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**THE ROLE OF THE CHURCH IN MALAWI, IN MEETING THE NEEDS OF  
CHILDREN AFFECTED BY THE HIV/AIDS PANDEMIC, TOWARDS BUILDING  
RESILIENCE**

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## PREFACE

This thesis came about as a result of a personal fascination with the human mind and how it works and reacts to different stimuli. It is also the result of a personal engagement and hope of contributing positively in the lives of vulnerable children, because they stand at risk in many life situations. I have been personally touched by the epidemic and have lost some members of my family in the pandemic. They have left behind children, who are struggling to cope.

The feeling of hopelessness that one feels in such situations, when one does not have that much power to change the situation, is what led me to write about the problem and share my concerns with others. This is a quest to find out how the church become a more effective player in the scene by tapping on some of her resources; which have hitherto been either dormant or not used to the fullest.

A lot of people deserve to be acknowledged for playing a positive part in my life during the course of the study and writing this thesis. Dr. Christian Bawa Yamba my supervisor, you have been being very encouraging and patient, not fazed by the slow rate with which the pages were trickling into your mailbox. Your calmness has done a lot to give me the confidence to go through with the project. Many thanks go to all the staff of the Department of Diakoni, for being very supportive and going beyond the call of your jobs to help out in many personal situations during the whole period of study.

The period of study came when I was in the middle of a crossroads in my life; my family has been very supportive in every desirable way. I would like to thank you mom for being the strong woman you are, and yet so loving and tender. Dad, you have been a constant support, and very encouraging. Jacqueline, Amanda and Glory, you have worked all sorts of miracles, being surrogate moms to Gigi while I have been gone.

Giselle, you have been my source of inspiration and hope. Because of you, I have become like a lioness; mama loves you. Christian, you have empowered me by believing in me and more. The Howlid family, for embracing, supporting and encouraging me, I really appreciate.

Oslo, May 2008

Caroline Chisomo Sefu

## **ABSTRACT**

This thesis is looking at the role of the church in Malawi in meeting the needs of orphans and vulnerable children in the country; with special emphasis on children that have been orphaned due to the HIV/ AIDS pandemic. These children are at risk of not getting the kind of care that they are entitled to as children. There are over 500,000 children in this situation in Malawi.

These children have to become resilient in order to handle the day to day challenges that come with the status of orphan hood. Children void of resilience may become self destructive and may not have a sense of purpose or achievable goals in life.

Existing literature has been used to determine what needs the OVCs have, that are not yet extensively met. The result is that, a lot of players are doing their best to provide the OVCs with material needs. There are however, very few that have taken the step of dealing with the emotional and spiritual parts. Psychological theories have been employed to show how important it is that the OVCs get attention in that direction as well.

## **LIST OF ACRONYMS AND ABBREVIATIONS**

ACEM .....	Association of Christian Educators in Malawi
AIDS .....	Acquired Immune Deficiency Syndrome
AFORD .....	Alliance for Democracy
ARV .....	Anti Retroviral medicine
CCAP .....	Church of Central African Presbytery
CDA .....	Child Development Associate
CHAM .....	Christian Health Association of Malawi
CRC .....	Convention on the Rights of the Child
HIV .....	Human Immunodeficiency Virus
HSF .....	Home Start Familiekontakt
ICDP .....	International Child Development Programme
IQ .....	Intelligence Quotient
MCP .....	Malawi Congress Party
NCA .....	Norwegian Church Aid
NGO .....	Non- Governmental Organisation
OVC .....	Orphans and Vulnerable Children
SWO .....	Social Welfare Organisation
UDF .....	United Democratic Front
UNAIDS .....	United Nations programme on HIV/ AIDS
UNICEF .....	United Nations Children's Fund

## TABLE OF CONTENTS

<b>PREFACE</b> .....	
<b>ABSTRACT</b> .....	
<b>TABLE OF CONTENTS</b> .....	
<b>CHAPTER 1</b>	
<b>1.Introduction:</b>	
1.1. The relevance of the problem.....	1
1.2. Thesis structure .....	2
1.3. Research question and Aim of thesis .....	4
1.4. Literature review and Methodology .....	4
1.5. Diakoni .....	7
<b>CHAPTER 2</b>	
<b>2. The Orphan crises in Malawi:</b>	
2.1. An introduction to Malawi .....	8
2.2. The latest HIV/AIDS statistics.....	8
2.3. A child in crisis.....	9
2.4. The suffering and the crises	
2.4.1. A culture of silence .....	10
2.4.2. Stigmatisation, shame and guilt .....	12
<b>CHAPTER 3</b>	
<b>3. How children are affected by orphan hood:</b>	
3.1. Changes in the family.....	13
3.2. Secondary losses due to bereavement	
3.2.1. Loss of income.....	16
3.2.2. Loss of future.....	18
3.3. The difference between stressful and traumatic bereavement .....	19
<b>CHAPTER 4</b>	
<b>4. How the society at large has responded to the situation:</b>	
4.1. Local community response.....	20
4.2. Government response.....	21
4.3. Civil society response.....	22
<b>CHAPTER 5</b>	
<b>5. The role of the church in Malawian society:</b>	
5.1. A brief history of The Church, its influence in Malawian politics .....	
5.1.1. The church in pre-independence Malawi .....	24
5.1.2. The church under the dictatorship era .....	26
5.1.3. The church in the democratic era .....	27
<b>CHAPTER 6</b>	
<b>6. How the church has responded to the situation:</b> .....	28
6.1. Chisomo Children’s club .....	30
6.2. Alinafe Community Hospital .....	31
6.3. Christian Health Association of Malawi .....	32

6.4. The people’s perception of the church’s role .....	32
6.5. Table: Care and support structures to orphan care .....	33

**CHAPTER 7**

<b>7. What building resilience entails:</b> .....	33
7.1. Family factors .....	34
7.2. How to rebuild relationships with OVCs .....	
7.3. Peer Support .....	

**CHAPTER 8**

<b>8. The way forward for the churches to build resilience in children:</b>	
8.1. Death .....	46
8.2. Advocacy .....	49
8.3. School environment .....	51

**CHAPTER 9**

<b>9. Conclusion:</b> .....	53
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**BIBLIOGRAPHY** .....

**APPENDIX**

<b>Map of Malawi</b> .....	
<b>Abraham Maslow’s Heirarchy of Needs</b> .....	

## **CHAPTER 1**

### **INTRODUCTION**

#### **1.1 The relevance of the problem**

I have for a long time been personally challenged by human behaviour. Why people act the way they do, and if there are ways of preventing some of the happenings in the world which are resultant of human interaction. I have found some answers in psychology, and I am beginning to put the pieces together into something that is coming close to the main picture for me. Most of the other answers I have found in the Christian faith. When faced with the extent of the HIV/AIDS pandemic and the untold number of children who are left orphaned by this scourge, I become really challenged to find out more about their situation, and to find means of alleviating this suffering. This pandemic has affected a lot of people in Sub-Saharan Africa. There are very few, if any, families that have not been touched by it. A lot of families have lost at least one or more of their family members to HIV/AIDS.

AIDS is the acronym for Acquired Immunodeficiency Syndrome, which is a stage one can reach after being infected with the Human Immunodeficiency Virus or HIV. The virus is contagious and can be transmitted through the exchange of bodily fluids. This can take place during sex, blood transfusion, pregnancy or childbirth, breastfeeding and use of contaminated needles or other sharp objects. In Malawi, as in most of sub-Saharan Africa, the virus is mainly transmitted through heterosexual activity. It is therefore, common that people that have contracted the virus from extra-marital sex pass the deadly virus to their partners through unprotected sex. There has recently arisen a number of couples in which one of the partners is HIV positive and the other remains negative despite unprotected sexual contact between them, but these are rare cases. In most cases, both parents in a family die and leave their children orphaned.

There are very few people in Malawi who have access to life prolonging drugs or Anti Retroviral (ARVs), as they are more popularly known. People who have contracted HIV and finally develop full blown AIDS lead a tough life, due to the opportunistic infections that occur to persons living with AIDS at this stage. They live with different ailments and their illness is

terminal. This means their children watch, as their parents get weak from the illness unto the death. This is a very difficult situation for the children to experience. The problem is, however, that this is a pandemic; there are a lot of children suffering the same fate and there is no longer the same availability of care that orphaned children could get in the past because the traditional social system is now over flooded.

Death is a taboo issue in most societies in the world. People find it difficult to deal with people who are in mourning for having lost someone who was dear to them. The taboo situation becomes even worse where children are involved. For a long time people have speculated that children do not mourn, or that their mourning is not as serious as adults' mourning. This has been a misconception that has arisen due to the behaviour of children in mourning and, what I would term, a lack of patience and observation from adults. Children are of the nature that they show sorrow in different ways at different stages in life. For the biggest part, children live their lives and express their feelings through play; so even their sorrow is expressed in the form of games and role play. An adult who is not observant or has not much of patience with a child will miss the meaning of the games; and thereby miss the solution or a way of dealing with those feelings in the child. Children are also not able to concentrate on one thing for a long period of time, child may, therefore, show a burst of sorrow one minute but find itself playing outside the next minute as if he has forgotten the issue.<sup>1</sup> According to John Bowlby (1969) it is clear that children mourn, whenever they are separated from people with whom they have formed close bonds. This is inclusive of new born children.

## **1.2. Thesis structure**

Chapter 1 of this thesis begins with a brief presentation of the situation on the ground. The aims of the thesis and outline the research question. The chapter further describes the literature used and the reasons for the choice, as well as the theoretical basis.

Chapter 2 gives a brief presentation of Malawi, the country in question to situate the thesis in context and provide some further understanding of the discussion inside the thesis.

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<sup>1</sup> Susan smith, 1999



Chapter 3 is a discussion of how orphans and vulnerable children are leading their lives in contrast to the more conducive conditions within which a child should grow or be raised to ensure stability and a good future.

Chapter 4, addresses the question of how the society in Malawi is tackling the problem; the response has been divided into the four most common and visible sections of the society. Namely, the local communities within which people live and within which this pandemic comes to life, the response of the government machinery and also the response of civil society and finally, the church, which is dealt with extensively in chapter 6.

Chapter 5, gives an outline of the history of the church in Malawi. This covers the church's pre-colonial history through to Malawi's independence, through to the change for democracy. This highlights the scope of influence of the church; which ranges from political, to the health sector, and to the educational scope.

Chapter 6, outlines the church as the fourth influential sector of the Malawian society. It provides some insight into the initiative of the church in its response to the problem of children who have been affected by the HIV/ AIDS pandemic.

Chapter 7 deals with the issue of resilience, what it is and what it means; outlines the factors that are conducive for building resilience in vulnerable children. These factors are mostly relationships with other people, be it family and the main guardians, peers, teachers or friends.

Chapter 8 contains a number of suggestions of what the church might do to make in its work with these vulnerable children. These are suggestions in light of all the information presented in the thesis, about the needs of children towards a more resilient and productive life, even when they have been through some very tough crises.

Chapter 9 comprises the conclusion, where I discuss and summarise the findings of the thesis.

### **1.3. Research question, and Aim of this thesis**

The research question in this thesis is:

*The role of The Church in Malawian in meeting Children affected by the HIV/ AIDS pandemic, towards building resilience.*

The aim of the thesis is to explore the current role of the Church in Malawi in dealing with OVCs, to find out to what degree it is necessary to provide OVCs with more than just material assistance and finally to try and seek out ways in which the Church can contribute towards building resilience in the said group of children.

### **1.4. Literature Review and Methodology**

This thesis is drawn from work that others have already done in the same area. I had, in the first place wanted to undertake an in-depth qualitative research. But this proved to be unfeasible as a result of which I opted for a desk research. Nonetheless, in the process, I was able to glean some very useful information. This information has been important in my thinking process in the thesis. As this is a thesis in International Diakoni, it was not very difficult for me to find work that others have done prior to me. Especially with regard to the popularity of the topic I am writing about; ergo HIV/ AIDS and its effects on the lives of children that have been left orphaned by the pandemic. Diakoni has the nature of being a cross- cutting subject; it can be applied in many different professions.

In this thesis, I have used quite a number of unpublished articles produced by Malawian scholars and professionals who are working with the issue of Orphans and Vulnerable Children, either on their own or through organisations. Some of the literature I used is not only specific to the situation of OVCs in Malawi, but rather general to Sub- Saharan Africa. I have drawn upon the similarities in the situation; for example the story of Loveness in Chapter 3, which is a case from neighbouring Zambia. Most of the statistics in this thesis are retrieved from web pages of International organisations that maintain an overview on the situation of the HIV/ AIDS pandemic, including World Health Organisation, UNICEF, UNAIDS; and Malawi's own National AIDS Commission.

In addition, a number of books on Child Development have been consulted. On this issue, I had my sights on four different proponents. These are: John Bowlby, Abraham Maslow, Karsten Hundeide and Erik H. Erikson.

**John Bowlby**, developed the “Attachment Theory”, he was taken with the strength of the bond a human child makes with those closest to it, most especially its mother. He examined the effects of separation of the child and his mother; and the eventual outcomes in behavioural patterns.

**Abraham Maslow** outlined the survival needs of a human being in his pyramid of the Hierarchy of Needs.

**Karsten Hundeide** is a professor in development psychology at the University of Oslo. He developed the International Child Development Programme (ICDP) out of the belief that the child is led into the process of socialisation by the adults around him. The programme is therefore targeted towards the caregivers around the child, to enhance their impartation skills and communication with the child.

**Erik H. Erikson** is known as one of the originators of the Ego Psychology; he came up with eight stages in psychosocial development as compared to Sigmund Freud, who had five stages.

I however, decided to use most notably Abraham Maslow, to illustrate the needs of children; and John Bowlby, to illustrate why and how children who have suffered loss act the way they do. And finally, Karsten Hundeide has been used as a suggested means of solution, because his work is mostly about helping the carer to build his confidence in himself as a carer, which in turn leads to a good relationship with the child. The underlying factor towards building resilience in children is good communication and recognition of the child. I have found out that quite a number of people and organisations working with OVCs have also latched on to the idea of cultivating resilience in the orphan generations. This is the hope that can be given to a generation which seems to have an insecure future, to empower them to take care of themselves when no one else can. Building resilience is planting in them the seeds of self belief; and the ability to sense the light at the end of the tunnel, even when the light is not visible.

Other literature used in the thesis include a couple of books tackling the issue of pastoral counselling for children in crisis, for example, Asbjørn Simonnes (1996) and Andrew D.

Lester (1987). I have also used literature on practical theology; and literature on the stance of the church worldwide in its encounter with HIV/AIDS and its efforts in the area.

**Abraham Maslow (1908- 1970)** created the Hierarchy of Needs<sup>2</sup>, which outlines the necessary needs of a human being to survive. Maslow worked with the renowned behavioural psychologist Harry Harlow, in the observation of attachment behaviour in young monkeys. Maslow noticed, in this work, that there appeared to be some needs that were stronger and overrode other needs. For example, when the monkeys were thirsty, they tended to ignore every other need in order to quench their thirst first. It was out of this idea he created the pyramid. The hierarchical pyramid is divided into five layers, each representing the ascending needs on the way to the point of human fulfilment.

- The first layer of needs on the pyramid is physiological needs; these are the very basic survival needs for life and include the need for oxygen, water, protein and other minerals. The need for pH balance in the body also finds itself in the same layer, as well as the need for activity, to pass waste, to avoid pain and the need for sexual activity.
- After the physiological needs have been satisfied, one starts looking at the next level of needs, which are Safety and Security needs. These include the need for safe circumstances, stability and protection; the need for structure, for order in one's life and the need for limits. This need is the reason why parents, for example, send their children to school, why people have savings bank accounts and why people prefer to live in safe neighbourhoods.
- Third on the level of needs is the need for Love and Belonging; the need for affectionate relationships is actually a need for survival. Friends, children and a love interest or spouse are all needs; human beings have a need to be part of some community or other, be it a church group, a football team or a working career.
- The fourth step is the need for Esteem; that need to get recognition from others. Getting appreciation, attention, and recognition for contributions lead to the feeling of mastery, status, confidence and achievement; all of which are necessary for a person to build their self esteem. Maslow called this form of needs the

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<sup>2</sup> See appendix.

“Higher form of needs” because when one has managed to build a positive esteem of oneself, there is no one else who can take it away from them.

The four steps presented above are also known as the D- needs. In other words, when one does not get the said needs, one will develop a deficiency and will try to get that need fulfilled. But when one does have that need covered, it will not reappear. Maslow thus put in the factor of Homeostasis to the needs; where homeostasis is that function in the body that controls body temperature. When the body temperature is low/cold one feels the need to cover up with warm clothes, and if warm, one feels the urge to remove any heavy clothing. Maslow termed these D-needs as Instinctual, that is to say that they are inbuilt and inborn. It is, therefore, for instinctive reasons that we crave for these needs to be fulfilled.

- The final layer of needs is the need for Self actualisation, in contrast to the Deficit Needs; these are termed the Being Needs and are growth motivated. There is no involvement of balance in this step, but rather the feeling of wanting to become the best that one can be. Once engaged, these are needs that will continue and their success will bring more craving to do even better and fulfil all one's potentials. That is the reason is why it is called self- actualisation! But in order to get there, one must take care of all the other needs from the bottom of the pyramid upwards.

## **DIAKONI**

Diakoni is a word used to describe the care and service amongst each other, especially in cases of people in need. Diakoni comes from the ancient Greek language, and from the stem *diakon-* From this stem, are the following derived: *diakonos*, that means a person that has been ordained to provide service to others in the congregation. *Diakonein* is a verb and describes the very act of carrying out service. *Diakonia* describes the ministry of serving others.

According to the state church of Norway, diaconia is the works of the church which encompass compassionate care, building of fellowship and all types of help or service offered to the needy.<sup>3</sup> The description which I have a personal liking for says: ”diaconia is care based

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<sup>3</sup> Plan for diakoni i Den norske kirken, pg 8 (my own translation)

on the love of Christ in order to help our fellow men in the different situations of their lives and make it possible for our fellow men to be free to believe and serve<sup>4</sup>. The pivotal point of this Christian love and fellowship is the love of Christ.

## **CHAPTER 2**

### **2.1. An introduction to Malawi,**

Malawi is a country situated in the South Eastern part of Africa. It is a landlocked country and its nearest neighbours are Tanzania on the north and north- east, Zambia on the west and Mozambique on the south and south- east. It is a total of 45,745 square miles. Although landlocked, Malawi has a freshwater lake which bears the name of the land. Lake Malawi is known as the calendar lake with a breadth of 52 miles at its widest point and 365 miles at its longest. It occupies 8,683 square miles and holds the highest number of fish species than any other fresh water lake in the world<sup>5</sup>.

The country is divided into north, centre and south regions for administration purposes. Malawi has a population of 12 million people, 52% of which are female. There are a lot of tribes in the country, the most notable of which are the Chewa, Nyanja, Yao, Tumbuka, Ngoni, Sena, Lomwe and the Tonga. The Chewa of the central region are the biggest group and therefore their language Chichewa was made into the main language. Otherwise English is the main language of instruction and use in schools and offices. More than 45% of the population of Malawi is made up of children under the age of 15. Only 30% of the population of Malawi is in the productive age range. 4.5 million people make up the labour force in the country. The country relies on the agricultural industry which provides employment to 90% of the population. Manufacturing and other industries account for 10% employment. Tobacco is the highest income generator and export out of Malawi, making up for 60% of all exports. Other significant crops include Sugar from sugar cane, cotton, tea, maize and potatoes.

### **2.2. The latest HIV/AIDS statistics**

The HIV/AIDS prevalence rate in Malawi is pegged at 14.1%. An estimated 940,000 people are living with HIV/AIDS in Malawi and of these 500,000 are women and 91,000 are

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<sup>4</sup> Svenska Kyrkans diakoniamnd, 1965- 85 in Oftestad A, B, *The biblical understanding of diakonia*, pg 11

<sup>5</sup>

children. Every year about 78,000 people die from HIV/AIDS related illnesses. About three quarters of AIDS cases are found among adults between the ages of 20 and 40. This means that most of the people who are infected and are dying from AIDS are in the most productive age group, therefore bringing strong economic consequences. As of 2004, the country had a population of 550,000 orphans attributable to the HIV/AIDS pandemic<sup>6</sup>. The end situation is that a whole generation is gone and it is usually the very old and the very young that are left survivors of the scourge. It is very common to find a household of as many as fifteen grandchildren being headed by an old woman in her seventies in the villages of Malawi. Their parents, her children, have all died out; taken by the scourge.

## **THE ORPHAN CRISES IN MALAWI**

### **2. 3. A child in Crisis**

When we talk about children in crisis in Malawi, we are talking about children who are coming from broken families; we talk about children who have been through personal traumas. However, when I checked on the issue ” children in crisis in Malawi” on the internet, most of the articles found were either on hunger or HIV/AIDS. For purposes of this thesis, I have decided to focus on OVCs and the crisis many children have been left behind after parental death.

The Malawian National Task Force on Orphans has defined an orphan as “any child who has lost one or both their parents and is under the age of 18” While the local communities have their own definition of what an orphans is, and this is based on how vulnerable a child is.

Orphans are those children whose parents or both parents have passed away, from birth to the age of eighteen or twenty- one years old. As well as those above these ages but still going to school or do not have any means of looking after themselves, and those being looked after by guardians who are unable to support them.(Ali, Sandra. Community perceptions of orphan care in Malawi, pg 3)

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<sup>6</sup> Epidemiological fact sheets on HIV/AIDS and sexually transmitted infections, Malawi. Unpublished report.

According to the same source cited above the community also looks at the following as orphaned children: anyone under twenty one years of age who is living with a chronically ill parent or a disabled parent. The communities also compiled a list of whom they feel to be children that are most deserving of intervention, even though some of the cases are surprisingly not orphans in the official sense of the word; but considered as orphans due to their situation. They are categorised as: child headed households, disabled orphans, orphans living with their grandparents, single orphans whose remaining parent cannot care for them, orphans who are mistreated by their guardian, all disabled children and children who have lost a mother.

Children who are orphaned due to HIV/AIDS have lost the love and support, both financial and psychosocial, of their parents. They have also lost the chance to get an education, and have lost economic as well as social security. The lack of an adult in the family makes them vulnerable, and opens up the way to extreme exploitation including sexual exploitation. This in turn exposes these older siblings to HIV/AIDS, making it into a vicious circle. The situation seems to be hopeless and most children in the situation seem to have given up hope for a good future.

## **2. 4. THE SUFFERING AND THE CRISES MET**

### **A culture of silence**

It is part of the culture in Malawi that children are to be seen but not heard. In some cases, they should not even be seen. There are a lot of children who have seen one or both parents going through long periods of suffering. All the while, they are kept in the dark about what is happening. It is also the tradition in Malawi to give children and youth frightening explanations as to why they shouldn't do things. Grandmothers' tales around the fire do not only instil cultural values in children. Some of the mystical tales instil unnatural fear in the younger generations against experimenting with certain situations. This is something which they only realise when they begin to grow up; they notice that the story is not in line with reality. And yet the parents or other adults do not come with either better explanation or facts. Thus also has the HIV pandemic grown bigger through the years? It is considered a taboo for a parent to discuss sex with their own children; they would rather leave the job to uncles or



aunts or even for the youths to find out for themselves when they begin to notice body changes in adolescence.

It is not uncommon to find adolescent girls who are characteristically bright personalities suddenly just become dull and withdrawn, because they have just gotten their first menstruation and think they are going to die because something is wrong with them. All because no one has taken the time to explain to them the facts of life and that menstruation is a normal thing for girls and women. Maybe it is because of this ignorance about their sexuality, that older men are able to lure young girls into sexual relations at an early age. The girls do not know what they are really doing and what the outcomes of it could be. This could explain the reason why there is much higher prevalence of HIV/ AIDS among young women than there is among young men of the same ages. It is with the same mentality the child is treated in all other areas where the parent/ elder feels that the child is treading an unacceptable path. They feel it is better to scare the child from doing something, than to explain everything about that particular situation, where the child would then have all the information to make better choices by himself.

The eventual death of a parent or member of the family, feeling the loss and once again not being recognised in the mourning process, (being sent away so as not to know what is going on, not being talked to, no one communicating thinking the child does not understand what is going on, assuming the pain in the child will go away)

In Malawian cultures, it is taken for granted that children can not say anything regarding their own lives and future. There is not even a glimpse of an idea to consult children when important decisions are being made about their lives. They must only listen to the adults because adults have gone through childhood before in time and have a lot of knowledge on what it is like to be a child and can therefore tell what is good or bad for them. It is demanded of children to be blindly obedient, a child can get an order to do something, but is not expected to question the reasoning nor refuse to carry out the command. However, it is clear that the older generations today do not have any idea what the children of today are living through. They do not know what the children are going through, especially those children that are living desolate after losing a parent or their parents to the HIV/AIDS pandemic. Therefore these children need more than anything to be listened to instead of being ignored, or given blind commands on how to deal with their life situation. There is a need to hear them and let

them explain exactly how they are feeling. Traditions do change. Human behaviour is not static, but changes itself to adapt to the situation at hand. Therefore, if our cultures have to change to accommodate these children then so be it and the church has to be in the forefront driving for these changes.

### **Stigmatisation, Shame and Guilt**

Being HIV positive is still reason for shame in the Malawian culture. Children bear the shame of having a parent or family member who is HIV positive or suffering from AIDS related illness. People are still afraid of the disease and even though there are now more people who know how the virus is transmitted, it is not uncommon to still find some parents who forbid their children from playing with friends or visiting a family because someone in that family has HIV/AIDS and might pass it on to the child.

People who are suffering from AIDS related diseases still face discrimination; some people feel that they are bad people who are being punished for their sins. In some cases even in the church, the idea is still that contracting HIV is a just punishment from God. They believe it is God's way of dealing with those who have been disobedient to him. Some Christians believe those who have been infected deserve whatever is coming to them as a consequence of their own sins; and that it is God's way of purifying the human race.

This really becomes unfortunate at a time when the church of Christ is supposed to stand together with those that are suffering. In (Matthew 25) the Bible challenges Christians to help the helpless.<sup>7</sup> Instead, the situation is made worse for the victims. There is nothing perceived as more of a rejection or curse than when a priest in a church refuses to give communion to someone who is known to be HIV positive, or refuses to receive them into fellowship any longer. Christians are the same people who sit in fellowship and witness about a God who forgives their own sins, and one that has said that "no one can say that they love the Father in heaven who they have never seen, when they fail to love their brother/ neighbour who they see with their eyes."<sup>8</sup> Church leaders hold the power to make or break a Christian or rather to strengthen them or weaken them. When it is the leaders of a church that are breaking another Christian, other members of the church take their cue from this treatment and this ends up with a member of the church becoming totally isolated and rejected by others in their faith group, just because of being HIV positive.

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<sup>7</sup>Trinitarian Bible Society, The Holy bible. King James Version.

<sup>8</sup> 1 John 4: 19- 21

All this is something that will spill over onto the family /children of the infected person. Even if the children do not get the same kind of discrimination as the person infected, they will still feel the shame of having a parent who is not socially acceptable. It is something that is already difficult to deal with for children when their parents are not deemed “cool enough” by their peers; what more with a parent who is actually rejected by others adults and society at large? The situation becomes tough and unbearable for children whose parents are either known to be HIV positive or are suffering from AIDS related sicknesses.

## **CHAPTER 3**

### **HOW CHILDREN ARE AFFECTED BY ORPHAN HOOD**

#### **3. 1. Family changes (moving into a new family)**

There are a lot of cases where children are taken in by their relatives at the death of their parents. Sometimes these can be close relatives whom the children know very well and with whom they have developed a relationship. This means that the children would be comfortable with the relative and may look forward to starting a new life with them under the circumstances. However, visiting with relatives is different from living with them. Even if the new guardian was a sibling of one of the children’s deceased parents, they will have a different lifestyle from the one that the child was used to in the family he/she is coming from. The child has to make a debut into a family that is already established and into a situation where everyone has an already ascribed place in the family. The child has to deal with his own personal grief and at the same time get used to a new life and a new family where the child will be expected to fit in and toe the line of regulations.

The situation is often the same but may be more protracted if the child has to live with relatives whom the child hardly knows. Also, when the child is taken into a foster family because there are no relatives to take the child in or when relatives are unwilling to take the child in, the child’s insecurity increases. Unfortunately life in the new families does not always go according to expectation. Even though it is an age old tradition that people take in their relatives’ children and raise them; sometimes these families take the children in when they are not ready to.

This is especially true of relations who take a child because he has lost his parents and has nowhere else to go; and they as the nearest known relatives of the child have to offer the child a place to live. Eventually they may find out that they were not ready to open up their home to one or more people. This is a special challenge in Malawi now when poverty levels are very high. Foster families end up going from deep poverty into extreme poverty, when they take responsibility for one or more extra children in the household.

There are also cases where a child was living with one biological parent, where the parents, for one reason or another, were no longer living together. Such a child may find himself in the situation where at the death of the one parent he is taken in by the other biological parent, who may or may not have a family of his or her own. In such a case, the child will have to deal with its grief while at the same up trying to pick up the threads of a relationship with the other parent which may be ambivalent. There is also the further issue of how to find a place in the new family where the newly found siblings may be suspicious of a new addition. Dealing with step-families is a tough thing and unless the child has traits of resilience in its personality, this situation may turn into another crisis and trauma, in addition to the loss of one parent due to HIV/AIDS.

Sometimes the child's grief and resulting behaviours become too intense and too much of a burden for the new family to bear. It is not uncommon that orphaned children are moved around from family to family. This increases the feeling of abandonment and rejection in the child, which could very likely develop into negative behaviour, affirming the host family's feeling that the child is impossible to deal with. Most of the children that end up in child-headed families have tried to live with relatives before both sides decide that the arrangement is not working and, therefore, try for the children to live in their own home, most likely their own family home left by their parents.

In the fourth issue of *African Journal of Aids Research 2005*<sup>9</sup> Yamba tells the story of such a family. Loveness first took responsibility for herself, her three brothers and her mother when the latter, an AIDS patient fell seriously ill. Loveness had to drop out of school at nine years of age to take over her mother's responsibilities in the family due to her incapacitation by the illness. Their father had long left the family and moved to South Africa. At their mother's death, the four siblings were taken to their home village to live with their maternal grandparents. Within two months the old and frail couple had succumbed to malaria and left

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<sup>9</sup> Yamba, Bawa c. Loveness and her brothers: trajectories of life for children orphaned by HIV/AIDS in Zambia; in *African Journal of AIDS Research*. 2005.

the children on their own again. They were relocated to yet another home, to live with their maternal uncle and his wife. The children seemed to fit in well in the new household and happy with their cousins in roughly the same age ranges. The problem was that their new guardians also appeared to be living with HIV themselves. Clear enough after some months, the aunt passed away followed shortly by the uncle. The children were, yet again, on their own, with no one else to look up to. There were disputes regarding the house they had been living in, so they had to move back to their old home where they had been living with their mother with the now ten year old girl as household head. A relative of the children's father eventually took responsibility as head of household after they moved back in their old home and began to live with them. One of her brothers moved to Lusaka with her cousins, possibly to try and make a living in the city.

Loveness got pregnant at age 13 by an older man who was a local politician, much to the chagrin of her guardian; but his being a local politician meant that he was almost untouchable. Not much could be done by the "uncle" to cut the relationship. Besides, local traditions and beliefs demanded the man to nurture the unborn baby by having regular sexual relations with the mother, which made it difficult for the uncle to report the situation to the police. In the process Loveness got infected with HIV. When she delivered, her baby was HIV negative, but did not live long all the same.

Yamba observes that the problem in such situations where an older man starts a sexual relationship with a minor, the girl's family or any adult care-givers lack the commitment to put a stop to it. The man will lure the girl with food and other material things putting a false hope in her mind for a secure future and a ready provider. For the adults, it gives them hope of someone else who might take responsibility for the girl and they get to benefit a little out of it too. The hope is that the man will eventually take the girl to wife. In this case Loveness' uncle was hoping the man would pay bride price for her and marry her, perhaps as a second wife. According to the AIDS counsellor who saw to Loveness, this was just one more of many similar cases she had encountered in her work. The story of Loveness, though from Zambia, is used to illustrate the fate of many girl children that have lost their parents, also in Malawi.

In cases where there is a big number of siblings left desolate, it is not possible for one family to take over all the children and the children may be split between different family members. This is also a crisis in itself. Not only have the children lost their parents, but they also "lose" their siblings. According to Bowlby (1969), when a child loses someone close to them they

try to make sure that they hold on to those who are left behind even more, so that they do not lose all those that are close. For example, a child that has lost its mother will make sure that she clings to her father to make sure she does not lose him as well. A change in this situation will elicit protest behaviour and angst. In older children this can manifest itself in aggression in the new family, or detachment from the world and retracting into his/her own world.

### **3. 2. SECONDARY LOSSES IN BEREAVEMENT**

#### **3. 2. 1. Loss of income**

When a family loses one or both breadwinners in the family, they must brace themselves for all sorts of changes in their daily life; among them the loss of income from the deceased. In Malawi, before one begins to think of these problems, one must keep it in mind that over 60% of the population is already living under the poverty line. According to the Rural Poverty Portal website, 76.1% of the population in Malawi was earning less than \$2 a day, while 41.7% were earning under \$1 a day by 1997

Being left desolate, especially in the case of double orphans, means they end up having nowhere to go to. They become vulnerable under the leadership of an older sibling like Loveness; who is not even mature enough to take care of herself, much less siblings. In such cases, there arises a lot of marginalisation when it comes to decision making. The children are not represented in the society by an adult and have, therefore, no voice at all. There is no one to front their issues. In the case outlined above the girl was made pregnant by someone who she knew and who took responsibility for it. In other cases, girls in this situation are just raped and left to deal with the arising situations. There have even arisen situations where orphaned girls have ended up being the target of abuse by many males in the community. Others end up prostituting themselves to earn a living which ends up in lots of abuse and/or HIV infection. A child headed household led by a boy has higher chances by far than one being led by a girl. If an orphaned household is being led by a boy, he stands a better chance as a household head than a girl. Society in Malawi is always more biased towards the male population, and it is already a well known fact, that households headed by women are the most vulnerable in the society. A boy heading an orphaned household does not have to deal with as much sexual exploitation as a girl, especially if they are living in the village. He is all the same not recognised among adults and cannot present his case for himself and his siblings. He may, as

a result, end up frustrated. When he does get a job, he will most likely be exploited and be given too much work for too little pay. The employers know he cannot complain and cannot say no to whatever comes. He will be so desperate to earn however little, so as to be able to take something home to his siblings. The problem with the poverty level in Malawi is that there are so many people who are jobless. No matter how badly an employer treats his workers, employees will not complain. If they do, the employer will only sack them and give the jobs to others who are so desperate and so eager to get a job, no matter what the working conditions are like.

Whether male or female, the older siblings in an orphaned family often choose to stop going to school in order to earn a living and support the younger siblings; which means their own future is at stake. At the death of a father, it is a tradition that the father's family takes the family's property and distributes it. The children of the deceased are more often than not left with very little of their father's property or nothing at all, unless the deceased left a will. The majority of people still do not know about writing a will, so it is the fate of most families to have all their property grabbed.

Here is the story of Florence:

“As more and more people die of AIDS, traditional practices of inheritance are becoming a source of grief and subsequent hardship for many Malawian widows.

Shortly before he died in 1999, Florence's husband said she and the children should remain in their home in the capital Lilongwe. "But when my husband died, his relatives came and said I should sell the house and return home to the village," recalled Florence, who is 35.

She did as the relatives instructed, only to be dispossessed of everything she and her husband had owned. "My husband's relatives met us on the road, stopped the truck [carrying her possessions] and diverted it to their village. Here they took everything off the truck and demanded that I give them the money I had collected from my late husband's employer.

"A week later, a family meeting was convened and all the household goods and money were

distributed to my husband's relatives. I went back to my village with nothing," she said. Since then, Florence said, she has struggled to survive without a regular source of income.<sup>10</sup>

The widow has to start anew regarding property and then take care of the children alone. In most instances, Malawian families are large enough that even when both parents are alive, it is difficult to make ends meet in the family.<sup>11</sup> The situation gets even worse if the family has been living in town and gets all their property grabbed. They, then, end up having no place to live and with nothing to their name. They might end up either moving to the city's slums or moving back to their home village. In both cases their whole lifestyle changes dramatically, as the mother tries to eke out a living for herself and her children. In some cases, this can be a woman that has absolutely no work experience due to the fact that her husband did not allow her to work as, is the popular practise of some men.

### **3. 2. 2. Loss of future**<sup>12</sup>

Some of the children in this situation become sick and tired of such a life full of changes and challenges, they run away from home in the hope of making a life for themselves in the city streets. Unfortunately they do not find rest but more abuses and a more dangerous lifestyle. On the streets they find already made colonies run by older street kids who are the law. These are often outlaws who recruit the newcomers to all sorts of crimes and mischief. In the case of boys, they will be led into pick pocketing, even into robbery at night, and/ or drug abuse as a way of escape from their worries. Girls living on the streets will, more often than not, be recruited into prostitution by a pimp. Or she will be abused, because there are many men that can take advantage of her and thus end up in the evil circle of HIV/AIDS. With the spread of homosexuality in Malawi<sup>13</sup>, it is not only girls that end up being sexually abused on the city streets, even the boys end up being raped or they sell themselves to get a little money. This money will often be used to buy drugs or being taken away from them by the street barons.

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<sup>10</sup> Property grabbing (IRIN)

<sup>11</sup> According to the Malawi Demographic and Health Survey of 2004 undertaken by the National Statistical Office, Malawi has a fertility rate of 6.0.

<sup>12</sup> Smith, Susan; The forgotten mourners. P36- 48

<sup>13</sup> Homosexuality is a taboo in Malawian society, it is said to exist and to be increasing, but no one wants to recognise it. There has been no study undertaken of it yet. Any attempt to discuss it is quashed and branded as "unMalawian".



### **3. 3. The difference between stressful bereavement and traumatic bereavement**

While bereavement is a very sad situation and is stressful for every child, some instances are more so than others. For example, a child who is witness to a violent death or witnesses an accident that kills a person he loves will experience trauma. This will be even more so if the child is involved in the same accident where they survive while someone else has died. In the case of a parent who dies from AIDS related sickness, the child will have watched the parents progression from sickness unto death, with or without having the situation explained to them by an adult. Children often know more than adults are willing to give them credit for, and they pick up undercurrents. This leaves the children with the feeling that they know things which they ought not to know about. This in turn leaves them with a feeling of guilt and they feel a huge burden for having this knowledge, which they ought not to know about or which they ought not to understand.

However, when the parent that has been ill finally dies, the child might, like some of the adults, feel that relief that the parent is no longer suffering. At the same time, the child will be feeling the loss of the parent. These are emotions which the child may find to be conflicting, and if the child does not have this explained to him, he may see himself as a bad person for feeling relief at the loss of the parent.

Losing a parent or any close person to HIV/AIDS is a traumatic experience, just as it is with all the terminal illnesses. It is difficult for example that the child sees his father being reduced to a shadow of his former self as is characteristic of aids patients towards the end of their life. The patient becomes very thin and weak, a lot develop diarrhoea which means they have little or no control over their bowel movement and their eyes become haunted. These are images that may haunt the child and the child may become detached from the picture of the parent as they were while healthy. This may lead to fear in the child, because the parent is no longer the same person they knew. The child may also feel angry both at the stage of illness and after the death of the parent. The child may feel that the parent did not deserve this illness and death, but that another person in the family could have been more deserving of this fate<sup>14</sup>.

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<sup>14</sup> Smith, Susan ; 1999

This feeling in the child may be compounded by the traditional beliefs that are deeply entrenched in Malawian society. Death, sickness and any bad luck in Malawian society are almost always attributed to evil spells cast by people who are either jealous of the “victim” or want something from him/ her. Despite the fact that the HIV/AIDS pandemic has been around for over two decades in the world and in the Malawian society, it is still not officially recognised in tradition. Even after being diagnosed as HIV positive, a lot of people are still in denial over that. When they get ill, they would rather go to a traditional healer or a witch doctor to find out who it is that does not wish them well and wants them dead. It is all about finding a scapegoat for the ills in society, nothing comes about by chance, there has to be found someone to blame, always.

In this kind of situation a bereaved child may, together with other family members, blame another person for the death of their loved one.

## **CHAPTER 4**

### **HOW SOCIETY AT LARGE HAS RESPONDED TO THE SITUATION.**

#### **4. 1. Local community response**

Orphan hood is not a new phenomenon in Malawi, however in the past the situation was contained within the community. In the traditional Malawian community family bonds are very tight, for example one has more than one mother. What are termed as aunts in the western society are all mothers in the Malawian community, they are only distinguishable by birth order. It is therefore not strange to hear a child say he is looking for his “youngest mother” referring to his mother’s youngest sister, regardless of whether she has her own family or not. Uncles had and still do have a lot of power, with regard to the welfare and discipline of youngsters in the family compound and are entrusted more with feelings and looked up to in cases of confrontation and the like than is ones own father. A child would get instruction and be reprimanded by any adult in either the family compound or even in the village and it was the child’s responsibility to respond accordingly.

” The typical, traditionally brought up Malawian child is a product of this system. He or she has several “mothers”, “fathers”, “uncles”, “brothers” and “sisters” or “grandparents” besides

the biological relations, who take part in his/ her socialisation and upbringing.”<sup>15</sup> In this setting, it was easy for a child who was orphaned at an early age to grow up, without ever realising that he or she was an orphan due to the inclusive family system.

However, with development and urbanisation, a lot of people have moved away from the rural villages and are now living in towns. With this the family has been fragmented and people are now more focused on their own families. The rising cost of life and the subsequent rise of poverty levels have also made it such that families cannot afford to look after more than their nuclear family and children are a little more sceptical of adults who are not in their family. However, ties are still held by yearly or less often visits to the village so that the children keep in touch with their relatives. A lot of people still choose to retire to their home villages from the city and a lot want to be buried in their home villages and lie with their ancestors when they die. Therefore, it is important for town people to hold on to these ties and show that they still care by visiting their relatives in the village whenever they can, often taking gifts with them from the city.

#### **4. 2. Government response**

In 1990 the Government of Malawi signed the Convention on the Rights of the Child and the declaration of Child Survival, Protection and Development. This resulted in the development of a National Programme of Action for Survival of children, with emphasis on children in difficult circumstances. The government organised a national consultation on children orphaned by HIV/AIDS to deal with this problem that seemed to be getting worse with escalating HIV infection rates and deaths of more and more parents due to AIDS. The aim was to find a cost effective means of raising these children while at the same time making sure that their rights to survival, development, protection and participation remain intact.<sup>16</sup>

In the years from 1990 when it became clear to many that HIV/AIDS had come to stay and would not go away of itself; and when people realised that the disease was bringing with it changes in the society forcing them to open their eyes to the situation, people began to get involved. Communities started mobilising themselves and started operating AIDS clubs and community based home care programmes to help in looking after the AIDS patients. In these

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<sup>15</sup> Kalemba, Esau; The Development of an orphans policy and programming in Malawi. Pg 1-2

<sup>16</sup> Kalemba, Esau. Ibid. pg 6

clubs and programmes, HIV positive persons got a chance to meet with others in the same situation, got visits from health officials, discussed treatment and diet and health related questions, as well as promoting HIV/AIDS awareness and prevention in their community. These same clubs then had to eventually, start taking care of the orphaned children after their parents died, in those cases where care from their relatives was missing or where the children had no relatives. This is an intervention that has been perpetuated with new members being recruited as others are dying.

The government and a lot of help organisations that want to help either AIDS patients or orphaned children use these clubs as their entry points and most use their already existing structures and already established networks in implementing their programmes. These clubs are encouraged to set up income generating activities which are then funded accordingly and the profits used to benefit families looking after orphans and the sick and eventually the whole community.<sup>17</sup>

Malawi is not a welfare state it does, however, have a department of welfare within the ministry of women and children. This department provides among other things family counselling and public assistance in the form of temporary basic handouts like food, shelter transportation and clothing. It also provides for institutional care in public and private facilities, arrangements for foster care and eventual adoption in cases of long foster care. These are provided for in the Adoption Act, the Affiliation Act and the Wills and Inheritance Act.<sup>18</sup> All the same these services offered by the government are very minimal and poor in both availability and implementation due to low capacity in the government department.

To ensure that the rights of children are observed and respected, the Government has set in place a campaign for Early Childhood Development

### **4. 3. Civil society response**

In 1996 Action Aid, with funding from UNICEF established such a programme in selected parts of all the three regions in the country. The groups were equipped to manage and

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<sup>17</sup> Khonyongwa, Lawrence. Ibid. Pg3

<sup>18</sup> Kalembe, Esau; Ibid. Pg2

implement their personal savings; which together with credit would facilitate to open up for income generating activities and a revolving fund for those belonging to the said clubs. This is typical of the response of most of the Non Governmental organisations that are working in Malawi. These organisations, which are sometimes international, bring to the table their international expertise in dealing with the issue. But they also have something which neither the government nor the local communities have, which is money. These organisations include: Save the children Fund/US, World Vision International, Action Aid, Save the Children/UK and Plan International. Just to name a few. So what is happening, is that all these sectors have joined forces in order to give OVCs a better future and to alleviate their problems.

The government works to pass legislation to ensure that the rights of the children are upheld, it solicits aid or funds from its partners to finance its programmes and it creates a conducive environment for the rest of the sectors to work in this area. The government is also responsible for planning considerations like for example the National Task force on Orphans to coordinate everything that is happening. Civil society on the other hand is working very closely with the local communities. I have mentioned before that organisations are using the existing structures in the local society to channel in aid. The idea is to let the people own the system, the people themselves come up with community based organisations which the organisations fund and coordinate to see that the programmes are going in the right directions and to ensure that the aid given is really used for the intended purposes. These organisations sometimes work on the same issues in the same fronts, and have had to start networking with each other to make sure that they work effectively; and not waste resources duplicating each other in the field.<sup>19</sup>

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<sup>19</sup> Kalembe, Esau; The Development of an Orphan Policy and Programming in Malawi. An unpublished paper.

## **CHAPTER 5**

### **THE ROLE OF THE CHURCH IN MALAWIAN SOCIETY**

#### **5. 1. The Church in pre independence Malawi**

Malawi is a predominantly Christian country, where 75% of the populations are professing Christians. Of these, 55% are protestant while 20% are Roman Catholic. Muslims make up 20% of the population, while 5% of the populations are Traditionalists.

There are currently many different and diverse Christian congregations in Malawi, but there are some major churches that have been in existence since before the country won its freedom from colonialism. These are the churches that have large numbers of followers and are widely recognised. These churches are so well established in the society that they are almost government entities in themselves. They are woven into the fabric of the society and are very active in the day to day lives of most Malawians. They are to be found in the education sector, in health work, recreation, job creation, relief work and in championing the rights of the people. These are: the Roman Catholic Church, Church for Central African Presbytery (CCAP); Anglicans, Baptists, Adventists, Zambezi mission and Church of Christ.

Christianity was introduced into Malawi in the 1850s by Dr. David Livingstone, a Scottish missionary of the Scottish Presbyterian Church. Livingstone is also recognised as the one who formally discovered Malawi, or “Nyasaland”, as it became known in that period. Livingstone liked the land so much that he settled there and eventually died there. He brought with him the first Christian mission and the first form of legal trade in a time when the land was still a stronghold for the Arabs, in the trade for slaves<sup>20</sup>.

Later on towards the end of the 19<sup>th</sup> Century other churches established missions in Nyasaland, these were the Dutch Reformed Church of South Africa and the Free Church of Scotland. The White Fathers of the Catholic Church also established themselves between 1880 and 1890, as did Joseph Booth who was a missionary of the British Baptist Church. In the same period of time the British occupied Nyasaland which became a protectorate of the kingdom. In this way the missions were given an environment where they could flourish and

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<sup>20</sup> See also John McCracken, *Politics and Christianity in Malawi 1875- 1940, the impact of the Livingstonia Mission on the Northern Province*. (2000).

fight the powerful slave traders. The missionaries were welcomed by most of the tribes which were victims of the slave trade, but they were resisted by the Yao and Chewa tribes, who were allies with the Arabs in the slave trade and therefore benefited from it and saw the coming of the missionaries as a hindrance to their beneficial trade. The missionaries managed to convert a lot of people among the victimised tribes and encouraged all towards suitable entrepreneurship for example by encouraging the cultivation of cotton.<sup>21</sup>

In 1892, Joseph Booth the Baptist missionary managed to convert a Malawian native named John Chilembwe who had been a student under the Church of Scotland mission. John Chilembwe started working in Booth's home and became his assistant. In 1897, Booth went to the United States of America and took Chilembwe with him. While there, Chilembwe was sponsored by the Baptist Church through Virginia Theological College. He came in contact with a new culture, a new way of thinking and was influenced by the thinking of Booker T Washington among many. Upon his return to Nyasaland in 1900, Chilembwe, an ordained preacher started the Providence Industrial Mission. He wanted to educate the people, and so he built schools, he started teaching better agricultural techniques. He preached orthodox Baptist theology and he implored his people to take up an honest way of life, by staying away from the bottle and being presentable among other things. By 1912 he had 1200 pupils in the mission schools and 800 in the adult sections.

Chilembwe was the first Nyasa native who expressed his nationalistic feelings, he was not happy with the way the Europeans treated the natives. He was not happy with the fact that the natives who were working on the Europeans' farms were being exploited and even cheated of their wages. At the breakout of World War 1, natives began to get orders of conscription to fight on the British side. Chilembwe became more riled than before and protested both in the press and in his sermons. This angered the white administration which ordered the burning of his schools. With this, Chilembwe and his close aides started an uprising and attacked one of the European farms most renowned for its cruelty against natives. Jarvis Livingstone, the foreman was killed and his head set on a stake the next Sunday under Chilembwe's preaching. The white administration sent soldiers after Chilembwe and his collaborators, John Chilembwe was killed on 3 February 1915<sup>22</sup>, unto this day, his final resting place is still

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<sup>21</sup> Craig Meyer, Malawi Christianity page.

<sup>22</sup> Shepperson, G, Price, T; *Independent African, John Chilembwe and the Nyasaland rising of 1915*. (2000).

unknown. Chilembwe has been hailed as a martyr in the country's fight for freedom and 3 February every year is set apart in his remembrance.

### **The Church under the dictatorship era**

Malawi became independent from British rule in 1963 under Hastings Kamuzu Banda as the Prime Minister. The Republic of Malawi was established the following year, 1964. Banda was a medical doctor who had trained in Scotland; he was called back by the people to help in the fight for liberation from colonialism. He became President of the nation and eventually ended up being given life presidency by his party the Malawi Congress Party. No other political party was tolerated in the country and Banda ruled as a totalitarian, unopposed leader for 30 years. During these thirty years, anything said in criticism towards Banda's ruling style or any sign of opposition was brutally crushed using the militia of the party which was known as the Malawi Young Pioneers. Many allegations are made of people who disappeared without trace and others killed in suspicious accidents. Rumours were rife of spies in every corner of the country and no one could trust another. Political opponents were detained without trial for very long periods of time. Meanwhile the economy of the country was getting worse and people were getting restless, they wanted change in the system.

One Sunday on 8 March 1992 a letter was read in all the parish churches of the Roman Catholic Church in the country by coordinated effort. The letter, called "Living our faith" was authored by eight Catholic Bishops, it addressed the worsening economic conditions in the country. It cited the socio-cultural instability and the growing gap between the rich and the poor, the political injustices including the gross human rights abuses people suffered at the hands of the ruling Congress Party. It used the pictures painted in the New Testament of Christians as free people, this in a nation that considers itself Christian and where the leadership was using the church to preach its morality. In the letter, the Bishops demanded government accountability to the people and its recognition of the dignity of the human being. The government responded swiftly with threats on the lives of the bishops calling them "dissidents". An Irish Bishop who had been living in Malawi for over 20 years, Monseigneur John Roche was accused of being the mastermind behind the letter and was deported after 24 hours notice; he shared the same fate as Father Patrick O'Malley, who was declared a prohibited migrant in the country. O'Malley has written of the experience in *Living Dangerously: a memoir of political change in Malawi* (2000). The remaining seven Bishops



were detained on 10 March for long hours of interrogation<sup>23</sup>. In solidarity with the Catholic Bishops, students at Malawi's Chancellor College in Zomba, and subsequently the Polytechnic College in Blantyre took to the streets in a protesting demonstration.

In Lusaka, the capital of Zambia a meeting was held by some of the Malawians in exile where it was decided that the country was now ripe for change. Dr. Chakufwa Chihana came direct from this meeting to Kamuzu International Airport in Malawi in April 1993 where he was arrested upon arrival as he tried to address a meeting. He was detained, without anyone knowing where he was, but was later charged with sedition. By this time, people had had enough and took to the streets, Chihana called for the government to conduct a referendum where the people would decide whether they wanted to remain under one party rule or whether they wanted democratic rule. The chant got louder and was supported internationally. On 25 August the same year the Synod of the Presbyterian Church wrote an open letter to the president where they requested first the release of all political detainees, secondly that the president should call for a referendum and finally to institute a national committee towards political change.

### **The Church in the democratic era**

On 14 June 1993 the referendum was held where 63% of Malawians made it known that they wanted a democratic type of government. On 17 May 1994, Bakili Muluzi, president of the United Democratic front, won the first ever democratic elections to be held in the country and became president of the nation. After a mediocre five years in office, Muluzi was re-elected for another five year term in 1999. Many people believe that he should not have been allowed another term in office. There were a lot of changes registered in Muluzi's very first year in office, the press was given more freedom, he established the Anti Corruption Bureau and tried to root out corruption. The Constitution of the Republic of Malawi was changed in 1995 giving the people greater freedoms as outlined in the Charter for Human Rights for example. But as Muluzi approached the end of his second term in office, rumours began to fly around that he wanted to change the constitution to allow the president stand for a three terms. In other words, he wanted to stand for a third term of office. The rumours were denied publicly.

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<sup>23</sup> See Schoffeleers, M, *In Search of Truth and Justice, Confrontations between the church and State in Malawi, 1992- 1994.* (2000)

The response from the Church was immediate, the CCAP wrote a pastoral letter which was widely published and read in a lot of congregations. The UDF responded by accusing the clergy in the CCAP of working for the opposition and not representing the people's wishes. The clergy had organised several rallies with the agenda of discussing the letter with the people, they were forbidden by the police from doing so and some of them were held for questioning. Ten church leaders of the synod were immediately detained and meetings they had planned to hold in connection with dissemination of the letter were declared to be illegal.<sup>24</sup> In other words, even though Malawi had become a democratic country, not much had changed. The tactics of oppression were the same and were still being used. The youth wing of the UDF; the Young Democrats were unleashed against the people to make sure that no one would withstand the position.

But the church, as usual stood their ground. The Public Affairs Committee, which is a body for all religious organisations in the country went on to publicly condemn the situation and asked Muluzi to respect the people of Malawi and its constitution by not trying to stand for another term as president. Many pointed to Nelson Mandela the president of South Africa and asked Muluzi to step down respectfully. An interesting twist to this story is that, Muluzi just had to give up on the attempt because so many people protested; people took to the streets and there were hooting campaigns against his return and many other peaceful demonstrations. Muluzi ended up with picking Dr. Bingu wa Mutharika, someone considered an outsider in the party to be the next presidential candidate. Mutharika won the elections and became president of Malawi on 24 May 2004, but their relationship soured greatly after not so long afterwards. The situation on the ground today, is that Muluzi is trying to get back in the hot seat again, claiming Mutharika has run the country down.

## **CHAPTER 6**

### **How the Church in Malawi has responded to the situation**

A lot of churches in Malawi have in the last ten years or so taken an active part in the fight against HIV/AIDS. Most have realised the size of the pandemic and have decided to wake up

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<sup>24</sup> Ott, Martin, et al (eds); *Malawi's second democratic elections: Process, problems and prospects*. 2000/2001

to reality, a lot have taken to AIDS awareness programmes. Many, in the true spirit of diakoni have decided to work with people who are suffering from AIDS related illnesses.

A lot of the churches have either formed their own or are part of local home based care groups. These are community based projects where the members visit the sick in their homes to cheer them up and help them by meeting their needs around the home; to escort them to hospital when there is need or to nurse them in their own homes. The Catholic Development Commissions in Mangochi, Dedza and Mzuzu are examples of this phenomenon. These target terminally ill patients and orphans or other vulnerable children in the areas. The terminally ill patients get nursed by volunteers who have been well trained for the purpose. The groups also establish and tend gardens to provide for the nutritional needs of the patients and the children in their care. The orphaned and other vulnerable children are offered the opportunity to acquire life skills training. This for the most involves training in carpentry, sewing and bakery, to equip the children with the ability to be able to make a living and to sustain themselves.<sup>25</sup>

There are other religious organisations that are also providing this type of support throughout the whole country. They include the Ecumenical Council of Malawi (which is also a Catholic organisation), the Christian Council and the Christian Service Commission, the Anglican Church and the Seventh Day Adventist Church. Other services provided to these target groups are food assistance, counselling services and day care centres or early childhood learning centres.<sup>26</sup> The Presbyterians, for example, have several day care centres for orphaned children, especially AIDS orphans. By the year 2000, they were helping over 700 children per day in one of these centres.

In January 2008, while in Lilongwe, I went to several church organisations and interviewed some persons to find out to what extent the churches are helping the orphans and vulnerable children. At the Ecumenical Counselling Centre, which is a newly established organisation, I was told that they for mainly dealt with counselling in the context of Voluntary Counselling and Testing. They have, however tailor made counselling programmes for children and youths

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<sup>25</sup> Children AIDS and Communal Coping Strategies, pg 17, 18

<sup>26</sup> Kalemba, Esau; The Development of an Orphan Policy and Programming in Malawi. An unpublished paper. pg 12

who have contracted HIV. But otherwise they do not have other offers for counselling children in crisis, be it HIV or any other type of crisis.

### **Chisomo Children's Club**

One other place that I visited is Chisomo Children's Club; where I found a group of over sixty children. I arrived just as they were just about finished taking their lunch, of the local maize meal with stewed beans. The club is owned and run by one of the new charismatic churches in Malawi, the Living Waters Church. There are two branches of the club, one in Blantyre, in the southern region of Malawi; and the other one in Lilongwe. The Blantyre club was the first to open in 1998. They provide counselling towards the mitigation and prevention of HIV/AIDS. At the same time, they also advocate for the rights of these children; they sometimes advocate 'for' them, while other times they advocate 'with' the children. The children's club is not a permanent home for the children; most of whom are street children that ran away from their homes for different reasons, to live on the city streets and beg for a living. The club is a base where the children go to, about three times a week, to get a meal and to play. The children are registered in the club as long as they agree to go to school, most of the children are recruited into the club by staff that once in a while goes along the streets just checking on the welfare of the children and looking out for newcomers. Sometimes the new children are brought to the shelter by others that have been on the street longer and are familiar with the offer.

The aim of this establishment is to provide care to children living on the streets and to ensure that the children find a place back in their own communities. Their belief is that every child does better when they are in an environment which they are used to and with people they know. Therefore, the club is not a permanent home but a place where the children can still feel like they belong while on the streets. It is also a place where they know they will find someone who cares for them. In the period the children are affiliated to the organisation, they are assigned an adult that will be responsible for them; in other words a contact person, who will generally be looking out for the child's welfare.

After a new member has been recruited, the following weeks include sessions where the main carer talks with the child to determine his or her reason for being on the street, the child is given an opportunity to tell about his life, and if he has any problems. The carers also try to find out where the child comes from and if there still anyone back at his home that can look

after him. An effort is also made to ensure that the children continue with their education even as they are living on the street. The contact person is the one responsible for taking contact with the child's school to make follow ups. The same is responsible, when the time comes, to make follow ups to find the child's family, facilitate reconciliation between the child and his family, and take the child home to his family. When the child has been delivered to his family, the designated carer organises a meeting with the local community to confer and find solutions that will hold the children home instead of going on the city streets. In other words this club takes an holistic approach in dealing with children on the street, most of whom are AIDS orphans.

Some of the children have been on the street for such a long time that they have grown up on the streets and have become adolescents. Some of these quit school, but others did not, they continued going to school and have gained qualifications. For such, the club offers vocational training in the direction of their wishing which most popularly are carpentry, tailoring, and secretarial courses. This is to deter them from living a delinquent life and to give them possibilities to make a living legitimately.

The children's club is operated by a charismatic church and I expressed my curiosity as to how they managed to get as many children as had gathered. The reply was that even as the establishment is run by a Christian church, it is open to all the children on the streets irrespective of their religion or church denomination. Spiritual counselling is also a part of what they do at the club, but the carers are trained to take up the conversation when the child himself brings it up. When the carers find out that the child needs more spiritual intervention than just a talk, they then bring in the church after consultation with the child's family.

### **Alinafe Community Hospital**

The Norwegian Church Aid (NCA) in Malawi has become much of a force to reckon with in the area of HIV/ AIDS and relief for those who are both affected and infected. The organisation works together with a number of faith based organisations, and the health sector both private and public. It is the NCA, in collaboration with Oslo Church City Mission that are backing Chisomo Children's Club. They are also working with another entity in Salima called Alinafe Community Hospital; which is an initiative of the local Catholic Church.

The project was started in 2000 as a health centre for mothers and young children targeting a catchment area of about 35,000 people of whom 7,000 are orphans under the age of 18. The face of the project has been changing to accommodate the needs of the people. It has ended up as a centre running a lot of programmes focusing on orphaned children and people living with HIV/AIDS, which status often overlaps.

### **Christian Health Association of Malawi (CHAM)**

As already mentioned in a passage above, that due to the early coming of the Christian faith in Malawi, the church has been able to establish itself deeply within the country. To this effect, the Christian Health Association of Malawi was renamed in February 1992 from what was then the Private Health Association of Malawi. The role of this body is to co ordinate the work of all the 167 health amenities owned by the members of the body. These health amenities include hospitals and health centres of differing sizes; the owners include both protestant churches and the Roman Catholic Church in Malawi.

CHAM is responsible for running over 40 % of all the health institutions in the country, most of them based in the rural parts of the country. Apart from treating the sick, CHAM is involved in advocacy; towards availability of anti- retroviral medicine for all, for example. They also carry out capacity building towards the support and taking care of people who are terminally ill. They are also involved in ensuring that, those that are HIV positive change their diets for the better and to see that they are getting all the nutrients they need to help their bodies fight infections.

### **The people's perception of the church's role**

A research was conducted in 1997 in four communities in Malawi selected to represent variation in culture, economic and social support<sup>27</sup>. The communities are Karonga in the Northern region, Lilongwe in the Centre, and Namwera and Mulanje in the South. They were asked to assess the usefulness of the existing structures in their communities, in addressing the plight of orphans and this was the result:

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<sup>27</sup> Sandra Ali, Community perceptions of Orphan care in Malawi, an unpublished report. pg 4

## Care and Support structures relating to orphan care

SUPPORT STRUCTURE	EFFECTIVENESS
Government Extension workers	CDAs: Somewhat effective because they focus more on Developmental programmes, than on orphans SWOs: Not effective, because they just register orphans but do nothing to help them
District hospital and health facilities	Somewhat effective because some of the District hospitals offer wet feeding for orphans, but its not all, and they are too far away.
Traditional healers	Effective, because they sometimes treat orphans for free and are nearby. They can also tell you who is bewitching you.
Church committees	Not effective, because they do not help with orphan care. Effective because they help caring for the sick and say prayers for them
Non Governmental Organisations	Effective, because they bring development to the community. Not effective, because they do not help with orphans. They just register them and don't come back.

According to this survey, the church does not come out particularly well in the people's perceptions of who is helping them in taking care of orphans. This is not, however, to say that the churches are doing absolutely nothing in the situation. The situation may also have changed a lot since 1997<sup>28</sup> when this survey was undertaken, over a decade ago. It is, however, witness to the enormity of the problem and the need for greater mobilisation.

## CHAPTER 7.

### WHAT BUILDING RESILIENCE ENTAILS

The Merriam- Webster online dictionary has explained the noun "resilience" as:

<sup>28</sup> Sandra Ali, Community perceptions of Orphan care in Malawi. An unpublished report. pg 4

“1 : the capability of a strained body to recover its size and shape after deformation caused especially by compressive stress

2 : an ability to recover from or adjust easily to misfortune or change”

“Resilience is the ability to recover quickly and comprehensively from severe traumatic events. All children are born with the potential to be resilient, but resilience has to be developed, just like other skills and capacities. We need to promote resilience in the children we care for. Resilience prepares children for hardships and suffering that they may face in the future – not only while they are young, but also when they become adults. Resilient children draw strength from their inner resources and know how to cope. Coping can be taught and learned. Child rearing is not just a matter of taking care of the baby and the young child, but supporting the child’s efforts to take care of himself. Thus the child’s coping capacity increases a lot, from extensive helplessness in infancy to a greater degree of autonomy in adolescence.”<sup>29</sup>

Every child faces two groups of factors that affect his life according to what resources he has around him. There are risk factors, which, if present in a child’s life, increase the likelihood that a child can develop emotional and/ or behavioural disorder. In case of this thesis, orphan hood is a risk factor. However, there are other factors that can counter the risk factors in a child, these are called protective factors. Some of the protective factors are constitutional, in other words have to do with the personality and make up of the child or personal attributes. Other protective factors are environmental and include family relationships, gender, socio-economic status and IQ level.<sup>30</sup>

### **Family factors**

Sharp and Cowie (1998) state that a large body of research has confirmed that experiences within the family play a key role in influencing the child’s capacity to form and maintain relationships within the scope of the family. This in turn, anticipates the child’s social interaction in the context of the wider community. It helps the child to have firmly established strategies for creating new relationships with others not in the family. A child that receives

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<sup>29</sup> Norwegian Church Aid, Child and adolescent Counselling, a Training manual for Caregivers. Unpublished.

<sup>30</sup> Kimchi and Schaffner, 1990. pg 478.



enough attention at home will realise that he is valued and that his views or whatever else he has to say is valued. This way he will go out into world assured that people will listen to his point of view, such children are often more assertive and achieve their goals more often than children who get very little attention. The successful marriage of a child's parents will also work in the same way, because the child is secure and will not be worrying about his family breaking up. The same is true for children whose parents have stable jobs; or parents who do not have problems with substance abuse. In cases where the situation is otherwise, those primary problems, cause secondary problems that make life difficult for the children resulting in low self esteem and therefore lack of friends and allies. These problems also lead to further problems like poor performance in school.<sup>31</sup>

### **Why build resilience in OVCs?**

It is indisputable that children are the future of any nation. If the children of today are the leaders of tomorrow, then the leaders of Malawi's tomorrow are living today without much hope. They are being abused, they are feeling worthless because of the gravity of their situation and their future seems bleak. They are being made to pay for the sins of their parents by being discriminated against as children of people living with HIV/AIDS. They are being sent to beg on the streets by guardians who feel they cannot manage to provide for them. All these children will one day grow up and they will grow up to be a big menace to the society at large.<sup>32</sup> Most importantly, the church of Christ will have failed its duty. For it is written in Matthew 19:14 "Let the children come to me and do not hinder them, for the kingdom of heaven belongs to these".

So far, with an HIV/AIDS prevalence of 14.1% of the population of Malawi (which in stark numbers equals 1, 680, 000 people) and about 78,000 deaths per year, it means that the pandemic is still claiming its own. According to a website operated by UNICEF, an estimated 237 new persons contract HIV per day, while 139 die per day from Aids related diseases. Since the cure for HIV/ AIDS has not yet been discovered, we can assume that more and more people will keep getting infected and more will die. It has been over twenty years since the first case of AIDS was discovered and in these twenty years or so, even with availability of information for prevention people have been contracting the disease. A popular music artist

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<sup>31</sup> Sharp and Cowie, 1998.

<sup>32</sup> Schoenteich, M. 2001

in Malawi, who later died from AIDS, related illness himself, described the pandemic in a metaphor, as something that has fallen into the flour we consume daily. He referred to the maize flour which is the staple food in Malawi. This was his way of saying that it has become unavoidable to catch HIV. His music reflects the fatality with which a lot of Malawians regard the pandemic. It has, abnormally, become a normal situation to live with the virus; I doubt that there is any person or family in the country who has not been affected by the disease. The virus is wearing the faces of people we know and love, with whom we share our days in every way.

Behavioural surveys have been undertaken in the whole country to find out if there are some things in the daily behaviour and culture of Malawians which could be contributing to the spread of the virus. The results after analysis of these, led to some programmes being put in place. The most important being a campaign for mass education of the whole population on the dangers of the contraction and how to avoid HIV/ AIDS. However, these campaigns seem not to have made much of an impact. Most people do not want to abandon their traditions, even though they may be responsible for the further spread of the virus.

In the developed world people who have HIV are able to prolong their lives by taking anti retroviral medicines. These medicines are expensive but are often subsidised and even given free of charge to insure that the patients live longer. In Sub- Saharan Africa, where this pandemic has hit the hardest, this is not the case. For one thing, most of the people are very poor and cannot afford to buy the life prolonging drugs; it is tough enough for them to find food to keep them going from one day to the next. An option would be for the government to subsidise the drugs. However, there are just so many people who have the virus that it is not possible to provide for every patient with the drugs, especially as the governments do not have a lot of money, to begin with. Yet another option would have been for local industries to reproduce these drugs, and make them available at a more affordable price for the patients; and which the governments would find easier to subsidise. But then there again, it is another issue, that of patents. The companies that have come up with these life prolonging drugs have patented the rights of making these drugs and will not give permission for generic versions to be produced of these drugs. What is even worse is that the manufacturers have even rights to chose where the drugs can be distributed. Sub- Saharan Africa and most of the developing world, where the virus is most widespread, are not among the chosen lands.

What I am saying here is that unless a miracle cure is found, people will continue to be infected and they will eventually die because they do not have money to keep themselves alive. So, even though the orphan population in Malawi is already at over half a million, we have to brace ourselves because there is more to come. Every child is a potential orphan, and every child has to be ready to face the results of this consequence in the society. Children have to be prepared to live with the traumas of orphan hood the whole of their lives. Some children live through one traumatic situation in life, such as the loss of one parent, a fatal accident or sexual abuse which might haunt them through life. But the children of Malawi will have to be prepared for the lifelong trauma of HIV/AIDS and how to manage to live a normal life through it all.

### **How to rebuild relationships with OVCs**

A child that has developed an unwanted pattern of behaviour and needs to be stopped can be helped by action. The adult or carer has to be in the forefront to show the child what kind of behaviour is desirable. This can also be achieved by calling the child's attention and pointing out while others are engaging in the desirable action.

When it becomes clear to the child how it should act, it is important for the carer to be attentive to the child when it performs the appropriate action and to reward that action. One can either give a compliment or give a token. This makes it more desirable to the child to repeat the action and get more praise, which reinforces the action in the child after a period. Positive action has to be reinforced and one has to take care to notice every time the positive action is repeated. Negative behaviour however is not to be tolerated nor is it to be reinforced. By calling attention and reacting to negative behaviour, the child will notice your reaction and might be tempted to repeat the action. On the contrary, negative behaviour has to be punished to give a clear indication to the child that it is unacceptable behaviour thereby created a feeling of shame around the action.<sup>33</sup>

Communication is important, catching the child's attention, a pat on the head or a rub on the back every now and again. Just like all people, children like body contact. This is something which children that have lost their parents at an early age lose. The new carers of the child have to make special effort to bond with the child and give it body contact.

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<sup>33</sup> Sharp, S, Cowie, H; 1998

## **Peer support**

I feel therefore that a lot of children in Malawi are going to live a life much tougher than they are prepared for. This is an abnormal situation and something out of the ordinary has to be done in order to prepare all children to deal with the pandemic and its consequences. It is not all of the approaches towards building resilience in children are focused on the child in question or his carers. From past research it has become a well known factor that children and youths are a big resource to each other. They are able to see when one of them is not doing well and are able to respond positively to help each other. In which case, adults should only act as facilitators of this support in children towards each other.

“ It was a boy... he was new and he never got round to making friends... People were basically testing him out to see if he was scared or to see if he was strong, and just what happened is he didn't jump straight on the person, so he was getting bullied. A teacher was holding him. I passed by and saw him very upset and I was concerned, so I went over there to talk to him. I knew the teacher quite well, and she knew me, and then she asked me if I could help. So, from then on, I got him referred and I got him through the procedure of confidentiality, and told him how to sort out his problems and what he can do. From then on I've actually been noticed. He says “Hello” to me, I say “Hello” to him. He said “ Thank you” and he's got plenty of friends now.” (Sean, a peer supporter, aged 14) <sup>34</sup>

There are taken two different approaches to peer support, either what one would call group therapy, or one to one support. It is a well known and much used offer to have meetings for people who have the same interests in life, it has become even more popular for people going through the same type of problems to meet often and share notes about their problems. People get together, talk about their problems, vent out their frustrations, encourage one another and help find solutions to one another's problems. In the same way, it is possible to set up a group of children that are each grieving the loss of one or both of their parents. They get to meet other children in their situation and they talk and think aloud, putting their thoughts in perspective. Most of all they draw strength from each other and the orphan factor can actually be like a bond to them, making them stronger. There is a local saying in Malawi which says if

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<sup>34</sup> Sharp, S; Cowie, H, 1998

you take one stick and break it, it will be an easy job. But if you take a bunch of sticks and try to break it in half, then it will be difficult. Children have to learn that leaning on each other in a crisis is going to preserve them as a people.

When children lack support from their peers, they suffer rejection either because they are HIV positive, or have a parent who is positive. Even being an orphan may be cause enough for the child to be rejected by its peers, because it is perceived as being different. The child may in turn, most likely begin to isolate themselves and suffer psychological problems. A teenage girl in South Africa who shared her experience said “ Even my friend told me she won’t eat with me again. One told me right to my face that I’ve got AIDS and I should stop coming to school and stay at home. I would feel terrible. Cry deep down. I would sit alone and cry alone. People would be staring at you saying nothing, even those who used to be happy when they see you were not anymore.”<sup>35</sup>

Research of how children perceive bullying (for example McLeod and Morris, 1996) has shown that children are not necessarily happy to see other children being poked fun of or being beaten up. However, other research like Eslea and Smith (1996) found that it is not so easy for other children to stand up to the bully and intervene on behalf of the victim. Since power is an important factor in bullying relations, it may most likely be the biggest child in class picking on the smallest of them. The others are afraid of confronting the bully for fear of being turned upon by the bully. Actually, according to Salmivalli et al (1996), about 87% of all pupils present on the site of a bullying episode can be assigned roles. There are found among them “assistants” who actively help the bully, either by holding the victim down or making sure the victim does not escape. Then there are “reinforcers”, those who call others to the scene and cheer the bully on, and thereby, giving him more power and zeal in the bullying. According to the researchers, boys are most likely to find themselves in these two categories of assistant and reinforcer. Outsiders will most often be found a distance away from the site, they do not want to get involved and feel it has nothing to do with them. “Defenders” are the ones that come to the rescue of the victims; they will most likely shout at the bully, pull the victim away or call someone else, maybe a teacher, to intervene. These positions of outsider and defender are most likely to be applied by girls.<sup>36</sup>

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<sup>35</sup> Save the Children UK, 2001.

<sup>36</sup> Sharp, S, and Cowie, H; 1998.

According to a survey carried out by Cowie (1998) It came through that even though there were some limitations and some problems arising from engaging peer support in a school environment, it was worth it.

- Children in need are given support and confidence.
- A safer climate is created in schools.
- Bystanders are given a structure within which to offer help.
- Young people are offered training in valuable skills of helping, communication and empathy for others.
- Vulnerable children are helped to make friends.
- There is an opportunity to practise citizenship in the real life setting of the school.
- The practise of peer support provides a preparation for the roles and responsibilities of adult life.

## **CHAPTER 8.**

### **The way forward for the church to build resilience in children.**

It has been generally accepted that people who are religious are able to cope with most troubles that come their way. The same is true in children, according to Kimchi and Schaffner (1990), affiliation with a religious denomination has led to stability and meaning in the lives of children who have been termed as resilient. In studies that have been undertaken, it showed clearly that religious belief appears to enhance resistance to stress. The findings were that belief provides a sense of coherence and of being rooted, it gives meaning to life and provides a positive outlook on life. The child is provided with love, although it might exist in a hateful world. The child is instructed on how to behave affectionately, which means that for once it takes the focus from itself and its situation, and lifts its sights unto others who need help. This builds up the feeling in the child of others needing it, and of it being useful for something or to someone.

In another study involving several children who appeared to be at risk, and within disadvantageous milieu, became successful and gained in health through affiliation with religious groups.

All these are promises that we all know well in the Christian faith through, for example the promise of Genesis 1: 27 where one finds a recording of the beginning of the relationship between God, the creator of the universe and man, his greatest creation. It is of great comfort, when one is undergoing difficulties, to remember that one is made in the likeness of God the creator of the universe himself. Several other scriptures likely to build up the Christian in crisis are for example the declaration of God's love in John 3: 16, God revealing how he intimately knows his children by his revelation to Jeremiah 1: 5, the Beatitudes of Matthew 5 and their promises of hope for the suffering Christian, and many other wonderful scriptures.

## **Death**

It has been mentioned in the text above, that the local communities appreciate the role of the church in visiting AIDS patients, and saying prayers for them. But they feel that it does not contribute much towards the orphans. This is in a way, a cry for help from the communities, asking the church to take part in the lives of the children that are left behind. But even before the death of the parent who is ill, the church can play a role in counselling the children and preparing them for the death of their parent or guardian.

In Malawian culture death is not seen as a natural phenomenon, but rather as a punishment for sin from the gods. Only when a very old person dies are people calmer, but every other death is seen as a bad omen or a punishment or as said earlier, that another person has bewitched the deceased. Unfortunately in country with as little resources as are in Malawi, it is unavoidable that many die before their time, whether it is from disease and lack of proper medical care, or accidents of different types. The death rates are high, and they occur often. But when death is seen as a taboo among the adults, then the younger generations learn to see it in the same light. Many professionals dealing with children believe that death is a natural phenomenon which should be incorporated into the daily lives of children. The death of a pet should be explained, the life cycle of plants and animals should be discussed with the children and so on<sup>37</sup>. But this is not exactly easy to do in a culture where everything is clouded in a mist of superstition where, for example, one is not allowed to point in the direction of a graveyard or else one's finger will become bent for ever; where there are often rumours of dead people coming to life as beasts that terrorise villages.

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<sup>37</sup> Children's rights centre

When children are in an instance where someone in the family is chronically ill, they notice it. Hiding the truth from them or avoiding talking about the situation only makes it worse for them later, when death occurs. The best solution would be to explain the situation to the child, as simply as possible. The next thing would be to get the child involved in taking care of the patient, whether it will be running errands and fetching drinking water to the patient, or helping making the patient's bed. Just so they feel useful around the home and are made to feel that they are contributing to the patients well being.

Death has existed in Christian tradition for almost as long as man has lived. It appears for the first time in Gen 3, when God curses man and throws him out of Eden, because he ate of the fruit of life in disobedience to God's instructions. It would, however not be smart to give this piece of information to young children whose parents are either, suffering from AIDS or who are HIV infected. The reason is that they may already feel the stigma of having a parent who is HIV positive; and they may already have got the message that HIV is a punishment for sin. Telling them that God cursed man to die because he sinned against the Lord may be enforcing the belief and perpetuate the stigma in society.

However what would be a comfort to teach the children would be the separation of the body and spirit. That when God decided to create man, he made first the body out of clay, and that this clay is like a house for the soul, for the person. Then God himself breathed his breath of life, and thereby shared of himself and gave man life. But since the body cannot live forever, it stops working, but the soul is freed from the body and it returns to God the creator.

Therefore we as Christians believe in life after death in which God receives the righteous to himself and the unrighteous are doomed.<sup>38</sup> A strong example of this would then be to tell of the crucifixion and resurrection of Our Lord Jesus Christ and his ascent to heaven.

The church can, thereby, minister to the children in a family where one of the members has HIV/AIDS and is nearing the end of life. In such a household, all the grown ups are focused on the patient and there may be little attention to the children in the household. Someone has to make those children feel noticed and someone has to give them a chance to explain how they are feeling about the situation and just to let them vent out, their frustrations, their fears.

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<sup>38</sup> Simonnes, A. 1996



Because even if the adults in the family had some time to the children it would be unlikely that they can tackle such a subject in light of how death is regarded as mystical in Malawian society.

It would also be a good idea to encourage the parent that is ill to talk to their children about the situation they are in. Just something simple and straight, about how they are feeling and about the parent's fears for the children for example; to tell the children they are loved, most importantly and maybe to make some memories together, or to talk about things they have enjoyed experiencing together<sup>39</sup>.

### **Advocacy**

As illustrated earlier on in chapter 5, the church in Malawi is characterised by advocacy for the people in those instances where the people seem not able to get their point through and when the voice of the people is not strong enough.

In the absence of their parents, orphaned children will be missing basic needs for example physical care, which includes an assurance of warmth, shelter, food and rest, and to be kept clean. They need protection from danger, physical violence and the risk of sexual abuse. Children have a need to be assured of continuity and stability, that the family will remain together, that life will remain predictable; but they also need to be able to look up to their parents and need to be guided and to be given clear boundaries. It is important for children to feel noticed, to get attention, love, and physical contact, to be comforted when something goes wrong, and to be heard and be taken seriously. As they begin to grow and to explore their world for themselves they need to be taken through the experience of it, when they are absorbing new information, to get answers when they ask and be stimulated towards development and greater knowledge<sup>40</sup>. They need an education; and as they grow even more, they need to be equipped with responsibilities for themselves and their world. They need to learn consideration, to be responsible for personal effects like tidying up own toys and being able to help washing up after meals. As they get to the ages for decision making they have to be made ready to take the right choices, which mean they have to be informed so that they can take the right choices, whether it is career or sexuality.

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<sup>39</sup> Norwegian Church Aid; Child and Adolescent Counselling, a training manual for caregivers. Unpublished.

<sup>40</sup> Hundeide, Karsten; 2001.

All these are needs which any child should be able to access, but on its own, this list is not so effective. The United Nations put all these points together, including others and created the Convention for Rights of the Child (CRC); which was put into force on 2 September 1990. The government of Malawi already signed the CRC in 1989, but the church can take it further from there because there is little legislation with which to regulate and enforce the CRC in the country.

For a period of six weeks I took my practical training in “Home Start Familiekontakten” in the Oslo Church City Mission. Home Start Familiekontakten started as a one woman’s initiative in the United Kingdom and has today grown so much to become an international phenomenon. Here in Norway, this is an offer targeting young families who have at least one child under school going age, families where either a parent or a child have chronic sickness or have mental weaknesses, or where the family lacks a network around them to share their daily joys with.

The programme was started with the intention of bettering family relations in this day and age where people are so busy and there seems not to be enough hours in the day for families to have time for everything else including each other.

What they do at HSF is that they recruit volunteers and train them up to work with different families who may need them and their expertise. The volunteers take a course spanning over 30 hours, there they get information on, examine themselves and discuss issues like personal attitude in meeting people who appear different from oneself. This is to prepare them to be able to spend time with people of different backgrounds, ethnicities and other criteria. The concept of this programme is to “help the parents to be better parents to their children” by helping them out in different situations. Some of the volunteers help out by visiting the family at least once in a week and help the parents by cleaning around the home, thereby letting them get some rest for a while and giving them some time alone, or time with their children at that point in time. Others take over the responsibility of following the children to school while the parent gets some time for recreation or even time to go out with the spouse or to meet with friends. In cases where the families lacks a network, which is especially so with people who have migrated to Norway and have no family, the volunteer becomes almost a trusted family friend with whom the parent can go into town with or who can spend some time with the family and do things together that one would do with family relations. This struck me as something that we can learn from in the Malawian situation. Of course it would be a totally

different set up with regards to cultural values and so on. But the basic idea is to give support to families and enable them to develop stronger bonds with each other. Families that live with OVCs face a lot of challenges, and if the church in Malawi can take a page out of the leaf of City Church Mission in Oslo, they can also train volunteers to help them with the burden.

During the time I was at the Mission, I also visited a child centre or rather a kindergarten specially created for parents who were having problems in connecting with their children in one way or another. Some of them had problems eating; some of them lacked communication skills with the parent and were apathetic. In most of the cases it followed that the parents also had psychological problems of their own. These children would come in with their parents and would go through what one can term a “parenting course” using the Orion “Marte Meo” method. Marte meo has its roots in the Latin language and basically means “out of my own strength” In this situation the parents are observed in their interaction with the child through the day and are later given insight into how they interact between them. This is done by recording a video, which is later played out to the parent, where they see their own behaviour as a detached person. They begin to discover things they were not even aware of in their own interaction with the child, and thereby are able to consciously initiate a process of change. Staff at the kindergarten, however, does not focus on the negatives, but rather on the positives. They point out and affirm the positive reactions of the parent towards the child, thereby ensuring that the parent will continue with that response and even increase the response. In turn that response from the parent makes the child stand up and take notice that something has changed. The child also begins to respond in a positive way.

It may sound ridiculous to talk about parenting classes for something which is considered as natural as parenthood. But in the case where children have lost their own parents and have had to move in with relatives, I think it would be necessary to implement this project; not only in families but also for the personnel in the very few orphanages in Malawi.

### **School environment**

There are a number of churches in Malawi that run a lot of missionary schools, these schools are well known and trusted, they get funding partially from the government of Malawi and for the most from their designated churches. It would be feasible to propose that for example the churches responsible can introduce evening school for those children that have had to drop

out of school to become breadwinner for younger siblings. This would mean that the children are tired in the evening after a day of work, but all the same it would mean they have a chance to educate themselves.

Apart from this, it would also be something worth considering taking some time to follow up after students that are going through changes in their life due to death in the family, especially the death of a parent. A caring climate can be deliberately cultivated in the school by collaboration between teachers and pupils.

It is already known that, for example, ACEM has already got programmes running aimed at making life easier for children who are affected by the HIV/AIDS pandemic.

However it will take an effort to teach the teachers not only to become teachers in designated subjects but also to get involved in the life of the students. They should be taught to notice when a child has all of a sudden changed its behaviour, especially if it is soon after bereavement. With the seriousness of the issue and the number of children involved, it would probably be a worthy solution to recruit the teachers to also be welfare workers in the environment of the school. According to Casdagli and Gobey (1990) it is recommended that schools ensure that all staff understand and can recognise the impact of grief, loss and post-trauma stress on student behaviour. When investigating disruptive behaviour, it may be possible that the particular behaviour is a result of some form of stress, and should be explored.

While for some children school becomes that place where they can hide and bury themselves in work. For others school becomes an undesirable place to be. They fear leaving the surviving parents behind or siblings for fear that they will also lose that special person(s) Some children react by totally withdrawing into themselves and having almost no contact with the outside world, at school this may manifest itself in the child losing all desire to work, losing all concentration, ending in falling grades. Other children react by spiralling out of control in behaviour; they lose their tempers and resort to self destructive behaviours like joining gangs. Just as adults sometimes require a get away, children also feel the need to numb the pain. The child regards the situation as a bad dream, as something that will reverse itself and life will get back to normal, this is when the child is really vulnerable and may end up in drug problems due to bad company. This will initially be because the child does not know how to express itself and feel helpless, this may make a bad combination with the times when the child feels angry at the departed parent for leaving it alone in the world to face a

bleak future. This may lead to an otherwise good child being branded as ‘bad’. When the child is then labelled as “bad”, it will often behave in ways to affirm that labelling.

Hundeide (2001) says it is difficult for a teacher and her pupil to have a good working relationship when for example the teacher believes that the child is negative and mentally weak or lazy. One of the things that a teacher has to work on is, practising to see the pupil in a positive light, and the student looking at the teacher as someone who is there for her and who wishes her well, other than someone who is out to get her. Both sides should learn to cultivate respect for each other, to be able to exchange ideas and discussed without the teacher belittling the pupil.

Making the classroom an inclusive environment builds up the confidence of pupils, making sure that all manage to contribute in the lesson gives the pupils a feeling of being valued and may even begin to bring them out of their shells. Dialogue has to be encouraged, especially when those that participate less often are willing to participate. The teacher can then open up for dialogue and ask the pupil to speak more by asking questions for example “can you further explain what you mean by that?” Hundeide (1989) It is sometimes the case that the same pupils who are almost always silent in class are often vocal outside the class; which is an indication that something is not right in the classroom setting. The teacher has to be very sensitive to everything and pick up on the small details to include all in the lessons and might be well rewarded by a participatory class where every pupil feel she or he has a place and that he or she can safely speak up and be supported.

## **CHAPTER 9.**

### **CONCLUSION**

One of the questions I set out to answer in this thesis is what role the church in Malawi has been playing in the lives of children affected by the HIV/AIDS pandemic in order to build resilience. It has come through that some of the denominations of the church are actively involved in the lives of the said children. Most of this work however is targeted towards the needs of the body, the material needs. It is not only the church, but most other sectors of the society in Malawi are looking to provide the OVCs first and foremost with food, clothing and shelter e.t.c. There are very few actors that have realised that the growing child needs more

than just the material. The child also has psychological and spiritual needs, which must be fulfilled as the child grows up.

Conclusion: the church is involved in building resilience in OVCs at too low a level to make a significant difference in the society. The involvement of the Church needs to be scaled up.

It has been discussed in the chapters above that psychologists believe that the relationship between a child and its parents is very important in the child's development towards adulthood and to someday becoming a worthy player in society. In the case of these OVCs, they have already lost their parents and there is nothing that can be done to bring them back. The ball is then tossed in the direction of those of us who are still living to make sure that these children do not forfeit a proper upbringing just because their parents are dead. It is however clear that, due to the magnitude of their numbers, the remaining adults are at a loss as to how we will organise these children. It is not every child who will get access to a central adult figure like the parent they have lost. That is why they have to be equipped with resilience as a tool for survival. While some children may have resilience in-built in their personality, and have the ability to rise from whatever problems they have undergone, others are not like that. Those children that have a resilient constitution need to be reaffirmed for every step they make, while those who have none should get it cultivated into their lives. Without this ability to bounce back on the right track after tragedy, a lot of children will become deviant because they will not see a future before them.

The results that have come from this thesis can open the way to more research. Someone could for example conduct a baseline survey on those children who were in the very first wave of orphan hood due to the HIV/AIDS pandemic. It has now been over twenty years since the first HIV case was reported in Malawi; and surely more or less the same time, give or take a few years, since the first victims died and left their children orphaned. It would be interesting to find out how this has affected their lives and find out how resilient they are as adults today. There would probably be differences in the situation as by the early years of the pandemic, very few understood what HIV was. But there were also, without a doubt, not that many orphans to saturate the society as there are today, such that the children were maybe easily incorporated into the greater family compound. It would be interesting to try and get hold of a family that has been raised by an older sibling, children that have grown up in a child headed family and find out how they developed strength in the face of adversity and

despair. Take a look at their aspects of education, whether have they been able to educate themselves, and to what educational level have they managed to go up to? To find out where they drew their strength from; and to find out what consequences their orphan hood has had on relationship building, how they interact with other people, how they are as parents with their own children, have they built relationships that last or is trust a problem? And finally to find out where things went wrong in cases where things went wrong, how someone could have helped, what can still be done for them. There are so many questions I would personally like to ask and find answers for, in order to bring the other side of the plight of OVCs to light and to try and make life better for them.

## **BIBLIOGRAPHY**

- African Journal of Aids Researcher, *Focus on childhood*, Volume 4(3), 2006
- Bowlby, John; *Attachment and Loss: Volume 1*, 2<sup>nd</sup> ed. London, Hogarth Press, 1969.
- Erikson, Erik. H; *Barndommen og Samfunnet*, Oslo, Gyldendal, 1968.
- Everett, Euris Larry; Furseth, Inger; *Masteroppgaven Hvordan begynne og fullføre*. Universitetsforlaget, Oslo. 2004.
- Goldman, Linda; *Raising our children to be resilient: a guide to helping children cope with trauma in today's world*; New York, Brunner- Routledge. 2005.
- Holmsen, Merete; *Samtalebilder- en vei til kommunikasjon med barn*; Damm Undervisning, 2007.
- Hunter, S; Williamson, J; *Children on the Brink- Updated Estimates and Recommendations for Intervention*. Washington: USAID. 2000.
- Kimchi, J. and Schaffner, B. "Childhood protective factors and stress risk" in L. Eugene Arnold (ed) *Childhood stress*. John Wiley, New York, 1990.
- Kirkesarbeidet Norden- FOCCISA, *En Kropp- Aids og det gudstjenestefeirende fellesskapet*, Norges kristne råd, 2006.
- Karkkainen, Veli- Matti; *An Introduction to Ecclesiology, Ecumenical, Historical & Global Perspectives*; InterVarsity Press, Illinois 2002.
- Lester, Andrew D, *When Children Suffer: A Sourcebook for Ministry with Children in Crisis*. Westminster press, 1987
- McCracken, J, *Politics and Christianity in Malawi 1875- 1940, The Impact of the Livingstonia Mission on the Northern Province*. Kachere Monograph, 2000.
- Mallmann, Sr Silke-Andrea, *Building resilience in children affected by HIV/AIDS*. Maskew Miller Longman and Catholic Aids Action in Namibia, 2003.
- Ott, M; Phiri, Kings M; Patel, N (eds) *Malawi's Second Democratic elections, Process, problems and prospects*. Kachere Book, 2000/ 2001 (repr)
- O'Malley, P; *Living Dangerously, A Memoir of Political Change in Malawi*. Kachere Book, 2000.
- Save the children UK, *The role of Stigma and Discrimination in Increasing the the Vulnerability of Children and youth Infected with, and affected by HIV/AIDS*, South Africa, Arcadia 2001.



Schoenteich, M. "A Generation at Risk: AIDS orphans, vulnerable children and Human Security in Africa" Paper presented at Conference on Orphans and Vulnerable Children. Nordic Africa Institute Uppsala and DBL, Copenhagen at Uppsala, Sweden, September 13-16, 2001

Schoffeleers, M, *In Search of Truth and Justice, Confrontations between Church and State in Malawi 1992- 1994*. Kachere Book, 1999/ 2000 (repr)

Sharp, S. and Cowie, H. *Counselling and Supporting Children in Distress*. Sage Publications, London, 1998

Shepperson, G, Price, T; *Independent African, John Chilembwe and the Nyasaland Rising of 1915*. Kachere Monograph, 2000.

Simonnes, Asbjørn; *When children are at risk : ministering to children and their families in crisis situations*, Bergen-Sandviken : Fagbokforlaget, c1996.

Skjevesland, Olav; *Invitasjon til praktisk teologi*. Luther forlag, Oslo. 1999.

Smith, Susan, C; *The forgotten mourners, Guidelines for working with bereaved children*. 2<sup>nd</sup> ed. Jessica Kingsley Publishers. 1999.

Tidsskrift for Norsk Psykologforening, *Aids Epidemien I Afrika, psykososiale perspektiver*. 2001.

Tveito, Elisabeth; Hessellund, Estrid (eds) *Positive- branding, sexuality, HIV and AIDS*. Verbum, Norway. 2005

### **Unpublished Sources**

Ali, Sandra; Community perceptions of Orphan care in Malawi. An unpublished Research Report. 2000

Kalemba, Esau; The Development of an Orphans Policy and Programming in Malawi. An unpublished Report; UNICEF Malawi, 1998.

Khonyongwa, Lawrence; Children and Families affected by HIV/AIDS; a community- based income generation project with a focus on needy children in Malawi. Action Aid, Malawi. 1998.

National Aids Commission, Republic of Malawi; HIV/ AIDS in Malawi, 2003 Estimates and Implications. January 2004.

Norwegian Church Aid; Child and Adolescent Counselling- a Training Manual for Caregivers.

World Health Organisation, UNICEF, UNAIDS; Epidemiological Fact Sheets on HIV/AIDS and Sexually transmitted infections for Malawi. December 2006.

Meyer, Craig; Malawi Christianity page.

<http://www.owl.net.rice.edu/~reli113/info/malawi/index.htm> accessed 10 April 2008

Dictionary of African Christian Biography; John Chilembwe  
[http://www.dacb.org/stories/malawi/chilembwe\\_john.html](http://www.dacb.org/stories/malawi/chilembwe_john.html) accessed 10 April 2008

Wikipedia; John Chilembwe.  
[http://en.wikipedia.org/wiki/John\\_Chilembwe](http://en.wikipedia.org/wiki/John_Chilembwe) accessed 11 April 2008

Human Rights Watch; Malawi, Human Rights Development  
<http://www.hrw.org/reports/1993/WR93/Afw-04.htm> accessed 11 April 2008

UNICEF; Real lives: Heading a household at 14 years of age.  
[http://www.unicef.org/infobycountry/malawi\\_2429.html](http://www.unicef.org/infobycountry/malawi_2429.html) accessed 17 April 2008

Personality theories; Abraham Maslow.  
<http://webpace.ship.edu/cgboer/maslow.html> accessed 30 April 2008

Infoplease; Malawi.  
<http://www.infoplease.com/ipa/A0107747.html> accessed 2 May 2008

Wikipedia; AIDS  
<http://en.wikipedia.org/wiki/AIDS> accessed 4 May 2008

United Nations Homepage; Cartographic map of Malawi.  
<http://www.un.org/depts/Cartographic/map/profile/malawi.pdf> accessed 6 May 2008

IRIN; Malawi: Property grabbing escalates in the wake of AIDS deaths.  
<http://www.irinnews.org/InDepthMain.aspx?InDepthId=39&ReportId=70942&Country=Yes>  
accessed 11 May 2008

Malawi National Statistical Office; Malawi Demographic and Health Survey 2004  
<http://www.measuredhs.com/pubs/pdf/FR175/04Chapter04.pdf> accessed 11 May 2008

## **APPENDIX**

### **Abraham Maslow's Hierarchy of Needs**

