Grandmothers and Orphan Care in Zimbabwe

By Dr. Neddy Matshalaga
GRANDMOTHERS
AND ORPHAN CARE
IN ZIMBABWE

Dr. N. Matshalaga

Photos
Dr. N. Matshalaga
Dr. Neddy Matshalaga

Grandmothers and Orphan Care in Zimbabwe
Published by SAfAIDS, PO Box A509, Avondale, Harare, Zimbabwe
Tel: 263-4-336193/4, 307898, Fax: 263-4-336195
Email: info@safaids.org.zw, Website: www.safaids.org.zw
Design and layout: Publications Unit, SAfAIDS
Printed by:

Supported by Netherlands Ministry of Foreign Affairs (DGIS),
Department for International Development-UK (DFID), Swedish
International Development (SIDA), Humanistic Institute for
Cooperation with Developing Countries (HIVOS), Development
Cooperation Ireland.

Any part of this publication may be freely copied, provided this is not
for profit and full acknowledgment is made. SAfAIDS and the author
would appreciate information on how extracts are used.

ISBN: 0-7974-2804-6
Acknowledgments

First I would like to thank the grandmothers and their families for welcoming me into their families and supporting me in various ways throughout the research period. They allowed me an opportunity to get involved in their private lives, time and major resources as well as touching and emotional day to day life experiences of managing orphan household.

I would also like to thank Nigel Hall for summarising the book, Helga Patrikios for editing, Tinashe Madava, Tsitsi Singizi, Walter Mangwende and the rest of the publications team at SAfAIDS. Lastly I would like to thank my family for the various roles they played in supporting me through this work.
# Table of Contents

Table of Contents  
Executive Summary  
1. Introduction  
2. Study Methodology  
3. Grandmothers and their Care of Orphans  
4. Food Security Issues  
5. Material and Labour Resources  
6. Accommodation and Education  
7. Conclusions  
8. Recommendations  
9. Endnotes
Executive Summary

HIV/AIDS has led to an orphan care crisis in Zimbabwe, with the brunt of care falling on the extended family, itself weakened by socio-economic changes. Elderly grandmothers are increasingly having to bear the burden of caring for large numbers of orphaned grandchildren, with little or no support from the surviving members of the extended family or other sections of the community.

This study examines the situation facing orphans in one district of Zimbabwe by following up eight grandmothers caring for them. A survey of the overall situation concerning the shift in community care practices is followed by an examination of food security issues, material and labour resources available to the grandmothers, and accommodation and educational arrangements for the orphans.

Most of the grandmother households interviewed lacked the necessary resources needed to sustain a family, leading to a situation of poverty and deprivation for almost all the children in the study. The grandmothers were providing extensive care for their grandchildren in a situation of severe poverty. Despite the stigma of HIV/AIDS and their lack of formal education they were able to share their concerns openly with the researcher and had elementary knowledge about HIV-related diseases. The care of sick adults and their children contributed to the gradual impoverishment of the grandmother households and led to serious difficulties meeting children's basic needs, such as clothing, shelter, food and access to health care and education.

The households adopted a variety of strategies to mobilise additional food and raise money. These included, among others, contract piecework, cooperative vegetable gardens, poultry projects, cross border informal trading,
obtaining assistance from social networks, accessing government food facilities, and securing help from the community and NGOs in the District.

Other strategies included reducing the number of meals, eating maize meal without relish, doing without necessary clothes, and the sharing of food and blankets. A symbiotic relationship was seen to exist between the grandmothers and the orphans, with both engaging in piecework in return for maize meal or cash, to pay for extra food or school fees.

This study demonstrates the adverse circumstances faced by grandmothers caring for their orphaned grandchildren. Various recommendations are made to address the need for more practical assistance for the grandmothers, including help with school fees and other costs, the relaxation of strict government regulations preventing the obtaining of certificates, and the provision of more community support. Grandchildren need not only practical and financial support, but also counselling to deal with the trauma they have been undergoing; they need sympathetic treatment by society. None of these will be easy to achieve in the poverty-stricken and sometimes hostile climate of Zimbabwe. Certainly many grandmothers are doing their best to cater for the needs of the orphaned grandchildren in the country.
1. Introduction: Zimbabwe’s orphan care crisis:

The national response
Before the advent of AIDS, orphans were usually absorbed within the extended family network. The extended family as the traditional social security system in many African countries has been weakened because parents, aunts and uncles are dying of the disease. Beyond the effect of HIV/AIDS, the extended family is under severe strain as a result of migration, demographic changes and a trend towards the nuclear family. The burden of care for orphans falls disproportionately on women, who constitute the majority of caregivers. This is because women are viewed as the primary caretakers of families under traditional social structures and generally do most of the agricultural and domestic work necessary to sustain a household.

The HIV/AIDS pandemic has resulted in an unprecedented increase in the number of children orphaned as a result of the disease. By 1990 there were about 150,000 orphans in Zimbabwe. The figure shot up to 570,000 in 1997 and is projected to reach well over a million by 2005. By 2010, in the southern Africa region as a whole, 28% of all children will have lost one or both parents, while in Zimbabwe 34% of all children will be orphaned. Faced with this crisis, the Zimbabwe Government has developed a National Orphan Care Policy to underpin the mobilisation of resources and ensure that orphans get minimal basic services. The orphan care policy combines institutionalisation, fostering, and community-based care.

The AIDS pandemic is more prevalent among child-bearing and productive young adults, resulting in high mortality among spouses. When both parents die most surviving children, in the majority of cases, are then taken care of by their grandparents and, more particularly, their grandmothers. Furthermore most of the grandmother households are caring for relatively large numbers of orphans compared to the size of other households.
This is because grandmothers may inherit children from several households, from several of their children. There are also instances where grandmothers inherit grandchildren from polygamous marriages.

AIDS has led to the evolution of grandmother orphan households, where grandmothers informally inherit their grandchildren and care for their own children, who are the sick and dying parents of these incipient orphans.

This process is one during which impoverishment takes place, affecting the capacity of the family to survive as a new orphan household.

This study investigates how grandmothers organise their new households in order to produce and provide for the family, and how they adopt a variety of strategies to ensure survival for their grandchildren.

Children who are orphaned by AIDS, and may also be infected by the disease, experience multiple and acute difficulties. These are likely to include severe financial hardship; malnutrition; neglect; ill-treatment: abuse, including sexual abuse; child labour; dropping out of school; lack of food, clothing and blankets; and inability to obtain birth certificates. Many will also experience stigma and discrimination.

8
“Orphans from poor families have inadequate meals and subsist on an unbalanced diet. Some of the children faint in school. Sometimes we give such children food when they faint of hunger. When they are in higher grades, they say they have eaten even when they have not eaten. If however you gave them some food, they would finish everything.

The children go to school on empty stomachs, as schools do not provide any meals at all. Some of the children get so hungry that they find it difficult to concentrate on learning. For instance, one of the teachers of Grandma Mpofu's grandchild, Edwin, reported that each time you call on him, he looks absent-minded. The teacher believes the child's mind will be on his personal problems, that he is in school only physically. What makes it worse is that schools have no social services to help the children to cope with their traumatic experiences of losing parents …”
2. Study Methodology

The Setting
I conducted the research in the rural areas of Zvishavane District, in the Midlands province in Zimbabwe. Zvishavane is a small mining town whose main economic activity is asbestos mining. The district was selected because it had a small NGO working in the area of orphan care, using field officers who oversaw the orphan care programme with teams of women volunteers called vatetes (aunts). Aunts in traditional African Shona culture play an important role in the upbringing of children in the family. The women volunteers visited a given number of orphan households and provided on-the-spot assistance to the households such as fetching water and firewood, checking on the orphans’ well-being, and responding to immediate crisis situations in the home.

The NGO also paid school fees for children in both primary and secondary schools. Working through this NGO made it easier for me to identify grandmother orphan households, and eight were selected and profiled for this study. Households under study were randomly selected through structures of the NGO and family networks in the community.

Six of the households were selected in the area that the field officers for the NGO were visiting for their routine review meetings with the vatetes. The vatetes in the respective areas assisted in identifying the grandmother orphan households. The other two households were identified by my close relatives in the community, who knew the nature of the work I was doing. All the grandmothers approached accepted me and agreed to participate in the study. Zvishavane is also my matrimonial rural home, and this provided easier logistical arrangements for me to conduct the research in a timely manner.
This study analyses how the grandmothers' everyday experience of caring for orphans was shaped by their individual social location and their broad social relations. It was based on a feminist methodological approach that allows for women's voices to be heard and valued. The approach made visible the invisibility of grandmothers' care of orphans, which would otherwise be pushed to the shadow zones by the use of umbrella terms such as “community-based”, “extended family” and “institutional care” of orphans. The research was conducted over a period of four months from May to August 2001, which are the winter months in Zimbabwe.

Data collection errands were punctuated with intermittent retreats from the field during which time field notes, interviews and preliminary data analysis were done.
Research design
Multiple feminist qualitative methods were used to study a single phenomenon. This technique is also called methodological triangulation. The use of multiple methods, or triangulation, reflects an attempt to secure an in-depth understanding of the phenomenon in question. The research was designed in three distinct phases that sometimes overlapped. The three main methods of data collection were participant observation, life history interviews and in-depth interviews, with a focus on orphan care.

Participant observation
Participant observation was the major research activity during the first phase. I spent two continuous days in each orphan household, where I got to know the grandmothers better. Participant observation allowed me to become immersed in the day-to-day routines of the grandmothers and their grandchildren. This allowed me to:

• Interact with orphans and grandmothers
• Get involved in some of the domestic household chores
• Observe and participate in preparation of meals
• Share meals with the household members
• Sleep in the same rooms with orphans and grandmothers, and in most cases, share the same blankets with orphans
• Observe children getting ready to go to school the following morning, and
• Participate in the activities of the grandmothers, such as crafts, knitting, or outdoor activities such as gardening.
In some households during participant observation, with the consent of both the grandmothers and older children, I also had the opportunity to interview orphans during the evenings. Participant observation provided me with the first experience of the grandmothers' day-to-day lives with the orphans.

**Life history interviews**

At the end of the two days, an in-depth life history interview with the grandmothers was conducted which covered their memories about their childhood, growing up as a girl, and their marriage years up to the point of being grandmothers. This phase benefited from the two days of participant observation in the grandmother households, which generated more detailed information on their individual backgrounds.

Life history interviews with the grandmothers played a very significant role in the study and provided the context from which to understand the current experiences of grandmother care of orphans.

**In-depth interviews**

The third phase involved conducting in-depth interviews with *other key informants* who in most cases were closely connected to the grandmothers. Such people included, among others, grandmothers' neighbours, close relatives and schoolteachers who interacted directly with the grandchildren. During this phase the opportunity also arose to interact with the staff and director of the orphan NGO operating in the district.
Other key informants
Although the eight grandmothers were the main focus of the study, I also interacted with and interviewed other people who were connected to the grandmother orphan households. These included:
• 50 orphans in the eight grandmother households
• 8 other orphans from some of these households
• 2 other orphans randomly selected from a neighbourhood school
• 11 women who were either relatives or neighbours of the grandmothers, or village women volunteers working with orphans through a local NGO
• 13 relatives or neighbours or community members with close connections with the grandmothers
• 32 neighbours and relatives
• 5 staff members at the local NGO working in the area of orphan care
• 7 teachers from the local schools, some of whom taught orphans who were the subject of the study.

The selected methods of data collection (participant observation, life history and in-depth interviews) created a rich environment of trust for the grandmothers to share their experiences of caring for the orphans. The community's awareness of the problem of orphans was heightened by the small NGO and other development players in this area; this encouraged the information-sharing process and enabled a greater understanding of the conditions being studied.
3. Grandmothers and Their Care of Orphans

Shift in traditional care practices
There appears to be a shift in traditional care practices. Traditionally, paternal relatives cared for orphans, underscoring the patrilineal system of Shona society, However in an earlier study conducted in Manicaland province, involving more than 300 households, as many as 83% of the orphans were being cared for by their maternal relatives. Where grandmothers were taking care of orphans, they were more likely to be maternal grandmothers.

During a workshop on orphan care in Masvingo Province, one traditional chief blamed the current plight of orphans on women who refused to remarry into their husbands' families. In cases where the wife died first, the traditional system ensured that the husbands-in-law would be obliged to make available a mature girl from their family to assist the man in looking after his children, a practice called chimutsa mapfiwa. The paternal relatives now tend to distance themselves from the responsibilities of caring for orphans whose mothers may have refused to tow the traditional line of inheritance.

There are basically three systems of care for orphans: the extended family network, community-based care, and institutional care.

- **Extended family networks**
The extended family network consists of people who are connected by kin or blood relationships to the orphans. Members of the extended family include, among others, uncles, aunts, nephews, nieces, brothers- and sisters-in-law, mothers- and fathers-in-law, grandparents and other kin. The extended family is an intricate social network that confers rights and obligations on all participants bound by kinship. It is like a social insurance scheme in which participating members have shared rights and obligations.
Prior to the AIDS pandemic, orphans were traditionally incorporated into the extended family. In the traditional African extended family, the definition of mother and father is very broad as it includes both the mother's sisters, and father's brothers. At the death of a parent, the traditional system provides an elaborate system for arranging for the provision of the surviving spouse and children. This was usually intertwined with the rights and obligations of inheritance itself. Indeed the whole concept of an orphan did not exist in traditional Zimbabwean society, as almost all children were well provided for and absorbed by members of the extended family system. However the traditional extended family has over the years been weakened by the high mortality rates, and this has led to the situation where grandmothers are caring for orphans, in many cases entirely unsupported.

Grandma Mai News

Grandma Mai News was a very tall, lean, blind, apparently under-nourished widow in her late 70s. She lived with and cared for 10 orphans aged from three to 13. Six of them were grandchildren from her late and only son, News. Four were toddlers abandoned at her home by her relatives in unknown urban locations in Zimbabwe. The mother of the six grandchildren cared for by grandma was still alive but had deserted them for a new life. Memory, one of grandma's granddaughters, about 12 years old, was in her last year of primary education, and currently managed the domestic work in this household. Grandma Mai News had cared for the orphans for the last seven years since the death of her son. Unfortunately she became blind two years ago. The situation in this household could be described as disastrous. Lacking an adult labour force, the household was extremely poor with no food reserves of any kind.
It survives on the good will of Grandma Mai News' neighbour, Mai Danai. Her other three daughters, who are married, can also be described as very poor.

Grandma Mai News lost her only son, who was the sole breadwinner, under very sad circumstances. News, who had been working in Harare about 500 kilometres away, and was the main source of livelihood for his family, had died before his mother could even be informed of his illness because of communication difficulties and the suddenness of the death. Grandma only learnt about the painful death of her son when the vehicle bringing his body for burial drove up to their homestead. She has now grown to fear cars that come to the village. Her son's burial was arranged by his employers.

Grandma Mai News and part of her family
Points to note

- Grandma Mai News now feared cars, which had become a symbol of bad news, associated with people dying in urban areas and being ferried to the rural areas for burial, with their orphaned children requiring care.
- Grandmothers now have to take a large proportion of children in need of care. A survey in commercial farming areas conducted in 1999 showed that the extended family continues to absorb the children of deceased parents, illustrating the fact that this network still forms the frontline of one of the most effective responses to the orphan crisis.
• **Community-based care**

Community-based care in Zimbabwe is organised on the basis of a village and its relationship to the administrative structures of the district and the province. The traditional unit of administration is a kraal or village, headed by a kraalhead (*sabhuku*). A village/kraal can have between 20 to 30 households, usually of closely related families. A number of villages make up a chieftainship area headed by a chief (*ishe/mambo*). The homesteads in the village are in most cases a stone's throw from each other. The key players at community and village level are the kraal heads, the village community workers, ward community workers, councillors, NGOs, churches, and community-based organisations (burial societies, women's clubs, youth groups, and others) and volunteers.

By the mid-1990s, there were already some NGOs and church groups which had started working towards helping families. The results of an evaluation of the rural pilot community-based programme implemented in Masvingo and Mwenezi were very encouraging and demonstrated that the community had become more responsive to the needs of their orphans as a result of this initiative, enabling its replication in other districts.

In addition, communities were able to mobilise local resources from within the community and from other sources to assist in the care of orphans. The traditional leadership was instrumental in the success of such initiatives.
Under the community-based orphan care system, community household members offer varieties of assistance to orphan households. These include, among others, maintenance of home or shelter for either elderly or child caregivers who may not have the capacity to repair their shelter when needed. Other services include provision of occasional small amounts of money to meet basic needs, such as grinding mill fees, buying salt, vaseline (ointment for dry skin) and other basic household needs.

Villagers also pool their resources to grow and harvest crops in community fields set aside for the care of orphans. This has become a common practice in most rural communities and is a revival of an old tradition among the Shona where the chiefs allocated land for the use of the community to grow crops, the harvest of which was used to feed the indigent members of the community.

Such a piece of land was called zunde ramambo, which means the chief's fields.

The communities have, however, gone beyond this and have embarked on income-generating projects (poultry, gardens, goats) to support the care of orphans. However, most such projects are currently without much outside funding (although sometimes communities get assistance from NGOs or church groups); they operate within environments of severe poverty and are only able to support a limited number of the orphans.
Grandma Nondo

Grandma Nondo was a widow aged 80 years. She had about four years of primary education, while her older brother was able to graduate from primary school as well as complete college education as a carpenter (sons being favoured as far as educational opportunities are concerned). She was a tall healthy-looking woman, somewhat overweight. She had nine sons, eight sons from her first and one from her second marriage. Grandma Nondo had already lost four sons to AIDS, two of whom had also lost their wives. Grandma cared for the children left behind by these two sets of parents. The other two dead sons had surviving wives who were looking after their children. She now had nine grandchildren, eight from two sets of her late sons' children. Six were from one set of parents, two were from the other set and one was a great-grandson from her teenage granddaughter, Kudzai.

Grandma also had five living sons with families. These remaining five sons had good formal-sector jobs and could be described as well-off. Grandma had a rich network of social support and was also a very capable manager of her home.
Points to note

- Grandmother Nondo said that during earlier periods, people did not understand why so many of their relatives and friends had died, but now they realised it was due to AIDS. In most of the AIDS-related deaths, the two spouses, who are the main breadwinners, died invariably one after the other. In cases where one survives, he or she would already be in poor health, and was likely to have opportunistic infections.

- As I moved from one grandmother orphan household to the other, I found that one of the most striking factors was the number of mortalities that had occurred around the individual grandmothers who had lost sons, daughters, sons and daughters-in-law, in addition to the loss of their own husbands.

- Notwithstanding the number of deaths in Grandma Nondo's family, she appeared to have drawn satisfaction from the fact that she cared for all her late husband and sons. This confirmed the cultural tradition that emphasises the role of women in providing care for the family.

As Grandma Nondo narrated the circumstances around the death of her fourth son, she was convinced that both parents had died of AIDS. The fact that the sons died after the wives or vice versa was seen as an indicator of the cause of the death. The characteristic of severe diarrhoea was yet another sign that the death was HIV-related.
• **Institutional care**

Institutional care occurs when orphans are cared for in orphanages, and these may offer high quality care in terms of material needs such as food, clothing and other services. However given the high proportion of orphans in Zimbabwe, institutional care is not viewed as the best form of care by most authorities. Children's institutions already operate at full capacity. The sheer magnitude of the situation negates any possibility that this type of intervention could play a significant role in the resolution of the orphan crisis. In Zimbabwe, fewer than 4000 orphans out of an estimated 800 000 are accommodated in the country's 45 registered institutions, and the cost of maintaining a child in one of these institutions is many times that of other forms of care.

While the trend to small family-based orphanages reduces some of the adverse psychological and social effects associated with institutionalisation, children's homes were found to undermine traditional models of care and are prone to alienating children from their families and culture. This has particular relevance in Africa, where children's spiritual connection to their family and clan is central to their social development and place in society.

**Traditional beliefs**

The people of Zvishavane are largely of Shona origin. Despite the pervasive influence of Christianity the Shona people's attitude towards life is greatly influenced by their deep belief in ancestral spirits, a belief that also colours their attitudes towards disease and death. For instance, the Shona believe that diseases are either normal or abnormal. Diseases that come and go like coughs, colds, headaches and stomach-aches are generally regarded as normal. If a disease is difficult to treat and threatens to cause death, then it must be the result of bad spirits or punishment for wrongdoings in the past.
The Shona also believe that when people die, though they are departed from the earth, they continue to take an active interest, as ancestral spirits, in the welfare of their descendants. Ancestral spirits are respected and feared, as they are associated with the power to protect or punish their descendants. Hence the Shona regularly use both modern and traditional medicines when one of their family members falls ill. This usually leads to excessive loss of resources, an aspect to be discussed later.

**Grandma Malawu**

Grandma Malawu was a widow about 70 years old. At the time of the study, she had lost two daughters to AIDS and a third during the course of this research. She cared for two sets of her grandchildren from her late daughters and sons-in-law. The third set of children from her late daughter was cared for in their paternal home. Altogether grandma cared for eight grandchildren. Among the grandchildren was a great grandson about one year old, from her teenage granddaughter. Grandma Malawu had no formal education herself. She was married at the very early age of four years through a traditional marriage custom called *kuzvarira*. At the time of the study all except one of Grandma Malawu’s grandchildren were out of school as she could afford only primary level education. Grandma Malawu also had two sons with formal-sector employment, who unfortunately gave her no support. Although Grandma Malawu could afford to produce enough food for her household, she lacked the resources to educate her grandchildren to a point that could change their future prospects in life.
Grandmother Malawu reported that one of her daughters had a never-ending headache and developed sores in her throat which were frighteningly deep. She was, however, very strong and would sharpen a dry stick which she would use to push down her throat and peel away the layers and layers of dead cells and mucus. She described it as horrifying. At times she would buy some medicines to gargle and spit out but these did not help at all.

**Points to note**

- Coming to the rural setting shifted the burden of care to the parents of the sick, and particularly to women who provided most of the caring. In these cases the grandmothers found themselves with the challenge of caring for their dying children.
- Discussion with the grandmothers about HIV-related diseases also revealed how they had acquired elementary knowledge of the symptoms of the range of AIDS-related opportunistic infections.
- Perhaps because of their long experience of suffering, the grandmothers openly shared their insights into the infections associated with AIDS.

**Shifting the burden of care to grandmothers**

As I interacted with the grandmothers, I became concerned about who was bearing the brunt of caring for the sick. What alarmed me was how those who were falling ill in urban areas were finding their way back to the rural area to ensure the care and security of their children.

There was a range of reasons why the sick ended up in rural settings. First, once people were frequently ill, they lost their jobs, their source of income for sustaining themselves in an urban setting.
The hospitals were increasingly unable to cope with AIDS-related illnesses, and they tended to discharge the sick patients prematurely, so that they could be cared for by their relatives. Those in the rural setting were, however, usually ill-prepared to take care of the AIDS-related sick relatives.

All Grandma Nondo's four sons who had been working in various urban locations in Zimbabwe came home once they were seriously ill. They died at her home. However she was proud to have taken care of her dying children and she had this to say:

“I thank God because I managed to take care of everybody. I have cared for a lot of people who have died in this home, eight people in total.”

Similarly, Grandma Malawu's two daughters, who were working in the urban informal sector in Zvishavane town, came back home when they became too ill to work, and died in their mother's arms.

Grandma Mangena

Grandma Mangena was a widow aged about 75 years who had not had any formal education herself. She had lost eight members of her family, her own husband, her son, her three daughters and their husbands and now cared for their six children. The grandchildren inherited nothing from their parents, who themselves were very poor during their lifetime. The grandchildren were even denied access to their parents' property because of the cultural practice of inheritance, where male relatives of the family take everything.

Grandma Mangena exhausted all her family livestock cattle, goats and chickens - during the time she cared for her sick husband and late son. She depended on well-wishers for the survival of her household. Grandma Mangena was of small build and very slim, so lifting sick people must have been a further difficulty. Her situation must have been very stressful as she had to care for four adults, all of whom died in a very short space of time. She had almost no resources to care for the sick adults.
Points to note

- The stories from the different grandmother orphan households demonstrate that the care of the sick adults contributed to the gradual impoverishment of these households.

- In Zimbabwean culture it is considered inappropriate to leave a seriously ill person unattended while continuing with the day-to-day productive activities. The illness and death of parents robbed the family of the key sources of labour, including that of the caregiver.

- The absence of an adult labour force for productive activities created a gradual depletion of the capacity to produce food resources.
Caring for daughters

When wives get very sick, they usually come back to their own maternal homes to be cared for by their mothers. This is part of Shona culture that usually sees the wife as a mutorwa (one who is not a full member of the clan) an outsider to the family into which she marries. When such people get sick, the husband's family prefers to send them back to their original homes. At this time they would take their children with them if the roora (bridewealth) was not fully paid for. Despite Grandma Nondo's experience of caring for many of her family members, when her daughter-in-law became too sick, she was sent back to her rural home to be cared for by her own family members. When two of Grandma Mangena's married daughters became too sick, they too were returned to their paternal home to be cared for by their mother.

They brought their children along with them. In the study, most of the grandmothers entered the scene by simultaneously caring for the sick parents as well as assuming responsibility for their grandchildren.

Impoverishment of grandmother orphan households

A study conducted for the Zimbabwe Farmers Union showed that agricultural output (number of crops, and cattle owned) declines tremendously when someone in a household dies from AIDS\textsuperscript{15}. This is more pronounced than in cases of death from other causes. This is largely because of the level of care associated with AIDS illness. The study also showed that AIDS cuts the production of maize in small-scale farming and communal areas by 61% compared to a reduction by 45% if the death is not AIDS-related.
There has to be someone to care for the sick person at all times, and in the case of Grandma Mangena, two seasons passed when she could not get to the fields. She said:

“When my husband died, that is when trouble started. My husband was sick for a long time. We had no time to go to the fields. Immediately after his death, my older son fell sick too. I buried him here again and that did not give me time to engage in productive agricultural activities. For two years in a row, I could not leave the home to work in the fields. I just could not go to the field at all. My husband sold all the cattle to buy food. Some we slaughtered for relish. We had lots of goats but if you look out there, the pen is empty.”

Grandma Mpofu
Grandma Mpofu was a lean woman about 80 years old. Grandma cared for three of her seven grandchildren left behind by her late daughter and her late son-in-law. The other four children were cared for in their paternal home in Gokwe, some 500 kilometres from Zvishavane. Two of the three grandsons she was caring for were in school and were doing very well there.

Grandma is the only one in the study who received the government’s social welfare public assistance every month, which converts to about Z$800 per month (the official exchange rate at the time of this study was Z$55 to US$1. The parallel rate was Z$650 to US$1). She used Z$200 of this figure for her transport to and from Zvishavane town where she received the money. Grandma herself had two years of schooling and could read and write. She had poor social support networks and could be described as a very (financially) poor grandmother. She received most of her support for orphan care from the NGO which operates in this district.
Grandma Mpofu helps the toddler grandson with his buttons after bathing him.

Points to note

- Once a person falls ill, they lose their job. The loss of wage earning by the sick and dying adults is worsened by the increasing costs of medical care, both orthodox and traditional. Increasing costs of medical services are another source of impoverishment, as members of the family may spend large sums of money going from one traditional healer to another in search of a remedy.

- Persons infected by HIV may spend twice as much for treatment prior to hospital admissions as non-HIV-infected patients. HIV infection puts a heavy financial burden on the immediate and extended family, especially when illness curtails mobility and employment, both sources of the person's livelihood.

- Given the often prolonged period of care, family expenditure on medicine as well as special dietary foods trigger a decline in the general welfare.
Cost of funerals and rituals
The cultural practice where a deceased adult's property is shared among relatives has a direct negative impact on the care of the remaining orphans. Often the children find themselves with no resource base to sustain their livelihoods. Grandmothers in this study inherited nothing but the orphans.

The cost of funerals is very high compared to the generally low incomes of most families. The family usually had to provide a coffin, and, in cases where the person died in hospital, transport to the rural home. When Grandma Malawu's daughter died in hospital, she had no money to hire transport. She struggled for a week to organise the transport of the body, eventually offering somebody a beast (cow) as payment to ferry the body home. In Shona culture, a dead body is sacred and transporting it is considered extremely important. The delay increased the cost of the funeral as relatives coming to convey their condolences had to be fed.

Another factor that adds to the impoverishment of these households is the rituals required by tradition. In order to pacify the spirit of the dead person, the slaughter of an animal and the brewing of traditional beer are required rituals. Such traditions are oblivious to the plight of children if they do not qualify for inheritance. There is a hierarchy of those who should benefit from such inheritance. During a ceremony usually performed a year after the death the property is distributed among the qualifying relatives. This may leave the family without any property.

In the case of Grandma Mangena, her daughters' household goods were all distributed to the relatives. The family of one of Grandma Nondo's daughters-in-law came and took all her household goods after her burial. Grandma Nondo noted that the second day after burial, her daughter-in-law's relatives packed everything that belonged to their daughter, her pots and plates, clothes, sofas, beds, axes, and other property. The family also took the children with them.
Almost all grandmothers told stories of the dying parents' property being distributed among adult relatives. Grandma Nondo's grandchildren only came back to her later when the maternal grandmother of her daughter-in-law had died. Other adults, an aunt and uncle had also died.

Grandma Hove

Grandma Hove was a widow aged 78 years. After the death of her husband, grandma settled at her paternal home, caring for eight of the nine grandchildren left behind by her late daughter and son-in-law. The two had died in the space of two weeks after a “short” illness. The news about the death came well after both were buried in a district about 400 kilometres away. In Shona tradition, the husband would have been made to pay a penalty for the death of his wife. As the son-in-law was dead, even if such a penalty were to be raised, nobody would pay. Grandmother Hove, a widow now living at her paternal home, travelled the 400 kilometres, initially to convey her condolences to the family. She found the children living alone. In Shona culture, it was unheard of for children to be left alone, so she took them back home. Grandma Hove had to make two trips to transport the orphans from Gokwe to what was to be their new home in Zvishavane. This was no mean feat, as she had to raise bus fares for herself as well as for her grandchildren.

Grandma Hove built from scratch, a home consisting of two round grass huts to care for her grandchildren, assisted by her oldest grandson. She was using only one hut together with the rest of the eight grandchildren, while her oldest grandson used the other hut. Three of the grandchildren could not proceed to secondary education, as grandma was unable to raise school fees.

Grandma Hove had no livestock or pets like cats and dogs, another indicator of poverty.
Points to note
• HIV/AIDS is a major cause of deepening poverty. AIDS-related infections not only thrive in impoverished environments, but the disease itself has been demonstrated to accelerate poverty. Grandmother-headed households had unique characteristics, having been through a gradual process of impoverishment, the result of loss of the primary breadwinners and the high cost of caring for the sick and dying.
• Unlike urban families, which may rely mainly on cash incomes and formal support to purchase goods and services, the rural grandmother households rely heavily on the labour of their families to produce food and services.
• Like urban families, these households also require cash to purchase some of their basic needs for survival.
Despair and grief

Grandma Hove's feelings at the time can best be expressed in her own words:

“I cried not for my daughter and son-in-law, whose graves lay still in front of the homestead but for the children who were left behind. How would I take care of them adequately? Would I be able to take responsibility for their welfare?”

Grandma Hove had this to say about how illness strikes at its victim:

“It is unfortunate. If this death would kill people when they are still their normal bodies it would be OK, but in this case by the time they die, all flesh will have been eaten up. God knows where the flesh goes. Most of them die when they are as thin as this stick (picking the stick from the fireplace). Sometimes some people die when their complexion is very dark, as my clay pot on the shelf. The coffins which they buy for burying the dead just carry nothing but bones. I have a friend who had six children, sons and daughters who died from this disease. They all had unending diarrhoea. They had to buy napkins for them like babies. It's just a sad situation.”

Further crucial factors in understanding grandmother experiences of sustaining orphan households concern food security issues, availability of material and labour resources and responsibilities concerning accommodation and education.
4. Food Security Issues

In the absence of self-sufficiency there are various strategies the households employed to secure food or make ends meet.

Feeding people with AIDS
As noted before, most people who fall seriously ill in urban settings or in hospitals end up in rural settings under what is termed home-based care of people with AIDS. One of the biggest problems, besides the sanitation requirements, is their dietary need. When they are discharged from hospital, a special diet is usually recommended (usually a list of preferred food items whose nutritional value hospital staff consider will assist the patient to recover). Such food items include green vegetables, fresh fruits, carrots, meat dishes, orange juice and others. Most of these food items are out of reach of the grandmother caregivers and are usually not available in rural settings.

The grandmothers pointed out that most of the sick patients preferred to continue with their urban-based diets that were not available and affordable in a rural setting. They preferred eating sadza with meat, having eggs for breakfast and fresh vegetables. As a result, most families had to sell the few livestock they had in order to meet these demands. The grandmothers had to go out of their way because there is a belief that when people are seriously ill, particularly at the point of death, all efforts should be made to satisfy their wishes so that when they die, they die in peace. There are cultural fears that if they die disgruntled, their spirits may try to wreak revenge after death.

In the case of Grandma Mangena, her sick husband did not want to eat sadza with dried vegetables, but wanted meat. As a result, the whole chicken run and the goat pen were depleted to nothing, as her husband was ill for a long time.
Another problem was that when a member of the family was ill, many relatives came to visit and they also had to be fed thus imposing increased demand on the already meagre food resources available. Such visitors usually stay for some time in the hope that the sick will get better, and sometimes for the convenience of visiting traditional healers.

In one observed case, the care of the sick resulted in a social conflict in the home. When Grandma Malawu cared for her late daughter, the daughter-in-law was displeased to see the patient eat most of the available food. Grandma Malawu said:

“When my daughter was getting worse and worse, she came back from town where she was a fruit and vegetable vendor. Then I used to live with my son's wife. My son used to buy and send groceries for the family. My sick daughter used to demand nice food. She preferred vegetables with lots of cooking oil, chicken, and eggs. My daughter-in-law started complaining to her husband that his sick sister was eating all the groceries in a short space of time. To resolve that problem, I decided that my daughter should move into a small pole and dagga hut we built especially for her.”

The fact that the daughter had to be moved to a separate hut confirmed Grandma Nondo's assertion that only blood relatives could take care of AIDS-related sick persons. The sick daughter later died in the dilapidated hut.
The pole and dagga hut was then deserted amongst the well-built houses and became a constant reminder to Grandmother Malawu and the surviving children of the hardships she went through. It also became a vivid symbol in the Zvishavane area of stigma and discrimination.

While home-based care is common for those dying of AIDS, it places a heavy burden of caring squarely on families and communities and leads to deepening impoverishment.

**Meal patterns**

In most grandmother households, dinner was the main meal, served when all the children were back from school. It was eaten in the kitchen around the fire. In the morning there were, however, variations from household to household. At Grandma Nondo's home, the children had tea, bread and sweet potatoes for breakfast. In some homes, the children would serve themselves left-over sadza, which was warmed up and eaten as breakfast. Occasionally most children went to school without having eaten anything. At one of the schools the male teacher noted:

"Most of the poor are without domestic animals and they cannot grow sufficient food for their families so they are always near starvation. The majority of the children come to school without breakfast. They are now used to this. Their meal plan is 0-0-1."

When asked what he meant by “0-0-1 meal plan,” he smiled and then said they had only one meal in the evening as they had no breakfast and no lunch. A female teacher at another school also reiterated the same problems:

"Orphans from poor families have inadequate meals and subsist on an unbalanced diet. Sometimes we give such children food when they faint of hunger. When they are in higher grades, they say they have eaten even when they have not eaten. If however you gave them some food, they would finish everything."
The problem of food was severe, particularly for those grandmothers with very small children. Grandma Mai News' grandchildren were reported to be going around to other homesteads looking for food. The grandmother said:

"Sometimes we do not have maize meal and just skip supper. The children just cry for food from me. They want to eat food. When they do not get the food they scream for it and the whole village can hear it. Oh it's hard. I can't even equate the problem to anything. But it's God's will. If it is his will we cannot hate him for that. If he wants to make things better he can do that and one day you will come back to see a different situation here."

Grandma Hallelua
Grandma Hallelua was a widow of around 80 years who had not had any formal education. She had four daughters, all of whom only had a couple of years of primary education. Grandma Hallelua had four grandchildren from her late daughter and late son-in-law, both of whom she claimed died of AIDS. She was now caring for three of them: Tee (a boy, aged 10), Yemurayi (a girl, aged five) and Sofia (a girl, aged three). Her fourth grandson, about 12 years old, stayed with her other daughter who lived in Zaka district some 200 kilometres away. Her second husband had died some three years back. Grandma Hallelua had a warm personality and although she was very poor, she was a caring grandmother.

Grandma Hallelua, like grandma Mai News, had lost the sole breadwinner of her four grandchildren. Grandma Hallelua narrated to me how her son-in-law died of AIDS. After his death her daughter managed to secure a job as a domestic worker in Gweru, a town about 100 kilometres away, in order to help with the care of her children. She had this to say:
“Unfortunately this so-called 'TV' (implying HIV) got her and she started falling sick. I would receive messages that she was sick in Gweru. She came home one day. A car parked by the roadside and there she was. Oh my God! She was so thin; I could not believe my eyes. She was like this” (she picks a stick from the fire to demonstrate the degree of body wasting). “I was shocked. She was only with us for two and half weeks before she died.”

The death of her daughter, following that of her son-in-law, left Grandma Halleluya with no option but to take care of the remaining orphans, who were already in her custody. The level of HIV awareness as a result of the deaths of grandma's relatives and with regard to the other grandmothers was very high, and in some cases went as far as knowing the full symptoms of AIDS-related illnesses.
Points to Note
- Grandma pointed out that in the past, deaths were very infrequent and rarely did two deaths occur in the community at one time without causing alarm. She said that it was now very common for the community to bury one person in the morning and another in the evening.
- Previously, people were not open about AIDS. Even those who had members of the families dying of the disease never admitted the fact. There was a general state of denial.
- Most families believed that people were getting sick and dying as a result of witchcraft or bad spirits. Given the general discomfort in acknowledging the existence of HIV and AIDS, it was surprising to see grandmother Hallelua talking openly about her child and son-in-law as having died of AIDS, and showed how attitudes to the illness are changing.

The kitchen and eating habits
In the study most of the grandmothers spoke of caring for the sick in the kitchens. The kitchen is usually a round hut and is the smallest in terms of space, but it appears to be used for a variety of purposes. While its main function is a place for preparing meals, it is also a place for receiving visitors, entertaining, sometimes even acting as a bedroom, particularly in winter when most families do not have sufficient blankets. In the event of a person being seriously ill, it almost becomes a nursing home for the sick person.

The sick person usually sleeps on the kitchen floor with those who are attending to him or her. Therefore functionally the kitchen, besides being a multi-purpose space, is also the most publicly accessible place, particularly for those coming to see the ill person. The nursing of people in the kitchen brought in a health dimension that the grandmothers may not have been aware of.
In most grandmother-orphan households, food was served in two common plates, unlike in better-off families, where children are served with individual plates. Children sat around the two plates to eat and one would contain sadza and the other, relish.

Food was served on only two plates for a variety of reasons. First, there were not enough plates for every child. At Grandma Mangena's there were not more than five plates and most of them had holes, making it difficult to hold relish.

The other reason was the psychological effect of putting what would be insufficient food in one plate, particularly relish. It gave the impression that there was enough food if it was served in common plates. There was the disadvantage, however, that the youngest and oldest in the family might not be able to eat as fast as the younger adult and youth.

**Food availability and nutrition**

Sadza, a thick maize corn meal porridge, is the main staple food. When there is mention of drought or starvation, maize meal is the main concern for all households because it forms the basis for providing a traditional meal. Sadza is eaten with a relish and the most common relish is vegetables and a meat dish. Dried vegetables were the most common vegetables eaten in these households.

The dried vegetables lose a lot of weight and may also, in the drying process, lose vitamin A and C. However in traditional Shona society dried vegetables are cooked in peanut butter, which adds nutritional value. Asked to share her experiences of the past, Grandma Chikuni recalled:

"Life was good. We used to eat sadza with vegetables prepared in peanut butter. It would be stirred into our relish. We would eat mufushwa (dried vegetables) in a generous serving of peanut butter."
None of the grandmother households visited had peanut butter in their dried vegetables as none had been able to harvest the groundnuts used to make peanut butter. Peanut butter was available in stores, but this required money, which was out of reach for the majority of households. The growing scarcity of peanut butter compared to previous years was due to the season's erratic rainfall. This particular season had a mid-summer dry spell, which saw all crops wilting.

Meat dishes were a rare occasion in grandmother orphan households. Most families in rural areas who eat meat would have bought it from a butcher shop. It is a rare occasion for people to kill cattle, goats, or sheep for consumption, as these animals are usually only killed for special occasions, to mark or celebrate a ritual. The normal practice is to sell them in order to raise income to buy food in times of hardships. In the “good old” days, meat was made available through successful hunting expeditions.

Most grandmothers bemoaned the loss of meat dishes. Though they did not have cooking oil or spices, they were experts in cooking special meat dishes, like the intestines and head and feet of animals, which were usually reserved for men. The Shona even had traditional soft drinks (*maheu*), which one now rarely comes across.

After beans (formerly a cheap source of protein, but in recent years too expensive for many households) groundnuts are usually the main source of protein in rural areas. Their absence in the households entails an even lower protein intake. In response to this problem some donor agencies are providing dried soya mince chunks, an imitation meat made from soya beans, which are high in protein and are locally produced. Most grandmothers found soya chunks delicious, particularly when cooked in oil. However they need a lot of time to cook well.
From a nutritional point of view, this new relish appeared to be very palatable. The only limitation was that it was distributed as relief food by development agencies and the sustainability of such a strategy for food security remained questionable. Soya chunks were also available in supermarkets and some rural stores, but cost more than most grandmothers could afford.

At Grandma Hallelua's home mupane worms (macimbi), were available. This is a unique relish in Zimbabwe. The caterpillars grow on a special tree called mupane, which is found in drier areas. Grandma had walked a long distance with other women from the village to the hills far away to collect the mupane worms. She had squeezed out the dirt in the fresh moving caterpillars, boiled them and then dried them for future use. Unlike the dried vegetables she had prepared in abundance, she only had a small portion of the dried caterpillars as they were difficult to harvest and, like vegetables, are seasonal. In richer homes, such dried caterpillars are cooked as a delicacy; they are dressed in cooking oil, onions, tomatoes and pepper. Traditionally they are cooked in peanut butter.

Besides macimbi, the Shona people have a range of relish from the wild. They include some types of ants (majuru), termites (iswa), and beetles (makurwe and mandere), besides wild birds and animals. Such foods are rich in protein but are difficult to harvest and are now consumed infrequently due to the deterioration of natural vegetation and the general tendency to eat more modern relishes.
During the dry season, fresh green vegetables are also grown in areas where there is adequate water to irrigate the gardens. Development agencies in the area work with women's groups in cooperative garden projects. During my first evening at Grandma Mai News' home, we ate fresh green vegetables. Grandma shared stories about her granddaughter Memory, only 12, who now acted like the mother of the household, preparing all the family meals when she returned from school:

“Memory is the one who plans what to cook and eat after school. When our neighbour Mai Danai gives us a bundle of fresh vegetables, she uses the vegetables sparingly, sometimes cooking only three leaves of green cabbage so that the bundle lasts us almost five days. One time Memory picked tender tomato leaves at the edge of the yard for relish. Oh my dear it was sour.”

Unfortunately tomato leaves can be poisonous and are not meant for consumption.

One recent study has shown that the majority of people in rural areas suffer from malnutrition as a result of the low average protein intake of 5.8% versus the international recommended standard of between 10 and 20%\textsuperscript{17}. In particular, elderly people living in both rural and urban locations have a low protein intake.
5. Material and Labour Resources

It takes considerable material and labour resources to sustain a typical rural household. Subsistence agriculture is very labour-intensive and entails a wide range of activities to ensure that crops are produced. These include, among others, clearing the fields, planting, weeding and harvesting crops, tending the animals and working in vegetable gardens. When the crops are ready for harvest, they also have to be transported to the homesteads. Shelling and threshing grain is an after-harvest activity also demanding human labour.

Agricultural activities take place along with the day-to-day activities needed to maintain a family. Such activities include taking care of the younger children in the families and numerous domestic chores to ensure that a meal is provided. Further essential chores are fetching firewood and water, securing relish, making fire, cleaning the homes, doing household laundry, repairing homes, and engaging in income-generating activities. Much of the work is very time-consuming and repetitive. In the case of rural areas, where water and firewood are generally scarce, such activities consume a lot of the women's time, as they have to walk long distances to fetch water and collect firewood.

In a typical rural household the parents and members of the extended family provide the adult labour, while children and grandchildren assist in times when they are not in school. Some homes with financial resources also hire labour to help with both productive and agricultural tasks. However all the eight grandmother households had a marked absence of adult labour.

The majority of households that had severe food shortages tended to have more children and toddlers than the others, which had relatively more adolescents.
Grandma Chikuni

Grandma Chikuni is a widow about 82 years old. She cared for her two great-granddaughters who were abandoned by her granddaughter. Grandma Chikuni had cared for these great-granddaughters since they were toddlers, after their mother disappeared. The oldest great-grandchild, who was now nine years old, attended primary school, while the youngest, about four years old, was still too young for school. The father of these children, who once worked as a cattle herder for Grandma Chikuni's family, had now died. Grandma Chikuni had also lost her own son who used to work for Ziscosteel in Kwekwe and was her major source of support.

Grandma Chikuni had three cattle that she acquired as roora (bridewealth) when her daughter got married, and had also inherited modern furniture from her late son. Grandma supplemented her income by making mats for sale in urban areas.

*Grandma Chikuni doing laundry for her grandchildren. All her grandchildren wet the bed so keeping up with the laundry in winter is a big challenge*
Because of her age and demands for the care of her great-granddaughters, she herself could not go to the urban areas to sell her crafts but could still send close relatives to do this. During the dry season, Grandma Chikuni also maintained a vegetable garden given to her by her niece who lived close by.

**Sources of cash income**

A close look at the sources of cash income for most of the grandmothers shows that such sources (like selling fruit and cut grass) were mainly seasonal and therefore not reliable. Cutting grass was a very tedious exercise where the grandmothers had to go into the forests or fields to look for the grass. Only Grandmother Mpofu, who received Z$800 each month from the Department of Social Welfare, had a regular and stable source of income. However, to get this sum she had to spend Z$200 on transport to Zvishavane, and a whole day to get there, queue for the cheque and wait for transport home. Piecework jobs, on the other hand, are also labour-intensive and tedious. This kind of income is obtained only after investing a lot of time and effort. Grandma Nondo received cash remittances from her working sons and relatives, which were a more regular and reliable source of income.

**Points to Note**

- Overall, the sources of income for these households were hard to come by and seasonal, leaving cash gaps at other times of the year.
- Such incomes were generally very small and likely to be inadequate to meet the many items and services that require money in these households.
Reliance on grandchildren for agricultural labour

As discussed earlier, most grandmother households had no cattle. Ploughing appeared to be the most difficult part of food production for those without cattle. Grandma Hallelua had eight acres of land, and she narrated how she woke up her grandchildren to work in the fields before they went to school every morning.

Similarly Grandma Nondo worked with her grandchildren in the fields but could rely on her children's cattle for ploughing. During the year of this study, she fortunately had a bumper harvest. The main difference from Grandma Hallelua is that she had access to both adult labour in the household and hired labour, and did not let the grandchildren work in the fields before going to school; they only worked in the fields on Fridays, when they returned earlier from school, and on Saturdays. During those times they put in as much effort as they could to ensure good yields.

Neither Grandma Mpofu nor Mangena had either cattle or adult labour in their households and thus relied mainly on their grandchildren for agricultural labour. The grandmothers both had very young grandchildren still in primary level education. They, like Grandma Hallelua, would work with their grandchildren in the fields closer to home before the children went to school.

The grandmothers indicated that their grandchildren understood very well that working in the fields was their source of food and therefore they did not see such work as abuse. Grandma Mangena, who had not harvested anything this particular year, put the blame more on the weather patterns than on her household's ability to provide labour power. Grandma Mpofu, on the other hand, normally got her daughter and son-in law to plough her fields, but lately they had become unreliable.
Grandma Hove had no cattle and no adult labour in her household. She blamed her lack of cattle as draught power for the food shortages in her household. She pointed out that most of the ploughing of the fields occurred when schools were in session, making it very hard to get sufficient support from the grandchildren. Some households in the rural areas fail to get any harvests at times, when others have a bumper harvest. This is because the timing for ploughing the field makes a big difference, you either plough too early or too late.

The harvests also depend on when the rains come. Good timing for planting seeds in the fields was crucial in determining what yields the household gets. Unfortunately most grandmother households lacked both human and material resources to meet the requirements of timely agricultural productivity.

Grandma Mai News, like Grandma Mangena, had one of the worst food security situations as her household had no food reserves of any kind. Grandma Mai News was blind and could hardly provide productive labour services. The household also had little available labour and had numerous younger children and toddlers, most of whom could not work productively in the fields. The oldest grandchild, who was deaf, was in boarding school, while an adolescent girl who could have provided more meaningful labour had deserted the home.

Grandma Malawu's situation was different as she was producing enough even to send some grain to her son in the city. On the day that I visited Grandma Malawu, I had to assist her in shelling some maize to take to her son's home, which she was visiting to see her daughter, who had been reported very ill. This was an unusual case where the rural folk were subsidising the urban people in a variety of ways from care to food.
Grandma Malawu's teenage grandchildren were all out of school because she could not afford secondary education fees. These out-of-school children provided the labour force to work in the fields. Grandma Malawu also had her own cattle, making it possible for her to plough the soil and plant her crops in a timely manner when rains fell.

Domestic chores are crucial in maintaining a family. These large families required meals and other services. Experiences in these households showed that domestic work was shared among most members of the households from the grandmother to the toddlers.

**Reciprocity between grandmothers and grandchildren**
Most grandchildren had to play the role of student in the day and adult after school. The grandchildren did most of the domestic chores and production activities in grandmother-headed households. Grandma Mai News's granddaughter Memory played the mother role.
After school she had to prepare meals, fetch water and firewood and all the other necessary domestic chores. These children were also expected to provide labour during the crop-growing season. During my visit to Grandma Mai News' home, Memory came back from school carrying not only books, but also a stack of firewood on her head, which she had gathered on the way back from school. Even though she complained of a headache, Memory continued with some of the domestic chores, mopping the kitchen floor, ensuring that the sadza pot was clean for dinner preparation and supervising her youngest sisters on other light chores.

*Memory cleans the floor soon after school, as she helps prepare the meal*
A closer look at what is happening in grandmother orphan households revealed a pattern of care characterised by a high level of reciprocity between grandmothers and their grandchildren. Grandmothers, besides being heads of households, actively managed and organised their grandchildren to produce goods and services for the household. There was a symbiotic relationship between the grandmother and her grandchildren.

The grandmother has the survival skills and knowledge of what the family has to do in order to sustain itself and survive, but due to age her physical capacity is very limited. She therefore has to rely on assigning her grandchildren to do some or most of the household chores. In that process, the grandmother is better able to fend for herself, besides caring for her grandchildren. This is why most grandmothers viewed themselves as being taken care of by their grandchildren.

In households with both girls and boys, domestic chores were allocated along traditional gender lines. Boys did work such as maintaining the shelter and fetching water in wheelbarrows, or with larger containers. Girls helped with cooking, washing dishes, and making a fire. In households with no girls or fewer older girls, the boys did all the domestic chores previously done by the girls. In Grandmother Mpofu's home, her young grandsons aged nine and 10 were able to cook sadza and relishes. They washed dishes, made the fire and did other domestic chores.
In Grandma Mai News' home, Memory did most of the household chores despite the fact that she had an older brother, Concern. In Grandma Nondo's home too, the older brother in the home did fewer of the domestic chores while his younger sisters made the fire, washed the dishes, cooked and did other chores viewed in Shona culture as female duties.

Government food relief

Sometimes, during drought times, the government organises food assistance for poor rural communities. The grain, mainly maize, is distributed to families by their degree of need. The elderly are usually given grain free without expecting them to pay this back. They are given small quantities, since they are expected to have only small families. Households with more children are given more grain according to the numbers of dependents in the homes. Such grain is expected to be paid back. Though helpful, government food assistance was an unreliable source of food, as food distribution was not always regular enough to keep up with the family needs for food reserves.

During the time of this research, drought was looming in the Zvishavane district and the government had already started to register needy households, particularly grandmother households, for food assistance. Grandmothers indicated that the registration was not comprehensive as only a few households in a given village could be assisted, leaving a lot of needy households without assistance. Some grandmother households had therefore to use other means of raising food.

Orphan households and piecework

A common way of raising food was for the orphan households to engage in piecework in return for maize meal. Such work included weeding, harvesting grain from the fields, and other agricultural activities, usually done during the weekends when the children were home to help with the allocated tasks. Almost all the severely food-insecure households (Mangena, Hove, Hallelua, Mpofu, and News) had engaged in one form of piecework or another. Even blind Grandmother Mai News did piecework to ensure that her grandchildren received maize meal for food. She shelled maize for a neighbour in return for buckets of maize meal.
For most poor homes piecework was mostly done to save the households from severe food shortages and was therefore more for food grain than for cash income. This, however, did not preclude piecework being done as a way to raise cash income to pay for those family items and services requiring cash payments, such as education. The households in the study which engaged in piecework were also those that had no cattle and could be described as very poor.

Other strategies to increase income
The grandmothers also tried other strategies for raising food or cash income: brewing beer for sale, selling crafts, and selling fruits for cash income or grain. Grandma Mangena told how she sold mangoes from her tree to raise money to pay school fees for her grandchildren. She said that she had problems even understanding the money values and would get help from her grandchildren or continue to send money to the school until the teachers told her the school fees bill was fully paid for.

Most grandmothers in the study were able to make crafts for sale, but given their age, they could not do this kind of income-generating activity as easily as the more able-bodied women in the village. The women made crafts such as doormats, tablemats, and other items, which they then sold in urban areas all over the country. The business entailed staying in the urban areas for long periods of time, sometimes as much as a month. One middle aged woman still engaging in this trade shared her experiences of this activity:
“Oh it's very difficult and hard work to sell the items, particularly in the suburbs, because most houses are enclosed in durawalls and gates are closed. So you will only be able to get one or two customers after walking a very long distance. If we get white customers, we get excited and impress on them that we are selling because we are hungry. Since most of us cannot speak English very well, we use signs beating our stomachs. Sometimes we use broken English to negotiate a good deal. When we sell to whites, we usually double our prices because they pay without negotiating too much as do our black customers.”

With no other means of obtaining school fees, this was the only way most people could provide fees for their children. Some had managed to see children go through secondary education, sometimes even sending them to boarding schools. On a good trip, women could make between Z$5,000 and Z$10,000, and in Zvishavane many had raised whole families this way.

Some of the grandmothers (Chikuni, Malawu, Hove, Hallelua) had participated in this trade at a time when they had the energy and time to do so. Grandma Chikuni, who had stopped going to the urban areas some two years before this study, explained how difficult this trade was, particularly for the elderly widows.

Most elderly people also charged ridiculously low prices for their wares because, unlike younger women, they could not keep pace with the inflationary increases in their costs. Most women who managed to engage in this trade had some adults (relatives or husbands) staying home to look after the children and take care of the household when they went away to sell their crafts.
Assistance from NGOs

In addition to the efforts of these individual households to support their families, orphan households in Zvishavane district also received assistance from NGOs, especially one called Bethany. This NGO supported women's groups mainly composed of the *vatetes* to start income generating projects whose proceeds were used to support the education of orphans in their areas. Through Bethany, several schools in the district had started “AIDS Action Clubs,” where teachers and students worked on different projects meant to assist orphans in their school. Some schools had started gardens, poultry projects and other activities to mobilise resources for orphan care. In addition to these local efforts, Bethany worked with an average of 9,000 orphans in the district. The NGO paid school fees for over 1600 orphans from the most needy households and also provided other forms of assistance.

One of the challenges of most NGOs in rural areas has been to strike a balance between assisting poor communities and at the same time making them more self-sufficient, so that in the event of such NGOs withdrawing, the communities could continue with the development projects. On the other hand, the poverty in these communities erodes efforts towards self-sustenance.

Non-food livelihood needs

While rural households relied heavily on what they produced for their basic food security, cash was needed for items and services such as school fees, books and pencils, school uniforms and building levies. Money was also needed to buy other household items like candles, paraffin for lighting, matches, salt, clothing, blankets and soap for laundry. There were also many agricultural inputs like seeds, fertilizers, pesticides and farm implements that needed money.
Most rural homes with able-bodied adults had embarked on other forms of raising money, such as selling livestock, goats, sheep and chickens, engaging in gardening and poultry projects, selling crafts, and doing piecework. Households with members of the family in wage employment also received remittances from the working members.

The grandmother households, with limited adult labour and few people in wage employment (as their adult children had died of AIDS) appeared to have difficulty raising cash to purchase items and services that require money.
6. Accommodation and Education

Accommodation arrangements
The accommodation arrangements in poor grandmother households were similar. Families slept in groups on the kitchen floors around the fire, sharing family blankets. Rats, ants and mosquitoes were a common menace. The better-off grandmothers had modern houses with adequate rooms where boys and girls slept in separate rooms for example, in the cases of the grandmothers Chikuni and Mai News, they had inherited the homes of the grandchildren’s late parents.

Many of the children slept naked and often wet their beds. Grandma Mangena’s 10 year old grandchild Crispren was provided with a small woollen blanket because he wet the blankets he shared with the other children. Grandma Chikuni’s grandchildren also wet their blankets, while Grandma Mai News’ grandchildren not only wet their blankets, but slept naked in shared blankets on the cold cement floor.

Even with enough blankets, Grandma Hallelua slept with her grandchildren in the kitchen. Most grandmothers preferred to sleep in the kitchen after the death of their husbands, for reasons of convenience. By sleeping in the kitchen they effectively limited their need to move up and down between the kitchen and the other hut, which was normally reserved as a storage area, usually for blankets during the day and for clothes and other valuables including food grain.
The lack of adequate blankets was very common. Most grandmother households had no cash resources to buy blankets. Whatever blankets they had inherited from the parents had worn out and thus needed to be replaced over time. Grandmothers Hallelua and Nondo, however, had an adequate supply of blankets because they were able to knit blankets from old wool. During the course of the study, some of the grandmother households also received one or two blankets from the NGOs working in the area.

Sleeping together, however, had its own advantages. It was observed that because the families slept in one room, they were able to pray together before going to bed. There were also moments when the whole family could discuss events of the day and relax, sharing the day’s experiences.

The problem of rats during the night is a feature common to poor families who have no means to control these pests. A family simply owning a cat can easily control rats. However, as previously noted, grandmother households were so poor that they could not own even a cat.

It was interesting that Grandma Hallelua alluded to a previous conversation on how to identify poor people at a development community meeting. She said one man had stood up and said:

“Why do you spend so much of your time to define what a poor family is? A poor family is one which has no cat or dog.”

This statement was very relevant to most of the grandmothers included in this study.
Educational responsibilities

The Zimbabwe school system consists of seven years of primary education (elementary level), four of secondary education and two years of high school. Education was said to be free for primary education, but technically parents have to pay for building or development fund levies, school uniforms, books, and all the ancillary stationery. In most rural schools, children have to walk to and from school each day, often very long distances. There is no transport system to ferry children to and from school, as in most developed countries or in urban schools.

Every morning one could see children of varying ages running mostly bare-footed to school to be there on time, while they returned home from school in the late afternoon or just before sunset. At every grandmother household, each morning was a hive of activity as grandchildren washed their faces, legs and hands from water buckets at the edge of the homestead, getting ready for school. Most grandmothers' children left for school without taking anything to eat while a few served themselves with leftover sadza from the previous night. Most households had no soap or skin lotions for children to use before going to school because such items required cash income, which most households did not have.
Grandma Halleluya pauses for a photo with Yeukai (in uniform) and Sophia. Yeukai and Sophia are happy to have new items towards end of my stay in this household.
At a local primary school attended by Grandma Hallelua's grandchildren, one female teacher observed that sometimes pupils had to miss schooling in order to go to town to sell one or two of the family items like manure, firewood, eggs or chickens in order to raise money to buy something like a ballpoint pen or exercise books. In one case, a teacher at a school had resorted to buying pencils and books for orphan children.

The most common way of mobilising money for school uniforms or school fees was to do piecework for better-resourced neighbours or relatives. The more innovative like Grandma Nondo grew varieties of vegetables for sale to raise school fees. Grandma Nondo pointed out that occasionally her grandchildren would miss a whole week of schooling as she tried to raise secondary school fees and buy the uniforms needed before one was allowed in the school.

The grandmothers tried their best to ensure that their grandchildren were well clothed, but the clothes children wore to school varied from household to household. While schools insist that children come to school in uniform, most of the grandmothers could not afford to buy uniforms most went to school in clothes that had either been donated by well-wishers or inherited from their deceased parents or relatives.
Even those grandmothers like Nondo who had managed to buy uniforms for their children pointed out that the beginning of the year was generally too heavy in school demands. Grandma Hove had managed to secure school uniforms by seeking contract piecework from other better-off families.

Some of the children had only one set of clothes to wear both at school and at home. Most children changed clothes and did their chores at home in another set of clothes so as not to worry about getting dirty. Sometimes children also slept in their school clothes to keep warm.
The teachers interviewed pointed out that the children who did not feel well-dressed suffered from loss of self-esteem and tended to be very withdrawn. As a result their performance was adversely affected. A further problem was that even those grandmothers who could afford the uniforms did not have a regular supply of soap, and could not keep the uniforms clean. Grandmothers seemed generally not to be concerned about the children's appearance.

The other problem these children faced was that they had no access to either candles or paraffin lamps. Lighting in rural Zimbabwe in such homes was by the kitchen fire. One teacher reported instances of pupils who came with homework besmirched with kitchen fire charcoal. Doing homework by the fireside was difficult because most such homes had no furniture on which to write. Some children were, however, very innovative. At Grandma Mangena's home, the children did their homework after supper at a neighbour's home where there was a paraffin lamp.

The lighting problem was compounded by the lack of appreciation by grandmothers of the importance of schoolwork. Most grandmothers did not attend parent-teacher consultations. The teachers pointed out that most grandmothers were too old to walk to school. Other grandmothers like Mai News and Mpofu preferred to be represented at such meetings by their neighbours or vatetes. Even if they went to the parent-teacher meetings, many grandmothers themselves had not had the formal education needed to be able to appreciate what their grandchildren were doing in school.
The grandmothers were also expected to participate in school-related community work as “new parents” for their grandchildren. Most grandmothers complained of the high demand of labour contributions for school development. Grandma Hove pointed out that they had to go to school to mould bricks, and as she said, “we built the Upper Top.” (The Upper Top was the name given to the day secondary schools).
Some grandmothers relied on their relatives to represent them in undertaking community work for the schools, although others reported that community leaders appreciated their problems and either exempted them completely from heavy manual work or gave them lighter duties.

**Birth documents**

Two grandmothers had encountered great difficulties in securing the birth documents of their grandchildren, as they had not been secured by their deceased parents. The Zimbabwe school system requires that one produce a birth certificate in order to be allowed to register for school. Grandma Malawu’s grandchildren could not secure these as one of the surviving brothers of the deceased took away the birth certificates. This particular uncle did not want the surviving widow to receive pension benefits from her late husband. It is common in Zimbabwe to have male relatives scrambling for a deceased’s property or pensions, leaving the widow to struggle alone.

A compounding problem is the unsympathetic and bureaucratic approach adopted by the Registrar-General’s office responsible for the production of such certificates, which makes the process of applying for these extremely difficult and sometimes impossible. The systems for accessing birth certificates in Zimbabwe are rigid, requiring documents like birth or death certificates for the parents. Lack of such documents from their deceased parents prevents the majority of rural orphans from accessing social service assistance.
In the case of Grandma Hove none of her grandchildren had documents as nobody had secured death certificates for their parents. In order to avoid bureaucratic obstacles, her grandchildren had to take the second name of their uncles to secure birth certificates. One grandmother had to lie that the mother of the children was mentally ill and had wandered away, and then had to be assisted by her brothers to secure the documents. Grandma Malawu just did not know where to obtain the birth documents. When advised to go to the District Office to seek assistance she pointed out that she did not have money for the bus to Zvishavane.

Interviews with teachers indicated that most grandmothers had difficulties in securing birth and other documents for their grandchildren. They did not know where to start.
7. Conclusions

The making of grandmother orphan households

The AIDS pandemic has a high mortality rate among people of childbearing age, i.e. aged 15-40. The disease therefore affects those who are at the very core of sustaining the family. The circumstances under which the eight households in this study were formed is not only an interesting story, but one that defies the myth of women in traditional societies as being docile and dependent on men for their livelihoods. In traditional Shona society, grandmothers have been viewed as women who have finished their main reproductive roles and deserve to be cared for by their sons, daughters, sons- and daughters-in-law and adult grandchildren. *This study found the situation and role of grandmothers being reversed due to the impact of HIV/AIDS.* Grandmothers now had to take the initiative themselves to provide care for their orphaned grandchildren.

Another emerging phenomenon of the caregiver profile is the growing prevalence of widows among the female adults. The widow population is drawn from the mothers, the aunts and the grandmothers. As shown in a previous study\(^{18}\), the vast majority of these widow caregivers (about 84%) had not inherited anything from their husbands or the parents of the orphans. Two factors contribute to this trend:

- Generally, most rural households are so poor that when the parents die young, they leave behind nothing for their children to inherit and use to sustain themselves.

- Before the death of the parents, most household resources, money, livestock and any other saleable property have been sold to raise money to seek medical treatment.
The eight elderly women who were the subject of this investigation not only actively cared for their sons and daughters who were dying of AIDS-related diseases, but were also the focal figures in the reconstruction of the affected families and in the care of their orphaned grandchildren. This story about the valiant struggles of the grandmothers is best summarised by Grandma Malawu, who, when encouraged by her sister not to get so distressed about the death of her daughter, had this to say:

“How can I be afraid? I have seen a lot. They are all dying and dying in the same pattern.”

As the grandmothers take over the care of their surviving grandchildren they become families under enormous social stress. This is in stark contrast to the expected life progression to enhanced status and prosperity as a result of advanced age. A quotation from one of the grandmothers says much about the extreme difficulties they go through in caring for their grandchildren. During one visit Grandma Mangena kept on repeating over and over again that the kind of poverty and problems she was experiencing were sufficient to make one lose one's sanity. She said:

“Each time I think of how I will care for the children, I get ‘mad’. Sometimes I doubt my sanity. There are times I think I lose my mind. Sometimes I used to cry a lot when I had no other plans on what to give them. These days I have reduced my crying, but still feel mad.”

The grandmothers had to re-organise their households in order to carry out the various agricultural and household tasks necessary to sustain the family. The work had to be shared among all members of the household, including the youngest children and their grandmothers or great-grandmothers.
Groupings of households
An analysis of the eight grandmother orphan households appears to produce three distinct groups of households. The first group, which constitutes the majority of the households, is that which could be described as very poor, with severe food shortages. Such households had hardly any food reserves in their homes. Besides having difficulty in getting food, they also struggled to provide for other basic family needs such as shelter, education and clothing. Households falling under this category include: Mangena, Hove, Hallelua, Mpofu and Mai News households.

The second group could be described as being food-secure but not being able to provide for other family needs, such as the education of children. Two such households, Chikuni and Malawu, appear to fit into this category. The third group is those households that were able to provide adequately for the needs of the children in the household. Only one household in the study, Nondo, qualifies for this category.

Survival strategies
Most of the grandmother households interviewed lacked the resources needed to sustain a family. They had no livestock, agricultural implements, inputs or money to buy other family needs such as clothes, blankets and groceries. The households adopted a variety of strategies to mobilise additional food and raise money. These included, among others, contract piecework, assistance from social networks, accessing government food facilities, and securing assistance from the community and NGOs in the District.

In response to their general level of deprivation, the grandmothers also adopted strategies that ensured that they could manage their households with very limited resources. Such strategies ranged from adjusting to doing without most of the basic necessities, to learning to make do with a bare minimum.
Most households were without adequate supplies of food and had to reduce their meals from the traditional three per day to one main meal. Their children would eat sadza without relish, attend school in tattered clothing, share a blanket at bed time, eat meals from common plates and make do with one meal a day.

**Home and family love**

Traditional parents provide love, subsistence and an encouraging environment for the socialisation of growing children. These eight grandmothers have all tried their best to provide a home environment where the children can grow up together, albeit, under very marginal and precarious circumstances. The main challenge for the grandmother households is adaptation, from providing shelter and subsistence for a small number of people, to accommodating multiple sets of orphans in a single homestead.

The grandmothers, under very difficult circumstances, provided homes in which the orphans could grow up and perhaps become reconciled to the trauma of loss of their parents. Some of the children were previously living with their parents in urban settings. The grandmothers had to do most of the acclimatisation of such children to rural life. Notwithstanding the struggles and stress of managing their households under extreme poverty, the grandmothers provided their grandchildren with the identity of a home and family love.

**Children and psychological trauma**

Children who have been orphaned due to AIDS suffer from the combined effects of psychological trauma from the loss of parents as well as the stigma of HIV/AIDS. Consequently they have an even greater need for love, affection and a sense of security.
Without special emotional and psychological support, they are more likely to become depressed, suffer learning difficulties at school, engage in anti-social and delinquent behaviour and experiment with unprotected sex thus becoming exposed to the risk of HIV infection. Unfortunately counselling and psycho-social support which are difficult enough to find at the best of times, become a luxury when even basic survival needs are difficult to obtain.

**Child-headed households**

Another phenomenon in the care of orphans is the problem of child-headed households. Current studies have pointed to the increasing prevalence rates of child-headed households: between 2 and 3% of the caregiver population\(^1\). This phenomenon brings into play a new set of social problems.

The prevalence of child-headed households has perhaps no precedent in Zimbabwe. It suggests that the extended family system can no longer cope with the growing number of orphans. Under normal circumstances the surviving brother of the deceased is traditionally expected to take over the responsibility of caring for his brother's children. Such traditional practices included the right of the surviving brother to inherit his brother's property, and the right to marry the widow if he chooses and if she agrees. This practice ensured that inheritance remained patrilineal.

Often in the case of death from AIDS, the deceased brother has left no inheritance, and the wife has already died. There is, therefore, no material incentive for a brother to take on the customary obligations. In fact, there is usually a traditional fear of a bad spirit if two people die in succession. This could be why the brother usually would only be willing to take care of the children from a distance without absorbing them into his family in case they also die.
The children are left with no option but to take on the adult responsibilities of caring for a family in order to survive.

Education
Most studies observe that caregivers provide for the care of orphans in Zimbabwe under conditions of severe poverty. Caregivers thus have difficulty meeting children's most basic needs, such as shelter, food, clothing and access to health care and education. For example sending a child to school in a rural setting, though seemingly cheap, is relatively expensive for the rural poor families. Though primary education is deemed free, the parents have to pay the Building/Development Fund levies, buy textbooks, exercise books, pencils and pens, and provide school uniforms and many other supplies. Most such families barely produce enough to feed themselves, let alone meet these costs.

Secondary education has become too expensive for most rural poor families. Only a few can afford to finance their children through the minimum four years of education. The last two years of high school, which are preparatory for college or university, are completely out of reach for the majority of children from rural poor households.

Increasing workload of orphans
Orphans take on agricultural and domestic chores in order to produce income and feed their households. Often children take on responsibilities that compete with their educational requirements. In some families, adult caregivers may seek employment away from home, leaving children to do most of the domestic chores, as well as other productive work to secure cash income.
Although such strategies illustrate the flexibility of households to cope with the loss of family members, child labour and the absence of adult caregivers must adversely affect children's education and may expose them to exploitative and abusive situations.

Shortage of food

AIDS orphans, especially very young children, are prone to malnutrition and are at risk when cared for by grandparents. The elderly, who used to provide care occasionally and voluntarily in the extended family system, with support from productive young adults, are now called upon to provide care without the full support of the extended family network.

Shortage of food is the orphans' greatest problem and is the easiest to observe. Meals such as breakfast and lunch are evidently absent. The situation is particularly serious before harvest when most of the children complain of headaches and stomach aches. If they are given something to eat, their ailment disappears, a clear sign of food shortage. In most cases, orphans rarely bring lunch to school. Break and lunch times are often depressing moments for the children. Orphans also do not have adequate uniforms, lacking shoes, socks and warm jerseys. Such children lack confidence, suffer from low self-esteem, and lack a sense of self-worth.
Ill-treatment and abuse of orphans

There is a tendency for some caregivers, especially distant relatives, to treat orphans as a source of cheap labour for the domestic work. In some cases, the orphaned children remained home doing housework or herding cattle while the caregivers' children went to school. Interviews with some headmasters where orphan children attended school confirmed that ill-treatment took place.

Orphan children, girls in particular, are vulnerable to sexual abuse by relatives. Media reports in Zimbabwe have pointed to the misconception by some HIV-infected males that having sexual relationships with young children will rid them of the virus. The prevalence of sexual abuse of orphan girls consequently poses a major problem that could see the creation of a vicious circle of orphanhood and increased prevalence of HIV. In certain cases, deepening poverty forces orphan children to turn to prostitution in order to support their siblings.
8. Recommendations

Key recommendations that have emerged from this study include the following:

- There is an urgent need to follow up and monitor the government's National Orphan Care Policy, which advocates mobilisation of resources to ensure that orphans receive minimal basic services regarding placing in institutions, fostering and community based care.

- The efforts of child-focused NGOs to support grandmothers and others caring for orphans should receive greater support from the state. Grandmothers are living in extremely poor circumstances with little or no livestock, agricultural implements, or inputs and money to buy other family needs such as clothes, blankets, groceries, candles or paraffin lamps. NGOs and well-wishers should be enabled to offer more in practical and material ways to assist them to care for the orphans.

- The Registrar of Births, Marriages and Deaths should be more sympathetic to the needs of orphaned children, and strict regulations should be relaxed to assist grandmothers to obtain necessary birth certificates and other documents.

- The grandmothers are unfairly burdened by having to take responsibility for the education of their grandchildren. Education policy should be revised, on the pattern of Uganda, to make the state responsible for the education of orphaned children.

- Grandmothers should be either exempted completely by community leaders and teachers from heavy manual work for school development projects, or given lighter duties.

- Grandmothers (and women in general) should be protected from unscrupulous attempts by family members to strip resources from households where parents have died and left children who still need caring for.
• Public education campaigns should be mounted warning men that having sex with children will not protect them from exposure to the virus or “cleanse” them if already infected and will result in heavy prison sentences.

• The psychological effect of trauma resulting from the loss of parents, and the various effects of HIV/AIDS on children should be recognised, and their need for counselling and emotional support should be addressed by NGOs and other organisations.

• The nursing of people in kitchens, noted as commonplace in this study, brings in a health dimension that the grandmothers may not be aware of. Health workers, NGOs and others should provide information and education on how to avoid contamination of utensils, plates, foodstuffs, etc. in this situation.
Endnotes

1,10 Drew et al. "Strategies for providing care and support for children orphaned by HIV/AIDS, in AIDS Care, 1998;

2,5,19,20 Foster G. "Perceptions of children and community members concerning the circumstances of orphans in rural Zimbabwe" in AIDS Care, 1997

3,12,22 Foster et al. "Orphan prevalence and extended family care in a peri-urban community in Zimbabwe" in AIDS Care, 1997

4 Matshalaga, NR. Baseline survey of the Community Based Orphan Care Programme for Mberengwa District, a consultancy report prepared for DANIDA and MS - Zimbabwe; Harare (unpublished); Matshalaga NR. 1997

5 UNICEF Zimbabwe. Growing up in Zimbabwe: considering the rights of


Matshalaga, NR 1997 *Baseline Survey on Community Based Orphan Care Program for Masvingo and Mwenezi Districts.* A Consultancy Report (Unpublished).
