Grandparents as parents: Skipped-generation households coping with poverty and HIV in rural Zambia
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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 & Kaminski 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-
lence 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. The few people in Misangwa who rear cattle also have enclosures where the cows are kept, which are called Kraals.

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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 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)

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 over-whems 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-
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 hierarchical 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. Termed proximal processes by Bronfenbrenner, the interactions between the developing
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

![Map of Zambia](image)
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-
pear, 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 questions.

• 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. Consistency 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>
<thead>
<tr>
<th>Table 2.1</th>
<th>Overview of FGDs conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of</td>
<td>Number of</td>
</tr>
<tr>
<td>sessions</td>
<td>participants</td>
</tr>
<tr>
<td>2</td>
<td>10 / 11</td>
</tr>
<tr>
<td>2</td>
<td>9 / 11</td>
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<td>2</td>
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<td>2</td>
<td>10 / 11</td>
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</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>
<thead>
<tr>
<th>Description of respondents</th>
<th>Number of interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly people (mostly grandmothers and grandfathers living in skipped-generation households)</td>
<td>30</td>
</tr>
<tr>
<td>Children and young people growing up in skipped-generation households.</td>
<td>30</td>
</tr>
<tr>
<td>Non-elderly caregivers of children.</td>
<td>12</td>
</tr>
<tr>
<td>Representatives from NGOs and INGOs, scientists, representatives from donor organisations, and others</td>
<td>&gt;50</td>
</tr>
<tr>
<td>Total</td>
<td>&gt;120</td>
</tr>
</tbody>
</table>

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.