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Gender Differences In Livelihood Coping Strategies of Children Affected With HIV And Aids Related Deaths: A Case of Lusaka

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ABSTRACT
Zambia has the second highest number of Orphans and Vulnerable Children (OVC) in Africa. Their vulnerability partly as a result of the social and economic impact of HIV and AIDS threatens their well-being and security. This is the case as when parents become ill, the burden befalls the children who take on greater responsibilities for income generation, food production and care of the other family members. Based on this, this study explored how girls and boys affected with HIV/AIDS cope differently and how they manage to survive after the death of a parent. Data were collected from children aged 10-20 years old that had experienced HIV/AIDS related deaths of a parent or parents in a household. The findings of the study showed that there were gender differences in the coping strategies of children. The study further found that boys employed livelihood strategies such as doing minimal wage like jobs and going to the streets to beg while girls settled on working as sex workers and selling items on the streets as a way of livelihood coping strategies. In addition, the study not only revealed that children employed different types of emotional coping strategies which were either positive or negative, most of them had stopped school due to lack of sponsorship and for some, lack of learning materials such as uniforms and books. Some of them indicated that they stopped school because they had to generate income after the death of their parent(s). Based on the study findings, the author recommends that special attention and urgent support should be given to single parent households. Because the traditional role of the extended family in caring for orphans was threatened and weakened by HIV and AIDS, orphans were likely to live in poor conditions and have little chance of escaping poverty without external support. So their attempt to survive and continue as a family unit needs to be supported.

Keywords: Gender differences, Livelihood, Coping strategies, HIV/AIDS related deaths

I. INTRODUCTION

The HIV and AIDS epidemic has continued to be one of the world's dreadful challenges for more than two decades now. Since the first AIDS case was reported in Zambia in 1984, the impact the epidemic has had on the lives of children who have lost their parents to it has been bad. Children orphaned by AIDS are vulnerable in almost all aspects of their lives (Haworth et al. 1991). Their vulnerability is often displayed in cases where they are compelled to witness the prolonged illness of their parents that later die. Some of the many challenges faced by orphans resulting from the death of a parent include depression, increased malnutrition, lack of schooling, lack of immunisation, early entry into paid labour, loss of inheritance through property grabbing, early marriage, homelessness, exposure to abuse and increased risk of HIV (Hunter and Williamson 1997). Although most OVC relies on a network of support from family and community, it has not been easy for them because the traditional family has been overstretched with the number of children needing assistance. As a result, some children are forced to live in homes where they are resented or unwelcome and may be forced to engage in high-risk activities that make them vulnerable to HIV infection.

The social and economic impact of HIV/AIDS threatens the well-being and security of the affected children. As parents become ill, the burden is on children because they take on greater responsibility for income generation, food production and care of family members. Other than that, in cases where a caregiver is entitled to care for the family as the parent/s are sick, children are affected in the sense that as the medical costs as well as the expenditure that has to be covered during the funeral increase, the caregiver is forced to sell assets and borrow finances from friends and relatives in order to meet such expenses (ILO, 2003). As a result, the money in the household reduces which affects the amount of food and the education for the children. Therefore, due to the impact of HIV/AIDS, children face decreased access to adequate nutrition, basic health care, housing, and

clothing. Traditionally, as in many parts of Africa, orphaned children were usually absorbed into the families of their immediate relatives when parents died. However, because of the extent and speed of the disease, families are no longer able to cope as often due to the increased number of deaths at the same time caused by AIDS in one family group. A result is a growing number of children who end up living on the streets and having to survive on their own. In several instances these children had to take on the responsibility of the head of the house and, depending on their ages, they had to look after and provide for the younger siblings. As a result of their parents' deaths, children are affected in several ways including emotional well being, physical security, and mental and overall health (UNICEF 2004).

Available literature seems to support this view. There is an overall negative impact that is experienced by these children, that unfortunately, because of high levels of poverty in this region, only seems to get worse. The direct impact is usually physical with the children themselves becoming ill, and eventually dying. In many cases, poverty and inadequate resources, and support systems to provide nutrition, shelter and required medication exacerbate the high mortality rate among these orphaned children (UNICEF 2003). Even in instances where children have not contracted the HIV virus from their parent, these children are still at a high risk of different childhood illnesses including malnutrition (UNICEF 2003).

The traumatic effects of parental loss can have a further negative psychological effect on children's behaviour, emotions and thoughts (Calhoun & Tedeschi 1995). Children are equally prone to psychological distress and shock; first at seeing their parent's physical deterioration and helplessness and, eventually with experiencing their death (Gilborn et al. 2001 & Ndongko 1996). Psychological distress is expressed in varied ways. Some children take to living on the streets as a form of coping; depression is a common occurrence; various forms of juvenile crimes would be committed, including the abuse of substances (Gow and Desmond 2002a). Children may also become exposed to alcohol and drugs and use them as a way of suppressing painful effects (Calhoun & Tedeschi 1995). Aside from that, fear and anxiety about continuing livelihood and issues around security are common emotional reactions hence children may continue to carry the effects of trauma long after their parents die and even when they have been settled in a new environment (Calhoun & Tedeschi 1995; UNAIDS; UNICEF, 2003). AIDS still continues to carry a stigma in many parts of Africa and is still associated with shame, fear and rejection. This is yet another psychological effect that these children have to endure. (UNICEF, 2003; UNAIDS, 2000). There is evidence to suggest that children who lose their fathers due to AIDS become less depressed than those who lose their mothers. This has been attributed to the psychological nurturing that is believed to be provided by the mothers (Basaza & Kaija, 2002).

Issues of economic survival also have an effect on children orphaned by HIV and AIDS. This is felt primarily through the absence of basic amenities, the inability to enjoy past activities and, in many cases, withdrawal from school (Ndongko, 1996). In a study on the adjustment of orphans, Wild (2001) further stated that children in some cases may end up losing their inheritance. In some instances, even those children who are able to continue with schooling do not perform well and eventually drop out. Reasons for this have been attributed to lack of parental guidance, poor nutrition and, absenteeism as a result of having to take care of their ill parents (Basaza & Kaija, 2002).

Moreover, an increased incidence of children having to become breadwinners or at least significant contributors to the family finances is not unusual. Children find themselves in a position where they have to forfeit books and learning, with entering the job market (Jackson et al. 1999; Phiri & Webb 2002). Because they are unskilled, children end up performing manual tasks that are usually harmful, requiring a lot of effort with minimal wages. The economic impact can also be felt with respect to the health requirements of orphans. During the continued illness of a child's parents, available resources are normally diverted to obtain what nutritional requirements and medication are needed for the sick parent.

More directly, it has also been found that children living with HIV-infected parents are more likely to contract opportunistic illnesses like Tuberculosis, malnutrition and stunting (Wild 2001). As a result of their parent's illness, children can no longer obtain adequate levels of child care and may not be able to even attend health facilities because their parents are unable to accompany them (Phiri & Webb 2002; Gow and Desmond 2002). Once the parent dies, then even that slim source of funding is no longer available, making access to health care even more unattainable. Children's opportunity to receive adequate nutrition is also affected; the amount and type of food that children receive is greatly compromised and sometimes reduced. A study conducted in Uganda in 2001, showed that orphaned children do not receive adequate food to eat, nor do they have a consistent diet. Older children especially were less likely to eat more than a few times in a week (Basaza & Kaija, 2002).

Social stigma, gradual impoverishment, and stress related to possible increased responsibility may start and progress during the illness. (UNICEF, 2006). While the death of a parent is in itself difficult as it denies the child, among other things, the potential for being nurtured and protected by someone who loves them; it is, however, the subsequent life changes within the home that seem to have affected the children even more. When both parents die, children are unlikely to remain in their parental homes and may get split up among various relatives, thereby compounding their losses. They may be further denied access to other social networks such as school, friends and community. (Dane, 1997 as cited in Wild 2000). The 'sharing out' of orphaned children is a strategy employed by extended family members, in order to divide the responsibility of care. (Foster & Williamson, 2000).

The absence of parents or a concerned primary caregiver in a child's early years may impede the development of essential "mental processes and faculties". (O'Hagan, 1993). 'A child may experience psychological difficulty if they are not able to adequately gain and retain an understanding of the world, acquire moral standards' and be able to find a place for themselves within the context of a functioning unit (Berk, 2000). Bronfenbrenner's ecological systems theory views the development of a child through a social context of relationships within multi-levels of the environment, on a give-and-take basis. (Berk, 2000; Pryor & Rodgers, 2001). At the micro- and meso-system levels, a child interacts primarily within a nuclear family unit, and then later, within the immediate community of child-care, school, health professionals and the community. Thus a child's core well-being is governed by the quality and support provided within these interactions. At the macro-systems level, a child interacts within a wider community with culture, belief systems, attitudes and social policies. (Pryor & Rodgers, 2001). At this level, traditional extended family practices should have come into play for the children; unfortunately, they did not, and so the system failed them. The failure of these systems had thus denied the children of potential social capital but increased the probability of their suffering harmful negative consequences.

Although the literature indicates that the study of coping strategies in ordinary situations among children has received less attention than for adults, it has been acknowledged that most of the studies on children focused on specific coping strategies with respect to specific circumstances, such as chronic illness. A literature review conducted by Lazarus (1966) described coping strategies as the cognitive and behavioural efforts one makes to try to endure, escape or minimise the effects of stress. Furthermore, the United Nations report on violence against children in Pinheiro, 2006) reported that rejection; isolation and emotional indifference among others are perceived as forms of violence that could be harmful to the psychological development and well being of a child. Hence'the effects of early childhood vulnerabilities, due to loss of their parents, could have a lasting impact on these children in later life' which is already compounded by their lack of academic achievement(Raphael & Dobson 2000). Although a number of studies have been conducted in Zambia on HIV and AIDS, there is limited information on livelihood and emotional coping strategies employed by children from homes in George and Chazanga compounds of Lusaka District affected by HIV and AIDS deaths. This study was undertaken to find out the various livelihood and emotional coping strategies employed by children, boys and girls, affected by HIV and AIDS related deaths.

II. MATERIAL AND METHODS

This study employed qualitative research techniques to explore coping strategies. The study was conducted in George and Chazanga compounds in Lusaka particularly at the Home Based Care (HBC) and Chazanga Orphans and Vulnerable Children Group (COVC) respectively. These are both involved with people infected or affected by HIV and AIDS. They had the necessary records on households that experienced HIV and AIDS related deaths and therefore, they were able to assist in identifying appropriate study participants. The study was centered in the mentioned compounds because they are high-density areas where most people of low economic and social class live and also because of the high increase in the number of orphans and the prevailing socio- economic conditions of the areas which put the children in vulnerable circumstances. This study collected information from children that have experienced HIV and AIDS related deaths of a parent or parents. Focus group discussion was collected from children aged 10-20 with consent from their adult keepers. 20 children constituted the focus group discussion (10 girls and 10 boys). 5 girls and 5 boys from each compound were interviewed using a guide for the focus group discussion.

Ethical Consideration

Children information was treated with confidentiality and no form of personal identifiers was disclosed as confidentially was maintained at all cost on the results obtained from the study. The researcher gave potential respondents sufficient information on the study in order for them to make informed decisions about their

participation. It was made clear that any participant would be free to withdraw from the study at anytime.

III. RESULTS AND DISCUSSION

Results

One of the specific objectives of the study was to determine whether or not children from homes affected by HIV and AIDS employed any livelihood coping strategies. In order to achieve these objective, respondents were asked to state whether or not they are involved in any income generating activity and to state whether or not they look for ways to earn an income. One of the income generating activities mentioned was prostitution. One of the girls informed that: "I go to look for money in a lot of ways. At times, I go to the yards to wash clothes and they pay me even K500 which I use to buy small quantities of mealie meal commonly known as 'Pameela' for the family. Sometimes, I go to bars and wait for a man to get me to sleep with me and they usually give me between K5, 00 and K1000 for one round. They don't give me much because I insist on using condoms. They say that they can give me K1,500 without a condom but I refuse I tell them that I don't want I want with a condom because I can die of AIDS like my parents and I don't want because my parents suffered a lot. Sometimes I make K2,000 to K3,000 in an evening which I use to buy food for my grandmother and my brothers and sisters. At least this business gives me some money but I don't like it now what can I do." (George compound, 17 years girl).

For the girls who involved themselves in prostitution, it was the last alternative due to the many challenges they faced. They confessed to not liking what they did and had the view that given a chance, they would find a permanent job to just earn some money instead of prostitution. For the girls, their main concern is the welfare of their families and they feel responsible for their families hence the justification for their actions. "Yes, I have to work so that I can buy some food so I go to crash stones but sometimes, some men give me some money when they like me. They sleep with me and they pay me. There are three that come when they need my services. My aunt just suspects but she does not know how I get money to help at home. " (George compound: 18 years girl).

At times, the orphans have to go out to look for money for school, for food and rentals in order to help their guardians. This certainly cannot be easy for them hence the drop outs from school. One girl added that: "I go to sell groundnuts and sometimes sweet potatoes at the market so that I can help my mother with food and books for my school. I go to school in the morning and when I knock off, I go to sell so am thinking of stopping school so that I can just do something that will give me money to survive because there is no point in continuing with school when am just dull in class. When I stop school, I can make more money."(Chazanga compound: 15 years girl).

Another girl said: "if I don't work, then I will not eat so I have to work and I sell vegetables door to door for my neighbour then she pays me according to how much I have sold". (Chazanga compound: 15 years girl). At times, orphans have to go to extremes of missing school to look for money for home which has a negative impact on their education. For instance one of the girls disclosed that: "after school, I go to sell bananas at the market because my mother can't manage to do so. At times if we have no food at home, I don't even go to school because I have to sell bananas to have some food because at the market, they buy a lot in the morning so I miss school." (George compound: 13 years girl).

The boys, on the other hand, had also a similar experience of going out to look for ways of generating income for their well-being. The ways though differed to some extent from the girls but that is how they also earn their income. This according to them is what is expected of them by their guardians. Another 15 years old boy from Chazanga compound disclosed that: "I use a wheel barrow to do business. My brother and I carry parcels for people at the market or in Freedom Way to the bus stations or to the taxis. It is not easy but at least we help our mother with few things at home." In addition, another boy further disclosed that: "In the rainy season, that is when I make a lot of money because I go to K2000 a day..... But after the rain season, it is hard but I start selling plastic bags." (19 years boy).

Another girl informed that: "When we don't have anything to eat, I go on the streets to ask for money or food. Whatever is given to me, I take to my mother and we all share as a family". (George compound: 14 years girl). Another one disclosed that: "I go on the streets every day to beg along Great North Road on traffic lights. At least some people give me something. They give me K200 or even K300 and I buy food for the home to help my mother." (Chazanga compound:15 years girl). At times, orphans take desperate measures just to earn some income and do strange things to earn some income for their food as one of the boys said: "then I take my

friend and my friend acts like he is blind so that people can feel pity then I ask for money or food in town so that we can just have something to eat. I am the last born and my step father doesn't care since my mother died so I need to think of a way to survive." (George compound 15: years boy).

Most of the respondents also complained of being told off by the people they ask money from and it hurts them but they have very little or no choice at all and yet they have to swallow all the insults and bad mouthing. A number of orphans on the streets try to earn money there so that they can help themselves and their families. Some of them feel so responsible for their families even as young as they are and worse still, others have to fend for their own school needs because they really want to learn. Below is what one boy recounted about begging and his school: "I go on the streets after school to ask for money. That is how I raise money for my school books. When I have collected enough to buy even one book, I buy or I buy anything I need for school. My mother has no money to buy for me since my father died." (Chazanga compound: 15 years boy). Still another boy had this to say with regards to the insults they receive on the streets: "I go out to ask for money or food because there is not much at home so whatever is there; I try to leave it for the ones at home and I go on the streets to beg. Sometimes some people give me but some people insult me but I still continue for me to survive." (George compound: 15 years boy).

Still, others go on the streets because they are forced to do so by their guardians or else they would not eat at home. In many cases, children will not go to school so as to fulfill what the guardian wants if they do not want to be in trouble like one respondent said: "I go on the streets because my aunt tells me to also help bring something at home. I go to beg because I have to bring something at home and if don't, I don't eat anything because I have not contributed". (Chazanga compound: 13 years boy). Going on the streets for some girls is a bad experience because of what they have to go through. Prostitution is rampant on the streets because the girls need to be supported according to them and they need protection. They end up giving their bodies to the street boys who give them some money for their subsistence whilst on the streets. Some female respondents had this to say: "I go on the streets to beg and there, I end up sleeping with some boys from the streets so that they can give me some money if I have not made anything that day." (Chazanga compound: 15years girl) "I was on the streets because my aunt was mistreating me. It was better for me than being with her because I really suffered when I was with her.....streets are bad because as a girl, you can't do everything so we used to have boyfriends and we used to sleep with them so that they take care of us and protect us at night. Now, my grandmother got me and I am not on the streets begging." (George compound: 17 years girl).

Some orphans involved themselves in different types of piece work for some income as some children interviewed said: "I am a boy and my father tells me that I have to help him to look for food for the family since my mother is dead. So, I go to the industries to look for piece work to pack goods or foods. They give me K500 a day. If there is no piecework there I go to crash stones and I make even K1000 if I sell something. I also sell cigarettes sometimes if I find enough capital but the money for capital is difficult to find because we need to eat and pay rent at home." (George compound: 17 years boy). "Am a guy and I need to help at home somehow, I also need to please my girlfriend because she gives me what I need so I need to work. I sell in a shop in town so like today, am off that's why you have found me so that I can also see how my kantemba (makeshift store) is doing. I have to work hard to survive because my grandmother depends on what I bring..... " (Chazanga compound: 19 years boy).

Most males were of the view that they take some alcohol or drugs to forget some of their problems. In most cases, orphans interviewed thought alcohol or any other substance was the solution to their problems because, for a while, they forgot about their problems until they became sober again. They believe this is the way their problems can be solved and they embrace such ideas because of peer pressure as well. One respondent said, "I drink alcohol to forget about my problems at home. Sometimes I feel like running away and going somewhere I don't know where. I go to drink when I have problems at home. I go with my friends and I feel better but when I am not drunk, I just think about my parents why they died so soon and leave us in all these problems." (George compound: 18 years boy). "I know alcohol is not nice but my friends tell me that it will make me a strong man and face life's challenges as a man because since my parents died, things have been bad for us." (Chazanga compound: 17 years boy). "I smoke weed and I feel high when I smoke as if the world is smaller than me that's the way I feel. There is so much poverty at home so I just look for a K200 to buy weed and I feel all my problems are solved." (George compound: 20 years boy).

Boys who answered the questionnaire had mostly the view that they felt better when they shared their feelings with other people where as fewer girls shared the same view. Some of the views expressed by both sexes in the Focus Group Discussion where as follows: "I don't do anything to keep me busy because I talk to

my mother a lot and I feel good so am just okay." (Chazanga compound: 14 years boy). "I tell my mother how bad I feel that's when I feel better. I ask her why dad had to die and she tells me it was his time. Sometimes I just remember the way we used to live with my father and I just want to talk about it but it is very sad". (George compound: 15 years boy). "I just sit with my mother at home if I have nothing to do. I sell vegetables with my mother at home. I don't do anything to make me busy". (George compound: 15 years girl).

More girls were of the view that they would rather not share their feelings with other people because it pained them more. However, there were some boys who also said they would rather keep quiet on the death of their parent (s). "No one can make you feel like a child if your parents are dead. People just keep you because they have to but inside their hearts, they don't want but because they are your relatives, they just keep you like that so even if you tell them how you feel, they don't care so I don't even tell them how I feel. But it's very painful if you just keep things inside". (Chazanga compound: 14 years boy). "I don't want to talk about the death of my parents with anyone because it makes me sad especially when I see my friends who have both parents alive. It just makes me sad. At least if I had even just one parent it was going to be better." (George compound: 16 years girl).

The results obtained from the focus group discussion also revealed more information on health challenges faced by children from homes affected by HIV and AIDS. Most children would go to the clinic for attention but end up not getting it due to the many challenges they face. For instance, in one of the focus group discussions, a 15 years girl disclosed that: "I do not have access to a clinic because I need to pay and I do not have money to pay for a scheme". (George compound). Another boy said: "I go to the clinic at times, if am lucky, I am given medicine but most of the time, there is no medicine so I have to buy it myself and my father has no money." (Chazanga compound: 11years). In addition, one more girl added that: "When I am very sick and visit the clinic, they take me to the lab and while there, I have to pay for laboratory services even if I have paid for the scheme. So I have decided to start buying medicine for myself instead of spending money on the scheme". (George compound: 14years).

Another 16 years boy from George compound informed that: "It is wasting money to go to the clinic because my aunt says that clinics have no medicines". In a similar way, a 15 year old girl from Chazanga compound disclosed that: "I was given a prescription to buy medicine but I didn't have the money so I didn't buy the medicine". It is not surprising that some people resort to using traditional medicines because they have no money to buy conventional medicine from the chemists like one 13-year-old boy from George compound made it very clear that: "One time I was sick, then the man at the hospital said I had to pay K250 which I did not have and he told me to go and look for money. So I went back home and my grandmother found traditional medicine for me".

The results obtained from the focus group participants reveal more information on the challenges experienced by the children. For instance, in one discussion, one 12 years boy from Chazanga compound disclosed that: "I am doing grade 5 with no books so I pick papers and stick them in my old book so that I can continue writing in them. Sometimes my teacher used to chase me but now she does not because she has seen that I want to be in class with my friends." Likewise, another 11 years old girl from George compound informed that: "I am in grade 3 but right now I don't go to school because I was chased because I don't have uniforms. I was given 2 weeks at school to buy them but my grandmother has no money up to now so I don't go to school. At first, I was going to school but after 2 weeks, I was told to stop because I didn't buy the uniform and when you buy from somewhere else, they don't allow but the uniform is expensive."

Another 16 years old boy from George compound added that: "I do not have books and uniforms so I don't go to school I have even become dull now so I will just look for a job or anything to help me find some money for my needs but it is very unfair that the government is saying free education but we are being chased because we don't have uniforms." In addition, another girl disclosed that: "I am in grade 7 and I have nothing for school. No pens, no books, no uniforms. My mother cannot afford to buy all school requirements."

It may appear that government clinics are cheap but according to the study, the little money they have to pay is difficult to find and even when they find it, they at times need to buy medicines for themselves. Due to this challenge, some of them would rather not go to the clinic but instead opt for other methods such as traditional medicines that are cheaper or even free according to the respondents like one 14 year old boy from Chazanga compound said, "I take herbs to heal when am sick because she has no money to pay at the clinic since we are a lot at home so she can't manage to pay for everyone." Some respondents made it clear that they would rather buy food than go to the clinic because it was pointless to go there and pay money and be given

panadol (paracetamol). It is just the same as buying the medicine from the counter in a shop and save the rest for food. It was also evident that respondents just did not find it necessary to go to the clinic because they do not often get sick. Another boy said, "...it is wasting money to go to the clinic because I don't get sick every day for me to buy a scheme so my aunt says that she will just buy medicine for me when I get sick so when I get sick, then I go to the clinic, they tell me to pay for a scheme and my aunt says that when she buys the scheme, she also has to buy medicine so she says she will just buy medicine for me."(15 years boy: George compound) .

IV. DISCUSSION

The study revealed that both boys and girls employ livelihood coping strategies. However, it was discovered that while girls dominated in certain types of livelihood strategies, boys dominated in others. For instance, girls were more involved in selling on the streets and prostitution as a livelihood coping strategy while boys were more involved in doing piece jobs outside their homes and going on the streets to beg. It was also clear that for some strategies, both girls and boys employed them though not at equal levels. For instance, both boys and girls went on the streets to sell items such as vegetables and fruits, both involved in minimal waged jobs, both went out on the streets to beg for money and food. There was only one livelihood coping strategy that was dominated fully by the girls and this was prostitution. No boy was involved in this one as a livelihood coping strategy. The reasons for becoming sexually active included economic pressure, peer pressure and lack of parental supervision. Boys also dominated completely in jobs of carrying parcels or people on their backs in town as a way of an income generating activity in order to survive. As mentioned earlier, for almost all livelihood coping strategies, both girls and boys were involved and since this study wanted to determine which ones were common amongst girls and which ones were common amongst the boys. The results clearly showed that indeed there were gender differences in livelihood coping strategies of children affected by HIV and AIDS related deaths in both George and Chazanga compounds of Lusaka.

Additionally, the findings in the study were consistent with other studies like that of Chase (2006) that conducted a research in Zimbabwe on the survival strategies of orphans, vulnerable children, and young people. In the study, a wide range of strategies to help secure their basic needs was described by children and young people. These included fishing in the river; selling or exchanging whatever resources were available, such as mangoes and frozen drinks; working in other people's fields; herding others' cattle; washing or looking after cars; moulding and selling bricks; roasting and selling mice; bee-keeping; recycling plastic bottles; and many others. Noteworthy is the fact that boys described a wider range of potential income or resource generating activities than girls. While boys talked of fishing, hunting, brick-making, carpentry, herding others' cattle, and so on, the economic activities described by girls were more confined to working in other people's fields and selling vegetables from gardens, or asking neighbours for help in the form of food or soap or other basic commodities and prostitution.

In the same line, UNAIDS, (2004) survey found out that there were around two million female sex workers in India, of which 20% were under the age of 15 and nearly 50% were under 18 years old. In addition to the practice of exchanging sex for food, money, and clothing, young girls face a range of challenges that affect their well being. Similarly, a survey conducted by UNICEF (2001) estimated about 30 million children worldwide who spend most of their time on the streets. Of these, around 10 million are to all intents "abandoned", having lost or severed links with their parental homes. These children were prime targets for STDs and HIV infection. Their life style often places them on the wrong side of the law. Emotionally vulnerable and economically hard-up, such children are easily drawn into selling sexual favours. It is then clear from this study and many others that both boys and girls had dominated the streets as a coping strategy. The study further found that children employed different emotional coping strategies. These include taking alcohol, drugs, playing with friends. Drugs in this case according to the study discovered that Bostik (the glue that is sniffed) was used. The focus group discussion results also revealed that children employed social isolation, imitating deceased parents, being in the company of the family and playing with friends as emotional coping strategies. Research supports the understanding that difficult life circumstances and events are known to bring people with similar experiences together in supportive social notwithstanding whether it is perceived as positive or not networks (Janoff-Bulman & Berger, 2000; Chase, 2006). Therefore, there are various ways in which children sought to relieve the strain of the difficulties they faced.

Other than that, the study revealed that most boys were involved in alcohol and drug abuse as a way of coping with the situation. They were of the view that when they took such substances, they would feel better and forget about their problems. They also reported that this was not a permanent solution because once they sobered up, they still found the problem. This made them drink more so as to continue forgetting their problems. Nevertheless, such actions caused more problems as they became alcoholics and would often involve

themselves in other undesirable activities such as theft. This was all as a result of HIV/AIDS related deaths in a household. In a similar study conducted by FHI and USAID (2002) children indicated several strategies or activities that they employed to deal with the pain of the loss of their parents and the negative changes in their lives. Among them were playing football, crying, visiting and playing with friends, praying and talking to someone. The emotional impact of losing a parent affected the children badly especially the girls. They kept shedding tears occasionally during the discussion. It was obvious with boys, however, that they were pained and hurt in the way they spoke though they really tried to be stronger than the girls by suppressing their emotions.

During the discussion, most participants expressed feeling insecure, isolated and for some of those that lived with their guardians, unloved. The respondents also talked about being sad and still in disbelief over the deaths while others felt stigmatized. Janoff-Bulman and Berger (2000) spoke about the loss of invulnerability which the children experience, as being a part of "the aftermath of extreme negative events". The realisation that something so intense had happened to them leaves them feeling defenceless.

Moreover, in the study, children were of the view that the traditional family is not what it was and what it used to represent; most of the children made some reference to the changes experienced when they were no longer part of the connected family unit. The dislocations and deprivations that the children experienced meant that they had lost the family and can no longer access the protection that a family environment provides. As a result, many of these children were left without effective guidance and had to rely on their own limited competencies. Children begin to experience the effects of parental death from AIDS long before the actual death, and afterward. (CARE, FHI & USAID, 2003).

It is also clear that girls are much more affected when it comes to employing the coping strategies. The study found that as compared to boys, girls were more involved in income generating activities as they would go on the streets where they ended up getting sexually harassed by the males further making it. As a result, they would rather not talk about it. When it comes to health, results show that they did not easily have access to health facilities; therefore, they resorted to other means such as using traditional medicines or refraining from accessing medical care.

The issues raised in this study are in line with those identified in the literature review. Children whose lives are affected by HIV and AIDS through the death of their parents suffer the consequences at livelihood, emotional, educational and health levels. This study brought out clearly the differences in livelihood coping strategies of boys and girls. While boys were more involved in doing minimal wage-like jobs and going on the streets to beg, girls were more involved in selling items on the streets and prostitution as livelihood coping strategies. It is also clear that those children in homes that had experienced HIV and AIDS related deaths struggled when it comes to health. Most of them may have had access to the health facilities but did not have money to pay for the prescribed medicines which had put them at a risk of ill health.

V. CONCLUSION

The overall picture from the findings of the survey was that there were gender differences in livelihood coping strategies of children affected by HIV and AIDS and children employed emotional coping strategies. It was clear that children experienced health and educational challenges in their lives after the death of parent/parents. It is also clear that girls are much more affected when it comes to employing the coping strategies. They had the highest number of being involved in income generating activities when they went to the streets where they were sexually harassed by the males and would find it much more difficult to come to terms with the death of their deceased parent thus refraining from disclosure. When it comes to health, results showed that they did not easily have access to health facilities; therefore, they resorted to other means such as using traditional medicines or just not going to the clinic. Finally, with education, both girls and boys experienced challenges such as dropping out, lack of school uniforms and books. Children also employed emotional coping strategies both positive and negative ones. To them, whether something was good or bad did not matter as long as it made them feel better emotionally. Some positive forms of coping strategies included playing with friends and being in the company of friends whereas negative ones include taking alcohol and drugs. Based on the study findings, it is recommended that girls should be considered in making school programs because they have other social obligations at their homes. It is also advisable that urgent support should be given to single parent households so as to endorse social and economic support to improve the income of the surviving spouse and guardians through income generation activities. Lastly, because the traditional role of the extended family in caring for orphans is threatened and weakened by HIV and AIDS, orphans are likely to live in poor conditions and have little chance of escaping poverty without external support. So their attempt to survive and continue as a family unit needs to be supported.

REFERENCES

[1]. Basaza, R. &Kaija, D. (2002).AIDS public policy and child-well being: The impact of HIV/AIDS on children: Lights and shadows in the "successful case" of Uganda. Florence:UNICEF. Available http://www.unicef-icdc.org/research/

[2]. Berk, L.E. (2000). Child development.5th Ed. USA: Allyn& Bacon.

[3]. Chase E (2006), Is this coping? Survival strategies of orphans, vulnerable children and young people in Zimbabwe, Journal of social development in Africa, 21(1)

[4]. Calhoun, R.G., Tedeschi, L.G. (1995). Trauma and transformation: Growing in the aftermath of suffering. USA: Sage Publications.

[5]. Foster. G., & Williamson, J. (2000). A review of current literature of the impact of HIV/AIDS on Children in sub-Sahara Africa.AIDS 2000. Retrieved 15 August, 2007 from World Wide Web.

[6]. Gow J and Desmond C (2002). Impacts and interventions- the HIV/AIDS epidemic and the children of South Africa. Durban. University of Natal Press.

[7]. Haworth,A. Et al. "Social consequences of AIDS in 49 Zambian families: A descriptive study". paper presented at the VII International conference on AIDS, Florence Italy.

[8]. Hunter, S. & Williamson, J. (1997) Children on the Brink. Strategies to Support Children Isolated by HIV/AIDS. Washington, DC: USAID.

[9]. Haworth A. (1991). A Study of the Effects of AIDS upon Children in 116 Zambian Families, Lusaka: University of Zambia.

[10]. International Labour Office (ILO) (2003), Equality, Labor and Social Protection for Women and Men in the Formal and Informal Economy in Viet Nam: Issues for Advocacy and Policy Development (Geneva: International Labour Office).

[11]. Janoff-Bulman, R., & Berger, A.R. (2000). The other side of trauma: Towards a psychology of appreciation. In J.H. Harvey & E.R. Miller (Eds), Loss and Trauma: General and close relationship perspectives (pp. 29-44).Philadelphia: Brunner-Routledge

[12]. Ndongko, T. (1996). A preliminary study of the socio-economic impact of HIV/AIDS in Africa. Africa Development Vol. XXI, No.1, 1996.

[13]. O'Hagan, K. (1993). Emotional and psychological abuse of children. Buckingham: Open University.

[14]. Phiri, S. & Webb, D. (2002). AIDS public policy and child-well being: The impact of HIV/AIDS on orphans and programme and policy responses. Florence: UNICEF. Retrieved November 21, 2005 from http://www.unicef icdc.org/research.

[15]. Pinheiro, P.S., (2006). World report on violence against children: United Nation's secretary generals study on violence against children. Geneva:

[16]. UNPoverty and children: lessons of the 90s for least developed countries. UNICEF (2001). Prevalence, Abuse and exploitation of street children.

[17]. Pryor, J., & Rodgers, B (2001). Children in changing families: Life after parental separation. UK: Oxford Blackwell publishers

[18]. Raphael, B., & Dobson, M. (2000). Bereavement. In J.H. Harvey & E.R. Miller (Eds), Loss and Trauma: General and close relationship perspectives (pp. 45-58).Philadelphia: Taylor & Francis

[19]. UNAIDS, (2004) Report on global HIV/AIDS Epidemic (2004).New York.

[20]. United Nations Children's Fund (2003), The State of the World's Children , Oxford University Press, New York.

[21]. Wild L. (2001). The psychosocial adjustment of children orphaned by AIDS: a review. Southern African Journal of Child and Adolescent Mental Health 13(1): 3-21.

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