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ORIGINAL PAPER

Towards a Definition of Orphaned and Vulnerable Children

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Abstract The HIV epidemic presents challenges including orphans and a large mass of children rendered vulnerable by the epidemic and other societal forces. Focus on orphaned and vulnerable children (OVC) is important, but needs accurate definition. Twelve focus group interviews of service providers, leaders in these communities, OVC and their caretakers were conducted at six project sites across Botswana, South Africa and Zimbabwe to extend this definition. The loss of a parent through death or desertion is an important aspect of vulnerability. Additional factors leading to vulnerability included severe chronic illness of a parent or caregiver, poverty, hunger, lack of access to services, inadequate clothing or shelter, overcrowding, deficient caretakers, and factors specific to the child, including disability, direct experience of physical or sexual violence, or severe chronic illness. Important questions raised in this research include the long-term implications for the child and community, and the contribution of culture systems.

Keywords Orphans · HIV · AIDS · Orphaned and vulnerable children · Definition · Sub-Saharan Africa

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Introduction

The importance of considering the situation of children orphaned by AIDS has been made clear both by projections of the number of orphans expected, and the lack of adequate caring mechanisms and service structures to support them. However, looking at the situation of these orphans does not address the full scale of the problem, since the epidemic and surrounding poverty are generating a context in which large numbers of children are becoming vulnerable. The term orphaned and vulnerable children (OVC) was introduced due to the limited usefulness of the tight definition of the construct of "orphanhood" in the scenario of HIV/AIDS [15]. The term OVC in turn has its own difficulties as a construct, since it is has no implicit definition or clear statement of inclusion and exclusion. It therefore works as a theoretical construct, but requires explanation and definition at ground level.

Orphans are the focus of much academic and popular writing. Such work includes counts or projections of numbers of orphans [4, 6], examination of interventions required to provide adequate assistance [2, 6, 18], descriptions of the context and caring of orphans [1, 4, 11], and descriptions of the impact of HIV on children [1, 3, 18]. Some of

the material, particularly that in the popular literature, has sensationalized the issue. Examples of the "worst-case" studies of orphans are identified and these situations are extrapolated to all orphans in the region [9, 14]. Some projects have more recently extended their scope and worked more with the concept of vulnerability and services to assist these children [8, 17, 20].

An orphan is defined by UNAIDS as a child under 15 years of age who has lost their mother (maternal orphan) or both parents (double orphan) to AIDS [16]. Many researchers and intervention groups usually increase the age range to 18 years, but a number appear to use the UNAIDS definition. It is also being more generally accepted that the loss of the father would also classify the child as an orphan [13]. The UNAIDS definition has come under criticism for its lack of breadth and sensitivity to the situation on the ground for many children [7]. The criticism acknowledges that increasing the age covered by the definition to 18 does have policy implications, since this definition increases the number of children affected, but the context demands this acknowledgement [7].

Within the orphan grouping, layers of vulnerability are addressed as one system for adding descriptive understanding to the context of the OVC [4, 6]. There appear to be some implicit classification systems for orphans, such as the nature of their caregivers i.e., extended families, foster parents, community caregivers, child-headed households and those under institutional care [11], the level of additional assistance that is required [2, 6], and between maternal, paternal and double orphans [6, 11].

"Vulnerability" is much more difficult to define. The complexity increases when it is considered that this definition needs to guide work with children in multiple contexts around the world, and needs to avoid being construed as stigmatizing. World Vision [21] listed some identifiers, such as children who live in a household in which one person or more is ill, dying or deceased; children who live in households who receive orphans; children whose caregivers are too ill to continue to look after them; and children living with very old and frail caregivers. A consultative meeting in Kenya defined children as vulnerable if they lived in households with a chronically ill parent or caregiver, and in terms of access to key resources such as food, shelter, education, psychosocial and emotional support and love [10]. These categories focus on factors related to HIV. There is an entire set of variables that needs to be considered that relate to more general aspects of the child's context, such as poverty, access to shelter, education and other basic services, disability, impact of drought, stigma and political repression—all factors that could influence vulnerability [12].

A range of definitions has been used for describing vulnerability in children across a number of African countries [15]. In Botswana, children seen as vulnerable were street children, child laborers, children who are sexually exploited, who are neglected, those with handicaps and children in remote areas who are part of indigenous minorities. By contrast, in Rwanda, vulnerable children include those in child-headed households, in foster care, in institutions, in conflict with the law, street children, disabled children, children affected by armed conflict, children who are sexually exploited or abused, working children, children with parents in prison, children in very poor households, refugee or displaced children and children who get married before the age of majority. The definition of vulnerable children from South Africa included those children who are neglected, destitute or abandoned, living with terminally ill parents, those born to single mothers, with unemployed caretakers, who are abused or ill-treated by caretakers or are disabled. Finally, in Zambia, a state of vulnerability was assigned to children who were not at school, children from female/aged/disabled-headed households, children whose parents are ill, children from families where there is insufficient food, and children who live in poor housing.

With the creation of terms to name or define a group, especially a group seen to be having as many problems as OVC, they become objectified or automatically become targets for stigma. Care must therefore be taken with how the term is used, in both the academic and popular literature, as well as in care programs. [5].

Community definitions of the orphan and the vulnerable child are also often different from the definitions used by government and external agencies. For instance, assistance to children by the government is directed by particular age limits—any child that falls outside those limits may be excluded. There was general consensus during the focus groups that the government should adopt a "bottom-up" approach, taking guidance from community level when setting parameters for assistance. To get a real sense of where to introduce interventions or support, a clear understanding of the community's perspective is required. Time has to be spent in the community listening to people who are doing work there already, particularly the caretakers and the vulnerable children themselves. Work in this project, to obtain a common definition of OVC across the three countries of Botswana, South Africa and Zimbabwe, is one contribution to establishing a basic definition that can be used as a basis for planning around OVC at a general level, while acknowledging the specifics of each intervention site.

Methods

This research forms part of a much larger study aimed at developing interventions with OVC across seventeen research sites in Botswana, South Africa and Zimbabwe. The full study has multiple objectives, with the key aim being

Table I. Site of interviews with nature of the respondents and number in each group

Site of interviews	Nature of the respondents	Number
Botswana		
Letlhakeng	Primary caregivers in households of OVC	8
Letlhakeng	Community leaders including a chief and teachers and NGO staff including nurses and family welfare officers	10
Palapye	Members of the dominant NGO providing services, primary caregivers in households of OVC and OVC	10
Zimbabwe		
Bulilimamangwe	Traditional Chiefs and Headmen, Rural district council officers, social welfare representatives, local government representatives, staff of NGOs working with OVC	14
Bulilimamangwe	Primary caregivers in households of OVC including parents, volunteers who assist in the care of OVC and Church members who also provide assistance	30
Chimanimani	Traditional Chiefs, Rural district council officers, social welfare representatives, local government representatives, staff of NGOs working with OVC	15
Chimanimani	Primary caregivers in households of OVC including parents, volunteers who assist in the care of OVC and Church members who also provide assistance	20
South Africa		
Mathjabeng	Department of Health (DoH) home based caregivers for people with HIV/AIDS, DoH official and representatives from faith based organisations (FBO)	15
Mathjabeng	Representatives from a day care centre, an FBO and an NGO providing support to OVC and interested members of the community	9
Mathjabeng	Members of a the local task team set up to address issues of OVC, including representatives from the DoH, Dept. of Social Development and NGOs	8
Klerksdorp	Representatives from NGOs, a traditional healer and a volunteer from a local clinic	12

the development, implementation and evaluation of best practice interventions for OVC as well as their households and communities, to act as models for other sites in Africa and further afield. The aim of these interviews was to obtain a definition of OVC drawn from and having meaning for the communities in which the research project is being done. Ethical approval was this work was obtained as part of the ethical approval of the entire study from the ethics board of the University of the Witwatersrand in Johannesburg.

Research design and sample

The essential method of obtaining a definition was via focus group discussions with people in the communities, including service providers and orphans and caretakers, as well as broader members of the community. Group members were recruited on a purposive basis to try to ensure that there was an adequate representation of different sectors of the community who have contact with and work with OVC. These interviews were done as a first phase of research during the initial period of meeting with communities and requesting access, so would have been the first contact with people in the communities. The full list of interviews undertaken is provided in Table 1. All interviews were conducted in the language of the persons being interviewed.

Research question

Rather than using a fixed question or discussion schedule, the following statement was read to the group as a basis for discussion:

> With the HIV epidemic, poverty and other social problems, many children have been put at risk by the loss of parents or the increasing pressure that the epidemic and poverty have put on their community. The vulnerability can be seen in terms of illness, unemployment, violence, HIV, crime, desertion, etc. We are looking for a definition of such a vulnerable child. The definition will be used to guide a community-wide intervention directed at orphaned and vulnerable children, and will act a basis for the research. To repeat, we would like to get a definition of those children the community considers to be vulnerable.

A checklist of the major potential areas of vulnerability also guided the interviewers. These included principally the age limitations to childhood, definitions of orphanhood and vulnerability, indicators of vulnerability and orphanhood. Within the definition of vulnerability interviewers were asked to check specifically for issues around hunger, loss of schooling, illness, emotional issues, loss of resources, loss of caretakers, and also to probe for any new ideas from the group members. Finally for the identification of and provision of services for OVC, interviewers were also asked to identify differences between a vulnerable child and a secure child, places and situations where these children would be found, and to specify the rights of the OVC to services, inherited property, security, a home, food, etc.

Analysis

A thematic content analysis method was used in analyzing the data. The analysis went through a number of stages. Transcriptions of audiotapes of the groups were used for the analysis. The researchers in each country developed a report based on the interviews done there using a content analysis method. The content analysis was done by hand, without the use of computer programs. There was no fixed process to the analysis nor were there preset critical themes, other than what was provided in the research question. However the researcher had met previously and discussed the research question and approach, so there was a common understanding as to the nature of the task and the analysis required. The authors of the study were responsible for the analysis, all of which have considerable experience in qualitative analysis. Again there had been discussion on methods of analysis at a previous inter-country meeting to agree on an overall approach. The process was not overly pre-structured to limit the potential for bias and to allow for new ideas to emerge from each country. The reports were then drawn together into this document. All the research staff that worked on establishing definition reports for their own countries and sites agreed on the final analysis and definition as outlined in this document.

Within this document the construct for the OVC requires consideration of a number of components of the broad term, i.e. definition of a child and of an orphan, and of what constitutes vulnerability. These sub-definitions were outlined first, before the full definition was drawn together. There was considerable agreement on many of the constructs across all the groups and sites in the three countries. Some important variations in and nuances to the explanations according to context have to be addressed.

Results

Definition of a child

A child is primarily defined by age, with most common agreement being 18 years, which is the legal age of majority in many of the sub-Saharan countries. Ultimately, age definitions were felt to depend on the period of dependence of the child on the parents or caretakers of the household. The period of dependence could be extended considerably by many situations, including unemployment, extended studies, physical or mental handicap, or severe illness. Such individuals would not be considered as children, but would remain dependent and remain part of the load on the household.

Definition of an orphan

The most accepted definition of an orphan is a child who has lost one or both parents through death. This definition was immediately extended in most of the groups to include loss of parents through desertion or if the parents are unable or unwilling to provide care. In most cases the absent parent is the father. The feeling among some respondents was that fathers seldom return, even after the death or absence of the mother.

An initial question often raised was whether the loss of one parent constituted orphan status, and whether there was a difference according to which parent died or left. For most the loss of one parent was sufficient to classify the child as an orphan, especially if the primary caregiver was lost. A distinction was made here between a wage earner, usually the father, and a carer at home, usually the mother. Both were considered vital to the survival of the household and for the healthy development of the child.

A second concern was whether the child who still had a caregiver should be considered an orphan, since they still have extended family or caregivers from their community. This was raised particularly in view of the African context, where many stated that "orphan" is not a recognized term. Group participants pointed out that their community is not aware of the difference between orphan and a vulnerable child: "...a child remains a child right through, that is the African culture". However, others in the same group felt that some distinctions are made between orphaned and other vulnerable children, which impact on the provision of assistance to the children concerned.

The claim that African culture did not define orphan status was contradicted by statements made in one of the groups from Botswana. According to them, in Setswana there are two terms that describe an orphan: "lesiela" (lost one parent),

and "khutsana" (lost both parents). "Lesiela" is widely used because it is user-friendly and less derogatory; with "khutsana," there is the implication that the child has absolutely nobody to care for him or her, which is contrary to extended family norms. The absence of guardians certainly increased the potential vulnerability of the orphan. In Zimbabwe orphans were divided into two groups, those with and those without guardians. This emphasized the point made in many of the groups that being an orphan did not always mean that the child became vulnerable—it would depend on the quality of caretaking from there on.

It was often stated in the groups that in African culture as soon as a child was in need they would be cared for. While the sentiment is generous, there are many children who have had to suffer in communities without adequate care, and in fact have experienced abuse. The problem is even more pronounced now with communities overwhelmed by the burden of AIDS that is leaving behind considerable numbers of orphans and vulnerable children. The extended family also contributes to vulnerability on occasions, by taking from the child their inheritance and family land, and even sometimes abusing their social support grants. These are monthly grants provided by government departments to assist in the ongoing maintenance of orphaned and other children who live in very poor circumstances. This contradiction has to be addressed, since romantic notions about care in Africa could be detrimental to planning and leave children without care.

Definition of a vulnerable child

A vulnerable child was seen as someone who has little or no access to basic needs or rights. They may have both parents, but the child might be compromised in other ways. The definition of vulnerability was felt to reflect certain aspects of the context of the child. Participants drew on personal experience, knowledge of context, and documents such as national constitutions. Vulnerability was contextualized for many as the child not having certain of their basic rights fulfilled, and identification of problems in the environment of the child or problems that the child faces.

The basic rights of children identified across the groups were to a name and nationality including recognition via birth registration; a safe home and community environment; education; love; family care and support; sufficient food and basic nutrition, protection from maltreatment, neglect, abuse both in and outside the home; security from abuse and violence from both the community and the government; health care and good hygiene; recreational facilities; adequate clothing; and the right to make choices concerning their way of living, e.g., not being forced into early marriage.

A set of inherent and contextual factors indicating vulnerability was also developed. This arose out of identified problems or gaps in the provision of needs, or specific threats that existed in the communities, and includes the individual, family and community contexts that make the child vulnerable.

Some specific indicators for vulnerability in children, any physical or mental handicap or any other long-term difficulty that would make it difficult for the child to function independently; illness, either HIV or other major illness; and emotional or psychological problems. Particularly in the case of the latter indicators that need to be checked include apathy or helplessness that might show in the child being unhappy, dull, not performing well in class, being miserable or demotivated; or neglect of schoolwork, not attending school regularly, not performing well at school. Also at the physical level indicators could include signs that the child does not receive sufficient healthy food and constantly shows signs of hunger; constantly showing signs of not sleeping well; has poor hygiene or cannot engage in personal care; and does not have clothing or clothing is dirty or damaged. The final set of core indicators included abuse at emotional, physical or sexual level; use of drugs, e.g., glue, alcohol, cigarettes, marijuana or crack; and not receiving care, particularly love, guidance and support.

The family situations that make the child vulnerable include caregivers who are not able or willing to care for the children under their care, including alcoholic, poor and emotionally disturbed parents; handicapped (physically and mentally) or chronically very sick parents, e.g., confined to bed; or parents or caregivers not equipped to provide the care giving role. With the increasing pressure of the number of children being orphaned the danger of households being overcrowded or the ratio of children to caregivers is too high was raised. Of particular concern were abusive family members or caregivers, including those who commit sexual and/or physical abuse. The latter should also cover the use of excessive discipline and corporal punishment. Children of divorced parents were felt to be at risk. Finally there were concerns that the caregivers may lack financial resources to adequately care for the child; or lack skills in parental guidance and direction.

The community context in which the child lives also influences vulnerability. The group members identified the following areas of concern in terms of risk of being exposed to dangerous situations. Unsafe environments such as informal settlements without adequate housing, lack of toilets leading to the presence of raw sewage, or high levels of crime and exposure to and/or participation in crime, gangs and drug use were particular external threats. A lack of facilities for children to allow for safe entertainment and play, and for extramural activities; was felt to possibly deny children opportunities for enjoyment of the space of being a child and put limits on development. High levels of poverty were acknowledged as a general threat as this meant the child

having to go without many crucial resources. Finally, there were concerns about any community situations that prevent children from having a normal life, e.g. obtaining schooling, having time and space to play, being safe from physical or emotional threats etc.

Vulnerability is not an absolute state. There are degrees of vulnerability, depending on the situation of the child. As shown above, a number of factors contribute to a child's vulnerability. Each of these could add to the cumulative load that the child carries. The extent of the crisis and additional problems associated with it will also affect the impact on the child. Other factors that influence the impact of a stressor include—the age at which the loss of parents and assets took place, the state of development of internal resources within the child, and any coping strategies or support structures put in place. The most vulnerable are those children who have no caretakers, with street children being the most vulnerable among them. Street children are found at shops and malls, on streets, in market areas and abandoned buildings, and at road junctions and refuse disposal sites.

It is important to note that a balance of aspects in the child's context determines vulnerability, so even if one component goes wrong the child could suffer considerably. One example provided is that a child may be provided with all their basic needs, but be abused by the caretaker. One group expressed concern that although parents may show love and care, and provide well for a child, they may also practice excessive discipline or abuse the child. Ultimately, each child has to be examined individually to determine their own vulnerability, but it remains important to establish some central constructs for this definition. There was a particular fear of children being abused behind closed doors, and a sense of a lack of power to do anything about the risk.

> Families cannot be relied upon; a case of an uncle who took children under his protection. It later turned out that he was abusing them. We tried to call the police after we visited him and found out but he has since disappeared. He used to buy books, clothes, etc.; now these children are at my home and my mother is also unemployed.

Definition of a caretaker

A caretaker is the person who plays the key caring role for the OVC. The person should be able to provide all aspects of care and be responsible for the child under their care. The roles for caretakers are seen as being to protect the rights of the children in their care as far as they are able; provision of basic requirements of life and development such as shelter, food, education, clothing and health care; provision of environment for psychosocial development and to support, moral, cultural and religious instruction, as well as basic hygiene; being responsible if anything happens to a child and being there to attend to the child; and ensuring that the conditions exist for adequate emotional development.

In many debates there is talk of a primary caretaker, but this needs further definition. In the focus groups there was division as to whether the primary caretaker is the person who provides emotional care, or the person who brings in the financial support. While they were seen as separate with strong gender overtones as to who could effectively provide is each role, both were considered as being of key importance to the ongoing survival of the child.

Overall definition

An overall definition is required for intervention and research, which raises considerable complications—especially if an absolute answer is sought. The definition needs rather to incorporate a range of factors that may be important.

There appeared to be agreement that the age limit for definition of a child should be 18 years. An orphan is a child who has lost either one or both parents. The remainder of the definition needs to centre around three core areas. The relative importance of each will be defined by context: *Material problems*, including access to money, food, clothing, shelter, health care and education; *Emotional problems*, including experience of caring, love, support, space to grieve and containment of emotions; *Social problems*, including lack of a supportive peer group, of role models to follow, stigma or of guidance in difficult situations, and risks in the immediate environment; Vulnerability may be defined according to what is immediately seen in a situation and what is more easily measurable.

An initial attempt to operationalize and measure from the definition is provided below. One danger of this approach is that it is biased against hidden problems such as emotional issues and abuse, and can put excessive emphasis on income and financial security. The discussions within the groups and critical examination of the definition raised a number of questions, which need to be addressed.

The community factors that form part of the vulnerability of a child affect all children in a community. This raises the question of whether all children living in certain contexts should be considered OVC. One method of addressing this would be to look at likely exposure to the negative influences, or whether the impact of these community factors is variable across the community.

A clearer discussion of what is meant by vulnerability is also required. As a starting-point it implies real risk of long-term damage. This would include vulnerability to infection with HIV, dropping out of school and losing out on an education, experiencing development problems through lack of food, or having social problems due to not being cared for or being denied a role model. These points can

start the discussion, but the complexity of the definition requires more thorough debate and more inputs.

In order to be able to measure vulnerability using a survey or general data source, easily measurable criteria are required. For this exercise two aspects of measurement have to be considered, namely the ease or even possibility of measurement, and the likely accuracy of the results. Constructs that are more easily measurable include death or desertion of parents; severe chronic illness of parents; illness of child; disability of child; poverty/income levels, including difficulty in accessing to grants; poor housing; difficulties in accessing services, e.g., schooling, health and social services; and inadequate clothing. However, even here considerable problems must be recognized and it may be difficult in any situation to get full and accurate measures of these variables.

Some of the more difficult variables to measure are emotional problems; occurrence of abuse, including excessive discipline; and substance abuse by caregivers or the child.

These are often hidden or are less tangible, and so less open to measurement. However, their implications for the child can be as great as or greater than those more easily calculated, so they also have to be considered. There are options for the use of psychometric scales or observational research methods to collect this information.

Conclusions

This discussion provides a starting point for the construction of a definition of OVC that can be used for the development of interventions, and for the development of further research to adequately understand the position of OVC. The variation across contexts requires specific consideration, as stated under "Methodology." However, there was strong agreement across all the sites and as to the content of this report. The results are also similar to those obtained from research in many other countries. It is useful to note that similar debates and decisions around definition and support were generated in Rwanda in discussions about assisting vulnerable children after the genocide [19].

There are a number of immediate confusions around the levels of need of OVC, the relative readiness of governments to step in and assist the people in the country, and the role of culture in responding to the situation of HIV. The influence of these and other contextual variables on vulnerability and on the nature of the vulnerability that the child would experience have to be considered in the ongoing development of a construct of vulnerability. For example, if a rural community is experiencing a drought, then access to food and water becomes core to the care of the children living there. However, even given these needs for flexibility, it is possible to develop an overarching set of constructs that can be used to understand the vulnerability that children face in certain communities.

At the basis of all of this work is the desire to address the needs of OVC. A definition of such vulnerable children provides a basis for understanding the range and nature of needs that vulnerable children face. In each context, greater specificity about needs will have to be obtained, but this is part of the development of interventions that seek to roll back the impact of HIV and other challenges to childhood development.

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