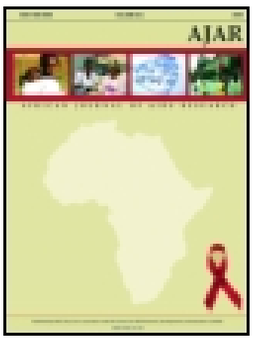

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Childcare in poor urban settlements in Swaziland in an era of HIV/AIDS

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This paper explores the role of the family in caring for orphans and other children in poor urban communities having some of the highest levels of HIV/AIDS prevalence in the world. A range of family forms in Swaziland was found to be caring for orphans. Child-headed households and lone-elderly carers were not the most common; maternal kin played a more important role in orphan care than did paternal kin, indicating both stresses due to AIDS and the dynamic nature of the family. Women of all ages were bearing the brunt of the extra care responsibilities caused by the epidemic. There was limited involvement in children's well-being by agencies of any kind and orphan care remained largely situated within kin structures. The AIDS epidemic was impacting on families in a variety of ways, with a corresponding increase in poverty and vulnerability. Carers did not perceive orphans as a separate category of children requiring assistance over and above any other vulnerable child. Families require assistance at the household, community and national level. Meanwhile, community-based initiatives were poorly developed. Welfare sector policies should strengthen the family model of childcare by increasing support to the poorest families rather than treating orphans as a separate category of vulnerable children and thereby excluding other needy children.

Keywords: Africa, family care, gender roles, patriarchal society, social welfare

Introduction

'*I take an orphan to be a child who has no relatives. In Swazi culture any child who has a relative is not an orphan. This is why we don't have orphans in Swaziland'*, explained a grandmother carer interviewed in this research. Although orphan numbers are increasing rapidly in sub-Saharan Africa, targeting resources to assist orphans is hampered by the incomplete understanding of cultural constructions of orphanhood and the care-giving arrangements that occur in families and communities, as well as by the lack of accurate numerical data. In compiling their joint report, UNAIDS, UNICEF & USAID (2004) use mathematical models to estimate orphan numbers and to separate out orphans who have lost parents due to AIDS; caveats are included as to the accuracy of these estimates, given that they are based on less-than-perfect demographic and epidemiological data (p. 34). For the first time, the 2004 report includes children under 18 years rather than just children under 15 years, which is in line with international definitions of childhood. The report suggests that 12% of children in the sub-continent have been orphaned. This gives a total figure of 43.4 million orphans in sub-Saharan Africa, of whom it is estimated that 12.3 million or 28% are orphaned because of AIDS.

This paper aims first to explore the Swazi cultural construction of fosterage, and secondly to assess the changing childcare role of poor urban families in a context where HIV/AIDS prevalence in 2002 reached 38.6% of the adult population, the highest in the world (Ministry of Health and Social Welfare, 2002). Using qualitative methods in areas of informal urban housing in the capital Mbabane, the fieldwork examines childcare arrangements in 25 families and includes children orphaned by AIDS or other causes (crisis fostering), children fostered under more traditional kinship arrangements (parents alive), as well as children living with a biological parent(s). A more nuanced understanding of family childcare arrangements is needed to help direct resources to the most vulnerable children within families. The paper demonstrates that the 'northern' way of looking at orphanhood is too simple and in reality does not work. The fieldwork revealed the dynamic nature of the Swazi family, in particular the emergence of unmarried mothers who remain within the matrilineal extended family, and the diminishing role of patrilineal kin in the care of orphaned children. There was little evidence of children living entirely alone without an adult care-giver and most orphans were being looked after within kinship groups alongside other children. It is argued that any intervention should therefore target the most vulnerable children as identified by the community, rather than singling out orphaned children as a separate category. Finally, the paper ends with some policy recommendations.

Research into the social, cultural, economic and political situation of orphaned children, in particular, is still relatively embryonic (Madhavan, 2004). Building on the valuable work of studies of orphan care and fosterage patterns in sub-Saharan Africa (Goody, 1973 and 1975; Isiugo-Abanihe, 1985; Castle, 1995; Suda, 1997), there has been intensive interest in the role of the extended family in caring for orphans in an AIDS epidemic (Ankrah, 1993; Foster,

Shakespeare, Chinemana, Jackson, Gregson, Marange & Mashumba, 1995; Aspass, 1999; Foster, 2001; Nyambedha, Wandibba & Aagaard-Hansen, 2003). The debate has centred on whether the extended family or other unrelated carers is a robust enough network to act as the focus of initiatives aimed at community-based support for children orphaned by AIDS, and, if it is, what form such initiatives should take.

The African extended family is clearly dynamic, evolving and accustomed to responding to change, as Bryceson (2000, p.3) shows, in a wider context, in her work on social change in rural families in seven African countries (Nigeria, Ethiopia, Tanzania, Congo-Brazzaville, Malawi, Zimbabwe and South Africa):

> There are four major tendencies evident in the current social restructuring, namely: resort to incomplete family units, i.e., locational separation of the reproductive couple for the sake of income-earning; reduction in the size of large extended families in the direction of nuclearisation; weakening of dependency ties on gender and age lines within family units; and women's efforts to use matrilineal ties to further their material security.

Madhavan (2004) suggested that support networks are perhaps changing rather than breaking down, and that non-kin are perhaps increasingly seen as sources of support. He warns that without an understanding of the social context of the families targeted to receive help, external forms of intervention may waste resources and even exacerbate conflicts within the community to the further detriment of children's well-being.

Ambiguity of terms in the AIDS literature

One problem in the AIDS literature is the definition of common terms such as: community-based care, fostering, orphans. Community-based care is an ambiguous term with a variety of meanings (e.g., care in the community, care by the community), as Ansell and Young (2004) found in Lesotho and Malawi. They suggested that policy responses should target households rather than assuming an "identifiable static community to which orphaned children and their guardians belong" (Ansell & Young, 2004, p.4), since, "in practice, communities were found to have minimal involvement in caring for incoming children" (p.6).

The term 'fostering' is also ambiguous. In some cases it is used to mean the relocation of children away from the natal home for a period of time, such as for educational advantage or domestic services, thus increasing family ties. This type of fostering is referred to here as traditional fostering. In other cases, the child may have lost contact with the parents due to armed conflict, fleeing as a refugee, or the parents may have died. The latter type of fostering, common in an AIDS epidemic, may be termed crisis fostering and is not new to the African family (Isuigo-Abanihe, 1985; Aspass, 1999; Tolfree, 2003).

Aspass (1999) refers to the wide body of literature on culturally-sanctioned fostering in sub-Saharan Africa. This fostering has often involved reciprocity between the natal family and the foster family and has strengthened family ties. However, as Aspass notes, fostering in an AIDS epidemic is more akin to the less common "crisis fostering" described by Isuigo-Abanihe (1985, p.57) as "child relocation resulting from the dissolution of the family of origin through divorce, separation, or death of a spouse." Akresh (2003) has worked more recently on fostering arrangements in Burkina Faso and tested the assumption that the decision to send a child to another household should influence the decision to receive a child in an equal and opposite way, and while he found rational economic reasons for sending a child to another household, the household receiving the child did not necessarily benefit. Akresh (2003) concluded that there was a need for a richer model that incorporates altruism in fostering arrangements, and, indeed, this is pertinent for some families in Mbabane, Swaziland. Given the lack of reciprocity involved in crisis-fostering, this fieldwork in Swaziland examines some of the reasons, such as a sense of kinship duty, for undertaking the long-term care of children orphaned in an AIDS epidemic.

The term 'orphan' is also problematic and has different meanings in different contexts, and again the author questions the rationale of targeting resources for one category of children. Although UNAIDS, UNICEF & USAID (2004) have now adopted international definitions of childhood and included children under 18 years (rather than under 15 only) in their estimates of orphan numbers, the social construction of the word 'orphan' within families and communities is actually less clear or may be misused for perceived personal gain. For example, Carr-Hill, Kamugisha, Katahoire & Oulai (2002) have noted the challenges of keeping accurate records of orphans in Tanzania and suggest that data on the extent of orphanhood will remain difficult to determine in many countries. Enumerators were found to confuse orphans with foster children (that is, children who live away from their biological families with other members of their family), while double counting sometimes occurred when children moved from place to place. Further problems arose with the term 'orphan' because of particular connotations with the AIDS epidemic. They noted under-reporting of orphans, due to stigma associated with the cause of death of parents and fear by ailing grandparents that the children may be removed from them; and over-reporting, in order to receive more material help.

Inclusion or exclusion of 'other children'

Apart from the above discussion on the ambiguity of terms used to describe categories of children, there are problems associated with singling out orphans to the exclusion of other vulnerable children. This paper therefore focuses on all children cared for by family respondents, not just those orphaned by AIDS. Children whose parents have died from AIDS illnesses may be constructed by demographers as a separate category, but, in reality, they mostly live alongside other children within families. Furthermore, while orphans due to AIDS have specific needs and make up the majority of orphan numbers in countries with high HIV prevalence, there are other orphans to be considered. In addition, extremely poor children with living parents must not be forgotten. They are also affected by the epidemic, as orphaned children may join their households when relatives die and meagre resources become shared between more children. How can

greater synergy be achieved among those wishing to improve the lives of children made vulnerable by the AIDS epidemic? It seems unlikely that a piecemeal approach to certain categories of children is likely to succeed. However, some authors disagree with this argument.

Case (2004, p.481) argues that "policies that are aimed at reducing the bias against orphans should operate by reducing the price of investments in orphans relative to non-orphans, for example through educational subsidies or non-transferable vouchers for schooling that are earmarked for orphans". However, specific targeting of orphans, rather than more general poverty-alleviation measures, may not produce the gains Case (2004) envisaged. For example, the household-level under-reporting and over-reporting of orphans, and the serious problems this causes for the provision of education, are well documented (Carr-Hill *et al*., 2002). In addition, the absence of accurate records, including birth certificates (UNICEF, 2003), to establish a child's parentage and orphan status are tangible problems, but there are also intangible difficulties such as the social and cultural perceptions of interventions that favour some children over others. Williamson & Donohue (2001) noted that some Malawian communities were beginning to see orphans as a privileged group and resented this because it undermined extended-family mechanisms. Meintjes, Budlender, Giese & Johnson (2003), researching childcare in South Africa, also argued against treating orphans as a separate category of children, for similar reasons.

Identifying stress in extended-family care-giving

There is much agreement in the literature that family care is more appropriate and cost-effective than institutionalised care (UNAIDS, 2002; Dunn, Jareg & Webb, 2003) and that close relatives are preferable. Case (2004, p.481) states: "Our finding that investments are higher among orphans who are cared for by closer relatives may suggest that policies that are aimed at keeping orphans with close kin may be beneficial." Although this is not possible for every orphan, it is argued here that policies must be designed to strengthen current caring networks at household level in a culturally sensitive way that does not separate orphans from other needy children. Some authors question whether, in areas of relatively high HIV/AIDS prevalence such as Swaziland, the kinship group is still robust enough to absorb more orphans. They cite child-headed households and increasing numbers of street children as indicators of an extended family system that is close to breakdown. Again, these assumptions require further contextual analysis.

Masmas, Jensen, da Silva, Hoj, Sandstrom and Aaby (2004) refer to how Foster *et al.* (1995) consider cases where siblings are caretakers of orphans in Zimbabwe as an indicator of stress in the extended family. However, the study by Masmas *et al*. (2004) in Guinea-Bissau found that 5% of orphans were living in the care of a sibling, but in all cases this was a much older adult sibling. They suggest that the age of the sibling caretaker should be taken into account before assuming that sibling care is an indicator of stress in the extended family. Such simple definitions do not take into account the social setting, such as the presence or absence of close support of other family members and neighbours, the age and gender of the children, or access to food, education and income, when assessing the vulnerability of this type of family unit.

Some authors suggest that as families become overwhelmed by AIDS-related deaths and impoverishment, children will no longer be absorbed within the kinship group and that some may become street children who lack the skills to fit productively into society (Barnett & Whiteside, 2002). Cornia (2002, p.12) refers to children whose parents are so impoverished by AIDS that they abandon them: "And in Swaziland, the number of social orphans now exceeds that of natural orphans." Given that there are no really accurate figures for the number of orphans in Swaziland (only estimates from mathematical models), it is difficult to comprehend the assumption about 'social orphans' in Swaziland. Bray (2003) has warned about describing very vulnerable children as a threat to society without basing such descriptions on empirical evidence. Apart from the confusion and ambiguity caused by categorising children into specific groups, whether as social orphans, street children, or child-headed households, it masks the reality of the much more complex lives of children and does not help target resources effectively.

The need for a more nuanced contextual understanding of childcare arrangements in different spatial settings is also apparent. This small study in a poor urban Swazi settlement does not claim to reflect childcare arrangements in other settings such as the rural areas of Swaziland. In contrast to village communities, the spatial delimitation of what constitutes 'community' is less clear in informal settlements, and developing community-based HIV/AIDS responses needs more coordination and structure. Kelly (2003, p.10) refers to the lack of a sense of community in informal settlements: "Such communities often represent new social formations with little shared history and few previous ties." The current fieldwork supports these findings and those of Campbell (2003), who noted the difficulty of creating a cohesive vision at community level where social connections and obligaions are not nece-ssarily confined within a local geographical space. Frayne (2004) notes the impor-tance of urban-rural linkages for food supply to the urban poor in Windhoek, Namibia, as intra-urban sources of food between non-kin were not well developed. He found that the most vulnerable urban families were those with limited employment and who had the weakest links to rural areas. In the main, Frayne's (2004) findings are echoed here. Given that rural-urban migration continues apace in sub-Saharan Africa and that the number of orphans is predicted to increase even after the epidemic peaks (Cornia, 2002), there is a need for a greater understanding of how poor urban families care for children where AIDS is endemic.

The fieldwork is described in three sections in the remainder of the paper: the research setting and methodology; the cultural constructions of orphanhood; and the kinship relations and changes in family forms (i.e., the impact on childcare arrangements for orphaned children, traditionally fostered children, and those living with their biological parent/s).

Research setting

Swaziland has strong cultural traditions centred on the monarchy. Often referred to as the 'peaceful Kingdom of Swaziland,' it has not been divided by ethnic rivalries, due to the relatively homogenous nature of the population. The extended family network has not been affected by war (whether internal or external), or chronic poverty to the point of mass starvation (Swaziland ranks 137th in the 2004 United Nations Human Development Report: UNDP, 2004), or apartheid-like policies, as in some other African countries. In such a setting, the extended family might be expected to be a strong feature of family life. However, in other respects there are similarities there with other kinship groups in sub-Saharan Africa, and the forces of modernity referred to above have not left the Swazi family unscathed. Rural to urban migration in search of waged labour has led to the rapid growth of the main towns, especially the capital city Mbabane and the industrial town Manzini.

The patriarchal society and lower status of women and children in Swaziland has resonance with many other sub-Saharan African countries (Barnett, 1995; Momsen, 2004). The rights of women and children are interwoven with the AIDS epidemic, and their gendered position inevitably impacts on their ability to provide care for orphans. In Swaziland, a woman is currently worth about fifteen Nguni cattle in a traditional marriage where *lobola* (bride-price) is paid. She may not open a bank account in her own name, and is considered a minor in Swazi law. Security of land tenure is therefore difficult to achieve, though attempts to change this have been made in some of the informal settlements of Mbabane where this study took place. Even securing ownership of household possessions after the death of a husband is not guaranteed, as some women in this study explained.

The study area was selected with the aim of capturing the voices of the urban poor where the 'forces of modernity' mentioned above might have had more impact on weakening kinship ties (in comparison with the rural areas), and where migrant family units might be expected to be smaller, with fewer members to absorb increasing numbers of orphans. In Swaziland, 82% of the 'core poor' live in rural areas, and over 70% of the total population live in the rural areas (World Bank, 2000). Given these statistics it is perhaps not surprising that most agencies involved with poverty alleviation and care of orphaned and vulnerable children in Swaziland have concentrated on the rural areas. However, the Gini index for urban areas is 0.55, compared with 0.46 for rural areas, indicating that incomes are more unequally distributed in urban areas. Indeed, rural-urban income differentials are negligible for the poorest 18%, and both rural and urban poor have similar consumption levels (Swaziland Human Development Report, 2000). With some exceptions, the 18% of 'core poor' in urban areas tend to remain marginalised, and, ironically, unable to access services despite their physical proximity within the city.

The AIDS epidemic in Swaziland is more evenly distributed spatially than poverty, although this varies with different age cohorts. In 2002, HIV prevalence reached 40.6% for urban areas compared with 35.9% for rural areas. Prevalence has risen sharply in the 15- to 19-year-old age group in urban areas (reaching 34.9%) but has levelled off at 28.1% for this age cohort in rural areas. The highest prevalence estimate is 54% for the 25- to 29-year-old age cohort in urban areas, compared with 41.9% in rural areas (Ministry of Health and Social Welfare, 2002). Situated in the informal settlements of Mbabane, this study is set in the context of an HIV epidemic that is continuing to increase to very high levels, especially among urban youth and those old enough to become parents. In the absence of accurate orphan numbers and with just over 50% of births registered in Swaziland (UNICEF, 2003), mathematical models indicate that 18% of children under 18 were orphans in 2003. Of these, 63% had become orphans due to AIDS (UNAIDS, UNICEF & USAID, 2004). It is assumed that 30% of these children live in urban areas, reflecting the general census figures on population distribution (National Emergency Response Committee on HIV/AIDS, 2003).

The small capital city of Mbabane has a population of approximately 58 000 (Central Statistics Office, 1997); according to the Mbabane Structure Plan (City Council of Mbabane, 1997) about 60% of the housing stock is in informal settlements that cover 21% of all residential land.[1] According to the Structure Plan, the overcrowded housing conditions in the informal settlements are exacerbated by the poor quality of infrastructural services. Only 18% of households have access to tap water on their plot, 15% have access to electricity, 16% to rubbish removal, and 70% of houses are constructed of stick and mud. The physical environment of the study area broadly reflected the findings of the Mbabane Structure Plan for informal settlements: at the time of the fieldwork, there were no tarred roads to access the area, no street lighting or surface drainage. After heavy rain in summer, even the wider tracks became inaccessible by vehicle as the steep-sloped land developed ruts in heavy run-off. About half the plots were large enough for cultivation of some crop, and some small livestock were kept. Avocado trees, useful for cash income, grew on some plots.

Methodology

The author had worked as a teacher[2] in a secondary school in Mbabane from 1999–2002, but to help overcome the limitations of the author's position as a white European outsider, a locally recruited, female Swazi research assistant[3] advised on culturally-sensitive issues and helped with family interviews. While it was probably unhelpful to the field research to be a white European with only conversational siSwati, it was helpful that the author had known some members of the community for several years and at times when their family members had become ill and had died of AIDS-related illnesses. Being a doctoral student and older woman with children perhaps helped some respondents see the author in more neutral, detached terms as a sympathetic but external observer. The field research took place over five months between September 2003 and January 2004, with a short follow-up visit in November 2004.

The study population included a wide variety of people who lived and/or worked in the informal settlements of

Mbabane. Informal in-depth interviews were undertaken with 25 families, each of whom cared for children. Ankrah (1993) refers to a variety of definitions for the African family; in this study family was defined as a kin-based group who lived in a dwelling(s) occupying a single compound and who recognised a common family head. Using a variety of entry points, purposive sampling was used to select families caring for children (whether orphaned, fostered or living with their biological parents) with the aim of gaining a deeper understanding of childcare practices occurring in the informal settlement. The female Swazi research assistant took the lead role and acted as interpreter. Respondents were encouraged to speak in either siSwati or English, as they preferred. The author took notes as it was considered culturally inappropriate and alienating to use a tape recorder in this very impoverished setting.

Where possible, the head of the family was interviewed, sometimes with the help of other adult family members. Most heads of family were elderly women. Family participants were assured confidentiality and they gave verbal informed consent. To begin with, the research assistant noted demographic data and the kin relationships of family members (age, gender, relationship to head of the family, whereabouts of parents of children in their care, years of residency, rural kin connections, and number of employed adults). A note was also made about kin who were temporarily away, for example working away and returning at weekends, or those who were ill in hospital. Meanwhile, the author carried out a simple environment index by discrete observation (wall and roof condition, building materials, access to utilities, furnishings, plot size and garden crops grown, and other miscellaneous observations such as brewing beer). Data were recorded immediately after leaving each family.

An open-ended interview guide was used on the themes of: extended family relations and support given and received; childcare practices for the children in the family's care; vulnerabilities and coping strategies. The author used body language cues to decide whether or not to explore themes more fully or to develop new themes that arose during the interviews. Interviews lasted about an hour. Some family members also spoke informally on other occasions, at chance meetings, since the fieldwork occurred over several months. Participants seemed eager to have their voices heard. After about 15 families had been interviewed, the respondents' constructions of their lives became increasingly familiar as similar concerns and experiences were repeated. Two families were in sufficiently difficult circumstances as to require immediate help. This help was arranged, but it highlights the difficulties of research in very poor settings.[4] The data from the family interviews were grouped by theme, and, using direct quotes from the urban poor, the main issues that emerged are presented in the remainder of the paper.

Further insights were gleaned through other sources: a focus group discussion with social workers assisting poor urban families as part of an NGO out-reach programme; childcare documents and reports produced by Mbabane City Council and NGOs; and in-depth interviews with a variety of key informants (e.g., community leaders,[5] religious elders, teachers, staff of NGOs caring for children, officials from Mbabane City Council and the Swazi Government).

Research findings

Cultural constructions of orphanhood

It was clear from the fieldwork that there was incongruence between 'global' (i.e., international development organisations) and 'local' notions of orphanhood. Yet, without accurate census data on orphan numbers, household surveys are used to establish orphan numbers, or community mem-bers may be asked to help identify orphaned children. In either case, the cultural constructions of orphanhood are likely to yield different and possibly unreliable results.

One grandfather respondent explained: *'In our culture there is no orphan. We have been brought up to believe that we should help each other. If I see a child who is hungry, I must give the child food. It is the zone leader or chief who should ensure this.'* A grandmother echoed these sentiments: *'I take an orphan to be a child who has no relatives. In Swazi culture any child who has a relative is not an orphan. That is why we don't have orphans in Swaziland'* (Family 6). For most of those interviewed, if a child was inadequately cared for then he/she was considered an orphan, whether or not the parents were alive. One great-grandmother described three types of orphan: *'There are different types of orphan. There are orphans where the parents are dead, orphans where the parents have abandoned them, and orphans where the parents can't afford to care for them'* (Family 10). How children were cared for was the prime consideration, not the presence or absence of a parent, when deciding if the child was an orphan. For example, as this Swazi great-grandmother, caring for four orphans but relatively well-supported by her own children, explained:

> *'A needy child is a needy child. They shouldn't just look at if the parents are alive. How would you separate her children [referring to her neighbour whose own children were not in school] from these here who are in school?'* (Family 5)

Once more, at local level, the practical difficulties of singling out orphans and excluding other vulnerable children as identified by the community are apparent.

Perceptions of the extended family, urban-rural linkages, and constructions of 'home'

When discussing links with kin living elsewhere, most respondents considered their family ties to be strong, and this extended to childcare support, with some children moving between urban and rural family members for periods of time. Exchange in the form of money, goods, labour and emotional support, as described by this 70-year-old urban grandmother, occurred in some families:

> *'We do have strong family ties. My brother who works in Manzini and my son support me. They give me food and money. I know I can count on them. I do the same for my family where I can. If there is a death they know I will go and help with the funeral arrangements'* (Family 6).

However, not all families were able to support each other financially. Only five families described reciprocal money arrangements with extended family members living somewhere else who both gave and received money. It was more common for the urban families to be giving money to their kin in the rural areas without any financial reciprocity in return (10 families). However, rural kin did supply food for some families: *'I do go to my maternal 0 and get maize if the crop has been good'* (grandmother, Family 8). However, some urban plots where the families lived were large enough to grow some food; therefore, for these families, rural food remittances were not important. Other families, particularly more recent arrivals who tended to rent their plot from another family, lacked the space for food cultivation and were more vulnerable in times of hardship.

Rural kin also helped with child rearing: *'I got pregnant at school so my daughter was living with my mother and she is now in school so when I came here looking for work, I left my daughter back home'* (mother, Family 15). *'Our four children are looked after by Gogo.*[6] *It is easier as we are both working and it is free with Gogo. We provide everything for the children'* (Family 1). The poorest families were unable to offer material support to their kin: *'We help each other in times of need but we don't have much'* (Family 14). Four families said they no longer had links with kin living elsewhere as they had migrated to Mbabane over 30 years ago. Thus, 21 of the families were linked in some way to kin living outside the informal settlement. This linkage was expressed by exchanges of money, food, clothing, care of children, and help with funeral arrangements, although the flow was not necessarily equal in both directions. The poorest families were limited to providing emotional support only, and no material help was exchanged. In some cases, links with paternal kin had withered altogether, and there was evidence of women relying more on maternal family.

The pattern of migration and links with rural kin seemed to impact on a family's sense of belonging in the informal settlement. One notable feature of this, and perhaps of other urban informal settlements beyond Swaziland, was respondents' varied perception and attachment to their home in the informal settlement. As Massey (1991) has argued, a sense of place is composed of a set of real or imagined social relationships rather than a bounded conception of 'local'. Given the years of residency of some families, the common thread of similar economic circumstances, the close physical proximity of neighbours, the daily contact brought about by footpath access, a strong sense of locality and community might be expected to have superseded the importance of links with rural kin. Families who had strong ties with relatives back in a rural area continued to view the latter as home, and the urban existence, even after as much as 25 years, as a temporary necessity:

> *'I will never see this as home. Helping each other as a community doesn't happen here. We only have a zone leader, not a chief. It happens more in the rural area as opposed to here where we have to buy everything. We are busy working and there is no time. I don't think the zone leader is effective because we all have our original homes to go to. The infrastructure isn't there for the zone leader to carry out his task. The community in general doesn't support him'* (grandfather, resident since 1978).

At the other extreme were several respondents who no longer had family in rural areas; to them the informal settlement was home. A third group no longer had kin in the rural area but were reluctant to identify with a permanent existence in the informal settlement:

> *'People don't think of it as home. It was somewhere we came to work but our parents are dead now so we don't really have roots back home. There is a mixture of those who see it as home and those who don't. We all mix though and people respect the zone leader'* (female, resident since 1983).

This disparate perception of 'place' and 'community leader' is indicative of the heterogeneity of the social worlds occupied by the families and the weak sense of community felt by some. One woman community volunteer described the response to a community road improvement that the zone leader had initiated:

> *'We worked on the road but only a few turned up. They don't seem to care. They will use what you do but won't help you do it. Perhaps the funerals at weekends are taking their toll. We have to travel back to the rural areas'* (Family 25).

At the time of the fieldwork childcare remained within kinship groups and involvement at the level of community leadership was relatively embryonic. As the epidemic continues some urban children may eventually have no kin support, yet establishing sustainable community-based orphan-care may need an approach different to that in rural areas in a setting of complex and spatially distant social obligations.

Changes in the Swazi extended family and the gendered nature of childcare

Swazi clan and lineage is through the male line only. Although legally bound to the patri-kin, children are emotionally close to the 'mother who bore me' (Kuper, 1986). Traditionally, a man pays the bride price or *lobola* to the woman's family at the time of the marriage and the woman goes to live with the patrilineal kin. Kuper (1986) stresses the dominance of the father's authority over his children as someone to be both feared and respected.

In traditional Swazi custom, a wife is expected to remain with her husband's family even if he dies. The in-depth interviews indicated that customs were changing and that many different forms of family were emerging. In particular, we noted the presence of young women who bore children out of wedlock, by more than one male, and who did not live with patrilineal kin. Christiansen (2005) refers to a similar fluidity of family forms in Uganda and the subsequent emergence of children born of unstable unions. In Swaziland, as in Uganda, women were strengthening ties with matrilineal kin as a survival strategy. One grandmother summed up the situation: *'In Swazi culture a wife is a wife. They should stay in their in-laws' home until they die, but now they are often not married and therefore not entitled to remain with their in-laws after death'* (Family 6).

Women often described themselves as 'abandoned' by the father of their child, and said they had not entered either

customary or civil marriage. In two families interviewed, children were cared for by a young unmarried woman living on her own without help from paternal kin: *'There is no link with my boyfriend's family as we didn't marry. He isn't helping since we split up'* (Family 24). The second mother had two children by different fathers and had not married: *'The father of my first child died and the second abandoned me. I've never really been part of their families'* (Family 15). Nine unmarried mothers caring for 14 children, all of whom had fathers who were living, had remained within the maternal family without any support from the fathers. According to the 1997 Swaziland Population and Housing Census, the percentage of persons over 15 who had ever married was 38.6%, and 75% were married according to Swazi law and custom (unfortunately there are no comparable data from the previous census, but a decline in marriage was commented on both by families and key informants).

Another change in traditional practices is apparent in cases where women who had entered into a customary marriage and then moved in with paternal kin, returned to the maternal side after the husband's death. Paternal kin cared for only two of 23 paternal orphans living in 25 families (even the mother of these two children had returned to her maternal family). During a visit to one family, a bereaved woman was just returning with her children to live with her maternal kin. She explained that her husband's family had agreed to this now that a mourning period of one month had passed. Some married women said that they were not 'well treated' by their paternal kin once their husband had died and so they preferred the support of their own maternal kin. One woman described how her paternal relatives took everything after the death of her husband. Women still tend to marry according to Swazi law and custom, which gives wide-ranging marital power over land and property to the husband and his family. A civil marriage that protects the rights of women is possible, but involves undertaking an ante-nuptial contract prior to marriage (Thwala & Dlamini, 2003). From the women interviewed it appeared that the obstacles to undertaking a civil marriage out-of-community-of-property, which would afford protection to the woman and hence her children, are more complex than just lack of knowledge about the existence of the law. One unmarried woman explained:

> *'Women are aware of the need to marry out-of-community-of-property but it's viewed negatively, as if the marriage won't work if this is entered into. Because I'm a Christian, I don't think this is a good idea. You should have trust'* (Family 25).

It would seem that women in this setting have religious, cultural and social constraints that restrict the negotiation of their marital position. Their inheritance, however meagre it might be, and that of their children, remains unprotected. Given the dominance of the maternal family care of orphans, this further exacerbates their vulnerability.

This community shows several signs of changes in traditional culturally sanctioned kinship relations: unmarried mothers who reside with maternal kin; an increase in the number of women returning to their maternal home after the death of a husband; young mothers who choose to head households alone; and unmarried co-habiting couples. The specific role of the epidemic in these processes in comparison with other factors such as growth in the search for waged labour by both genders and exposure to different cultural norms is less easy to unravel. One great-grandmother summed up, for example, the effect of waged labour on her family ties:

> *'We all used to live in one homestead and farm but now we all work and are more tired so just have less time [for helping each other]. It's not necessarily weaker ties. We work to change our lifestyles. I prefer the olden times because everything was accessible. We all helped each other. Now everyone has to pay for everything. For me to be able to cook I have to buy firewood and I have to rely on my children to buy it for me'* (Family 5).

The zone leader for this community of about 500 households described the strength of the extended family, the poverty in which some families live, and the stigma that still surrounds HIV/AIDS:

> *'The extended family is still strong even though many of the young have died and many children are with elderly carers. Some do not even have a pension! There is a pension for the poor elderly but it is not enough to buy mealie meal let alone pay for school fees. I think people are still marrying. Lobola is still happening. It's about 10 to 12 cows but it's usually a compromise between the two families. Because of AIDS, we are trying to stop Kungenwa [levirate system of marriage]. AIDS is still a stigma. Nobody mentions it even though when you visit someone who is sick you know what it is. AIDS is still associated with prostitutes and sinful so how can you say to your wife you are positive? She will immediately ask* — how is this? *We don't have an AIDS committee in the zone but we should have one, and we don't have a list of all the orphans but we need one'* (interview).

Changing kinship relations, more fluid family structures and childcare arrangements are thus emerging, but cultural perceptions of the extended family and the gendered position of women seem to be changing more slowly.

Momsen (2004, p.66) notes that "activities carried out to maintain and care for family members are generally ignored in national accounts, but they are essential economic functions which ensure the development and preservation of human capital for the household and the nation". In Swaziland, the work of social reproduction falls mainly on women and yet AIDS has had a seriously debilitating effect on some of the families, particularly those that no longer had many younger adults healthy enough to do paid work. In such families, female carers were surviving by such activities as tending small gardens, providing child day-care for other working women, making mats from plastic rubbish or dried grass, brewing beer, selling avocados, or taking in washing.

AIDS has brought extra pressures to these homes both in terms of loss of income (cost of medicine for the sick, cost of funerals, loss of waged income) and increased domestic duties (care of orphaned children, hospital visiting, nursing of the physically and mentally sick, funeral preparations). This extra burden of caring duties has fallen heavily on

women. It is as if women, even very elderly women, are expected to have an elastic capacity to undertake more and more unpaid work. Unemployed men did not appear to be engaging with the extra work caused by the epidemic. Perhaps because of the patriarchal nature of Swazi society, there does not seem to have been any restructuring of culturally-determined gender roles. The male zone leader of this informal settlement explained:

> *'The men are lazy. If I took you there now you would see men sitting around. They are lazy. Maybe we need a doctor who can cure laziness! These men will not help grow the vegetables they want to have with their porridge but they will expect it when they come to eat. I don't know why they are lazy. Even in the rural areas it is always the women who tend the gardens'* (interview, 11 November 2003).

While community-based initiatives to support orphaned children are widely supported in the literature (Drew, Makufa & Foster, 1998) as well as by most donor agencies, it is often assumed that women will take on these duties in addition to their household commitments, yet this is unlikely to be sustainable in the long term.

There was a limited amount of non-kin assistance to families; it did not reach all those in need, it was uncoordinated, it tended to categorise children as orphans, and respondents were not always clear about why some children were chosen over others. Apart from Red Cross food parcels regularly received by four families, three families were receiving assistance with school fees from another NGO. Respondents did not mention assistance from any other agency. Mutual support of kin members remained the principal source of orphan care. Amid the increasing number of parental deaths how are these changes in family forms and kinship relations affecting the care of children?

Kinship care of orphaned children

The 25 families where in-depth interviews took place cared for a total of 111 children under 18 years old, 57 of whom were orphaned (23 paternal orphans, 12 maternal orphans and 22 double orphans). The maternal kin cared for the majority of orphans; only 13 orphans remained with paternal kin. Eleven of those had lost their mother (i.e. they were either maternal or double orphans), and the other two had stayed with paternal kin after their father's death although the mother had returned to maternal kin.

Children lived with various types of head of family. There were no strictly 'child-headed' households, as commonly referred to in the AIDS literature (the sole sibling carer was a sister over 18). In one informal settlement where we conducted family interviews, there were over 500 households and no cases of child-headed households known to the family respondents or to the zone leader we interviewed. Despite the poverty of many households, orphaned children were being absorbed within kinship networks, however stretched those networks might be.

Where a grandmother or great-grandmother headed a family, there were often several generations present, therefore other younger females lived in the household who could help care for orphans (Table 1). Only five orphans were cared for by a single elderly carer with no other adult female in the household. Thus, finding a grandmother who struggled absolutely alone and coped with several orphans was not a common occurrence. The number of adult women present in the household emerged as one of the more useful indicators of vulnerability, rather than the status and age of the head of family.

Table 1: Variety of family forms where in-depth interviews took place

Type of family unit	Number of families (n = 25)
Four generations living within extended family	6
Three generations living within extended family	7
Nuclear family; mother and father present	6
Single female parent (one was widowed)	3
Single female parent with a shared husband	1
One generation (i.e., siblings)	1
Grandmother alone with grandchildren	1

Reasons for crisis fostering

Some respondents felt coerced into accepting orphans, and for most families foster arrangements were relatively *ad hoc* and unplanned:

> *'My granddaughter was married and her husband died. She stayed with her husband's family until she died early this year [2003]. The [paternal] grandmother brought them [the great-grandchildren] to me and asked me to look after them. She just dumped them and I had no choice. I have never seen the grandmother since and I don't receive any help from the father's side'* (maternal great-grandmother, Family 5).
>
> *'I didn't have a choice. The parents were living here when they died'* (grandmother, Family 12).

A few respondents volunteered to care even though they were not the closest kin: *'It was voluntary. I just saw there was no arrangement made. She was three months old, so I took her'* (paternal aunt, Family 11). In one case the family were paying another kin member to support two children unrelated to any of them because *'we felt sorry for them'* (Family 1).

The maternal kin of orphans often mentioned that the mother of the orphan was not married, so there was no other option*: 'My daughter never got married to this man and she always lived with me so the children have grown up here with me, and when she became sick I was the next-of-kin'* (Grandmother, Family 8). Working in rural western Kenya, Nyambedha *et al.* (2003) suggested that the use of culturally 'inappropriate' caregivers, such as matrilineal kin or strangers, was the result of the patrilineal kin being overwhelmed by numbers of orphans. However, given the apparent change in attitude to marriage, and considering the number of unmarried mothers remaining with maternal kin and the low number of orphans cared for by paternal kin, the findings in this study may reflect not just the effect of AIDS deaths but the evolving dynamic extended family described by Madhavan (2004). There was a

loosening of traditional paternal kinship care practices in some families in this urban setting, but orphans did continue to be absorbed within family units, though family migration patterns had an influence on this process.

The 15 families who had lived in the settlement for over 20 years mainly consisted of large extended family units, and they cared for 49 of the 57 orphans included in the study. By contrast, the nine families who had migrated to this urban area in the past 10 years were much smaller family units, and all lived in rented accommodation; the remaining eight orphans were cared for by five of these families. It is as if the extended family — so common in rural areas — has replicated itself after a generation of living within the informal settlement, due to further in-migration as well as growth of the family *in situ*, and it was still able to bear the brunt of orphan care despite the multiple deprivations and poor living conditions of many families.

Kinship care of traditionally fostered children and those living with their biological parent(s)

The kinship care of the 54 children who had both parents alive was equally varied; 12 of these children were in a foster arrangement. Isiugo-Abanihe (1985) described child fosterage as an accepted means of raising children in West Africa, partly as a need to reallocate resources within the extended family. This strengthens kinship ties and ensures the survival of the unit. Here, five children were subject to a foster arrangement where they were sent to live with grandmothers in the rural areas because of cheaper education. For varied reasons, four urban families had received children from kin who lived elsewhere: the children's parents lacked jobs and were too poor to provide for them; schooling was perceived as better in the urban area. Or, parents were away working, for example in the lowveld of Swaziland.

Only 18 of the remaining 42 children (ones neither orphaned nor fostered) were living with both parents. A further 14 lived with their mother in the maternal extended family and were described as having been 'abandoned' by their father, though they had given the father's name to the child in every case. In both customary and common law, in Swaziland, a child born out of wedlock is entitled to bear the mother's name. However, in practice this is not the case: 'So strong is the association of children with their fathers' families that there are men and women who do not view children as equally related to their parents, but as related more to the father and his kin' (Aphane, Hlanze, Khumalo, Nkhonta & Manzini, 1998, p.25). This is another indication of the primacy of paternal kin relations so important in Swazi culture. Three children lived with their father in the paternal extended family and were described as being abandoned by their mother. Seven lived with their mother as head of house, again with the father described as having abandoned them. Out of these 42 children, only seven were living in a family unit that was not caring for orphaned children.

These figures show that while children in the families interviewed were all cared for by kin of some kind, the family forms are varied and evolving. Another outcome of these living arrangements is that nearly all the children were in direct contact with peers who had experienced the loss of one or both parents. These lost parents were often the aunts, uncles or older brothers and sisters of children who have not (yet) lost their parents. In this way, no child, whether orphaned or not, is left untouched by the epidemic, either physically or emotionally. In the previous 12 months, seven families had lost at least one family member and an additional three families had an adult in hospital who was described as 'very sick'. None mentioned AIDS when describing the deaths or illnesses:

> *'My son died in hospital, then my daughter got ill and died too. They died one after the other. My daughter was visiting my son in hospital and very shortly after, she was sick too, so two children have died this past year within a month of each other'* (grandmother, Family 12).

Conclusions

Despite the high level of poverty experienced by some families, orphans mainly lived with kin in a variety of family forms in the informal settlements. Non-traditional family forms are emerging and matrilineal care of orphans is dominant. Chronic poverty in the form of multiple deprivations over a sustained period, as described by Hulme and Shepherd (2003), was evident in some families and it affected both orphans and other children. Evidence from this study suggests that community-based initiatives to support vulnerable families may require implementation strategies different from those used in rural areas where there are well-understood traditional structures, land to grow crops if weather permits and more cohesive communities. Careful coordination of all agencies is needed to ensure a community-participatory approach that engages men and youth in particular.

The families in this study did not perceive, or appear to treat, orphans as a separate category of children. While not denying the special needs of orphans, these needs should, as far as possible, be incorporated through state provision of education, health and social welfare, which in turn reflects the pressing needs of all poor children. The Millennium Development Goal of free universal primary education, the provision of special classes to allow the reintegration of non-attendees, school feeding programmes, equitable provision of anti-retroviral treatment for the urban poor of both genders, child support grants, and pensions for the elderly are national-level policy issues that need pursuing urgently, with the help of the international donor community. Swazi families strengthened in this holistic way will be able to continue to care for the majority of their orphaned kin, so that one grandmother's words remain true: *'Because of our culture there are no orphans.'*

Notes

[1] Some informal housing has been incorporated into a scheme for urban upgrading, as part of a joint project between the Swazi Government and the World Bank. This scheme gives security of tenure, including to women, through 99-year leases. However, the scheme has, for the moment, lost its momentum and is behind schedule. The majority of inhabitants in informal settle-

ments continue to lack the necessary security of tenure for financial institutions to be willing to extend loans, which, in turn, could be used to improve their low-quality housing.

[2] While working as a teacher in Swaziland, the author helped design and introduce an HIV/AIDS policy for the school community where the author was employed. Apart from specifically education-based aspects, the initiative acted as a springboard for many other intertwined community activities. Relationships were formed with families caring for very sick relatives and with children who became orphaned. Some of these families, with whom the author remains in contact, were invaluable in providing an entry point to some respondents in the study.

[3] The research assistant was a graduate with counselling experience. Where possible, families found to be having particular difficulties were given help.

[4] One entry point for the survey was through a church group. A close Swazi friend introduced the author to the all-black congregation. She described me as a woman who had experienced both death and childhood illness in my own family. She said that as a (doctoral) student, although I did not have access to funds, I would faithfully tell their story to the outside world. No family respondent asked me for money during the fieldwork, despite my white Western appearance.

[5] A community leader (zone leader) is elected for each informal settlement of Mbabane and is supported by an elected committee. However, respondents did not consider the zone leader and his committee to command the same level of authority and respect as a chief in rural areas. The chiefdom system and traditional structures remain in rural areas.

[6] *Gogo*: grandmother in siSwati.

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The author — Lynne Jones's particular research interests are international development and the lives of children, child-protection policies, and institutionalised care.

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