



The impact of the declining extended family support system on the education of orphans in Lesotho

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This paper examines the impact of the weakening of the extended family on the education of double orphans in Lesotho through in-depth interviews with participants from 3 of the 10 districts in Lesotho. The findings reveal that in Lesotho the extended family has not yet disintegrated as the literature suggests. However, it shows signs of rupturing, as many orphans reported that they are being taken into extended family households, the incentive for these households being, presumably, the financial and other material assistance that they receive from the government and non-governmental organisations (NGOs) which supplements household income and material wellbeing. The findings show that financial and other assistance given by the government and NGOs have resulted in conflict between the orphans and caregivers. This has also prompted many extended families to shift responsibilities to the government and NGOs. Most of the extended households provided the orphans with poor living conditions, such as unhygienic houses, poor nutrition, and little or no provision of school materials, which has had a negative impact on the education of the orphans. The combined effects of economic crisis and HIV and AIDS have resulted in extended families not being able to care for the needs of the orphans adequately, whilst continuing to accept them into their households. It is recommended that although extended families are still accepting orphans, the government should strengthen and recognise the important role played by families and the communities in caring for these vulnerable children. The government should also introduce social grants for orphans and other vulnerable children and review the current meagre public assistance (R100) it provides for orphans and vulnerable children in Lesotho. Other stakeholders should concentrate on strengthening the capacity of families and communities through programmes and projects which could be more sustainable than the current handouts given by many NGOs.

Keywords: care and support, caregivers, education, extended family, HIV and AIDS, orphans

Introduction

An estimated 38.7 million people in the world have HIV and AIDS. The vast majority, about 90%, are from Africa, which constitutes about 15% of the world's population. Furthermore, the continent accounts for more than 90% of the deaths resulting from AIDS worldwide (SOS Children's Villages 2012). The world population of orphans is estimated at about 153 million with 132 million living in developing countries and the whole of Africa accounting for 59 million. Of the 59 million orphans in Africa, about 53.1 million are currently living in Sub-Saharan Africa and this constitutes 12% of all children in this region (SOS Children's Villages 2012, UNICEF 2012). Thirteen million of the world's orphans have lost both parents, with HIV and AIDS being the major causes of these deaths (Bustuttil 2012, UNICEF 2012). In 2007 there were about 15 million AIDS orphans and the pandemic takes the life of a mother or a father every 15 seconds (SOS Children's Villages 2012). This disastrous situation in Africa has been described as "an orphan-care crisis" (Howard et al. 2006: 2).

Lesotho is one of the poorest countries in sub-Saharan Africa with an estimated population of 1.8 million and a child population of 777 440 (Bureau of Statistics 2009).

However, the 2010 population estimates put the total inhabitants at 2 171 000 people with 970 000 under the age of 18. (UNICEF nd). The country is completely surrounded by the Republic of South Africa, which in turn has a great influence on the trends in Lesotho's economy. Lesotho has 10 districts with a mountainous topography and depends on a fragile subsistence agricultural economy and the export of water to South Africa. According to the UNICEF country report (2008) and the National AID Commission (2010), the proportion of the population living below the national poverty line (US\$20 per person per month) has remained stable at 58% over the past 2 decades. Also, a quarter of the population is reported to be living below 'food poverty line' (Lesotho Red Cross 2006 cited in Tamasane 2011). In the last decade nearly all human index indicators have shown a decline owing to the negative synergy of poverty, food insecurity, unemployment (45%) and HIV and AIDS (WFP 2008, United Nations Statistics Bureau 2010).

HIV was first detected in 1986 and the prevalence rate is estimated at 23.2%. This constitutes a third of the population and places Lesotho third in the world in terms of HIV prevalence after Botswana and Swaziland (UNICEF 2007, UNAIDS 2009, National AIDS Commission 2010: 15). In 2009 over 290 000 people in Lesotho were living with

HIV and AIDS (UNICEF nd). According to the National HIV and AIDS Strategic Plan (2006–2011), the pandemic in Lesotho is characterised by a high mortality rate estimated at 70 deaths per day (Government of Lesotho 2009). The pandemic has already resulted in a crisis in the form of 221 403 orphans (Bureau of Statistics 2007). Tamasane (2011) avers that the problem of orphan-hood in Lesotho is compounded by the lack of a uniform method of accounting for its extent because the various agencies use differing sources of information and come up with different figures.

Table 1 indicates Lesotho has 221 403 orphans, a figure made up of 176 237 (79.6%) single and 45 166 (20.4%) double orphans. Table 1 further shows that across the board, most single and double orphans are within the age range of 10–14 years, a vibrant school-going age and, as observed by the Bureau of Statistics (2007), there seems to be a greater incidence of mortality among males than females in Lesotho.

The escalation of HIV and AIDS in Lesotho is attributed to poverty and the crisis of the pandemic is said to have a 'knock-on' effect on services such as education and health, where more than half of the hospital beds are occupied by HIV and AIDS patients (Lesotho Red Cross 2006: 3). As Kimane (2005) observes, the magnitude of the orphan problem created by HIV and AIDS has made traditional and contemporary structures ineffective in dealing and caring for the needs of orphans in Lesotho. This has been exacerbated by the Adoption Proclamation Act of 1952, which made it difficult for Africans to adopt African children, and the Children Protection Act 1980 has been criticised for the inadequate protection it gives to orphans because it deals only with children in conflict with the law (Kimane 2005). It is further revealed that only 25% of the population has comprehensive knowledge about HIV and AIDS in Lesotho (United Nations Statistics Bureau 2010). This has raised serious concerns regarding the socio-demographic effects of the disease and the psychological effects of orphan-hood. Because of the small population of the country, the impact of the pandemic will be felt acutely (Kakooza and Kimuna 2005). Lesotho is in a state of crisis concerning orphan-care and what Caruso and Cope (2006: 102) call "the lost generation" because AIDS and the economic crisis are draining the country's ability to provide care and support to orphans within the traditional extended family. This has been whole-heartedly accepted and upheld as a traditional responsibility in Africa.

The meaning of orphans has been used diversely where the implications for care are concerned. According to Sherr et al. (2008), the current situation is fraught with lack of clarity concerning the meaning of the term orphan and they

stressed the need for clarity in other studies. Although the popular definition of an orphan is one who has lost one or both parents, the definition used in this paper is a child below the age of 18 years who has lost both parents to either AIDS or other diseases. This is because the situation of orphans in this category is exacerbated by the loss of both parents, and hence the need for special attention and care. The conflation between these two sets of children is analytically incorrect and the social ramifications of such a skewed focus will not help but rather hinder programming for children (Meintjes and Geise 2006, Sherr et al. 2008). Therefore the aim of this paper was to examine the impact of the diminishing family support system on the education of orphans in Lesotho using the experiences of the orphans themselves, caregivers, teachers, social workers and community leaders.

Literature review

The support given to orphans and vulnerable children globally is estimated at only 3% (Okaalet 2007). HIV and AIDS for children in sub-Saharan Africa is synonymous with losing a parent, as the pandemic has reached alarming levels and many infected people go without the medication needed to prolong their lives (Lichtenstein 2008). According to UNICEF (2012), orphans lived with surviving parents, grandparents or family relatives and more than 90% of these orphans are over the age of 5, school-going age. Orphan children undergo a series of psychological and other traumatic experiences. Although several authors (Howard et al. 2006, Heymann et al. 2007, Townsend and Dawes 2007, Dahl 2009, Hlabyago and Ogunbanjo 2009, Maudeni 2009) acknowledge that most (about 90%) of the 15 million orphans are cared for by their extended families, as has traditionally been the case in Africa, they noted that support from extended family members in the caregivers' households had diminished. The extended family is seen as "the country's primary, preferred, cost-effective and previously well-defined and almost fail-safe system of orphan care" (Howard et al. 2006: 23). Therefore, most orphans will need to be cared for by their extended family households because institutional care is viewed in Africa as the worst of all the available alternatives. "No doubt", Evans and Miguel (2007: 36) state, "the absence of consistent negative impacts of parents on African children in existing work has sometimes been attributed to the strength of extended family and community networks." The concept of 'no orphan' in Africa is widespread because care was always taken of orphans. The indispensable role played by the extended family in caring for orphans in Africa has been

Table 1: Orphan population in Lesotho according to age group

	Single orphans	Double orphans	Total number	Per cent
Age 0–4	24 321	6 233	30 554	13.8
Age 5–9	43 530	11 156	54 686	24.7
Age 10–14	62 564	16 034	78 598	35.5
Age 15–17	45 822	11 743	57 565	26.0
Total	176 237	45 166	221 403	100.0

Source: Extracted from the Bureau of Statistics (2007: 80 [Table 5.1], Tamasane 2011: 12; [Table 3])

demonstrated in many studies (for example, Parker and Short 2009, Tamasane 2009, Tamasane and Head 2010). This care and protection from the extended family is driven by what Tamasane (2011: 15) calls “compassion and socio-cultural norms.”

However, the potential for extended family to care for orphans is being eroded, especially in communities affected by AIDS (Foster 2000). Barnett and Blaikie (1992) and Seeley et al. (1993) have cautioned that the cherished belief that the extended family and relatives will take care of orphans as a safety net in Africa whenever the situation arises is fallacious. Foster (2000: 55) puts it in metaphorical language when he states that: “the extended family is not a social sponge with an infinite capacity to soak up orphans.” Other authors write of the extended family as having reached ‘saturated’ level and the perception of the untenability of keeping orphans resulting from moral and material concerns (Dahl, 2009, Maudeni 2009). It has been argued that the existence of orphans in an African tradition is directly linked to poverty (Meintjies and Giese 2006). Many families and households in Lesotho endure vulnerability and shortages of food, inevitably leading to the abandonment of orphans (Khubotlo 2009). This traditional safety net is not coping with the continuous increase in the number of orphans in the country, and this is adversely affecting the socio-economic lives of orphans.

Although Foster (2000) holds that the weakening of the extended family began before the AIDS pandemic, he acknowledges that the disease has exacerbated the situation, resulting in child-headed households, the separation of siblings to different relatives to share the economic burden of care, migration and increasing numbers of orphans on the streets, with school drop-outs and working children becoming common. Chama (2008) describes the profound deprivation and poverty among the vast numbers of street children lingering about unprotected and unsupervised as a result of the pandemic that is altering lives and reshaping societies in sub-Saharan Africa.

Many recent studies maintain that the erosion of the extended family is due to socio-economic development and the HIV and AIDS pandemic, which have combined to accelerate this disintegration of the traditional African family structure (Nyamukapa and Greyson 2005, Sibgletary 2007, Abebe and Aase 2007, Nyamukapa et al. 2008, Dahl 2009, Cheng and Siankam 2009). Townsend and Dawes (2007) caution that because children from parents who have died as a result of HIV and AIDS may themselves become ill and die, many people refuse or are unwilling to care for them. Dahl (2009) examined the failure in Botswanan culture to provide for the care and support of orphans in a decade of a multiplicity of non-governmental organisation (NGO) and government efforts to alleviate the devastation caused by AIDS. Dahl (2009) describes the current discourse on the lamentation of the failure of and the insistence on keeping orphans in extended families for the sake of respecting the traditional practice and culture. Nonetheless, many also agree that despite the weakening of the extended family, it remains the predominant caring unit for these unfortunate members of the society and that this shows its resilience and strength (Foster 2000). Dahl also reveals, as do others (Amaike 2005, Durham 2007, Kakooza and Kimuna 2007,

Livingston 2008), that caregiving in Africa is rooted in the expectations of reciprocity and material resources than in the abstract idea of love or affection. However, this is not always the case.

Casale and Whiteside (2006) carried out an extensive review of the literature on the impacts of HIV and AIDS on poverty, inequality and economic growth in various parts of the world. They found, as other studies had done, that women and older people, including grandparents who are themselves impoverished, carry the burden of caring for people living with HIV and AIDS in families and communities in most of sub-Saharan Africa (Kakooza and Kimuna 2005, Howard et al. 2006, Grieg et al. 2008, Peacock et al. 2008, Tanga, 2008, Hlabyago and Ogunbanjo 2009). There is a considerable amount of work on the impact of HIV and AIDS on the education of orphans in sub-Saharan Africa, much of it using models to project enrolment in schools. However, Robson and Sylvester (2007) aptly maintain that there is a paucity of research on the examination of the consequences of HIV and AIDS on affected students and *teachers*. Also, I should like to echo the view of Hlabyago and Ogunbanjo (2009) that research on the extended family as a safety net to orphans and educational aftermath to orphans in Africa is sparse.

Remarkable progress has been made in education for all children with many girls now being enrolled in schools, an education-related Millennium Development Goal. The number of children out of school worldwide fell by 33 million to a total of 72 million in 2007 and there is a double increase in the enrolment rate in developing countries’, especially as aid increases, which has allowed the abolition of tuition fees (Oxfam 2010). The report maintains that the global economic downturn will have a long-term impact on education, given the fact that poor families will be forced to withdraw children from school for economic reasons. The Government of Lesotho gives high priority to education with the introduction of the progressive Free Basic Education Policy in 2001 to uphold the right of children to basic education, in keeping with the Universal Declaration of Education for All. In 2009 enrolment stood at 73%; 74% and 71% for girls and boys respectively (World Bank 2010). The importance of education cannot be overemphasised, since the worst affected area of an orphan’s life is education, which is the first thing that is sacrificed to meet their own needs and those of their younger siblings (Busutil 2012). This study therefore explored the experiences of participants in the declining extended family support network as a safety net for orphans and its impact on the education of orphans.

Theoretical framework

This study is anchored on the model of the extended family safety net for orphans in Africa by Foster (2000) and the social rupture thesis to illustrate the breaking down of the extended family and its consequences for orphans. The extended family safety net model shows that the extended family was responsible for orphans in Africa, irrespective of whether they had the means to provide and care for these children. One could not decline this responsibility, as the orphans were part and parcel of the extended family and

children of brothers were regarded as children of the living paternal uncles and aunts. Owing to many factors, including migration, urbanisation, westernisation and monetisation of the economy, families have become nuclear families and assets have become individual rather than jointly family owned. HIV and AIDS, along with the factors mentioned, have accelerated the weakening of the extended family to the extent that its traditional responsibilities can no longer be effectively executed. Consequently, the model reveals that children who slipped out of the extended family fold found themselves heading households, being on the street, or doing domestic work or other types of work to survive. The consequences of orphan-hood for children, communities and the nation as a whole in terms of future economic, social and political security have been documented by many authors (see, for example, Nyamukapa et al. 2008). This study also utilises the social rupture thesis (Mathambo and Gibbs 2009), which holds that the extended family system of caring for orphans is currently stretched and is seen as collapsing as a result of economic pressures and the burden of HIV and AIDS.

Legislative framework on the right to education

The right of children to education is affirmed in many international and regional conventions, as it is in national legislation. In the Universal Declaration of Human Rights of 1948, article 26 spells out the right to education. This right is also enshrined in articles 13 and 14 of the International Covenant of Economic, Social and Cultural Rights 1996. Secondly, article 11 (3) of the International Covenant on Economic, Political and Cultural Rights is the recognition of the right of everyone to education which should be directed towards the development of human personality and towards the sense of its dignity, in that it shall strengthen the respect of human rights and fundamental freedoms. Furthermore, Articles 17 and 11 respectively of the African Charter on Human and Peoples' Rights of 1981 and the African Charter on the Rights and Welfare of the Child of 1990 affirm the right to education. The right to education is also entrenched in other international instruments, including the Convention on the Rights of the Child of 1989 (articles 28 and 29). Article 28 (1) concerns the right of the child to education which should be achieved progressively and on the basis of equal opportunity. Article 29 (1) (a) states that education should be directed towards the development of the child's personality, talents and mental and physical abilities to their fullest potential. Other sub-paragraphs (b–e) concern the fact that education should be geared towards human rights and fundamental freedoms, parents, responsible life in a free society, and environment respectively.

The United Nations Educational, Scientific and Cultural Organization Convention Against Discrimination in Education of 1960 states in Article 1(a) that no one should be deprived of access to education of any type or at any level. Article 4 (a) provides for free and compulsory primary education and access to and availability of secondary education, and states that higher education should be accessible to all based on individual capacity. The World Declaration on Education for All and Framework for Action to Meet Basic Learning Needs of 1990 recognise education

as a fundamental human right for all people, women and men, of all ages, throughout the world. Articles 1(1) and 3(1) respectively state the need for every person to benefit from educational opportunities to meet their needs and the provision of basic education to all children, youth and adults.

The special needs of orphans were recognised in the 2001 Declaration of Commitment on HIV and AIDS that was signed by many countries including Lesotho. These needs include non-discrimination, access to health care, education and shelter among others. Orphans' school attendance between 2005 and 2010 is estimated at 98% (UNICEF nd). Other measures that the government has put in place which are relevant to orphaned and vulnerable children include the National HIV and AIDS Policy of 2003, the Child Protection and Welfare Bill of 2001, the Sexual Offences Act of 2003, Lesotho Vision 2020, the Social Welfare Policy of 2003, the Youth Policy of 1999, the Adolescent Health Policy of 2003, the National Orphaned and Vulnerable Strategic Plan of 2006–2011 among others. Lesotho has also ratified 19 of the 22 international and regional instruments relevant to orphaned and vulnerable children (Budlender and Nkenga-Chakarisa 2010). Despite efforts by the government to curb the spread of HIV and AIDS and to provide for the care and protection of orphaned and vulnerable children, its legislative framework has been criticised for its lack of regulation of structures and institutions caring for orphaned and vulnerable children, its lack of implementation of the measures listed, its lack of provision for socio-economic rights, its lack of advocacy concerning the rights of orphaned and vulnerable children and the dualism of the legal system in Lesotho (Tamasane 2011).

Methodology

This paper used data from a study that was conducted in three carefully selected districts: Maseru, Mohale's Hoek and Qacha's Nek. These districts reflect and embody the general characteristics of the country. Maseru has the largest number of orphans (33 410). Qacha's Nek has the lowest number (6 430), and Mohale's Hoek provides a median with 19 150 orphans (UNAIDS 2009). Apart from their ecological representativeness, the selection considered the number of orphans per district, with the sampled districts having the highest, the lowest and the median numbers of orphans.

The Departments of Social Welfare and Education and Planning advised on the schools and orphanages that were selected for this study, on the basis of a high HIV and AIDS prevalence rate in the schools and that of regional representativeness. For ethical reasons, the names of the schools, orphanages, communities and participants have not been disclosed. Statistical information from each school and orphanage was made available and this made the selection of the sample possible. The sample then underwent a further selection process and willingness to participate in the study was a criterion applied. When all of the data had been gathered 72 in-depth interviews had been conducted. These comprised 17 double orphans made up of 10 females and 7 males; 25 extended family caregivers, who were all female, made up of 16 grandmothers and 9 aunts; 6 orphanage staff members

from 2 orphanages who were all social workers; 6 social workers from the Department of Social Welfare, 2 from each district; 10 teachers from 2 schools; and 8 community leaders. Codes were allocated to these participants as shown in Table 2. Codes were used in the place of names of participants.

With 72 participants, it is believed that results should be credible, given that a minimum of 12 key participants is recommended for reasonable results in qualitative studies (Sandelowski 2005). Orphan caregivers were selected from those who visited Baylor College with HIV and AIDS children (Baylor is the main hospital offering antiretroviral treatment in Lesotho). Double orphans who had lost both parents within the previous two years and were receiving public assistance or other forms of assistance while attending school were those chosen to take part in the study.

Free attitude interview techniques were adopted during interviews. One of the most important advantages of in-depth interviews when they are properly conducted is that they are a means by which information focusing on opinion, personal experience and perceptions can be extracted. Some of the issues investigated included whether extended families in Lesotho were still accepting orphans into their households; household and other environmental conditions; the reasons that account for reluctance or refusal to accept orphans into households; whether orphans were being given the same treatment in the homes of extended family members as biological or other children; the use of financial and other assistance to orphans; the availability of basic survival and educational materials to orphans from extended household members; and the effects of the declining and/or the lack of basic provisions on the extended family on the enrolment, attendance, completion, and performance of orphans in school. No personal information was collected from the orphans.

Interviews were conducted in Sesotho by two research assistants who were both fluent in English and Sesotho. Interviews with family caregivers were conducted at the clinic, those with orphanage social workers at orphanages, those with other social workers in their offices, those with orphans between 8–18 years of age and teachers at school and those with community leaders in their homes. All interviews were recorded with the permission of the participants after informed consent was sought. Thereafter

verbatim transcripts of the taped interviews were written by two different research assistants who were fluent in both Sesotho and English. Transcripts were then read many times and emerging themes were identified. Analysis of data was done manually. Key issues of informed consent included confidentiality, anonymity, privacy of viewpoints, non-judgemental interviewing, the right to withdraw from participation at any time without explanation and non-disclosure of information provided by interviewees to other students, other household members, colleagues, friends, and so on. Ethical considerations concerning children have been well documented by many other researchers such as Alderson and Morrow (2004).

Findings

Some of the major factors that have a negative impact on the education of orphans that emerged from this study include unhealthy housing conditions, dislocation of siblings, misuse of public assistance money, property grabbing, lack of basic provision of school materials, no additional educational help at home, and unreliable availability of food. All these factors were discussed in relation to the negative impact on orphans' enrolment in schools, regularity of school attendance, school completion rate and academic performance at school.

1. Fear of retribution from forefathers and deceased family relatives

It was unanimous among teachers, community leaders, social workers and caregivers that the extended family support system in Lesotho has not yet collapsed, but rather that it is showing signs of weakness. These participants argued that the extended family has not reached the point where extended family members openly refuse to take orphans into their households. The community leaders were of the opinion that people fear retribution from their forefathers and deceased relatives if they refuse to honour their traditional responsibilities towards orphans. The weaknesses suggested by most participants included the inability to provide the adequate care for orphans that the traditional system demands. Accordingly, there was general agreement that the quality of care that is now provided to orphans is poor.

Table 2: Codes allocated to participants and their descriptions

Category of participants	Gender of participant	Code representing participants	Descriptions
Orphans	Female	FO1-FO10	Female Orphan 1–Female Orphan 10
	Male	MO1-MO7	Male Orphan 1–Male Orphan 7
Caregivers: Grandmothers	Female	GM1-GM16	Grandmother 1–Grandmother 16
Caregivers: Aunts	Female	A1-A9	Female Aunt 1–Female Aunt 9
Orphanage staff	Female	FOS1-2	Female Orphanage Staff 1–Female Orphanage Staff 2
Social workers	Female	FSW1-4	Female Social Worker 1–Female Social Worker 4
	Male	MSW1-2	Male Social Worker 1–Male Social Worker 2
Teachers	Female	FT1-FT7	Female Teacher 1–Female Teacher 7
	Male	MT1-MT3	Male Teacher 1–Male Teacher 3
Community leaders	Female	FCL1-2	Female Community Leader 1–Female Community Leader 2
	Male	MCL1-6	Male Community Leader 1–Male Community Leader 6

2. Unhealthy housing conditions in extended family households

Orphans expressed concern about the unhealthy housing conditions in extended family households in which they lived. Fourteen of the orphans revealed that they lived in traditional houses which were either leaking or in a state of disrepair. Apart from this, they mentioned that there was congestion in some of the houses with approximately 10 family members crammed into 2 rooms. Most of the orphans confirmed that they lived in houses without electricity, that they used water from boleholes and/or running streams, that bushes or *doga* (valley-like craters) were used as toilets or, at best, pit latrines and that cow manure, wood and at best paraffin were the sources of heating.

All the social workers agreed that most households they had visited were not suitable as places in which orphans could study. Most of the orphans held the view that if their parents were alive, there would be fewer people in their own households and that they would be able to manage their lives. They maintained that the problem was that the extended family members did not have their interests at heart and that consequently they did only the minimum for them. One of the male orphans stated that:

"Our house [aunt's] is (so) dilapidated that it looks like a cattle cage. It is impossible to read in such an environment. Sometimes, I go to my friend's home so that we can do assignments together" (MO5).

A total of 20 caregivers confirmed the poor state of the houses the orphans lived in and admitted that the care given by extended family members to orphans might perhaps be inadequate. However, they did not believe that it was because they could not provide the best for the orphans, but rather that the situation was the result of circumstances. One of them maintained:

"My own children [biological] live in the same house with the orphans. You call them orphan, but they are my children, all of them" (GM12).

Apart from the orphans, all other participants nonetheless blamed the poor state of housing in which orphans live with extended families on the general poverty that has engulfed the households of Lesotho. All participants agreed that the unhealthy housing conditions have a serious negative impact on the academic performance of orphans and that of the other children in such households. Many adult participants argued that poverty had existed since time immemorial when proper care was being taken of orphans and wondered why the issue of poverty was now being raised in many circles as being the cause of the diminishing responsibility being taken for the orphans.

3. Dislocation of siblings to different extended family members

The dislocation of siblings and the negative impact that it has on the academic performance and school attendance of orphans is an important issue that emerged. More than 85% of all the participants (61 out of 72) held that most often when a parent who had many children passed away, the children are usually distributed to relatives to ease the burden of care. Most of them contended that in the past one relative could take all the orphans into the same household

to avoid separation. All the participants agreed that separation brings psychological stress to the orphans, who do not usually know how well their siblings are doing with other relatives, especially if they are not allowed or do not have the means to visit each other. One orphan remarked that:

'It is difficult to stay separated from your siblings that (when?) you were fond of them. Rather than reading, I will be thinking of my junior brother and sisters who are in Botha Bothe [one of the districts in Lesotho]' (FO2).

An aunt who supported this separation stated that it was done because one person cannot shoulder the responsibility of all the orphans in one family. Asked what the reasons were for this, she said that it was owing to financial and other material problems facing extended families. When she was asked whether poverty had existed in the past, she blamed modernity and westernisation. Everyone, particularly teachers and social workers, strongly held that dislocation has many consequences which subsequently affect school attendance and the academic performance of orphans.

4. Misuse of public assistance money and property grabbing

The Department of Social Welfare instituted public assistance to orphaned and vulnerable children to the value of R50 (US\$5) per month in 2001 and in 2002 increased this to R100 (US\$10) (exchange rate as of May 2013). Currently, out of the about 221 403 orphans and vulnerable children, only 857 are recipients of public assistance (Department of Social Welfare 2009). All the orphans who took part in this study were recipients of public assistance. Because extended families have not lived up to the expectations of the orphans, most of the participants felt that this had caused orphans to seek public assistance from the government and financial and material assistance from NGOs, which in turn has caused problems between orphans and caregivers. All the orphans held that they should solely be responsible for the use of their money, but all caregivers, felt they should control whatever financial assistance was given to the orphans so that groceries could be purchased for the whole family. All the orphans pointed out that they spent at least two days per month queuing to collect the monthly public assistance money at the offices of the Department of Social Welfare, which resulted in their being absent from school. This obviously affects their academic performance, as they have to be absent from school.

According to orphans and other participants, the assistance and other material benefits from the government and NGOs is not being used properly for the care of the orphans. Concerning the money from public assistance, one of the orphans said:

'It is my money and I should collect, use it when and on whatever I want without interference from my caregiver' (MO3).

Most of the orphans revealed that the public assistance money brought no improvement to their lives and that the quality of food or the number of meals and school materials such as books, pencils, uniforms, shoes, and stationery had not changed to signal any improvement in their wellbeing.

They felt that the public assistance money had not helped them with their education. Consequently, they strongly maintained, the money was misused by their relatives. Some of the orphans believed that the results of their staying with their extended family members were beneficial because they were bringing the public assistance money and other forms of assistance from NGOs such as food parcels, blankets, milk, beans and so on into the household. According to most of the participants, except the caregivers, the effect of the misuse of this money results in some orphans withdrawing from school, not being able to afford the basic requirements for school or performing poorly at school.

Another issue of concern raised by all participants, except the caregivers, was property grabbing by extended family members when relatives passed away. The orphans wanted to be in control of their deceased parents' property, but relatives rarely allow that to happen. Some of the orphans stated that if they were in control of their parents' property, they would be better off by selling the property in times of need and buying whatever they may need, especially their requirements for school. However, caregivers indicated that both custom and tradition demand that the property of any deceased relative should be shared among family members, and that children should not dictate how things should be done. Many of the caregivers accused the orphans of mischievousness.

5. Lack of basic school materials

All participants agreed that the lack of basic school requirements such as uniforms, shoes, pencils, pens, tuition and so on was a serious impediment to the orphans' academic enrolment, attendance and performance. Most of the participants, including social workers, community leaders and orphans, were of the opinion that extended family members were not providing enough basic school requirements to the orphans and that this was the cause of their academic difficulties. One orphan reported:

'I fear to go to school because other children laugh at me because I have (a) torn uniform and shoes and this makes me ashamed of myself among others' (FO10).

Eight orphans cited various instances in which their caregivers openly discriminated against them in favour of their biological children. However, this suggestion upset the caregivers, who vehemently rejected the allegation, even though it had not referred specifically to them. One grandmother who was a caregiver said that in her time and before there was nothing like a school and no children complained as they do now.

6. Food shortages in extended family households

Shortages of food in the households of extended families were identified as leading to a vicious circle of problems, which negatively affect the education of orphans. Many adult participants, but not the orphans themselves, said that although food shortages were a general problem, the addition of household members made things worse in extended households which were already suffering from starvation, malnutrition and poor diets. Many of these households were accused of not making sufficient effort

to increase their food supplies to meet the needs of the rapidly growing numbers of orphans in Lesotho. One of the orphans fostered by her aunt revealed:

'I am never satisfied with the food that I am provided with to eat. We sometimes get food parcels, but I never know where they disappear to or how they disappear and when I ask, insults are poured on me' (MO3).

Without food, the participants held, it is not possible for orphans to attend, and perform well at school.

7. Lack of concern about the school work of orphans and other related problems

Almost all the participants viewed the lack of concern for the academic progress of orphans as a huge problem which negatively affects performance in school. One of the orphans said:

'No one will ask you whether you did what at school, whether you pass or not and no one will help you at home with homework' (FO2).

The caregivers, maintained that they could not read and write and consequently could not do more to help orphans and their own children with their education. Social workers agreed that most caregivers were illiterate and could not do much to help orphans with school work, but argued that children should be sent to study with neighbouring children. However, they maintained that this is not always possible, as most orphans are left at home to perform household chores and/or care for their siblings or other children.

In addition, lack of love, affection and attention and psychological distress were reported by 13 orphans. They attributed this to the absence of their own parents. When extended family members were asked whether they were not doing enough for the orphans most of them refuted this and said that this perception contributed significantly to many orphans not attending school, withdrawing from school or performing poorly at school. However, the caregivers, who were all female, maintained that orphans were loved as much as their biological children. A social worker, however, as did many other adult participants, described the situation of orphans as one characterised by trauma, isolation and abuse among many other problems facing them, as their situation is portrayed in the literature.

Discussion

The consequences of little or no care or support for orphans from extended family members can be disastrous, as has been suggested by the rupture thesis and the African extended family safety net model. Among these are low educational achievements, no enrolment in school at all, absenteeism, late completion of school programmes, and poor performance. Moreover, urban orphans were more likely to face problems than their counterparts in the rural areas. Nonetheless, those in the rural areas faced the most hazardous conditions in the harsh winter while working as livestock herders. In Lesotho most households are found in traditional houses which are poorly constructed with either inadequate or no ventilation, and many households still use wells or streams as sources of drinking water and bushes for toilets (Bureau of Statistics 2009). Although Chinese

builders in collaboration with the Government of Lesotho have constructed schools in many rural areas, electricity is still not accessible to many. The poor state of the houses in which orphans live and the lack of basic hygienic living conditions seem to be contributing factors to poor academic performance among orphans in extended family households. However, this is not peculiar to orphans, but is also the norm for all children living in such households and communities.

As has been noted, the separation of siblings to spread the economic burden of caring for orphans is now common. However, it is not in the best interests of the children to lose contact with their siblings, as sibling groups usually provide the child's early sense of identity, family and safety. However, many argue that the extended family has the resilience needed to continue to care for and support orphans as the traditional first choice of substitute caregiver rather than to send them to institutions, which can adversely affect the development of orphans.

Despite the provisions of the Free Basic Education Policy in Lesotho, the findings of this study show that many caregivers could not sufficiently provide the basic needs of orphans such as books, uniforms, shoes, stationery, and warm clothing in winter. This accounts for the low rate of enrolment in school and the high rates of dropping out of school and absenteeism. The quality of education received by the orphans could be affected by their poverty and vulnerability, which are inextricably linked. If children are not provided with proper medical care and sufficient nutritious foods, they are bound not to be able to concentrate in class, which would inevitably result in poor academic performance and a low pass rate. Additional concerns are the children's participation in household chores and the lack of educated caregivers to support them academically with their homework. Other psychologically adverse effects of stress and anxiety also contribute to poor education among orphans, which are reflected by low graduation or school completion rates.

Increasingly, many people are unable to afford to feed themselves and their immediate nuclear families, which severely limits their ability to help others such as orphans. Lesotho once had a buoyant agricultural economy until the serious drought of 2002 to 2007 (UN 2007) that devastated the agriculture sector left the inhabitants dependent on food parcels from the World Food Programme. The economic squeeze has taken its toll on most of communities and this makes it difficult to provide adequately for the needs of orphans in extended family households. The dwindling support and care of orphans stems from the economic woes facing not only households, but also relief organisations and the government alike. During this time of economic crisis the heavy burden of HIV and AIDS and the increasing numbers of orphans, extended family members have become 'un-African', discriminating against orphan children in favour of their biological children. As Landry et al. (2007) note, many orphans complained of facing problems with schooling as a result of being treated differently from the biological children of their caregivers. The findings of this study corroborate the social rupture thesis where the extended family is providing the needs, care and protection of orphans to a lesser extent unlike in the past. Apart from the threats of

HIV and AIDS and poverty, the extended family has been ruptured by westernisation among other factors.

A common saying in Lesotho is: 'there is no orphan', meaning that losing both parents does not make one an orphan, since the extended family takes responsibility for the orphaned child. Traditionally in Lesotho, a child belonged to the community, and every adult had a moral obligation to discipline and to care for the children in that community; the concept of the extended family was very functional. The extended family was like the nuclear family today because the problems of every individual member of the family were of concern to all the other family members. In Lesotho, as in most parts of sub-Saharan Africa, the sister of one's mother are considered one's mother, and one's nephew or niece is considered one's own child. Accordingly, each child was cared for and supported in a similar way to that applied to the biological children of the family member concerned. A common belief concerning taking good care of the aged in most parts of sub-Saharan Africa is built on the notion of filial piety, which took the form of return support by the children for the parents in old age by way of 'payback'.

In most traditional African societies such as Lesotho, the care of orphans was the responsibility of the extended family even if resources were limited and adoption was not practised in the real sense of the word. Life was seen as one of brotherhood and the sharing of assets among individuals. In the past no orphans existed because orphaned children were readily accepted in the households of extended family or relatives. Unfortunately, the extended family has been weakened by labour migration, urbanisation and westernisation, which has introduced different lifestyles in terms of food, dress, recreational pastimes etc. The argument is that while there was poverty before, the extended family still cared for the orphans, but that imperatives of modern life have changed in terms of the quest for education, better living conditions etc.

This study was anchored on the model of the extended family safety net for orphans in Africa by Foster (2000). The results of this study show that because of the weakening of the extended family, many orphans either cannot perform well at school, or else face many other academic problems. This is an indication that the Lesotho society, like any other African society, can no longer afford to provide for the needs, care and protect orphans as they did in the pre-colonial and colonial eras. Therefore, Foster's model of the extended family safety net is no longer tenable for Africa, however, it might be justifiable to a lesser extent since some Africans still care for orphans like their biological children. Urbanisation and westernisation have changed the mindset of Africans and people prefer to substantially support only immediate or nuclear family members in need. Community structures have seriously been weakened as well and their role of caring for orphans has been diminished to a very great extent. Nonetheless, extended families in Lesotho still provide for the care of orphans, but the problem lies with the quality of care that is now being provided. However, a good number of orphans slip through the extended family net and form child-headed households, and homeless street children roam in search of survival and sustenance. In addition,

some are forced to engage in domestic work for meagre wages in working conditions which are usually exploitative in nature. According to Foster (2000), these are the orphans who slip through the safety net because of the modification and disappearance of some of the extended family roles. Although the extended family model of safety net is relevant to this study, the social rupture thesis is more relevant as it reveals that the extended family is being ruptured by the state of the country's economy and its effect on the economies of extended family households and the HIV and AIDS pandemic, which has become a cankerworm in sub-Saharan Africa.

Conclusion

The extended family caregivers in Lesotho are still largely female and they tend to give care as a traditional mother would, exhibiting tenderness, kindness, soft-heartedness and willingness to provide care and support. This corroborates with the literature that indicates that most of the orphan caregivers are women. Although the traditional family mechanisms are strained, the extended families have and are still doing much for their orphans. However, the quality of the care given by extended families has been criticised in recent times. The problems facing orphans in Lesotho today exist because the extended family is not totally committed to the care and protection of orphans in the way that it was before. It was not apparent that the moral or traditional obligation to look after orphans was embraced with much enthusiasm and there did not seem to be wholehearted acceptance that orphans needed to be treated as biological children in the face of economic crisis. This shows that the traditional values of the people have eroded somewhat.

Inevitably the deteriorating state of the economy and the enormous pressures exerted on younger people by the urgent needs of their families will have contributed to this state of affairs. Layoffs from the South African mines and the textile and garment industry, which constitute the bulk of the country's source of income, have hit the country recently. The ravages of HIV and AIDS have exacerbated existing conditions of grinding poverty. Many extended families and other community members are shifting their traditional responsibilities to the government and the many NGOs flooding the country. However, these options do not adequately satisfy the needs of orphans. Unfortunately, the NGOs are also facing financial crises, and the government is unable to provide sufficiently for its citizenry owing to the global economic crisis. Because of the small provision of assistance to orphans from both the government and NGOs, the extended family is being torn further apart as orphans and caregivers compete for this meagre assistance, in the process fomenting conflict between them.

This study therefore recommends that the government should strive to strengthen the family and community structures so that the extended family continues to perform its traditional role as spelled out in the Children's Protection and Welfare Bill. Rather than provide food parcels the government could initiate income-generating projects in communities, as some NGOs are doing, provide decent housing to households caring for orphans and provide basic

educational materials to all orphans, as free education is insufficient without these basic school needs. The free primary education that was instituted in 2000 should be made compulsory and any parent or caregiver who does not send a child to school should be dealt with by the law for compromising the future of the country's children in this way. This would enable Lesotho to achieve the important Millennium Development Goal of Education for All. The government should properly regulate community based organisations as some owners are enriching themselves at the expense of the orphans by pretending to provide services to them when in fact they are serving their own interests and/or siphoning aid money meant to help orphans and other vulnerable members of the society into their own pockets.

In 2008 UNICEF introduced a pilot project in the form of a social grant to poor children. The government should take over this project after the pilot period and expand it to cover the whole country. The public assistance of R100 (US\$10 — exchange rate as of May 2013) since 2002 is inadequate and should be reviewed to compensate for the effects of inflation. The role and importance of social grants has been highlighted by Tanga and Gutura (2013). Finally, the government should also devise a proper mechanism for the payment and usage of public assistance money and other forms of assistance from NGOs to orphans.

Other stakeholders such as NGOs, community and faith based organisations should initiate programmes and projects that aim at strengthening the family and community structures rather than meeting the immediate needs which is the current practice. This will ensure that there is sustainability in family and community structures to cater for the needs of orphans and other vulnerable members of the society. As the African adage goes, it is better to teach somebody to 'fish' than to provide that person with 'fish'.

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