfathers) who care for grandchildren in skipped-generation households; rather, members of these households
look after each other. Indeed, as the grandparents grow older, this phrase becomes less true. In the majority of the skipped-generation households that I studied, I found the reverse was more correct; namely, that older children and young people in skipped-generation households were the ones caring for their elderly guardians and younger siblings.

It is important to note that as children and young people grow up and approach the age of the missing middle generation, they assume many of the roles of that generation. These children and young people were found to be caring for their older guardian(s) and the younger children in their household, just as their parents or aunts/uncles would have been expected to do. This means that the general changes observed in terms of age distribution in Misangwa (as mentioned in Chapter Three and represented by the population chimney or ‘violin’) actually have positive impacts on the members of skipped-generation households. As there are more children in the higher age groups, there is less pressure on the older generation, more of the younger people can engage in income generation and farming activities, and more care can be provided for the younger children. All of these factors mean that such households are likely to fare better.

Revisiting the objectives of the this chapter

In the introduction to this chapter, two aims were stated. The first was to provide an understanding of the roles of other people and the existing social norms in the various microsystems of children and young people growing up in skipped-generation households. The second aim was to shed light on the contribution of children and young people to their own development.

In relation to the first aim, two conclusions can be drawn. The first is that people in the community are valuable for the younger generation growing up in skipped-generation households. The central people in their lives are their guardians and the other children and young people in their home, since these are the people with whom they share their most focal microsystem (the home). People outside of the home who are important to these children and young people are scarce. One group in this category are neighbours. Their impact on children and young people is related to their age (they are often the same age as the children’s deceased parents), and they are often the only people who have contact with both of the generations in skipped-generation households. Knowing both the younger and older generations gives them a unique opportunity to mediate between the two, and this means that neighbours can be an important supplementary link in children and young people’s mesosystems. This is very important because, as we have seen in this chapter, conflicts often occur between the two generations.

As a result of several different factors, which have been raised in this chapter, there is little contact between children and young people’s various other mi-
crosystem actors and their guardians. A weak mesosystem means that they have more freedom. It also means that other people, including their guardians, have less knowledge about them and less control over them. In many ways this is a problem, as it means that these children also have fewer people who care for them, support and guide them, or keep them in line. This is a great loss for these children and young people, and it increases their vulnerability and makes their lives particularly difficult. Living in skipped-generation households already increases the risk of growing up in poverty; the limited development of mesosystems further means that children have limited guidance, support and care outside of their homes.

Since children and young people in skipped-generation households are less likely to have linkages with adults outside of the home setting, the few relationships that some of them do have are extremely important. These younger people need to invest more and take more initiative than their peers do in terms of their interactions with others. Subsequently, when they do invest in relationships with others, they are more likely to need them and therefore more likely to benefit from them. These relationships are thus extremely important for their developmental outcomes.

A neighbour who comforts a child living in a skipped-generation household during a time of conflict, a headmaster who understands the late payment of fees, or a community member who provides advice, can make a huge difference. Those children and young people who had contact with people outside of their home benefited from such contact, in terms of socialisation, feelings of self-worth, self-efficacy and overall psychosocial well-being. These positive influences in turn affect their physical well-being, which then has a positive influence on the farming and income generating activities of their household. As a result, their poverty can decrease and the amount of food available to the household can increase.

In relation to the second aim of this chapter, it is clear that children’s own roles are crucial. As messengers of their own development and as people with fewer than average significant others in their networks, they need to manifest themselves powerfully. They must identify the help or support that they need and identify who might be able to provide it. They then need to make contact with these people and maintain the contact once established. Determination, persistence and a certain boldness are thus all vital personal characteristics for these children and young people. The following quote is exemplary of how the respondents talk of these qualities:
When you realise that you need help to do something, and you realise that you will not get that help from people at home, or other people that you know, you are left with no choice. For me it is easy to decide, not easy to do. But I have no choice. So I decide who I will ask for help and I will go to that person and ask for the help I need. You have to know what you will say, and you have to know it is serious, but I have found that mostly the people I ask for help will guide me. (17-year-old female)
Conclusion: Children and young people, older people and HIV in Zambia

Introduction

The objective of this research was to provide a comprehensive understanding of the changing dependency between orphans and vulnerable children (OVCs) and their elderly caregivers living in skipped-generation households in Misangwa, Zambia. The study has presented findings on specific aspects of these households in order to provide such an insight. In this chapter, the main conclusions are presented.

Two main conclusions have been drawn and are presented in the following section. The first is that there is a general lack of knowledge about such households at the local, national and international levels. The second is that the formation of such households is often a last resort in the face of limited options, and as such can be seen as a crisis driven response.

In the third section, two conclusions are drawn concerning the older generation in skipped-generation households. The first is that these people’s unmet expectations of old age have many implications for their own well-being and the well-being of the younger generation living with them. The second is that their own well-being is compromised by their inability to adequately care for the younger generation, since the associated feelings of failure, frustration and hopelessness can cause a vicious circle of increased depression and destitution, and a reduced sense of well-being.
In the fourth section, which focuses on the younger generation living in skipped-generation households, three conclusions are drawn. The first is that children and young people are often poorly integrated (or even unknown) in the wider community. The second is that these children and young people must be the ‘messengers of their own development’, and they often need to search for support themselves. The third conclusion is that ‘deviancy’ among the younger generation can be seen to be beneficial, for the sake of their own well-being and that of their household.

In the fifth section, conclusions are drawn related to the theoretical framework. The first conclusion is that several findings can be directly related to the framework that was used for data collection and analysis, namely Bronfenbrenner’s ecological model of child development, or the PPCT model. These include the observation of underdeveloped support structures (mesosystems) around children and young people and therefore the increased necessity for them to play the role of messenger of their own development.

In the last section of this chapter the future of skipped-generation households is considered, and some thoughts and expectations about what is likely to happen to the households studied in the years to come are presented. The final section is made up of three categories of recommendations that stem directly from this research.

General conclusions at the household level

*Lack of knowledge and attention*

At local, national, and international levels, there is little knowledge of, or attention given to, skipped-generation households. Indeed, the problems that these households face are often overshadowed by other, broader issues. But why are the problems surrounding skipped-generation households overshadowed and which issues overshadow them? Since 2009, the global budget for the fight against HIV/AIDS has decreased (UNAIDS 2010a: 146), meaning less available funds and altered spending patterns. Since the introduction of ART, priority has been given to the provision of these lifesaving drugs, at the expense of other activities such as prevention and mitigation programmes.

The reduced spending on mitigation programmes in particular has had dire consequences for those who have been affected by (rather than infected with) HIV. Orphaned children and young people and the elderly living in skipped-generation households are among the most affected by the epidemic. They do not need drugs, but they do need food, shelter, and educational support. The spread of HIV needs to be halted, lives need to be saved, and ART should be provided to all those who need it. But the reality is that many people have died and many
people will continue to die, leaving behind children and dependent relatives. These people must live with the impact of this loss, yet the major donors and the HIV/AIDS community seem to have forgotten about them.

At the local level, most people seem unaware of the problems that emerged through this study. For instance, while working with the research assistants in Misangwa, I came to understand that they knew very little about skipped-generation households. As they became involved in the research and started to visit these households, they told me how shocked they were by the suffering of the older people and orphaned children they met, and their shame about the fact that someone from Europe had to come to Misangwa to draw attention to their plight.

The policy documents produced by the Zambian government acknowledge the needs of specific vulnerable groups, including OVCs and the elderly, and internationally the government has committed itself to various agreements and made pledges. In policy documents, for instance, they refer to social protection and better access to services for these groups. Analysis of governmental budgets and spending, however, suggests that over the last decade they have prioritised other issues.

At the international level, changes in policies coupled with the worldwide economic crisis have led to decreased budgets for combating HIV/AIDS. The focus on successful treatment through ART has overshadowed funding needs for mitigation and prevention activities. This policy change is driven by the will to save lives but also by the lack of knowledge within international organisations about skipped-generation households. The limited cooperation between organisations such as UNFPA, UNICEF, UNAIDS and WHO limits the sharing of knowledge and inhibits the development of a more holistic approach to planning and spending.

The consequence of the lack of knowledge about skipped-generation households at all levels is that those living in such households do not receive the support they desperately need.

*The formation of skipped-generation households*

Researchers run the risk of forgetting what places with an HIV epidemic were like prior to the HIV crisis. Studying the older respondents’ life histories showed that mortality among middle-aged adults has always been substantial. Traffic accidents, diseases and infections, food shortages, natural disasters, and complications around pregnancy were all common causes of death. In the past, many older people lost their children, while many children and young people lost their parents.
In pre-HIV Misangwa, therefore, there were always many orphaned children. The numbers of children growing up without their parents were, nevertheless, much lower than today, and families were able to absorb these children into the network of relatives known as the extended family. This family network was so effective that many respondents said that there were no orphans in the past, by which they meant that there were no problems in caring for children who had lost their parents. HIV changed all of this, and as the number of orphans has increased, so have the problems in finding homes and guardians for them. The rise in the number of AIDS orphans has actually led to the more common use of the term orphans in the community.

In many ways it is logical that the old and the young live together in skipped-generation households. In fact, there are often no real alternatives. As middle-aged relatives started to die with greater frequency at the end of the 1980s, and the trend continued into the 1990s and 2000s, more and more children became orphaned. The traditional guardians of orphans – uncles, aunts and other ‘younger’ adults – were also disappearing, and where they were still present they were likely to be overburdened with the care of dependent relatives. The overwhelming number of orphaned children and young people requiring guardians, and the loss of support from their middle-aged children that older people experienced, brought the two groups together. Often this crisis driven response was without alternatives: the two groups could either live together, or they would be forced to live alone.

The objectives of guardians in fostering orphans have often been portrayed as purely altruistic and devoid of any evaluation of possible personal gain (see for example Nyamukapa & Gregson 2005). In the skipped-generation households that I studied this was not the case. As has been explained, the formation of these households is the result of the total lack of alternative fostering solutions within extended families. However, having said that this response is crisis driven, and therefore not a matter of choice or preference, does not mean that the actions of those involved are not at all driven by altruism. Even without the means to care for new members, all of the older heads of skipped-generation households indicated that they would still care for additional children. Their motivations to do this were love, family relatedness and religion.

Furthermore, the sustained cohabitation of the two generations over time can be understood, in part, to be the result of altruism on the part of the younger generation. As has been explained, children and young people living in skipped-generation households do sometimes consider leaving the household in search of greener pastures. Most decide to stay, however, because of their sense of responsibility towards their siblings and grandparents. In other cases, they simply may not know where else to go if they were to leave.
Finally, regarding the motivations that drive people to foster orphans, some authors have mentioned that guardians may personally benefit from additional resources (such as orphan support grants and government assistance) that might be associated with fostering (see for example Lindheim & Dozier 2007). Given that no such resources are available in Missangwa, such motivations among the older guardians were not found in the households studied.

Conclusions related to the older generation

*Unmet expectations of others and of old age*

Almost all members of the older generation in skipped-generation households explained how their expectations of old age were not being met. What they had hoped for and expected for their old age was very different from the lives they now lived.

- **What did they expect life to be like?**

During in-depth interviews, older people explained what they had hoped for in their old age. Their descriptions sounded almost romantic when they explained how they remembered older people when they were young. They saw how their own grandparents and other older people lived: in large villages surrounded by their children, grandchildren, and other family members. According to their recollections, the older people were not burdened with problems but were cared for. Children supported their parents while grandchildren kept them company. When older people lived in their own households, it was common for one or two grandchildren to live with them. Even then, these older people lived in the same village as some of their own children, and were thus supported and socially well integrated. The elderly were appreciated and respected members of the community, who would be consulted by their children and other community members for advice. Whether this description of older people’s lives is accurate or not, it describes the type of life that the present older generation had hoped for and expected.

- **Why have their expectations of old age not been met?**

There are a number of changes that have occurred that explain why the expectations of the older respondents for their old age have not materialised. One is the absence of their children and other middle-aged adults due to two demographic changes: migration and mortality.

Changes in migratory patterns over the last century were the result of various developments that caused numerous social transformations in Zambia. Industrial-
isation in the 1920s provided the first pull factors for migration, which in turn led to urbanisation. As was explained in Chapter Two, Zambia is one of the most urbanised countries in Africa. The life histories of the older respondents reflect the high mobility of people from rural to urban areas, as many of the respondents had spent part of their lives in towns. The picture that emerges from the sixty life histories that I collected among the older generation is that every generation has been more mobile than the one before it. The older people saw many of their children leave Misangwa and few of them have returned.

As has been noted in this study, many of those from the middle generation who did return to Misangwa came back because they were sick. Since the 1990s up to the present, many young people – both those who stayed in Misangwa as well as many of those who left – have died of HIV-related causes. For the older generation, the most important sources of support and company have thus either migrated away or passed away. In less than two decades, the older generation have found themselves heading households and caring for grandchildren, rather than being in the centre of, and being cared for by, their own children’s families.

As adult children have moved away and/or died and the care for dependent (grand)children has fallen to a smaller group of people, the available support within families has become increasingly overstretched. Dependency ratios have changed and the number of people available to support one another has decreased. More and more dependent people, such as OVCs and the elderly, have found themselves without the usual means of support, and thus groups of dependent people have become dependent on one another. This interdependence has led to the formation of skipped-generation households. The situation in these households is the exact opposite of the situation that the older respondents in this study had expected for their old age.

- What does it mean that expectations of old age have not been met?

Lack of support and loneliness were often mentioned by the older respondents living in skipped-generation households, as well as the comment that they felt that the hard work that they had done during their lives had been useless and had not paid off. One consequence of this was that they had lost their sense of confidence, and in many cases, they explained that this made them depressed.

The day-to-day reality of their lives is that meeting basic needs takes up all of their energy and motivation. Once they have done what they feel they can do in terms of securing food for the many hungry mouths in the household, many simply sit around. They spend a lot of time waiting: they wait for nightfall when they can go to sleep; they wait for a cup of munkoyo beer to temporarily forget their problems; and they wait for someone to come to their rescue. More often
than not, it is only nightfall that comes, although the cup of munkoyo is a close runner-up.

Not having been granted the life that they dreamed of makes the older generation in such households sad and angry. They feel that an injustice has been done to them. Frustration is common and it comes with blaming those on whom they depend most. These frustrations impact the way in which they interact with the younger generation, which can lead to stress and conflict in the home. This in turn further increases their feelings of frustration and depression.

**Unfulfilled responsibilities as guardians**

According to the respondents, both young and old, life is most enjoyable when they can assume the social roles that belong to them; when the old can be grandparents and the young can be children. Most of the time, however, the social roles that these people are forced to play are different from what they would like their roles to be and what others expect their roles to be. In relation to social roles, two conclusions can be drawn.

The first is that being a guardian is not always compatible with being a grandparent. It is obvious that one person can be both, but to carry out both roles is difficult, and can lead to a great deal of stress and tension between the two generations. This is particularly true for children who knew their grandparents and spent time with them before their parents died. The treatment and atmosphere that they expected upon moving into their grandparents’ household is not what they actually encounter, and they said that they find it hard to accept the new role that their grandparents must play as their guardians. Over time, they learn to accept that their grandparents are now also their guardians, but many, at least initially, feel saddened and alienated.

The second finding is that grandparents are not able to meet their self-ascribed roles as guardians. What the older respondents said that they want to do for their grandchildren differed from what they are able to do. Nourishment, care, safe and adequate housing, education and clothing were among the things that the respondents felt that guardians should provide for children. Most, however, fail in this task. This failure compounds the older people’s sadness and frustration, and they thus feel guilty and powerless. These feelings negatively affect their well-being and self-efficacy and in some cases cause them to become depressed and to give up.

As was the case with the older generation’s unmet expectations for their old age, this self-perceived failure to fulfil their role as a guardian can also lead to a vicious circle. For instance, as older people’s sense of well-being decreases, the chances that they will resort to alcohol use as a way to escape their problems
increase; their productivity will in turn decrease, and they will become even less able to fulfil their responsibilities towards the younger generation in their care.

The children and young people living in skipped-generation households emphasised that they realised that their grandparents are trying their best, and they felt that there was no one to blame for their situation. They often said that blame or anger was not going to bring their parents back, and was therefore useless. Rather, the children said that hard work was their only chance to develop and improve their well-being. Many of the older people, on the other hand, no longer had the energy or perseverance to have this mind-set. As was mentioned earlier, many had lost their sense of self-efficacy and the conviction that hard work and determination could lead to change. This difference in attitude between children and their guardians was a further source of stress and conflict, and in many of the skipped-generation households studied, the generational gap between the old and the young had widened as a result.

Conclusions concerning the younger generation

Shifting roles: Receiving, providing and reciprocity

Parents or guardians provide and care for children. This widely held assumption often does not hold ground in low-resource settings, because children need to work for their households and families. In all households in Misangwa, it is normal for children to work. However, children growing up in skipped-generation households have more roles and responsibilities than children in other households. Not only do they do most (if not all) of the work in relation to income generation, and in many cases childcare, but the responsibility for caring for their older guardians also often falls on them. In skipped-generation households, the roles and responsibilities of children and young people were found to change according to two factors: the first was the age of the members of the younger generation; the second was the age of their guardians.

In the ‘ideal’ situation in the context of skipped-generation households, the role of children would change according to the following pattern. Very young children would carry few responsibilities, and would be cared for by their older guardians and the older children and young people in the household. As soon as the children would be able to carry some responsibility, they would do certain chores and join their household’s labour force. Initially, responsibilities would be limited to light work around the house and running errands. As they grew older, they would begin to work on the fields, work for cash for other households, and carry increasing responsibility to feed the household. They would eventually become responsible for the income generation of the household, and start to make the key decisions about farming and income. At this point, they would no
longer be being looked after by their guardians; rather, they would be the ones caring for and looking after their guardians. The role of the guardian would then be limited to showing affection and providing a binding factor in the home.

Examination of the continuum of care from the perspective of the younger generation shows that it begins with receiving care from other household members and ends with giving care. Between the beginning point and end point of the care continuum, the middle zone should be characterised by reciprocity. Thus even when guardians are extremely old and can no longer work, they should still be able to provide care in the form of love and affection. The reciprocal character of care comes under pressure, however, when old age is filled with depression, frustration, and feelings of having been wronged. When this happens to the older generation, the care transaction can lose its reciprocal nature and become one-directional.

Many members of the younger generation said that they were willing to accept that their guardians were old and destitute and that, as a result, they could not contribute much labour to the household. They often expressed understanding of the implications and frustrations of old age, and many thus explained that giving love and care without receiving anything back was acceptable for them. What they did find difficult to accept, however, was not that their guardian could not do much of the work around the house or on the fields, but that despite this they still wanted to make all the decisions related to farming and income generation. The respondents from the younger generation explained their frustration about this, which, they felt, hampered their opportunities for improving the household’s well-being and economic situation.

Many stories were shared about the negative role that some members of the older generation play within skipped-generation households. As they become older, some become more stubborn and less able to accept other’s views. Some of them, even though they cannot contribute to the household’s income generation activities, nevertheless refuse to let go of any decision making powers over such activities. When this happens, the older children and young people naturally become frustrated. In their view, they work hard and are willing to care for their grandparents without any ‘reward’. However, when they feel that their potential is being limited by their older guardians, yet they have no power to change it, they begin to consider more radical alternatives such as lying to or disregarding orders from their guardian, or in extreme cases leaving the household altogether.

The consequences of a young person leaving a skipped-generation household can be quite significant, as the household loses a productive household member in a position to help the overall well-being of all persons residing there. Only a small number of the respondents actually did leave the household. Those who did so explained that this was the only viable option that they felt they had left, given
the tensions between themselves and their guardian. It had been very difficult for them to do, as they felt responsible for their grandparent and the other children in the household.

*Anonymity in the community*

Children and young people in skipped-generation households are more anonymous in the community than other children because their guardians have fewer social relations and the households themselves are often geographically isolated. This anonymity is also the result of the minimal engagement of older guardians in the various microsystems of their grandchildren. What this exactly means in terms of the development of these children is difficult to say. It is clear that there are a number of consequences, the most important of which is the lack of involvement of significant others in the lives of the members of the younger generation in skipped-generation households.

The anonymity, lack of social control, and limited interference of adults in the lives of the younger generation in skipped-generation households could have the potential to allow these young people to ‘misbehave’. However, this was not found to be common. Many did share how they experienced peer pressure to do so – such as to frequent drinking places or smoke marijuana – but they claimed that they could manage this pressure by explaining their household responsibilities to their friends. Their responsibilities motivated many of them to do the right thing, even when there was no one to guide or punish them.

Furthermore, the lack of socialisation, a potential risk for children in skipped-generation households, was found to be less of a problem than one might expect. The children and young people acquired many social skills by living in skipped-generation households. They learned to adjust to changing social roles, navigate intergenerational differences, avoid conflict, care for others, mitigate stress, and show self-constraint. These skills required much more from them than from children in ‘normal’ households.

Despite their limited interactions and social participation outside of the home, they were therefore found to acquire a lot of experience at home. In addition, many of them did make contact with others outside of their household if they needed support, advice, permission, and so on. Approaching adults takes courage and belief in one’s own abilities. While life in skipped-generation households may be difficult, it seemed to equip children and young people with specific experiences and life skills. Having to fight for themselves and their siblings, and learning how to acquire beneficial social contacts, were important skills which would benefit them later in life.
**Messengers of their own development**

As we have seen, children and young people in skipped-generation households grow up in relative anonymity in their community, and their guardians are not likely to interact with significant others in their various microsystems outside of the home. As a result, their mesosystems are underdeveloped – in the sense that there are extremely few linkages (if any) connecting the children’s various microsystems to one another and to the children’s household/guardian – and this is more so than for the mesosystems of children and young people growing up in other types of households. One consequence of underdeveloped mesosystems is that children must be personally responsible for the communication between significant others in their lives. They need to be the messengers of their own development.

Children and young people in skipped-generation households need to communicate their well-being, successes, failures, and problems to the people in their different social settings. For example, it was found that there was almost no communication between their school setting and their guardians, and therefore the teacher could not ask the guardian to help the child with homework, nor could the guardian tell the teacher that the child was having difficulties at home that might keep him or her away from school. As there were few or no intense linkages between significant others in their lives, these children and young people could choose what information to share with whom and what information they wanted to withhold. For example, if their school report card was good, they would show it at home; if their grades were poor, they might choose not to mention it. Furthermore, if there was a problem at school and they needed extra help, they would have to ask for it themselves.

The data collected for this study shows how children and young people dealt with the responsibility of being the messengers of their own development. While some of the significant others in their lives could not be chosen (for example, guardians or teachers), in other areas they did have a lot of freedom to decide which people they interacted and engaged with. This freedom, which was enhanced by their relative anonymity, meant that they could choose to allow or disallow specific people involvement in their lives. They were strategic in their choices, engaging with people whose help or advice they wanted, while avoiding others.

Generally, the members of the younger generation in such households knew exactly to whom they could best turn and what they needed. They could plan their own development routes. Many of the younger people were good at this and were able to approach people who could have a strong positive influence on their development or could allow them to make money or grow more food. Neighbours were found to be very important, as were people with specific skills. Not
all respondents sought the involvement of others in their lives, but those who did so benefited from this, as did the other people in their households.

The benefits of ‘positive deviance’

In every community there are individuals and/or groups of people whose uncommon behaviours and actions enable them to find better solutions to problems, or to better mitigate negative impacts, than others just like them who have the same access to resources and face the same hardships. The individuals who do this can be termed ‘positive deviants’ and their actions ‘positive deviance’.

The members of the younger generation in skipped-generation households who exhibited deviant behaviour usually did so to improve their well-being. When they sought the advice of others, for example, they did so to gain support or knowledge that would help them to improve their farming outputs or income; when they hid money from their guardians, it was used to pay for education or food, or to purchase clothes for their younger siblings. In some cases, the young people argued that if they had not kept the money away from their guardian, it would perhaps have been spent on beer, and in this sense they had good reason to deviate from what was expected of them.

In the literature, positive deviance of children and young people is most often related to the role of parents and parenting styles. The work of Zeitlin, Ghassemi and Mansour (quoted in Zeitlin 1993) presents cross-cultural studies and literature reviews in developing countries on the growth and cognitive performance of children. They found that positive deviance manifests mostly among children whose parents:

… typically have superior mental health life satisfaction related to the child, greater upward mobility and initiative, and more efficient use of health, family planning, and educational services. They display favourable behaviours towards their children, such as rewarding achievement; giving clear instructions; frequent affectionate physical contact; and consistent, sensitive, and patiently sustained responsiveness to the children’s needs (ibid.: 63).

As has been mentioned, the situation in skipped-generation households in Misangwa was found to be characterised by poverty and depression of the elderly household heads and guardians. The parenting role assumed by these guardians can hardly be described as favourable, consistent or sustained. Positive parental roles and stimulating parenting styles do not therefore explain why these children deviated positively from the norm. Rather, their positive deviance can be seen as a response to improper (in the opinion of the children and young people) parenting behaviour, in particular to what they felt to be objectionable judgements and decisions. This brings us to the question of what, if not the positive characteristics of the guardians, explains why some children and young people displayed positive deviant behaviour, and why others did not.
Objecting to the decisions and behaviours of guardians might have been the trigger when positive deviancy occurred, but it does not explain the deviancy itself, since not all members of the younger generation who objected to their guardians acted in this way. The willpower, self-efficacy, and intelligence of the individual members of the younger generation better explain why some of them displayed positive deviancy. Those individuals who wanted to improve their own well-being and the well-being of those living with them, and who believed that they could do this, were likeliest to display such behaviour, no matter if it was socially unacceptable or contrary to the wishes of their guardians.

It is likely that the trigger for positive deviant actions lies in the day-to-day realities in skipped-generation households. The personal characteristics outlined above offer some explanation of why some engaged in such behaviour and some did not. The other explanation lies in the life histories of the children and young people. The experiences that they had before they came to live in skipped-generation households and the trauma that they experienced have helped them to ‘think outside of the box’. All of the younger respondents had lived through traumatic experiences, which had forced many of them to think and behave like adults. They had to care for their ill parents, they have faced parental death, they have had to care for their siblings like parents, and many have had to make decisions that most adults have never had to make. Their lives have been – and mostly still are – difficult, and they have had to assume roles and make decisions that have formed them and their personalities.

In a sense, therefore, their positive deviant behaviour is not something that is new for them, but is rather quite normal. Earlier in life they have been forced to act in ways that go against expectations for their age and social position, and so now they refuse to let other people, including their older guardians, make decisions for them; at least in cases where they strongly disagree with such decisions. Out of respect and love for their guardians, most of the younger generation living in skipped-generation households were willing to abide by set rules and appear to behave as expected of them. They were, however, not willing to follow instructions or tolerate behaviours that they felt were bad for them, for their siblings, or for the households in which they lived.

Conclusions and the theoretical framework

The consequence of using a specific framework for data collection and data analysis, in this case Bronfenbrenner’s ecological framework of child development, means that specific data has been collected and specific questions investigated. In this section I will discuss some of the conclusions that I was able to draw as a result of the investigation frameworks used.
The ecological approach and the data

The older generation in skipped-generation households was found to be more isolated than other older people in the community. They maintained significantly fewer relationships with people outside of their household than did others, and their interactions with these people were short and took up little time on a day-to-day basis (micro-time). Where interactions did occur between the older people and others outside of the household, these also took place less frequently and less regularly (meso-time) than was the case among other older people who did not live in skipped-generation households. Fewer interactions overall, and shorter and less frequent interactions where linkages existed, led to a situation where such interactions had little or no significant influence on the older people’s life courses (macro-time). In other words, the interactions with others became less important and less influential. For many of the older people, this meant that maintaining relationships with others was increasingly considered not worth the trouble and investment required. This caused further reduction in the number and intensity of social relations and compounded their isolation.

In many ways, the lack of social relations and the loneliness of the members of the older generation residing in skipped-generation households were found to influence the well-being and development of the younger generation. Across the board, this influence was more negative than positive. Their lack of social relationships had a negative impact on their well-being, which in turn influenced how they treated the children and young people in the home. A frequently observed situation was that older people felt alone and were of the opinion that they were not receiving the care and support to which they were entitled. As a result, they were disappointed and angry with those around them, including the children they were living with.

Another finding relates to the underdeveloped mesosystems of members of the younger generation growing up in skipped-generation households. It was found that many of the older respondents did not interact with other people who were part of the children and young people’s social settings outside of the home (microsystems other than the home setting). The older generation within the skipped-generation households in this study spent most of their days around the home and sometimes on the fields. Children and young people on the other hand also spent time at school, with neighbours, with peers and with other people in the wider community. Their older guardians, however, did not have contact with these people. Even in cases where the older people did have more frequent interactions with others outside of the home, their social settings (microsystems) were found to be different from the social settings of the children and young people. This meant that shared contacts were rare and therefore there was no communica-
tion between the guardians of the children and young people and the other people who were important in the children’s lives.

Such contacts between guardians and significant others in a child or young person’s life are important, and their absence can lead to the underdevelopment of children and young people’s mesosystems. For the younger people living in skipped-generation households observed in this study, these underdeveloped mesosystems meant that were not closely parented and had more freedom to do what they wanted when they were away from home. There was little or no interference in their lives by adults in the community, who either did not know who they were or had no contact with their guardians, both of which meant that they were relatively anonymous.

Members of the younger generation in skipped-generation households were observed to experience fewer and less intense interactions and relationships (proximal processes) with adults (other than their guardians) compared to children in other types of households. This is explained in part by the fact that their older guardians had fewer social relations and smaller social networks of their own. Children and young people are likely to have some interaction with the adults that are important to their parents or guardians. When guardians do not have relationships with others, this also means that the younger generation have less contact with other adults. In terms of interactions with others, the children and young people in this study could hardly benefit from their guardians’ social networks and were more dependent on their own social networks. These networks do not just exist, however; they need to be created. In this situation, it is thus up to the children and young people themselves to invest in and form social networks of their own.

Part of the gap in the social networks of both generations in skipped-generation households was found to be related to the church. In Misangwa, connections formed through the church are very important in people’s social surroundings. When older people are no longer able to go, the children and young people living with them are also less likely to attend. As people stop going to church, the relationships with others whom they know there begin to fade and their social networks slowly disappear. Spending less time with people at church (micro-time) and going to church less frequently or not at all (meso-time) means that the importance and impact of these relationships on a child’s development diminishes. In many cases, it was observed that this process continued to a point where people from church, who were once very important in their lives, had no more contact with members of skipped-generation households and became insignificant to them (macro-time).

Once again, this trend was found to be particularly true for those in skipped-generation households and less so for older people in other types of households,
who might maintain relationships with their church networks through other (often younger) adults, or who, with assistance from others around them, are still able to go to church every week. The church is an important social setting. It is, however, not the only setting. The demise of the importance of people from church is illustrative of how other social networks (relatives, old friends, neighbours and others) also disappear.

Research in North America and Western Europe has shown that children thrive when they have many powerful mesosystem-type interactions around them. Relationships that can be classified at the mesosystem level often function as bridges or links between two social settings that would otherwise remain unrelated. Bronfenbrenner (1979) provides one example, where he describes a child who goes to his first day of school unaccompanied, and whose home therefore has no link to his school other than the child itself. Were this minimal linkage between the two settings to persist, Bronfenbrenner argues, this would place the child at risk of limited cognitive and social development. Where the bridges or links are strong, on the other hand, the odds favour the development of academic competence (Garbarino 1992: 25). Another illustration supporting this is a longitudinal study conducted over a period of six months among elementary school pupils in the United States, which found a clear relationship between academic performance and linkages between family and school (Epstein 1983). Yet another longitudinal study conducted over a period of three years in Vermont, also in the United States, has shown that if the style of interaction between family members is similar to the way in which communication takes place at school, this encourages the child’s participation and performance in school (Ginsburg & Bronstein 1993).

Overall, it can be said that, in the case of children and young people, research suggests that the strength of mesosystem linkages between the system in which an intervention is implemented (whether this be schooling, parental support, income generation or psychosocial counselling) and the setting in which the child or young person spends most of his or her significant time (such as the home), is crucial to the effectiveness of the intervention and to the maintenance of its effects (Whittaker 1983, in Garbarino & Ganzell 2000: 78).

The findings of this study suggest that the mesosystem relationships around the children and young people in Misangwa in general are not as developed as they are in other settings, such as those mentioned in the cases and studies presented above. One might expect that children and young people who grow up in a society where they are regarded as social beings would have influences from many adults around them. This was indeed found to be true, since many adults in the community tend to assume parenting roles towards children, even those they are unrelated to. What was also found, however, was that the adults who assumed
parenting roles towards a particular child or young person had no contact with
one another; and even if they did engage with one another, the children and
young people were not the focus of their interactions. Rather, the children and
young people in Misangwa, particularly the younger generation in skipped-
generation households, were found to have a great deal of freedom and very few
active and functioning bridges between their different social settings.

The lack of adult influence and high levels of freedom and anonymity experi-
cenced by the children and young people in skipped-generation households come
with potential risks. Because community members do not know the older guardi-
ans, they do not know the children, and not knowing where such children or
young people belong means that fewer adults are likely to interfere or support
them.

Use of the ecological approach has brought to light the ‘social shopping’ that
some of the members of the younger generation in skipped-generation house-
holds displayed. They knew whom to approach for help and advice, and sought
contact and established relationships with adults who would be useful to their
development and well-being. As such, they were the regulators of their proximal
processes. As children regulated these proximal processes, they were able to
bring the people who could help and support them into their lives. In so doing,
they also indirectly contributed to the well-being of their households.

Through an ecological model that focuses on social relations, it was also pos-
sible to examine the cases of positive deviance among the younger generation.
The positive deviant actions of children and young people (discussed in the pre-
vious section) were often related to contact-seeking behaviour. These findings
are important for several reasons. The first is that they show that children are able
to adjust their situation according to the needs of their development arenas. The
second is that they show that children will take opportunities when they present
themselves, which means that investment in the contexts of these children will
enable them to seek what they need. This makes the targeting of interventions by
social workers or child support organisations much easier, since they may only
need to create opportunities; many children themselves will then seize the oppor-
tunities. Thirdly, it shows that children and young people should be regarded as
the key to improving the well-being of skipped-generation households.

For the deviant cases, the actual actions associated with deviancy are often
frightening and exciting at the same time. Furthermore, it takes much effort and
micro-time. Though the meso-time implied by such behaviour might be limited
(interactions of this nature generally do not occur frequently), the macro-time
implications can be far reaching. A limited number of interactions with specific
people can change these children and young people’s lives and the lives of those
they live with. These people may have little impact on children’s social contexts
and may not become part of their microsystems or mesosystems, but in terms of well-being their impact may be significant.

As was the case with the older generation in this study, the younger generation were also found to have limited time during which proximal processes could take place and influence them. This was found in relation to all three types of time identified by Bronfenbrenner (micro-, meso- and macro-time). Theoretically, proximal processes have the biggest influence on a person’s life (macro-time) when they take place between the same people regularly and frequently (meso-time), and when they are not brief encounters (micro-time) but longer lasting interactions. When interactions take place in safe, stimulating and positive contexts, they are likely to have stronger outcomes. In many of the skipped-generation households studied, the opposite was found to be true.

In skipped-generation households, the proximal processes that occurred most regularly – namely the interactions among the younger generation, and between them and their older guardians – rather than providing comfort and safety, often led to stress and conflict. The proximal processes that really impacted the children and young people were those that occurred during their interactions with their peers, neighbours, and the other adults whom they specifically sought out. With the latter two groups, these interactions did not occur regularly or frequently; rather, the children and young people sought out these interactions, and thereby the proximal processes, when they needed help, support or advice – often against the wishes of their elderly guardians, who feared that such contacts would erode their own authority. As such, seeking these proximal processes can be understood as positive deviant behaviour. This contrasts with some of the findings of the other studies mentioned earlier in this section, which emphasise the importance of strong mesosystem linkages for child development.

**Well-being: Needs and preferences**

As explained in Chapter One, part of my motivation for conducting this study came from my earlier stay in Misangwa for my Master’s research in 2001. For years, it had intrigued me how the children and young people I had met were able to maintain emotional stability and physical survival in the face of such hardships. Furthermore, despite the fact that the socio-economic situation was observed to be usually better in households headed by the children’s aunts, uncles or other middle-aged relatives, during my fieldwork for this study, just as in 2001, children and young people nevertheless consistently voiced the same preference; namely that they would rather choose to live with their grandparents, even if this implied poverty, hard work and hunger.

The explanations provided by members of the younger generation regarding the households that they would prefer to live in all came down to being with
others, in this case with their grandparents, who loved them and cared for them. Even children who saw the poverty in households headed by grandparents said that they would rather live there than in the homes where they were living with other middle-aged guardians. None of the respondents expressed a preference for households where they were more likely to be provided with their basic needs in terms of food and shelter, but where they felt discriminated against and regarded as a burden. This finding has consequences for researchers trying to understand what drives children and young people in such contexts in their pursuit of well-being and a better life for themselves and their siblings.

Camfield, Streuli & Woodhead (2009) highlight three considerations that should guide well-being research among children. These are diversity, inequality and the need to respect agency. In this research, attention has been given to all three considerations. Diversity has been acknowledged throughout. The focus has been on individual children and specific households, and where possible, the research has been contextualised by the respondents and other local informants. Inequalities were sought and found to exist at the household level, in particular with relation to age and gender. For instance, younger children have different roles and relationships within their households compared to older children. Finally, there was a special emphasis on individual children and young people’s agency through the study of their behaviours and actions. One of the main findings to emerge from this was the importance of positive deviant behaviour.

The preference among children and young people to live in a household headed by a grandparent is not simply the result of their perception that the situation elsewhere is worse. This study has shown that the expectations that the younger generation have of living with their grandparents are often not met. Social roles are different, age differences between the younger and older generations are difficult to navigate, and many of the older people have problems of their own. This does not, however, change children’s preferences. One explanation for this is the relative equality among members of skipped-generation households. Both of my research studies (in 2001 and 2009) have shown that orphaned children living with aunts, uncles, older siblings or other middle-aged guardians must often compete with the biological children of their new guardians. This increases the risk of these children facing discrimination and other forms of inequality. In skipped-generation households, there are no biological children and thus the younger generation in these households run a much lower risk of facing discriminatory or unequal treatment.
The future of skipped-generation households

This study focused mostly on the past and present of skipped-generation households. It is important to say something about their – uncertain – future. The most important contributor to the uncertainty of such households is the advanced age of the heads of these households. Indeed, some of the grandparents in this study have probably died since the fieldwork took place. The question is what will happen to the grandchildren who remain behind.

During this study, even though there must have been households in Misangwa where the grandparent heading a skipped-generation household had died prior to the execution of the fieldwork, and the household continued in one form or another, none was found. This absence of empirical data on former (now disintegrated or reconfigured) skipped-generation households leaves us with questions and not answers about the likely future for the members of these households. In light of this lack, possible hypothetical scenarios for what might happen to the members of such households will be discussed in the following paragraphs.

One possible scenario is that following the death of the older guardian, the younger generation will remain where they are and the skipped-generation household will become a child-headed household or a household headed by a young person. During the household survey conducted in Misangwa in 2009 among 200 households, however, no child-headed households were found. I also conducted two household surveys (one in Misangwa, the other in Serenje district in Eastern Province) in 2001, which covered a total of 410 households; yet again, no child-headed households were found. This is somewhat surprising since other research has found such households in Zambia (see for example Payne 2009 & 2012) and other countries in the region, including Zimbabwe (Foster et al. 2007), Rwanda (Thurman et al. 2006) and Kenya (Ayieko 2003).

I did not specifically look for child-headed households in the household surveys, though since the sample selection was completely random, there are no reasons why such households would not have been included had they been encountered. In fact, in other regards the findings of the household survey conducted for this study do correspond to other findings, for example on the prevalence of ‘skip-generation’ households as a living arrangement for older people in Zambia and in 19 other sub-Saharan African countries (Zimmer 2009). Possible explanations for the absence of child-headed households in the surveys may be that they occur more readily in urban areas (all of my surveys were conducted in rural areas), and that if and when they do occur in rural areas someone in the community may be assigned as the guardian of the household (USAID/SCOPE/FHI 2002). I did find several households consisting only of children and young people, but these were all young nuclear families consisting of one or two young
parents, their children, and possibly one or two siblings of the young adults in the home. The fact that I did not find any child-headed households in 2001 or 2009 does not mean that they are not there, but it does show that there are not many in the areas where I carried out my studies.

Nevertheless, the findings of this study are relevant for child-headed households. The ways in which the members of the younger generation in skipped-generation households were observed to work together and care for each other, and how the older children and young people provided for their younger siblings, are crucial elements for the ‘success’ of child-headed households. It could even be suggested that the findings of this study indicate that it might be easier for the younger generation to live in a child-headed household than a skipped-generation household, since in many skipped-generation households the older person was more of a burden than a blessing for the children and young people, in terms of the pursuit of their development and well-being. This does not mean, however, that nothing is lost when the older guardian in a skipped-generation household dies. In fact, this study has shown that despite many problems, the younger generation cared greatly about their grandparents and wanted to care for them, even in times of adversity in their relationships.

If up to now few skipped-generation households in Misangwa have become child-headed households following the death of the older generation, then other scenarios might shed light on what has happened (or what in the future will happen) to them. A possibility is that the household will disintegrate and that the remaining household members will be distributed between other households. On the one hand this seems unlikely because the very nature of skipped-generation households is built on the lack of choices and alternatives. If there were other relatives available to care for the children and young people, then the young and the old would probably not have been living together in the first place. Given the observed absence of child-headed-households, however, it might nevertheless be a feasible possibility. In such instances, one could hypothesise that once the household disintegrates following the death of the grandparent, there might be no alternative for the children and young people but to join another household, especially if the children are relatively young and unable to care for themselves.

The data collected for this study does not reveal whether or not this scenario actually takes place, but it does suggest that the members of former skipped-generation households do not necessarily remain where they are. What the data does show is that there were no skipped-generation households in the sample of 65 households where another older person had recently taken over after the death of the initial older head of the household. The role of the older generation in the community is profound and one might expect that when one older person dies
another older person will step into the void to care for the children and young people left behind. As stated, however, no evidence was found for this.

Overall, it seems likely that all of the scenarios mentioned above are plausible. Following the death of the older generation, some households might become child-headed households, and some might transition from skipped-generation households into ‘normal’ households if the oldest members of the younger generation are over 18 years and are officially recognised as adults. Other households may disintegrate and the surviving household members will ‘disappear’, scattering across different households in different places. In other cases, another relative, maybe but not necessarily an older person, will step in to assume guardianship. In yet another scenario, other non-related adults, possibly assigned by the chief in the area, could be appointed as the new responsible guardian.

Whether or not the outcome is beneficial for the younger generation depends on many factors. One thing that is clear is that the younger generation often sees the older generation as a limiting factor for their development. Perhaps those left behind will do better in socio-economic terms and maybe even in terms of well-being. What is also clear is that with the death of the older generation, the children and young people again face uncertainty and change. They may need to relocate and they will have to find their own way in new contexts and with new people around them. They have no assurances that they will find a stable environment where they can work to improve their own situation and that of their siblings. Despite all of the problems that they may have encountered and all of the conflicts that they may have had with their older guardians, many will probably find that when they look back, they will not evaluate it negatively and they will probably suggest that their grandparents really did all that they could. Indeed, many grandparents did succeed (even if only partially) in raising the children and young people in their care and helping them to develop from young children into healthy, educated and socially well-adjusted young adults.

Recommendations

In this final section, some recommendations that follow directly from the research findings are presented. These are ordered according to three categories: livelihood, social well-being, and social protection. While these recommendations are specific to skipped-generation households in Misangwa, it seems probable that most hold truth for skipped-generation households in rural settings elsewhere in southern Africa.
Livelihood recommendations

The following recommendations relate to the agricultural activities of the skipped-generation households that were studied.

• Make available agricultural implements that make work easier for the elderly

In most skipped-generation households, both the older and the younger generations are involved in farming. Elderly people, however, find the physical activity exhausting and suffer from backache and joint pains. In OECD countries, there is now an array of tools available – such as those that would allow the older generation to plant seeds, to weed or to plough – that would reduce the hardships they face in engaging in manual labour. In aid packages and development assistance, it would be valuable to consider provision of such tools.

• Promote urban agriculture\(^1\) practices

Urban agriculture has been promoted across sub-Saharan Africa as a cheap and easy solution for growing vegetables when space and water are limited. In skipped-generation households, these agricultural techniques could be useful for older people with limited physical capacities. Though the lack of space, which is the primary driver of the rebirth of urban agriculture, is not a problem for rural households, a common problem found was that due to physical limitations, the older people could not walk to their fields, water their plants every day, or protect their crops from animals or theft. If urban agriculture techniques and methods were to be promoted in such areas and among such households, these issues could be largely resolved.

• Provide storage facilities

A significant problem that emerged during the fieldwork is the fact that many people in Misangwa are unable to store their harvests. They are therefore unable to benefit from the seasonal variations in the price of maize, and are likely to experience food shortages and hunger even if they are able to grow enough for their household for the whole year. When their maize is ready, the price is at its lowest, and when they run out of food, the price is at its highest. Traditional means of storage are no longer applicable because of theft, and people’s homes are too small to store food in. If they had the means to store maize – such as a

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\(^1\) Urban agriculture refers to the growing of food – fruits, vegetables, eggs, meat, honey, and even maize – in urban areas. These areas include yards, vacant lots, community gardens, highway medians, and other open spaces. In Lusaka, Zambia, the practice has been found to play a critical role in improving food security for vulnerable urban dwellers, particularly the elderly, women and children with limited available space and low levels of human resources (see for example Hampwaye et al. 2007 and Hampwaye 2008).
lockable cargo container or prefab shed – households would be able to negotiate the market better and therefore have more opportunities to benefit from higher maize prices at certain times of the year. They could also avoid the necessity of dealing with urban traders who offer poor deals and exploit households’ desperation during the ‘hunger months’, and would be able to store more food to see them through the year.

- Increase the inclusion criteria of livelihood interventions

There are some government programmes providing agricultural support in Misangwa, as there are in other areas of rural Zambia. One common problem for skipped-generation households in areas where there are interventions is that members of these households cannot access these programmes or services as they are offered at specific locations, such as agricultural depots, which they cannot travel to. Furthermore, agricultural support, livelihood support, micro-credit schemes and community savings initiatives are not available to members of skipped-generation households, because the two generations are either too young or too old to be eligible. Both generations are regarded as unproductive, and the assumption is made that the elderly will not be able to pay back any debts that they incur. This attitude needs to change so that these groups, who are responsible for the livelihoods of their households, can access such services.

- Provide agricultural training to skipped-generation households

This research found a lot of stress and conflict in skipped-generation households. In some cases, this was the result of disagreements about how the household should farm and which agricultural strategies should be followed, primarily due to the variations in the level of knowledge of agricultural methods between the older and younger generations. Providing agricultural training to the young or the old separately is likely to cause further disagreements and increase the gap between the two generations. By providing training to both groups together, they are more likely to pursue the same goals using the same strategies. This will improve their agricultural output and contribute to reducing stress and conflict in the home. Furthermore, while the information provided through such training might not be of much benefit to some members of the younger generation (since they might already have learned a lot about modern methods from their parents), it would nevertheless help them in the sense that their guardians would learn about these techniques. It would no longer be a struggle for the younger generation to convince their guardians to use more modern farming methods; rather, the new information would help the older guardians to make the decisions that the younger generation yearns for.
Recommendations related to social well-being

The following recommendations relate to the social well-being of the members of skipped-generation households.

- Stimulate the formation of Old People’s Associations (OPAs)

Loneliness, destitution and victimisation are common feelings among members of the older generation living in skipped-generation households. Many of these older people have no idea that there are other skipped-generation households close to their own households. During FGDs, members of the older generation were brought together. Many knew each other but had not seen one another in years. They had previously thought that they were the only older person in the area heading such a household, only to find that everyone present in the FGD was in the same position. Sharing experiences, advice and finding common ground was experienced positively by all. Some discussion groups agreed to meet regularly. To enable older heads of skipped-generation households to come into contact with others, it is recommended to organise or provide incentives that stimulate the formation of OPAs. Church groups and NGOs in rural areas could be useful in organising and facilitating such gatherings.

- Provide life skills training for children and young people

This research has explored the benefits of positive deviant actions among children and young people. Those engaging in positive deviant behaviours were found to have better developmental outcomes and to experience higher levels of well-being. Positive deviance is something that can be linked to personality and to the survival of earlier traumatic experiences. It is also something that can be promoted and stimulated. Training programmes aimed at providing life skills and promoting confidence and self-worth among children and young people are likely to have many benefits. The examples of positive deviance observed in the research benefited both the individual and their whole household. Thus, by providing life skills training for members of the younger generation, the whole skipped-generation household is likely to benefit.

- Increase general knowledge about skipped-generation households

In Misangwa specifically, and in Zambia in general, there is little knowledge about the existence, prevalence and suffering of skipped-generation households. Most of the people who became aware of these households through their involvement in this research were shocked. Many were willing to invest time, food or money to assist members of such households once they got to know them. This research has shown that such friendships can be valuable to the well-being
of those residing in such households, as well as to the mesosystems of the children and young people living there. Giving more attention to skipped-generation households locally (in church) and regionally or nationally (through media coverage) could enable communities to support the skipped-generation households in their area, that would otherwise have remained unknown to them.

Social protection recommendations

The following recommendations relate to social protection interventions.

- Promote unconditional cash transfers

During the fieldwork, it was noted that the priorities of skipped-generation households coincide with the priorities of the international development community. Respondents said that they needed support for three things: food, the quality and condition of their homes, and education. These issues, and people’s health which is also related to their housing conditions, are also things that many development policies also aim to achieve. When viewing health as intrinsically linked to social determinants such as housing and nutrition, we see how much these agendas overlap. Having established this, it is likely that any financial support given to these households will be spent on these issues, given the priorities defined by the respondents. One important recommendation in this regard is that the cash transfers should be provided to the older children and young people in these households. This is because this study has shown that many older people spend valuable household money on beer. The advantage of making cash transfers unconditional (i.e. cash that the recipients can spend as they see fit and that has not been earmarked in any way) is that it provides recipients with a sense of ownership, pride and satisfaction. It also allows them a certain flexibility to negotiate changing contexts or needs.

- Recognise the limitations of cash transfers

Since no social protection interventions were being carried out in Misangwa, I visited several projects in other areas (for example, Zambia’s Ministry of Community Development and Social Services pilot programme of cash transfers for poor households in the district of Kalomo, Rainbow’s agricultural support programme in Sakania, and the cash transfer programme run by UNICEF and partners in Livingstone). What became clear is that these programmes would not benefit the people of Misangwa at the time when they need this support most. The need for support is highest in the months between November and April, the rainy season, and is a period termed the ‘hunger months’ because during this time people have the least money and food. It is also during this time that the
worst drops in well-being take place: houses collapse due to heavy rains, people go hungry, and children drop out of school because of the necessity to pay fees and PTA contributions in January. During this time, Misangwa is, as are many other rural communities in Zambia, unreachable by road. Thus it becomes impossible to bring money or goods to the community. Even if people do have money at this time, there is little or no food for sale. Cash transfers or other forms of social protection support cannot be delivered during this period. For the people of Misangwa, especially members of skipped-generation households, any social protection support would therefore only be a temporary and limited solution. They would benefit much more from proper food storage facilities, better infrastructure, varied agricultural practices, and other ways to prepare a buffer for the hunger season.

- Support households, not individuals

Households should be the focus of policy, not specific groups of individuals. Several examples illustrate this. A grant for older people might benefit the older person in a skipped-generation household, but if that person lives with ten orphaned grandchildren then the grant is likely to have little impact. School feeding programs will benefit the children who are at school, but will do little for those children who have finished or dropped out of school and are at home or working on the fields. Furthermore, child support grants, as seen in South Africa, Namibia and Malawi, would likely have adverse effects on the caring arrangement currently seen in Misangwa. Evidence shows that there is a scramble for orphans amongst family members in places where child support grants are provided (see for example Hearle & Ruwanpura 2009). The distribution of children among relatives, who all want to receive the grants, does not always benefit the individual children, who might be better off together with siblings. Additionally, the financial incentive that is created by such grants means that people want to take in the children, but it does not make them want to care for them. One exception, which has been discussed, is that pensions (related to a person age and not to their role as guardians) do have a positive influence on the older person and on those living with them. Generally however, experience shows that interventions should target vulnerable households and not vulnerable individuals. This research has shown that skipped-generation households are a good starting point for targeting the most vulnerable.
• Continue to advocate for the Zambian government to uphold its commitments to social protection

Through the Netherlands Embassy and the Zambian Offices of the German Society for Technical Cooperation (GTZ)\(^2\), both located in Lusaka, I was able to access various budgeting and spending reports from the Zambian government. While analysing these reports, it became clear that the government was only honouring its commitment to the Livingstone Declaration on Social Protection (AU 2006) on paper. Overview budgets showed that 4% of government spending was being directed towards social protection. More detailed reports on actual spending showed that less than 1% of that money was being used to support the most vulnerable in society. Shady accounting and hard to trace expenses hide the true spending by the government. The donor community or civil society organisations should analyse the government’s spending accounts and hold them accountable. The people who should be benefitting from social protection cannot do this. Therefore, others need to continuously pressure the government so that they uphold their promises on social protection.

\(^2\) GTZ is now known as GIZ: The German Society for International Cooperation.
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Appendix 1: Description of household survey sampling

To calculate relevant sample a number of approaches is possible. The population of Misangwa is not exactly known but available documents all mention approximately 13,000 inhabitants in the catchment area of the rural health centre. I have taken the population mentioned in the 2008 annual report of the Health Centre which is 13,320 persons. The coverage area of the health centre is roughly the area called Misangwa. Other data mentioned here is based on my own 2001 household survey.

The population in the survey area is 13,320. 59.2% of the respondents were found to be under 18 years of age (n of children is 7832). Of all children, 22.4% was categorised OVC (n of OVCs is 1,554) and of all OVCs, 28.6% were children living in elderly-headed households (n of OVCs in elderly-headed households is 444). Therefore in theory the total population of 13,320 counts 444 OVCs living in elderly-headed households. To calculate the sample size required we need not only know the population (13,230) and the expected frequency of cases (3.4%), but also the so-called worst expectable result. This value can be positive or negative and represents the biggest change we would expect in the frequency of cases. The table below shows some of changes and the corresponding sample sizes required at different confidence rate:

<table>
<thead>
<tr>
<th>Description of possible worst results</th>
<th>Pop</th>
<th>Exp. Freq.</th>
<th>Worst result</th>
<th>Conf. 80%</th>
<th>Conf. 95%</th>
<th>Conf. 99.9%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doubling of the frequency</td>
<td>13,230</td>
<td>3.4%</td>
<td>6.8%</td>
<td>46</td>
<td>108</td>
<td>301</td>
</tr>
<tr>
<td>Halving of the frequency</td>
<td>13,230</td>
<td>3.4%</td>
<td>1.7%</td>
<td>184</td>
<td>423</td>
<td>1,126</td>
</tr>
<tr>
<td>Increase of 50% in frequency</td>
<td>13,320</td>
<td>3.4%</td>
<td>5.1%</td>
<td>184</td>
<td>423</td>
<td>1,126</td>
</tr>
<tr>
<td>Increase of 25% in frequency</td>
<td>13,230</td>
<td>3.4%</td>
<td>4.25%</td>
<td>707</td>
<td>1,543</td>
<td>3,587</td>
</tr>
</tbody>
</table>

According to this: if the data shows that there are 25 percent more children with elderly-caregivers in 2009 than there were 2001, we could be 95 percent sure this statistically relevant if we had sampled 1,543 people.

Given the scope of the research as well as the available resources choices needed to be made about what sample size was possible and what confidence rates would suffice. In 2001 a total of 200 households were captured in which a total of 1,446 respondents were found to live. Given the statistics, the trends, and data on OVCs from chapter 1, and the number of years between 2001 and 2009

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1 The real number is higher because in some cases sick or dependent adults may be named as household head. In reality however they also are dependent on elderly household members.
we can make a few predictions. Firstly it was likely the number of elderly-headed household had increased. It was also likely that the number of OVCs had increased. Given this it is likely the expected frequency of OVCs in elderly-headed households has increased. A doubling of the frequency seemed unlikely but an increase of 50% was plausible. Therefore for the purpose of sampling, at least 1,126 respondents would have to be included.

The tests were repeated for changes that seemed plausible for other cases:

<table>
<thead>
<tr>
<th>Description of change</th>
<th>Pop</th>
<th>Exp. Freq.</th>
<th>Worst result</th>
<th>Conf. 80%</th>
<th>Conf. 95%</th>
<th>Conf. 99.9%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase of 50% in frequency of OVCs in elderly-headed HHs</td>
<td>13,320</td>
<td>3.4%</td>
<td>5.1%</td>
<td>184</td>
<td>423</td>
<td>1,126</td>
</tr>
<tr>
<td>Increase of 50% in number of elderly-headed HHs</td>
<td>13,230</td>
<td>15.3%</td>
<td>22.9%</td>
<td>36</td>
<td>84</td>
<td>236</td>
</tr>
<tr>
<td>Increase of 25% in the number of OVCs</td>
<td>13,230</td>
<td>13.5%</td>
<td>16.94%</td>
<td>164</td>
<td>377</td>
<td>1,011</td>
</tr>
</tbody>
</table>

Given the above we can conclude that most of the inferences we want to make using the data, a sample around 1,200 respondents would be sufficient. Because 200 households is an easy number to work with, and because it allows to verify the results to the extent needed it was decided to conduct 200 household questionnaires.

In this calculation the results from the 2001 survey are used. This survey was carried out in a similar manner as was the household survey for this research. Sampling and selection was done in the same way and correct sample sizes were calculated as they have been here. Finally the alternative, which would have been to use national figures and look at trends, were less convincing. Firstly, the last census was conducted in 2000, which is earlier that the figures used here. Secondly, there are many variations between locations and national data is often an average. It is therefore better to have data on the specific location. Thirdly, at a national level there is no data on OVCs or on the number of children in elderly-headed households.

Another is issue is the decision to only sample households with children. We are using both the data from a survey that was conducted among households with children and the total population which includes all people. Strictly speaking one can object to this. One could also argue, as I will do here, that almost all households have children, especially when you know the average household size in
over 5 people in Zambia (5.3 for the Copperbelt according to CSO, 2003). It is true some people will be left out but it can be expected that this number is relatively small. The smaller the household the higher the chance that it is not made up of children.
Appendix 2: List of interviewees

Donors:

- Dr. Melle Leenstra – Policy Advisor Zambia & Zimbabwe, Netherlands Ministry of Foreign Affairs, The Hague
- Mr Paul Bekkers, AIDS ambassador, Dutch Ministry of Foreign Affairs, The Hague
- Mr. Emmanuel Mali – Economist, RNE, Lusaka
- Mr. Marco Gerritsen – Advisor Health and HIV, Netherlands Ministry of Foreign Affairs, The Hague
- Mr. Markus Nuding – Senior Advisor, Deutsche Gesellschaft für Internationale Zusammenarbeit (GTZ), Lusaka
- Mr. Peter de Haan, First Secretary, RNE, Lusaka
- Mr. Vincent Snijders – Education Advisor, RNE, Lusaka
- Mrs. Angelique Eijpe – Officer vulnerable Children, Netherlands Ministry of Foreign Affairs, The Hague
- Mrs. Els Klinkert, AIDS Coordinator, Social Policy Department, Ministry of Foreign Affairs, The Hague
- Mrs. Judy Kamwenda – Policy Officer, Private Sector Development & Governance, RNE, Lusaka
- Mrs. Reina Buijs – Head of Health & AIDS Directorate, Netherlands Ministry of Foreign Affairs, The Hague
- Ms. Anna Lindeberg, SIDA Regional HIV/AIDS Team, Embassy of Sweden, Lusaka

International NGOs:

- Mr. Georges Tiendebreogo, Advisor Development Policy & Practice Health, Royal Tropical Institute (KIT), Amsterdam
- Mr. Johan van Rixtel, Policy Advisor, Cordaid, The Hague
- Mr. Mark Stirling, Director UNAIDS Regional Support Team Eastern and Southern Africa, Johannesburg
- Mr. Samuel Namulumbu Obara - Manager HIV and Social Protection, HelpAge International, Nairobi
- Mr. Yobe Mtonga – Director of Heifer Zambia, Ndola
- Ms. Alinda Bosch, Linking & Learning Advisor, Cordaid, The Hague
- Ms. Doortje ‘t Hart, Policy officer orphans and vulnerable Children, Stop Aids Now!, Amsterdam
- Ms. Eva Nordfjell, Advisor HIV/AIDS/ SRH and Children’s Rights, Save the Children, Sweden, Nairobi
- Ms. Susan Erb, Policy and Programme Advisor on Ageing, Help Age International, London
Local NGOs:

- Dr. Marja Hinfelaar, Director Research and Programmes at SAIPAR (National Archives of Zambia), Lusaka
- Fr. Mike S. Kolala – Priest at St. Anthony’s Catholic Mission, Misangwa
- Fr. Mumbi – Priest in charge of St. Anthony’s Catholic Mission, Misangwa
- Mr. Justus Kizza Wamala, chief executive officer, The Uganda Reach the Aged Association, Kampala, Uganda
- Mr Mubanga, Former Coffee Manager at Mpongwe Development Company, Mpongwe
- Mr. Chanda Fikansa – Director Integrated AIDS Department, Ndola
- Mr. Francis Meliki – Community volunteer at St. Anthony’s RHC outreach programme
- Mr. Humphrey Mwelwa – Assistant co-ordinator Children’s Desk, Catholic Diocese of Ndola, Ndola
- Mr. Lumwaya – Education Officer, Copperbelt Province, Ndola
- Mr. Mufalo Ilitongo – Health Coordinator Catholic Diocese of Ndola, Ndola
- Mr. Paul Kuyela Kolala – Coordinator Rainbow (NGO) in Sakania
- Mrs. Evelyn Zimba – Representative of Old Persons associated in Kalikiliki, Lusaka
- Mrs. Phyllis Bwalya – Director of Children in Distress (CINDI), Kansenshi, Ndola
- Ms. Angelinah Akkhalende, Gender Advisor, Commission for Justice & Peace, Ndola
- Ms. Elizabeth Mwale – Policy Officer, Family Health Trust (NGO), Lusaka
- Ms. Sampa Kasonde – Coordinator OVC Programmes, Integrated AIDS Department, Ndola
- Rainbow Project (NGO) operators (Charity, John, Daisy, Sarah, Mwelwa, Chiwemwe, Prudence & Paul)
- Sr. Bernadetta Woo, Medical-in-Charge, St. Anthony’s Rural Health Centre, Misangwa

Local Government:

- Mr. Goodson Kalesha, Agriculture and Livestock (MAL) extension officer, Mpongwe
- Mr. John Mweemba, Principle Agriculture and Livestock (MAL) extension officer, Mpongwe District, Mpongwe
- Mr. Mulola, District Planning Officer, District Office of the Ministry of Education, Mpongwe
- Mr. Silwamba, Provincial Planning Officer, Provincial Office of the Ministry of Education, Ndola
• Mr. Vackson Mwenda, Mpongwe Middle Basic School Head Teacher, Mpongwe
• Ms. Justina Ngoma, Community Development & Social Welfare Officer, Mpongwe District, Mpongwe
• Ms. Nkandu, Deputy headmaster at St. Anthony Basic School, Misangwa

Scientific (in Zambia):
• Dr. Fiona Samuels, Research Fellow, ODI, London
• Dr. Lucy Cluver, University Lecturer in Evidence-based Social Intervention, University of Oxford, Oxford
• Dr. Oscar Simooya: Chief Medical Officer at Copperbelt University and Director NGO “In-but-free”, Kitwe
• Mr. Nawa Sanjobo, Public Health Officer, CBU, Kitwe
• Prof. (Fr.) Michael J Kelly – Emeritus Professor of Education at UNZA, Lusaka, Advisor HIV/AIDS education at JCTR, Lusaka
• Prof. Janet Seeley, Professor of International Development, University of East Anglia, Norwich
• Prof. Phillimon Ndubani – Assistant Director Directorate of Research and Graduate Studies, UNZA, Lusaka

Community members:
• 12 Non-elderly caregivers of OVCs
• Over 30 children and young people growing up in skipped-generation households
• Over 30 children and young people not growing up in skipped-generation households
• Over 30 elderly people (mostly grandmothers and grandfathers) living in skipped-generation households
Summary

This study is based on 14 months of qualitative and quantitative data collection in Misangwa, a small rural community in the Zambian Copperbelt Province. The focus of this work is on skipped-generation households, which are households where the younger generation and their older guardian(s), mostly grandparents, live together without any members of the middle generation. The phenomenon of grandparents raising grandchildren is not new. What is new is the scale on which this is taking place, the proportion of children and young people being cared for by older people, and the lack of support for these older people by relatives and the extended family. Whereas in the past, the care given by grandparents was voluntary and beneficial to all involved, today the situation can best be described as crisis driven, a fostering solution brought about by a lack of any real alternatives.

The changes in the dependencies between the young and the old are the result of high mortality among middle-aged adults, the majority of which can be attributed to HIV. As families have seen the number of orphans and vulnerable children (OVCs) created by HIV rise, they have been forced to come up with new types of caring solutions, including new types of households. The aim of this study is to provide a comprehensive understanding of the changing dependency between OVCs and their older caregivers in skipped-generation households in rural Zambia. In this summary, I will briefly discuss the eight chapters that comprise this study.

Chapter One serves as an introduction to the impact of HIV on children and young people, older people, and Zambian society in general. The HIV epidemic in Zambia first appeared in the mid-1980s. It was a generalised epidemic that spread quickly throughout the population, transmitted predominantly through heterosexual contact. Over the last three decades, it has impacted individuals, families, households and communities. In 2004, there were approximately 75,000 deaths in Zambia due to HIV-related illnesses; in 2011, this figure was estimated at 31,000. Cumulatively, more than 1.25 million people have died of HIV-related causes in Zambia since 1990. It is estimated that approximately 1.3 million children (about one in five) have lost one or both parents, at least half of which can be attributed to HIV-related causes.

A generally accepted definition of a skipped-generation household is a household “where an older person, often a grandparent, becomes the primary caretaker for a child who has lost one or both parents, or whose parents are absent for a
long period of time” (Samuels and Wells 2009: 1). The number of older people and OVCs living in skipped-generation households varies across sub-Saharan Africa and for most countries the exact numbers are not known. Data from across the sub-Saharan African region suggest that many of these households are found in rural areas. In the region, poverty rates in rural areas are high, much higher than in urban areas. The impact of this on skipped-generation households is particularly heavy since members of such households have little or no access to financial means and they often lack the human capital required for productive labour.

In Chapter Two, the research methodology, the practical aspects of conducting the research and the theoretical framework are presented. This study used Bronfenbrenner’s Process-Person-Context-Time (PPCT) model as a framework for data collection and analysis, to study the well-being of the children and young people and the older generation living in skipped-generation households in Misangwa. The definition of well-being used was derived from a broad body of literature and research on well-being conducted in various developing countries. Data collection was both qualitative and quantitative, and was built on methods from the fields of human geography, demography and anthropology, including (participant) observation, household surveys, interviews and focus group discussions. As part of an earlier study that I conducted in 2001 for my Master’s degree, I spent several months in Misangwa researching the urban-to-rural migration of OVCs. The household survey I conducted in 2009 for this current research is comparable to the household survey I conducted in 2001, and this has provided longitudinal data covering this eight year period.

In Chapter Three, some notable differences in terms of the composition of the population and the makeup of households in Misangwa, revealed through the 2001 and 2009 household surveys, are elucidated. Over this time period, the proportion of OVCs increased, as did their absolute number. In 2009, one in every three children was found to be an OVC, compared to one in four in 2001. The nature of the young people’s orphanhood also changed. The proportion of paternal orphans increased, but most striking was the increase in the proportion of double orphans; in 2001, 7% of all children and young people surveyed were double orphans, but this had risen to 18% in 2009. The proportion of households headed by elderly people was large in both years, with grandparents being the largest category of guardians for OVCs; in 2001, 48% of all OVCs lived with grandparents, and in 2009 this was 53%. The proportion of skipped-generation households increased, however in 2009, 10% of all households that included children were skipped-generation households compared to 5.9% in 2001.

Chapter Four consists of three brief case studies of skipped-generation households in Misangwa. This chapter sets the scene and gives the reader a sense
of what such households look like, how they function, and the differences and similarities between various skipped-generation households. It also provides a glimpse at the lives of those who live in them.

As part of this study, 65 skipped-generation households were studied intensively. The characteristics of these households, including the makeup, living conditions and income-generating strategies they pursue, are described in **Chapter Five**. Overall, these households were found to be poorer than other types of households in the area, and several problems are common among them. For one thing, the older people are often physically frail and thus unable to work or perform all the tasks related to childcare. They are also socially isolated, which means that they bring few social contacts to the household, have little access to news and information, and as a result often suffer from loneliness.

Another common problem among skipped-generation households is the lack of facilities to store farm produce, particularly maize, which means that households are forced to sell the produce that they cannot store. Thus even households that produce sufficient food to see them through the year are forced to sell part of their produce at harvest time, only to have to buy food later on in the year at a much higher price. The economic ramifications of this create a poverty trap that recurs yearly, and keeps many people poor no matter how hard they work. For various reasons, this impacts skipped-generation households in particular.

In **Chapter Six**, the focus lies on the older generation living in skipped-generation households. The analysis begins with the reconstruction of their life histories. Their stories begin with them as young people, getting married and becoming parents. They expected their children’s generation to be more successful than their own, since they had much better access to education: many had completed secondary school or even vocational training. Yet this anticipated success never materialised, as their children started falling ill and dying in the late 1980s and early 1990s. As the HIV epidemic became further entrenched, the older generation found themselves losing many of their middle-aged children and slowly having to take on the responsibility of being the primary caregiver for their grandchildren.

The realities of the lives of the older generation in skipped-generation households are bleak. The respondents talked of many problems in their daily lives at the individual, household and community levels. One of the biggest issues is that their expectations of old age – of living in a multi-generational household where they are supported, valued, and able to enjoy their last years of life – have not materialised. Furthermore, the physical problems associated with old age make their lives extremely difficult, and this has resulted in a dependence on the younger generation for income generation, food production and childcare. The relationships between the older and younger generation are often far from easy,
and intergenerational conflict was found to be common. Older guardians often felt that their authority is not respected by the younger generation. One common way that older guardians deal with their problems is through alcohol. But while it may be an easy way to temporarily escape their problems, alcohol consumption has very negative consequences for the relationships between the old and the young, as well as on the household budget.

In Chapter Seven, the focus lies on the children and young people living in skipped-generation households. Their life histories reveal how they have experienced sudden and traumatic changes in their lives, going from a relatively stable and predictable life with their parents and siblings to living in new contexts and households with new guardians. Their difficulties often began even before the death of their parents, as many of them acted as their parents’ primary caregiver during their illness. A common theme in the stories of these younger people was the need to adjust to new people, places and prospects. Upon joining a skipped-generation household, however, few of the respondents believed that their lives would once again become stable; they all anticipated further changes, especially because they knew that their grandparents were old and would not live forever.

In the second part of the chapter, the focus lies on the various elements of Bronfenbrenner’s PPCT model. Exploration of the social contexts of the younger generation reveals that, more than children in other settings, those in skipped-generation households have less contact with adults in the community. This is primarily due to the fact that their older guardians have fewer relationships with others outside the household. This provides these younger people with a relatively high degree of freedom and anonymity, since there is little interference in their lives once they are outside of their homes. As a result, these children and young people must be personally responsible for the communication between the various settings in which their lives take place (such as at home, at school, in their income generating activities, etc.). This means, for instance, that if a child has a problem at school, it is up to the child to tell his or her guardian about the problem, since there is no contact between the guardian and the teacher. In this chapter, I focus extensively on what it means for these children and young people to be the ‘messengers of their own development’. In particular, I highlight how, despite the fact that this responsibility and freedom could be abused, in fact the majority were more likely to use the opportunity to improve their own situation and that of their household.

Another finding revealed that when these children and young people need help or advice, or if they run into issues that they cannot solve, many feel that they are unlikely to get the support they need from their older guardians. Rather, they are forced to search for help from others. The children and young people who do this were found to be exemplary cases of ‘positive deviance’. Their past experiences,
especially for those who had acted as primary caregiver for their dying parents, mean that they have had to make decisions that many adults have never had to make. This has made them stronger and more independent. Perhaps to them, positive deviance is something that they acquired early on in life and has grown on them.

In Chapter Eight, the most important conclusions are discussed. Two conclusions are drawn at the household level. The first is that skipped-generation households often go unnoticed, both in the communities where they exist and in the policies of individuals and organisations who are trying to mitigate the impacts of HIV. The second is that the formation of skipped-generation households is crisis driven and has little to do with preferences or altruism on the part of those living in these households.

In relation to the older generation, several conclusions are drawn. These are related to older people’s unmet expectations, the hardships they experience, and the problems they face in caring for themselves and the young people living with them. In terms of the younger generation, the conclusions are related to the poverty that they grow up in, the associated impact on their school enrolment (which is lower than for other children in the community), the lack of close parenting, the large degree of freedom and anonymity that they experience, and the responsibilities they bear for their own well-being and development as well as for the well-being of those they live with.

The third section of the final chapter is about how the conclusions relate to the chosen theoretical framework. Bronfenbrenner’s PPCT model has brought to light the ‘social shopping’ that some of the children and young people in skipped-generation households display. They know whom to approach for help and advice, and seek contact and establish relationships with adults who can be useful to their development and well-being. As such, they can be seen as acting as the ‘messengers of their own development’, and in so doing, they also contribute to the well-being of their household. The approach to well-being selected for this study has also shown that while basic human needs (such as for food and shelter) are important, the young respondents nevertheless weigh these needs in relation to their social and emotional needs. Love and nurturing matter to the young people, and they often said that they would choose to be with specific people from whom they would receive it, even if this meant a trade-off in terms of material well-being.

In the penultimate section, I attempt to shed some light on the possible future scenarios for these households. It is not known what happens to the members of the younger generation when their older guardians die. Given that I did not come across child-headed households in Misangwa (either in 2001 or 2009), it seems unlikely that children take over from their older guardians to head the household.
Perhaps another older person steps in, perhaps the household disintegrates, or maybe the household transitions into a ‘regular’ household headed by a young adult (previously a member of the younger generation). What exactly happens is unknown, but it does require further study.

In the final pages of this work, recommendations for improving the well-being of skipped-generation households are provided related to farming, social welfare and social protection.
Samenvatting (summary in Dutch)

Deze studie vormt de weerslag van een verzameling kwalitatieve en kwantitatieve data die gedurende 14 maanden verzameld zijn in Misangwa, een rurale gemeenschap in de provincie Copperbelt in Zambia. De focus ligt op huishoudens waarin de tussengeneratie ontbreekt: 'skipped generation' huishoudens. Het fenomeen van grootouders die kleinkinderen opvoeden is niet nieuw. Wat wel nieuw is, is de schaal waarop dit plaatsvindt en het gebrek aan ondersteuning vanuit de familie. De veranderende afhankelijkheid tussen jong en oud is het gevolg van de hoge sterfte onder volwassenen in de tussengeneratie, grotendeels ten gevolge van hiv. Het doel van deze studie is het verschaffen van diepgaand inzicht in de veranderende afhankelijkheid tussen OVC's en hun oudere zorgverleners in skipped generation huishoudens in ruraal Zambia.

Een algemeen geaccepteerde definitie van een skipped-generation huishouden, is een huishouden 'waar een oudere persoon, vaak een grootouder, de belangrijkste zorgverlener wordt voor een kind dat een of beide ouders verloren heeft, of wiens ouders voor lange tijd afwezig zijn' (Samuels en Wells, 2009: 1). Bij deze studie werd Bronfenbrenner's 'Process-Person-Context-Time (PPCT)'-model gebruikt als raamwerk voor het verzamelen en analyseren van data over het welzijn van de kinderen en jongeren en de oudere generatie. De definitie van welzijn werd ontleend aan een grote hoeveelheid literatuur en onderzoek.

In hoofdstuk 3 worden de verschillen in de samenstelling van de bevolking en van huishoudens in Misangwa, die naar voren komen uit de onderzoeken in 2001 (data van een eerder onderzoek) en in 2009, besproken. Duidelijk is onderandere de toename van het aantal skipped-generation huishoudens (van 5.9% in 2001 naar 10% van alle huishoudens met kinderen in 2009). Hoofdstuk 4 bestaat uit drie casestudy’s naar skipped generation huishoudens. Deze geven een beeld van de situatie en verschaffen de lezer een idee van deze huishoudens. Als onderdeel van dit onderzoek zijn 65 skipped generation huishoudens intensief bestudeerd. Hun kenmerken, waaronder de samenstelling, leefomstandigheden en de strategieën die ze gebruiken om inkomen te genereren, worden beschreven in het vijfde hoofdstuk.

Hoofdstuk 6 concentreert zich op de oudere generatie. Zij hadden de verwachting dat hun kinderen succesvoller zouden zijn dan zij zelf, omdat de jongere generatie meer toegang had tot onderwijs. Het verwachte succes bleef echter uit, aangezien hun kinderen ziek werden en stierven. Toen de hiv epidemic steeds meer geworteld was in de samenleving, verloor de oudere generatie veel van
haar volwassen kinderen en nam ze steeds meer de zorg voor de achtergebleven
kleinkinderen over. Hun leven ziet er somber uit: ze krijgen niet de verwachtte zorg
op hun oude dag, hebben lichamelijke klachten, de relatie met de jongere generatie
is soms problematisch en ze zijn vaak depressief. Het is vrij gebruikelijk dat ze hun
problemen proberen te vergeten door het gebruik van alcohol wat vaak negatieve
die voor de relatie tussen jong en oud en voor het huishoudbudget.

In hoofdstuk zeven ligt de nadruk op de kinderen en jonge mensen. Zij
hebben vaak plotselinge traumatische veranderingen ervaren. Van een relatief stabiel
bestaan met ouders en broers en zussen hebben ze de overgang gemaakt naar een
leven. Hun problemen begonnen vaak al voor de dood van hun ouders; velen waren
de primaire zorgverlener tijdens de ziekte van hun ouders. Toen ze zich bij een
skipped-generation huishouden voegden waren er maar weinigen die dachten dat
hun leven nu weer stabiel zou worden; ze voorzagen vaak nog meer veranderingen,
vooral omdat ze wisten dat hun grootouders oud waren. Deze kinderen hebben
minder contact met volwassenen in de gemeenschap. Dit komt vooral omdat hun
oudere verzorgers minder relaties hebben met anderen. Hierdoor is er een beperkte
social controle wat jongere mensen relatief veel vrijheid en anonimiteit geeft. Vaak
zijn ze daarom zelf verantwoordelijk voor de communicatie tussen de verschillende
contexten waarin hun leven zich afspeelt (thuis, school, bij activiteiten die inkomen
genereren, enz.) en zijn ze de ‘boodschappers van hun eigen ontwikkeling’. Ik toon
aan hoe ze deze verantwoordelijkheid en vrijheid vaak niet misbruiken maar juist
gebruiken om hun situatie, en die van hun huishouden, te verbeteren. Een andere
bevinding is dat velen van hen niet geloven dat ze hulp en ondersteuning die ze
nodig hebben kunnen krijgen van hun oudere verzorgers. Ze zijn eerder geneigd om
hulp bij anderen te zoeken. Het blijkt dat de kinderen en jonge mensen die dit doen
typische gevallen van ‘positieve ongehoorzaamheid’ zijn. Door hun ervaringen
hebben ze beslissingen moeten nemen die veel volwassenen nooit hoefden te nemen.
Vaak is deze positieve ongehoorzaamheid iets wat ze vroeg in hun leven geleerd
hebben en waar ze in gegroeid zijn.

In hoofdstuk 8 worden de conclusies en aanbevelingen (ondermeer op het
gebied van welzijn en sociale bescherming) besproken. Ook wordt in dit hoofdstuk
een aantal mogelijke toekomstige scenario’s voor deze gezinnen geschetst. Het is
niet duidelijk wat er met de leden van de jongere generatie gebeurt als hun oudere
verzorgers sterven. Misschien springt een ander ouder iemand in, of huishoudens
vallen uit elkaar, of ze veranderen in ‘gewone’ huishoudens met een jonge
volwassene aan het hoofd. Wat er precies zal gaan gebeuren is onbekend en verder
onderzoek is nodig.
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