

ABSTRACT

Title of Dissertation: WHAT DOES IT MEAN TO CARE AND
PROVIDE SCHOOLING FOR A CHILD
ORPHANED DUE TO HIV/AIDS IN CÔTE
D'IVOIRE? A QUALITATIVE STUDY

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This is a qualitative study about how a family describes what it means to care for and provide schooling for a child orphaned due to HIV/AIDS. The study offers a perspective beyond the lens of a family through the inclusion of interview data from representatives of the Ivorian Ministry of Health, and non-governmental organizations (NGOs) located in Côte d'Ivoire. Descriptive data reveal how care and schooling are nearly synonymous constructs in the family at the center of this study. To care for a child means to provide schooling. The form of care and schooling are ordered through practices linked to established matrilineal and ethnic family system practices. The child, orphaned due to HIV/AIDS, offers rich descriptive insights about how the loss of his parents affected his care needs, how he negotiated the matrilineal system and how he embraced school achievement and religion to manage his sense of loss and the stigma attached to his status as an orphaned child. This study also offers descriptions that explore the complexity of the political dynamics, support

mechanisms, and psychosocial constructs that delineate care and schooling practices in this family and, more broadly, in Côte d'Ivoire. This study contributes to existing scholarly literature by offering a nuanced depiction of the impact of HIV/AIDS from a variety of perspectives. This contrasts with studies that converge on demographic and statistical analysis. This study also places a great deal of emphasis on the inclusion of the perspective of Ivorians. Ivorian representation allows for Ivorian-centered depictions and responses to the research questions and reflects concerns about post-development critiques on discourse and representation.

WHAT DOES IT MEAN TO CARE AND PROVIDE SCHOOLING FOR A CHILD
ORPHANED DUE TO HIV/AIDS IN CÔTE D'IVOIRE? A QUALITATIVE STUDY

by

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Chapter 1: Introduction

This chapter provides an overview of my study and the research topic that I pursued. In it I identify the type of study I conducted, and introduce the broad questions and problems that I sought to explore and better understand. I introduce the tenets and concepts that provided the framework and rationale for my study. The concepts in this chapter are supported using a mix of statistical data, references to relevant literature, and descriptions of personal experiences that influenced the way I chose to approach this research topic. This chapter concludes with an overview of each of the following chapters in this study.

The Study and Research Questions

This is a qualitative study that focuses on family and kinship perspectives surrounding the phenomena of caring for and providing schooling for children orphaned due to the HIV/AIDS pandemic in Côte d'Ivoire, West Africa. This study examines this topic through the lens of a family who cared for such a child. It also includes the perspectives of stakeholders from non-governmental organizations (NGOs) and Ivorian government officials who work on behalf of these orphaned children. While the intent is to foreground the perspectives of the family, NGO and government perspectives add depth and context to the family's perspective. Thus, I began exploring this topic with two broad research questions in mind.

First, how do the family and other participants in this study describe and make sense of what it means to care for a child who was orphaned due to HIV/AIDS?

Second, how do the family and other participants in this study describe and ascribe value to the provision of schooling for such a child?

In the following section, I discuss those aspects of the pandemic that serve to frame this study. These issues are organized by topical areas.

Key Issues

Magnitude

When I first began exploring my research topic, I was struck by the staggering magnitude of the HIV/AIDS pandemic and the reality that Africa is the epicenter of this disease. Sub-Saharan Africa is home to merely 10% of the world's population, yet 68% of people living with HIV/AIDS reside in this region (UNAID, 2010). Twenty-one of the world's most affected countries are found here; eight of these countries have more than one million residents who are HIV-positive. Swaziland has the highest prevalence rate with approximately 26% of its adult population infected with the virus. Côte d'Ivoire, with roughly a 3.4% prevalence rate, amongst adults between the ages of 15 and 49, is an epicenter for HIV/AIDS infection in West Africa (UNAIDS, 2011).

The proliferation of orphans is just one impact of the pandemic. In countries with high HIV/AIDS prevalence rates, nearly 20% of all orphans lost one or both of their parents to HIV/AIDS; in Côte d'Ivoire, there are approximately 420,000 children who lost one or both of their parents to the virus (UNAIDS, 2011). Even with the expansion of anti-retroviral treatment access, it is estimated that by the year 2015, the number of orphaned children will remain alarmingly high (AVERT, 2011).

Demographic Realities

The magnitude of the pandemic is situated in a variety of ever-present demographic realities. In the case of Côte d'Ivoire, for example, nearly 42% of the total population is less than 15 years-old (Human Development Report, 2010, p. 24). Thus, the pandemic could leave an increasing number of younger children or older people as heads of households. As a space for inquiry, the idea of children heading households and the consequences of this and other changes to traditional family and kin networks presents compelling challenges to notions of what development means. These challenges may impact current understandings about schooling in Africa and about those involved in defining a child's future when it comes to the provision of schooling.

Conflict Settings

The devastation of HIV/AIDS intensifies in a setting like Côte d'Ivoire, where there are occurrences of civil unrest and instability. Conflict and violence disrupted access to health care and education several years ago and Côte d'Ivoire was split into two regions: a rebel-controlled northern region and a government-controlled southern region. For those who are concerned about families caring for children orphaned due to HIV/AIDS, working to gain greater access to families in the rebel-controlled northern portion of the country is an ongoing issue. Currently, the country is recovering from a period of civil unrest. Infrastructure issues and reestablishing the quality of the health care and education systems will likely remain central concerns.

Kinship Networks

The African family has long been regarded as a resilient safety net that exists to secure the future of kin during times of hardship. Foster and Germann (2002) noted that 98% of all orphans in sub-Saharan Africa live with family or existing kin as opposed to living in orphanages or with non-relatives, yet other studies suggest that African family kinship networks have been weakening. This study also explores the interworking and complexity of matrilineal kinship systems while offering insights into hierarchy of needs and how these needs impact the attribution of values and decisions about care.

There is an extensive body of literature on the consequences and impact of HIV/AIDS on families caring for orphaned children. Much of the pioneering work on the topic was written in the late 1990s and early 2000s. Some studies draw from household and survey data amassed by multinational organizations, NGOs, and faith-based organizations, while other studies draw data collected by from community-based organizations. One consensus that can be drawn from these studies is that families cope with the orphan crises by bonding together and withstanding the pressure associated with the increased number of orphans (Kelly, 2002).

Traditional kinship networks in Africa remain intact in many instances, although studies are emerging that document the strain that families undergo when they become overburdened or incapable of meeting the needs of the household (Subbarao, Mattimore, & Plangemann, 2001, p. 20). Detailed data and narrative descriptive studies about how families care for children orphaned due to HIV/AIDS are based, primarily, on data from research focused on families in Western regions, such as the United States and the United

Kingdom. (Coleman & Toledano, 2002; Knowlton, 2003; LeBlanc, Aneshensel, & Wight, 1997; London, LeBlanc, & Aneshensel, 1998; Reynolds & Alonzo, 1998; Smith & Rapkin, 1996; Soskolne, Acree, & Folkman, 2000; Turner & Catania, 1997; Wight, LeBlanc & Aneshensel, 1998). Fewer studies describe how families care for orphans in sub-Saharan Africa (Ansell & Young, 2004; Baylies, 2002; Foster, Drew, Kambeu, & Saurombe, 1996; Foster, Makuta, Drew, Mashumba & Kembeu 1997; Loening-Voysey & Wilson, 2002; Nyambetha, Wandibba, & Aagard-Hansen, 2003; Nyangweso, 1998; Salami, Brieger, & Olutayo, 2003). Some studies are presented in a way that places the perspectives of local people and their narratives about the situation at the center of the dialogue, rarely are they presented in the type of rich qualitative detail that allows the reader to create an understanding or a picture of the phenomena based on the presentation and interpretation of local and indigenous understandings.

Schooling

A component of my interest in this topic has to do with issues surrounding how families who care for children orphaned due to HIV/AIDS provide schooling, and how they conceptualize what it means to provide schooling for these orphans. There is a considerable amount of research on the link between orphaned children and the impact it has on them as they attend primary school. In general, studies suggest that children orphaned due to HIV/AIDS have lower attendance rates than those who are not orphans (Ainsworth & Filmer, 2002; Nyambetha et al. , 2003; Sengendo & Nambi, 1997; The World Bank, 1995). Several studies detail the barriers that may impact full access to primary schooling for children orphaned due to HIV/AIDS (Bruns, Mingat & Rakotomalala, 2003; Hepburn, 2002; Human Rights Watch, 2005; Save the Children, 2005; The World Bank, 2002; Vandermoortele & Delamonica, 2000). There are also

studies that address how families describe what it means to care for children orphaned due to HIV/AIDS and the impact this has on how these families view the provision of schooling. These studies emphasize rights-based doctrines as well as moral and psychosocial constructs as the basis for educational interventions (Fleshman, 2001; Gilborn, Nyonyintono, Kabumbulim & Jagwe-Wadda, 2001). An underlying assumption in many of these studies is that families value and make meaning of schooling according to universally agreed upon understandings about the role of schooling in the life of a family.

This study contributes to existing research by uncovering and highlighting some of the more nuanced and descriptive understandings about these issues. I intentionally created space to allow for perspectives that may or may not be consistent with dominant viewpoints on parenting, notions of what constitutes a family, and commonly held views about issues such as the universal agreement that schooling is for all children or how a child who is orphaned views education.

Post-Development Ideology

The orienting perspective for this study is linked to some of my personal experiences. I live in an era where an African American was elected to serve as the President of The United States, yet my historical recollections and my collective memories remain colored by perceptions and instances of the exclusion and marginalization of people from ethnic and racialized communities in the very same country. Solutions to problems specific to the African American community, for example, often referenced the need for interventions, education, and empowerment. From my perspective, a constant in the discourse was the degree to which the discussions about African Americans were

decontextualized and disconnected from the actual experiences and the perspectives of African Americans, thus putting them in the role of “the other”.

I note similar dynamics between the perspectives framed in the international development literature surrounding the HIV/AIDS pandemic in Africa and the perspectives of those who are recipients of international development aid designed to target the pandemic. Critical scholars, particularly those aligned with post-development and indigenous knowledge perspectives, have detailed some of the dynamics that coalesce to create and maintain the concept of “the other” in development perspectives (Amin, 1990; Escobar, 1984; Kothari, 1990; Rahnema & Bawtree; 1997). These scholars support disposing of the existing development paradigm, with some arguing that development in its entirety should be abandoned so that indigenous perspectives become the center of development (Escobar, 1992; Spivak, 1988).

I identify with the impact of decontextualized dialogues, yet with much of my professional work, I facilitate various donor-driven development agendas in Africa. My ability to consider alternative approaches to engaging development is constrained by the reality that I have spent much of my professional career working for organizations that fund projects in developing countries. This study offered an opportunity for me to explore indigenous perspectives as a source for understanding how a family in Côte d’Ivoire describes what it means to care for children orphaned due to HIV/AIDS, and how they describe what it means to provide schooling for these children. This allowed me to practice the idea of hearing the perspectives of subaltern voices. A notable aspect of this study is how the inclusion of the perspectives of donor-funded NGOs and Ivorian government officials stood in comparison to the perspective of family members who participated.

Chapter Overview

In this chapter, I introduced my study by describing the type of study I conducted and I discussed the research questions and problems that led me to undertake this project. My goal was to illustrate why I think there is a need for this inquiry. I cited statistical data, and consistent with my qualitative and interpretative approach, I included some personal questions and dilemmas that shaped my research topic.

In Chapter two, I will provide an overview of Côte d'Ivoire which will provide background and context about its history, people, education and health systems and the current political environment.

In Chapter 3, I review relevant literature that more deeply contextualizes and explains the place that this study holds in larger academic literatures connected to this topic as well as literature that ground my approach to engaging my topic. This literature review is not intended to be exhaustive; it is designed to highlight those studies that frame my analysis and findings.

The fourth chapter includes a description of the methods that inform this study. I discuss my approach in choosing my research topic and orienting research questions. I detail the techniques and rationale that I employed to collect the data for this study.

In Chapter 5, I present the data. The data are organized by emergent themes and are divided into three groups. The first set of data is from the interview with the family at the center of this study, the second set is from the Ministry level participants and the third set is from the NGO representatives. I summarize and organize the data before analyzing the data.

In Chapter 6, I systematically discuss and analyze the findings of this study. I begin with a discussion of responses to the research questions. First, I discuss responses from the perspective of the family at the center of the study before moving into a more comparative analysis that includes data from the Ministry and NGO representatives. I continue by considering responses to the broader implications of this study in relevant literatures.

In the seventh and final chapter of this study, I offer comments on the limitations of this study, recommendations for further research related to my topic and final reflections on the research process and the overall study.

Chapter 2: Côte d'Ivoire Overview

Ivorian: So, how do you find Gabon?

Me: I like it. The people are interesting.

Ivorian: Where else have you been in Africa?

Me: Well, Gabon, Senegal and Ethiopia.

Ivorian: Hmm. Well, keep going around and save Côte d'Ivoire for last. You will not be disappointed. (Journal entry, November 1997)

When I lived in Gabon, Central Africa, in the late 1990s, I wrote the above journal entry detailing a conversation I had with an Ivorian national who was in Gabon for a business trip. This conversation and many others typified the prevailing attitude and strong sense of pride, some might say, arrogance, that Ivorian nationals expressed about their country during that time. Côte d'Ivoire had the distinction of being considered a powerhouse amongst other French-speaking countries in West Africa. Between 1990 and 2006, Côte d'Ivoire fell eighteen places in the United Nation's Human Development Index (HDI) report ranking. Seven of its West African neighbors moved ahead of the country once referred to as the "Ivorian miracle". (Button, 2012)

Bordered by Liberia, Guinea, Mali, Burkina Faso, and Ghana, Côte d'Ivoire is a coastal West African country of approximately 20 million people. A former French colony until its independence in 1960, Côte d'Ivoire had been a model of stability in West Africa with a reputation for religious and ethnic diversity and harmony (BBC, 2010). This chapter provides background about the history, people, education and health systems, and finally some of the current political realities in Côte d'Ivoire.

Historical Background

Earliest Inhabitants

Archeologists estimate that the area presently known as Côte d'Ivoire was inhabited as early as 15,000 -10,000 B. C. Not much is known about its earliest inhabitants and much of its pre-colonial history is dominated by accounts from participants in the Trans- Saharan trade routes and later, Côte d'Ivoire was settled by various groups during the rise of fall of successive African empires. The influx of people through trade and successive waves of empires brought agricultural knowledge, ethnic diversity, and the Islamic religion to parts of Côte d'Ivoire. The impact of Islam was most significant in what is now the northern portion of the country.

Europeans in West Africa

The Portuguese preceded other European countries in their exploration of West Africa. The French soon followed and this signaled the beginning of an era of trade in gold, ivory, and pepper that evolved in tandem with the establishment of settlements in Senegal, The Gambia, Guinea and in land located on the border between present day Ghana and Côte d'Ivoire. By the 16th Century, the slave trade dominated much of the commercial exchanges along coastal countries in West Africa.

The disruptive practice of slave raiding and trading maintained and exacerbated inter and intra ethnic conflicts. Côte d'Ivoire was not a large player in the slave trade, instead it was a central location for a profitable trade in ivory, which helped establish the country's name. This lucrative business ended by the 18th Century due to the decline in the number of elephants. The heavily forested Western zone is now the location for numerous plantations that specialize in cocoa and coffee production.

French Colonization

During the 18th Century ethnic groups affiliated with the Ghanaian empire migrated into the southern and central section of Côte d'Ivoire bringing an enduring group of people with ties to present day Ghana. The French developed treaties with the local leaders in these regions, offering protection from incursions in exchange for exclusive trade rights and annual payments to the indigenous leaders. Similar agreements between indigenous people located in land in West Africa and countries such as the Britain, Portugal and Belgium coupled with the development of maps to mark trading areas effectively defined some of the preliminary boundaries of countries in West Africa during that time. By 1893, Côte d'Ivoire had become a French colony. Its boundaries were established through treaties with Liberia on the west and Ghana in the east. The northern border of the country remained porous until 1947, as the French developed the boundaries of Burkina Faso and Mali.

The French enforced their colonial presence and countered resistance to their presence through armed engagement. They effectively made a lasting impact on the people in Côte d'Ivoire through a policy of assimilation. Armed efforts to suppress opposition to colonial rule were met with varying levels of resistance by the indigenous groups in Cote d'Ivoire. Resistance is an important concept to note in the discourse on colonialism. Some narratives mention colonial encroachment in so called lesser developed countries as if it were inevitable. In reality, there were sporadic and rather persistence attempts by indigenous people to resist and undo colonial rule. In addition to the use of force, the French sought to import French culture through their language, laws, and practices. The French use of education as a tool for assimilation helped create a social

class of educated elites. When Côte d'Ivoire became independent in August of 1960, the educated ruling class became the leaders of the country.

People of Côte d'Ivoire

The country boundaries in Côte d'Ivoire were formed through discourses led by western and foreign stakeholders with varying degrees of collaboration with indigenous leaders. The decisions about the location of borders often took into account the proximity of resources and landmarks such as bodies of water and land masses while ignoring the migratory habits, history, and familial connections of the people who lived in and around these boundaries. It is because of the way that national boundaries were formed that in Côte d'Ivoire, the main ethnic groups that reside there reflect patterns of migration that are linked to empire building, the spread of Islam in Sub-Saharan Africa, and the hybridization of people through trade and intermarriage.

A component of the evolution of the movement and organization of people in Côte d'Ivoire is evidenced by the location of people and the languages and practices of people who live in Côte d'Ivoire. McGovern (2011) employs explains divisions in Côte d'Ivoire,, describing the grouping of people as follows:

“The Mande speaking groups such as the Jula/Malinke, Gouro, Toura, and the Dan are concentrated in the northwest quadrant of the country and are related to the Mande-speaking populations of Mali, Guinea and northeastern Liberia. The Voltaic-speaking groups including the Senufo, Lobi and Koulango, live in the northern part of Côte d'Ivoire, and are related to Voltaic language speakers in southern Mali and Burkina Faso. The Kruan-speaking groups, such as the We, Krou, and the Beté, lie in Côte d'Ivoire's southwest, and are related to the people living in southeastern Liberia. Finally, the Akan-speaking people like the Agni and Baoulé, who inhabit most of the East and the Centre of the country, are closely related to the Kwa-speaking people of Ghana, including the Asante.” (p. 8).

In the recent history of Côte d'Ivoire McGovern's analysis helps explain the link between the people who live in Côte d'Ivoire and their ties to neighboring countries. This

connection contextualizes some of the root causes of the tensions and political dynamics that were part of the civil disruptions that arose in the late 1990's. The specifics of the conflict will be discussed later in this chapter.

Religion

Generally, many of the Northern ethnic groups such as the Jula, Malinke and Senoufo have been most impacted by the spread of Islam and most practice some form of Sunni Islam. The Central and Southern groups, such as the Akan and Baoulé embraced Christianity and the Western people like the Beté as well. Amidst the ranks of the professed Christian, many are Roman Catholics with Protestants following closely behind. In the past decade there has been a rise in the development of evangelical movements in Côte d'Ivoire. The evangelical movement is characterized by the rise of charismatic preachers who promote the benefit of material wealth and who spread their message through open-air revivals and television ministries.

Education System

The formal education system in Côte d'Ivoire is based on the French school system. The system was originally designed to create a cadre of educated civil servants who could support French administrators during the colonial period. In the early 1960s there was a push for support and growth in the education sector that continued until the 1980s, when structural adjustment policies forced changes in the allocation and funding of the education sector. This portion of the chapter focuses on the structure of the system and some of the challenges that impact the system today.

Structure

Côte d'Ivoire has a centralized education system governed by three separate Ministries. The Ministry of Education, The Ministry of Technical Training and Professional Training, and the Ministry of Education and Research. There are both private and public school systems in Côte d'Ivoire as well as a thriving network of Koranic schools, which are located in the northern and north western regions of the country. Approximately 5 % of children start school at the pre-primary level. Most of the pre-primary schools are located in urban areas and are privately funded. Children entering the formal school system begin with 6 years of primary school which culminates with receipt of the primary school certificate, certificate de école primaire (CEPE). Next, students enter a two-tiered secondary level that last from 4 to 7 years. After the first 4 years, or the first cycle, students can sit for the brevet d'étude exam premier cycle (BEPC). This diploma allows graduates to move on to a college, high school (lycée), or to enter a teacher training institution. Students at the secondary level may alternatively pursue a technical and professional track which consists of a combination of academic and practical training that leads to an elementary certificate, brevet élémentaire (BE). Those who complete 7 years at the secondary level earn a Baccalauréate (BAC) which is equivalent to 1 or 2 years of university study in the U. S.

There are three universities in Côte d'Ivoire offering undergraduate and graduate degrees. All are located in or near Abidjan. There are two university colleges and four higher education institutions that provide technical and teacher training. At the undergraduate level students may pursue three degree levels. The university literary studies diploma, Diplôme Universitaire d' Etudes Littéraires (DUEL) or the university general studies diploma, Diplôme Universitaire d' Etudes Générales (DEUG) which are

offered at the end of the second year, the Licence is awarded after the third year (equivalent to a U.S. Bachelor's degree) and the Maîtrise is offered after the fourth year of study (equivalent to a U.S. Master's degree).

At the graduate level, students can pursue an advanced studies diploma, Diplôme d'Etudes Approfondies (DEA), which is a specialized graduate degree and upon completing a successful defense of a dissertation students are awarded a special advanced degree diploma, Doctorate de Spécialité de Troisième Cycle (Le Doctorate) which is equivalent to a Ph.D.

Challenges

The education system in Côte d'Ivoire has been impacted by factors that have had an enduring impact on its nature and character. This segment highlights some of these factors.

Economic

A premium had been placed on the value of education in Côte d'Ivoire and the education sector flourished in the 1960s and 1970s when the country experienced a period of strong economic growth in the cocoa production sector. As cocoa prices decreased in the 1980s and economic woes increased, the education system struggled to address issues such as low teacher salaries, teacher shortages, lack of teaching supplies, and its inability to meet the demand for quality education. A pernicious deficiency in the Ivorian education system is the fact that most of the formal schools, particularly at the secondary level and beyond, are concentrated in the central and southern portions of the country. This has led to historical imbalances in access to the education system.

HIV/AIDS

In addition to low teacher salaries, HIV/AIDS and the adult death rate had a noticeable impact on the number and quality of teachers available to support the education sector, particularly during the late 1990s. A UNAIDS report (2011) noted that 70 % of teachers' deaths from 1997 – 1998 were due HIV/AIDS. These losses exacerbated the existing shortage of teachers and further increased the student-to-teacher ratio in classrooms.

Reforms

The Ivorian government under the leadership of former Presidents Houphouët-Boigny, Bedié, and Gbagbo supported various reforms in the education sector designed to remedy these issues.

In the 1989 under the leadership of Houphouët-Boigny and as part of a larger structural adjustment agreement, Côte d'Ivoire made substantial cuts to an inefficient education system. Teacher's salaries, which had been competitive but were not economically sustainable, were attached to the civil servant pay scale as part of a plan to reduce the country's fiscal imbalances. Decentralization policies were enacted and subsidies were established to support private school enrollment.

As has been the case in most less-developed nations, Côte d'Ivoire supports the United Nations Education, Scientific and Cultural (UNESCO) led framework, Education For All (EFA), which seeks to provide learning opportunities for all children, youth, and adults by 2015. Since Bedié's presidency, Côte d'Ivoire embraced the EFA framework and with support from partners, the education system realized an increase in literacy rates and a modest increase in net enrollment rates. More recent national reform efforts focused on:

- Improving the status of teachers by increasing their pay. This involved removing them from the civil servant pay scale recommended in the terms of the structural adjustment agreements.
- Developing a formal national preschool system.
- Making public school free through the fourth year of secondary school which coincides with the tenth grade.
- Downsizing subsidies to private schools
- Eliminating the use of school uniforms and thereby the cost of uniforms which is provided by parents.

Civil conflict in Côte d'Ivoire was sparked by a coup in 1999 but the conflict evolved into a violent rebellion, which began in 2002. The conflict has had a sustained impact on the current state of the education system and on its efforts to reform. During the conflict factions often targeted schools as places to engage in fighting. Buildings, once devoted to schooling, were commandeered and converted into military bases. The disruption of the academic year and the displacement of teachers and families that resulted from the violence undermined and stalled efforts to rebuild a formal school system that has always struggled to support the education and training needs of Ivorians. Côte d'Ivoire has undertaken an ambitious campaign to educate the students who were displaced during the conflict by 2020. The government is constructing 3 new teacher training centers to improve the number of qualified teachers. (Button, 2012)

Health System

Similar to the education sector, the health care system began with a solid start during the post-independence euphoria of the 1960s and 1970s. Within the francophone

region, Côte d'Ivoire was once considered a hub for the provision of regional health services. People from neighboring countries sought health care in Côte d'Ivoire as a cheaper alternative to going to France. Also similarly, the health care system began to experience problems linked to declines in the economic sector in the 1980s. The economic declines coincided with the emergence of cases of patients infected with HIV/AIDS.

Structure

The national health care system is under the direction of The Ministry of Health with multiple sub- Ministries which collaborate on specialty areas under the larger Ministry hierarchy. The health care system is comprised of a few larger hospitals in Abidjan which were built during the colonial period and a network of smaller private and public clinics in smaller towns. There is an imbalance in the health sector favoring providers in the central and southern portions of the country. The northern part of the country has always lacked an adequate numbers of clinics and health care providers.

With the onset of the conflict in Côte d'Ivoire many of the better health practitioners fled the country. In the post-conflict and recovery period there has been a return to normalcy and many doctors have returned. A positive aspect pertaining to the health care system is the degree of collaboration within the various ministries. Despite the deficits in care providers there have been successful efforts to galvanize members of the health sector. The following section describes some of the challenges that exist in the health care system.

Challenges

As a result of the economic declines during the 1980's and the political instability that began in the late 1990s, the health system, which was once a source of pride in the region, did not adequately address the issues that arose when the HIV/AIDS pandemic

began to appear in Côte d'Ivoire in the 1980's. The conflict further derailed attempts by funded agencies to address the growing crises. In many ways donor agencies are trying to catch up with the HIV/AIDS pandemic, particularly in the context of the northern portion of the country, where few testing and treatment sites were maintained. Beyond the strain on the health sector created by the HIV/AIDS crises, the health sector faces systemic challenges.

Equipment

Côte d'Ivoire has a system where if you require hospitalization either in a major hospital or in a private clinic, it is possible to find a facility and a doctor but one would need to purchase needles and syringes and all of the other medication required for the treatment from a local pharmacy. There are shortages in blood supplies as well. In the post conflict era, Côte d'Ivoire has seen the emergence of diseases such as cholera and polio, which had been virtually wiped out. (Biotech Week, 2011).

Reform

The Ministry of Health has been implementing health reforms as part of its National Health Development Plan 2009-2013. With the disruptions from the crises it is unlikely that the plan will achieve its goals by 2013. According to the African Development Bank (2011) the health plan is funded at 5% of the 15% budgeted expenditure required to meet the plan benchmarks. As a gesture of support the newly elected and installed President Ouattara offered free health care, however, after an initial 9 million dollar investment, the program was modified to provide free services for mothers and children.

Political Benchmarks

Under the leadership of its first president, Félix Houphouët-Boigny, Côte d'Ivoire experienced strong economic growth and was an established world leader in the cocoa industry as well as a lead player in French speaking West Africa, particularly in the 1960s and 1970's. Often referenced as "le père de tous les Ivoiriens" (the father of all Ivorians), President Houphouët-Boigny's death in 1993 was a marker of the end of a time of prosperity. His death exacerbated ongoing issues that arose as a result of the decline in economic and political stability in the country that began in the 1980's. Fueled by economic tensions and brewing ethnic tensions surrounding the Ivorian concept of Ivoirité (who was legally Ivorian and who was not), a military coup in 1999 toppled Houphouët-Boigny's handpicked successor, President Henri Konan Bédié. President Bédié was replaced by former Army General Robert Guei, who led for a short period before being deposed. Laurent Gbagbo then became President. In 2002, a full-scale rebellion took place, which left thousands of civilians dead. In addition to economic issues, the question of Ivoirité, the eligibility of residents to participate in elections, and underlying tensions fueled the rebellion.

Under the auspices of a coalition comprised of Ivorian government leaders, rebel leaders and United Nations (UN) Peacekeepers, the country was divided into two zones; the North, held by a rebel led faction known as the New Forces (NF); and the government-controlled South, led by a President elected from the dominant political party, the Ivorian Popular Front (IPF). Tensions remained and a fragile peace accord was brokered in nearby Burkina Faso. President Gbagbo's five-year-term which was due to end in 2005. Inspired by ethnic tensions and fears that non-Ivorians were trying to rule the country, President

Gbagbo serially postponed or nullified elections until 2010. The main opponent in the presidential elections, Mr. Alassane Ouattara, was acknowledged as the November 2010 election winner but President Gbagbo refused to step down, citing voting irregularities.

Violent skirmishes followed. In April 2011, troops loyal to Alassane Ouattara, with help from the French military, stormed President Gbagbo's residence and arrested him.

Alassane Ouattara became President. The UN, the Economic Community of West African States (ECOWAS), and the Africa Union (AU) are presently involved in peace and stability efforts in Côte d' Ivoire. An interesting dynamic is the juxtaposition of a country divided by North and South, ethnic tensions and violence, and ideas like kinship, family, and connectedness that are associated with caring for and providing schooling for children orphaned due to HIV/AIDS.

Chapter 3: Review of the Literature

This literature review is divided into six sections. The first section provides an overview of literature referencing the HIV/AIDS pandemic, highlighting its impact on Africa. Next, I review studies on the orphan crisis that developed as a result of the HIV/AIDS pandemic in Africa. In later sections I highlight relevant literature and include observation data about family care systems that support orphans in Africa and studies on the provision of schooling for children orphaned due to HIV/AIDS. Lastly, I review literature from post-development perspectives that contribute to the theoretical lens that shapes this study.

HIV/AIDS in Africa

There have been increasingly more positive gains in the fight against HIV/AIDS since it became widely known in the mid-1980s. Africa is more devastated by HIV/AIDS than any other region in the world. According to UNAIDS (2011), 24 million people infected by HIV/AIDS or about 68% of all global HIV/AIDS cases, were recorded in sub-Saharan Africa. Prevalence rates for HIV/AIDS vary greatly between regions and countries. Some countries such as Senegal, which is in West Africa, report prevalence rates of less than 1%, this is lower than the prevalence rate in Washington, D.C. Other countries like Swaziland, in Southern Africa, report rates of around 26%. Southern Africa remains the epicenter of HIV/AIDS infections on the continent. In four Southern African countries, the national adult HIV/AIDS prevalence rates exceed 20%: Botswana (24.1%), Lesotho (23.2%), Swaziland (26%), and Zimbabwe (20.1%) (UNAIDS, 2011). Much of the data on the pandemic and its impact in Africa has been generated through studies in the southern and eastern portions of the continent where the prevalence rates are highest.

In general, HIV/AIDS prevalence rates are significantly lower in West Africa than in Southern Africa and parts of East Africa. Consequently, West Africa receives less attention in terms of research and resources to combat HIV/AIDS. The first cases of HIV/AIDS in Côte d'Ivoire were documented in 1985. Côte d'Ivoire has a 3.4% prevalence rate in the 15-to-49 year-old age segment (UNAIDS, 2011) which is the second highest rate in West Africa. Civil conflict, political instability and armed conflicts have hindered the collection of reliable HIV/AIDS-related data and disrupted the provision of health services in the country. In the following segment, I describe some of the prevailing attitudes, events and geopolitical realities that situate the HIV/AIDS pandemic in Côte d'Ivoire.

The discourse and depiction of the HIV/AIDS pandemic in Africa have changed over time. Early discussions and studies focused on the alarming prevalence rate and the estimated impact of the deaths resulting from HIV/AIDS. Next, studies offered adjusted prevalence rates that reflected international agreements about how to measure prevalence. Most rates decreased once the standardized calculations were adopted. As treatments became available and more affordable there was a proliferation of discussion about prevention and treatment. Another topic in the HIV/AIDS discourse is the prevention of mother-to-child transmission primarily through breastfeeding.

An emergent theme throughout the discourse on HIV/AIDS has been discussions about frameworks and country plans to organize and combat the spread of HIV/AIDS. This organization of approaches and the funding for campaigns to stop HIV/AIDS are largely led by global organizations like UNAIDS, PEPFAR and networks of NGOs. This donor-led management of the pandemic has not been without critics. There is a growing recognition that the HIV/AIDS pandemic in Africa needs to be owned and funded by

Africans. This is reflected in discourse on donor dependency within the HIV/AIDS community in Africa. Meles Zenawi, the Prime Minister of Ethiopia summarized this sentiment in a UNAIDS (2012) message.

There is no doubt in my mind that those of us in the developing world have to do more and better to take charge of our destiny. I know that this is easier said than implemented all the more so because much of the external assistance we get has in practice been predicated on us towing the line of the donor community...The fact remains, however, there is no possibility of us keeping our promise to our people unless we do more and better to take charge of our destiny and depend on our own resources as the premier means of achieving the MDGs. (p. 2).

HIV/AIDS Orphan Crisis

In current discourse, the term and the issues surrounding children orphaned due to HIV/AIDS have been rolled into a larger focus that includes studies about children who are orphans and considered vulnerable due to a variety of circumstances such as poverty and conflicts. The current term for these children is Orphans and Vulnerable Children (OVCs). This study centers on children who have been orphaned due to HIV/AIDS and it references seminal work written in the 1990s through the early 2000s, before OVCs became a popular frame of reference for orphaned children. I offer a qualitative perspective on ideas raised by scholars who wrote about children orphaned due to HIV/AIDS as a distinct category of OVCs and I reference studies that define these children.

The HIV/AIDS pandemic has left Africa with a large number of children who lack the support that their biological parents may have offered. Globally, over 16 million children under the age of 18 are orphans, with Africa accounting for 90% of them (UNAIDS, 2011). In Swaziland 12% of children between the ages of zero and 17-years-old have lost one or more parents due to HIV/AIDS. This study adopts the Hunter and Williamson (2000) construct of orphans as, “persons less than 18 years of age who have lost one or both parents and/or primary caregiver to HIV/AIDS”. The number of children and families impacted by HIV/AIDS is massive, and the impact of the pandemic on these children and families is likely to resonate for many more years to come. In Côte d’Ivoire, there are an estimated 420,000 children orphaned due to HIV/AIDS (UNAIDS, 2011). A relatively small, yet growing, amount of external assistance is directed towards the issue of children orphaned due to HIV/AIDS compared to other topics related to the pandemic. (USAID, 2011).

Notwithstanding the many donor led programs and increases in funding for interventions, there are gaps between the impact of these initiatives on children and families and the issues funding organizations believe remain to be addressed. One approach to responding to the pandemic involves the recognition that African families and communities have historically and culturally been positioned to serve as the first line of response to the pandemic. The way that families and communities understand problems associated with the HIV/AIDS pandemic plays a major role in determining what is done about it from a policy and intervention perspective; in this regard, the literature on families and communities is an important topic to review. In the following section, I review literature that informs policies on how orphans are cared for in sub-Saharan Africa, as well as literature on orphans and schooling in Africa.

African Families and Caring

There is no homogeneous family structure in Africa but a common kinship grouping is the extended family Segalen (1986). A feature of the African extended family system is the prominent role it plays in influencing nearly every facet of life, to include how an African relates to another African, her parents, siblings and relatives, and the upbringing and care of children. Paolucci (1973) contended that the function of an African family encompasses all of the essential activities necessary for the survival of its members throughout the course of a person's life and even after death. Other studies note that many African families are more modernized, urban, and more nuclear in nature, yet the role of the extended family remains important as it pertains to the care of children (Lampthey, 2007; Ntozi & Mukiza-Gapere, 1995).

Kinship Systems

The matrilineal kinship system is a component of the extended family tradition. It establishes the order for lineage, inheritance and caring patterns. The observation note and discussion that follows, elaborates on this system.

Today, Amy took me to her village to meet with members of her family. The village was about 45 minutes outside of Abidjan in Dabou, which is home to many of the Adjoukrou people. The Adjoukrou are a Kwa language speaking group that developed close ties to Akan affiliated people who live in Côte d'Ivoire.

We proceeded along a paved road for most of the trip before turning left onto a dirt road. The family compound was a short ride over a hill along the dirt road on the right hand side. We turned into the compound and were met at an open gate by a cocoa brown boy with a pleasant smile. He looked genuinely happy to see us.

We got out of the car and walked up to a blue stucco house with a large covered porch. The house had blue stained shuttered windows that were painted white to match the white metal awning on the porch. There was a white Adirondack styled chair and a few smaller plastic chairs on the porch. Amy's mother was on the porch walking towards the white chair. I knew from talking with Amy that her mother was approximately 84 years-old. She moved very easily and appeared

much younger than her age. She had a deep brown complexion with rich red undertones. She wore small gold earrings and a small gold bracelet. The gold shone brightly against her skin. She wore a pair of dark brown leather sandals, similar to Amy's. She also had on a blouse and skirt ensemble made of African print fabric. The dominant pattern on the fabric was a yellow-orange batik print on a background of navy blue and black. She wore a striped head scarf that sported an orange and black batik motif. The scarf was a completely different pattern from the blouse and skirt ensemble. I am always amazed at how women in Africa are able to pull together prints, add a scarf and make the entire outfit exude seamless harmony.

Amy stood to the left of her mother while facing me and introduced us. We all spoke French. Amy's mother had an easy smile and a warm clear voice. There was a young girl sitting slightly apart from the rest of us. She was introduced as a cousin. Amy explained to her mother that I was a friend of her only son, Steve, who lives in the U. S. She told her mother that I came to Côte d'Ivoire to conduct research about children orphaned due to HIV/AIDS. Amy's mother listened intently and nodded occasionally while Amy explained more about why I was there. Amy and her mother talked for about 30 minutes. During that time, Amy handed the young cousin a few CFA and she left the compound and returned shortly after with cold drinks for each of us. Amy and her mother spoke about people who lived in the community and relatives. Amy mentioned that her younger sister had recently left Côte d'Ivoire to travel to France. There was a sense of order in the way they sat and talked. There were many times during the conversation when there were extended periods of silence. When her mother spoke Amy listened with her head resting in the palm of her right hand and her right elbow on her knee. Her legs were apart and her skirt hung loosely covering her undergarments.

I knew that Amy's father died many years earlier. I was also aware of how few men were in and around the compound. Aside from the boy who welcomed us at the gate to the compound, there were not many males present. While observing the visit, I was reminded of the stories Steve used to tell about his obligations to his mother and his family. Steve sent remittances to help build this house. I had seen pictures of his mother and the house many years before. Steve grew up surrounded by women. He is the only son amongst five siblings. As a symbol of his coming of age, Steve was made a prince during an elaborate ceremony over a decade ago. Steve was proud of his status in his family and he often spoke about how his sisters consulted with him about all family matters. Steve also said that in his family, the women were the backbone and the muscle. I reflected on my conversations with Steve. I can begin to understand the many layers of meaning in his comments. Sitting there with his mother and one of his sisters I recognize this as a space where women are significant. These are women who exercise agency. These women are leaders. (Observation notes, June 2009)

Unilineal descent patterns are common forms of kinship in Côte d'Ivoire. These patterns are characterized by people tracing their ancestry through either the male or female line, not both. The Mande and Kruan speaking groups located roughly in the North West and South West portion of the country follow patrilineal kinship patterns and the North Voltaic speaking and East and Central Kwa-speakers, including the members of the Adjoukrou family I referenced in the above observation note, follow matrilineal patterns. The family who was interviewed as part of this study are Attié, an ethnic group that identifies itself as descending from the Akan people located in Ghana. The family members acknowledge and maintain aspects of the matrilineal kinship system in their current cultural practices as well.

In matrilineal kinship systems people are considered related if they can trace descent through their female ancestors. So while male and female children of a woman are members of the kinship system only the daughter can pass on the family line. The matrilineal system impacts the nature of relationships between family members. For example, in a matrilineal system the biological father is not considered a member of the matrilineal family. The mother's brother would have formal responsibilities that are expected of the father because he is the closest elder male kinsmen. A father would have the same kind of responsibilities for his sister's children. The significance of male status as an uncle is a core feature in the matrilineal family. Inheritance patterns in a matrilineal system privilege the mother's brother over the father's sons because he is part of the matrilineal family. In matrilineal kinship systems, women usually inherit their status and property directly from their mothers. These differences position women differently than in non-matrilineal systems.

Strain or Resilience

In the context of the HIV/AIDS pandemic in Africa, families and kin remain the primary sources of care for children orphaned due to HIV/AIDS. Despite evidence of resiliency in studies conducted during the early years of the pandemic (Lloyd & Blanc, 1996), fostering and other forms of extended family network practices are not believed to be able to absorb all of the children who will eventually become orphaned due to HIV/AIDS (Sachs, S. F. & Sachs, J. D. , 2004). Prominent studies suggest that the rate of orphanhood strains the resources available through traditional extended family networks to the point where families find themselves in various states of adaptive resilience (Chirwa, 2002), while some contend that the strain leads to family network failure (Monasch & Boerma, 2004; Nyamedha, 2000; Forsythe & Rau, 1996). These assertions, more robust in studies on the impact of the pandemic in the Southern Africa and East Africa context, accompany data on the makeup of households where children were orphaned due to HIV/AIDS. According to Audemard and Vignikin (2006), the high number of deaths resulting from HIV/AIDS created household demographic situations characterized by what it described as a “double inversion of intergenerational flows”. This is a situation where children care for their sick parents, and those who are much older find themselves responsible for supporting sick adult children and then caring for their grandchildren remain once their adult children succumb to HIV/AIDS. Foster, & Makufa et. al. (1997) supported this assertion by noting that families are comprised of fewer and fewer surviving adults and that a growing proportion of orphans are cared for by either the oldest or the youngest family members. Similarly, Foster and Germann (2002) add, “the epidemic is distorting the structure of populations in Africa. Instead of the familiar

population pyramid AIDS is producing a new demographic structure, the population chimney.” (p. 666).

More recent studies are less emphatic about the negative impact of the pandemic on family systems. Recent studies focus on vulnerable children as a sub-set. These groupings make the issue, particular to children orphaned due to HIV/AIDS. A second issue that frames current

Grandmothers and Care

The phenomenon of maternal grandmothers caring for children orphaned due to HIV/AIDS, particularly in East Africa and Southern Africa, is well documented in numerous studies. (Foster et al., 1996; Ng’weshemi, Isingo, Kumogola, & Boerma, 1997; Ntozi, Ahimbisibwe, Odwee, Ayiga & Okurut, 1999; Ntozi & Mukiza-Gabere, 1995; Nyambedha et. al, 2003). Estimates for 26 African countries suggested that the number of children who lost a father (paternal orphan) or mother (maternal orphan) would more than double between 1990 and 2010, while the estimates for double orphans (children who lost both mother and father) were expected to increase eight-fold throughout all of Africa (Foster and Germann, 2002).

Qualitative Studies and Orphan Care

Within the landscape of emerging family structures, there are studies that provide qualitative perspectives on the realities associated with caring for children orphaned due to HIV/AIDS in Africa. Some are written from the perspective of family members. Gillian Mann’s (2003) study is one example. It detailed and described the experiences of families caring for children orphaned due to HIV/AIDS in Malawi. The findings of this study highlighted gaps in understanding between the caregivers and the children who were being cared for. The following were main findings in this study:

1. caregivers tended to emphasize material capacity to care for children while children focused on the need for support and love. Most children wanted to be cared for by female relatives with a strong preference for their grandmothers.
2. both caregivers and children believed that orphans should not be cared for by non-kin. Both saw this as a situation that would lead to exploitation of the child.
3. caregivers noted that the orphaned children had many behavioral problems and that orphans were difficult to care for. Children detailed stories of harsh treatment, abuse, and discriminatory treatment at the hands of their adult kin.
4. caregivers discouraged children from expressing grief about the loss of their parents and wanted them to feel grateful for their care. Children expressed feelings of loneliness and isolation in their relatives' homes.

Chirwa's (2002) qualitative study on the challenges faced by orphans in Malawi used data from folk songs to detail the meanings ascribed to the term "orphan" and the experience of orphanhood. Chirwa also used narrative and descriptive data from orphaned children to chronicle their experiences. The narratives, written from the perspectives of orphaned children, provide a compelling example of the rich insights that can be gained from descriptive data. He used these descriptions to support the case that families are resilient and able to support and care for children orphaned due to HIV/AIDS.

The lack of similarly detailed qualitative studies in West Africa, and in Côte d'Ivoire in particular, provides an opportunity to learn more about how families are affected by and manage the orphan crisis. This study provides rich descriptive details

derived from the perspective of those who care for the children. The descriptions include details about how the children came to be cared for by a given family and the provision of schooling for these children. To better understand the intersection between African families, schooling and children orphaned due to HIV/AIDS, I reviewed select literature on this topic. The following is a summary of some of the relevant literature.

The Provision of Schooling

A recurring theme is that the case for educating children orphaned due to HIV/AIDS is largely undisputed in the literature. Citing the Convention on the Rights of the Child, education is nearly universally described as a right that all children should have an opportunity to achieve (Hepburn, 2002).

Enrollment Trends

During the early years of the growing pandemic, researchers were tentative in their estimates when referencing the significance of educating orphaned children (Lloyd & Blanc, 1996). One of the problems was the marked differences in the way orphans were defined and another problem was the varied ways that data was extrapolated to measure the impact of orphanhood. Accounting for these measurement issues, studies indicate that children orphaned due to HIV/AIDS have difficulty attending school when compared to non-orphaned children. Once children experienced the loss of one or more of their parents, data indicate that school-aged children with the greatest chance of continuing their education are those who live with a surviving parent, while those cared for by grandparents, step-parents, and non-related kin have a lesser chance (Boler & Carroll, 2005).

Studies support the push for education and schooling for orphans affected by HIV/AIDS in a variety of ways. One such study highlights the correlation between primary school enrollment rates and lower infection rates in children. The argument made is that education is a preventative barrier because enrollment lowers the likelihood that vulnerable children will become infected by HIV/AIDS. The study goes on to make the case that education has the potential to act as a “vaccine” against HIV in the absence of a medical intervention and access to anti-retroviral medications (ARVs) (Vandermoortele & Delamonica, 2000). Additional studies support the benefits of education by describing education as a “social vaccine” against the pandemic (Rihani, 2002). Education, as the argument goes, offers a chance for a productive life (The World Bank, 2002). These statements often reference evidence supporting the proposition that educating women and girls correlates to lower HIV/AIDS prevalence rates in those countries that are significantly impacted by the pandemic (The World Bank, 2002; USAID, 2007). These findings support similar studies in the development literature that promote the education of women and girls based on the premise that educating women and girls results in lower fertility rates in developing countries. Lower fertility rates are viewed as a positive and desirable outcome in these cases.

While reviewing this literature on enrollment trends for orphans, two themes emerged. First, studies indicate that when families take responsibility for orphaned children, they experience a drop in their economic status. Consequently, increased poverty is associated with families left to care for orphaned children (Ainsworth & Filmer, 2002; Bennell, 2005; Case, Paxson, & Aleidinger, (2002). The second theme is that families caring for orphaned children are less likely to invest in education for these children because there are perceived diminished returns associated with investing in education for

orphaned children (Bishai et. al., 2003). I wanted to understand more about how families describe the impact of caring for an orphaned child, and how they ascribe value when it comes to the provision of schooling. Further, given the near universal support for primary education in development literature and amongst Africans, how would a family describe their efforts and choices when it comes to making decisions about schooling for the children that they care for?

I have referenced my interest in conducting a study that foregrounds descriptive data and data drawn from local and indigenous perspectives. I have also described some of my personal experiences as a member of a group, often constructed as marginalized and underrepresented in some contexts. My purpose in highlighting these points is to foreshadow some of the concepts in post-development theory that serve as orienting lenses for this study. I concur with some aspects of post-development thinking but stop short of fully embracing the entirety of this perspective. The following section provides some background on this perspective and describes how this study is situated within and against it.

Post-Development Framework

Some of the dominant class join the oppressed in their struggle for liberation... as they move to the side of the exploited they almost always bring with them the marks of their origin. Their prejudices include a lack of confidence in the people's ability to think, to want, to know... They talk about the people but they do not trust them; and trusting the people is the indispensable precondition for revolutionary change. (Freire, 1972, p. 36).

Post-development theory is one reaction to the dilemmas of development. Its defining terms are captured in seminal works by scholars such as Escobar (1995); Estava, (1987); Latouche, (1993); Rahnema and Bawtree, (1997); Rist, (1997); Sachs, (1992); and Shiva, (1988). More recent post-development scholarship has been offered by Andreasson, (2010); Lind, (2003); Matthews, (2004); Nustad, (2001); Rapley, (2004); Udombana, (2000); and Ziai, (2004; 2007). Critiques of so-called third world development are not new (Césaire, 1953; Fanon, 1968; Memmi, 1965; Nkrumah, 1965; and Said, 1978). A definitive grouping of all scholars who might admit to being part of the post-development perspective is difficult to find. One aspect of the critique offered by a few of its scholars that sets it apart from others critiques on development, is the assertion that development must be rejected not solely based on its record of poor results, but also on its worldview and the mindset that it nurtures. (Pieterse, 2000, p. 175). In 2004, Matthew's quote expanded upon this claim:

The negative consequences which have been observed to result from development are intrinsic to development, rather than being unintentional side-effects of it. Thus, the problem, from the perspective of post-development theorists, is not to find a better way to bring it about, but that the assumptions and ideas that are core to development are problematic, and so improved implementation is not the answer. (p. 375).

The absolute rejection of development is an additional stance that distances some post-development theorists from other critical stances related to development, such as those who situate themselves in the sustainable development and basic needs approaches, which center on reforming current or dominant development activities. Scholars such as Pieterse (2000) and Ziai (2007) attributed the post-development perspective to post-

structural influences and thinkers like Michel Foucault, while, Rist (2007), a core scholar associated with this perspective, countered that Foucault was not responsible for the emergence of post-development thinking. Rist offers an alternative commentary on the origins of the theory:

I am under the impression that the [post-development] stance emerged from an earlier strong commitment in favour of development, and the subsequent dissatisfaction about its repeated failures, rather than from a collective discovery of the authoritative power of the development discourse. In other words, post-development is firmly grounded in field experiences and does not result from an intellectual rallying to a particular theory. (p. 1321).

Indeed, many amongst the core group of scholars who are aligned with this perspective are from underdeveloped nations. The indigenous origins of many of those who align themselves with the post-development perspective represent a break from the tradition of development critiques emanating from and being dominated by western scholars.

Discourse

The primary tool in post-development theory is discourse. Discourse analysis scrutinizes language and text as a framework of presuppositions and structures of thought (Pieterse, 2000). There is quite a bit of emphasis in post-development critiques on scrutinizing representations of the “Third World” as backwards, problematic and in need of developmental intervention (Rahnema & Bawtree, 1997).

Interventionism

Post-development scholars who support the rejection of interventionism often converge on a few common points. One common claim is that development is a process where outside experts identify problems and solutions, then subject local people to their judgment and determinations about what is done. Maiava (2002) noted that this approach limits the range of thoughts and possibilities to those of the outsider or the experts, which consequently, undermines indigenous confidence in knowing. Rahman (1993) furthered, "...power has been appropriated by a class of professionals who have a monopoly over development knowledge and expertise. Direct producers have submitted to this class out of a sense of intellectual inferiority" (p. 70). One alternative that they proposed was to have people from so-called less developed countries lead the development agenda. According to Berg (2007), "the politics of assimilation have worked in such a way as to make the targets of the development agenda its spokespeople and poster children." (p. 42). This is a typical response in post-development readings. The argument is that the current development agenda at its core is problematic; therefore changing the leadership does not really address the root issue.

Representation

Another common critique within the discourse of post-development critiques involves the concept of representation or, from the perspective of post-development thinking, misrepresentation. Escobar (1995) offered that development misrepresents indigenous perspectives. He notes that we represent, understand and talk about the Third World through the prism or lens of development. This prism shapes our knowledge and our understanding of the people who live there. He noted that we view them as passive

recipients, as people who need ‘development’. He furthered that this type of thinking fundamentally misrepresents the Third World and limits our vision of what is needed to make progressive changes in these countries.

Research

To complete this study, I conducted research and analysis yet in the context of some post-development thinkers, research is no less contentious than the concept of development, as research is a primary tool used to support development agendas. Smith (1999) noted:

‘Research’ is inextricably linked to European imperialism and colonialism. The word itself is probably one of the dirtiest words in the indigenous world’s vocabulary...It is implicated in the worst excesses of colonialism, with the ways in which knowledge about indigenous peoples was collected, classified, and then represented back to the West. This dirty word stirs up anger, silence, distrust. It is so powerful that indigenous people even write poetry about research. (p. 1).

This powerful quote demonstrates one of the dilemmas that I faced as I tried to conduct this study and respect tenets of the critiques raised by post-development scholars. It also stands as an example of the main critique of post-development theory and critical thinking in general, which is that post-development ideology leaves little room for action and offers few alternatives to development as it is currently constructed. The main calls for action are on social movements led by indigenous people and by having non indigenous stakeholders watch indigenous people do what they do. This is termed “natural” or “immanent” development. Escobar (1995) and Maiva (2002) pointed out that if properly recognized and accepted these approaches would represent an accepted break

from conventional development thinking because of their inclusiveness of indigenous perspectives. Critics argue that these alternatives to development romanticize the ideal of the noble savage while ignoring the internal contradictions and realities that exist in societies (Rist, 2007). Nustad (2001) offered the following caution:

Post development theory's weakness, in terms of the absence of a comprehensive description of alternatives to development, is no reason to reject the theory as a whole. Post development theory's weaknesses should not be allowed to cause its insightful and radical critique of development to go unheard (p. 482).

Integrating Post-development Ideas

As a western educated person who identifies with the decontextualization and misrepresentation that occurs in current discourses about so called marginalized people, I participate in generating ideas that contribute to the discourse that post-development thinkers oppose. I cannot remove myself from this reality nor is it my intent to avoid undertaking studies that may contribute to a more expansive view of development. I acknowledge and accept that the current development paradigm leads to misrepresentation and decontextualization of indigenous perspectives, and that the current development paradigm represents a hegemonic voice in the space of development thinking. I align with scholars who acknowledge fundamental problems with the dominant construct of development but who believe that alternatives can be implemented to address some of the issues raised in post-development critiques, particularly in the context of development work in Africa.

Berg (2007), Matthews (2004), and Parfitt (2002) considered the intersection between post-development thinking and the African development context with an eye toward suggesting approaches that were relevant for Africans and that supported

engagement with indigenous and local stakeholders while respecting the issues associated with misrepresentation. My study applies some of their thinking. First, I approached this study with the belief that development is multi-directional. Although the dominant paradigm historically cast development in a homogenous way, local level transformations now take place between so called experts and those who are the intended recipients of development efforts. The transformations may be local, subtle and often ignored outside of the occasional traveler's tale narratives where epiphanies and transformative experiences are documented. (Appadurai, 1996).

Second, some of the sensibilities that I brought to this study are consistent with Denzin and Lincoln (2003), who argued for the importance of bringing alternative assumptions to bear on both the approach and methods used in conducting research. These alternatives included having the researcher bring personal qualities to the research process, such as humility, emotionality, personal responsibility, and an ethic of caring, and suggest the inclusion of multi-voiced texts and dialogues with participants.

Throughout the course of this study, tension remains between my desire to address the post-development critiques regarding representation and decontextualization, and the reality that I was using methods born out of the same western hegemonic disciplines that are at the heart of post-development critiques. Qualitative methods emphasizing descriptive narratives from the perspective of the participants is an appropriate approach, given the questions and concerns that I highlighted throughout this review of select literature. In the following chapter, I describe the multiple methods that I employed to explore the ways that a family cares for children orphaned due to the HIV/AIDS pandemic in Côte d'Ivoire.

Chapter 4: Methods

I begin this discussion about research methods by describing some of the considerations and constraints that helped me select the location for my research and formulate my questions. In the latter half of the chapter, I provide details about the process and approach that I used to collect data. The discussion about data collection covers a range of topics to include the type of data used and the rationale for my approach to data analysis. I also describe the data collection techniques and processes that were implemented to improve the credibility and strength of the interpretations that I present. Finally, I end the chapter by discussing the ethical considerations that informed this study.

Research Questions

Admittedly, when I began my search for a site and a topic, my primary concerns were rather broad and superficial. I wanted to conduct my study in a country in Africa but I was not sure which country to choose. I was fortunate because I had contacts in many countries and when I spoke about a site for my research, many people seemed interested in helping me facilitate my study. Without a clearer understanding of my research questions it took some time for me to make the connection between my topic and the appropriate place for addressing the issues and questions that I raised. I ended up selecting Côte d'Ivoire after a consulting trip in Scottsdale, Arizona.

I traveled to Scottsdale to help prepare a group of 22 teachers for work on national education reforms in various countries in Africa. The teachers were being sent, as I had been sent 13 years ago, through a USAID-funded NGO, The International Foundation for Education and Self-Help (IFESH). While at the IFESH in-country orientation in Scottsdale, I met Mabere, who was the Country Director for the IFESH program in Côte

d'Ivoire. We spoke at length over the course of my two weeks in Arizona. Our connection evolved easily and throughout the training we sat together and talked. I did not record any of our conversations although I recognized that our discussions were evolving into part of my preliminary search for a topic, however, I kept a reflective journal and made nearly daily entries about my conversations with Mabere and others who attended the orientation.

Mabere seemed genuinely interested in my study. I discussed my concerns about how little descriptive information was available about families in Africa who provide schooling for children in their care. I spoke about my interest in children orphaned due to HIV/AIDS. Mabere knew families who cared for such children, although she avoided using the term orphans. She spoke about how common it is for African families to care for children that are not theirs, in the biological sense. She knew about the community organizations and NGOs in Côte d'Ivoire that worked with children orphaned due to the HIV/AIDS pandemic. She encouraged me to conduct my study in her country with a sales pitch about food and climate. Mabere's easy manner, willingness to help, her skill in English and her connections with NGOs and families that fit my topic contributed to my decision to locate my study in Côte d'Ivoire. We discussed her specific role in my study. She agreed to help me gain entrée into my site and to act as a resource person by reading my transcripts and fact checking my analysis.

Mabere recommended that I conduct my research in Côte d'Ivoire's most populated city and economic capital, Abidjan. She said that Abidjan would be a better location for her to help me find a family who would cooperate with my study, and an easier location to find comfortable lodging and fairly reliable Wi-Fi access. She also mentioned that she could better support my study if I collected my data there. Outside of Mabere's recommendation, Abidjan is estimated to have a higher HIV/AIDS prevalence

rate when compared to other cities in the country. UNAIDS (2011). Côte d'Ivoire is part of the epicenter of the pandemic in West Africa; Abidjan is ground zero.

Once I returned to Washington, D. C. , I spent a few months narrowing down many broad questions into a few research questions. Eventually, I was able to chisel and craft my ideas into two questions for further study:

First, how do the family and other participants in this study describe and make sense of what it means to care for a child orphaned due to HIV/AIDS?

Second, how do the family and other participants in this study describe and ascribe value to the provision of schooling for such a child?

A third component of my research involves integrating post-development cautions about representation into my fieldwork and analysis. I wanted to employ strategies that foregrounded the perspective of indigenous and local voices throughout my study. I also wanted to try to conduct a study that was collaborative and that forced me, as the researcher, to remain aware of the value of humility and respect for those who participated in my research.

My study is exploratory. The responses to the broad questions that I developed, when viewed in concert with other data, for example, from talks with representatives from the Ministry of Health and NGOs, help form a cultural portrait of the family. The research questions were designed to elicit open-ended responses. I expected themes to emerge as I collected data. I also needed space in my design to ask follow-up questions to clarify answers and to explore possible emergent themes that arose as a result of responses to the questions.

This is a qualitative study that employs approaches found in Anthropology. I was not able to spend an extensive amount of time in the field. For that reason, I limited my study to one family in Abidjan. This helped ensure that I was able to collect rich, in depth data that were as descriptive as possible. I also added interviews with Ministry of Health officials and representatives from local NGOs, who work closely on issues that impact families and children orphaned due to HIV/AIDS.

I have 10 years of experience working in various countries in Africa. I spent two of those years working and living in Gabon, Central Africa. While in Gabon, I conducted interviews with teachers and administrators on their experiences and perceptions about teaching. It was very difficult to gain the degree of trust required to ask even basic research questions. Based on these past experiences in Africa and the sensitive nature of my topic, I anticipated that it would be challenging to get family members to speak to me about internal family matters even with the assistance of an in-country support person. Recently, I spent 4 years collaborating with African based companies that conduct quantitative and qualitative research. I have learned more about African perspectives and the challenges related to conducting research in African countries. I kept all of these lessons in mind as I pursued this research study. More importantly, I left room to learn even more.

Data Collection

The actual process of data collection involved spending approximately two months in Abidjan under the watchful eye of a local family that lived there. I was introduced to Amy Djedjro through a long-time friend and former co-worker, Steve Djedjro. Amy and Steve are siblings. Amy studied Engineering in the United States before returning to

Abidjan to start her family. I discussed my research study with Steve before I left the United States and he arranged for Amy to assist me once I arrived in Abidjan. Once I settled into my hotel, Amy came to meet me. She invited me to her house to have dinner. We spoke at length about her time in the United States, her work in Côte d'Ivoire, her children and her research. Like Mabere, Amy was willing to assist me with my study. I recall feeling overwhelmed with emotion when Amy mentioned that she had arranged for me to meet with a family. I was in the country less than 24 hours and I already had a family for my study. This was one of my biggest concerns before arriving and we addressed this over dinner. I had two supportive people, Mabere and Amy helping me while I conducted fieldwork.

Data collection involved the use of several approaches and data collection tools. The family members, who I interviewed, were consulted throughout the research process both by telephone, via e-mail and through social networking sites, namely, Facebook. These debriefings involved talking through my observations to verify that my descriptions were accurate and to clarify details of the event. This was important for attending to potential misrepresentation and was especially important because many of the observations involved interactions where the participants spoke French and other indigenous languages. I am proficient in French but I do not speak any of the languages that are spoken in Côte d'Ivoire. Initially, I thought that I might need the help of a translator in terms of the indigenous languages but all of the people I spoke with were comfortable communicating in French.

Interviews

I consider the formal interview data to be the backbone of the findings in this study. I conducted formal interviews with three adult members of the family that framed this study, using the interview protocol. This included the mother and father as well as one adult who was orphaned due to HIV/AIDS and subsequently became a part of the family. I conducted follow-up interviews with all three adults to clarify points and to deepen my understanding of certain responses to questions. The interviews lasted about 90 minutes each. I spent approximately 20 hours with the household members during a two-week period before conducting the formal interviews. The primary goal of these pre-interview interactions was to establish relationships with the family members. During that time I engaged in informal conversation. I spoke about my hobbies and family life. I also used that time to assess the family's comfort level their interviews being audio recorded. I audio recorded all of the formal interviews with the family members, and documented less formal interviews through hand-written notes.

I also conducted formal interviews with five representatives from a range of organizations including representatives from the Ivorian Ministry of Family, Women, and Social Affairs and representatives from three local NGOs. The interview responses form a core component of the analysis in this study. I used the interview data to develop the themes in the following chapter.

Participant Observations

I spent a considerable amount of my time in the field observing family members and their network of friends and kin. I documented 25 observations. I observed people as they engaged in activities of daily living at home and at the homes of relatives and kin; watching television, talking about politics, and interacting with family members and

friends. Most of my observations were on adults, but children (18 years-old and younger) were sometimes present. The mixture of children and adults in settings were important observation points because I was able to see how the adults interacted with the children. I attended church meetings, went shopping, and attended festivals with the family that supported my research study. I went to the workplace of one of the family members. At various times, members of the family that I would eventually interview also participated in these outings. I also spent traveling to and observing people who lived in local villages in areas outside of Abidjan.

The observations provided context for understanding comments about caring and schooling that arose during the interviews. Participant observations ranged from 15 minutes to 90 minutes. When I returned from the setting of an observation, I wrote detailed descriptions about the settings and the interactions that occurred. As part of my observation notes, I sometimes sketched diagrams detailing the location of people, places and objects in various settings. During one occasion, I conducted participant observations while waiting to meet with Ministry representatives. In later chapters, I use these diagrams and notes to create descriptions about the setting where I conducted interviews.

Document and Material Data

Throughout the course of fieldwork, I reviewed documents and material data. For example, I have policy documents and studies about the HIV/AIDS orphan situation in Côte d'Ivoire. I gathered the document and material data primarily during interviews with the NGOs and Ministry representatives. I also retrieved materials from the Internet. The data include materials such as brochures and fact sheets about the organizations and project reports that describe the organizations' activities. The data also include a few pictures taken of and with the family members and others. As with the participant

observations, I reviewed the documents and photos with the family members so that I could more accurately represent their perspectives and interpretations in this study.

Reflexive Journal

I maintained a reflexive journal to check my perceptions, feelings, and ideas throughout the course of my study. I used the journal to sort out and record my feelings and reactions during the course of my fieldwork. This data helped make my biases clearer. I used my journal to help trigger memories about my fieldwork, which helped inform my analysis of emergent themes. The journal notes helped me recall the details that I used to understand emergent themes, metaphors and concepts, all of which, form the core of the analysis of the data. The inclusion of my perspective is evident in the reflective commentary (dialogues, vignettes) throughout the study.

Credibility

This study includes multiple techniques designed to ensure that the data collected are credible and that they reflect the perspective of the indigenous participants. This study seeks to emphasize the value of personal qualities such as humility, emotionality, personal responsibility, and an ethic of caring. It also emphasizes the value of the inclusion of multi-voiced texts and dialogues Denzin and Lincoln (2003). These crosscutting values that are included in this study.

Rich Description

This study incorporated rich descriptive data drawn from semi-structured interviews and observations. I also included descriptions of places and people. The purpose of the descriptive detail is to have the reader be able to develop a mental picture that contextualizes the claims that I make.

Triangulation

Triangulation is a mechanism for verifying that emergent themes are evident across different types of data. It supports the identification of disconfirming evidence. I used multiple sources of data to triangulate the findings in this study. This included interviews, participant observations and material data (documents, artifacts) where applicable.

Member Checking

Member checking was critical to ensuring that I captured the perspectives of the family involved in this study. I created transcripts after I completed fieldwork and I mailed the interview transcripts to the family members. After they had time to review the transcripts, we discussed the data over the telephone. The point was to make sure that I captured the main ideas from the data in ways that resonated with the family. Member checking was an additional way to demonstrate humility and respect for their contributions. Before I left the field, I explained that I would be sending the transcripts to the family for their comments. The father chuckled and commented, *“My dear we are fine. For us you came and we got to know you and hear what you want to do here. For us everything is ok.”* It was interesting to note that the transcripts (written documents) seemed less important to them when compared to the value of my physical presence and the face-to-face time that I spent with the family.

Mabere provided peer reviews of the transcripts that I created from the interviews with the Ministry and NGO representatives. She affirmed the data I collected and a few times raised questions or provided additional insights. At times, her comments led me to ask the participants additional questions or probe for more information via e-mail.

Analysis

My concerns about being able to interpret or provide a perspective on Ivorian families are lodged in larger debates about the issue of representing “the other” in qualitative research. My strategy for analyzing and reporting my data is drawn from the work of Denzin (1989). I amassed the data from the interviews and entered them into a computer software program, NVIVO. The themes are grouped and noted as findings in Chapter 4 of the study. Next, I systematically organized my analysis of the emergent themes using the research questions and the literature review as an analytic framework. The end goal was to produce a report that reflects my interpretation of the stories told by the participants. The ethnography is multi-voiced and dialogical. The objective was to articulate a compelling written interpretation of what I experienced. Where applicable, my analysis includes insights from personal drawings and maps consistent with the ethnographic tradition. (Wolcott, 1990, 1994). I undertook this study with an understanding that my interpretation is but one perspective. Various readers will be able to subjectively interpret my analysis and my findings.

Ethical Considerations

This study involves discussions with people who experienced or have close involvement with loss due to HIV/AIDS. There is a considerable amount of stigma attached to this identification, so I use pseudonyms to protect the identity of the participants in this study. It was difficult to obscure the identity of the NGO and Ministry representatives because the community of people who work with orphans is very small. Still, I refer to these participants as “representatives” rather than by their names and titles.

There were no specific visa requirements needed to undertake this study; nevertheless, I sought permission through the U. S. Embassy's Public Affairs Officer to ensure that I had not overlooked in-country requirements. I received e-mail confirmation that I had permission to conduct this study.

Language barriers and a lack of familiarity with scientific terminology could have limited my ability to facilitate a full understanding of the purpose of this study. In keeping with World Health Organization (2009) best practices for informed consent, I made copies of consent forms for those who participate in this study. Rather than reading the forms to the family members and other participants, I memorized the informed consent script and weaved the content into my conversation each time I collected data. This allowed everyone to understand and discuss their possible participation before deciding to contribute to this study, but avoided the awkward and often culturally inappropriate act of pulling out paper to conduct business. This was less of an issue for the representatives from the NGOs and the Ministry as they all had prior experience with being interviewed by researchers. In the next chapter, I introduce the major themes that emerged during the course of the study.

Chapter 5: Findings

The findings in this study are organized into three distinct groups. The first group of data is from interviews conducted with the three family members who are at the center of this study. Next are the data from the interviews with the two Ivorian Ministry representatives and third, the data from three interviews with NGO representatives. Under each of these main divisions I provide background about the people and the settings and share the themes that arose as I engaged participants during interviews. The background information, captured through vignettes, is designed to provide the reader a better understanding about what it was like to engage with those who participated in this study. The background material includes descriptive details about the participants to include information about their appearance and their demeanor during the interview. The emergent themes are organized chronologically and generally follow the order of the interview protocols. At the conclusion of this chapter, I summarize the emergent themes and then introduce the strategy for analysis and discussion of the findings in Chapter 5.

The Family Interviews

Background

As I reviewed the written and oral transcripts from my interviews with the family members, I was reminded of how welcoming they were when we spoke to one another. Our banter was light and easy. We laughed a lot. If someone observed our interactions I believe that they would have thought that we had known each other for a long time. That is just how it was. We developed rapport over the course of a few weeks. We dined together and I attended events where members of the family were present. Despite all of

these previous events, I did not ask specific questions about the research until we sat down for the formal interviews. It seemed more important to just get to know one another.

When I arrived for the formal interviews, a housekeeper greeted me in the front yard and ushered me into a formal living room. In my southern upbringing we would call a room like that a parlor. This seemed to be the type of room where guests were received. It was also the type of room that seemed like an appropriate place to conduct an interview. Somewhere in the back of the house I could hear the sound of a television and the voices of the people who lived there. In contrast, it was quiet in the parlor. The window coverings were heavy drapes that kept out the sun, the breeze, and the heat. There were two oversized chairs and a sofa. Each chair had beige floral print motifs and dark wood trim. Each chair arm had a crocheted doily draped on it. The lacquered wooden table in front of the sofa held an assortment of photos and a large white vase with pink, red and blue silk flowers. Like many middle-class homes I visited in West Africa, there was a large wall unit that nearly covered an entire wall. The unit framed a large television, while the shelves held an assortment of family photos, certificates of achievement, a few scattered books, dated magazines, and a few dog-eared composition notebooks. The housekeeper smiled and gestured for me to sit on the large sofa facing the entryway.

The father, Patrick, entered the room first. He was a barrel-chested man with a wide, easy smile, caramel colored skin, and salt and pepper hair. He wore trousers and a pale yellow button down shirt with a brown leather belt and brown leather lace up shoes. He shook my hand and asked me how I was doing. He sat across from me in a chair and sighed. We began talking about the weather in Abidjan and the places I had visited since my arrival in Côte d'Ivoire. Joelle, Patrick's wife and the mother of the family arrived a few minutes later. She greeted me with a warm smile as she took her place in a chair across from me and next to her husband. Joelle was petite with bright fiery eyes. Her skin was dark brown and her hair was black with a few streaks of grey. She was wearing a dark blue A-line skirt and an off-white long sleeved button down blouse. She had on brown leather slip on shoes, the kind that are popular in Côte d'Ivoire. She had a slight smile and during the interview she sat with the palm of her hand alternating between resting on her forehead and on her lap. I had the impression that she had a lot on her mind. (Observation notes, July 2009)

Their adopted son, Michael arrived later in the evening. We agreed that I would conduct his interview separately from my interview with Patrick and Joelle. By the time I settled in for Michael's interview, the sun had set. We conducted the interview outside the house on a covered porch.

There was a cool breeze blowing and I could hear the sound of birds settling into their perches for the evening. Michael had dark brown skin, and a medium build. He was wearing dark jeans, a blue polo shirt and a black long-sleeved sports jacket. His black dress shoes matched his black belt. He had a calm demeanor and during the interview he paused, as if he was reflecting, before he answered my questions.

I first met Michael at the home of the family that brought us together. He stopped over to visit while I was having dinner. We spoke briefly and he mentioned that we would meet again soon. Another time, I was driving through town with my host family and we drove by an assembly of people sitting in white plastic lawn chairs under a series of canvas tent covers. A church revival was underway and I could hear the voice of a man singing a Christian song in English. For a second, I had the odd, lost feeling that occurs when something happens that does not fit with what I expect to see, hear, or experience in a given setting. In this case, the source of the dissonance was the sound of live English gospel music in a very French-speaking country created the dissonance. As we rode by the scene, my host family patron, Amy said that the English-singing gospel artist was Michael, the son who was cared for by the family that I would be interviewing, the son whose parents succumbed to HIV/AIDS. (Observation notes, July 2009)

Ethnic Affiliation

All of the family members, Patrick, Joelle, and Michael are from the Attié ethnic group. Attié's trace their kinship line to the Akan people who reside in Ghana. Michael explained, *"I am Attié from the Akan group. The story says that the Akan come from Ghana."* The family village was located 30 miles northeast of Abidjan in a village near the town of Alepé. The family speaks Attié and French; Michael also speaks English. They all understand Adjoukrou and Anyí, dialects closely related to Attié.

I specifically asked the family if they understood Djoula and Senoufou. These are languages associated with Ivorians who live in the northern part of the country. Patrick and Joelle emphatically replied, *"No, we do not understand Djoula, we do not speak Djoula either."* Their response to my question about Djoula solidified their identity as Southerners. They are aligned with ethnic groups that historically lived near the coast and lagoon areas of Côte d'Ivoire. Their ancestors were astute farmers and were part of the first group of indigenous people to interact with European explorers. Historically, they

intermarried and co-existed with other southern tribal groups. Southerners, much like this family, are predominantly Christian.

Themes

The interviews yielded several sub-themes related to my research questions. The first of these themes centers on the concept of caring. These categories include references and descriptions that offer definitions of care, and detailed explanations of the mechanics of care, as well as the difficulties encountered by members of this family who gave and received care and schooling.

Care as schooling

Based on my conversations with Patrick and Joelle children move and are taken in and cared for by people who are not their biological parents so that they have access to schools and consequently opportunities to secure a livelihood. Patrick and Joelle explained their personal experiences with moving from place to place and how their movements were tied to having and maintaining access to schools.

Patrick: Well we lived in the region of Abidjan in BasSteve. I went to elementary school in BasSteve and then I came to Abidjan afterwards.

Joelle: Well, I lived in the village and as I had a brother who was a teacher, we lived in the BasSteve region, in Aboise with him. I moved around there. I went to Aboisso, Agboville, and the whole school trail. Aboisso, Agboville, Bouaké, and then I came back to Abidjan.

I asked them what eventually led them back to Abidjan. They responded by talking about how school and opportunities for work influenced their choice of places to live.

Joelle: Abidjan is where there is work.

Patrick: That was where the schools were, the universities for higher education [Grande Ecoles]. Back then in 1961, people tried to decentralize [schools] but there were a lot of other things going on at the time so we were the ones who had to move.

After completing school, Patrick began a career in the financial sector. First, he worked at the Ivorian Central Bank and later he worked at the Ministry of Finance. Patrick retired a few years ago. Joelle described her career as follows: *“Well I am a secretary by trade but I only worked as a secretary for a small time and afterwards I became a housewife. I took care of my children. ”*

We spoke about their biological children. Patrick and Joelle have four such children. Patrick had two children with another woman before he married Joelle and they had two additional children together. Their biological children include a 43-year-old daughter, a 39-year-old son, a 24-year-old daughter, and a 22-year-old son. In addition to their biological children, Patrick and Joelle cared for many children, including Michael, over the years. They were unable to provide an exact number. Even at the time of the interview, Patrick and Joelle were caring for children. Patrick described how and why he began caring for such children.

Well, I will tell you something. Even before I met her [points at Joelle], I had taken children in like that. About five or six of them lived in my home. I was single, with three rooms and a living room. I was already doing it. Why? Because it was like that for me as well. My parents lived in the village and my father passed away very early on. My mother took care of us. She was based in the village, working in the fish commerce between BasSteve and Alepé. Very early on I was living in BasSteve with my cousin, who is much older than I and already working. So you see, it was others who helped us first, in the beginning. We were obliged to give that back, otherwise there would be very few people who would be going to school, you see? In the village, at that time, there was only an elementary school and it did not even go up to the primary school completion certificate or CEP [Certificate d' études primaire]. One had to go to another village, hence when one knows someone in the city, the parents will come and say, “Ok, my child is here, he has a certain age and he has gone until the CEP in the village and he is here to attend middle school [école secondaire] with you. It could be your brother's children.

Joelle: [interrupts] *It was not just your brother's children!*

Patrick: *No, It was also my sister's children.* [chuckles]

Joelle: [interrupts]...*and children from the village and acquaintances from the village. We are from the village and everyone knows everyone and if there is someone whose son went to middle school and must continue his studies in high school and there is not one in the village, he will come here to the city. So, the woman brings him to the city but where will he stay? Hence, people will approach you so that their child can live with you and continue his studies.*

I asked Joelle, Patrick, and Michael to tell me about instances where a family might refuse to take in a child or be unable to care for a child. They explained that sometimes people chose not to care for children because they did not have the financial means to do so or they did not have enough space to accommodate additional children in their home. Still, their basic premise was that children should be accommodated.

Patrick: *We know of such situations. You can say no. It is not strictly speaking an obligation but we all realize that one has to move to the city because there are not many schools for 9th, 10th and 11th grades and so forth, up to the high school completion level [baccalauréate] in the villages. If a child moves to the city they are not going to live in the streets! Someone will take them in. You take someone the same way someone else has taken you in. You must help them become somebody and so on and so forth.*

Michael: *Taking a child in is a big responsibility, and people think twice about it. Often, when people do not do it, it is because they feel they do not have the proper means to provide as they should. Hence, they prefer not to commit, rather than take in a child who will be a burden. They would rather not do it. But when there is no choice, they will do it. They will do it.*

When I spoke to Michael later that evening, I wanted to know how his experiences may or may not have been unique from those of a child who move in with a family to gain access to schooling. I knew that his parents died due to HIV/AIDS, a point that I only brought up once during approximately 3.5 hours of interview time with the respective family members, but did this impact care and schooling? We began with Michael describing how he ended up living with Patrick and Joelle.

I was born in 1983 so I will be 26 on the 6th of October 2009. I have been in Abidjan since I was about 10 years-old. My father was a farmer. He had cocoa plantations and my mother worked in the fields. I lived with them until my mother got sick and passed away. That was when I was 5 years-old, so in 1988. After her

death and when I was old enough to go to school, my mother's younger brother, who is an elementary school teacher, took me with him to put me in school. Why did he do this? Because in the Akan group, we consider the mother's family very important.

So, after my mother's death I left with her younger brother and moved to a village three kilometers from my village in Alepé. At first I was only there during the school. My father was still taking care of us. When it came to paying for school books and everything, it was my father who did this for us.

It was easy for my uncle to take me in as he was an elementary school teacher. I have twin brothers who are just a bit older than me. He took all three of us. So you can already see this solidarity!

A couple of years later my mother's younger sister took me in. She had also just been accepted as an elementary school teacher. She was appointed to a school in the east in Bondoukou, and she took me with her. We spent one year there and after one year, she was appointed to Abidjan. So that is how I came to Abidjan, because my aunt, with whom I was living, was appointed to Abidjan. So, my father had also become sick too and a year after I arrived in Abidjan, he died. I was about 10 years-old at that time. So I have been in Abidjan for 16 years. My aunt had two children. One was 4 years younger than me. The second one was born while I was living with her. I lived with my aunt for a little over 3 years until I was nearly 13 years-old.

Matrilineal System

Major aspects of the kinship and caring practices in Patrick and Joelle's household are rooted in their matrilineal system. Michael explained the system.

In the Akan group, we consider the mother's family very important. In the village where I am from, I am a member of my mother's family. I belong to my mother's family. So I have my father's name but I belong to my mother's family. If there is a matter that concerns me, for example, a matter of inheritance, I have the right to receive inheritance from the people of my mother's family-her brothers. This is the tradition.

In keeping with the matrilineal system, Michael first went to live with his mother's brother after her death. Next, Michael moved in with his aunt while his brothers moved in with their father's brother. The latter move was not in sync with the traditional matrilineal system but was based on the families' resources. Michael explained, "When my father passed away, my uncles took care of my older brothers. They had much more means and

took care of them. ” Michael experienced some difficulties while living with his aunt and he eventually moved in with Patrick and Joelle. This move was also outside the tradition of following the mother’s family. Patrick is his paternal uncle. As Michael continued to describe how he was cared for, he shared some of the difficulties he experienced.

I lived with my aunt for 3 years. During the third year her husband lost his job and she could no longer pay the rent in the house where we were staying. It was a house with two rooms. She slept in one room with her husband and her children and I were staying in the other room. When her husband lost his job, they had to live with someone else who had only two rooms. This meant that the host was living in one room and my aunt, her husband and her children were living in the other room. That is why I went to my uncle’s house [Patrick]. After some time, things improved for my aunt and they got a bigger house but I decided to stay with my uncle.

I asked Michael to elaborate on his decision to stay with his uncle after his aunt secured a bigger house. He spoke about the way his aunt spoke to him.

Yes, with my aunt, I found that in some instances she would say things that were hurtful. When I was younger she'd say things that would make me cry. I'd sit down and cry. Then, I got older and I stopped crying, but I remember we had a very open argument one day. I think she did not pay attention to what she was saying, and she did not know she was saying things that hurt me. She even did it with her own children! It was a weakness that she had.

Even now, I often tell her that. I say, “No, you should not say things like that to children. ” It is I [sic] who often tells her that. I remember once she was talking to her son and saying, “With everything that you're doing, you're not going to accomplish anything in school, you're not going to become anything!” and I told her, “No, do not say that. ”...She said things in her anger, so it was a weakness she had, but she did not do it to be mean and it was only when I grew up that I understood that! When I was young, in my opinion she was mean.

Michael’s decision to step outside of the matrilineal line did not go unnoticed. His decision caused some level of concern on the part of his aunt. I asked him to explain his decision to stay with his paternal uncle.

I told you, I was a bit proud and I still considered myself a member of my father's family. In any case, in my mind, I did not accept the matrilineal way of thinking. I thought it was, excuse me, but I thought it was a bit dumb to think that while I carried my father's name, I belonged to my mother's family? [laughs]. So, I always

considered myself a member of my father's family.

So when a situation presented itself I took advantage of it, and they could not keep me anymore. A few months later, when they had the means to take me back, they offered to, and I did not respond to what she asked of me. The way it happened is that, she told me that since I had left because there was no more room, now that there was room, I needed to come back. I pretended as though I did not hear her. At one time she told me I was ungrateful. Hence, I did not want her to do anything for me anymore, so that I did not owe her a great deal and so that my debt to her did not increase.

Patrick also had comments about the matrilineal system and how it impacted his decisions about caring for children.

In our tradition, our sister's children are members of your family. Members of what we consider the family, in the village. The brother's children belong to another family. But I do not make that distinction. No, I do not! I consider the children from both sides as my own. I've actually taken care of more children from my brother's side, those that were not directly in my own family, than from my sister's side.

I asked Patrick to explain why he did not follow tradition in the matter of caring for children.

Well, there is tradition, and then there is the individual. I find it ridiculous that my brother's children are not members of my own family, and that only my sister's family should be! I do not accept tradition in that sense. You see, I accept both equally, but some drop one of the sides, and only consider those on their sister's side as family.

Acceptance

Michael decided to live with his paternal uncle and he did not return to his aunt's household. Michael had a very different experience at his uncle's home. In Patrick and Joelle's household Michael found a level of caring and acceptance that he seemed to appreciate, especially from his uncle's wife, Joelle.

At my uncle's home I did not have to hear certain things. Certain things were not said to me, things that hurt me. We did not have any conflicts. It was my uncle. We respected him very much, and there was a great deal of respect for his wife, as well. I handled things so there were no problems with them. The result was that his wife adopted me as well. She adopted me very easily. I am not saying that it was

necessarily due to my good behavior. She told me one day that she had a good relationship with me and I think it's because of this that she adopted me. She also told me more than one time that when she sees me today without my mother it is as though she sees herself without her children any longer. So, she considers me her son.

Michael opined on the reasons why he thought Joelle was willing to so readily accept him into her family.

She opened the door for me. But I think it was because of my mother. According to what she [Joelle] said, she had a good relationship with my mother, and even her husband [Patrick] had a good relationship with her. She even said that my mother was her husband's friend. My mother was about the same age as her husband.

Every time he would leave the city to go to the village, it was my mother who would cook for him and everything. So, she had a good relationship with my mother, and the memory of all of this resulted in her integrating me into her family, and the entire time I lived with them, I never felt a difference in terms of me not being their child.

Michael spoke about how his experience with Patrick and Joelle compared to how he felt when he lived with his aunt.

My aunt had a very different framework for legitimacy. She could tell me things without watching out for potential consequences. It was legitimate as she was the only one on my mother's side, so she replaced [pauses]... she was like my mother, so she can say whatever she wants. My aunt, however, my uncle's wife, is not from our family, so she pays attention to what she says. If she says something that hurts me, it can cause problems! So, if there are things that she wants to tell me, she will say them to me in the form of advice.

Michael was reflective when it came to his experiences with his aunt. Although he spoke a lot about the difficulties that he experienced while living with her he also respected her.

Michael offered:

She was nice too, but it was in her moments of anger. These [moments of anger] happened maybe once every three or six months. Even though I argued with her a lot, I respect her a lot. I respect her even today.

Michael mentioned the role that education and schooling played in providing him with direction, respect, and stability as an orphaned child. He also spoke about how important it

was for him to have someone look after him as a younger student.

I have to say that when I was a young boy I was also a bit disruptive. I was a student who needed to be checked up on. When I felt too free, I could become a very bad student, but when I was checked up on, I could be the best student in the class! So, I always needed someone to discipline me.

I realized that if I was disciplined, I could have good grades, and I did. In high school, when I realized this, I also realized that school could help me to find my place socially. If I pursued a good education, people would respect me, and no longer see me as only an orphan. Because people saw me as the orphan.

Stigma

Michael highlighted the way stigma was attached to his experience as an orphan.

He detailed the types of comments he heard and how it impacted the way he saw himself.

There was something like a stigma on me. It was just a type of compassion people had. I am not really talking about students, but I mean in my own family environment, extended even to life in the village, people who knew my parents. When they saw me it was: "Oh, poor kid, he lost his parents. " I did not like that. The end result was that they were saying these things but at the same time they were not giving me the affection that I needed. I inspired pity in them. By pity I mean like, "Oh, poor child. " They were lamenting me. My situation was not a very nice one. They would say so. [pause]. They spoke about how there was something wrong about it? It was a tragedy. I experienced a tragedy too young and it was as though I could not get rid of this tragedy. I was not perceived as a normal child would be.

Expectations

Michael went on to talk about, what he described as, culturally-based expectations connected to his status as an orphan.

My aunt would say, "Remember that you do not have anyone left!" I did not like these types of words. She would remind me often that I could not act like the other children that had both of their parents. Other children could allow themselves to make certain mistakes. For example, if they did not do well in school, their father can pay for other classes for them. She reminded me often that I was not like the others.

I had to pay attention to the consequences of my actions. For example, I had friends in middle school that never went to class. At the end of the year, they received their grades, but as their parents were alive, it was easy for them to pay for another school. But if that happened to me, it would not be easy to find someone to pay for more classes! My aunt told me this often. But this is cultural.

Emotional Needs

Michael was attuned to what he believed he needed as an orphan. He shared some comments about caring that were based on his experience as an orphan.

When I think of my own case, I sometimes think that taking a child in is a good thing, but one must be aware of all of his needs. Generally, it is easier to provide for his material needs. It is easy to give him a roof over his head and a room to sleep in. Yes, but people forget what I think is more important, the emotional side.

However, in the African upbringing, affection is a sign of weakness. To say, “I love you” to your father is... [pause]. Even between spouses, it is difficult! Not necessarily within our generation, but in our parent’s generation.

So, affection, being affectionate, is seen as a sign of weakness. Hence, there are no emotional exchanges. One must be conscious, however, that there are new responsibilities now. Today, when you take in a child, you must be able to provide for his emotional needs. One must give him affection. It is not enough to simply buy him things. There is an emotional side. Often, due to a lack on this end, a child can get off track no matter how many efforts are made.

Loss

The loss of Michael’s mother was particularly difficult for him even with the support he received from female figures such as his aunt and Joelle. Michael explained the important role that women play in society and how the loss of his mother impacted him. He also spoke about the impact that religion had in helping him deal with his sense of loss.

Here in our society, the mother is the foundation. Actually, the mothers here would indeed do anything for their children. If I take, for example, our village society, we have seen some mothers who were the ones who paid for their children’s education! The father could say: “I do not have any money, let them just stay here,” and the mother will say, no! They will put themselves into debt if need be. Generally, once a mother has children, she no longer lives for herself. She lives for her children and because of this, some women have refused divorce because of their children. They say, “I would rather suffer, I have to stay because of the children.”

I have to say that there was a sort of emotional void in my life. The result was that I always said that if I were to get married, it would be with a woman older than I. I am going to make a confession. If I had not become a Christian, I would have

perhaps become what they call around here a gigolo, a man who goes out with older women, because I was in a perpetual quest for the mother I did not have, thinking that an older woman was a mother. It was just when I was beginning to get off track that I caught myself. I was looking for the mother I never had. For me, an older woman was like my mother. I thought this way for a long time. But when I became a Christian, God healed my heart, and I began to think normally. This liberated me emotionally, and my confidence grew. But the emotional issue did not go away immediately. Even at church, I had friends that were older than I. I was not looking for it anymore, but in my mind it was still like that. But I told myself that if I got married, the woman I marry must behave like a mother, even if she is younger than I! [Laughs].

When Michael's parents died, other relatives had to provide for him. Michael recalled the care he received from relatives when his father was alive and after his father died. One such recollection came up when Michael was describing his early experiences attending school.

It is true that when my father was alive, I was living with my aunt, but my father was the one buying everything school-related. He would actually pay for our school items in advance!

I have to say that at the time, school was not expensive. I used my brother's books, because we were using the same book, and my aunt bought the notebooks. When you go to middle school, there are uniforms but before that, we wore what were called "white and blues" on Saturdays. So, it was the uniform to go out in; they were teaching us how to dress well: white shirt, navy blue pants, black tie, black belt and black shoes. If you were not dressed like that, you were not going to school. [laughs].

The first year that I went to school after my father died, my aunt was the one who bought my uniform and every time I got on her nerves, she reminded me that she had bought the uniform! That hurt me, [pauses] I did not like that.

Differences

My research explored differences between the provision of care and the provision of schooling for children orphaned due to HIV/AIDS. Patrick, Joelle, and Michael acknowledged that there were differences in care and schooling decisions for children in their family. There were numerous reasons given for the differences.

Michael: *It is true that there were things they would give their children that I was*

not given, because I was not the only one! There were other cousins who lived there too. For example, buying me clothes during the holidays. They did not always do this because their children were young, they had not gone through childhood and I was older.

Patrick: I sometimes discriminate because some of the children have their parents around. Their parents give them things that we will not see. For example, in respect to allowance, we do not give the same amount to everybody. We give a little more to our own children than we do to the others.

Joelle: The other children, their parents can give them money but the children will not necessarily come tell us.

Patrick: They have their parents around. You will not see it, if they give them things. We know that it happens. When they go to their parents' village on holidays, we do not follow up with them. It is certain that they give them things.

Joelle: Later, they show off the things that were bought for them, while the others do not have things like that.

Patrick: That is it. So, we give more allowance to our own children. We do not hide it. The others must accept it and even if they do not, no one asks us why we are giving more to our own children than to another. They can expect that. It is nothing anyway because we do not give very much money in allowance. [laughs]

Michael gave a hypothetical example of experiences and difficulties that families might encounter when managing the care of children who have lost both of their parents. The example highlights some of the differences in decisions made regarding the provision of schooling and care that he felt might be made based on a family's financial situation.

There are situations where a child loses both of his parents, and the man, the father, only had one brother. But the child has nobody else to take care of him. There could be grandparents, but the grandparents are in the village. Hence, it becomes a moral obligation, so even if he does not have the means, he finds himself obliged to do it. What will happen there is that perhaps he will not allow the child the same living conditions as that of his own children. For example, if he pays for school... Today the educational public school system has some problems, so if you want your children to receive a good education, you will put them in a private school. So perhaps he will place his own children into private school, and pay quite a bit, but he will put his brother's or sister's child into public school, where the fees are not very high. It happens, but it is not the most widespread case.

Care as Schooling (Revisited)

After graduating from high school, Michael had problems matriculating at the university. He described his situation and the support he received from Patrick and Joelle as he worked to resolve it. Again, this discussion with Michael highlights the connection between care and schooling in this family.

Since the age of 10, I decided to be a doctor. Unfortunately, I went to university and here in the system, as there is very little room, during the first year, they place medicine, pharmaceuticals and dentistry students within what is called a core curriculum. The first year we are all together, and then we must pass an entrance examination to go forward and the best students are kept. So, the first year, I was not among the best and then the second year I was not among the best. I had the opportunity to take the examination again during the second session, but I did not want to. Instead I wanted to go study medicine in Ghana, as I had a brother who had studied there.

My uncle was ready to pay for my studies, but unfortunately in order to go to Ghana, we had to pay 5000 American dollars. This is what outsiders paid to go to school here. I thought that it was too much; it was too much for my uncle. I did not want to do anything but medicine. People suggested that I go to school in Burkina Faso, instead and I said, "I am not going there!"

I am a bit hard-headed. While I was trying to decide, they kept giving me an allowance as if I were going to school! His wife did that. She kept that up and at the end of the year, he called me over and told me, "Listen, I know you want to study medicine, but in life you cannot always do what you want, so I think you should look into something else. " I was dragging it on and on and his wife came to over to me and said: "Listen, you have to accept what your uncle is telling you, because for now he still receives a salary, and can pay for your classes, but when he retires it is going to be difficult. " She herself told me, as a mother. It hurt, but I accepted it. I did not want to. It was like a failure for me. I wanted to study medicine and I could not. I told you, I am a bit proud!

So, I accepted this, and he paid for my classes here in Abidjan. He paid for the books I needed, even if I told him the books were 100,000 francs he would give me 100,000 francs to buy them. So, I ended up studying computer science at the university and thank God, I got my diploma as a programmer and I eventually found work.

From being someone who had barely 30 dollars a month in allowance, I found myself with 200,000 francs. That is let us say, 400 dollars! That was my base salary. And they never asked me to give them money. My uncle who had paid for my classes and everything, never asked for my salary! I stayed with him 2 more

years and I took classes to earn another diploma in engineering.

I remember before leaving the house during the end of year holidays, I gave them money for food. Afterwards when I had left the house, I kept visiting them. Later my aunt told my wife that I was the only one who had given them money for food like that.

Patrick discussed the issue concerning Michael's education. He framed the issue in terms of the discontent and the financial constraints that were behind the recommendations that he offered to resolve the situation.

Children can be discontent, however. For example, take Michael's case. When he received his baccalauréate and finished his studies, he wanted me to send him away for his studies, but at that time my oldest daughter was in London. She did not manage to get university education here in Abidjan. She told me, "Dad, all you have to do is send me money for one month and once I get there, I will take care of myself!" Yeah right! When she got there, she asked me for a lot of money.

So when Michael asked me I said, "Oh, my child. " I could not send him to school. He ended up receiving a technical degree in computer science (BTS- Le Brevet de Technicien Supérieur). If I had had the means to help him, I would have sent him abroad as well. Next, I told him, "You will work and you will do an engineering program", and this is how he began to work. He worked, and he also has his religion thing, too. He and his wife decided to do music.

The arrangement where Michael lived at home and received an allowance, even when he was not attending school, was an exception to Patrick and Joelle's expectations for children who lived in their home. Patrick explicitly mentioned that a requirement for living in his house was that all of the children had to be enrolled in school. As Patrick stated, *"If you do not go to school, you are not staying with me. "*

Gratitude

Gratitude was a consistent theme associated with care. Michael mentioned this concept when he spoke about his aunt's comment that he was ungrateful after he chose to live with his uncle. In contrast, he described his efforts to show his appreciation, respect, and gratitude to Patrick and Joelle for the care they provided him.

When it was time for me to get married, I wanted my uncle's wife to accompany me to the town hall. Ok, so at the town hall, the father takes the hand of his daughter and the mother takes the hand of her son! I wanted my aunt to take my hand as her son. In this way I wanted to thank her because I thought that even if I gave her all the gold in the world, it could not express, how you say... [pause] my feelings of appreciation.

Well, her husband said no, he said that my mother's sister was there and that we should let her do it. So it was one of my mother's sisters, not the one I had lived with, another one, one who had never expressed any interest in me, the eldest sister, who took me to town hall. The older sister was obliged to because of our traditions.

The day of the church wedding, I explained the situation, what I had offered, in order to honor her, to my eldest aunt. She said: "That is right, your aunt [Joelle] should do it!" My mother's sister said, "She should do it, she raised you! You grew up in her house!" Unfortunately, my aunt [Joelle] was late getting to the church! [laughs] By the time she got there, we were already inside the church, so... [laughs]. That is how it played out.

I kept saying that if I had another opportunity to honor my aunt, I would not miss it. So, when my second daughter was born, I said, "This time I am going to give her my uncle's wife's name, Joelle. I really wanted, no matter what, an important event in my life to be dedicated to her.

For the wedding it was not possible to honor her because she came late. I explained my plans [to name my daughter after Joelle] to my older brother. I told him about my plans purposefully, as I did not want him to say, "I cannot believe you did this, she is not a member of our family!" I wanted to know his opinion. When I told him, he told me it was a good idea, really. He advised that before doing it, should not tell her, but rather ask for her husband's permission". We really follow protocol on these matters.

So, one night, I went out and met up with my uncle and asked for his permission. Once I asked him, he told me that what I was doing was good, and that he accepted. He called his wife and said, "I have already accepted so I am simply informing you [laughs] that the little girl will bear your name. " [laughs].

Michael's uncle, Patrick, also spoke about the gratitude that Michael and other children that he cared for expressed.

When they leave, they come back to see me all the time. During holidays, Father's Day, New Years or at Christmas. They come over with presents and we spend time together. Sometimes, Michael comes over with his wife and children to visit. It is nice. The children are grateful. They are not all grateful, but the ones that, are make us happy.

Solidarity

I was interested in how Michael perceived the tradition of caring for children that exists in his country. Everyone referred to this as their “solidarity”. Michael commented on the system and again, school was mentioned as a core part of the rationale and a primary benefit of the solidarity system.

I can tell you that, as I am the product of this solidarity, which is not perfect, of course, but it is up to the person who benefits from this solidarity to take advantage of it. I have brothers who are older, who benefited from this solidarity, but did not take advantage of it well. Instead of going to school, they went off drinking. This type of thing.

I wondered about the future of solidarity. Patrick and Joelle are now living on Patrick’s pension. Michael has moved out and lives with his wife and children. Despite the financial considerations, they still care for children although none are orphaned due to HIV/AIDS, like Michael was. I wanted to know if their interest in supporting children was weakening. I asked them when they thought their caring obligations would be over.

Patrick commented as follows.

It is not possible, because our children are starting to have their own children and they are going to start bringing them here. Not for good, but...for visits. [laughs]. Right now we do not have two here, we have three. There is a boy who lives in this room here [gestures towards the back of his left shoulder]. He is my niece’s son, he is attending university. He has been here for a year. He went to high school inland and then came here. He has no scholarship or student housing, so he came here. It has become difficult now. I debated at length before accepting him. I saw that the mother, who is my niece, would have no other options for him if I did not take him in so I accepted. He gets no allowance. He eats and sleeps here and everything, but his parents take care of his allowance and his transportation to get to school. Just being here is already something.

The Ministry of Family, Women, and Social Affairs Interviews

Background

I arrived in Côte d'Ivoire during conference season; at least that is what I thought. It seemed that all of the major players in the Ivorian Ministries who had expertise on my research topic were either just returning from or heading to a conference of some sort. I became a regular caller at the Ministry headquarters. Some of the administrative staff recognized my oddly accented French and when I called they would say things like, "Ah, you again, Madame! Good, well here is the latest on [this one's] or [that one's] whereabouts. " Eventually, I scheduled an interview with two Ivorian Ministry officials from the Ministry of Family, Women, and Social Affairs.

The meeting was held in the center of downtown Abidjan. I remember dodging pedestrians as my driver calmly escorted me to the interview. Once in the Ministry building I noticed the many colored posters on the walls. Each poster offered supportive comments about aspects of the fights against a litany of health issues. There was a poster on prenatal care, another about malaria prevention, and another about HIV/AIDS. On the borders of the posters were the emblems and names of the organizations that were partners in each of the campaigns. I had the impression that the Ministry building and the departments housed there were in flux. The names of different departments were on printed signs were taped to the dark wood paneled walls and in some instances there were placeholders at entryways where the name and location of the office was drawn in chalk.

This interview was more formal than the interviews I conducted with the family. Although I had placed numerous calls to the administrative staff and there was lightness in my exchanges with them, I did not have the opportunity to develop a rapport with the Ministry representatives. I wore a skirt and a blouse with closed toe shoes. I carried a pad folio, interview protocols and a digital audio recorder. I was conscious of the fact that I was meeting with some of the people involved in the HIV/AIDS and orphan issues in Côte d'Ivoire. These people were the architects and historians on the topic. I felt measures of respect and humility because I was meeting people who were at the front line of the national level efforts to support children orphaned due to HIV/AIDS. I wondered if I could have gained access to their United States counterparts as easily as I had gained access in Côte d'Ivoire.

When I reached the office of the Ministry of Family, Women, and Social Affairs, a secretary showed me to the room where I was to conduct the interviews. The room was large with well-worn, low-cut carpet. The secretary pointed me in the direction of a chair just in front of an enormous wooden desk, which was covered with stacks of paper and folders. Just behind me and to my left was a rectangular table, around which were enough chairs to seat eight to ten people. Dr. Anoh and Ms. Dillard sat in chairs behind the enormous wooden desk. As I approached the desk, they stood up and took turns gently shaking my hand. The

handshakes were more like a gentle squeeze of my hand as opposed to the typical American squeeze and pump. We all sat down. I began the interview by explaining why I was there. I had previously spoken to Dr. Anoh on the telephone so this was more of a review of the purpose of our meeting. Next, I reviewed the informed consent form, read the script and recorded their consent via audio recording. Both of them also signed consent forms. Next, I suggested that each of them tell me a little bit about themselves before we moved into a discussion about the programs that they oversaw and the issues of caring for and providing schooling for children orphaned due to HIV/AIDS in Côte d'Ivoire. Dr. Anoh responded, "For me, the first question must really be about the program. That is it. " [shakes her head as if saying no and frowns] Maybe, if there is time, we can discuss additional questions but these cannot constitute the majority of the interview!" Dr. Anoh's redirection of the format of the conversation constituted the official start of our interview. (Observation Notes, June 2009)

Origins

Dr. Anoh and Ms. Dillard noted that the National Program for Orphans and Vulnerable Children (NPOVC) which is housed within the Ministry of Family, Women and Social Affairs was formed shortly after the establishment of the national reconciliation government in 2002. The mission of the NPOVC is to coordinate, follow and assess all national efforts specific to children orphaned due to HIV/AIDS. The framework for this mandate is outlined and administered through a national plan that the two of them helped create. Dr. Anoh explained the rationale for the national plan.

Well, the program and national plan were formulated in response to UNGAS [United Nations General Assembly Special session in 2001 on HIV/AIDS]. It was important that each state set up a plan of action to truly address the question of orphans and other children made vulnerable by HIV/AIDS.

Prior to the formation of the Ministry of Social Affairs, the care of orphans was, in large part, solely a community based effort. Dr. Anoh noted.

We slowly realized that it was the communities that were intervening on the behalf of people infected with HIV but also on behalf of children. With respect to the issue of orphans resulting from HIV/AIDS, there was not a strong response from the institutional spheres. Nothing, from the state [country].

Dr. Anoh noted that her department was unique from many of its counterparts in other countries in Sub-Saharan Africa because it was created specifically to deal with the issues of orphans and vulnerable children (OVCs), while in many instances the mandate to address OVC issues was taken on by existing departments within a given Ministry. Dr. Anoh detailed the evolution of the NPOVC and the way that Ms. Dillard came to support the program.

In the beginning there was nobody, there was only the state. There was nothing. We had a small office. We were only two, she [nods in the direction of Ms. Dillard] and I. The other person we had was a contract employee from the World Bank. I am a state employee. She was somewhat the initiator for our program because she was an intern at the National Program for the Battle Against AIDS. In that role she supported the Senior Contacts Officer [SPR] from the World Bank when he passed through all of the African countries in order to observe how the issue of OVCs were being handled after UNGAS. Well, since she was working there, she worked with our consultant to analyze our situation.

The collaboration led by Dr. Anoh evolved into the creation of a task force. The idea was to learn more about the orphan situation in Côte d'Ivoire and to establish guidelines to support and monitor programs that support orphans. Dr. Anoh also noted that in the beginning, a large task within her mandate was to put in place the mechanisms to ensure that Côte d'Ivoire honored its commitments to the many external organizations that set operating standards and funded projects involving orphan and vulnerable children. Dr. Anoh described the process in more detail.

We got here and we had to write everything out, we built everything beginning in 2004 and 2005. We started with situational analyses, we started like that because we wanted numbers, we wanted data, we wanted to see and know. We need to know where they are, what they are. If you tell me you are doing something with orphans, I need to see how the situation is being handled, what is going on exactly. Afterwards we had to write the policy document. We had to establish the norms and guidelines.

Everyone is doing something and the donors are going to come, the NGOs are going to multiply but the state is the guarantor for all of these activities the state mandates us to see what is happening everywhere. We have to be able to look

around and see if things are compliant. Before we could see if some organization is compliant we must write out how to comply. This must be done in respect to all of the laws in Côte d'Ivoire and to all of the contracts that Côte d'Ivoire has signed with international organizations- the Convention on the Rights of Children [CRC], all of that, all of the international agreements.

Themes

Partnerships

An important concept underlying the care for orphans at the national level involves funding and the creation and maintenance of partnerships with multiple entities.

Collaboration includes a diverse range of stakeholders such as the departments within the Ministry, NGOs, community-level stakeholders and external organizations. Dr. Anoh spoke, at length, about the various partners supporting the NPOVC.

In the beginning, we did not really have partners. The state was our primary backer. Afterwards, we developed a project with the PEPFAR [Presidents Emergency Plan For AIDS Relief], the United Nations Children's Fund [UNICEF], and recently the World Bank through the Multisectoral Urgency Project for the Battle against AIDS [PUMLS] as well as the Project d'Urgence Multisectoriel de Lutte Contre Le Sida.

So, for the moment those are the three partners. Those are the financial partners that allow us compensation, but we also have technical partners and we receive support from backers such as the PEPFAR. We have, for example, MEASURE [Monitoring and Evaluation to Assess and Use Results] which gives us technical support in all that concerns follow up, evaluation, database development and everything. .

We have the Programme Acceleration Fund [PAF], which deals with nutrition. We have Family Health International [FHI], which assists us with the coordination of activities, and in our day-to-day routine. We have the URC, [University Research Company]. They accompany us in all that concerns quality, because we have a policy for quality. There is Jhpiego with John Hopkins. There is the Center for Communication Programs [CCP].

In fact, the PEPFAR is the fund, but it has implementation agencies, so there is the Center for Disease Control [CDC]. They fund us directly, and they fund all those agencies in order to back us.

But what you need to know is that aside from this, at the state departmental level we have technical abilities. We have technical competency transversely in the

domain of OVCs. We work closely with the central forces of the technical Ministry. So for example, the Administration for Social Protection, we speak with them.

Collaboration

Dr. Anoh and Ms. Dillard explained the rationale and mechanisms that support collaborative activities with various partners who address OVC issues.

Dr. Anoh: We continue to work with everybody, because it is a process.

Ms. Dillard: One sole person cannot take care of all of the children, it is expensive.

Dr. Anoh: You have children at home, it is expensive. We cannot ask that the state do this alone, or that our partners do it alone. It is with everybody. The situation is as such, you have your NGO here, the other NGO is over there, and nobody knows what the other is doing! I come give rice, you come give rice, and to the same children! In the meantime there are other children that have received nothing! This is why we put them together and create a platform.

We set up all of the ministries that handle children. Health, Education, Justice. We put them, as well as all of the other organizations, into place. The NGOs, the community-based organizations [OBCs] organisations à base communautaire), we put them all together and we say, “Well, there you go, you are all around, you are going to work together, we are going to train you together, you are going to hold meetings”. The state offices serve as a platform that is here to help them so that there is synergy. So that they speak to one another, and understand each other and tell each other what they are doing.

So, we get everyone together and it is like, okay, here is my list of OVCs, here is your list of OVCs, but for example, you - Liza, you know how to handle legal planning, you have specialists in your organization. Her [points at Ms. Dillard] specialty is nutrition, the handling of malnourished children. How can we do this together? Well, you can help me get my children birth certificates, birth documents and legal statements, and I can help you too. I have Voluntary Counseling and Screening services [CDV- Conseil et Dépistage Volontaires] in my corner, so we can raise awareness and conduct screenings. Someone else might have a doctor on his side, so we could go over there for his services. We work together. Together we lay out what the problems are, we try to support one another. Together we are stronger.

Ms. Dillard: A type of solidarity is created through helping one another.

This collaborative theme extends to include OVCs. Dr. Anoh explained how children are actively involved in providing feedback about their needs.

We just held two workshops with the children themselves. This, in order to ask the children, from 13 year-olds to the 17-year-olds, "What do you think about the quality of care that you receive" They call us all the time, one of them just called us. They are present in everything. It is their approach that we follow.

In any case, we are always with them, and they are here. If you see them in the platforms, they participate! Their slogan is: "Everything that is done without us, is done against us." So we are with them, and involved in the organizations they find themselves in. We are together!

Solidarity

Throughout my fieldwork, I heard people in Côte d'Ivoire use the word 'solidarity'. Dr. Anoh and Ms. Dillard spoke about this concept as well. Dr. Anoh mentioned the concept of solidarity and how it was apparent amongst children affected by HIV/AIDS. In this instance solidarity was closely linked to children's views about the importance of school.

Last time there was a child at a recreational event who said, "Mémé, do everything in your power so that my fellow children in the villages can go to school." I wondered why he was asking me this. " When I had some time I went to check it out. I discovered that his parents had died and he had gone to live with an aunt. The aunt did not have enough money and was not able to put all of the children in school. So what this 9-year-old child asks, is that we be able to help, not him, who has his own problems, but his fellow children in the village who were playing soccer and who do not go to school because someone does not have enough money. When a child tells you that, a 9-year-old child, you cannot sleep easy! He wanted to help others.

You know, children speak to each other easily; it is the adults who have barriers. During the course of our focus groups and visits to villages they will say, "I want to be a doctor so that my fellow children can go to the doctor for free. " or, "I want to be a pediatrician so that I can at least be close to all the infected children. " Another says, "I want to be a teacher, so that when it is difficult for my fellow children to go to school, I can go give them class so that they can get an education. " That is very profound! The work is huge; there are many things to do.

As the interview progressed, Dr. Anoh and Ms. Dillard provided descriptive examples to support the demand for their programs. One point emphasized by both of them was that care for children orphaned due to HIV/AIDS should remain in homes with

families, not in orphanages.

Dr. Anoh: Our program's view is that ultimately the children remain within their families. That is the global view of the program, the national view of things. We are not going to create orphanages! It would stigmatize them! We can place OVCs in them, but orphans due to HIV/AIDS should not be in them.

Ms. Dillard: The AIDS orphans have too many problems.

Stigma

Dr. Anoh gave an example to illustrate how stigma impacts children who have lost parents due to HIV/AIDS. She contrasted this with the perception of children who may have lost their parents because of the civil war.

Here in Côte d'Ivoire, if I have lost my father and mother due to the war, I am proud! Someone is going to give me grants, saying, "It is a war honor!" You see? Even in the United States, everywhere! If you have lost your father in war, people say, "Ah! That is a pupil of the state. " But if you have lost your father due to AIDS, It is considered a plague, for the entire family even! They say, "Oh, they are witches! Or they can say, "Oh, they have killed their parents", things like that.

Care as Schooling

Dr. Anoh framed care in terms of the provision of schooling and, ultimately, employment and career opportunities. She described schooling as a child's right.

Yes! Today we want actions taken to make a difference in the life of the child. We are going further than this even, saying that every child has the right to attend school, has the right to become an engineer, and has the right to become a doctor. It is not because the child is an OVC due to HIV/AIDS that we must tell him, "Go be a tailor or go be a seamstress". No! We must give the children a chance!

Hence, if I offer support to the family that has taken these children in, if I explain to them that it is not contagious and tell them that we are here, we can bring food, the child can go to school for free, I can work with the Ministry of National Education in order to enroll them easily, I can work with health departments and obtain help so that they can take care of their illness for free, if they are themselves infected. We give them the means to know how to handle the situation. Then, the child can live a normal life, and at least have a smile on his face.

In casual conversations with lay people in Côte d'Ivoire, (for example, conversations with people I met during informal gatherings, the family that hosted me, those who worked at the hotel where I lived, and even during the interviews with the family), there was a sentiment that there were no serious problems, when it came to caring for orphaned children, even children orphaned due to HIV/AIDS. I asked Dr. Anoh and Ms. Dillard about this prevailing sentiment. I was especially interested in their perspective because their program was created especially for children orphaned due to HIV/AIDS. Both Dr. Anoh and Ms. Dillard agreed that people in Côte d'Ivoire are willing to care for children. However, when describing some of their experiences with families, they revealed their concerns about the quality of care and schooling that families are able and willing to provide for orphaned and vulnerable children.

Ms. Dillard: You know there are people who say a lot of things, tell a lot of tall tales.

Dr. Anoh: Yes, people accept the children but we are beginning to realize that things are not what they say they are. We went down recently to an at-risk neighborhood with an American woman. There were ten children in this household. Three of the children had lost their mother and father from HIV/AIDS. The maternal grandparents, it was their daughter who had passed away, had the three children sleeping on the floor, with no underwear on or anything. So, yes, the children were there, but they were not going to school. I asked, "Where are the other children?" She said they were at school.

The younger sister of the woman who had passed away had two children who were at school, she was a hairdresser. If you go talk to her, she will say, "We took the children in". Huh! There is taking in, and then there is taking in! When we asked why the children were not in school, the grandparents answered, "Well, with the paperwork, and everything...". So I said: "Okay, give me the papers so that I can take a look". All of the papers were there. I called another sister, an older sister, and I said, "All the children's papers are here! Your own children are going to school! Your sister has passed away, and you have not taken these documents to enroll the students in school!" And she said, "Oh, I did not know how to handle it, blah, blah, blah!"

The grandmother was paying for the others to attend school but these children were just lying there! So you see, it is easy in Africa to say: "We take them in", but

how are they taking them in? These children had not eaten since the morning. The ones who had gone to school had eaten. If we had not come across these children, it would have been over for them! And how many more are there just like that!

Dr. Anoh and Ms. Dillard provided another example of the complex nature of care that they address in Côte d'Ivoire.

Ms. Dilliard: Yes, there is solidarity between us, we Africans keep our children and even the elderly. If there is someone elderly among us we will take them in. We do not have a problem with that. But in the villages these days, everyone will go off to work in the fields while the old man will stay back. What will he eat?

Dr. Anoh: That is the reality! You should not hide away the realities! This is what many people do not know. If someone has taken a child in, or the old man takes in a child, sometimes they do not care for them! The children are just there. It is up to them to figure things out. And so what you see is children in the streets, going off without shoes, doing whatever they want, stealing because they have no food. Even in this big neighborhood of Cocody, we got word that at this eatery there were children who were washing plates and all that and they were not in school. We asked this pretty young woman who prepares food, "Why aren't these children in school?" She said, "Ah, it is a long story. I went to go get the children, they were in Bouaké and both parents passed away. I came here to be a housekeeper to make some money for my mother, but when she passed away, I went to go get the children, all they have now is me. I rented a wooden house in a seedy area and I come work and do laundry, and other things. "

Ms. Dillard: They were vulnerable!

Dr. Anoh: We began to ask around and found out that they were OVCs. She and the younger children had their papers established, we were able to enroll them in school and found an NGO to take care of them. So this young girl had taken them in. Did the aunts and uncles take them in? They knew very well that she was working in a restaurant and that she makes, what? At most, 15,000 francs per month? 15,000 francs is what, 30 dollars?

People say that they will take care of things, that is Africa! It is these children, though, that you see on the streets of Africa that show otherwise! By force of habit, when I see a small child selling cigarettes, I know he will tell you his story and you will see that he has someone, somewhere, who does not know where he is and nobody will come get him.

Dr. Anoh and Ms. Dillard are positioned to view the problems involving HIV/AIDS and orphans in Côte d'Ivoire from a broader perspective. They spoke about a few of the emerging challenges that they face.

Women, Girls, and HIV/AIDS

One of the issues that Dr. Anoh came across in her work with vulnerable children, was the impact of the feminization of HIV/AIDS. She noted the role that women play in families in Africa. This was a theme that Patrick, Joelle, and Michael also mentioned. Dr. Anoh explained it this way.

You see, if the father and the mother have passed away, especially the woman, there is a major issue! This is why the feminization of HIV causes problems. We are conducting a study on the feminization of HIV in Côte d'Ivoire, as well as trying to understand how this concern is related to sexual transactions. We must continue to conduct studies in order to know exactly what needs to be said to women, what needs to be said to young girls, so that tomorrow they are not the ones who are gone.

Once the mother is gone, it is over! The child is on the streets! It is a great tragedy in Africa. This is what you see in the streets. A mother will follow through to the end. You see, it is the women who are always there. I went to a site recently and there was a woman who said "I have not been home in a week. " She is the one who must bring food home. She was waiting for a supply truck to come so that she could sell her merchandise and purchase a new supply of merchandise. She did not know when the truck was coming so she had her daughter come take the money and feed the family while she waited for the truck. These are tragedies! When we speak, people ask us "Is this really a problem?" It is a problem!

Political realities

When I conducted fieldwork for this study, Côte d' Ivoire was under the auspices of a peace accord that ended a civil war. Dr. Anoh discussed the link between war, rape and the spread of HIV/AIDS.

The war situation does not help matters much. Do you know that rape is now a weapon of war? Rape transmits AIDS! Everything that is war related in Africa, also involves rape. They will catch anyone to rape them. I came across a woman over 70 years-old who was raped by at least eight different soldiers.

Dr. Anoh also made reference to Ivorians who lived in the northern region of the country and the role she felt they played in transmitting HIV/AIDS.

And the north, the whole north, what did they do during the war? All they did was rape, all they did was transmit AIDS, that is all they did! Today the task is great,

there are tons of orphans of war, but the AIDS orphans are in greater numbers than the orphans of war.

The NGO Interviews

Background

I conducted individual interviews with representatives from three NGOs. These included meetings with representatives from The Socio-Medical Assistance Center (CASM), Centre d'assistance socio-médical), CHIGATA (which means 'hope' in the Senoufou language), and the Educational Research Network for West and Central Africa (ERNWACA).

The intent of this study is to foreground the perspective of the family, using interview data from the NGO representatives to provide depth and context for understanding this perspective. With that intent in mind, I have consolidated the interview data from the four NGO representatives. I begin with background on the three interviews, followed by a presentation of major themes that evolved during the course of the interviews.

I found it relatively easy to contact and arrange interviews with the NGO representatives. The interviews were rather informal, and I conducted two of them in the hotel where I resided during fieldwork. Many of the interviews occurred early in the fieldwork process. I wrote about my experiences with the NGOs in my journal.

These are the people who really see the faces of children who are orphans due to HIV/AIDS. When I meet with them they look tired. Hardly any of them smile much or laugh, for that matter. They seem like they are seasoned warriors and committed to their respective causes. With so much work and the endless chore of trying to do more and get funding for more work, what keeps them going? [Journal entry, June 21, 2009].

Getting Started

The NGO representatives I spoke with were front line contributors in responding to the pandemic. I asked them what they thought about the claims that there is no need for services to support children orphaned due to HIV/AIDS in Côte d'Ivoire. In their responses, the representatives often used the term OVCs. The CASM representative's comments were indicative of the sentiment expressed by all of the NGO representatives about whether or not there is a need for assistance and services for OVCs in a country where solidarity is a strongly expressed value.

What some people are saying are half-truths. It is true that normally there is solidarity. Before, there was a great deal of solidarity with orphans and everything, but one must say that there are many OVCs in Côte d'Ivoire. Despite everything that is going on with NGOs and other actors in the field, only 10 percent have access to care and support services.

NGO work is typically undertaken by those who are dedicated and committed to an issue. To better understand the provision of care and schooling for OVCs from the NGO representatives' perspectives I asked them to discuss how they got involved with HIV/AIDS and children orphaned due to HIV/AIDS. The CASM representative commented as follows.

How did I end up here? Well, I was simply a volunteer doctor at CASM and hence took care of the adults. I also conducted the medical house visits for adults. However, there were also children and sometimes the children also fell ill. I conducted house visits to the children as well, and from that the medical, psychological, and social programs ensued. Hence, it was a sequence of things.

The ERNWACA representative spoke about conducting research in the health and education sectors.

First of all I do this on a volunteer basis, because I myself am a psychologist and a teacher. That is my full-time job. We, [ERNWACA], received a grant from the National Center for Education, to conduct research on formal education. We received a grant from UNESCO's Institute for Education, which is based in Hamburg, in order to conduct studies in the domain of non-formal education.

These were for studies in education, on HIV/AIDS and its impact on education. We had worked on these in order to develop the organization.

The CHIGATA representative explained her interest in OVCs and how her involvement was linked to her personal experiences with HIV/AIDS.

Let me first say that I do not have a university education, I ended up in the field of AIDS through circumstance. I never thought for one second that I would be an activist in the field. It imposed itself on me. Maybe it was meant to be. I do not know. Others came to this because they went to good universities and got impressive educations. They believed that they could bring something to the AIDS field. Every person, in their own way, can bring something.

So, it was around 1995, when the first attempts for mother to child AIDS transmission prevention began in Côte d'Ivoire. It was from these first attempts that I entered into the field of HIV, as I was pregnant at the time. They were raising awareness in health centers and I decided to get an HIV test. Unfortunately, the result was positive.

I became involved in the heart of all of this following the birth. I followed everything to the letter up until the birth and nine months later, the child tested positive. From then on, I decided to dedicate myself to the battle against AIDS. That is it. Following the birth, which was in 1996, I joined an organization as an activist. I had never worked as an activist in any type of organization, not even in neighborhood associations had I ever done anything like this. It was something that imposed itself on me, I did not have a choice, I had to get involved!

The CHIGATA representative evolved from helping other organizations to creating CHIGATA.

By 2001, I was not at ease. My son was developing signs of the illness. This very much affected me, I did not have peace of mind, I did not know what to do. That is how I created CHIGATA back in 2001. CHIGATA means hope in the Senoufou language. At the beginning, it was solely for infected children. Afterwards, however, I told myself that there were also children affected by HIV/AIDS that were not infected, so I changed it to the association for support of infected children and AIDS orphans. That is how it began.

Programs

The representatives spoke about the wide range of activities that their organizations are involved in. The CASM representative described the programs and activities as follows:

In the OVC program we reinforce the capacities of small organizations in the field so that they not only engage with the concerns of the OVCs, but also provide services. We train them; we give them materials, like computers, teaching materials, and recreational materials, to organize activities for the children. We also give them, in accordance with our own means, some financial support for all of the different needs the OVCs may have, whether it be educational, like with school kits, or on a medical level so that children who are ill are able to handle all of the costs. On a nutritional or dietary level we provide foods kits.

Through training, we have given small field organizations the means to help children develop leadership skills. We hold activities called the “Children's Club”. That is for the OVCs.

The second program here is the prevention program, but it is very wide-ranging. There are a few projects within it for children like the “Youth Abstinence” program.

One CASM program targets children who help support one another. The representative spoke about the evolution of experiences that led to the launch of this initiative.

At the beginning, the services were only dealing with people on a social or medical level. The CASM was the social and medical center. The center was for those infected who came not from hospitalization, but were under daytime observation. That is, daily perfusions.

At the beginning, everything was free for them. We gathered funds. Most of the time, we were dealing with people who had lost everything. So, the care was free, the case handling, the medicine, free.

We quickly understood that we could not take people on by themselves. We had to take them in with their entourage as well. Hence, we began to not only welcome the people themselves, but also their spouses or partners, as well as their children. We offered screenings to their spouses and their children, and we realized that many of these individuals had a weakened morale.

Next, we realized that one thing that had an impact on their health was their morale, how they felt inside. Hence, we began to offer psychological care for these people, and we saw that outside of their entourage, the children also, and especially, had needs, in respect to their parents' situation.

The CHIGATA representative detailed the numerous programs and activities offered by her organization. Like with CASM, CHIGATA's efforts began with activities

that targeted people who were infected with HIV/AIDS. The programs evolved to include activities that incorporated other members of the family who may not have been infected but who were affected by HIV/AIDS. The programs evolved from purely medical programs to those that included psychosocial support for adults and children. The CHIGATA representative noted the following.

From the beginning, CHIGATA was working with a research project that was handling medical care for children infected with HIV/AIDS. I had been asked to work on this trial project. The project paid for the prescriptions, the medicine, almost everything. The parents were still preoccupied, they were unsettled. I became interested in why the parents had worries but could not express themselves. Through personal interviews with the families, I understood that they needed to speak with someone about their own status or that of their child.

The CHIGATA representative spoke more about how the observations led to the creation of focus groups.

We initiated support groups for the parents so that everyone can express themselves and so that they could express their concerns and together find solutions. First there was the adult support group, but there were also house visits. We picked out a few women within the support group that we initiated. We trained them, and they conduct the house visits. We told ourselves that they were the ones best suited to understand what others are going through, seeing as how they are also caring for infected children, their own children. They hold weekly meetings where we try to approach the problems they identify within the different families we handle, and we attempt to sort them out in order of priority. We try to establish which families have which needs, we list the problems and try to slowly find solutions.

We also work with psychologists and try to organize visits with them so that they speak with the parents and children about the problems either one might be facing. In certain children's cases the situation becomes very complicated. The father has lost his job due to the illness, or the parents begin to despair and become weakened emotionally and financially. Hence, we provide kits to the children of those families. We sometimes also provide food kits. We have noticed food is a constant need. Some parents say, "For the time being, what we want is to be able to feed ourselves, because we cannot even feed ourselves properly. Those are our needs. " We work with a few partners to help us sometimes provide food kits for certain families.

Themes

Trauma

The needs of OVCs, and specifically children orphaned due to HIV/AIDS, evolved from an emphasis on providing treatment and medical support to managing and addressing the emotional and psychosocial needs of children. The CASM representative spoke more about the evolution of programs that deal with these specific needs.

When the parents died, the children were traumatized by this, or by seeing a parent sick at home for a long time. We quickly noticed that there were psychological concerns with the children, and hence we began to take action in the same way that we did when taking care of the parents. By encouraging them, and putting them together so that they could speak to each other. We modeled our programs after support groups in the United States like Alcoholics Anonymous. So, this was how the first support group was established, called the Club des Amis [the Friends Group], for infected people in Côte d'Ivoire.

We developed this program for the children. We gathered them once a week and offered activities through which they could express themselves, in respect to how they felt about the fact that mom or dad was deceased or ill, how things were going for them and how things were going at home.

I mentioned that all children have tumultuous periods in their lives with adolescence being a prime example. I asked the NGO representatives to describe some of the distinguishing challenges that OVCs face. One representative responded by noting how trauma and the negative connotation associated with HIV/AIDS impacts OVCs.

Problems occur when a child sees his parents in bed and dying slowly every day. So that is a trauma. What else? There are those problems, and well as psychological reactions such as denial. The child may have found out that his parent has died from HIV/AIDS, but he does not accept it. He reacts. Why? Because people say HIV is for people who lead an unhealthy life and everything, so he does not handle the situation very well.

Some fall into depression, we have had children who were depressed. We meet all sorts of children, there are children who became a bit, how do you say, turbulent, rebellious, and everything! There are all sorts of different reactions. All of this because HIV still has a negative connotation in people's minds.

An orphan from HIV/AIDS has other problems. He wonders about certain things. For example, he may feel stigmatized because his father died from HIV/AIDS. That is a situation other types of orphans have not experienced. An orphan whose mother or father died due to a car accident will not be stigmatized as is a child whose parents have died from HIV/AIDS.

CHIGATA's most widely known program is the children's theatre group. The CHIGATA representative mentioned this program as one important tool for changing attitudes about the value of assisting children infected with HIV/AIDS.

We also have a theater group, made up of infected children. The plays are based on real stories from the children's lives, and they perform in shows about HIV, they speak about the needs and problems of the children, the difficulties facing the parents, the difficulties facing the children, when the parents pass away, what happens to the children? How do they manage? This was a real success at CHIGATA.

Before we started the performances, I heard people say during meetings, "If adults themselves do not overcome this adversity, the children will not either. " Until then, when we were fighting so that the children could have free access to the medicine, the ARVs, people were saying "Well, in any case, they do not have a long life ahead of them, so even if we give it to them, it is only for a short period of time." I was very shocked when I would hear people in charge say this type of thing.

When we first started the performances, I was a little skeptical, I asked myself. "What is going to come out of this?" But I had faith; I told myself that this was something that could move people. Today, this theater group has shown people something; it has brought many people to revise their discourse, their way of thinking. They realize that these are children just like any others.

Along with this, we also have a restaurant. We received a donation from the First Lady to build this within a health center, and this allows us to hold activities and help certain families. So there you have broadly what we do.

Stigma

The negative connotations associated with HIV/AIDS were described more fully and expressed as part of the unrelenting issue of stigma. One aspect of stigma has to do with the responses to the illness within a given community. The CASM representative spoke more about this.

The thing that is a bit limiting is that the communities are not engaging very much, because of stigmatization. If we have an orphan in the family, the family is there and will take him in but if it becomes known that one of his parents has died from AIDS, ah! There is a risk that kin will back away.

Another issue related to stigma is the lack of information about HIV/AIDS and the fear associated with misinformation and ignorance. The CASM representative explained.

There is a lack of information and stigmatization which results in OVCs still having problems really being integrated within their families. Many people still do not want to even hear the word HIV/AIDS, and this is why there are still many problems. Many children are not completely accepted, they are not treated as the other children are, and everything. So, there is still a great deal of training missing from the OVC programs today. The families really need to be equipped in order to be able to better handle the OVCs that they have. This readiness is established through information like, how you can and cannot catch HIV/AIDS. Taking a child orphaned by AIDS is not a way to get infected.

The CASM representative spoke about ways to address stigma through the provision of information and training for parents and kin.

So, family readiness is established through information, and also through training. In fact, as much as we say, “We are parents, we are adults,” we do not know what the needs of a child are. How we must take care of them. In fact, it was the OVC problem itself that allowed many people to understand what a child was, what his psychological needs were, what his development stages are, and how can we accompany a child along the course of his life. There are many parents who do not know.

The CHIGATA representative gave the following example, which highlights how stigma is directed at children orphaned due to HIV/AIDS.

That is the thing, even if a child is not sero-positive, the fact that his parents have died from HIV also aggravates his situation. In our customs, in our traditions, these children are treated differently, as if they were witches. It is like they were born and both of their parents died. So they are badly perceived by society. This affects them enormously. When a child is not infected but both of his parents have passed away from HIV, it causes a problem.

Parents and kin who avoid taking care of their children or abandon care for children affected by HIV/AIDS represent another aspect of stigma. The CHIGATA representative described stigma and the lack of affection and support shown for children.

I do not know, I tell myself that even if families do not have the financial means, they can still give him affection, love. Even just grab him, instill confidence in him. This is something that is not necessarily financial, but the parents just straight do not take care of them sometimes. They are ashamed of their own children. It is their child!

She described instances where children are asked to leave home without proper explanations.

There are also instances where one spouse discovers the child's status, and out they go! Some others are ashamed to ask the child to leave. They will tell the child that he must leave, but they will not discuss it because they are ashamed to admit it. They will say, "We have a problem, we do not have any more room in our house, there is another person coming to stay with us so you have to find somewhere else to stay...blah blah blah. " It is a tall tale!" There are others who simply scream, "You must leave!"

Stigma was also described as self-imposed. The CASM representative spoke about the progress made in addressing this type of stigma while also acknowledging its pervasiveness.

There has been a great deal of progress, in comparison to the way it was when we started at CASM, but stigmatization still reigns. There is still a self-stigmatization. People stigmatize themselves! People do not go tell their neighbors or families that they are infected. There are companies that offer everything in terms of HIV/AIDS care for their employees yet there are still employees who prefer to be cared for in places like CASM. Why? Because they know that there, they will not run into anybody from their workplace even though their workplace can take care of them 100 percent!

Although spoken about as a fairly general response to HIV/AIDS, the CHIGATA representative did not experience stigma in the same ways as others. She spoke about the acceptance she received when she discovered that she was HIV positive and how her experiences encouraged her advocacy for others.

I always say that I was lucky, not everyone has been so lucky. When I found out my status, my husband was by my side. It was difficult at first but I was not rejected. For years my own family did not know, until I had the strength to tell my father, but I was never a victim of rejection. He himself, as well as my children, accepted me as I was. My children support me!

When I have a health concern, they are there, more worried than I am. That is lucky! Everyone is not so lucky. That is why today, I am comfortable with myself. If this had not been the case, I would not be here speaking with you today. This luck that I have had, I would like to share it with others.

Needs

As front-line workers in the HIV/AIDS arena, the NGO representatives had much to share when it came to describing the number of programs and the services that they provide. They expressed an equally extensive array of issues and problems they would like to address and they shared a variety of approaches that they believed would help further their mission in terms of OVCs.

The CHIGATA representative was sensitive to the way that the need for assistance added to stigmatization. She described an example of an approach she believed could help mitigate the stigma in more rural communities, while still assisting OVCs.

If the parent is a farmer, for example, there are more basic ways to help him. We can help a planter expand his plot, make it a little bigger. Maybe the first year we place someone who will help him manage it. There are people we pay, per person, to help. It is not expensive. This support will help him develop a bigger plot, and then, well once the plot is harvested, it resolves the problem. He can take care of his child! He can pay for school.

In this instance it is less stigmatized because his HIV status is not obvious. When you go out and hand kits out, offer help and all of that, one can sense automatically that this person has a problem. People will see someone we assist and help every day and they will think something is not right. In some instances, it can be made less obvious.

A CASM representative spoke about the need to extend the provision of services to OVCs who are older than 18 (the age when OVCs are typically considered adults). The flexibility that she described was in response to her observation that many young people

are not able to take care of themselves when they turn 18.

In Côte d'Ivoire, an OVC is considered to be [a person] age 0 to 1- and-a-half. When they turn 18, they are considered adults, and are no longer OVCs. There are some that are 18 but who do not yet have a profession, and hence they have no source of revenue. All of a sudden they lose the support that they benefited from during the course of the program. That really causes a big problem; what can we do for OVCs that are over the age limit? There are not enough programs going in that direction.

Much was said about the psychosocial needs of OVCs but the CASM

representative identified prevention and reproductive health, especially for girls, as an important need in the OVC population.

There is also the prevention of HIV/AIDS. Numerous OVCs have been exposed to HIV/AIDS. Firstly, because of their often-precarious living conditions they are exposed to a lot of temptation. Sometimes the parents are no longer there. Girls, especially, will give themselves easily to the men who solicit them. We have many OVCs under 18 who are parents. There is a great deal of work to be done with them concerning reproductive health and HIV/AIDS awareness.

The CASM representative also mentioned the need to train educators to help men who have children impacted by HIV/AIDS become more knowledgeable about OVC issues.

There needs to be educators for those fathers among the OVCs. They must educate the fathers. We do this here. We train them, we educate them every month on HIV/AIDS, they know about it well, but that is not enough to help them change their behavior in a lasting way.

Resources

The needs of OVCs were described as far outstripping their resources. This was a prevailing theme for the NGOs. The CHIGATA representative's comments summarized the perspectives of the other representatives I spoke with. She remarked, "*We would like more team members but we cannot do it, because with all of the projects that we have, we cannot fund our team, we cannot afford to pay all team members.* "

The representative provided more details about how funding impacted the work at CHIGATA, in terms of staff needs and in their ability to reach those most in need of care.

It is difficult for us because the majority of the people we hire are people living with HIV. The administrative team is made up of people who wanted to work with us. It is a big problem for us as we would like to add members to the team, but our means do not allow us to do so.

The staff is not taken into consideration. They allow us transportation allowances, 30,000 francs, 50,000 francs, which comes out to 50 dollars. It is very difficult. We are doing advocacy work. We want to work! We are ones best suited to understand the needs of the families and you have seen the situation in Abidjan, it is nice where we are now, but there are neighborhoods that are very at-risk and going there is difficult. Our counselors go into the most at-risk neighborhoods in Abidjan for others but at the same time, they, too, need money to live, they have children! That is a real problem.

For the CHIGATA representative, the lack of an adequate salary and her obligations to her family have led her to find work elsewhere. She commented on this issue and her struggle to continue supporting CHIGATA.

From the beginning up until today, I have not had a steady salary. Until 2006 I managed, because I had side activities that I was doing for money and my husband was there and was helping as well, but in 2006 he passed away, so my situation became a bit shaky. Last year, I decided to work for another organization, so it has been a year, but I am beginning to realize that I need to spend more time at CHIGATA.

When I am not there many things do not run as I would like them to. I have to maintain other work because my children are older, I must help them with school. It tires me. If I go back to take my position at CHIGATA, how will I manage? I keep thinking about going back.

The procurement and allocation of scarce resources is always a challenge for NGOs. The CHIGATA representative discussed her thoughts on the expectations and realities associated with resources in greater detail.

The people in the big meetings say that they want the money to end up in the hands of the beneficiaries. That is what we all want! They tell us, "Well, we would like the money to go to the community. We want the beneficiaries to be the communities". When we get the money we are told, "We want you to reach this many people with this money you have just received!" It is an obligation that is asked of us.

We are fully aware that when we receive money, we have to justify what it was used for, but when you get into the world of OVCs, the needs are huge! So the

money comes and we are told we need to reach maybe 1000 OVCs, so they give us 10 million. When you add it up, you end up at 10 dollars per child. Per child! It is very difficult for us to see that this child, whom we are meant to support, is deprived. The needs of this child are greater than what we can grant him. That is difficult. [moves her head back and forth as if she is saying, no].

She went on to describe another example of the difficulties involved in making choices with scarce resources.

You know, it hurts. When we go out in the field we see the conditions under which the parents are living. Often we have the money! We conduct the house visits, and when we get there the parents say: "I have not eaten since yesterday", and the children are sitting there. How can you get up and leave, just like that? You see the reality there, they are not telling fibs! You see it, it is there. What do you do?

They say, "I do not even have money to eat" or, "I have a prescription, I have been sick for three days". There is a prescription just sitting there and they do not have the money to pay for the medicine. We look and we just take the money out so that they can go buy the medicine and take it. We leave, but they will not pay for the medicine. They will not pay for it because their children need to eat. They will go buy food for the children and go without medicine. It is another reality. If you have not gone to see things for yourself, you cannot understand what is going on!

The CHIGATA representative spoke about the way the media contributed to the creation of expectations by those affected by HIV/AIDS.

In Côte d' Ivoire, we are used to hearing on television that Côte d' Ivoire is receiving so many billions of dollars for HIV; Côte d' Ivoire is receiving funds from the World Bank. This causes us many problems. When we go in the field, people say, "You have so much money and you are not granting us proper aid. " Often, I tease them and say: "This is not a duty people owe you!"

The CHIGATA representative described some of the systemic problems which impact the way funding is allocated.

I always say that we have more difficulties due to our own government. Côte d' Ivoire gets 80 percent of its HIV funding from the outside! You cannot assert yourself. You have to follow what is asked of you. I often say that we must see and do those things that help us. We do not all see things the same way. We have no power. I have no deciding power. We are subject to doing what others tell us to do. That is what we are experiencing.

She also spoke about the challenges of maintaining support for her programs.

Take the theater group performance, for example. They performed in front of the American ambassador, who has now left. Yes, he cried that day! Everyone cries! But, in the end, there are only tears. That is why I have told the parents, "When you speak with someone and tell them your problems, they will empathize and cry, but they cannot resolve all of your problems. They will give you something, but it will only be for a few days. "

The CHIGATA representative maintained that self-help was important for assuring quality of care. She described ideas that she believed were exemplars of self-help and sustainability.

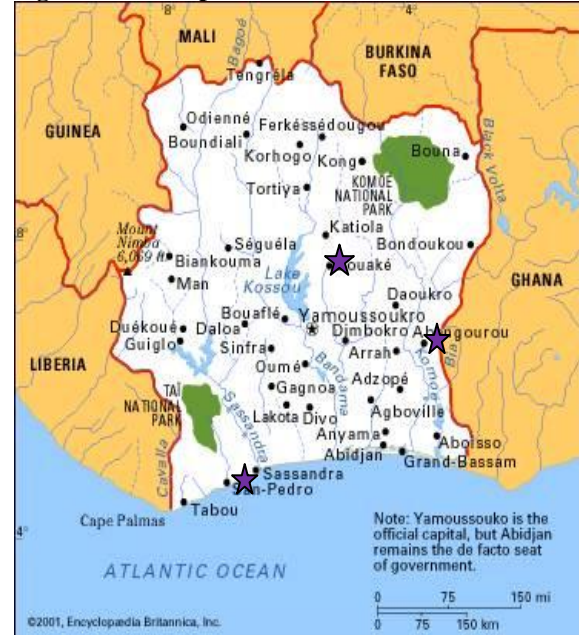
At times, to better help someone, one must allow them to take care of themselves. That can play a great role in terms of the quality of the care we give. Côte d'Ivoire is not as poor as they say it is and we can do many things. Yes, it is difficult when you are sick, but you should not always wait for someone to grant you aid just because the money is there. " No, one must fight! When aid comes, great, but one should not wait for it to be sent. One should not depend on it. At CHIGATA, we are currently working on two strategies. First, we are thinking about how we can create a food-producing farm that could allow us to not only sell [produce], but also feed the children we have in our shelters. The farm would also provide paid jobs for people who would use the money to create small self-supporting activities!

School

Participants mentioned school as a core component of caring for children. In general terms, they described the provision of school as part of the core purpose of caring for children in Côte d'Ivoire. The ERNWACA representative spoke about problems with the education system in Côte d'Ivoire. He mentioned the prevalence of low enrollment rates in parts of the country and the possible link between low enrollment and HIV/AIDS prevalence rates.

We are currently conducting a study for Save the Children, and we are looking closely at a few things. When the conflict occurred, which split Côte d' Ivoire in half, all the children located here [points to Bouake on a map I brought to the interview] either went south and went to school, or stayed where they were without really attending school. There were many disruptions and the levels went down considerably in that area. Enrollment is rising, however, we still have zones of low enrollment. They are here and here [points to Abengourou and San Pedro]. Secondly, if you look closely, HIV is very high in these zones as well. So there may be some sort of relationship between high HIV prevalence rates and low enrollment. See Figure 1.

Figure 1. Cities with low school enrollment and high HIV/AIDS prevalence rates



The ERNWACA representative spoke about the country's goals and the realities that affect the goal of attaining 100% enrollment in the future.

Even without these issues with HIV, our levels of school enrollment are far from ideal. For 2015, we were shooting for 100 percent enrollment. If we do not attain that goal, then perhaps it will be our goal for 2025. That is the first issue.

As a second concern, girls are highly disadvantaged in Côte d' Ivoire, whether it is in elementary, middle, or high school. This trend is more prominent in those zones in the north.

Here in Abidjan, the disadvantage for children comes by way of the demands for labor. This is a Maritime zone and it is more of a business center. There is wood, coffee and cocoa. So, we see some children more so in the fields than in school. You will also find this problem in Abengourou. That is somewhat their reputation for the time being.

Finally, he mentioned the lack of interest in the teaching profession and low levels of educational achievement as additional problems with the education sector.

This is not part of our study but as a general problem, the teaching profession no longer attracts people. It is a problem because of the low salaries.

School exam results have just arrived and the scores are not good at all. I think that at the elementary school level 20 or 30 percent passed, at the middle school level it is at 22 percent, and at the BAC, the level before university, it is at 20 percent. It is not good in Côte d'Ivoire. That is somewhat the situation in terms of education. There are also many strikes and many crises in the domain of education.

The CASM representative spoke less directly about school and more about the impact that stigma and trauma have on school attendance for children affected by HIV/AIDS.

There will be the issue of perhaps being cast aside by the family or the community, or in school! There are children that have been chased from their schools. Also when household revenues become insufficient because the parents are sick, the children cannot go to school anymore. They see their friends going to school every day and they ask themselves what is happening.

The CHIGATA representative spoke about how her programs support OVCs who are attending school. Support for schooling includes the provision of school kits that contained school uniforms, shoes, school bags, and school tablets. She mentioned that nutritional kits and tutoring services are also offered.

Emotional Cost of Care

NGO employees work in areas where demand for assistance typically outstrips resources. I asked them why they continue to advocate for the care and school needs of OVCs. They spoke about their sense of obligation to help and the vast amount of work that remains to be accomplished. The CHIGATA representative expressed the general sentiment in this way.

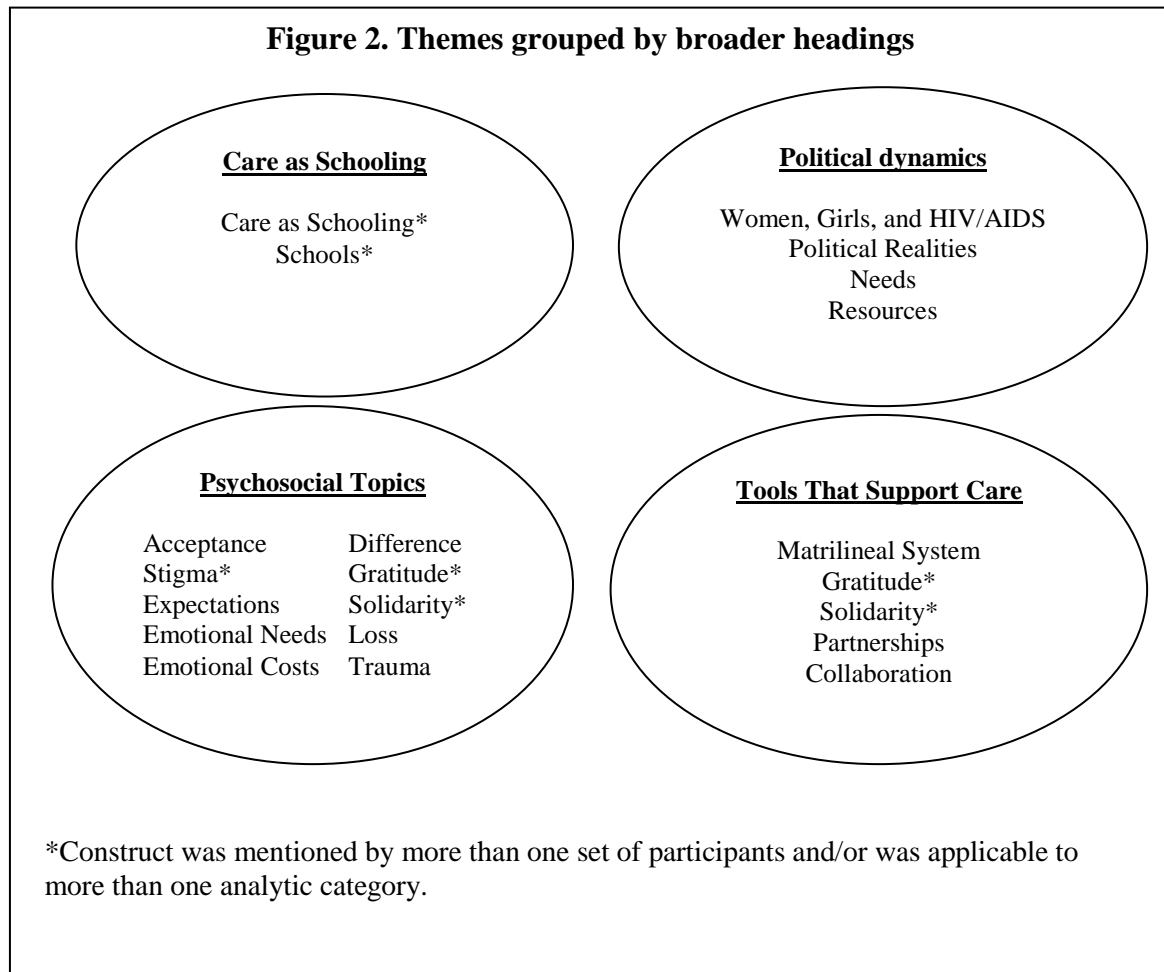
You asked me if I would like to continue. I want to stop! I want to stop because it is tiring; I get migraines from thinking. There are days where there are no workers available for the children in our shelter. There are days when I sit and I cry alone at home. I ask myself, "How am I going to manage? There are so many sick children, what am I going to do?"

Summary of Findings

I presented the themes that emerged during interviews with family members, Ivorian Ministry representatives, and members of the NGO community. An obvious commonality across interviewees is their connection to a child or children orphaned due to HIV/AIDS, yet there are other shared themes. Before proceeding to the analysis of the data in the following chapter, I first summarize the emergent themes and then organize these themes according to a few common headings.

Table 1 lists emergent themes for each of the three groups of interview participants. The themes represent the headings provided in describing the interview data above. After listing the headings, I noticed similarities in themes both within and across interview categories. In Figure 2, I combine themes under four broader headings. Many of the constructs can be included under more than one heading. My intent is to use the broader headings as an organizational structure for a portion of the analysis in the following chapter but before doing so, I discuss the categories and grouping of the content in Tables 1 and Figure 2, in more detail.

| Table 1. Emergent themes organized by interview groups | | |
|---|---------------------------|-------------------------|
| The Family | The Ministry | The NGOs |
| Care as Schooling | Partnerships | Trauma |
| Matrilineal System | Collaboration | Stigma |
| Acceptance | Solidarity | Needs |
| Stigma | Stigma | Resources |
| Expectations | Care as Schooling | School |
| Emotional Needs | Women, Girls and HIV/AIDS | Emotional Costs of Care |
| Loss | Political Realities | |
| Differences | | |
| Care as Schooling | | |
| Gratitude | | |
| Solidarity | | |



Family Themes

Themes from the interviews with the family members are organized under three broad categories in Figure 2. Some emergent interview content highlights the concept of care as synonymous with the provision of school for children. In Figure 2, I term this construct, “care as schooling”. Care as schooling is an emergent theme across participant interview groups and is a broad analytic category. It is mentioned twice as a theme during the interviews with the family members. Some family interview content coalesce around what I refer to as, “tools that support care”. These include the constructs I label as matrilineal system, gratitude, and solidarity. I refer to the next thematic category as “psychosocial topics”. This category includes family interview data that reflects the perspective of the

orphaned child as well as the points of view of the parents who cared for the child. I label these constructs as acceptance, stigma, expectations, emotional needs, loss, gratitude, and differences. Gratitude is dually grouped as a psychosocial topic and a tool that supports care.

Ministry Themes

I group the themes from the interviews with Ministry participants similarly. Some of the interview data fits best under the construct of “care as schooling”. The emergent themes of partnerships and collaboration are grouped under, “tools that support care”. Solidarity and stigma are categorized as “psychosocial topics”. The Ministry data led me to create a fourth category, political dynamics. This includes the thematic data on women, girls, as well as political realities.

NGO Themes

The emergent themes from the NGO interviews are organized under four of the categories in Figure 2. The NGO data includes information about the general state of schools in Côte d’Ivoire, which I place under “care as schooling”. Trauma, stigma, and the emotional cost of care are categorized as “psychosocial topics”. I group the emergent themes referencing needs and resources under the heading, “political dynamics”.

In the following chapter, I use the groupings reflected in Figure 2 to frame analysis of the headings and the sub-thematic content grouped under the headings in more detail.

Chapter 6: Analysis and Discussion

Introduction

In this chapter I analyze and discuss the study findings. I begin by providing analysis and commentary directed at responses to the research questions. Next, I discuss responses to the research questions in relation to the topics included in the literature review.

Responses to the Research Questions

This study was designed to explore responses to two broad questions.

1. How do the family and other participants in this study describe and make sense of what it means to care for a child orphaned due to HIV/AIDS?
2. How do the family and other participants in this study describe and ascribe value to the provision of schooling for such a child?

In keeping with my interest in foregrounding the perspective of the family, I first offer responses to each of the research questions from the family's perspective. Next, I broaden the analysis to include comparative responses to the research questions that incorporate the perspectives of all three groups of participants; the family members, the Ministry representatives, and the NGO representatives.

The Family's Responses to the Research Questions

How does the family in this study describe and make sense of what it means to care for a child orphaned due to HIV/AIDS? In response to the first research question:

1. This study helps to illuminate how care functions in this family and reveals how closely the link is between care and the provision of schooling. Caring, in the case

of this orphaned child, is organized by traditions in the matrilineal system; however, there are exceptions and adaptations to this system.

2. This study provides details about the role that care played in Michael's life. As an orphan, Michael wanted emotional support yet these needs were not articulated or mentioned as frequently by his adopted parents, Patrick and Joelle. Michael expressed his desire to have care linked to his need for feelings of acceptance, his sense of loss, particularly the loss of his mother, and the stigma associated with his orphan status, while his adoptive parents, focused on care, framed as the provision of schooling. Michael developed a hierarchy of needs and made choices that helped him self-actualize and develop.
3. The family data reveal the significance of gratitude in care practices. Gratitude supports and validates care by providing ways for those who provide and receive care to be recognized chiefly through honors, ceremonial gestures, and recognition amongst members of the larger community. The explanations of these offers of gratitude and the intent behind them are as important as the outcome.

First, this family interprets caring for a child, whether orphaned due to HIV/AIDS or not, primarily, as providing support for schooling. Support for schooling comes through the provision of housing, school fees, uniforms, books, allowance, and guidance on school matters such as a child's course of instruction or the location where a child attends school.

Caring for a child and the provision of schooling are linked to kinship networks (matrilineal and traditional Attié) that have operated for, at least four generations in this family. Patrick benefited from support for schooling and, in turn, supported schooling for Michael and many other children. When Michael was in school, he was first supported by

his uncle, then his aunt, and finally by Patrick and Joelle. Now, Michael cares for younger kin.

The matrilineal system reinforces care and schooling by operationalizing the concepts of caring and schooling. Michael, Patrick, and Joelle spoke about various parts of the matrilineal system. Their explanations included comments about the traditions, practices, and obligations that are associated with the matrilineal system, however, Michael received substantial support and care from the paternal side of his family and, according to Michael and Patrick, this is not the way the matrilineal system traditionally works. Notwithstanding the break from tradition, the matrilineal system organizes traditional and moral obligations between kin in this family. Obligation, in turn, yields support such as the provision of housing, school fees, food, clothing, and advice for family members and other kin. Michael and Patrick articulated this system of support as a manifestation of their solidarity.

Caring is a rich construct, and during the interviews, Michael mentioned aspects of care that were not as prominently featured in conversations with Patrick and Joelle. For example, Patrick mentioned Michael's emotional discontent in relation to his inability to attend medical school, while Michael spent a major portion of his interview time, talking about his need for emotional care and support.

Michael's expectations, in terms of emotional support, were tied to his desire to be accepted by his family and kin. At times, Michael's aunt communicated with him using strong emotion and stern words, when the opportunity arose, Michael moved in with Patrick and Joelle. He pointed out that Patrick and Joelle did not speak to him like his aunt did. Michael chose to remain in a home environment that supported his emotional needs.

Another component of emotional care centers on stigma. Michael spoke about the stigma he experienced, which was evidenced by sentiments and comments from people in his village and comments his aunt made, referencing his obligation to be successful in school and to be thankful for the things that he was given. According to Michael, the loss of his parents, especially the loss of his mother, the need for acceptance, and stigma contributed to his desire to develop emotional connections, support, and acceptance from mother-like figures. This was a critical emotional need for Michael. He expressed that he found a level of acceptance in his relationship with Joelle, but also acknowledged the heavy impact that the loss of his mother had on his life in his descriptions about how he sought out relationships with older women. He mentioned that he feared becoming a gigolo. Michael found emotional solace in his religious beliefs and credited his turn to Christianity as a source of comfort and emotional support.

While, Patrick and Joelle described and seemed to value care, primarily, in terms of the provision of schooling and Michael place more emphasis on his need for emotional support, all of them spoke about the significance of gratitude as a component of care. Gratitude was described as an emotional component and also as a mechanism that supports, rewards, and validates care, both given and received.

Other dynamics in the construct of gratitude include explanations of how gratitude was offered. Michael offered rich and detailed explanations about the formalities that he employed to demonstrate his gratitude. His explanations and effort to demonstrate gratitude were as significant as the outcomes. In short, gratitude was as much about the intent and the approach associated with the offering as it is about the outcome or result associated with that offer. After starting his first salaried position, Michael offered his thanks and gratitude by contributing money to Patrick and Joelle for a holiday meal.

Michael mentioned that Joelle spoke to his wife about how, out of all of the children they cared for, he was the only one who did that for them.

The lack of gratitude was a theme in this family and an important component to understanding care. When Michael chose to stay with Patrick and Joelle rather than return to his aunt's home, he said that his aunt considered his action a sign of his lack of gratitude for the care she had extended to him. This did not change Michael's decision to remain with Patrick and Joelle, but Michael's comment about this criticism indicated acknowledgement about the place his aunt holds in his family and the role that gratitude and respect play in his kinship network. It was important for Michael to explain that he respected and appreciated his aunt even though he did not always agree with her.

Gratitude was also a component of Michael's decision to honor Joelle by asking her to serve in the place of his deceased mother during his wedding, an honor that is traditionally reserved for one's maternal aunts. Joelle did not arrive in time to stand in as Michael's mother but Michael's expressed intent revealed his feelings and his gratitude for Joelle. He successfully honored Joelle by naming one of his children after her. Michael carefully detailed the methods he used to extend this honor to Joelle. He spoke about how he broached the subject with his older brother before he asked Patrick for permission. The method and approach were, indeed, as important as the honor he sought to bestow on Joelle.

The second research question asks how does the family describe and ascribe value to the provision of schooling for a child orphaned due to HIV/AIDS? The major findings from the family's perspective include the following:

1. School is a basic premise for caring in this family.

2. Schooling is an unquestioned assumption for all children in Patrick and Joelle's household.
3. Living with Patrick and Joelle provided an environment where Michael could benefit from schooling even though it was a rationed resource.
4. When Michael chose to live with Patrick and Joelle, he was able to pursue schooling without overt reminders about the gratitude he owed them, and he was able to concentrate on school achievement, gain a career, and use schooling to counter some of the emotional pain, stigma and negative sentiment levied at him due to his status as an orphan.

In the most general way, this family finds schooling and the provision of schooling to be synonymous with caring for a child, whether orphaned due to HIV/AIDS or not, however, there were more nuanced attributes associated with the provision of schooling.

In Patrick and Joelle's household, schooling, and the provision of schooling are moral obligations and basic requirements for children living with them. Less than half of the children in Côte d' Ivoire are able to complete high school. Michael's ability to attend secondary school and later complete post-secondary school is fairly exceptional.

Schooling, in Patrick and Joelle's family, is also a commodity that is rationed. Patrick explained how he could not pay for Michael's school fees for a medical degree program in Ghana. In making his decision, Patrick had to consider the financial needs of his biological daughter, who was living in London and attending school. Later he had to consider his retirement allotment before agreeing to care for another child. Michael added perspective to this point in his discussion about resources for school. He offered that in terms of providing schooling a care provider might send a non-biological child to public school while sending his biological children to a private school, which would likely offer

higher quality education. Michael described this as an occasional choice, based on financial considerations, but he minimized the rationing practices by saying that only a few families would make such a choice.

Michael described the provision of schooling in several ways. For example, when Michael lived with his aunt, he noted how she cast schooling as a privilege that an orphan, like him, could not afford to take for granted or squander. Michael spoke about how, at the secondary level, he began to view school attainment as a vehicle for gaining emotional and social capital. He mentioned that despite having a few problems with discipline, he was a high achieving student in high school. Michael noted that school achievement gave him a sense of accomplishment and social standing that countered some of the difficulty he experienced as an orphan. Schooling was a vehicle for coping with his orphaned status, and loss.

The Family, Ministry, and NGO Combined Responses to the Research Questions

The family, Ministry, and NGO representative data, when considered together, offer a more contextualized source for analyzing the basic research questions beyond the perspective of the family. I use Figure 2 as a framework to organize major findings, suggest relationships, and, to some degree, show the depth and strength of the findings that emerged from this study. This analysis incorporates responses to both research topics from the perspective of each category of participants. I discuss each broad heading and the sub-themes under each heading in Table 2, in turn. As I review each of the headings, I respond to this broad question, What does each category tell me about the study beyond the family's perspective?

Care as Schooling

Participants in this study described caring and schooling as inextricably linked. As stated previously, to care for a child means one must provide schooling. The family members affirmed this and comments from the Ministry representatives supported it. NGO representatives are front line workers and their perspectives on care and schooling diverged and focused on basic needs that stretched from problems with the school system to comments about the correlation between enrollment and HIV/AIDS prevalence rates in cities in Côte d'Ivoire. Hence, the inclusion of the sub-theme schools. Interestingly, Patrick and Joelle spoke about the systemic school issues when they explained how they collaborated with kin and moved to Abidjan to attend school beyond the post-secondary level. They moved to Abidjan because there were not enough schools in towns outside of Abidjan. This was a problem that existed when Patrick attended school 40 years ago and it continues to be a systemic problem in Côte d'Ivoire, particularly at the post-secondary level.

Political Dynamics

The Political Dynamics category captures a diverse grouping of themes and sub-themes that emerged during the interviews. The category encompasses elements that are more readily applicable to the Ministry and NGO participants.

Women, Girls, and HIV/AIDS

The first heading under this construct, Women, Girls, and HIV/AIDS, was a prominent theme in the conversations with the Ministry and NGO representatives. Both groups spoke about the impact that the death of women has on the opportunities available to the children who are left behind. The Ministry representatives discussed how the loss of a mother makes children, particularly girls, vulnerable for exploitation. Michael's

comments about the impact that his mother's loss had on his wellbeing supports the assertion that the death of a woman is a critical marker for understanding the devastating impact that HIV/AIDS has on families. I categorize Michael's comments under the Psychosocial Topics heading but his narrative fits in the Political Dynamics category. His narrative demonstrates the impact of loss on his wellbeing, while also contextualizing and offering descriptive commentary about how he experienced the loss of his mother. His descriptions paralleled and added to similar comments made by the Ministry representatives. Michael's input detailed an account about how the loss of a mother impacts a male child, and how it impacted him well into adulthood.

Political Realities

Comments about the political realities that impact the provision of caring and schooling in Côte d'Ivoire illustrate another aspect of the Political Dynamics theme. One Ministry representative, who spoke about the impact of rape on the spread of HIV/AIDS, mentioned the regional dynamics of the HIV/AIDS issue. She spoke about how Ivorian factions located in the northern part of the country, contribute to the spread of HIV/AIDS and increased incidents of children orphaned due to both war and HIV/AIDS. Her final comment was that there are more children orphaned due to HIV/AIDS than those orphaned due to the war. The conflict in Côte d'Ivoire is not over. The uncertainty of the political environment was most overtly expressed in these comments from the Ministry representatives.

Needs

Another dimension of the Political Dynamic category deals with needs. The NGO representative expressed needs most explicitly. One issue is the need to extend services to orphaned children beyond the age of 18. In Côte d'Ivoire, 18 is not typically an age where

children are financially independent. Cutting off services places many 18-year-olds in a difficult position.

One NGO representative also spoke about ideas to fund programs that offered assistance while maintaining the recipients' privacy and independence. The representative used an anecdotal story about a farmer as an example. She spoke about wanting the flexibility to assist the farmer by helping him expand and manage his farmland. Her rationale was that the benefits of harvesting a larger crop would allow the farmer to generate income and continue to support his children. She contrasted this with the current system of offering kits and showing up at people's homes to offer assistance, which is noticeable and carries the risk of stigma in the community.

The political realities sub-theme denotes constructs and issues that are controlled by external factors. These factors such as national conflict and donor-directed funding, have to be considered and managed by stakeholders like the Ministry and NGO representatives.

Resources

Resources, is the final theme under the Political Dynamics heading. I use this heading to capture the way resources, like needs, are politicized and managed the conversations about familial connections and notions of care captured the interplay between political dynamics and resources within the family. Resources and their use are broad and consistent undercurrents in the family member's conversations about the overall construct of caring and providing schooling for children. In a similar way, the Ministry representatives spoke about resources and the efforts they make to form collaborative relationships with organizations so that there is more efficient and coordinated use of resources targeting the orphan issue. I associate the Resources category with the NGOs

because of the perceived urgency NGO participants expressed regarding resources. Resources, as a construct, extend beyond the provision of funds to include human resources in the form of staff as well.

One NGO representative spoke about the difficulty inherent in managing the budget funders provide with the desire and the expectation that NGOs justify the funds. Added to this is the enormous need that NGO representatives say they experience in effected households. Another NGO representative spoke about the role media play in creating the perception that funding is available to support families impacted by HIV/AIDS. The representative said that she counters these perceptions by trying to discourage families from becoming reliant and dependent on external resources.

Tools That Support Care

The themes grouped under the Tools That Support Care header are easily applicable to other themes in the framework offered in Figure 2. The header has sub-themes, which are interrelated and similar. Nearly all apply to things mentioned by all of the participants in this study. The value in including this construct lies in its ability to reveal some of the techniques and approaches that the family and others in the study use to approach care for children orphaned due to HIV/AIDS. This heading is a source for understanding the capacity held by stakeholders. It is also a category where I am able to lay out the opportunities and strategies that people undertake to care for children orphaned due to HIV/AIDS.

Matrilineal System

The matrilineal system anchored the family at the center of this study. The matrilineal system orders the formalities governing the care of children like Michael, but it does not operate in all families in Côte d' Ivoire. In some ways, the matrilineal system is a

framework for all of the themes that are grouped under the Tools That Support Care heading. The matrilineal system works through partnerships between family and kin and is built on a foundation of collaboration. Family members must connect and work together to provide for an orphaned child.

Gratitude and Solidarity

Gratitude operates most clearly in the context of the family. The nuances related to this theme were captured in Michael's descriptions about his intent and the approach he used to offer gratitude to Joelle. More implied than explicit, the Ministry representatives may achieve gratitude through the satisfaction gained when they are able to assist a family or a child. Perhaps it is realized when they assist community organizations who are working on HIV/AIDS related projects.

When compared to the theme of gratitude, solidarity is a unifying concept across interviews. All participants, as well as, people I spoke to informally, mentioned this concept. Solidarity seems to create obligations for care that are honored in a variety of ways. In the family, solidarity seemed to function well, for Michael. Notwithstanding his claims that the system works, the Ministry and NGO participant commentary revealed that many orphaned children are not receiving care nor are they attending school. Considering all of the stakeholders' contributions, I support the claim that solidarity exists but is wrought with shortcomings, many of which are linked to resources and the stigma associated with HIV/AIDS. The Ministry and NGO representatives provided detailed examples of gaps and lapses in the system of solidarity.

Solidarity is expressed in the detailed ways that the family and NGO representatives developed collaborative mechanisms for caring for children. For example, families work together to get children into schools, but also the Ministry has worked to get

the NGO community to come together and organize their efforts to address the OVC issues in Côte d'Ivoire.

In this way, solidarity supports care but it also operates as a tool that supports the bureaucratic functions associated with managing and providing funding for children and families impacted by HIV/AIDS. Solidarity may also fuel some of the tension that one NGO representative spoke about. She described how difficult it is to balance the regulations imposed by funding mandates with the realities she witnesses in homes. She spoke about how a family member may take money designated for HIV/AIDS medication and use it for school books for children in the household. Solidarity could make it possible to ignore infractions or inefficiencies in the allocation of resources. Managing the constraints in the face of certain realities could be a source of stress for some

I noted contradictions in the concept of solidarity in some of the conversations. The Ministry representative offered passionate comments about the damage exacted by the warring faction in the northern portion of the country during the civil unrest. She singled the northerners out for their roles in killing, raping, and exacerbating the existing HIV/AIDS problem in Côte d'Ivoire.

The construct of solidarity is a transition topic for a discussion about the last two themes under, Tools That Support Care: partnerships and collaboration.

Partnership and Collaboration

In a general way, the participants in this study would agree that partnerships and collaboration are basic components that support care and schooling for children. Patrick, Joelle, and Michael rely on both tools. One of the Ministry representatives noted how collaboration strengthens solidarity. The topics of Partnership and Collaboration were core unchallenged themes in the conversations with the Ministry representatives. They

embraced both themes as requirements for addressing OVC issues. During one part of our conversation, a Ministry representative noted that addressing OVC issues cannot be done without partnering. She demonstrated the strength of this belief when she described how a group of orphaned children are involved in the collaborative process. She pointed to the group slogan, “Everything that is done without us is done against us.” as a sign of their commitment. The efforts to develop partnerships and to collaborate with others were suggests that these themes are foundational requirements for successfully confronting the HIV/AIDS pandemic.

Psychosocial Topics

The final categorical heading in Figure 2 is, Psychosocial Topics. Within this construct are numerous sub-themes that speak to the impact that HIV/AIDS has on children and families. Rather than delineate each of the sub-themes included under tis sub-theme, I will discuss that that were most prominent.

Michael’s search for acceptance as an orphaned child, things that were expected of him, the stigma, and the pity were all parts of the issues that he mentioned. The psychosocial construct captures Michael’s struggle to cope in rich descriptive detail. Patrick and Joelle contributed to this category, mostly through their comments about the different schooling choices for orphans and biological children in cases where resources are scarce. Michael’s comments helped me visualize and understand his struggle to find his place in the social structure. He described how he leveraged opportunities for schooling and educational attainment as vehicles for self-improvement. Schooling and achievement at school were this orphan’s way of developing an acceptable identity construct, one that countered the negative labels often ascribed to orphaned children.

The narrative about Michael's efforts and relative success stand in contrast to the comments from the Ministry and NGO representatives. Their representation of the psychosocial issues faced by OVCs converged on struggles and the problems that they face engaging the broader population. Michael is just one child amongst many. When compared to the perspectives of the Ministry and NGO representatives, Michael's life is an example of a success story of sorts. He managed to avoid some of the more negative outcomes associated with orphan hood. One Ministry representative discussed the disparity in a different context. She noted that children orphaned due to war were venerated and supported by the Ivoirian community, while children orphaned due to HIV/AIDs were blamed for killing their parents and otherwise ostracized. The Ministry representatives' example illustrates the disparity and the level of stigma that exists related to HIV/AIDS.

The NGO representative added more to this theme through the descriptions of broad psychosocial phenomena that impact orphaned children. She pointed out that when NGOs organized to confront the HIV/AIDS pandemic, psychosocial issues (i. e. trauma, loss, stigma) were ignored. Funding was prioritized to focus on treatment of HIV/AIDS. Not until later did the community realize the necessity of targeting psychosocial issues. The representative added issues that Michael did not mention, such as depression and the psychological fall out related to the trauma associated with watching close family members die. The family and Ministry perspectives included comments about the impact of stigma; the NGO representative elaborated on these comments by providing details about how stigma is manifested in families and communities. Finally, another NGO representative spoke about the existence of self-imposed stigma. She described this as a

situation where a person infected with HIV/AIDS refuses company paid benefits and medical treatment to avoid being identified as a person living with HIV/AIDS.

This chapter offers responses and findings about the research questions. The responses are organized to highlight the perspective of the family that is the focus of this study followed by an expanded review of findings that includes the perspectives of the Ministry and NGO representatives. The perspectives of the different categories of participants have a common theme of pragmatism and they highlight the stakeholders' ability to adapt as they focus on providing care for children orphaned due to HIV/AIDS. Human Behavioral Ecology (HBE) and its emphasis on human behavior and adaptive responses offers an area for further exploration and analysis beyond what is offered here. (Cronk, L., Chagnon, N. & Irons, W., 2000). Some HBE research focuses on the intersections between modern environments, selection measures, and responses. This particular research focus has applicability to the family in this study, the Ministry and NGO stakeholders. The descriptive details included in this study could inform historical and analytical data that explain and define adaptation. (Laland, K., Brown G., (2002). I do not embrace the HBE emphasis on the use of rationale modeling and the emphasis on natural selection posited by some scholars (Winterholder, B., Smith, E., 2000). Nor do I embrace the HBE focus on forms of Darwinism or evolutionary anthropology.

In the next section, I discuss the findings in the context of the literature that situated this study.

The Findings in Relation to Existing Literature

My approach to undertaking a literature review involved reviewing topical areas that framed my research questions and providing a point of focus for the framework I used to address these research questions. The literature review in Chapter 2 is divided into six sections. The first three sections provide background on the HIV/AIDS pandemic, Côte d'Ivoire, and the orphan crisis, respectively. The next two sections include reviews of literature that most closely addressed my research questions. The last section centers on post-development ideologies, which I consider to be part of the material that frames my approach to this study. In my discussion of the findings, I comment on sections of the literature review that deal directly with the research questions. The remaining sections are discussed in Chapter 7.

The most relevant literature on caring, in the context of children orphaned due to HIV/AIDS, coalesce around three topics. The first topic is research about the extent that HIV/AIDS reveals strain or resilience in families. The second topic is the phenomena of grandmothers caring for children orphaned due to HIV/AIDS. The final topic highlights existing qualitative and, more specifically, ethnographic studies written about families that care for children orphaned due to HIV/AIDS.

Strain or Resilience

If I relied solely on the perspective of the family that is featured in this study, I might suggest that the HIV/AIDS pandemic in Côte d'Ivoire reveals more examples of adaptive resilience, as described by Chirwa (2002). Adaptive resilience within the family kin system has not necessarily developed as a result of the HIV/AIDS pandemic. In the resource constrained environment that Michael, Patrick and Joelle live in, resources

pertaining to school are constrained prior to the appearance of the HIV/AIDS pandemic, which emerged in the 1980's. The adaptive resilience has been a feature of caring for many years. It is lodged in reciprocal relationships that exist in family practices found in many countries in Africa.

The Ministry of Health officials and NGO representatives offered commentary that supports a contrasting view regarding the notion of family network failure as mentioned in (Nyahbedha, Wandiba, and Aagard-Hansen , 2003). Family network failure is characterized by fissures and gaps in the family systems that lead to children being without care and without the option of attending school.

Considering the comments from all of the stakeholders, the family, and the Ministry and NGO representatives, adaptive resilience in families exists, yet many families impacted by HIV/AIDS are not able to maintain care and schooling for orphaned children like the family featured in this study. Poverty and the systemic problems with the education sector help maintain these disparities in Côte d'Ivoire.

Grandmothers and Care

Some of the earliest research on the impact of HIV/AIDS on families see (Foster and Germann (2002) noted the prevalence of households comprised of an elderly grandmother and her orphaned grandchildren. Côte d'Ivoire, like many countries in Africa has a population dominated by young people (McGovern, 2011). The family in this study is not headed by an elderly female. The Ministry representatives described how some elderly people are not well cared for by their family members and mentioned, a case where children were left with their grandparent in a less than ideal situation. The Ministry representatives emphasized the case of a young girl who was left to support younger siblings in a situation that left her vulnerable to exploitation. The vulnerability of women

and girls is more dominant than the instances of elderly grandmothers, caring for children orphaned due to HIV/AIDS.

Qualitative Studies and Orphan Care

The findings in this study are comparable to the qualitative research conducted by Mann (2003). Mann's research offered descriptive data about the experiences of families caring for orphaned children in Malawi. The study highlighted the different perspectives about caring between care providers and orphaned children.

Similar to Mann's findings, an ongoing theme in this study is that caregivers, like Patrick and Joelle emphasized material support while Michael detailed his psychosocial needs. Also, both studies detail the preference of a female caretaker. Mann's findings posit that children prefer care provided by a grandmother while my research findings emphasize a system of care originating from maternal kinfolk.

Both studies indicate a preference for care from family members and related kin. The Ministry representatives discussed the preference for care that did not include orphanages. I explained this preference in the construct of what participants termed, solidarity. My study, like Mann's, details the behavioral problems, stigma, and discriminatory treatment that orphaned children face at the hands of their relatives and kin. The concept of gratitude is evident in both study findings. Similar to the discussion in Mann's study, Michael mentioned the loneliness and isolation he felt, but he did not indicate that he was discouraged from expressing his grief.

A second qualitative study by Chirwa (2002) uses narratives written by orphaned children to describe their experiences and adaptive responses to being orphaned due to HIV/AIDS. Michael's narrative about his psychosocial experience and his struggle to find acceptance is similar. Both describe adaptive capacity and provide details about how

children describe resiliency. Michael's conversation offers reader's the opportunity to consider the impact of loss on a child beyond popular discourses dominated by research on loss, women, and girls. This study offers an account of the impact of loss on a male child. Michael describes himself as having overcome his orphaned status. Ironically, his account validates studies that suggest that orphaned boys are more likely to overcome the loss of parents than orphaned girls are.

The Provision of Schooling

I reviewed literature that frames my second research question. These studies highlight multiple intersections between African families and the provision of schooling for orphaned children. This section compares the reviewed literature with the findings in this study.

Schooling as a Basic Right

A common feature in the literature is the undisputed right that children have to attend school. Other studies detail the costs and benefits associated with educating orphaned children and many studies offer comparative enrollment trends between orphaned and non-orphaned children. The family featured in this study echoed similar sentiments about the central role that schooling holds in the development of a child. Michael, Patrick and Joelle value education as a basic requirement for children in their care, even for an orphaned child like Michael.

Schooling is a Matter for Families

The literature that I reviewed included studies that argue that the provision of schooling is conceived as, first and foremost, a family matter. The Ministry representatives showcased this position in their explanation of how the establishment of

orphanages is not accepted as a suitable solution to managing the care needs of orphaned children.

OVC School Attendance

This study offers descriptions that support studies positing that children who are orphaned experience more difficulty attending school than non-orphans do. Orphanhood, no matter the cause, is typically associated with a loss of economic resources, which makes the provision of schooling something that must be managed. Even in Michael's upper middle class home, the resources for schooling were shared between the children in the household. The Ministry and NGO representatives described additional examples of the difficulties that some orphaned children face. Similar to the findings in prevalent literature, the participants in this study offered reasons that extended beyond economic factors. Orphaned children negotiate schooling while dealing with trauma, migration, stigma, expectations, and psychosocial issues, all of which impact school attainment.

Chapter 7: Conclusions

This study examines two questions regarding care and the provision of schooling for children orphaned due to HIV/AIDS. Qualitative analysis of data highlights the perspective of a family, who cared for a child orphaned due to HIV/AIDS but also adds the perspectives of Ministry of Health representatives and representatives from the NGO community. This exploratory study reveals several points about the research questions. It illuminates how care functions in this family and reveals how closely care is linked to the provision of schooling for a child. Caring, in the case of this orphaned child, is organized by traditions in the matrilineal system that supports and orders care for children.

This study provides rich details about the role that care played in one orphan's life, and reveals some of the differences in the experiences of loss and grieving between the orphaned child and the child's care providers. The family data reveal the significance of gratitude and solidarity in care practices. Gratitude supports and validates care by offering ways for those who provide and receive care to be recognized, chiefly through honors, ceremonial gestures, and recognition amongst members of the larger community. The explanations of these offers of gratitude and the intent behind them are as important as the outcome. Solidarity is a tool and perhaps an ideal that supports the notion of care but it also tool that is not equally realized in various strata of society, particularly in poorer households.

In this family, school is a basic premise for caring and schooling is an unquestioned assumption for all children in Patrick and Joelle's household. Michael, who lost both parents to HIV/AIDS, benefited from schooling even though it is a rationed

resource. He was able to pursue schooling, pursue a career, and through schooling overcome the negative connotation attached to his status as an orphan.

The remainder of this chapter is dedicated to reflections on my research to include, the limitations of this study, commentary about the utility of the study for future research, and final reflections about the study and the research process. In the last section of this chapter I will offer reflections on the post-development literature that framed my approach to this study and on other topics that emerged during the research process.

Study Limitations

In this segment, I describe an issue that constrained and limited this study. I introduce the constraint and discuss how I tried to attend to these issues during the course of this study.

Length of Fieldwork

This study takes a qualitative look at the phenomena of caring and the provision of schooling for children orphaned due to HIV/AIDS in Côte d'Ivoire. Some qualitative methods employ rich descriptive data gathered in the field over an extended period of time. I completed this study and the bulk of the fieldwork over the course of two months. Had fieldwork been extended to six months, there would have been more opportunities to incorporate data from additional observations and interviews. Data collection involves developing rapport with participants and gaining entrée into a research setting. The short length of time that I spent in the field placed limits on the depth and richness of the data I collected.

To address the limited time spent in the field, I expanded data collection to include multiple participants. The initial research plan was to foreground the perspective of one

family, but the inclusion of Ministry of Health and NGO representatives helped contextualize and triangulate the data. It added two layers of depth and dimension to the family members' contributions.

Implications for Future Research

Chapters 5 and 6 bring together the themes and sub-themes that form the basis of this research. This study contributes to an understanding of these issues by bringing the perspectives of people who interface with the realities of the pandemic. Rich with descriptions, stories, and detailed accounts of events, this study expands on a body of literature dominated by numbers and statistics about HIV/AIDS and orphans.

Final Reflections

A host of unanswered questions and ideas arose as I undertook this study. Some of these are related to my research approach, which incorporated post-development constructs, while others are connected to additional concepts and ideas that emerged during the study. I begin with reflections on post-development concepts and then I discuss the additional concepts.

Post-Development Considerations

Post-development concepts allowed me to step outside of my current role as the facilitator of primarily Western hegemonic ways of engaging, so-called, less developed countries and try to see and understand from another perspective. Throughout my study, I tried to incorporate certain tenets into my approach to this study. I wanted to challenge my thinking and be critical of my assumptions and beliefs. Post-development considerations were important as part of the method and approach to this study but were not a key feature

in the analysis of the findings. Consequently, my point of view about the impact of post-development focuses on what I learned as a research practitioner.

Discourse

Discourse is the post-development issue that I was most able to attend to in this study. There are many ways that I incorporated discourse and discussed analysis. I used methodological choices to shape the point of view and thereby direct discourse and analysis in this study. In Chapter 2, I include discursive historical perspectives that demonstrate resistance to colonial rule. My approach was in response to Escobar's (1997) comment about development. "The system of relations establishes a discursive practice that sets the rules of the game: who can speak, from what point of view, with what authority and according to what criteria of expertise." (p. 87).

I chose a qualitative study and an interpretive analytic stance for my research as an alternative to quantitative and understanding based on rational analysis, which I view as part of a dominant discursive form of representing HIV/AIDS and orphan issues in Africa. I also focused on a topic, children orphaned due to HIV/AIDS, that has been renamed and repackaged under the topical heading OVCs. The change, largely driven by the donor community that funds HIV/AIDS research, incorporates children orphaned due to HIV/AIDS into a larger category of children who are vulnerable due to multiple issues that are factors in vulnerability such as conflict, poverty, and gender. My stance assumes that there is more to know about children orphaned specifically due to HIV/AIDS.

I made extensive use of narrative data from participants. This allowed me to respond and interpret data drawn from Ivorian points of view and it brings subaltern discourse into the study. Next, I used the interview data as the primary source of understanding the research questions and constructing meaning. The data are arranged in a

way that allows multiple interpretations of the themes and interpretation. Finally, I used reflexive comments to share my personal stance and biases.

These approaches are a departure from quantitative studies. Qualitative researchers, particularly Anthropologists, have brought attention to the contribution of research that is not written in a narrowly quantitative tradition. Political Anthropologist, Mike McGovern (2011), describes the significance of including research that focuses on meaning and context. He contrasts qualitative approaches to the use of rational choice theory, which is a dominant perspective in political analysis.

“Rational choice theory using sophisticated mathematical modeling borrowed from economics and statistics, has managed to squeeze out much other analysis based on more qualitative methods or deep knowledge of context, including the history, languages, and everyday practices of the people being studied. No longer satisfied with their successful colonization of Political Science departments, some purveyors of this particular brand of analysis have taken to criticizing other disciplines, like Anthropology, as well as interdisciplinary area specialists. Such academics, it is said, are too ‘soft’, and waste their time amassing contextual detail, rather than formulating and testing hypotheses in a rigorous and systematic way.” (p. xviii)

Interventionism

I am particularly sensitive to the concept of interventionism. I work as a Social Scientist supporting the U.S. Military. From my point of view, interventionism is an historical reality for militaries. As I mentioned previously, I used qualitative data drawn from interviews with Ivoirians to create space for insider perspective on my research topic. This approach offers an alternative to analyzing data from outsider perspectives.

I made concerted efforts to counter interventionist points of view, yet, there were instances where I believed interventionism was present and affecting those who cared for children orphaned due to HIV/AIDS. For example, one NGO representative spoke about her struggle to balance donor requirements for how aid is used with the reality that aid workers' face when they visit people at home. The dynamic of interventionism is held in place by the financial power that funders have in so-called less developed countries. Front-line workers are faced with ethical and personal dilemmas as a result of the imposition of rules that do not necessarily fit the setting or situation.

Representation

The alarming statistics and the dominant focus in most research on the devastation of the HIV/AIDS pandemic competed with my attempts to keep my study focused on the qualitative and human aspects of the phenomena. I wrote journal entries about my concerns. I wanted to maintain balance between exploring meanings about an overwhelming pandemic, while demonstrating humility and considering the impact of representing and interpreting the perspectives of the participants. It was important for me to listen to the stories and to look for disconfirming points or differences in perspectives on similar points. At times, I played the devil's advocate and asked provocative questions. I wanted to make sure that I heard the participants' stories. Despite my efforts, I still have doubts and lingering questions about representing the participants. For example, I wonder if the participants care about this study, or do they see it as just another case where their ideas and perspectives are being siphoned and packaged for scrutiny by outsiders? Throughout the course of my fieldwork in Côte d' Ivoire I received responses to my questions, but I wonder if I really understand the phenomena that I am sharing? I am sure

that the answer to this question is, no. My next question is what else do I need to know or understand to represent the participants' offerings?

Another aspect related to representation involved recognizing and managing my perspectives. For example, the participant's explanations about the nature of grief, trauma and coping were oddly familiar to me. The setting could change from Côte d'Ivoire to Texas, yet the descriptions of the emotions and pain associated with loss might be the same. This realization reminded me of the unifying nature of the human condition and caused me to think even more carefully about representing indigenous perspectives during the course of my research.

Research

I have been involved in conducting research in Africa since the mid-1990s. I learned many things about research and the conduct of research through my experiences living and working in countries in Africa. Post-development scholars caution researchers about the contentious way, those who are subjected to research, may view it. I incorporate considerations in my approach to the conduct of research such as humility and practicing an ethic of caring.

Smith (1999) mentions that for some indigenous people, research is a dirty word that stirs up anger, silence, and distrust. (p. 1). While mindful of these cautions, I was also aware that the people who helped me gain access to a family for my study, carefully controlled my access to them. For example, I was invited to a few informal dinners, and family gatherings, where members of the family that I interviewed were present, before I was invited to interview them. I do not doubt indigenous people have concerns and suspicions about research. The numerous layers of precautions that were taken to help me

gain entrée seemed like a helpful counter measure to ensure that my research was understood and accepted.

Integrating Post-Development Ideas

I do not agree with the position that the solution to development is to end it. The dynamics of agency and change are complex and it is difficult to make a clear argument that icons of modernity and development are not desired by people in the South without sounding paternalistic. I accept post-development cautions about the dangers associated with hegemonic discourses, interventionism, representation, and research. I align with scholars (Matthews, 2004; Nustad, 2001; Storey, 2000; and Ziai, 2004) who incorporate post-development considerations as a tool for examining the myriad ways that transformation, adaptation, and reformulation are realized and resisted in local contexts.

Storey, (2000) captures an impact that integrating post-development ideas has on research. "...it is the methodological orientation of the post-development school- especially its seemingly 'negative' predilection for deconstruction and critical discourse analysis that has the most to offer." (p. 45). Critique and discursive analysis continue to challenge me to consider perspectives that might be, otherwise, pushed aside.

Additional topics for reflection

There were two additional ideas that I want to comment on, Solidarity, and the Universality of Schooling Children. I discuss these in the following sections.

Solidarity

I often consider the term, "solidarity" given the ongoing civil conflict in Côte d'Ivoire. I recognize that I have not resolved the frequent use of the term in a place like Côte d'Ivoire where it appears that solidarity is slipping away. Given the civil unrest and the violence that occurs there, I continue to ask whether or not solidarity has a place in

discourse about care and schooling for children orphaned due to HIV/AIDS and if so, does solidarity serve to hold people together in ways that provide support, or does it bind people in groups and networks that hurt or undermine? Perhaps the answer involves a bit of both?

Universality of Schooling Children

I was surprised, and to some degree, disappointed that I could not find anyone who openly rejected the importance of schooling children, even if the rejection was offered as a defensive stance to justify a family's condition. Perhaps I needed to position myself closer to people who did not send their orphaned children to school. Perhaps those who challenge the construct, make their position known, not by talking about it but simply by not sending their children to school. Poverty, lack of information, and fears about security, particularly for female students are common considerations when families do not send their children to school; but I wanted to explore alternative constructions behind the act. It is hard to find such alternative perspectives because the act of not sending a child to school is largely demonized and considered inappropriate or deviant behavior. It is heresy, and researchers, instead make excuses for why people do not send children to school. Many studies engage the topic with the idea that not sending children to school is a behavior or a situation that must be fixed. This position allows very little space to consider non-attendance as a rational or even more provocatively, as the right choice for a child.

In conclusion, this study contributes to existing research about children orphaned due to HIV/AIDS. It offers nuanced and descriptive understandings about the provision of care and schooling for orphaned children that are not well-documented, especially in West Africa where the HIV/AIDS pandemic is not well-studied. The post-development tenets incorporated in this study allowed for a critical lens that privileged the perspective of

indigenous participants. This study has opened the prospect for me to undertake additional studies that unpack and nuance research that relies heavily upon quantitative data and discussions that do not consider include rich descriptive data written from the perspective of those who are being studied.

Glossary

(AU) Africa Union

(BAC) Baccalauréat

(BE) Brevet élémentaire

(BEPC) Brevet d'étude exam premier cycle

(CASM) Centre d'assistance socio-medical

(CCP) Center for Communication Programs

(CEPE) Certificate de école primaire

CHIGATA, a non-government organizational organization

(DEA) Diplôme d' Etudes Approfondies

(DEUG) Diplôme Universitaire d' Etudes Générales

Doctorate de Spécialité de Troisième Cycle, equivalent to a Ph.D.

(DUEL) Diplôme Universitaire d' Etudes Littéraires

(ECOWAS) Economic Community of West African States

(ERNWACA) Educational Research Network for West and Central Africa

(ROCARE) Réseau Ouest et Centre Africain de Recherche en Education

(EGPAF) Elizabeth Glaser Pediatric AIDS Foundation

(FHI) Family Health International

(HBE) Human Behavioral Ecology

(HDI) Human Development Index report

(HIV/AIDS) Human immunodeficiency virus/Acquired Immune Deficiency Syndrome

(IPF) Ivorian Popular Front

Jhpiego, International non-profit health organization

Licence, equivalent to a U.S. Bachelor's degree

Maîtrise, equivalent to a U.S. Master's degree

(MEASURE) Monitoring and evaluation to assess and use results

(NGO) Non-governmental organization

(NPOVC) National Program for Orphans and Vulnerable Children

(OVCs) Orphans and Vulnerable Children

(PAF) Programme Acceleration Fund

(PEPFAR) President's emergency plan for AIDS relief

(PUMLS) Project d'Urgence Multisectoriel de Lutte Contre Le Sida

(UN) United Nations

(UNICEF) United Nations Children's Fund

Annex: Interview Questionnaires

(Adult family/kinship members)

*The interviews will be conducted in the semi-structured interview format and the questions below **represent themes** that may be further investigated and discussed in-depth during the interview. Similarly, some of the questions may not be raised at all if they are not germane to the particular interview setting.*

Read informed consent.

Record audiotape acknowledgement of consent.

If permission granted, begin audio taping the interview.

1. Tell me your age and where you are from (nationality/citizenship).
2. What languages do you speak?
3. What do you do for your livelihood?
4. How long have you lived in Abidjan? How did you end up living here?
5. What are the ages of the children (18 and under) that you care for and how did you come to care for each of these children (birth or through kinship ties)?
6. Describe the routines involved in caring for the children in your household. (daily routines).
7. What are some of the benefits and challenges associated with raising children?
8. Are the children you care for, whose parents died because of HIV/AIDS, alike or different from the other children in your care? Describe how they are alike and/or different.
9. Describe what it is like to provide schooling for your children? What are the benefits and challenges associated with sending your children to school? Are there different things that you have to consider, when it comes to providing schooling for the children you care for, whose parents died because of HIV/AIDS? If so, what are they?
10. What else would I need to know or who would I need to talk to understand what it is like for a family like yours to take care of children orphaned because of HIV/AIDS?

Interview Questionnaire:

Ministry and (NGO) representatives

Date

Hello (**Insert Name**),

Thank you again for agreeing to meet with me (**insert date and time**). Per our conversation, I am providing some orienting material to help organize our meeting. Please let me know if you need additional information.

About Me

I am a doctoral student in International Education Policy studies at The University of Maryland. My dissertation research is on the experience of families who care for children orphaned because of HIV/AIDS in Côte d' Ivoire. I am interested in knowing how the families manage overall and how they manage the schooling needs of the children in their care. I have been involved in the Africa region (living, working) over the course of the past 14 years, most recently with the Department of Defense at The Africa Center for Strategic Studies.

Purpose of the Meeting

I have asked to meet with you to:

1. Learn more about what is being done to combat the HIV/AIDS pandemic through programs like the one(s) you work with.
2. Develop contacts in Côte d' Ivoire that could link me to a family who is caring for children orphaned due to HIV/AIDS in their home.

Interview Format & Guiding Questions

Provide copy of confidentiality Agreement

Record and read confidentiality Agreement

Record consent and proceed according to consent

1. Describe the work (programs, initiatives) that you are involved with here in Côte d' Ivoire that deal with children orphaned due to HIV/AIDS.
2. Who (name, e-mail, telephone numbers, introductions) are some of the people that I should meet with or talk to who could help me meet a few families caring for orphans and vulnerable children in Côte d' Ivoire?

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