

Time to Rethink 'Orphans and Vulnerable Children'? Findings from a Phenomenological Study in Uganda

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Abstract: The increasing number of 'orphans and vulnerable children' ('OVC') in sub-Saharan Africa has been the subject of much inquiry and intervention in research, policy and practice. Two major concerns have been highlighted: i) traditional mechanisms for their care and support are overstretched and ii) 'OVC' have poor socioeconomic outcomes. Dominant discourses emphasize adults' central role in 'OVC' wellbeing while 'OVC' are cast as helpless, passive victims.

Study Aim: This research sought to give representation to the voices of 'OVC' in constructing their own experiences.

Methods: 'OVC' were engaged as producers of knowledge and agents of change using innovative child-centred approaches. A total of 129 participants took part in the study including children, caregivers, community members and key informants.

Findings: This study found that the majority of existing 'OVC' representations are adult constructs not necessarily subscribed to by 'OVC'. Acknowledging their difficult circumstances, most 'OVC' have devised solutions to their challenges and are optimistic despite being constrained by structural and cultural barriers. Traditional care mechanisms have evolved and require strengthening. The lens through which most interventions have been commissioned, implemented and evaluated is paternalistic and does not acknowledge 'OVC' competencies.

Conclusions: 'OVC' voices and lived experiences should inform interventions; also they should be constructed in a more balanced light – showing their challenges while acknowledging their agency in dealing with these challenges.

Keywords: Orphans and vulnerable children, OVC, vulnerable children, childcare, child agency.

INTRODUCTION

The world is experiencing a growing number of vulnerable children especially in economically disadvantaged societies (Agyarko *et al.*, 2000). Sub-Saharan Africa makes up only 10% of the world's population but had 13.7 million (84%) of the 16.3 million estimated adult and child deaths by 1999 (UNAIDS/WHO, 1999). In 2005, 133 million children globally had lost one or both parents. Around 15 million of these had lost one or both parents to HIV/AIDS of which 12 million were in sub-Saharan Africa, rising up to 25 million in 2010 (Monasch, 2004; UNAIDS/WHO, 2006; 2010). The increasing number of 'orphans and vulnerable children' ('OVC') is therefore a global development problem that needs to be expeditiously addressed.

Uganda is one of the developing countries with a very high number of 'orphans and vulnerable children'. Of Uganda's 34.7 million population, 57% are children under 18 years of age, and 'OVC' are estimated to be 46% of all children (UNHS, 2010). In 2007 the number of 'OVC' in Uganda was 2.3 million,

which rose to 7.5 million in 2008 and 8.1 million in 2010. A 2010 status report by Kalibala and Elson placed the level of vulnerability among all Ugandan children at 96%, with 51% reported to be critically vulnerable. The literature continues to show that OVC have poor socio-economic outcomes across all areas of their lives including health, education and relationships.

CRITIQUE OF LITERATURE ON VULNERABLE CHILDREN

The literature on 'OVC' in sub-Saharan Africa is illuminative and enables us to understand the magnitude, patterns and related outcomes. The majority of existing research presents 'vulnerable' children (OVC) as passive victims with poor health, poor socio-economic outcomes, vulnerable and having 'lost' their childhood (see for example Andrews *et al.*, 2006; Kalibala & Elson, 2010; Bauman *et al.*, 2006; Kamali, 1996). Most of the research conducted is on health-related issues, specifically mental health, nutrition, sexual and reproductive health. It presents a unanimous view that the status and outcomes of 'OVC' in these areas of health is negative. However it has tended to be narrow, deterministic, pathological, inconsistent and sometimes contradictory (particularly in predictions of the 'OVC' magnitude). Furthermore, existing 'OVC' literature (see for example Cluver &

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Gardner, 2007; Oleke *et al.*, 2006; Foster *et al.*, 1996) has concentrated on the individual characteristics of vulnerable children. A recurring argument therein is that 'OVC' have poor life trajectories and cannot do anything without the care and support of adults. Whereas this is generally true, it is also narrow because research has not paid attention to the inherent capacities of 'OVC'; neither has it focused on their lived experiences. Furthermore, nearly all of the existing literature presents a curious double-edged pattern: 1) adults are determining, categorizing and making damning predictions regarding children – most of these adults are from Western Europe, whose work is situated within Western understandings of childhood and mental health; 2) children's voices are ominously missing. There is a strong statistical evidence base relating to 'OVC' in sub-Saharan Africa; however there is also a dearth of information regarding what 'OVC' have to say about their own lives. Whereas statistical analyses are relevant and indeed important, they need to be placed in the lived experiences of 'OVC'. The literature (see for example Cluver & Gardener, 2009; Birdthistle *et al.*, 2008; Nakiyingi *et al.*, 2003) is dominated by a certain framework linked to the schools that have contributed to understanding of the 'OVC' phenomenon. These include demography, social work and public health - particularly epidemiology, statistics and mental health. There is limited focus on alternative approaches to analysis which has limited our understanding of 'OVC'. It is this gap in the literature that this study sought to address by researching into the voice and lived experiences of 'OVC'.

This study sought to contribute to developing the minority literature which casts 'OVC' in a different light that is non-pathological. Whereas it was not the intention of this study to deny that many children experience hardship and are in need of support and protection, its central argument is that focusing heavily and narrowly on 'OVC' needs or grim-looking future does not enable an appreciation of local meanings, expressions and responses to the hardships that they experience. This means that there is a very low likelihood of getting a fit between approaches or interventions and 'OVC' expressed needs.

I argue that the children known as 'OVC' need to be approached as competent social agents that have massive contributions to make in an adult-dominated world in order to improve their living conditions and outcomes. This would practically mean involving them and looking at the world through their lens, listening to

their voices, celebrating their largely unrecognised contributions and then using this to generate better frameworks of care and support for them. It is against this backdrop that I now present the objectives of this research. The overall aim of this study was "to give representation to the voices of 'OVC' in constructing their own experiences". The objectives of this research were as follows:

1. To deepen understanding of the subjective experience of 'OVC' regarding their care;
2. To explore support systems for 'OVC', including the availability and viability of these systems;
3. To investigate the wider socio-political issues that shape the valued and condemned practices of childcare within rural Ugandan communities;
4. To generate a theoretical framework for understanding the care and support of 'OVC'.

The focus of this paper is on the first three objectives.

METHODOLOGY

Study Design

This research was a multi-method qualitative study which used a combination of different methods including interviews, focus group discussions (FGDs), observation and participatory child-centred methods such as situated interviewing, draw-and-write sessions and story telling. This was complemented by document review and policy analysis. The data collection methods used focused on and were intended to enable collection of personal experience and reflections of this experience.

Study Area

This study was conducted in the rural Sheema district, South Western Uganda in East Africa. Sheema has a high 'OVC' population of 8,296 which was 39.2% of the entire district population (Local Government Report, 2011) at the time of study.

Study Participants and Recruitment

Purposive sampling was undertaken to select respondents assisted by local and institutional leaders. Individuals were identified and consent obtained from those willing to participate. Snowball sampling was also used for 'OVC' families with institutional support.

Table 1: Summary of Study Participants

Data Collection Method	Respondent category	Gender		Number
		Male	Female	
Individual interviews (including participatory child-centred methods)	Children	12	13	25
	Carers	4	8	12
	Key informants	6	6	12
Focus Group Discussions (x 8 people in each)	Children	17	15	4 (32)
	Carers	4	12	2 (16)
	Key informants	5	3	1 (8)
	Community members	5	3	1 (8)
	Mixed ('OVC' & carers)	8	8	2 (16)
Total		61	68	129

Altogether data were collected from 129 participants as shown in Table 1 above:

Data Analysis

Data were analysed manually using the thematic and Template Analysis (TA) approach (King, 1998).

Ethics Approval

Ethical clearance was obtained from the University of Huddersfield's School Research and Ethics Panel (SREP). Ethical approval was also sought from relevant national and local bodies – particularly the Uganda National Council of Science and Technology (UNCST), district and local leaders. Informed consent was sought from study participants whose confidentiality and anonymity was also assured.

FINDINGS

The Lifeworlds of 'Orphans and Vulnerable Children'

This study found 'OVC' to have both shared and diverse experiences. The similarity of these experiences cuts across many issues, one of which is the factors predisposing children to vulnerability. These include parental death or incapacity, lack of family income, the helplessness and despair of carers (some carers are children, others too poor while the majority are too old). In addition to the vulnerability predisposing factors, other issues showcasing the shared 'OVC' experiences include: 1) their active participation in household affairs; 2) an awareness of issues in their communities; 2) optimism regarding their future; 3) an appreciation of the need for education and good health and 4) the complex yet

integral place of significant adults in their lives – particularly carers.

The diversity of the 'OVC' experience can be seen in terms of: 1) their daily lives (some were school-going while others out-of-school, employed, or primary carers in child-headed households); 2) carers (ranging from siblings, aunts, grandparents, stepparents); 3) experiences at their carers' homes (a continuum from feeling happy and fully integrated to reported abuse); and 4) external resources available (from extended family members, NGOs, to having no support). Table 2 overleaf highlights the similarity and diversity of the 'OVC' experience by providing further information on some of the study participants.

How 'OVC' Perceive Themselves

'OVC' talked candidly about the vulnerabilities they face especially in terms of their self-image within the context of limited material resources. However, further probing revealed that the majority of them had a relatively healthy opinion of themselves. Also, through their perceptions these children continued to demonstrate active participation in the present and remarkable optimism regarding the future. The following are the different ways that emerged as 'OVC' perceptions of themselves:

A threat to greedy and unscrupulous relatives: "... some relatives are bewitching us to die so that they can inherit our property (Merabu¹, 15 years)

¹ All the names used are pseudonyms.

Table 2: Summary of some 'OVC' Study Participants

No.	Pseudonym	Gender	Age*	Some biographical information
1.	Betesi	F	15	Betesi is in primary school and lives with her mother and four siblings following the death of her father in 2003. Betesi's mother is in her mid-forties and HIV/AIDS positive. Although her mother is on medication (ARVs), she sometimes falls sick for long spells but still tries hard to care for her five children. Betesi continuously worries that her mother may die soon, and also worries for one of her young siblings who is also HIV/AIDS positive. The HIV/AIDS status of Betesi's family is well known in her village because her father also died of AIDS and the family sometimes experiences stigma.
2.	Peninah	F	12	Peninah is a 12 year old double orphan whose parents died in 2004. She lives with an aunt who also has 5 children of her own. Peninah's caregiver is a nurse who has inspired her and as a result she also wants to become a nurse – they have a good relationship and she feels part of the family. Peninah misses her parents and is sometimes sad but feels supported by her aunt's family. Sometimes an uncle who migrated to live and work in England sends some help for Peninah.
3.	Yoweri	M	17	Yoweri is the oldest of four children and has been the primary caretaker of his three siblings since their mother's death in 2008. He dropped out of school because there was no money or relative to support them; in fact all the children had stopped going to school until ICOBI came and started paying the for the middle two siblings. The youngest child aged 2 years stays home with Yoweri while the other two go to school. Yoweri is happy for his siblings and ensures that there is food at home; he also tells them to behave well and study hard. When any of them falls sick Yoweri administers local herbs or takes them to the friendly village nurse with a clinic who sometimes treats them 'for free'. Yoweri plans to look for a job when his youngest brother starts school.
4.	Lauben	M	7	Lauben's mother died during childbirth and he has been looked after by his maternal grandmother (in her 80s) ever since. Lauben has recently started school, which he enjoys very much and wants to be a doctor. He is one of the ICOBI beneficiaries and so does not worry much about school fees or scholastic materials. However, he falls sick quite a lot and appeared malnourished. His grandmother fears Lauben might have HIV/AIDS but she had, by interview time, not gathered the courage to take him for testing. The two of them live in a small hut and the grandmother says Lauben is her only connection to life – all other relatives are either dead or disconnected. Lauben enjoys helping his grandmother.
5.	Merabu	F	15	Merabu's mother died in her infancy and her father in 2004 (apparently after being bewitched by family members), so she is currently being looked after by her stepmother. Merabu's relationship with her stepmother is neither bad nor good; she believes the stepmother takes care of her out of obligation and not love. Sometimes her stepmother is aloof (for example regarding Merabu's school work) and at other times engaged, but more out of self-preservation (fearing that the community will talk badly about her) than a genuine desire to help. Merabu is at the centre of family wrangles over land inheritance and her stepmother involved her in witchcraft to protect them from evil relatives following her father's death. Merabu has an older sister aged 20 who she reported to be negatively affected by the witchcraft – suffering from strange diseases, bad dreams, hallucinations and has divorced from two unstable marriages. Therefore although Merabu did not initially like her stepmother's witchcraft, she was frightened that her life would become like her sister's or that she could die like her father, so she complied and even started 'supporting' her stepmother's actions.
6.	Bright	M	16	Bright's parents both died of HIV in 2001 and he has since lived with his grandparents. Bright has 2 siblings aged 13 and 19 years. He dropped out of school in 2007 after failing to pay fees for 7 consecutive school terms over two years. Although Bright thinks his school was patient with him, he feels that the education system is unfair and unsupportive towards children from impoverished backgrounds. Bright's sister aged 13 was selected as a beneficiary of institutional support (ICOBI) so her school fees is paid by the NGO; Bright and his brother were not eligible for mainstream school support (he had already dropped out of school and at 19 years his brother was not considered a child). ICOBI enrolled Bright for vocational training on a course he did not like so he dropped out. Bright makes a living by mending people's shoes and also does some electrical work – neither of which he is trained in, but he 'uses his head'. Before his parents died, the family lived in Kampala city so adapting to a rural lifestyle was very hard for Bright and siblings. Bright's grandparents are supportive but too poor to help much.
7	Ponsa	M	12	Ponsa lives with his mother (a widow in her late 30s) and younger brother. Both boys are in primary school. In order to look after them their mother works <i>liija-liija</i> (casual, short-term work in other people's gardens) for which she is paid in cash and kind (mainly food). Ponsa's family believes that they were unfairly treated by the local leaders during selection for ICOBI beneficiaries – because they are eligible. As a result the family struggles to survive, with the children being chased from school most of the time for non-payment. However, Ponsa is very optimistic and dreams of becoming a doctor.

*All names are pseudonyms and the age recorded is the age of the respondent at the time of interview.

Brilliant and with a lot of potential: *If people really understood this [that 'OVC' have something to offer] they would not be treating orphans the way they are treating us now. They would really take care of them well because orphans are the leaders and the future of tomorrow*

(Duncan, 16 years)

Useful and relevant members of society: *... although they [adults] do most of the work which people see, but even us children we do a lot. All the work at home, who would do it if there were no children? We fetch water, we collect firewood, they send us, we even care for them so they should appreciate us*

(Peninah, 12 years)

Creative, trustworthy and hardworking: *... I also repair shoes, yet I did not go to any school to learn that. I still do them, people in the village bring their shoes to me ...it is a God-given gift and I use it to get some little money*

(Bright, 16 years)

Responsible carers: *The only thing I can say is that it makes me happy that my brothers and sister are studying well. I make sure that they have food to eat because now I am like their parent. I go to their school and ask their teachers about their marks. When there is a meeting for parents here or at school it is me who attends and I make sure that I don't miss*

(Yoweri, 17 years)

The above quotations from various 'OVC' reveal a number of issues such as an awareness of not only their situation but also their local context. For example the first quote from Merabu shows that she is aware of the hostile environment around her. The excerpts show these children as rational and reflective people. Generally the quotations point to the fact that children have not been given a voice to express themselves.

The excerpts also show the reciprocal nature of 'OVC' relationships and social responsibility in their contribution to the continuation and functioning of their communities, for example Bright provides a service by mending shoes. In the last quotation Yoweri finds satisfaction and reward in taking care of his siblings,

even at the cost of his own education. This shows that as far as social responsibility is concerned, some 'OVC' are not just in reciprocal relationships with adults as carers – they are the carers themselves who sometimes get nothing tangible in return.

How 'OVC' Think they are Perceived

There was a sharp divergence between the way 'OVC' perceived themselves and the way they think they are perceived. In speaking about how they think they are perceived by others, study participants underscored the issue of social control within the context of a largely patriarchal society and the notion that children are largely dependent on adults. It also draws attention to the absent or weak child protection mechanisms which allow for negative adult perception and injustices towards these children to continue unabated. Below are some of the ways in which children thought they are perceived by others:

Burden: *Some people like our uncles or aunties they don't want to look after other people's children. So you are just a burden to them. And of course if you are viewed as a burden then nobody will properly care for you*

(Mauda, 12 years)

Domestic labourers: *Without your parents no one really cares about your future. Even when you are lucky and you get a guardian, unless if it is your grandparents the rest do not care for you very well. They mistreat you and treat you like a 'houseboy' [servant]*

(Ezra, 9 years)

Helpless and in need of protection: *Okay, for me I don't like it [visiting witchdoctors] and it even makes me scared... even if I did not like it my step mother would still take me because I know she wants to protect me*

(Merabu, 15 years)

Lacking creativity and unable to think for themselves: *ICOB [local NGO] tried to help me but they wanted me to ... learn things I did not want to study. They did not even ask me what I want to do. Anyway, they tried to help but for me I would have been happy if at least they supported my*

wiring [electronic repair/ technician role] or shoe repair work which I had already started on ... there I would not have dropped out [of school] again. So I wasted time studying what I don't want. I think they should support people according to their talents instead of forcing them

(Bright, 16 years)

Risky investments: *Some people here do not encourage girls to go to school because when she gets pregnant all that money will be wasted*

(Mauda, 12 years)

Status symbols: *Here in our culture when a girl marries the parents are highly respected. But what hurts me is that when your father is dead then those so-called uncles come and start pretending to have been responsible for you so that they can be respected as good people but when they are not. So for them they are respected when for you, you are suffering*

(Merabu 15 years)

Assets: *The education of mainly orphan girls is mainly the guardian's benefit because when they get married, the resources will come back to them... so he educated me and in return I give him dowry when I grow up ... more cows for girls who are highly educated*

(Zipora, 9 years)

The above perceptions deepen understanding of the issues faced by 'OVC' from *their* perspective, highlighting underlying tensions in the relationships between them and significant adults in their lives. These perceptions confirm the paternalistic nature of societal perception towards children which entrench social control. They also demonstrate some level of confusion possibly brought about by a hybrid construction of childhood emerging from both local and outside contexts. This study found that children contribute labour and other resources for continuity of family and societal functioning which is in conformity to certain aspects of their cherished traditional expectations, roles and responsibilities. However, the quotations above also give legitimacy to some aspects of Western notions of childhood [a period of play and freedom, exempt from hard work and responsibility]

where they complain of 'working hard' and being treated like domestic servants. In trying to further understand these perceptions I raised this issue with some carers who did not think 'OVC' are mistreated but rather undertaking chores normal for all children – despite the fact that these children felt differently about this matter. This confirmed the traditional tensions between child and adult perception regarding many issues. The key issue here is that the way children perceive themselves is incongruent with adult perceptions, attitudes and opinions. Yet children are agential beings who should be approached as such in order to bridge this gap.

'OVC' Resilience

A recurring theme in this research was the agency of 'OVC' - showing them to be self-determining actors with extraordinary problem-solving skills. They are deeply aware of their largely precarious situation and have not only identified but also adopted internal coping strategies to help them navigate through their lifecourse. One of these coping strategies includes trying to salvage any good left of their usually grim circumstances – such as appreciating the remaining family network or relationships albeit altered by risk factors to vulnerability as shown below:

I take comfort in knowing that at least I have a mother who is still alive, unlike many who do not have a father or mother. My grandfather has also been supportive and I think we have a good relationship with our mother even if she is very sick. ... sometimes she tries to talk to us but ... it is difficult to understand what she is saying but at least she is still alive

(Betesi, 15 years)

Betesi's mother was critically sick and unable to verbally communicate with her. Despite this however, Betesi had learnt to look beyond the lack of proper communication and be thankful that she is still alive and a parental figure in her life despite her sick mother's incapacity to effectively or physically contribute to her life. Another of the coping strategies used by these children is viewing their difficult circumstances as transitional or temporary, and being optimistic about the future. As one participant said:

I feel very bad but I also know that I should not lose hope because one time all

this shall be behind me. I shall study and be an educated man who can take care of my mother and brothers without suffering
(Ponsa, 12 years)

'OVC' were not in denial regarding the difficulty of their circumstances; they fully understood and also accepted the nature of their situation. However, the majority of them were not resigned but rather had developed coping strategies to face this challenge. This was done by looking to the future and aligning themselves to any possible linkage between their current difficult situation and a better future, for example through education. In addition, they had also learnt to rationalise their circumstances and try to find some semblance of normalcy in order to cope as shown below:

When you lose your loved one you just become patient and encourage yourself. I keep telling myself that death is normal and that I am not the first person to lose a parent and I am not the last
(Merabu, 15 years)

The excerpt above shows that, in trying to make sense of and cope with their often difficult situations, 'OVC' look beyond their own experience to that of others around them. In so doing they embrace the notion of a shared experience with others going through similar circumstances. For 'OVC', this 'shared experience' is both perceived and actual; perceived in a sense that they sometimes make these assumptions in their mind and might not physically meet with other 'OVC' to cope with their experience in an expression of solidarity. However, it is also not uncommon for shared experiences to bring people together – therefore whereas on one hand it is perceived, on the other hand these children have found ways of mobilising themselves to support each other through difficult circumstances. Furthermore, they had also adopted a logical perspective to their circumstances by looking at factual evidence and accepting it. For example by looking at the fact that death is inevitable and not limited by time or geographical space, many children not only come to terms with their own loss to a certain extent but they also realise that a number of other people are faced with similar situation. This way of thinking about and making sense of their situation enables them to cope. This is closely related to their agency which is demonstrated through the following ways:

- i. displaying maturity in thinking and problem solving skills
- ii. integration in their local community achieved through social responsibility
- iii. risk management, self-preservation and learning from the past
- iv. seeking answers, comfort and meaning from religion

Support Systems for 'OVC'

Support systems are largely idiosyncratic and 'OVC's perspectives, in this case, would serve to deepen understanding on the unique way they perceive their social world. However, the theoretical framework used did not only seek to understand individual perspectives but also to position these individuals at the heart of their social, economic and geopolitical context. Therefore these data on support systems will also be helpful in understanding the critical linkages between 'OVC' and their communities.

It emerged that 'OVC' obtained varied levels and types of support from different sources. Generally, the 'OVC' perspective looked at these support systems from a functional side – in terms of the roles that they play. In the first instance, 'OVC' pointed to their own learned internal coping strategies as a major resource from which they draw to manage the transition and challenges in their lives. Apart from themselves, 'OVC' outlined other main sources of support as their immediate carers; the wider network of their extended family; peers; community; the government and civil society. Each of these categories is explained further below in terms of the nature of support they give 'OVC' and the functions of this support from the 'OVC's perspective.

Immediate Carers and Extended Family

Apart from one child-headed household, the rest of the 'OVC' participants of this study were being cared for by adults to whom they are related in different ways. The majority of these carers were grandparents but other categories of carers included aunts, uncles and stepmothers. Most 'OVC' mentioned that they have very strong relationships with their immediate carers and pointed them out as a major support system that has helped them to cope with the loss or incapacity of their parents.

Okay, for me I think that when you don't have parents, or when your parents are sick, it is bad. But when someone 'holds your hand' [provides you with care] then you are okay. Somehow you forget your pain and look ahead for a bright future

(Duncan, 16 years)

The nature and function of the care that 'OVC' get from their immediate carers covers all dimensions of their lives. The carers of 'OVC' play an all-round role of trying to meet the children's physical or material, biological, emotional or psychological and social needs. Most 'OVC' had minimum expectations regarding the nature of their care. Specifically 'OVC' were more concerned about having their basic needs met by their carers. Although they would have wanted more than basic needs met, many 'OVC' demonstrated a deep understanding of their deprived conditions and did not think their carers had let them down. Take an example of some of the excerpts from 'OVC' below:

Our guardians are really trying hard to care for us. They give us food and school fees. Even us we can see that they are trying. So if we don't get all the other nice things we don't cry

(Tobia, 11 years)

For me I think that just having an adult to take care of you is a blessing. Because some children do not have even grandparents. So at least you have an old person to guide you... even when you sleep hungry it is good that someone older can encourage you

(Bashir, 14 years)

Generally, the adults in the lives of 'OVC' were playing the traditional roles related to parenting such as provision of needs. 'OVC' carers also acted as agents of socialisation as well as links between 'OVC' past and their future:

My grandmother tells me stories about the past so that I learn can how they grew up. She keeps saying that these days life is much easier so I should be grateful... that for example for us we go to school and can understand English or get good jobs if we study hard... so this encourages me to work hard

(Lauben, 7 years)

Carers were also instilling a sense of hard work and optimism in the children as can be seen from the draw-and-write excerpt in Figure 1 overleaf:

I wish we had a big garden. A garden of bananas, coffee, yams, cassava and other things. A garden like the one in this picture. Because a garden means that you have food to eat every day. That is the most important thing to me. Also in the garden you can learn how to dig. When we dig together we laugh and sing and also finish quickly. When you sell coffee then you can pay school fees so that they [school administration] don't chase you away. If we had a big garden at home I would be very happy and not worried. So at home we are working to make our small gardens become better and maybe one day they will also be big.

In terms of frequency of this care, this is an on-going expectation on the part of 'OVC'. Therefore as long as 'OVC' are assured of the presence of a carer in their lives who can meet their basic need, then they will always point that out as a major support system. In addition to their immediate carers, 'OVC' also received some form of support from members of the wider extended family. Although research generally shows that the extended family system has disintegrated to a large extent, there are still some parts of it that are still functional, and sometimes these work to the advantage of 'OVC'. Many 'OVC' with primary caregivers also receive additional forms of support from the wider network of the extended family as shown below:

G: Are those the only ones who are helping you?

K: Yes, maybe also other relatives help you even when they are not staying with you

G: How do they help since they don't stay with you?

B: They pay for us school fees sometimes.

A: They send for you books.

R: They send clothes and food.

G: Okay. So do they keep doing this for you every term?

R: Some stop and others continue...

(FGD with primary school pupils aged 8-12 years)

Other participants of the study also confirmed this and gave some explanation regarding why some



Figure 1: Things I wish I had (Prosper, 10 years).

extended family members help 'OVC' while others do not.

Other relatives help sometimes but this depends on their relationship with the immediate [nuclear] family in which the child is (Local Leader)

The excerpt above shows that the degree of relatedness to the 'OVC' in question and the relationship they have with the 'OVC's primary carer has a bearing on whether or not they will support that household or not. The modalities of support availed to 'OVC' by members of the wider extended family represent changing patterns of care from the conventional norm. Traditionally the extended family lived together or within geographical proximity. However, the excerpts above demonstrate a deviation from this normal route and 'OVC' mention receiving support from extended family further afield. Yet again 'OVC' showed that they leverage on existing resources— the extended family being one of them. The lack of a strong and effectively functioning extended family system has further disadvantaged 'OVC' in a sense that they are left with weak or no other support networks. However in spite of the absence of this important piece in their lives 'OVC', unlike most adults, do not seem to see this as a totally 'closed door' but rather demonstrate understanding and leverage on what is still left of this once-strong safety net. Take an example of Ronah:

My aunt ... sometimes helps me and sends some money. But also her she is

not very rich so I also try to help her when I am in holidays. For example last year she kept saying that she did not have a housegirl [domestic servant] yet she comes back home very tired. So when the school term ended I stayed with her and helped her to clean, cook and wash so that when she comes home she just eats and sleeps... she had not even asked me to do that so she was very happy and even gave me some little pocket money in addition to school fees (Ronah, 15 years)

From the above excerpt Ronah not only nurtures a much treasured relationship with a significant adult but she also acts as a source of support to the person supporting her. It is a reciprocal relationship that is rewarding on both sides, confirming the notion that 'OVC' are not just passive participants of the events in their daily lives but significant social actors capable of making independent and positive contributions.

Despite the general breakdown of the extended family, it is important to highlight that family and community support still exists although it has taken on new forms.

Furthermore, the above discussion sheds further light on the nature and frequency of this support. Generally, 'OVC' showed that they desired something more out of these relationships but also realised that this was largely unattainable and therefore just received what these relationships still offered, albeit limited. In summary, 'OVC' mentioned other members

of their extended family as another support system and resource to draw from. Support came from extended family members including aunts, uncles and older siblings. With other wider network of kin as another support system in their lives, 'OVC' described the nature of this relationship as:

Geographically distant: *They do not live with us or our guardians but they support us from a distance*

(Tobia, 11 years)

Complementary: *It doesn't mean that when your aunt or uncle helps you they do everything. No. They just help here and there but the rest your main guardian has to look for them*

(Betesi, 15 years)

Intermittent: *There is not much help we get but some relatives help sometimes, especially if they see a real need. For example if our uniforms are old and torn then our uncle or aunt can help us because people will start talking about them that "the children of so and so's late brother have torn uniforms or they have been chased from school" which can make them [relatives] to feel ashamed. So sometimes they help us if they can but it is not all the time*

(Stella, 13 years)

Self-preserving: *Some of these people just pretend. You see like my uncle he wants everyone in the village to think that he is a good man. Yet he took our parent's things [property] and he is just using them for his own personal gain and not caring for us all the time. But sometimes he gives us some help because he fears people to start thinking that he is not a good man so he pretends to help us*

(Charles, 17 years)

Although the extended family system has evolved and the patterns of care it gives 'OVC' have changed, a large number of extended family members continue to reach out in diverse ways in order to lend support to the children that are part of their families. Although this support is neither consistent nor sufficient, 'OVC' still bear witness and highlight the wider network of extended family members as a support system.

Peers

Another support system that 'OVC' mentioned was their friends and peers. I have mentioned before that 'OVC' demonstrated the ability to draw from shared experiences with other people who had gone through, or were undergoing, circumstances similar to their own. I also mentioned that this notion of shared experience is both perceived [by 'OVC'] and actual. For example although they did not actually meet other 'OVC' going through similar circumstances, many 'OVC' knew that they [other orphaned or vulnerable children] existed elsewhere in the world. However, in reality the communities within which 'OVC' live have very many other children like them, so they get to confirm that there are other children like them. It is from this perspective and experience that 'OVC' mentioned to draw strength, encouragement and motivation to continue on their difficult path of life.

For me when I see or hear about other children's stories I get encouraged, because some of them even have bigger problems than mine

(Ponsa, 12 years)

Sometimes we all meet as friends and talk about our lives. Some things are painful and you can cry, but also some things make you laugh about them and tell you not to be worried. So you feel better after that

(Eldard, 14 years)

Like other groups of people 'OVC' have their networks of chosen friends and peers; these networks continue to serve as important coping mechanisms during their difficult moments. Conversations, encouragement and even laughter were some of the highlighted support 'tools' used amongst 'OVC' to cope with their often difficult circumstances.

In addition to the unstructured and laid-back nature of 'OVC' liaisons with their peers, 'OVC' revealed that they also have proactive and purposeful relationships. These relationships have also proven supportive particularly during moments of indecision or diversion from the path that is considered desirable or acceptable. For example, teenage 'OVC' showed how they keep looking out for each other by ensuring that they are accountable to each other, particularly when there is the possibility and danger of being lured into harmful practices or behaviour. This was strongly

demonstrated in the area of sexual and reproductive health, especially for teenage 'OVC' as shown below:

G: *Okay, so can you please tell me exactly how you do this [protect each other]?*

M: *You see we are like brothers and sisters. So we know what everyone has and cannot afford*

E: *Yes, and when one of us comes here [at school] with expensive things we ask them to explain where they got them from. If it is a sugar daddy we tell her to take it back if they don't want to become pregnant or get AIDS.*

C: *Then we keep watching them*

R: *Sometimes we tell the matron [female staff member] so she calls and asks the girl*

M: *So that is how we care for one another. Sometimes you can feel as if we are not your friend but we have to make sure you tell us where you got those things from.*

K: *Also if a certain boy is disturbing one of us, we tell each other instead of keeping quiet*

G: *What happens if you actually like that boy also?*

K: *Okay, there I tell only my best friends and then they advise me. Actually for me I have a boyfriend but because these are my friends they know about it. Of course I don't tell the whole school but my friends keep telling me not to become pregnant.*

E: *Yes, almost everyone here knows that those girls are not easy – even us boys, so somehow many boys don't disturb them. They go for other 'easy' girls*

(FGD with secondary school students aged 13 -17 years)

'OVC' were deeply aware of their vulnerability in the area of sexual and reproductive health. As a protective mechanism they enlisted each other's support to steer clear of trouble; they held each other accountable, rebuked one another when need arose, shared questions, worries and doubts and above all supported each other to remain safe even when in relationships with members of the opposite sex. At the external level within the school environment this group of 'OVC' had gained a reputation for not being 'easy' and as a result they were not being disturbed or distracted. This also served as another protective tool.

Apart from issues relating to their sexual and reproductive health, 'OVC' also found their peers to be supportive in other areas of their lives such as

education. For example they mentioned doing out-of-class revision together and supporting each other with class assignments and other school related tasks as shown below:

You see for us who know our background we don't waste time here [at school]. We make sure we read hard and we also tell each other not to waste time like those who have their parents and better opportunities

(Onesmus, 17 years)

For me it pains me when I see an orphan playing around during class time. I make sure I tell them to remember their circumstances at home which should be forcing them to work hard and excel here [at school]

(Stella, 13 years)

Okay, for me I am very 'sharp' [intelligent] especially in Maths so I make sure that I help those orphans like me who find it hard to calculate some numbers. In fact we have a reading group for the needy group... recently one girl who is not one of us got a calculator and she brought it for us to revise together so we welcomed her but told her to go if she is not serious because exams were near

(Duncan, 16 years)

In the excerpts above the determination and focus of 'OVC' to succeed and help each other within the context of a harsh school environment is so evident. Those in school take their schooling status very seriously and as an opportunity that they do not want to waste; and neither will they allow others to waste it. Just like in the area of their sexual and reproductive health, 'OVC' have also identified barriers and distractions to their educational status and experience. Following identification of these barriers and potential distractions [such as poor stewardship of time], they have worked out ways through which they will stay on course and succeed. Some of these ways include shared learning or revision including learning resources like calculators, not wasting time or hanging out with 'unserious' students and holding each other accountable or reminding one another when they feel one of them is going astray. It is clear that many 'OVC' have cultivated very healthy relationships based on

mutual trust, respect and support. It is on this foundation that they are better able to become a robust support system for each other.

In terms of the frequency this support from peers is generally an on-going resource. However it also has a dimension when it is very focussed and intense, for example during moments of crisis and helping out each other for example when they have to revise together in preparation for examinations. The role of this support system availed to 'OVC' by peers is multi-faceted but includes mainly that of companionship, emotional and informational roles that involve problem-solving scenarios.

Other support systems mentioned include the communities, some civil society organisations (NGOs) and government through its programmes like universal/free education or healthcare. What is very clear is that the support systems available to 'OVC' are unique and differ in terms of each of their source, nature, function and frequency. Depending on their unique individual circumstances, 'OVC' navigate through and negotiate this support in various ways – some successfully while others have been largely unsuccessful. Understanding this diversity, in addition to 'OVC' perceptions would be illuminative to 'OVC' programming.

Policy Interventions

The foundation of the knowledge base and morality guiding interventions was generally found to be weak. Some of the assumptions and correlations made have been not only simplistic but also misleading; for

example having a disabled parent does not automatically cause a child's future to be doomed or make them vulnerable. Yet this continues to be the basis for policy and practice as shown by the vulnerability criteria from Uganda's national OVC policy and action plan shown in Figure 2. A paradigm shift is therefore required among researchers, policy makers, practitioners and the general public when conceptualising and drawing conclusions about children. This will result in more objective and efficacious interventions.

DISCUSSION

The findings of this study challenge the research community's tendency to pathologise the experience of children commonly known as 'orphans and vulnerable children' ('OVC'). A non-problematization approach can be adopted through which these children can be better supported by leveraging their agency and existing resource base. I have highlighted that the majority of existing research presents 'OVC' as passive victims with poor health and socio-economic (see for example Kalibala & Elson, 2010; Kamali, 1996). We can draw from alternative conceptualisations of the childhood experience (such as Corsaro, 2005; Boyden, 2001; James & Prout, 1997; Vygostky, 1978) which argue that children are not passive victims but competent social actors and that childhood is socially constructed. The findings of this study demonstrate a more complex and multifaceted view, reflecting the children's experiences and placing greater emphasis on their coping and positive development.

- | |
|--|
| <ol style="list-style-type: none"> 1. Living on their own/institutionalized 2. Psychosocial status poor/potentially poor 3. Unstable environment (abusive, conflict, migratory) 4. In need, as determined by consensus but could include: inadequate food (one meal or less), inadequate clothing (fewer than three sets including uniform), poor shelter (grass thatch and mud walls), lack of/irregular education, regular cash income <US \$1 equivalent per day 5. Orphaned 6. Single/widowed caregiver or head of household 7. Chronically ill adult in household 8. Female caregiver or head of household 9. Elderly caregiver or head of household 10. Abandoned (parents known to be alive or assumed to be alive but cannot be located) 11. Parents or guardians cannot be located or are absent (are assumed to be dead or known to be missing and cannot be located) 12. Chronically ill child 13. Illiterate/not going to school 14. Disability |
|--|

Source: National Strategic Programme Plan of Interventions (NSSPI, 2004 MoGLSD)

Figure 2: Criteria currently used for identifying vulnerable children in Uganda.

This study shows that although 'OVC' have been presented as passive, apathetic and doomed; they do not feel and construct themselves that way. In fact this study's main participants strongly rejected the adult labeling that sees them as 'orphans and vulnerable children' ('OVC'). The term 'orphans and vulnerable children' is an adult construction and not one used by the children themselves; in fact there was no equivalent of such a term in the local language (Runyankore) and it could not be translated without losing its meaning. Participants recognised themselves as orphans or children living under difficult circumstances with a number of needs unmet; however they construct themselves as hopeful, resourceful, resilient and capable of making positive decisions and contributions – sometimes independently.

Generally the concept of 'OVC' is a convenient label used by researchers, policy makers and practitioners who have continued to ignore the positive and invaluable attributes that these children possess. Lumping 'orphans and vulnerable children' together is mainly for policy and programming convenience; however in reality they have distinct features, lived experiences, aspirations and challenges although there are some similarities. Because of the patriarchal nature of the contexts in which these children are embedded, their voices and own constructions have been deliberately or unknowingly suppressed. These constructs highlight adults' tendency to reduce children to descriptions based on overt observable situations with no regard for the feelings, perceptions and voices of those experiencing these situations. Ironically, and in a paradoxical demonstration of their will to survive in an adult-dominated world, children have taken on the labels constructed by adults such as 'OVC', street children, disabled children and victims (for example of war, HIV/AIDS or sexual abuse). This may be necessary for survival; however, these social identities are created by others and do not reflect the meanings that most children and their local communities give to their experiences. This has also been shown by recent research (for example Crivello & Chuta, 2012; Abebe & Skovdal, 2010). Elsewhere this has been referred to as a 'colonisation of life worlds' which critics like Skovdal (2009) have warned:

... could indirectly result in the subordination of their local understanding of themselves and the terminologies of life processes real to them. They could inadvertently be pressurised to take up a

formal language reflecting Western and professional discourses which simultaneously teach the children to devalue locally sensible relevancies and contexts (p.61)

Generally the constructs that adults develop about children can be seen as prescriptive, protectionist and guided by the ideology that adults 'know what is best' for children which leaves little or no need to enlist children's contribution to their own identity and well-being.

In light of this glaring gap I propose that a new term is coined which reflects how many children in difficult circumstances construct themselves. Looking at this study and findings from other recent studies on children demonstrating remarkable resilience (see for example Ochen, 2011; Mavise, 2010 and Skovdal, 2009), I propose the descriptive term 'Challenged but Hopeful and Resilient Children' (CHRC), derived from their own voices and experiences. I am aware that CHRC could also be looked at as yet another label; however it has been derived from children's experiences and perceptions. Furthermore, it is positive, provides a more nuanced representation of this study's participants and can be applied to similar contexts. Following analysis of this study's findings I argue that the voices of children, particularly 'OVC' need to be listened to and incorporated in mainstream literature. I have already mentioned that this study seeks a paradigm shift on thinking around children; therefore using more positive labels such as 'Challenged but Hopeful and Resilient Children' (CHRC) as opposed to 'orphans and vulnerable children' ('OVC') would significantly contribute to the conceptual shift I am arguing for.

It is important to note that there are other labels already in circulation, for example children in difficult circumstances and/or 'children in especially difficult circumstances' (cEDc); however as mentioned before these labels are also centred on vulnerability. In a subsequent paper I will further develop the proposed new label 'Challenged but Hopeful and Resilient Children' (CHRC), hoping that it can be an alternative to existing descriptions of these children in research, policy and practice.

From this position an improved framework of care and support for 'OVC' has been generated (see Seruwagi, 2014; 2012). Building on the limitations of existing interventions, it challenges dominant discourses on childhood and focuses on the agency,

aspirations and expressed needs of 'OVC'. A key argument is that nuanced and accurate representations of 'OVC' are critical to their support. This framework positions 'OVC' at the heart of their communities, highlighting the limitations of some cultural and structural aspects. It is cognizant of the strained community capacity (rupture theory), in spite of its willingness to provide quality care and support. The framework also aligns itself with, and supports, national policy and cherished cultural values that the extended family and community should be the first line of response for 'OVC'.

CONCLUSIONS

This research problematises existing literature and argues that generally adults have used statistics to label, categorise and distort the lived realities of children commonly known as 'OVC'. Involving them, listening to their voices and fully understanding their lived experiences, rather than using the representations given by researchers and other adults (McDonald, 2009), removes the risk of distortion of their social realities. Although there is a growing body of evidence on children's resilience (see for example Luthar, 2003; Boyden & Mann, 2005; Skovdal, 2009), the majority of 'OVC' research is problem-focussed and this has not only altered contextually-relevant social identities (Meinjes & Giese, 2006; Herbamus, 1987) but also shifted the way in which support for these children is negotiated, provided and sustained (Mavise, 2010; Skovdal, 2009).

The findings of this study show points of convergence with and divergence from previous research. In this section I focus on these differences and similarities in terms of children's coping capacity, their developmental outcomes, as well as the approach of existing interventions.

This study confirms that the capacity of the traditional local system to provide quality care and support for 'OVC' is overstretched. This is a converging point for most 'OVC' literature (see for example Kalibala & Elson, 2010; Oleke *et al.*, 2005; Desmond *et al.*, 2000; Foster *et al.*, 1997). The resources of the extended family and community have diminished with increasing 'OVC' numbers in need and as such these previously strong support systems cannot effectively respond to the current need.

Previous research views 'OVC' as uniform constructions with shared risks and vulnerabilities

(see for example Grooten, 2006; Atwine *et al.*, 2005; Nakiyingi *et al.*, 2003). Using this lens all children categorised as 'OVC' are regarded as passive victims who are vulnerable to economic, social and emotional stressors. In contrast to earlier findings, however, the findings of this study show that whereas the circumstances surrounding their lived experiences are indeed difficult, the impact is not always similar for all 'OVC' because they have both shared and diverse experiences. The diversity of the experiences of these children is shaped by a number of factors including their access to material and social support, relationship with caregivers, age, gender and religion among others. These factors will determine a number of things in the life of each particular child, for example their response to difficult circumstances such as the death or incapacity of a parent. This study therefore cautions against lumping all 'OVC' together as entities with only shared experiences and instead calls for recognition of the diversity of experiences, needs, capacities and the required interventions.

Related to the debates around vulnerability, they are generally portrayed as helpless victims whose only rescue will come from external sources – particularly adults, government or NGOs. This research shows that, contrary to dominant discourse, 'OVC' are not passive victims but active agents who construct and also respond to their experiences. They have some agency although this is constrained within an adult-dominated world that narrowly defines childhood and does not allow for children's meaningful contributions to emerge. This study shows a struggle between 'OVC' trying to make sense of their experiences and closed societal spaces which do not recognise this agency. These closed societal spaces are both ideological and structural and they have served to further entrench status quo while simultaneously disenfranchising children. A key position of this paper is that whereas 'OVC' require support they are also inventing and drawing from their own solutions to solve their problems; therefore anyone helping them should recognise this ingenuity. 'OVC' also help the community in diverse ways albeit unrecognised, for example as carers and not just recipients of care.

This study highlights the close link between perceptions and the interventions, including approaches, used in protecting and caring for children. This is in agreement with Moss & Petrie (2002) who posit that "our constructions of children and childhood inform our actions towards them" (p.99). This research therefore calls for a rethink of

policy and practice on children, especially in sub-Saharan Africa, informed by empirical research of their [children's] lived experiences. Confirming the notion that knowledge and social action go together, this study shows that policymakers and practitioners heavily draw from their own conceptualisations of childhood to plan, implement and evaluate interventions for children and 'OVC' in particular. The dominant ideology underpinning interventions is Anglo-centric (North American and European) and does not seem to recognise existing capacities and local cultural aspects such as the participation and contribution of children in the day-to-day functioning of their communities. In most sub-Saharan Africa, unlike Western Europe, children directly contribute to the functioning and continuity of their households and communities by providing age-appropriate labour and fulfilling reciprocal obligations (Mavise, 2009; Nsamenang, 2006) as an integral part of their socialization and fulfilling cultural expectations. Moreover the changing typologies of families in sub-Saharan Africa as a result of mainly HIV/AIDS, poverty and rural-urban migration mean that children continue to take on roles unheard of in other places. For example boys engage in some activities previously left for girls such as cooking. This does not entirely change their childhood status but rather demonstrates their adaptation to the changing environment or context.

Critiquing dominant childhood discourses and showcasing alternative conceptualisations was done in this study to demonstrate a more complex and multifaceted view, reflecting the children's experiences and placing greater emphasis on their coping and positive development (Skovdal, 2010). Childhood is not a universal experience but is socially constructed and a culturally-relative construct embedded in historical and cultural factors. This means that perceptions on what exactly constitutes child abuse vary from one local setting to another. For example in Western Uganda the nature of socialisation within most local communities is one which socialises children into roles that require them to contribute at household and community levels by taking on age-appropriate responsibilities. Whereas this has equipped many children with life skills, it can also be interpreted by 'outsiders' particularly from Western Europe and North America as 'child labour'. Without denying that child labour exists, it is important to distinguish this from socially accepted roles and responsibilities which form the fabric of identity for many Ugandan children. Missing on this would be detrimental to skills development and socialization –

yet some westerners discourage it saying it is harmful to health, well-being and child development. As a result of this ideology the majority of interventions have labeled some cultural practices abusive and made children passive recipients of support which has further undermined their inherent capacities and need to participate. Policy makers and practitioners should appropriately conceptualise and engage with children generally and 'OVC' in particular if their interventions are going to be efficacious and not perpetuate the longstanding cycle of vulnerability. As Lawnsdown (1995) states:

... there is a tendency in our society to rely heavily on the assumptions of children's biological and psychological vulnerability in developing our law, policy and practice and insufficient focus on the extent to which their lack of civil status creates that vulnerability (p.35)

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