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Problems Facing Orphans in Windhoek, Namibia: Case Study about Migration, HIV/AIDS and Food Security

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ABSTRACT
The orphan population of Namibia's capital city Windhoek has been increasing alarmingly. This paper investigated the problems that are facing orphans in Windhoek. Eight orphans and ten caregivers who migrated to Windhoek were individually interviewed. The findings spotlighted, among other problems, the severe level of food insecurity experienced by these children, who were also unable to attend school due to lack of financial means. The study recommends, among others, that the municipality of Windhoek should develop an internal migration policy stipulating clearly how to facilitate the livelihood of migrants including the orphans.

Keywords: Education, Food security, HIV and AIDS, Hunger, Migration, Orphans, Poverty, Windhoek, Namibia.

INTRODUCTION

This article stems from research conducted under the leadership of RENEWAL (Regional Network on AIDS, Livelihoods and Food Security) the aim of which was to understand the linkages between the triple challenges of migration, HIV and AIDS and food security (Ashton, Mushaandja & Pomuti, 2009). The study was conducted in three African cities: Namibia's capital city Windhoek, Johannesburg in South Africa and Addis Ababa in Ethiopia. Although a significant number of studies (e.g., Dima, Ogunmokun, & Nantanga, 2002; Frayne, 2007; Vergnani, Frank, Haihambo Ya-Otto, and Mushaandja, 2010) have been conducted and research findings are available on each of the triple challenges, attempts have not yet been made to examine the interplay between these three variables at the household level. One of the objectives of the Namibia case study was to identify problems and challenges that are specific to orphans as a critical element of society within the regional context of migration, HIV and AIDS and food security. This research objective is the focus of this paper.

Background of the study

The research site for this study was Katutura, a township northwest of Windhoek in the Khomas Region, Namibia. In 1959, the South African *apartheid* (apartness, separate development), colonial government established the township for blacks only. Before independence, most of the residents of Katutura were male migrant contract workers who came to Windhoek especially from the north of the country. Every time their contracts expired they had to go back home to the rural areas.

Initially, most of the migrant workers were accommodated in designated compounds. Later the compounds were demolished due to political reasons, and the workers were ordered to look for houses in Katutura. When they found houses, their families started joining them.

During the colonial era, any black person who intended to live in an urban area south of the country needed to apply for a pass. This was done to control the influx of black people into urban areas. After independence, the Windhoek's municipality started to accommodate squatters, again due to political pressure of the independent Namibia, whose aim is to undo the colonial legacy including the *apartheid* policy. This means that existing squatter laws are deliberately not being enforced by the Windhoek municipality (Dima, Ogunmokun, & Nantanga, 2002). The traditional philosophy of humanism and the availability of space for squatters led to the rapid growth of Katutura (Republic of Namibia, 1995).

Migration continues, primarily from the northern regions, for employment and education. The population of Windhoek has been growing at an annual rate of 15% to 20% (Republic of Namibia, 1995). In 2001, the population of Windhoek was about 224 000, which represented almost half of all urban residents in Namibia (Frayne, 2007). No other country in southern Africa has such a large proportion of its urban population living in the nation's capital (Dima et al., 2002). Since 1990, new informal and formal settlements in Windhoek were established on the periphery around the old core of Katutura. Currently, about 60 percent of the city's population lives in Katutura (Frayne, 2007).

It is estimated that the population of Windhoek will double between 2000 and 2015 (Frayne, 2007). Heita (2009) reported that rural-urban migration poses a threat to the provision of municipal services, adding that there was a decrease in school enrolment in the poorest communities in urban areas.

Life in Katutura is characterized by poverty. Unemployment is the root cause of poverty and "… racial discrimination from the past still continues today and some people are still being given better treatment on the job … In the private sector the colour of your skin counts. As long as the status quo remains in place, [black] people will continue to live in poverty" (Regional Poverty Profile: Khomas, 2007, p.13).

Poverty and unemployment contribute immensely to the population of vulnerable children especially orphans, as their caregivers have no means to pay for their school fees, food, medical aid and clothing. This increases the risk that some children may end up on the streets and become involved in risky behaviors, such as commercial sex work, to earn an income. Poverty makes them vulnerable to contracting sexually transmitted diseases and ultimately HIV and AIDS. Moreover, "… orphaned children who go hungry do not attend school or shy away because they do not want to face the rigorous academic pursuit in school" (Nyambedha, Wandibba, & Aagaard-Hansen, 2001, p.89-90).

According to the Regional Development Plan for Khomas Region (2001), AIDS is the number one killer in the Khomas Region. The highly mobile population of Windhoek accelerates the spread of HIV. The city has the third highest number of HIV/AIDS related deaths in the country. Every time a parent dies, the orphan population increases. As the orphan population increases, extended families are unable to cope with additional children in their families (Tjaronda, 2008). Referring to research studies conducted in Namibia regarding orphans, UNESCO (2005, p. 2) noted that " the relationship between HIV and poverty is like a two-edged sword. Each contributes to the other, thereby worsening the situation for those affected. Most prominent problems emerged from the research in Namibia are needs for food, access to education and social services, and psychosocial support. While not measured precisely in any research conducted to date in Namibia, cases of examples of stigma and discrimination can often be heard."

There are major differences in the geographical distribution of the orphan population in Namibia's main towns, with Windhoek having far more orphans than any other major town in the country. Table 1 shows a summary and projection of numbers of orphans, according to major towns, for the years 2001 and 2021 (Social Impact Assessment and Policy Analysis Corporation, 2002, p.35).

Table 1. *Geographical distribution of orphans in Namibian major towns*

Town	No. of orphans		No. of AIDS orphans	
	2001	**2021**	**2001**	**2021**
Ongwediva	430	1105	242	869
Oshakati	3100	7632	1748	6001
Swakopmund	951	2736	536	2152
Walvisbay	1951	3716	1100	2922
Windhoek	8101	24453	4567	19227

Traditionally, the extended family plays a significant role in caring for orphans. Most orphans live with extended family members, usually on the mother's side (Ministry of Health and Social Services, 2002). According to the National Plan of Action for OVC (Ministry of Gender Equality and Child Welfare, 2007, p.31), basic family units and extended families remain the primary caregivers to the majority of orphans. Orphans and their caregivers have access to assistance in the form of maintenance, foster or disability grants. The household income prior to the grant has to be less than N$1000.00 per month. Grants are N$200.00 (US$ 22.16) for the first child and N$100.00 (US$

11.08) for each subsequent child (Ministry of Gender Equality and Child Welfare, 2007).

The Ministry of Gender Equality and Child Welfare (2007) points out that little data is available on the health and nutrition status of orphans. Access to medical services is a concern for orphans. The Hospitals and Health Facilities

Act 36 of 1994 (Ministry of Health and Social Services, 1994) authorizes the Minister to grant exemptions for prescribed fees for health services. However, the regulations provide several

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possible categories of exemptions, but none applies to orphans as a group.

In practice, it is reported that exemptions from the prescribed health service fees can be granted to persons "… who cannot pay, but these exemptions are treated as 'debts' to the state which can prevent the persons in question from being able to access follow-up treatment" (Ministry of Gender Equality and Child Welfare, 2007, p.40).

The Plan of Action of the Ministry of Gender Equality and Child Welfare (2007) shows that malnutrition was higher for children not living with their mothers and that food security is a particular problem for orphans.

METHODOLOGY

The data were collected in Katutura, where many of the migrants from rural areas reside in both formal and informal settlements. Frayne (2007, p. 96) states that "Katutura is the primary destination of migrants to the city [of Windhoek], and appears to have the strongest urban rural linkages in Windhoek. Furthermore, it is home to more than half of the city's entire population and represents the poorest (and most vulnerable) sectors of society. It should be noted that the name Katutura is used to refer to both the formal area of the township and the informal areas to the northwest of the city."

Interviews were chosen as data collection method to enable large amounts of data about interviewees' perspectives on the problems facing orphans in Windhoek. Two sets of standardized interview guides were prepared to collect qualitative data from orphans and caregivers. Individual interviews were conducted with ten orphans' caregivers as well as with eight of the teenage orphans. The caregivers were purposefully selected based upon the ages of the children for whom they were caring and their relationship to these children. The orphans were also purposefully selected based on their age (no one was under 12) because the researchers assumed that the richest and most reliable information would be provided by the older children.

The interviews with the caregivers were conducted using a translator as necessary. The interviews with the orphans were conducted in English. In order to balance for any gender and/or cultural differences, one researcher is male Namibian (Oshiwambo mother tongue) and the other is female American/Namibian (English mother tongue). Findings of caregiver interviews as well as orphan interviews were coded and aggregated by general themes.

A proper ethical approach was practiced throughout the study. Participants were informed in their local languages about the purpose of the study and signed an informed consent. Participation in the study was voluntary, and participants were ensured that anonymity was maintained in the study. Participants could withdraw any time they wished. Confidentiality was ensured at all times and the data collected was only reported on an aggregate basis and never on an individual basis. The data collected was never linked to the names of individual participants. The data was kept secure and only available to the researchers. The researchers undertook to adhere to the Helsinki declaration, which emphasizes autonomy, beneficence, non-malfeasance and justice (Amdur and Bankert, 2007).

FINDINGS

Table 2. Caregiver demographics

Caregiver age	Orphan age	Relationship to orphan	HIV/AIDS status	Housing	Household members
19	7	Step-mother	Mother of orphan dead	Informal shack	5 (2 adults)
30	13,14	Sister	Mother of orphans dead	Informal shack	8 (1 adult)
32	13	Sister	Mother of orphan dead	Formal house	4 (2 adults)
34	1	Aunt	Mother of orphan dead	Formal house	6 (2 adults)
36	7,7,14	Grandmother	Father of orphan dead	Informal shack	5 (2 adults)

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40	14	Aunt	Father of orphan dead, mother HIV+	Formal house	12 (3 adults)
46	8,10,12	Grandmother	Mother and father of orphans dead, other son is HIV+	Informal shack	6 (3 adults)
49	1, 3, 14, 15	Grandmother	Mother of orphan dead, grandmother is HIV+, one orphan is HIV+	Informal shack	6 (1 adult)
51	13,14	Grandmother	Father of orphans dead	Informal shack	3 (1 adult)
63	6, 9, 10, 12, 14, 17	Grandmother, Aunt	Mother and father of 9 yr. old both dead	Formal house, orphanage	27 (2 adults)

All caregivers interviewed were female migrants, most of whom are middle age. Many caregivers were not comfortable saying whether the parents of the orphans died of AIDS and whether the orphans were HIV positive, because of fear of stigmatization and rejection. It is also noteworthy that the majority of caregivers were relatives, confirming the literature that most of the orphans stay with extended families, particularly grandparents, who themselves are also vulnerable. Furthermore, as the previous research found, traditional extended family structures are in the process of disintegration, thus orphans do not enjoy adequate care anymore.

Table 3. Orphan demographics

Age	Gender	Housing	Caregiver	Parental status	Household members
12	F	Informal	Grandmother, Aunt	Double orphan	27
13	F	Formal	Grandmother	Father dead, mother absent	3
13	F	Informal	Elder sister	Mother dead, father absent	4
14	F	Formal	Aunt	Father dead, mother sick	12
17	F	Formal	Aunt	Double orphan	27
14	M	Informal	Grandmother	Father dead, mother sick	5
12	M	Formal	Grandmother	Double orphan	6
15	M	Formal	Grandmother	Mother dead, father absent	6

The orphans interviewed were between the ages 12 and 17. Three of them are double orphans, while five are single orphans. The single orphans were not staying with their single parents. It is a trend in Namibia that single parents leave their children with their families to go look for jobs somewhere, get re/married or they do not just want to have a responsibility of bringing up their children.

Problems facing orphans
The orphans were facing numerous problems most of which were basic needs. The problems which were facing the orphans can be categorized into the following five themes.

Poverty
The caregivers reported that there was no money to care for the orphans' needs such as paying for the school development fund (SDF), food, clothing and other basic needs. Either orphans did not go to school or did not receive their examination report cards because they did not pay SDF. Although the Ministry of Education's (2008) "Education Sector Policy for Orphans and Vulnerable Children" mandates that SDF be waived for orphans, principals were not adhering to this policy (Vergnani et al., 2010). The dire need of revenue for schools forced school principals to force orphans to make contributions to SDF. The respondents reported that school principals wanted orphans to use portion of the maintenance grant to pay for SDF, or orphans should apply for exemption, a process which was bureaucratically cumbersome that caregivers had no courage to apply. "I do not even know where I can go apply for exemption," said one caregiver who was caring for three orphans.

Maintenance grants for orphans (N$200 or N$ 100 per month per orphan) were insufficient to care for

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the orphans' needs and to pay for SDF. Older caregivers, especially grandparents, those on pension or not working had the most difficulty meeting basic needs of food, water and clothing of orphans. However, some caregivers were eager to support the orphans with the limited resources at their disposal. A caregiver who sells food and had no fixed income said, " These are my late sister's children; they are like my own children. I will do everything possible to see to it that I feed them and send them to school … I sell food and make a bit of money … This one [one of her two orphans] does not have school uniform. I went to the principal and asked him for a grace period until end of next month when I will be able to buy the school uniform."

A grandmother reported that there is not enough money to pay for transport to hospital to get ARV for one of the orphans who was HIV positive. Another caregiver reported that there was no transport money to go to the government office to apply for a social welfare grant. She said, "…the problem is that you do not go there once, you have to go there several times." Unfortunately, these families lived on the periphery of the city far away from service providers – hospital, government offices, etc.; they had to pay more in taxi fares.

Hunger
As a direct result of poverty, all the families were food insecure. Some families shared equally; in some families the children ate first. When there was no food, the caregivers either asked neighbors, bought on credit or the households went hungry. To the respondents, food security did not mean accessibility to nutritious food, but accessibility to any food that "makes the stomach full". Balanced diet was not an issue as they could not afford it due to poverty. It was not a problem of the unavailability of food, but a problem of affordability of food. Orphans who were on ART were more food insecure as a result of unaffordability/inaccessibility of food and balanced diet. A grandmother caring for four orphans said her family in rural area in the north of the country did not send food because there were too many people in that household and not enough food there. In these families, one more person (orphan) could be a big burden in terms of having sufficient food. An elderly caregiver, who was caring for four orphans, compared the food security situation in Windhoek with that of the village in the rural area where she came from, "Unlike at the village [at the countryside] where people depend on food they produce [through subsistence farming], here in the city you have to go to the supermarket to buy food.

You have to have money otherwise your family will go hungry."

However, in many families, orphans are welcome. One respondent who is an aunt to the orphan she was caring felt obliged, "she [the orphan] is like my own child and not a burden; she is my younger sister's child. I am the eldest and I must care for her."

The orphans reported that they either went hungry or relatives sometimes brought food. When they went hungry, it was usually when they had to go to bed "without supper or with only porridge".

HIV and AIDS
Eight of the ten households have been affected by HIV/AIDS. Either the parents of the orphans died of AIDS and/or the orphans or the caregivers were HIV positive. Although some respondents, because of fear of stigmatization and rejection, were not comfortable saying they were affected or infected by HIV and AIDS, there were those who gave this information freely. For example, an HIV positive grandmother who was caring for an HIV orphan, was one of those who freely revealed their own and their orphans' HIV status. She said, "… it is not a secret, my granddaughter and I are HIV positive ... We are facing a challenge of hunger. How can we take medicine [ARV] on an empty stomach?"

It has been confirmed in various studies that HIV/AIDS is the significant contributory factor to the ever-increasing number of orphans in Namibia (Social Impact Assessment and Policy Analysis Corporation, 2002; Ministry of Gender Equality and Child Welfare, 2007). Some orphans are born HIV positive. Thus, caregivers had to take care of HIV positive orphans.

Child abuse
Some orphans were mistreated at home. One female orphan reported being sexually molested and beaten by an older male in the household (caregiver's husband). When she reported this to her caregiver, she was accused of lying and told never to speak of it again. She had to suffer in silence. One of the double orphans, who were taken care of by their aunt, said, "Before my father died we lived in a formal house in a different [rich] neighborhood, but when he died we was forced to move to an informal shack … Now we are treated badly and sometimes beaten." Some orphans reported that they were treated as "slaves". They had to do all the household chores. They stayed with the caregivers because they had nowhere to go. One female orphan said, "I miss my [late]

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mother but I must stay here and go to school and learn and pass. I want to go to the university and study and become a doctor." Thus, some orphans were resilient.

Need for psycho-social support

All orphans were suffering the loss of their parents and they were distressed. "She calls her [dead] mother in her sleep [she has nightmares]. I am planning to take her to the clinic," said a caregiver of two sisters whose mother just passed away. The caregiver was confusing the need for psycho-social support with a disease.

The basic needs of orphans were not being met. Homes have become adversarial settings. The most common problems listed by the orphans were hunger; being beaten by their caregivers and other children; having no money for food, school clothes, school fees, school books, and stationery; and fear of illness and death of theirs and/or their single parents.

Children were asked the following questions and here are some of their answers:
What makes you sad? "When I have no food." "When I think about my [dead] mother". "When I cannot go to school, because I cannot afford to pay school fees". "When I think that my sick mother will die like my father and I will have no parent."

What makes you afraid? "When I think that my uncle will beat me." "When I think that I will die like my mother."

What makes you happy? "When I am with my grandmother." "When I am at school playing with other children."

The orphans were faced by adverse conditions which require counseling. Unfortunately, they did not have access to that service. One caregiver was of the view that "counseling children in our community is a luxury. Provision of food, shelter and medicine [basic needs] comes first before you get to those things." Some caregivers "counseled" the orphans themselves. They encouraged them not to succumb to the problems they were facing.

DISCUSSION

Rural-urban migration, which started way before independence, continues with the capital city Windhoek attracting more migrants. The majority of migrants live in Katutura and informal settlements around Katutura. Life in Katutura is characterized by poverty and unemployment. Migrant families in Katutura accommodate orphans. Some orphans are also migrants who

came to Windhoek after the death of their parents in rural areas; and other orphans were orphaned after the death of their migrant parents who were living in Windhoek. Both two categories of orphans stay with their relatives usually females. Thus, although there is a belief that the extended family system in Africa has collapsed and is unable to support orphans anymore, the current study shows that many orphans still stay with extended family members especially female members on their mother side.

Although the extended family system still supports the orphans, it is not completely intact as it was in the past. This study reveals that the relatives who care for them mistreat them as if they were "slaves". This problem distresses the orphans. To the orphans home has become an adversarial setting. The findings show that many of the orphans were exposed to abuse and neglect. Lack of caring and compassion in their daily lives was visibly noticeable, preparing them for a future as uncaring and under-stimulated adults, who will have few sustaining experiences to draw on in their future relationships with the children in their care, and little recourse to constructive problem-solving when faced with the vicissitudes of life (Vergnani et al., 2010).

Having lost their parents and now were living with caregivers in poor conditions, the orphans were facing some problems most of which were results of poverty. The caregivers did not have money to provide for the orphans' needs such as paying for the school development fund (SDF), food, clothing and other basic needs. The issue of not having enough to eat is a central factor in feeling nurtured, reflecting the basic human needs of food, in addition to clothing and shelter. All households that participated in this study were food insecure. The issue of food security of the orphans interviewed revealed that 100% of the children mentioned that there was not enough to eat. Hunger impacted negatively on the orphans' school performance. The orphans indicated that they could not concentrate on their studies when they were hungry. This finding confirms what Nyambedha, Wandibba, & Aagaard-Hansen, 2001, p.89-90) found that "orphaned children who go hungry do not attend school or shy away because they do not want to face the rigorous academic pursuit in school".

This study reveals that orphans were finding it difficult to have access to education. This was due to a number of problems they were facing, one of which is the inability to pay the school development fund. In all of the case study findings, caregivers reported not being able to pay the

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required school development fund; even those who do receive social grants reported that the amount is insufficient. Thus by default, orphans were denied equal access to education in Windhoek.

The Namibian Constitution stipulates in its Article 20 that primary education shall be compulsory and free of charge (Ministry of Information and Broadcasting, 1990); and the objective of the *Education Sector Policy for Orphans and Vulnerable Children* (Ministry of Education 2008, p. 2) is "… to ensure that all school-going aged orphans and vulnerable children attend school and are not deterred from full participation through lack of financial means, material or psycho-social need, stigma, discrimination or any other constraints. Moreover, the out of school orphans and vulnerable children are encouraged to return to schools or provided with appropriate educational opportunities."

Thus, orphans do not only have the right to free education, but constraints that prevent them from going to school or return to school and stay in school and learn should be taken out of their way.

Despite all of the above mentioned problems, some of the orphans feel well cared for by their extended families, particularly those who are staying with their grandmothers. Indeed, those children who stay with their grandmothers stated that they do not perceive themselves as orphans. Each and every child expressed a dream to go to university to become a teacher, doctor, nurse, lawyer, accountant or engineer. Simply being able to express such a dream speaks to the resiliency and optimism of these children.

CONCLUSION

This study revealed that the orphan population of Windhoek is facing a myriad of problems including food insecurity and lack of access to education. The study makes some recommendations.

The municipality of Windhoek, in collaboration with the relevant stakeholders, should develop an internal migration policy stipulating clearly how to facilitate the livelihood of migrants, especially that of vulnerable groups, including orphans. Access to government services needs to be closer to the people who need the services, e.g., an office of Ministry of Gender and Child Welfare should be in the townships so that grant applicants have easier access.

The Ministry of Education must publicize widely the 'Education Sector Policy for OVC' so that caregivers know that orphans are exempted from paying SDF. Being unable to afford school fees should not be an obstacle for orphans in a country whose constitution guarantees access to education for all. The Ministry of Education should also put mechanisms in place to see to it that the policy is implemented in schools.

Children can become orphans at any time during their childhood. As a result, they are unable to cope with the economic demands of simply caring for themselves, not to mention the emotional and psychological needs associated with their situation. In such cases, school is the only safe and supportive environment on which they can depend. It is, therefore, imperative that orphans go to school and remain in school, where they can receive the educational and psychological support they require. The Ministry of Education, in collaboration with the relevant stakeholders, should consider how to render counselling services to those orphans who may need it. The appointment of educational regional counselors and teacher counselors in schools (Vergnani, Frank, Haihambo Ya-Otto & Mushaandja, 2010) is a step in the right direction.

Furthermore, there is need to "bring development to closer to the people" in rural areas, if rural urban migration especially to the capital city is to be minimized. People should be discouraged to migrate to urban areas where the living standard is too high. If job opportunities and good schools are availed in rural areas, people may be discouraged to migrate to the cities.

It must be understood that the sub-sample of orphans in this study is not representative of the population of orphans in Namibia. These children are living with extended family members in an urban area which is the capital of the country, while many of Namibia's orphans stay with grandparents or other caregivers in rural areas or are living unsupported on the streets. The problems faced by these orphans represent of only some of those faced by Namibia's orphans.

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