



**HOUSING CONDITIONS OF AIDS ORPHANS IN
MALANGENI: IMPLICATIONS FOR HOUSING POLICY**

By

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ABSTRACT

This dissertation examines the housing conditions experienced by the AIDS orphans at Malangeni. It documents and highlights the housing conditions and makes policy recommendations with regards to addressing housing needs of AIDS orphans.

AIDS orphans are faced with the problem of inadequate housing. They are living in houses that have a variety of defects. These houses have broken windows, broken doors, leaks, holes in roof, cracks on walls, mould as well as poor ventilation. These AIDS orphans are being cared for by their relatives, like their aunties but in most cases it is their grandparents that are getting money from the pension grant to support the whole family.

The community of Malangeni is very poor and it does not have adequate funds to provide assistance to solve this problem of inadequate housing. The government and the community organizations have done very little to trying and provide assistance in this regard. AIDS orphans get emotional and moral support from members of local churches who visit each and every household that has AIDS orphans.

It can therefore be argued that given the inadequate housing conditions that AIDS orphans live in, there is a need for housing policy to address the problem by providing AIDS orphans with housing that has basic infrastructure facilities that ensure basic health and safety and most importantly, improve the overall quality of life.

DECLARATION

The research described in this mini-dissertation was carried out in the School of Architecture, Planning and Housing, University of KwaZulu-Natal, Durban, under the supervision of Dr. Catherine Ndinda.

I proclaim that this is my own unaided work, except for the acknowledged supervision and referenced citations. It has not been submitted for any previous degree at any University.

Date 2006

Signature. ..... Name. .....

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To all these people, I say, “May God Bless You All”

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LIST OF ACRONYMS

AIDS	Acquired Immuno-deficiency Syndrome
ANPPCAN	African Network of Prevention and Protection of Abuse and Neglect
CBO	Community Based Organisation
FOST	Farm Orphan Support Trust
GOSA	Global Outreach Students' Association
HIV	Human Immuno-deficiency Syndrome
ISS	Institute for Security Studies
KZN	KwaZulu-Natal
NGO	Non-governmental Organisations
NCNN	National Children in Need Network
RDP	Reconstruction and Development Programme
TB	Tuberculosis
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund

1.0 INTRODUCTION

1.1 BACKGROUND TO THE STUDY

AIDS is a very serious and terrible disease which is responsible for leaving vast numbers of children in South Africa and worldwide without one or both parents. In 2003, about 15 million children under 18 had been orphaned by HIV/AIDS worldwide (Fredriksson & Kanabus, 2005). Of those approximately 12 million live in sub-Saharan Africa, and there are expectations that this number will have increased to more than 18 million by 2010 (Fredriksson, & Kanabus, 2005).

These orphans are vulnerable, and experience problems of bad housing conditions where they live, poverty, exploitation and themselves becoming infected with HIV. They usually get forced to leave the education system and find jobs, and sometimes to care for younger siblings who are also living in terrible housing conditions (UNIAIDS, 2005).

About 2.4 million children are living with HIV/AIDS in Sub-Saharan Africa at the end of 2001 (Rosen, 2001). The largest numbers of infected children are living in Ethiopia, Nigeria, South Africa and Kenya (Rosen, 2001).

More than four million children under age 15 have died of AIDS, with 90 percent of these being in Africa (Rosen, 2001). A large number of HIV infection in children is caused by transmission of the virus from mother to child during delivery; transmission can also occur through breastfeeding (Rosen, 2001). In East and Southern Africa, infant mortality rates are nearly 70 percent higher than they would have been without AIDS (Rosen, 2001).

By 2010, 44 million children in 34 countries hardest hit by HIV/AIDS will have lost one or both parents, primarily, from AIDS (Rosen, 2001).

In South Africa a large number of children suffer the harmful effects of HIV/AIDS long before they are orphaned. Many children whose families are affected by HIV/AIDS, especially girls, are forced to drop out of school in order to work or care for their families (Maxwell, 2001). They face an increased risk of engaging in harmful labour and being exploited for instance having to drop out of school and do house

work like cooking, cleaning etc. Most of AIDS orphans move and stay with their extended families. Within the extended family they are also obligated to work harder than other children in the family and are the last to get food or school fees (Smart, 2003). Within the community, they become socially ostracised and marginalised, by adults as well as by other children.

Some of AIDS orphans live in child-headed household without adult supervision or support. This makes AIDS orphans experience profound loss, grief, anxiety, fear, hopeless and disturbed social behaviour (Smart, 2003).

HIV/AIDS is not only killing parents but is demolishing the defensive network of adults in children's lives. Many teachers, health workers and other adults, on whom children rely on, are also dying, because of the time lag between HIV infection and death from AIDS. The crisis will worsen for at least the next decade (Fuller, 2001).

Extended family systems in the African society have traditionally provided support for AIDS orphans. AIDS, combined with other pressures such as unemployment, is pushing the extended family system to a breaking point in the worst affected communities (Fuller, 2001). As a result, many AIDS orphans are cared by their relatives, whereby some of them live in very terrible housing conditions. Some of AIDS orphans would have left good housing conditions back home. Because of the circumstances they can not stay at home alone, they felt obligated to relocate and stay in terrible housing conditions with their relatives. In those terrible housing conditions, they have to take care of their sick relatives like their old grandparents (Fuller, 2001).

The death of a grandparent may create a situation where there is nobody else in the extended family willing or able to care for the children. This gives rise to orphan households headed by older siblings who do not have funds to make renovations of the terrible housing conditions they live in. In that way houses get destroyed by rain and sometimes by fire because of the poor material that is utilised on them.

Some of AIDS orphans stay in informal settlements, where housing materials used are of temporary nature. These informal settlements are sited illegally on land, without planning permission, and often in hazardous locations. Pressures can also come from

environmental hazards such as floods and fire. AIDS orphans get ill as a result of the poor quality of their environment and exposure to disease.

1.2 RESEARCH PROBLEM

HIV/AIDS is a very complex and problematic issue more especially in the African countries. In the year 2003, the UNAIDS Global Report, estimated the number of AIDS related deaths in South Africa, ranged somewhere between 270 000 and 520 000 (UNAIDS, 2003). Given the numbers of people infected and dying, South Africa is viewed as having the most severe HIV epidemic in the world.

Hundreds of parents of all ages die in South Africa almost every day because of AIDS related diseases. This creates difficulties to children left behind. This all happens in a society where approximately 61% of South Africa 's 18 million children live in poverty and 7.9 million people are unemployed this equates to the issue of unemployment (Fredriksson & Kanabus, 2005).

Achieving accurate and exact statistics on the number of children orphaned as a result of AIDS is challenging. If orphans are defined as children under the age of 17 whose mothers have died, UNAIDS estimate 1,100 000 orphans due to AIDS were living in South Africa at the end of 2003 (Fredriksson & Kanabus, 2005).

As a large number of adults are dying of AIDS, the number of orphans will grow up without parental care and love. In that way they will be deprived of their basic rights to shelter. The scale of the AIDS orphan crisis is somewhat masked by the time lag between HIV infection, death and orphaning. Even if all new HIV infections were to stop today, the numbers of orphans would continue to rise for at least the next 10 years. (Fredriksson & Kanabus, 2005).

So far, the HIV/AIDS has orphaned many children having no place to stay at Malangeni next to Umzinto. AIDS orphans are at greater risk of illness that they have inherited from their parents, and are even more likely to be sexually abused and forced into exploitative situations such as prostitution as means of survival. Girls are also at a greater risk of becoming infected at a younger age than boys, because they are more vulnerable than boys.

Almost in all African Countries AIDS orphans are experiencing the problem of not receiving the health care they need, and sometimes this is because it is assumed that they are infected with HIV and their illnesses are terminal. AIDS orphans generally run a greater risk of being malnourished and stunted than children who have parents to care for them. These orphans lack emotional support, protection and a sense of belonging (Fredriksson & Kanabus, 2005).

In Malangeni, AIDS orphans drop out of school to be drafted into child labour. Some of the AIDS orphans are widely scattered on the main road, they sleep in shopping centres; smoking glue and dagga as well as asking money from people who are just passing by the road. Some of these children start as if they are visiting their peers and become members of that family because they do not have a place to stay.

Their relatives are caring for AIDS orphans at Malangeni but their grandparents who are only getting money from the government pension grants are caring for some of them. Grandparents have to provide food for all these children with the little money they get from the government. Some of the grandparents sell their private possessions as well as other assets for survival and to care for their grandchildren. This reduces family resources.

Some of the relatives like aunts and uncle who are taking care of the AIDS orphans do not have enough money to provide good housing conditions for these AIDS orphans. This is because they are not working, so they are living in bad housing conditions together with AIDS orphans. Most of these houses are being built with detrimental materials like cardboards, plastics etc. Some other families are having one roomed house. They utilise the room for sleeping and sometimes for cooking. Because of being overcrowded it results to other diseases such as TB, cholera because they also lack clean water and good sanitation. They all become ill and they have to look after each other, even the number of AIDS orphans is still increasing with the issue of housing conditions which is being neglected by the housing policy (Tomlison, 2000). This indicates that they are living in poverty.

In this instance, it is very important to influence housing policy, to look at housing problems experienced by AIDS orphans and try to implement some strategies on how to go about assisting in this regard.

1.3 THE GENERAL AIM OF THE STUDY

The aim for the study is to explore the housing conditions of AIDS orphans of Malangeni.

1.4 OBJECTIVES

To document housing problems that are being experienced by AIDS orphans of Malangeni.

To understand and highlight the housing conditions of AIDS orphans.

To make policy recommendations with regards to addressing housing needs of AIDS orphans.

1.5 RESEARCH QUESTION

What can be appropriate strategies for housing AIDS orphans?

1.5.1 Subsidiary questions

1. What are the housing problems encountered by AIDS orphans?
2. What happens to their home, when they move to stay with their relatives?
3. In what housing conditions do the AIDS orphans live when they relocate to reside with their relatives?
4. What can be done to improve the housing conditions for AIDS orphans?
5. What are community responses to housing AIDS orphans?
6. What are the suitable strategies for housing AIDS orphan?

1.6 HYPOTHESIS

AIDS orphans live in inadequate housing conditions. There is need for the housing policy to address the problems experienced by AIDS orphans through community responses.

1.7 DEFINITIONS OF CONCEPTS

1.7.1 What is HIV/AIDS?

Acquired Immunodeficiency Syndrome, better known as AIDS, is caused by infection with the Human Immunodeficiency Virus (HIV). Human Immunodeficiency Virus is the virus that causes AIDS, which is known as belonging to the group of viruses known as 'retroviruses' (Berer and Sunanda, 1993). There is a distinction between HIV and AIDS. The presence of HIV does not mean that a person has AIDS yet. AIDS occurs when the HIV infection has severely damaged the immune system; this is a process that may take years. Many people so far have lost their lives to the AIDS epidemic, leaving behind a large number of infected and affected AIDS orphans. In most of the African countries, a larger amount of orphans have lost their parents to AIDS as compared to any cause of death. HIV/AIDS epidemic has led to a majority of AIDS orphans to experience the difficulties of inadequate housing conditions.

1.7.2 AIDS Orphans

In general an orphan is a child under the age of 18 years of age whose parents are both dead (UNAIDS, 2003). Some statistics show that it's children who have lost their mother or both parents due to AIDS (Guest, 2001). Currently, an orphan is a child under the age of 18 with no parents, although some definitions include children under the age of 15 who lack support, care and supervision. (Fredriksson & Kanabus, 2005).

AIDS orphans are experiencing the problems of housing conditions. When their parents die they are forced to relocate and stay with their grandparents some of whom are in the same dilemma of the housing conditions. Once the child becomes an AIDS orphan the housing conditions change automatically. The quality of life and living standards of those living in poverty are further eroded and fall sharply. This is reflected in the conditions and circumstances of children living in slum and squatter settlements, pavements, streets, railway platforms, in shipping containers, cellars and under staircases, in cardboard boxes, cages, rooftops, in shelters made out of plastic, tin and other dangerous and unsuitable material (Kothari, 2002). These housing conditions that are being experienced by AIDS orphans require special and urgent attention.

1.7.3 Housing Conditions

Housing conditions can be defined as the quality of the house whether the house is in a good condition or dreadful condition. According to Ramsden (2002) more than half of AIDS orphans in South Africa live in rural areas, under awful housing conditions where they do not have access to basic needs such as good health, food, clothing, education etc.

Thus the concept of adequate housing is particularly significant in relation to the right to housing conditions since it serves to underline a number of factors which must be taken into account in determining whether particular forms of shelter can be considered to constitute "adequate housing" for the purposes of the South African constitution (United Nations AIDS, 2000).

Most of the AIDS orphans are living in poor housing conditions that do not have good sanitation, clean water etc. They contract diseases and become sick and yet they are obligated to look after their ill or dying siblings. AIDS orphans are plunged into economic crisis and insecurity by their parents' death and struggle without services or support systems in impoverished communities (Ngcobo 2001). As the numbers of adults are dying of AIDS rises over the next decade, and an increasing number of orphans will grow up without good housing conditions.

The majority of South Africans in urban areas still do not have houses, access to clean water, sanitary facilities, electricity, and significantly, jobs. This shows that housing conditions are inadequate. The responsibility for facilitating access to shelter and basic services over the past ten years has been transferred from the national government to local authorities to effectively provide and manage basic services to the growing number of urban poor. (UN-HABITAT, 2005)

One of the biggest challenges facing South Africa is the realisation of everyone's right of access to adequate housing against a background of huge backlogs and limited resources (Raghavan 2001). It is critical that the necessary resources are devolved in accordance with the decentralization of powers and functions. Ultimately, most importantly differences between municipalities must be reflected in both the financial assistance and support given to certain municipalities (Raghavan 2001).

Section 26 of the South African Constitution guarantees the right of "access to adequate housing". It is the Government's duty to take reasonable legislative and other measures, within its available resources, to achieve the realization of this right. Although the right to adequate housing cannot be achieved immediately, it must be achieved over time.

1.8 CHAPTER OUTLINE

Chapter one discusses the background of the study, the research problem, aim of the study, subsidiary questions, hypotheses and definition of concepts. Chapter two consists of the research methodology. This clarifies how the research was conducted. Chapter three comprises of the theoretical framework and chapter four addresses magnitude of HIV/AIDS in South Africa. Chapter five deals with findings of housing conditions experienced by AIDS orphans in Malangeni. Chapter six discusses the findings and chapter seven makes policy recommendations, and the conclusion of this study.

2.0 RESEARCH METHODOLOGY

2.1 INTRODUCTION

This study set out to explore the housing problems of AIDS orphans at Malangeni, a rural area in the South Coast of KwaZulu Natal (KZN). As a resident of this area I have seen many young people lose their lives to HIV/AIDS leaving behind orphans in poor living conditions. Although many studies have been written about AIDS, my main interest was on housing conditions, which have not been seriously studied, especially at Malangeni. This study uses primary and secondary sources of data.

2.2 PRIMARY SOURCES

This research was conducted using qualitative and quantitative inquiry. Quantitative research deals with numbers and also utilises probability sampling. In probability sampling, the sample is selected in a way that each unit within the population or universe has an opportunity of being chosen (McCull and Eastone, 2004). Qualitative research means “any kind of research that produces findings not arrived at by means of statistical procedures” (Strauss and Corbin, 1990:17). Snowball sampling is a non-probability technique used when the required sample characteristic is odd. It is a process of selecting a sample utilising networks (Heckathorn, 1997). To start with, few individuals in a group or organisation are picked and the essential information is collected from them. They have to show other individuals in the group or organisation, and the individuals chosen by them become part of the sample. In this study, the snowball sample is used to reach key informants who work with AIDS orphans.

A small sample of 41 households was randomly selected and household interviews were administered. The researcher also conducted in-depth interviews with key informants such as church leaders, community health workers and community leaders in order to discover what strategies have been implemented to address the housing conditions of the AIDS orphans. Ultimately, the director of Housing Department at the eThekweni Municipality, who is involved with housing policy, was interviewed concerning the local government policy position on housing for AIDS orphans.

The objective of utilising in-depth interviews with key informants' was to find out if there are any endeavours that have been started to fill the gap in the housing policy for AIDS orphans. These in-depth interviews comprised of open ended questions that allowed the respondents to provide as much information as they could give.

The purpose of this research is to assist the Housing Department to fully understand the housing problems that are being experienced by AIDS orphans and try to formulate relevant housing policies to alleviate their housing problems.

2.3 SECONDARY SOURCES

The secondary sources include literature from books, previous dissertations, reports, journals, articles and electronic data (information from the internet). In these sources I focused on the housing conditions of the AIDS orphans (housing problems that are being experienced by HIV infected and affected children), the magnitude of HIV/AIDS internationally, in South Africa and in KZN and the socio-economic impact of HIV/AIDS in the community, as it relates to housing.

2.4 DATA ANALYSIS

Data collected through interviews and review of documents was subjected to thematic analysis. Data from questionnaires was analysed in the quantitative mode to provide descriptive statistics.

2.5 SUMMARY

This chapter has dealt with the study's research methodology. The chapter has illustrated that the primary and secondary sources were utilised to collect the data whereby information on secondary sources consisted of literature from books, previous dissertations, reports, journals, articles and information from the internet. In these sources the focus was on the housing conditions experienced by AIDS orphans at Malangen. The research on primary sources was conducted using qualitative and quantitative inquiry.

3.0 SOCIAL CAPITAL AND ITS RELEVANCE IN UNDERSTANDING HOUSING CONDITION FOR AIDS ORPHANS

3.1 INTRODUCTION

The chapter deals with the literature review and the conceptual framework by providing the context within which the study was designed and exploring the social networks between the AIDS orphans and their relatives.

3.2 SOCIAL CAPITAL THEORY AND HOUSING CONDITIONS OF AIDS ORPHANS IN AFRICA

Social capital is the most appropriate theoretical framework that will serve to guide the study objectives as it is compared with other theoretical perspectives. Social capital has been chosen because it deals with processes and conditions of social networking between individuals and organizations that direct to achieving an objective of mutual social benefit, usually categorized by trust, assistance, involvement in the community, and sharing (Putman, 1993). Social capital has been discussed by different authors (Coleman 1988; Putman, 1993, Stone 2002, Suzman 2000, Portes 1998; Coleman 1988; Holzmann and Jorgensen, 1999) in slightly different ways.

Coleman (1988) who was responsible for bringing the term social capital into wider use in recent years once argued that social capital was a public good and therefore would be under produced by private agents interacting in markets. Social capital has been identified as a condition for generating economic development, so it is important to find ways of fostering it, and of identifying and neutralising constraints to it. This shows the importance of social capital. Coleman (1988), explains social capital as an essential concept that is utilised for development. Social capital also needs relevant strategies for its development.

Putman (1993) points out the important part of differences in community well being to the presence of social capital. This means to say that as people we do not have the same way of thinking, same personalities, which is very imperative in the existence of social capital. So, in that way the elements of social capital consist of norms and networks that enable participants to act together effectively to pursue shared

objectives (Putman, 1993). If people have togetherness they can be in a position to create good communication and be able to solve problems that they might experience because they have reciprocated objectives. Putman (2000) who also initiated the quantitative study of social capital, records that in 1960, 58% of respondents to a questionnaire agreed that "most people can be trusted". This confirms that Putman's (2000) agrees with Suzman (2000) views. They both view social capital as having elements of trust within and between associations, and social norms that emphasise values such as honesty, reliability, reciprocity, and equality.

Portes (1998) has developed a strong critique of the social capital literature because of its definitional ambiguity. Portes (1998) sees social capital focusing attention on the positive consequences of sociability while putting aside its less attractive features. It places those positive consequences in the framework of a broader discussion of capital and calls attention to how such non-monetary forms can be important sources of power and influence, like the size of one's stock holdings or bank account.

According to Portes (1998), social ties can bring about greater control over wayward behaviour and supply privileged right of entry to resources; social ties can also confine individual freedoms and bar strangers from getting access to the same resources through particularistic preferences. For this reason, Portes (1998) asserts that it seems preferable to approach these diverse processes as social facts to be studied in all their complexity, rather than as examples of a value.

According to Putnam's (2000) writing, social capital refers to connections among individuals. Putman (2000) asserts that when people lack connection to others, they are unable to test the reality of their own views, whether in the give or take of casual conversation or in more formal deliberation. With no chance, individuals are more probable to be persuaded by their worse desires. Networks that shape social capital also serve as conduits for the flow of useful data that assists in attaining people's objectives, (Putnam, 2000). Social capital also functions through psychological and biological procedures in order to advance people's lives, (Putnam, 2000). Increasing evidence from Putman's writing postulates that people whose lives are wealthy in social capital cope better with sufferings and fight illness more effectively. Putnam (2000), reinforced that community connectedness is not just about warm fuzzy tales of civic triumph.

Suzman (2000) asserts that groups that succeed in building social capital are able to nurture collaborative social activity. Those that fail, find it difficult to build collaborative projects, are unable to resolve the dilemmas of collective action (e.g. "free riders" such as workers who do not join unions but nevertheless benefit from union activity) and fail to control opportunistic social behaviour.

In that sense, social capital is closely related to what some have called "civic virtue" (Putnam, 2000). The difference is that social capital calls attention to the fact that civic virtue is most powerful when embedded in a sense network of reciprocal social relations. A society of many virtuous but isolated individuals is not necessarily rich in social capital (Putnam, 2000). According to Putnam (2000), the ideas of trust and reciprocity occur from our social network relationships and thus generate "civic virtue" (Putnam 2000,) or a trusting community where residents not only know each other but are actively involved in each other's lives and maintain trustful and helpful relations (e.g., looking after a neighbour's children).

It must also be recognised that to create a community that has strong social capital; the idea of trust must reside within members of the family. In other words, interaction allows people to build communities, to commit themselves to each other, and to knit the social fabric (Putnam, 2000). A sense of belonging and the concrete experience of social networks and the relationships of trust and tolerance that can be involved, bring great benefits to people.

Stone (2002) and Putnam (2000) mention two types of social capital; 'bonding' and 'bridging' capital. According to Putnam (2000) bonding capital brings people together who already know each other. Social capital includes value assigned to social networks between homogenous groups of people and it is also good for specific reciprocity and mobilizing solidarity (Putnam 2000). Bonding helps us to get by and can be limited to family and close friends (Putnam (2000). Stone (2002) on the other side postulates that bonding capital is about trust which helps on the process of 'getting by' in life on a daily basis while bridging capital on the other side is defined by Putnam (2000) as bringing together people who previously did not know each other. Stone (2002) sees bridging capital as involving overlapping networks which may make accessible resources and opportunities which exist in one network to a member of another. So, in that way the more people connect (AIDS orphans and their

relatives engage in activities that strengthen in group ties) the more they will trust each other, assist each other, believe to each other, share the problems that they experience and try to find some relevant ways to mitigate them.

Temkin and Rohe (1998) advance Putnam's theory of social capital. They both view social capital as consisting of two major tools, socio-cultural milieu and institutional infrastructure. Socio-cultural milieu is related to the bridging capital; it includes the state in which the residents feel that their neighbourhood is a distinct place, interacting with one another in form of lending items, paying visits to each other, engaging in the discussion of local dilemmas. The institutional capital on the other side of the spectrum is parallel to the bonding capital, whereby it measures the presence and quality of neighbourhood organisations.

Institutional infrastructure focuses on measuring the level and the quality of organisational ability of a community to act on their common interest. The institutional infrastructure relates not only to the presence of community groups but also to the existence of communication between the local community and the larger society (Putnam, 2000).

The efficient unification of the socio-cultural milieu and institutional infrastructure as expressed by Temkin and Rohe (1998), as well as including the bonding and bridging capital as described by Putnam (2000) is very critical. Marrow (1999) views social capital as elusive, in that it has been defined in different ways as referring to sociability, social network, social support, trust, reciprocity, and civic engagement by Coleman (1988, 1990), Putnam (1993, 1995) and Bourdieu (1986). Marrow (1999) concludes that the concept is poorly defined as it relate to children. Most of the authors define and understand social capital more or less as including trust, norms, and networks of unions signifying any group which get together consistently for a similar purpose. Marrow (1999) sees social capital as something that is, far much more complicated than as simplistically described by others

Suzman (2000) analyses social capital as increasingly used to understand why some communities and societies are relatively successful in establishing and maintaining collaborative networks, while others fail to do so. Coleman (1988) distinguishes between social capital within the family and outside the family. Coleman (1998) has

put more focus on social capital within the family as the relations between the children and parents, which give access to the adult's human capital on their physical presence in the home and on the attention given by the adults to children.

3.2.1 Social Capital and social networks

Social capital is the theoretical framework in which this study is framed. Social capital speaks of the interactions or connections and networks among individuals or people which permit people to build communities (Coleman 1998). Social networks symbolize both a set of ties between people and the power of those ties. Social networks are frequently used as a measure of social connectedness (Barnes, 1954). These social networks also assist in determining on how trust can be established and fostered. Social networks while building social capital also generate tension and distress, which may actually erode what social capital is meant to generate. The problematic interactions may occur between people interacting within social networks that is, an AIDS orphan and the relative who safeguard that orphan. They may have differences, this may happen because she is not the real mother for that orphan and the orphan is now starting a new life which is having different rules and regulation from the one he/she is used to, so that is when the social network becomes negative. The relatives are the ones who are supposed to give comfort and connectedness to AIDS orphans, so that creates the positives of the social networks. In other words the relatives are social capital on which the orphans draw upon for their housing needs and survival.

Ayuku (2004), asserts that the interpersonal relationships (created by social networks between AIDS orphans and their caregivers like their relatives), which constitutes the social environment, give children the opportunity to engage in joint activities, provide information about resources (a good place to get food, a place to sleep), and form effective ties. The lack of stable parental figures has been linked to a variety of negative outcomes (Kranzler, 1990, Damon, 1983). The social support from the family and non-family members may alleviate the negative stressful events in childhood (Robert, 1974). Children's ties to their compensatory relationships with significant others are of development significance (Kimchi and Schaffner, 1990), because they get good support and tend to forget about being poor orphans. Ayuku (2004) asserts that in order to ensure that street children's social ties promote and

support mental as well as physical health development, a practical way of obtaining an assessment of the available social networks is required.

Ayuku (2004), views social network as a universal concept and therefore as a good basis for developing a methodology to analyse, interpret and intervene in health and social problems of AIDS orphans. Poor housing and living conditions has led to the formation of the organisation National Children in Need Network (NCNN) under the African Network of Prevention and Protection of Abuse and Neglect (ANPPCAN). The NCNN makes the concerned bodies to co-ordinate their activities all aimed at improving the housing conditions of children found in difficult circumstances. Bowijin (1996) also views social network as referring to a network of social relationship from which individuals draw support from. This means that social networks can be seen as all groups or people, expressed in terms of actual persons, with whom one maintains direct and more or less lasting ties that satisfy the daily requirements of life (Wassermann, 1993). The formation of a social network consists of the individual persons and ties that offer shape and organisation to the accomplishment of a human being.

The death of the parents in the family can be seen as a structural shortage of social network as it is described by Coleman (1988). Social capital is found in the community consisting of the social relationships that exist among parents Coleman, (1988). In that way orphans lose social capital because they do not have parents that they can create social relationships and bond with. The death of the parent is the main course of the declining of the social capital as well as the loss of the community cohesion.

The connection and interaction of these groups creates a well built community. These connections and networks also assist the AIDS orphans in meeting their housing needs. In communities where social networks do not exist, there is no spirit of togetherness between families, and there are no networks that will help the AIDS orphans in meeting their basic needs like shelter. Bourdieu (1986) emphasizes that social networks must be constructed and then skilfully maintained in order for the actors to utilize their resources.

Utilizing and constructing social capital might provide people and communities with the bond they require to identify the new realities of decentralization. Decent and affordable housing forms the core of this connectedness; a secure home gives people roots and stabilizes communities (Rohe and Stewart, 1996). Because housing is a major foundation for building social capital, the role of government housing policy is even more critical as power and spending devolve to communities (Rosenbaum 1991, 1995). If cities and towns assume a larger role in managing social spending because they supposedly are better connected to the needs of their citizens, then it is vital that their citizens actually feel connected to them (Rosenbaum 1991, 1995).

Coleman (1988) provides clarity why historically, some groups of people have been having power to accomplish their needs and goals more effectively than others. Coleman (1988) emphasizes that poor communities may not benefit from strong social networks. This is because they do not have adequate resources for their survival. If they come into contact with their neighbours, there will be an accumulation of social capital, which may immediately satisfy their social needs and which may bear a social potentiality sufficient for the substantial improvement of life in the whole community. All AIDS orphans have social networks. AIDS orphans' relatives can provide them with love, and comfort as they play the role of being parents for them. Those with rich relatives are likely to end up in adequate housing. The orphans with poor relatives are likely to end up in inadequate housing. This suggests that the social networks that AIDS orphans are exposed to are likely to influence their housing conditions.

The issue of inadequate housing has prevailed because there is no housing policy that has been implemented concerning the improvement of housing conditions for AIDS orphans. Yet there are an increasing number of AIDS orphans around the world, who are experiencing the problem of inadequate housing.

3.2.2. Adequate Housing

Approximately all over the world a large number of people are living in informal settlements that are lacking security of tenure, and in housing conditions that can exactly be expressed as life- and health-threatening (UN-HABITAT, 2003). The right of entry to adequate housing has a huge impact on other human rights; without it, it is

complicated to secure and preserve employment and social interaction is regularly stressed (UN-HABITAT, 2003).

More than 1.5 million children have lost one or both parents due to AIDS, and by 2010 even conservative estimates place the number of orphans at 2.3 million, higher estimates exceed four million (Fuller, 2001). AIDS orphans are mostly vulnerable to losing their homes when their parents die if they have no legal guardian and arrangements have not been made to protect their inheritance or provide for their care after their parents have died (Fuller, 2001). Shielding the family house is very imperative for the psychological and well being of children. Children may find themselves homeless, with all the risks that brings, or living in impermanent shelters.

Unhygienic housing conditions, such as mud floors and leaking roofs, perpetuate disease to both infected and affected AIDS orphans. This illustrates that the quality of life and living standards of those living in poverty are being further eroded and falling sharply (Kothari, 2002). This is witnessed in the housing conditions where children are living in slum and squatter settlements, pavements, streets, railway platforms, in shipping containers, cellars and under staircases, in cardboard boxes, cages, rooftops and in shelters made out of plastic, tin and other dangerous and unsuitable material (Kothari, 2002). The situation of those categories of children living in especially difficult circumstances requires special and urgent attention.

The Universal Declaration of Human Rights (1948), article 25 states that "everyone has the right to a good housing standard", but there is still the problem of inadequate housing, which occurs in all parts of the world and affects developing as well as developed countries. In many countries, the housing conditions of the urban poor are dismal. Settlements are overcrowded with low and poor standards of environment and sanitation. Sanitation services are inadequate and most often not child-friendly, having an adverse impact on the health of AIDS orphans (Kothari, 2002). The right to housing is contained in various international human rights instruments, most notably in the International Covenant on Economics and social rights (UN-Habitat, 2003). The issue of AIDS orphans housing conditions, while generally accepted by these broad initiatives, has not been specifically recognised for specific policy intervention.

Children have the right to have equipment that will help them to grow healthy in body and in mind. According to Children's Charter of South Africa (1992), all children are created equal and are entitled to basic human rights and freedoms and that all children deserve special care and protection as they develop and grow within South Africa. The issue of providing adequate housing conditions for AIDS orphans in South Africa is supposed to be included in the Children's Charter of South Africa, but surprisingly it is not. This issue of poor housing conditions experienced by AIDS orphans is growing since the issue of AIDS is escalating. So, this issue needs to be included in the Children's Charter of South Africa for urgent action to be taken on the deteriorating housing conditions for HIV/Aids Orphans.

The house is to be seen as a home, the one stable point in the child's life where he/she can return. It is a place where the child can eat, laugh, and play where he/she will find love and peace (Kothari, 2002). This is in contrast with what is experienced by AIDS orphans. Most of the AIDS orphans, a majority of whom are poor, experience dismal housing conditions. Even their relative's settlements, (where they live when their parents die) are overcrowded with low and poor housing standards of environmental hygiene. Sanitation services are inadequate which have a bad impact on children's well being, because some of AIDS orphans are abandoned and are HIV infected (infected from birth). They end up dying because they are not living in housing conditions that are good their health status.

AIDS orphans become sick, because they contract diseases like cholera from dreadful sanitation that they are experiencing (Kothari, 2002). This is all because the right to housing is not met. South Africa is regarded as one of just more than 30 countries that have included the right to housing in their Constitutions. This indicates that it is the government's duty to take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of this right. As it is stated in section 26 of the Constitution of the Republic of South Africa, 1996, which states that everyone has the right to have "access to adequate housing".

Adequate housing has to provide shelter, good water supply and sanitation. The inadequacy of this leads to diarrhoea, pneumonia and other infections as it is happening in most areas of South Africa to the age group of 1-5 years (Rand, 1991). One study found that occurrence of respiratory diseases in children was significantly

associated with households living in damp houses (Syardi, 1993). An adequate dwelling needs to be protected from bad housing conditions because this creates diseases that lead to death.

Many AIDS orphans stay in cities that lack adequate and affordable housing and do not have appropriate housing conditions (Raghavan, 2001). A discussion paper of 2003, by the United Nations, introduced the elements that characterise housing adequacy. These include, the quality of houses where people are living in, number of people/overcrowding in single room, access to services like portable water, good sanitation, and general site conditions i.e. non-hazardous sites. All of these indicators are reflected in the housing conditions of AIDS orphans. There has not been much research conducted on the housing condition experienced by AIDS orphans. This presents an opportunity for specific housing policy development and implementation.

There must be housing indicators for situational analysis, to inspire housing policy, to monitor implementation and to measure performance and overall outcomes of the housing development process (Toupouzis and Hemrich, 1996). While the notion of housing rights has not been specifically measured, quantitative indicators and composite indices have proven extremely useful in the measurement of other human rights and of human well being, more generally (Toupouzis and Hemrich, 1996).

Indicators of adequate housing should be selected accurately, and need to meet the basic statistical needs of validity and reliability. The notion of validity has two related aspects, which have been selected in this study that is the conceptual validity and statistical validity (Toupouzis and Hemrich, 1996). Conceptual validity requires that the assumptions made in selecting the indicators are logical and sound so that the indicators actually measure what they claim to measure (Toupouzis and Hemrich, 1996).

The indicator needs to be also conceptually important, because the indicator captures a vital characteristic of housing rights than a minor or insignificant aspect. Such indicators, if accurately identified and planned might considerably support the work of others engaged in monitoring and addressing housing right's issues by providing accurate information on the state of housing conditions all over the world.

3.3 SUMMARY

Social capital is an appropriate theoretical framework which has guided the study objectives. The chapter has included different authors' contributions in discussing social capital. I have learnt that social capital can be viewed in more or less the same way because most of authors analyse social capital as cooperation, social network, social support, trust, reciprocity, and public engagement. This indicates or shows the importance of the social capital that the care-givers provide to AIDS orphans for their adequate housing. I have also learnt that the care-givers have to maintain the social networks with AIDS orphans because the death of their parents is the major course for the deteriorating of their social capital. Social capital is found in the communities that consist of good social relations that exist among parents. In this study I have learnt that it is relatives as well as the extended families and other care-givers to AIDS orphans who are regarded as social capital on which the orphans get adequate housing.

The chapter has also illustrated the importance and the huge contribution of the extended family. The other most important thing that I have learnt about social capital, social networks and its relevance to housing conditions experienced by AIDS orphans is that it has been relatives and other care-givers that have and still trying their best to provide AIDS orphans with adequate housing. The problem lies on finding relevant strategies to facilitate right of entry to assist AIDS orphans in providing adequate housing and assuming innovative mechanisms that need to be modified for AIDS orphans' housing conditions.

The next chapter will examine international magnitude of the housing condition experienced by AIDS orphans. This chapter endeavours to investigate whether other countries are on the same level of dreadful housing conditions as experienced by AIDS orphans in South Africa.

4.0 AIDS ORPHANS HOUSING CONDITIONS

4.1 INTRODUCTION

This chapter presents the housing conditions experienced by AIDS orphans in different African countries to see what they have done to improve or to provide adequate housing for AIDS orphans.

4.2 HOUSING CONDITIONS OF AIDS ORPHANS IN AFRICA

The issue of HIV/AIDS is very problematic due to the fact that when parents die, their relatives who are themselves living in inadequate housing conditions consequently bring up the children. Most of these AIDS orphans stay with their grandparents who are very old, poor and sick. Research conducted by the United Nations Children's Fund in Zambia (2004) reveals that 40 percent of these children are cared for by grandparents (usually grandmothers) and then 30 percent are cared for by uncles or aunts (usually their mother's sister) in inadequate housing conditions. In towns, where half of Zambians live, orphans are more likely to be taken by aunts or uncles (Booyesen 2001). Such relatives have their family problems (HIV positive and sickly) and yet they have to accommodate AIDS orphans, (in inadequate housing). Relatives are facing an obligation of giving much attention and care as well as spending more money on AIDS orphans and upgrading their inadequacy of housing conditions, which affects the health of AIDS orphans.

Some of the relatives are economically unable to take care of more than one or two orphans in addition to their own large families. In the past, the sense of duty and responsibility of extended families towards their members was almost without limits. Even though a family did not have sufficient resources to care for existing members, orphans were taken in (Coten, 2002). Other relatives refuse to look after AIDS orphans of some people considered to have been rich, educated, arrogant and unfriendly when alive. AIDS orphans from such families have a perception that they have been living in good housing conditions with their parents while they were still alive. And they will expect to have same housing condition when staying with their relatives who are very poor and living in bad housing conditions (Ntozi and Gapere, 1995). Some of these AIDS orphans run away from their relatives who have poor housing conditions and stay alone in their good housing conditions that are left by

their parents. In that sense child-headed households are formed when brothers and sisters insist on staying together and refuse to move away from their deceased parents' homestead (Ntozi and Gapere, 1995). They fail to do the maintenance of the house and in that way face the problems of bad housing conditions because there is no elder person who has the responsibility to maintain the house.

Csete (2004) asserts that some children are unable to inherit property to which they are entitled because they are unable to navigate legal processes that are cumbersome and ill-suited to claimants who are minors. Csete also argues that the rights of children have been the missing piece of the AIDS crisis (Csete, 2004). If their parents had died in any other way, these children would have been at the top of the agenda. But because the parents died of AIDS, with the entire stigma that implies, they are at the bottom (Csete, 2004).

The number of child-headed households throughout Africa is, however, unknown. What is common is that there are more child-headed households in urbanized countries such as Zimbabwe and Zambia than in predominantly rural societies like Tanzania, where safety nets are better preserved (Ntozi and Gapere, 1995). In countries with severe HIV/AIDS epidemics, it may be anticipated that the number of child-headed households will increase significantly in the future. Most commonly, orphans are increasingly more likely to be living in households headed by females or grandparents. In Zambia, for example, female-headed households are twice as likely as male-headed households to be caring for two or more orphaned children aged less than 18 years, who have lost both parents. Female-headed households also take in more orphans than male-headed households (Ramsden 2002). In South African households that have assumed responsibility for orphans, are on average of two double orphans in each female-headed household, while in male-headed households the average is around one (Ramsden 2002).

4.3 INTERNATIONAL SCALE PROBLEMS OF THE HIV/AIDS AND CASE STUDIES

In Botswana, UNAIDS have estimated that 120,000 children had lost their parent(s) to AIDS by the end of 2003 (Fredriksson and Kanabus, 2005). Such children are experiencing the terrible problem of inadequate and poor housing conditions. By

June 2001, Botswana had registered 28,000 orphans although this is less than the earlier projections of about 65,000 orphans by the year 2000 (Fredriksson and Kanabus, 2005). The government in Botswana encourages communities to provide housing that goes with care for homeless AIDS orphans and to rely on institutional care only as a last resort. This ended up being problematic because children were living in dreadful housing conditions with guardians that were exploiting them. The care that the government encouraged was not practical. There were also cases of property grabs by relatives from children when their parents died (Mukumbira, 2003). Relatives were taking advantage because AIDS orphans were still under age. AIDS orphans in this instance usually become street children because of being ill-treated by their relatives, some of AIDS orphans ended up staying with other families that were friends with their parents. AIDS orphans ended up living in dreadful housing conditions and get diseases like TB and Malaria.

A National Orphan Programme was established in April 1999 to respond to the immediate needs of orphaned children (Mukumbira, 2003). Various government departments, NGOs, CBO's and the private sector run the programme. The programme's objectives are to review and develop policies, build and strengthen institutional capacity, provide social welfare services, support community-based initiatives and monitor and evaluate activities. A major goal of the programme is to develop a comprehensive National Orphan Policy, based on the Convention on the Rights of the Child (Fredriksson and Kanabus, 2005). The South African housing policy neglects such an imperative role to take, so as to work together with other institutions that are trying to provide assistance to help AIDS orphans in Botswana.

There are more than 12 million African children who have lost parents to AIDS (Itano, 2005). In Swaziland, which is a country of just more than a million, the UN calculate approximately 70,000 orphans, up from 20,000 in the year 2000 (Itano, 2005). The immense majority of such children, perhaps as many as 95% according to the World Bank, are cared for not in institutions, but by relatives, aunts and uncles, grandparents or older siblings (Itano, 2005).

Malawi has been struggling with high levels of HIV infection, which is made worse by extreme poverty. The AIDS crisis has had a crippling impact on the country's

children and UNAIDS estimated that Malawi had 500,000 children orphaned by AIDS at the end of 2003 (Fredriksson and Kanabus, 2005).

There were many child-headed households in Malawi where AIDS orphans did not have the resources or skills to maintain their homes (Sliep, 2003). The grass roofs have to be replaced regularly, but this did not happen and it was not unusual to find houses (one room dwellings), in which AIDS orphans were living without a roof, door or windows. Such horrible housing conditions required immediate intervention. After providing the materials needed by the HIV/AIDS projects the labour could be done with the help of the community. Ensuring the safety of the children became an integral part of the HIV/AIDS project (Sliep, 2003).

The housing policy was supposed to have intervened in assisting AIDS orphans in the situation of terrible and harmful housing conditions that they were experiencing. Instead, the government of Malawi established a National Orphan Care Task Force. The Task Force was made up of various representatives and organisations, which are responsible for planning, monitoring and revising all programmes on orphan care. One year later, in 1992, National Orphan Care Guidelines were established. The guidelines serve as a broad blueprint to encourage and focus sub-national and community efforts. The Task Force has also established a subcommittee that is reviewing existing laws and legal procedures to provide greater protection to vulnerable children (Fredriksson and Kanabus, 2005).

There are many community organisations run by volunteers in Malawi. In rural and urban areas across Malawi, communities are developing a variety of ways to cope with the growing crisis of AIDS orphans. Village orphan committees have been established in many villages to monitor the local situation and to take collective action to assist those in need (Fredriksson and Kanabus, 2005). Anti-AIDS clubs have also been created to educate communities about HIV/AIDS transmission and prevention, as well as to address the needs of those infected with the virus. In Namwera village, for example, the local school has formed an anti-AIDS club where pupils carry out AIDS-prevention activities as well as help needy orphans (Fredriksson and Kanabus, 2005).

When children in one family have lost their parents to AIDS, their houses and living conditions rapidly deteriorated because there is no one left to maintain the houses. Some of the houses fall down because they are made of mud, some have no roofing, and some were cracking (Fredriksson & Kanabus, 2005). There are so many programs in Malawi that have been implemented for assisting AIDS orphans, however they fall short as far as housing is concerned and this needs to be taken into consideration in the programs and policy implementation. Malawi housing policy is supposed to be pro-active in making some endeavours so as to assist the AIDS orphans with their inadequate housing conditions but there are no attempt that the housing policy of this country have undertaken in trying to assist in this issue.

The number of street children in Uganda has also increased dramatically over the last two decades. About 43% street children are young people under 18 years of age who spend most of their time, day and night, on the street. Some are full-time street children (without family contact), others spend part of their time on the street in desperation - begging, stealing, using drugs or prostituting but do have homes to go to. All are recognised as vulnerable children (Ramsden 2002). Some of AIDS orphans in Uganda stay with their relatives. Some of the relatives take advantage of exploiting AIDS orphans by making them prostitutes (Navalaka, 1997). Some of AIDS orphans prefer to be permanent street children because they refuse to be exploited by their relatives.

Uganda has a population of 23 million. About 70% of this population live in sub-standard housing conditions (Fuller, 2001). This means that they are living in slum dwellings, which are highly congested and lack both sanitation and drainage facilities. Some of them lived in imprisonment (in bad housing conditions) for a period of more than ten years after being kidnapped and taken to Sudan where they were used as sex objects, raped, defiled and forced to be “wives” to rebel commanders (Alerotex, 2004). Even girls 12 years of age and younger were not safe (Alerotex, 2004). They have now come back to Uganda pregnant or with malnourished babies, to experience the challenges of raising their children in poor and terrible housing conditions. Some of them were afraid of relocating to their relative’s homes because the housing conditions were the same.

A large number of AIDS orphans relatives' families face unemployment and high exposure to disease (Alerotex, 2004). In the rural areas the majority of AIDS orphans relatives families live in leaky houses infested with vermin and in need of constant repair. In the hot weather bushfires break out, destroying many homes. Rodents infest the thatch, spreading disease and destroying the mud and wattle of which the homes are constructed (Alerotex, 2004).

Children lack adequate lighting and space, which are vital for good study conditions. This limits their ability to study at home and eventually results in low output at the end of the academic year (Fuller, 2001). Time is diverted from daily chores to replacing the house structures during the rainy and extremely dry seasons. There are no endeavours that have been prepared by the housing policy so as to attend to such housing conditions in Uganda (Fuller, 2001).

Issues of cost, land unavailability and a lack of education compound the difficulty of finding decent housing (Fuller, 2001). HIV/AIDS has orphaned thousands of children, forcing the nuclear family to care for as many as seven to eight children along with elder relatives in Uganda (Fuller, 2001). The congestion exposes the children to physical, social and sexual abuse. These physical and financial concerns make housing a secondary concern (Fuller, 2001).

Zimbabwe is another country that is experiencing the AIDS epidemic and it has so far left behind an estimated 980,000 AIDS orphans (Fredriksson and Kanabus, 2005). It is understood that the most terrible, affected children are those in rural areas, where there have also been a lack of housing.

AIDS orphans in Zimbabwe are experiencing the problem poor and inadequate housing conditions. There are an estimated 1.2 million people without homes of their own, and many others live in overcrowded and substandard conditions (Mundle, 1996). AIDS orphans in this country live as squatters, camping outside the Harare railways station and many are living in rented shacks behind houses and apartment buildings, which were left by their parents who died. The newspapers regularly carry stories about fires in these woosden structures, where AIDS orphans cook over open fires or on paraffin stove (Mundle, 1996).

Households headed by women and the elderly, who are already at the edge of poverty, are obligated to stretch their meagre resources further to accommodate additional children (AIDS orphans). An increasing number of households are made up of AIDS orphans alone, who are left to fend for themselves (Gulaid, 2004). AIDS is putting tremendous pressure on extended families and traditional community safety nets. The housing policy is present but it fails to reach the most marginalized AIDS orphans and their relatives to improve their housing conditions in Zimbabwe.

The orphans crisis first came to national attention in July 1992, when Zimbabwe's Department of Social Welfare co-ordinated a national conference on orphans (Fredriksson and Kanabus, 2005). It was recognised that compared to institutionalisation, community based care was cost-effective and kept children in a familiar social, cultural and ethnic environment and reduced their distress. In 1995, the Government of Zimbabwe developed a national Policy on the Care and Protection of Orphans, which was finally approved by the cabinet in May 1999 (Fredriksson and Kanabus, 2005). The Policy reaffirmed the position that orphans should be placed in institutions only as a last resort. (Fredriksson and Kanabus, 2005). This serves to reiterate that there should be a relevant policy that is specifically for addressing the poor housing conditions AIDS orphans are staying in. The welfare institutions should be temporary institutions, accommodating AIDS orphans because the housing policy that is supposed to be assisting AIDS orphans has not been implemented to address the housing conditions of AIDS orphans.

In 1986, the Farm Orphan Support Trust (FOST) of Zimbabwe was set up as a community response to the situation of orphans in commercial farming areas (Sachikonye, 2003). FOST aims above all to keep sibling orphans together, within a family of the same culture, and in a familiar environment. It operates foster schemes on farms, using farm committees to train caregivers, establish monitoring procedures, and raise community awareness. All the farms register orphans individually and send information to a centralised computer bank. This procedure helps with the tracing of relatives (Fredriksson and Kanabus, 2005). The better solution is the intervention of the housing policy to provide assistance to address the poor housing conditions experienced by AIDS orphans. The tracing of relatives is a good idea but it may happen that a large number of relatives live in poor housing conditions, which still

require the endeavors of the government to implement a policy to address the poor and terrible housing conditions, felt by AIDS orphans.

FOST promotes five levels of orphan care. Its preferred care is within the extended family. If that is not possible, orphans are placed within substitute families. The third choice is for small groups of orphans to live together on a farm, looked after by a caregiver employed by the farm for this purpose. The next most preferred type of care is an adolescent child-headed household with siblings remaining together, preferably in the family home. Here the eldest child with regular supervision and support provided by the farm's Child Care Committee, the community and the local field officer cares for them. Finally, if nothing else is available, Sachikonye, (2003) assert that FOST will arrange for temporary care in an orphanage, until a better solution can be found.

In Zimbabwe they have the Farm Orphan Support Trust (FOST) that is utilised for the care of AIDS orphans. It is true that orphans need care as well as live adequate housing conditions, which is the issue that is ignored. To prove this there is no housing policy that has been implemented so as to assist AIDS orphans concerning the bad housing conditions that they are experiencing in almost all African countries. It only programs, projects and organisations that are in place to care for AIDS orphans however, there needs to be a housing policy that is implemented for resolving housing conditions experienced by AIDS orphans.

There are many endeavours that have been made in trying to assist on the provision of houses on people with the issue of AIDS. The housing policy specifically to assist in the housing conditions for children who have lost their parents may be in existence but it has not yet been implemented for the fact that AIDS orphans are still living in poor housing conditions experiencing the issue of inadequate housing. There still some suggestions by the policy makers of trying to introduce new policies that will serve the issue of housing conditions experienced by AIDS orphans. This is confirmed by the results of the National Housing and HIV/AIDS Research Summit represented on the NAHC Housing Summit Policy Paper of 2005 which shows that there are suggestions of introducing new housing policies that would work as first priorities in the provision of adequate housing and that the National Housing and HIV/AIDS Summit provided an unprecedented opportunity for national research and

policy experts to share existing data regarding the role of housing as a public health intervention, and to identify gaps in current knowledge and questions for ongoing examination (NAHC, 2005).

4.4 HOUSING CONDITIONS OF AIDS ORPHANS IN SOUTH AFRICA

Ramsden (2002) asserts that relatives take on added responsibility of caring for orphaned children, as a family duty. Ramsden (2002) continue and emphasise that even distantly located family members are usually the best people to care for orphaned children. This is because relatives who are not distantly located might be experiencing similar problems that are being experienced by AIDS orphans in their homes. For example, relatives and AIDS orphans who are staying in the informal settlements, when the problem of fire emerges, the fire will destroy everything in that informal settlement. In that way the distant relatives might be helpful to accommodate AIDS orphans as it is emphasised by Ramsden (2000). Although the housing conditions in the distantly located relatives might not be perfect but it can be very different from the one in the destroyed informal settlements.

According to Ramsden (2002) in South Africa, the orphaned children are usually happiest with familiar people in familiar circumstances, such as a family member in the same village or neighbourhood, where they can still attend the same school. Schools can be regarded as nodes of support and care for children. Children spend more time at school for so many years in an environment that is centred on them and their development and well-being (Cosmas, 2003). The support that schools provide to AIDS orphans would bring and encourage these children to be free in expressing housing problems that they experience. Some of these children would have left good housing conditions back home and experience the horrific and harmful housing conditions where they are staying with their relatives but most of the time is spent at school. Some of the AIDS orphans are from the informal settlements that are built with plastic papers, cardboards, mud and some other unhealthy materials, which can cause illness to them. In that way the school is recognised as a place where they change the terrible housing conditions experienced back where they live.

4.5 SOUTH AFRICAN MAGNITUDE PROBLEM OF AIDS ORPHANS

The magnitude and severity of HIV/ AIDS are the most serious constraints facing South Africa. South Africa is facing a huge problem of AIDS orphans. Up to three million children will be orphaned within the next 10 years (Fredriksson and Kanabus, 2005). The rising orphan population, under tremendous levels of poverty, will be intensely persuaded or even compelled for its survival to turn to crime, drugs, gangs and the sex trade.

In March 2004, the Institute for Security Studies (ISS) of South Africa said “Three hundred thousand children have already lost their mothers to AIDS” (Fredriksson and Kanabus, 2005). Yet, according to a case study conducted by the University of Natal's health economics and HIV/AIDS research division for a UNICEF global study, the "orphan epidemic" is still in its infancy and over the next few years is expected to grow to the “devastating proportions” (Itano, 2005).

The problem of HIV/AIDS is only expected to get worse in coming years. The number of orphans on the continent is expected to nearly triple in the next five years to more than 35 million, although improved access to antiretroviral drugs may slow or delay the speed of that rise (Itano, 2005). In theory, all orphans in Swaziland should be provided with free education, low-cost, high-impact ways to support and protect orphans within their own communities (Itano, 2005).

In developing countries 2, 5 percent of the population were orphaned before the HIV/AIDS pandemic. In South Africa this figure is expected to rise to almost 17 percent by 2010. It is estimated that 10 000 children currently live or work on the streets of South Africa (Fredriksson and Kanabus, 2005). This figure is set to rise dramatically. A large number of AIDS orphans often find themselves taking the role of mother or father or both - doing the housework, looking after siblings and caring for ill or dying parent(s). The children are plunged into economic crisis and insecurity by their parents' death and struggle without services or support systems in impoverished communities.

Many children already function as heads of households and as caregivers. They are a vital part of the solution and should be supported in planning and carrying out efforts

to lessen the impact of HIV/AIDS in their families and communities (Fredriksson and Kanabus, 2005). Much can be done to ensure the legal and human rights of AIDS orphans. Many communities are now writing wills to protect the inheritance rights of children and to prevent land and property grabbing (an adult attempting to rob orphans of their property once the children have no parents to protect their rights). This is done because children cannot take legal action as they are still minors, and may not be fully aware of both their rights and what's happening around them.

The housing crisis which still exists currently in South Africa and which has forced many South Africans to live in lamentable conditions finds its root cause in the apartheid system of government through the policy of influx control and forced removals. In some areas like the Western Cape Province, the provision of housing for African people was frozen and the results were the mushrooming squatter settlements in urban areas. Examples are Crossroads, Alexander, Mshenguville and many other areas that have become permanent features of the South African landscape (Thipanyane, 1998).

About 1 million South African households are experiencing inadequate housing conditions living in informal settlements, compared to about 1 300 White, 428 coloured and 37 500 Indian households. They have no access to flush toilets, pit latrines or bucket latrines, an undeniable and terrible legacy of apartheid (Thipanyane, 1998). In this respect a large number of children could no longer tolerate the housing conditions they lived under and, in desperation, moved out and occupied vacant land that was privately owned and had been earmarked for low-cost housing (Thipanyane, 1998). Children had no alternative but to move to that privately owned land. Bad housing conditions that they were experiencing were making them contract diseases like TB, pneumonia etc. Housing quality is strongly associated with health status (Mathee and Swart, 2001). Different elements of housing, like sanitation, water, indoor air quality, the pests such as rats and cockroaches, ventilation facilities, and the quality of the shelter itself, is related with a broad variety of ill health results, including diarrhoeal diseases, skin infections and other kinds of diseases.

4.6 KWAZULU-NATAL

The population of KwaZulu-Natal, according to the national census, is 8.4 million, making it the most populated province in the country (Thompson, 1998). Females comprise 53.15% and males 46.85% of the population. (Thompson, 1998). The National HIV survey of women attending antenatal clinics at public health facilities, show an increase of HIV prevalence from 0.7% in 1990 to 22% in 1999. KwaZulu-Natal has the highest prevalence at 32.5% (Thompson, 1998).

Statistics from antenatal clinics show that KwaZulu-Natal is the worst affected province in South Africa (Thompson, 1998). Looking at infection rates by age ranges, it becomes clear that it is the economically active population, those between the ages of 20 to 35 years, who are infected, with infection rates at an alarming 30% in 2000 in the age range 25 – 29 years (Thompson, 1998). In 2001 it is estimated that 4.2 million South Africans were infected, and it is projected that these figures will rise to 6 million by 2010. (Thompson, 1998). The implications and impact of such infection rates are serious, and will be felt at all levels and in all sectors. There is also a huge possibility that there will be a large numbers of AIDS orphans that will be created in years to come in Kwazulu-Natal. This is because of the statistical trends that are emerging in this province.

A large number of people who have children are infected by this epidemic (HIV/AIDS), so those children are at great risk of becoming AIDS orphans who would be experiencing the problem of bad housing conditions where they would be living (Thompson, 1998). This is because most of infected parents who ultimately die and leave their children as AIDS orphans are already living in terrible housing conditions which are much congested, this create more problems for the children because that is where they even contract diseases.

The housing policy has the responsibility to cater even for temporary shelter for AIDS orphans. This is because there is no housing policy that has been implemented to cater for the housing conditions of AIDS orphans, so, at the moment the housing policy must provide a short-term shelter since AIDS orphans are living in terrible housing conditions.

As other provincial departments implement AIDS policies, the ways of improving housing conditions of AIDS orphans are reduced. It must be in the effective negotiations that interventions to assist in housing conditions are undermined. There is however instances where department policies are poorly aligned, as in the case of AIDS orphans and institutionalised housing (Johnson, 2001)

4.7 POVERTY AND HIV/AIDS IN SOUTH AFRICA

Poverty and the HIV/AIDS pandemic are two of the most devastating diseases ever to hit Southern Africa (Mthembu, 1998). The effect of these two is rising on the human and economic fabric of South Africa, and is only now starting to sink in among AIDS orphans. Already the debilitating impact of HIV/AIDS in the midst of poverty is being felt by thousands of households across the country.

Most of AIDS orphans are living with their grandmothers in very bad housing conditions. Others are taken in by neighbours and relatives who do not have enough money to provide good housing conditions for them. They are also experiencing the problem of unclean water and sanitation (Ramsden 2002). In this way they experience the issue of poverty, because some of these neighbours and relative are having their own family problems that they are facing.

There is also a growing crisis of food security in Africa. Food and nutrition security remain Africa's most fundamental challenges for human welfare and economic growth. Far too many people on the continent are unable to acquire and effectively utilize at all times the food they need for a healthy life. Because of low food availability and profound poverty, an estimated 200 million people on the continent are undernourished, and their numbers have increased by almost 20 percent since the early 1990s (Onibokun, 2003). The result is that more than a third of African children are stunted in their growth and must face a range of physical and cognitive challenges not faced by their better-fed peers.

Diseases like TB spread in areas where there is poverty, bad living conditions and overcrowding. As is the case in other African countries, a large number of AIDS orphans are live in one-room houses where they have very little to eat. It is even difficult for them to use the treatment for diseases because a person has to have

something to eat before taking the medication. Poverty and housing conditions in this instance lead to a large number of dead AIDS orphans.

The fundamental human rights that are defined in the Universal Declaration of Human Rights state that “Every woman, man, youth and child has the human right to a standard of living adequate for health and well-being, to food, clothing, housing, medical care and social services” But such rights are not fully considered and put into practice. AIDS orphans are still experiencing poverty in bad and poor housing conditions.

4.8 HOUSING POLICY IN THE CONTEXT OF HIV/AIDS

In 1996 the current Constitution of South Africa was adopted. The Constitution also engages with the principles of meeting people’s basic needs. It actually goes further to accord recognition to the right to basic needs, and includes the right to housing.

The right to housing has been reaffirmed as a fundamental human right of children in a number of international human rights instruments. Beginning with the Universal Declaration of Human Rights (1948), article 25, which states that "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including housing", the right to housing is contained in various international human rights instruments, most notably in the International Covenant on Economic (Kothari, 2002). A large number of AIDS orphans are living in sub-standard houses and at the same instance the Universal Declaration of Human Rights (1948), article 25 asserts that "everyone has the right to a standard house”. This means that AIDS orphans rights are being ignored in South Africa. Even at this juncture the South African government has not done much so as to assist in changing or upgrading the living conditions specifically for AIDS orphans and vulnerable children.

South African housing policy has been highly criticized with the argument that it disregards the large number of orphans and child headed household (Tomlinson, 2000). The government has realised it needs to consider the impact of HIV and AIDS on society in its drive to provide houses for South Africans living in frightful housing conditions. HIV and AIDS are placing limitations on the supply side of the housing sector as well as the demand side (Ntuli, 2005). This is reducing institutional

capabilities for meeting housing needs. It would be difficult for government to transfer the house to minors, who would become subjected to abuse by the community or by people who claim to be their guardian in order to get grants from government.

In South African communities there are extended families that may permit the status quo of the housing policy to families headed by HIV infected adults, child-headed families will need to be catered for by the policy (Tomlinsons, 2000). This means to say that there must be a housing policy that needs to be implemented specifically to address the poor and terrible housing conditions experienced by AIDS orphans in South Africa.

The care of increasing numbers of orphaned and vulnerable children requires engagement in a broader policy debate, where the provincial Department of Housing is promoting institutional care in contradiction to national welfare policy (Hlatswayo and Dyer, 2003). The economic and physical pressures placed on extended family members, who take orphaned children into their care, are widely recognised (Hlatswayo and Dyer, 2003).

The KwaZulu Natal Department of Housing AIDS policy has acknowledged the need for an appropriate extension to the housing subsidy scheme, but has not implemented any measures due to the perceived risk of widespread fraud. The main instrument promoted by the KZN Department of Housing, to deal with the anticipated increase in numbers of vulnerable AIDS orphans, is the promotion of institutional housing (Hlatswayo and Dyer, 2003). The Integrated Development Planning for uMgungundlovu District Council agrees with the provincial housing policy. This is in opposition to nationally accepted welfare policy and practice, and fails to address strategic, financial, and institutional viability issues (Hlatswayo and Dyer, 2003).

Different initiatives have been executed to guide and document alternative models of supported housing. All these require a need to be shared and discussed, and a policy response integrated in the Municipal IDP, which is a reason for investigating provincial housing subsidy for future residential projects (Hlatswayo and Dyer, 2003). The need for institutional provision in the medium term, and even currently in severely affected communities, like those with poor and terrible housing conditions

for AIDS orphans remain problematic and will no doubt need to be monitored, and enabling policies reviewed.

4.9 SUMMARY

The chapter has presented issues on housing conditions of AIDS orphans in African countries including South Africa. Children are running away from their homes and become street kids. They have no caregivers who can take care of them. The housing conditions that they live in are deteriorating because there is no one to maintain such conditions. Some are informal settlements, which are in bad conditions because of the materials they are constructed with and the sites they are built on. Some of these children will relocate to live with their relatives and find the same housing conditions those that are same as back home.

Governments from other African countries are encouraging communities to provide care for these vulnerable AIDS orphans. There are even AIDS programs that have been implemented from these countries to respond on the needs of AIDS orphans. There may be need to learn from them.

KWAZULU-NATAL



The household size ranged between 2-11 persons per household but about 90% of the households had six members.

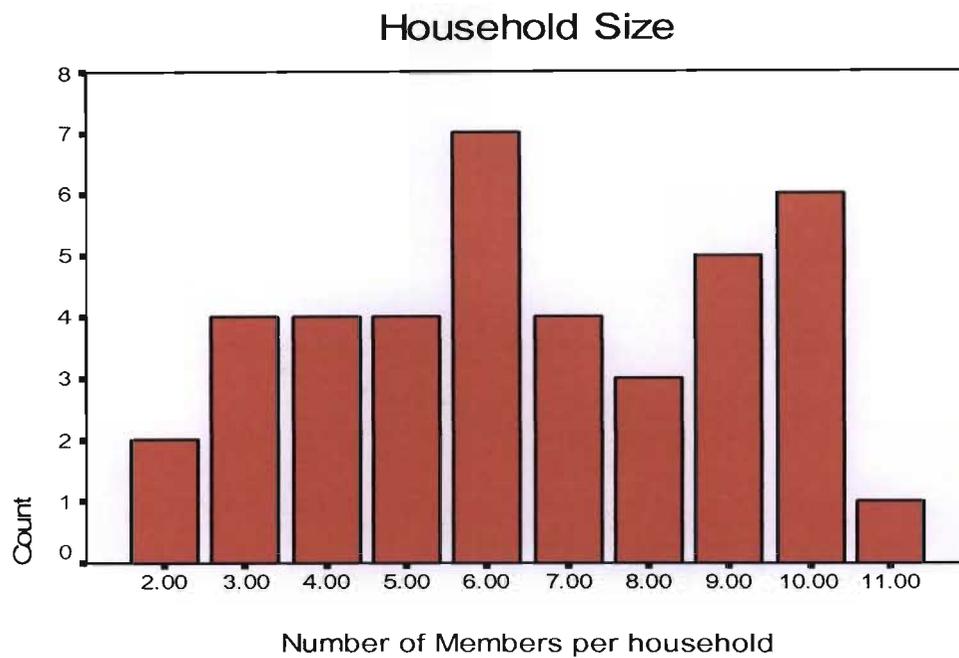


Figure 5.3: Household size (Source: author, 2005).

5.4 PEOPLE WHO ACCOMMODATE AIDS ORPHANS AFTER THE DEATH OF THEIR PARENT

The table below indicates people who accommodate AIDS orphans in the family. The people who take care of the orphans are as follows about 72.5% by grandmothers and 19.5% by their aunt and 7.5% by their uncles.

Table 5.1: People who accommodates AIDS orphans (source: author, 2005)

	Frequenc y	Valid Percent
Valid Grandmother	29	72.5
Aunt	8	20.0
Uncle	3	7.5
Total	40	100.0

Most of the people in the households interviewed were pensioners. 47.5% of grandparents were earning pension, as indicated in the pie-chart below, 25 % of them were unemployed, 7.5% were disabled, 17.5% worked in the informal sector and the least proportion 2.5% worked in the formal sector. Figure5.4 below shows the distribution of occupations among the household heads.

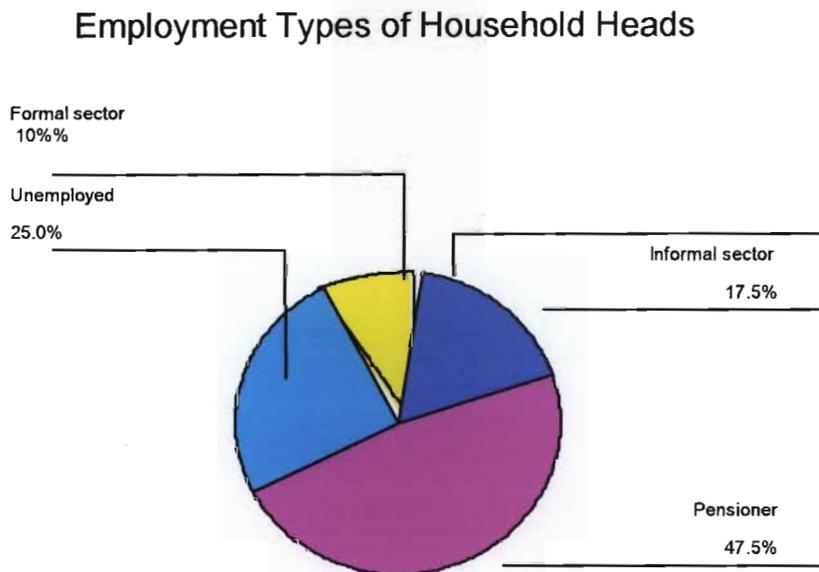


Figure 5.4: Employment Types of Household Heads (source: author, 2005)

The graph below indicates the household income levels that ranged between R0-00 to R2500. This graphs shows that most of the people in the households earn from R350, 00 to R700, 00 a month, very few households have an income of R1000 to R2500. This information shows that people at Malangeni are poor. Their household income is inadequate while it still has to satisfy a large number of needs required in the household.



Figure 5.5: Household income levels (source: author 2005)

5.6 HOUSING CONDITIONS AT MALANGENI

Most of the households sampled during the study live in mud-houses, which is informal type of dwelling (95.0%) and 5% live in formal housing that are built with blocks. These mud types of houses have various kinds of defects. They leak, have broken windows, broken doors, holes in roof, and cracks on walls, mould, and poor ventilation. They get destroyed when it rains because they are built with mud and with other unstable kinds of material used in them are not strong enough, so it easy for them to get such defects.

Type of Dwelling

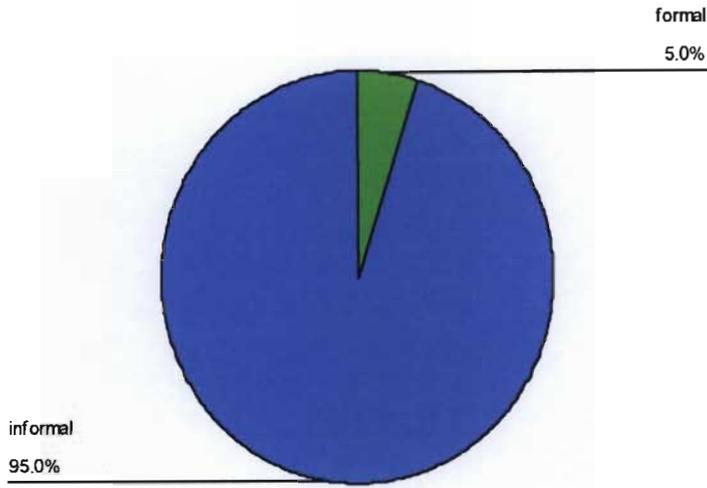


Figure 5.6: Type of dwelling (Source: author, 2005)

A large number of respondents indicated that their houses have defects (97.5%). Only 2.5 of the respondents indicated that their dwellings did not have defects.

Table 5.2: Number of respondents, responding whether the house has defects or not (source: author, 2005)

		Frequency	Valid Percent
Valid	Yes	39	97.5
	No	1	2.5
	Total	40	100.0

The pie chart below shows types of tenure in the community, 87.5%, of the households had informal ownership and the formal ownership was about 10%, and traditional tenure that was about 2.5%.

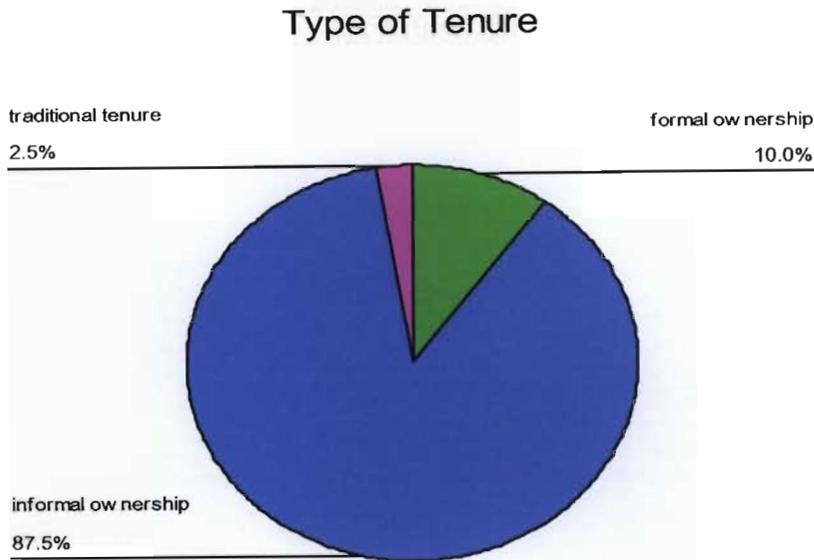


Figure 5.7: Type of tenure (source: author, 2005)

5.7 WHAT HAPPENS TO HOMES OF AIDS ORPHANS WHEN THEIR PARENTS DIE?

Most of the respondents (relatives' of AIDS orphans) indicated that AIDS orphans (85%), were already staying with their relatives before their parents died. This means that children lived in the same homesteads with relatives together with their parents, meaning to say the parents did not have their own homestead with their children as a family.

Relatives of AIDS orphans indicated that only a small proportion (12.5%) would have lived in a different homestead before the death of their parents.

The table below indicates that most of the houses at Malangeni are made with corrugated iron roof, these houses are about 87.5%, other homes uses asbestos which is about 7.5%, and the least are those staying in tiles which are about 2.5%.

Table 5.3: Type of material used in the houses where AIDS orphans are staying (source: author, 2005)

		Frequency	Valid Percent
Valid	tiles	1	2.5
	asbestos	3	7.5
	corrugated iron	35	87.5
	metal & thatched	1	2.5
	Total	40	100.0

All of the interviewed household heads (100%) at Malangeni said that they needed to be assisted by the government to address the poor housing problems that they are experiencing. They mentioned that the only development that the government has provided them with was water.

5.8 HEALTH STATUS OF THE CHILDREN IN THE HOUSEHOLD

About 88% of the households interviewed in Malangeni agreed that there were AIDS orphans around the area that were experiencing the problem of inadequate housing because of staying in houses that have defects like the houses presented in plates 5.1 and 5.2. This proves the reality of the hypothesis for this dissertation that AIDS orphans live in inadequate housing conditions and that there is a need for the housing policy to address the problems experienced by AIDS orphans.

The poor housing conditions that the Malangeni households were staying in increased their poor health status. Out of the households sampled, 70% had a poor health status and 30% had a good health status.



Plate 5.1: A house with defects that AIDS orphans live in at Malangeni (source: author, 2005)



Plate 5.2: Another house with defects that AIDS orphans are live in at Malangeni (source: author, 2005)

5.9 PLACES WHERE CHILDREN SLEEP

Most of the children sleep in bedrooms (50%), 22.5% in living rooms and 10% use the lounge. Out of the 41 households sampled, 70% indicated that grandparents, especially grandmothers, were responsible for washing, buying clothes, cooking and paying school fees for children within their households while 30% indicated that their aunts took responsibility of these duties.



Plate 5.3: AIDS orphans sleeping area in a Malangeni Household (source: author, 2005)

5.10 INFRASTRUCTURE FACILITIES

5.10.1 Water

About 100% of the respondents fetch water from the water taps that have been provided by the Umdoni municipality placed in specific places. Water is not an issue in Malangeni, as most of the households fetch water from the water taps that have been provided by the municipality. The water from taps is not provided to each and every household but there are specific places where water taps are placed. It is up to that specific household to try and connect that water so that it reaches their

homestead. About 95% of the people have to fetch water from other households and are obligated to pay 25c per 25 liters.

5.10.2 Energy

Out the 41 households sampled, 60 % use candles for lighting their houses and 40% use paraffin lights for lighting.

Most households (60%) use paraffin stoves and 40% use firewood for cooking. They do not have electricity so they do not have the fridge for keeping their food fresh; they leave it on the table as it is indicated in the plate below.



Plate 5.4: Food preparation and storage area in a Malangeni Household (source: author, 2005)



Plate 5.5: A kitchen in a Malangeni Household (source: author, 2005)

The type of energy used for warming the houses is firewood, which is used by 80% of the households when it is cold, 20% use paraffin heaters and when there is no money to buy paraffin they become obligated to use the firewood. This also indicates that AIDS orphans are living in poor housing conditions at Malangeni.

5.10.3 Sanitation

The literature has made a comment about one study that found occurrence of respiratory diseases in children that it was significantly associated with households living in damp houses (Syardi, 1993). This presents exactly what is happening in Malangeni because AIDS orphans have inadequate shelter and poor sanitation. About 68% of children in Malangeni were said to be in poor health and suffer constantly from flu because of sleeping on the floor. This confirms what is mentioned by Kothari, (2000) from the literature by saying that the right to housing is still not met, AIDS orphans are still experiencing inadequate housing and they are still the group that is neglected.

The table and the plate below show the information about the toilets that these households are using. 92.5% of these households use long-drop toilets, while 5% and 2.5% use pit latrines and flush toilets respectively.

Table 5.4: Types of toilets in Malangeni (source: author, 2005)

		FREQUENCY	VALID PERCENT
Valid	flush	1	2.5
	pit latrine	2	5.0
	long-drop	37	92.5
	Total	40	100.0



Plate 5.6: A long-drop toilet in one of the Malangeni houses (source: author, 2005)

5.11 AIDS ORPHANS AROUND THE AREA

Most of the households surveyed at Malangeni (80%) know of AIDS orphans that are living in the area of Malangeni. They answered positively, to the question on whether they know of any AIDS orphans living in the area. This made the research uncomplicated and straightforward.

5.0 DATA PRESENTATION AND FINDINGS

5.1 INTRODUCTION

The previous chapter has discussed about the large number of the children who are living in poor families. Some of these children are AIDS orphans. They live in inadequate housing conditions and some do not even have caregivers to look after them. Some of these children move and stay with their relatives and experience the same housing conditions that they experienced at their parents' home. This chapter contains a presentation of the findings and analysis of the data from households' interviews and in-depth interviews with service providers collected at the study site.

5.2 THE CASE STUDY OF MALANGENI

The Study area is located in South Coast of KwaZulu Natal (KZN) at Malangeni. Malangeni is a deep rural area situated at Umzinto North next to Scottburg, it is under the jurisdiction of Umdoni Municipality. The first map in the following page is the KwaZulu-Natal map which shows where Umzinto is situated KwaZulu-Natal and the second map indicate the whole area of Malangeni.

As stated from the beginning the purpose of this study was to research and to document housing problems that are being experienced by AIDS orphans of Malangeni as well as to make policy recommendations with regards to addressing housing needs of AIDS orphans in rural areas.

5.3 PROFILE OF HOUSEHOLDS SAMPLED FOR THE STUDY

As part of the household survey, 41 households were randomly sampled and close-ended questionnaires administered to heads of household. The findings of this study showed that among the 41 households sampled 72.5% of the households heads were females and 27.5% were males (see figure 1). This showed that a large number of people that were found in the households to be interviewed are female-headed households. These women are grandmothers (80%) and aunts (20%) of children in the households.

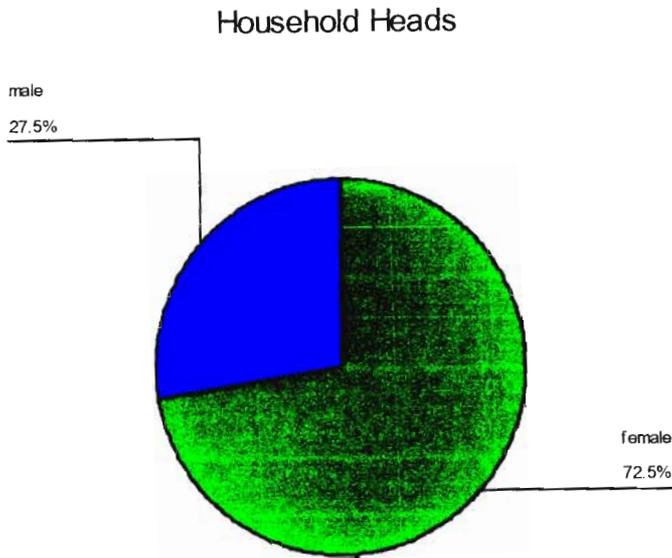


Figure 5.1: Sex distribution of household heads (source: author 2005)

As indicated in the figure below, the age of household heads ranged between 27-85. It appears that all the households sampled were headed by adults (above 18 Years).

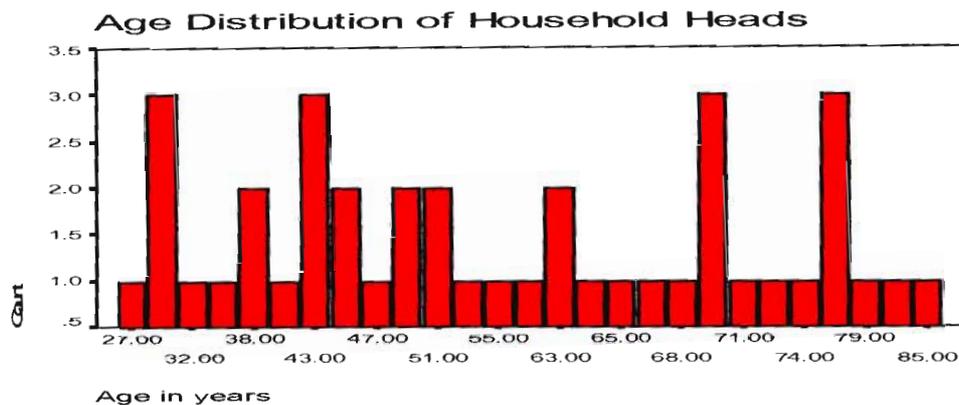


Figure 5.2: Age distribution of household heads (source: author, 2005)

From the questionnaires administered to households' members, 85% of them do not have jobs, thus they are not working. They are dependent on elderly people receiving pension grants. The same pension grants also supports children in the household, meaning that the whole family is experiencing the issue of poverty.

The household size ranged between 2-11 persons per household but about 90% of the households had six members.

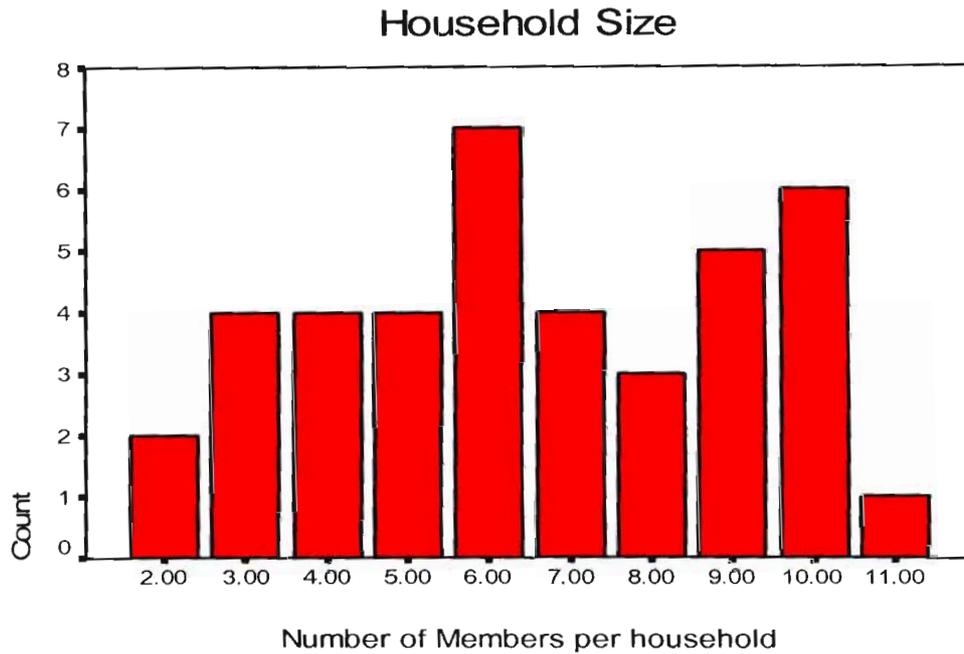


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Most of the people in the households interviewed were pensioners. 47.5% of grandparents were earning pension, as indicated in the pie-chart below, 25 % of them were unemployed, 7.5% were disabled, 17.5% worked in the informal sector and the least proportion 2.5% worked in the formal sector. Figure5.4 below shows the distribution of occupations among the household heads.

Employment Types of Household Heads

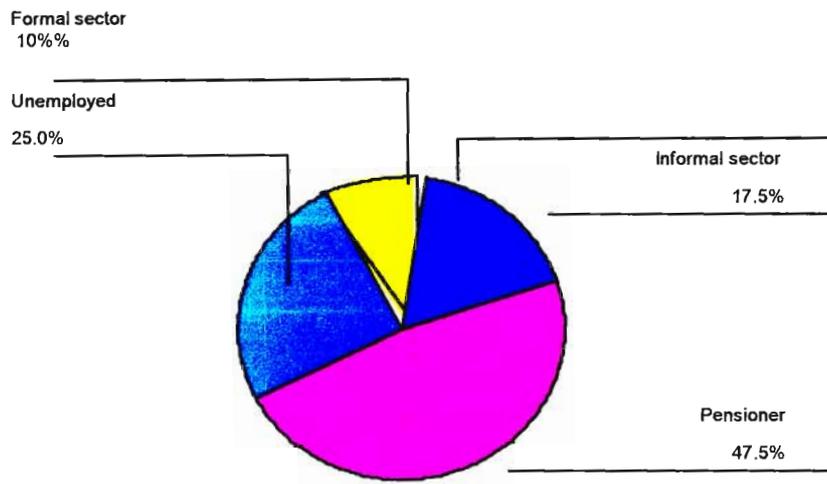


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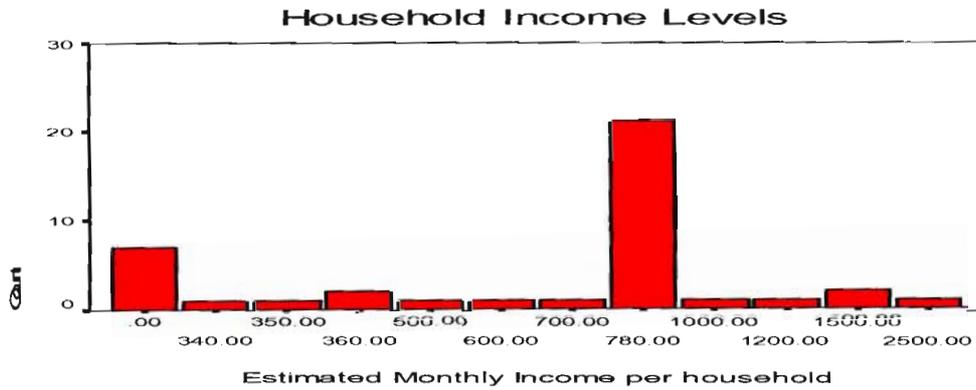


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Most of the households sampled during the study live in mud-houses, which is informal type of dwelling (95.0%) and 5% live in formal housing that are built with blocks. These mud types of houses have various kinds of defects. They leak, have broken windows, broken doors, holes in roof, and cracks on walls, mould, and poor ventilation. They get destroyed when it rains because they are built with mud and with other unstable kinds of material used in them are not strong enough, so it easy for them to get such defects.

Type of Dwelling

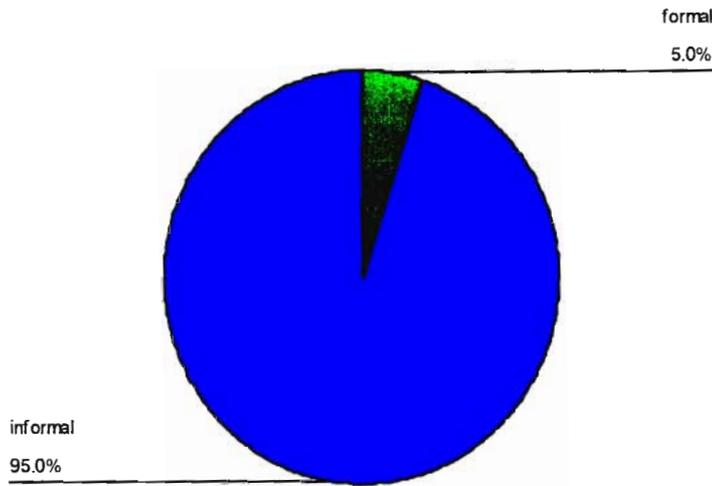


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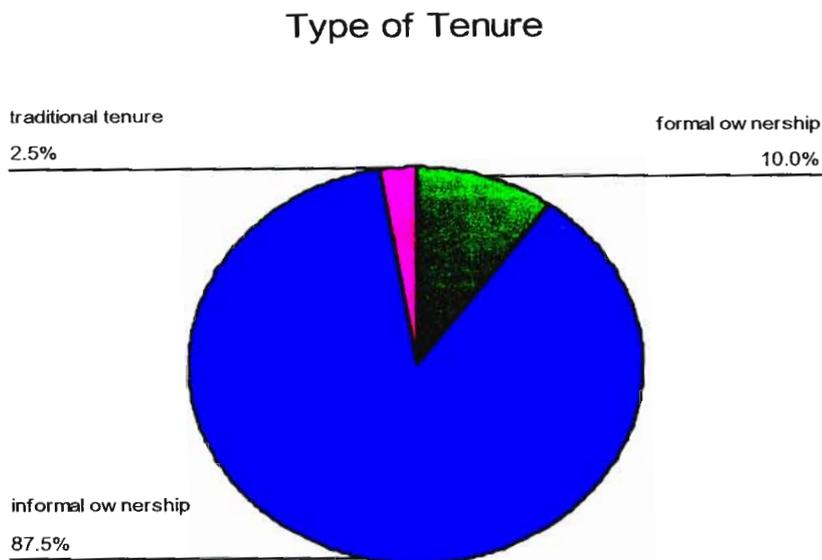


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Most of the respondents (relatives' of AIDS orphans) indicated that AIDS orphans (85%), were already staying with their relatives before their parents died. This means that children lived in the same homesteads with relatives together with their parents, meaning to say the parents did not have their own homestead with their children as a family.

Relatives of AIDS orphans indicated that only a small proportion (12.5%) would have lived in a different homestead before the death of their parents.

The table below indicates that most of the houses at Malangeni are made with corrugated iron roof, these houses are about 87.5%, other homes uses asbestos which is about 7.5%, and the least are those staying in tiles which are about 2.5%.

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		Frequency	Valid Percent
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	Total	40	100.0

All of the interviewed household heads (100%) at Malangeni said that they needed to be assisted by the government to address the poor housing problems that they are experiencing. They mentioned that the only development that the government has provided them with was water.

5.8 HEALTH STATUS OF THE CHILDREN IN THE HOUSEHOLD

About 88% of the households interviewed in Malangeni agreed that there were AIDS orphans around the area that were experiencing the problem of inadequate housing because of staying in houses that have defects like the houses presented in plates 5.1 and 5.2. This proves the reality of the hypothesis for this dissertation that AIDS orphans live in inadequate housing conditions and that there is a need for the housing policy to address the problems experienced by AIDS orphans.

The poor housing conditions that the Malangeni households were staying in increased their poor health status. Out of the households sampled, 70% had a poor health status and 30% had a good health status.



Plate 5.1: A house with defects that AIDS orphans live in at Malangeni (source: author, 2005)

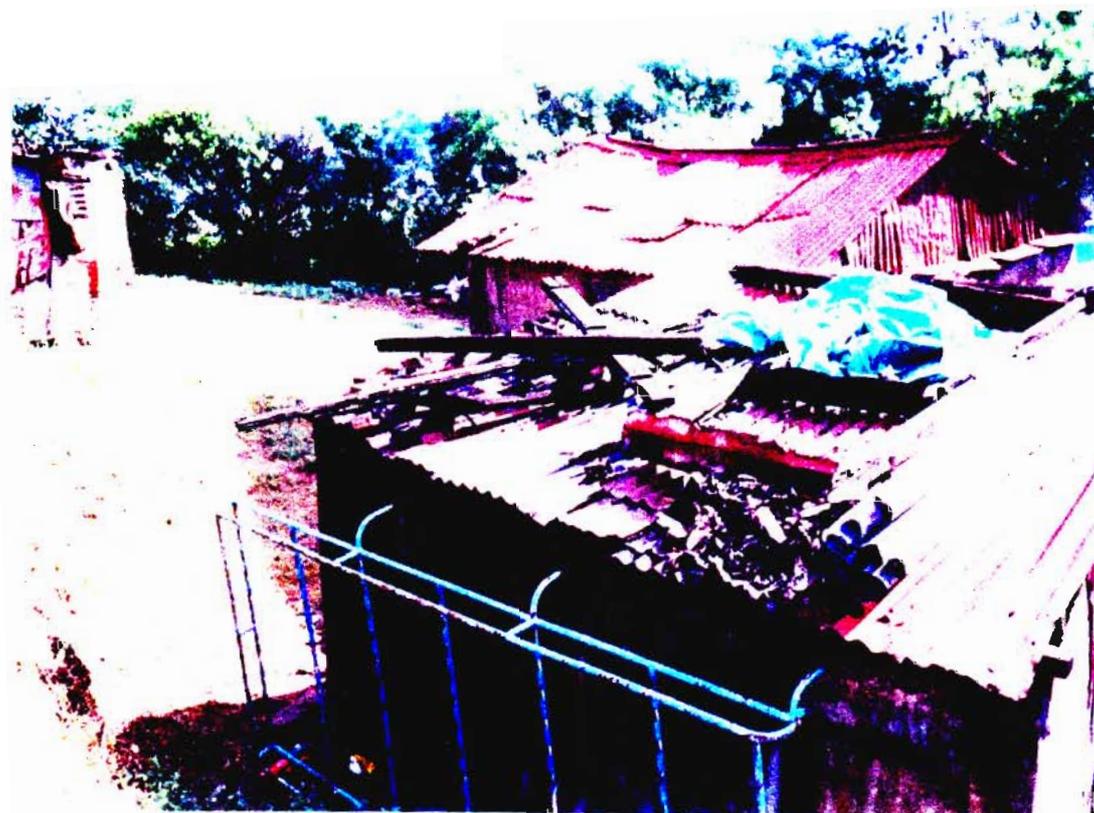


Plate 5.2: Another house with defects that AIDS orphans are live in at Malangeni (source: author, 2005)

5.9 PLACES WHERE CHILDREN SLEEP

Most of the children sleep in bedrooms (50%), 22.5% in living rooms and 10% use the lounge. Out of the 41 households sampled, 70% indicated that grandparents, especially grandmothers, were responsible for washing, buying clothes, cooking and paying school fees for children within their households while 30% indicated that their aunts took responsibility of these duties.



Plate 5.3: AIDS orphans sleeping area in a Malangeni Household (source: author, 2005)

5.10 INFRASTRUCTURE FACILITIES

5.10.1 Water

About 100% of the respondents fetch water from the water taps that have been provided by the Umdoni municipality placed in specific places. Water is not an issue in Malangeni, as most of the households fetch water from the water taps that have been provided by the municipality. The water from taps is not provided to each and every household but there are specific places where water taps are placed. It is up to that specific household to try and connect that water so that it reaches their

homestead. About 95% of the people have to fetch water from other households and are obligated to pay 25c per 25 liters.

5.10.2 Energy

Out the 41 households sampled, 60 % use candles for lighting their houses and 40% use paraffin lights for lighting.

Most households (60%) use paraffin stoves and 40% use firewood for cooking. They do not have electricity so they do not have the fridge for keeping their food fresh; they leave it on the table as it is indicated in the plate below.



Plate 5.4: Food preparation and storage area in a Malangeni Household (source: author, 2005)



Plate 5.5: A kitchen in a Malangeni Household (source: author, 2005)

The type of energy used for warming the houses is firewood, which is used by 80% of the households when it is cold, 20% use paraffin heaters and when there is no money to buy paraffin they become obligated to use the firewood. This also indicates that AIDS orphans are living in poor housing conditions at Malangeni.

5.10.3 Sanitation

The literature has made a comment about one study that found occurrence of respiratory diseases in children that it was significantly associated with households living in damp houses (Syardi, 1993). This presents exactly what is happening in Malangeni because AIDS orphans have inadequate shelter and poor sanitation. About 68% of children in Malangeni were said to be in poor health and suffer constantly from flu because of sleeping on the floor. This confirms what is mentioned by Kothari, (2000) from the literature by saying that the right to housing is still not met, AIDS orphans are still experiencing inadequate housing and they are still the group that is neglected.

The table and the plate below show the information about the toilets that these households are using. 92.5% of these households use long-drop toilets, while 5% and 2.5% use pit latrines and flush toilets respectively.

Table 5.4: Types of toilets in Malangeni (source: author, 2005)

		FREQUENCY	VALID PERCENT
Valid	flush	1	2.5
	pit latrine	2	5.0
	long-drop	37	92.5
	Total	40	100.0



Plate 5.6: A long-drop toilet in one of the Malangeni houses (source: author, 2005)

5.11 AIDS ORPHANS AROUND THE AREA

Most of the households surveyed at Malangeni (80%) know of AIDS orphans that are living in the area of Malangeni. They answered positively, to the question on whether they know of any AIDS orphans living in the area. This made the research uncomplicated and straightforward.

5.12 VIEWS OF SERVICE PROVIDERS

The service providers interviewed for this study included local leaders, traditional leaders, community workers, community health workers, church leaders as well as a policy maker. In terms of where AIDS orphans find accommodation, the service providers gave the following responses:

In most cases AIDS orphans live with their relatives and some live with their neighbours. A few live alone at home but they are taken care of by local church members.

5.12.1 Housing problems experienced by AIDS orphans.

Service providers identified housing problems faced by AIDS orphans as:

They live in mud houses that get destroyed when the rain comes, such houses are leaking with broken windows and doors which attract cold wind that comes at night. They eat poor quality food, some of them sleep on the floors with inadequate blankets to keep them warm and they get flu at all the times.

They are living in informal houses that usually get destroyed by rain and sometimes the wind comes and takes away the roof of the house because it is not strong. The houses also have cracks, develops mould when it rains.

They live in dangerous conditions with broken doors and windows that attract reptiles from outside like snakes and it rains the house get destroyed easily. These houses are also built next to their long-drop toilets which are also unhealthy so the smell comes easy to their houses.

5.12.2 Community responses to housing problems of AIDS orphans.

In terms of what relatives did to solve the housing problems of AIDS orphans, service providers gave the following range of responses:

There is nothing that the relatives contribute except food if they happen to have some themselves. They provide second-hand clothes for them to dress as well as a place to sleep.

Service providers further indicated that local churches were involved in helping AIDS orphans in the following ways:

Some of the church members take AIDS orphans that have been rejected by their relatives and most of our church members use to go and visit the households with AIDS orphans and support them with prayers.

In general the service providers were critical about the community responses in addressing the housing problems of AIDS orphans as the following responses show:

At the moment there is nothing that my community is doing so as to solve the housing problems concerning the AIDS orphans”.

“My community is not doing anything; they just sit down and continue with the life that they are living.

There is absolutely no contribution that the community is giving families with AIDS orphans.

My community is doing nothing concerning the issue; there are not even programs that have been implemented to solve such a problem.

5.12.3 Strategies of addressing the housing problems of AIDS orphans

When asked about the strategies that could be used to address the housing problems of AIDS orphans, service providers gave varying responses as follows:

We need to come together with our community and agree on one thing, on how the government should recognize our needs concerning the housing conditions the AIDS orphans are living under.

The solution that will solve the housing conditions for AIDS orphans need to come straight from our government. There is absolutely nothing that the community can contribute to this because the community of Malangeni is poor, so, in that way they do not have money so as to assist each other in order to solve the housing conditions of AIDS orphans.

The community in this area does not have community meetings so as to report the housing conditions for AIDS orphans. The community of this area needs to start having meetings with its representatives (councillors etc) so that their voices can be heard about the housing condition they are living in with AIDS orphans.

People who are called representatives in this area are not active enough. I do not think that there can be something that the community of Malangeni can contribute so as to assist in the issue of the housing conditions for AIDS orphans.

The community needs to raise up its voice (call meetings) about the housing conditions of AIDS orphans. There is absolutely nothing financially that the community of Malangeni can contribute because of being poor.”

“The community of Malangeni is a very poor community which does not have adequate funds so as to assist the AIDS orphans concerning the housing conditions they are living in.

It is the representatives that need to be very active about this issue so that it can be reported the Umdoni Municipality, because its looks as if the issue of the housing conditions in the area is ignored.

When asked what they thought the role of the government was in solving the housing problems of AIDS orphans, service providers said the following:

I think the government need to make some contributions on each household that has AIDS orphans because most of them are living in poor and unhealthy housing conditions.

The assistance needs to come straight from the government. Government needs to provide at least RDP houses.

The government needs to make a huge intervention in this regard, like provide families with AIDS orphans with proper shelter that has good housing conditions.

The government is the one responsible for this issue. Government needs to contribute household that has AIDS orphans with shelter.

The issue of housing problem for AIDS orphans needs to be reported to the government so that the government will take actions of providing RDP houses with water and electricity.

Service providers also made recommendations on how to solve the housing problems of AIDS orphans; and these were outlined as follows:

The government should increase the pension fund for the grandparents so that they can be in a position to assist on the housing conditions they are living under with AIDS orphans.

The government has to try by its entire means to provide house that goes with electricity and water to the households that are living with AIDS orphans.

The government must see that AIDS orphans needs to stay in good housing conditions that are health and well for themselves by providing houses that will cater for the health of AIDS orphans.

The government needs to provide RDP houses for AIDS orphans so that they can live in good housing conditions for their health.

It is the governments' responsibility to provide good housing conditions for AIDS orphans by providing houses that will cater for the health of these children.

According to the service providers the NGOs also had a big role to play and this was stated as follows:

They must provide AIDS orphans with proper facilities like beds for them to sleep because most of these AIDS orphans are sleeping down on floor or are using old mattresses that have insects.

The NGOs need to work as active mediators between the government and people at the grass root level, so the government can see that there is a real need for the AIDS orphans.

Increase access to education, make some programs so that the AIDS orphans can meet with other children and in that way these children will not feel neglected or rejected because they are living in poor housing conditions.

NGOs must introduce the community organizations that will listen to the needs of the community and as intermediary between the municipality and people at the grass root level, so that their needs can easily be heard at municipality (governmental level).

NGOs need to visit households with AIDS orphans and find out from them what need to be done how do they need to be helped in this issue.

NGOs must work hand in hand with the government in trying to find solutions on how to deal with such an issue. At the moment the NGOs must try and apply for funding from other institutions that can assist in this instance, in that way they can try and make some contributions with what the government is providing for AIDS orphans so that these children can end up in good housing conditions.

5.12.4 Responses from policy makers

The department of housing does not provide direct assistance to AIDS orphans. The department of housing is working together with other departments like welfare departments in assisting AIDS orphans on housing conditions they are experiencing like providing them with food. The welfare departments are building orphanages with the funds taken from the housing department and the housing department on the other side has started the provision of housing structures, which takes about three years.

There is also a problem with the housing policy that the Department of Housing is using because it is not user friendly to AIDS orphans for the reason that it involves certain government system.

The communities that have been receiving funding are those in urban areas; the reason is that they have all kinds of facilities as compared to people in rural areas that do not have relevant facilities.

Before funding reaches AIDS orphans on the ground there are also other systems of government (processing of certain documents) that are taken, it is not just an overnight thing, it take about 18 months. In providing a housing structure for these AIDS orphans, it takes about three years, while the child is still suffering in a horrible housing condition. This is because the housing policy for assisting AIDS orphans in their housing conditions is not active enough as it is suppose to.

5.13 SUMMARY

This chapter presented findings of the research conducted at Malangeni, South Coast of KZN, on the housing conditions of AIDS orphans in the area. The information was gathered from households living in the area and service providers working in the area.

The research has shown that most of the houses in Malangeni are built with mud. They usually get destroyed when the rain comes because of the poor material that is used to build them. These houses have different kinds of defects that have been mentioned in the chapter.

Grandparents, especially grandmothers, have been shown as the people who take care of the children in most of the household. They are responsible for satisfying the needs of the children, from the little money they receive from as pension grants.

There are no endeavours that the government or the department of housing has implemented so as to address the issue of inadequate housing in the area of Malangeni. The area of Malangeni does not even have community organisations that can make contributions in trying to solve this problem of inadequate housing.

6.0 DISCUSSION OF FINDINGS

6.1 INTRODUCTION

The purpose of this chapter is to discuss the findings of the research by revisiting the literature review. The chapter commences by discussing the lessons that have been learnt from the study about the housing conditions of AIDS orphans at Malangeni. The chapter will also look to the extent to which the research questions have been answered. This is imperative because it will assist in making the evaluation with the different debates that were discussed by different theorist earlier.

6.2 HOUSING CONDITIONS OF AIDS ORPHANS

During a visit to Malangeni to different households as well as from views of service providers (local leaders, community health workers, people who are involved with housing policy as well as church leaders), there were lessons that were learnt about housing conditions of AIDS orphans. AIDS orphans are faced with the problem of inadequate housing and there are no state agencies or any community organisations that are providing assistance so as to help in this regard.

The research conducted in Malangeni about housing condition experienced by AIDS orphans showed that housing still remains a major challenge in rural South Africa, as 99% of children in Malangeni are still experiencing housing problem. These children are inadequately housed. They are living in inadequate housing conditions that are not even good for their health.

These houses are not formal houses; they are built with unstable type of materials, which make it easy for them to get destroyed when the rain comes. These houses have broken windows that are covered with cardboards, broken doors, mould, leaks, holes in roofs, poor ventilation. At night when these children are asleep they receive cold air that gets through the broken windows broken doors, sleeping on colds floors covered with old blankets that are not warm enough to protect them from flu. These conditions prevail, even after the children have had medical attention as the initial conditions of being infected by the flu. The flu persists because they are living in poor and inadequate housing conditions.

These children just stay with their relatives who are unemployed as well as with their grandparents who are getting few cents from their pension funds to support about six family members. Currently the government give R780 to pensioners every month and there is nothing that the residents at Malangeni are getting from the government concerning the housing conditions they are experiencing. There are no government subsidised houses that are provided. AIDS orphans are just staying in mud-houses.

There is a good interaction that has been created between AIDS orphans and their relatives because their relatives are acting as their caregivers. Grandmothers in the household are responsible for every AIDS orphans' needs. This confirms what has been said earlier in the literature by Ramsden (2002) when stating that relatives engage in added responsibilities of caring for orphaned children, as a family duty. Ramsden (2002) continued and stressed that even distantly related family members are typically the paramount people to care for orphaned children.

Most of the households at Malangeni lack infrastructure facilities. A large number of the household do not have electricity they use candles. This confirms what (Fuller, 2001) stated in the literature that some other families with children lack adequate lighting, which is vital for good study conditions. This confines their ability to read at home and ultimately results in low production at the end of the academic year. Malangeni community is still underdeveloped because only water that is regarded as a component of infrastructure facility has been provided. All of the households interviewed fetch water from water taps, which are located next to their houses.

The key distinction between this study and literature is that this study states clearly who does what for children in the households, whereby the literature states generally that it is relatives that take care of the children in the household. Furthermore, this study identifies the conditions that the children live in. This study clearly shows that AIDS orphans live in houses with various types of defects like broken windows, broken doors, creaking walls, mould, poor ventilation, wholes in roof and leaks which means that they live in inadequate housing by South African government and United Nations standards (GOSA, 1994).

This study shows the type of social capital that AIDS orphans have, which comprises of their relatives. The social networks of AIDS orphans also include the churches. The

church emerges as the most important social network outside the extended family. The churches in Malangeni visit households that have AIDS orphans and provide the spiritual support by giving prayers to these households. This creates a huge bond between AIDS orphans and church members. In this instance the social support from the non-family members alleviate the negative stressful events in childhood (Robert, 1974).

The households during the interview indicated that other relatives like aunts and uncles do not have proper jobs so as to solve the housing problems for AIDS orphans. They work in temporary jobs.

Other agencies like churches try to provide assistance but they too lack funds to solve the housing issues. The only thing that the churches provide is prayers to the affected families.

Malangeni is surrounded by areas that have RDP houses with electricity but there is absolutely no development that has been provided to the area except the provision of water that is situated next to certain houses, where some other households need to pay 25 cents for 25 liters when they need water. The areas that are around Malangeni have some electricity, they have water that is installed in their households, and they have flushing type of toilets, street lights as well as RDP houses.

Most of the relatives at Malangeni have their family problems but they have tried by all their means to accommodate AIDS orphans in their houses that are built with poor material. They all experience the same housing conditions with AIDS orphans because these houses leak when it rains. The windows are covered with cardboard because they are broken. In winter the cold gets through the broken windows and broken doors.

Most of the households in Malangeni have similar kinds of defects. 99% of them are built with mud. When the rain comes the houses get destroyed. About 97% of these houses have cracks, mould, poor ventilation, broken windows broken doors. The Malangeni community also experiences the issue of poor sanitation because about 92.5% use long-drop toilets which are situated next to the main house so the smell from the toilets comes straight to the main house easily and even to the people who

are just passing by. These toilets are not in a good condition as they are built from an old corrugated iron. Such toilets get full and there is no one to dig another hole for the new toilets because the grandmother is old and the children are still young so all of them are unable to keep the toilets in good condition.

In some other households they make the lounge a bedroom where the children sleep. Most of them are using mats, old mattresses and the bare floor when sleeping so this also affects their health because about 70% of them usually have flu. This confirms what has been said by (Kothari, 2002) earlier in the literature when he said “Unhygienic housing conditions, such as mud floors and leaking roofs, perpetuate disease to both infected and affected AIDS orphans”. This demonstrates that the quality of life and living standards of those living in poor housing conditions is being further eroded and falling rapidly. Children are supposed to be staying in a hygienic environment, playing and enjoying. It is the government’s duty to take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of the adequate housing right.

The constitution allows that the right to adequate housing cannot be achieved immediately but must be achieved over time. Nevertheless government must show that it is doing as much as it can to achieve this right. Concerning the housing issue at Malangeni the government has not made efforts with the RDP houses to show that it trying to resolve inadequate housing conditions experienced by AIDS orphans in Malangeni.

6.3 HOUSING STRATEGIES OF AIDS ORPHANS

About 87% of AIDS orphans live in informal type of ownership. It is about 10% of them that formal type of ownership and 2.5% use the traditional tenure. This indicates that a large number of AIDS orphans in Malangeni are living in houses that are built with mud and roofed by corrugated iron. Such type of material courses huge problems as it has been discussed on the findings.

AIDS orphans live in inadequate housing conditions with their relatives or with their immediate families like their grandparents, aunts and uncles. Their grandparents are earning pension grant from the government. About 80% of their aunts and uncles are

not working so they do not have adequate money to support the whole family. About 20% of their aunts and uncles are working in the informal sector and they are not earning that much. Their income level ranges between R0 to R2500. About 17% of them earn between R350 to R700 a month and 3% earn R1000 to R2500.

Therefore the one housing survival strategy for AIDS orphans is through the extended family that is their grandparents, aunts and uncles are accommodating them. Another strategy for housing AIDS orphans is through the church as it is already offering support within its means. Currently, it visits the AIDS orphans and prays for them, which give moral and spiritual support to the AIDS orphans and those who care for them. The strategy of the housing department in addressing housing conditions would therefore be to work through those already accommodating AIDS orphans, that is relatives and churches, through giving such groups priority in accessing housing subsidies.

6.4 SUMMARY

This chapter has discussed the findings of the study by matching them up with the literature review that has been discussed earlier and has also provided strategies that can be taken so as to solve the inadequacy of housing that is experienced by AIDS orphans in the area of Malangeni.

AIDS orphans are living in terrible housing conditions and that the relatives especially grandmothers for AIDS orphans are acting as the role players in supporting and satisfying certain needs for AIDS orphans. Grandmothers bear the responsibility of being a mother to her grandchild by satisfying the child's daily needs. AIDS orphans also have rights but the housing policy has not put them into consideration.

7.0 CONCLUSION AND RECOMMENDATIONS FOR HOUSING POLICY

7.1 INTRODUCTION

The main objective for this dissertation has been to document the housing problems that are being experienced by AIDS orphans of Malangeni to understand and highlight the housing conditions of AIDS orphans and ultimately to make policy recommendations with regards to addressing housing needs of AIDS orphans.

The study has revealed that it is the relatives that play a huge role in taking care of the housing problems of AIDS orphans. The study also confirmed that the church has been the only agency that acted as a key source of support to the affected households but their role has been limited to spiritual nourishment through visitations and offering prayers. In actual fact most of the households surveyed appeared to have deep care for AIDS orphans living in terrible housing conditions.

This chapter presents the conclusion for the all chapters that have been previously discussed. This chapter also presents the policy recommendations arising from the study.

7.2 POLICY RECOMMENDATIONS

South Africa is one of just more than 30 countries that have included the right to housing in its Constitution (thematic committee, 2001). Section 26 of the Constitution of the Republic of South Africa, 1996, states that everyone has the right to have "access to adequate housing". It is the government's duty to take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of this right. The right to housing has not been met in Malangeni because AIDS orphans are still experiencing the problem of inadequate housing. This is surprising because it was stated long time ago that every individual has a right to have "access to adequate housing" but this has not been put into practice in the area of Malangeni, the area that does not even have RDP houses. This indicates

that there should be changes to press forward by moving from policy formulation to actual implementation.

There is a huge need for comprehensive housing policy that will accommodate housing conditions experienced by AIDS orphans. The study has indicated different kinds of horrible housing conditions experienced by AIDS orphans at Malangeni. Their relatives more especially grandmothers are responsible for everything that their grand children require for survival.

The policy that the housing department is utilising must be user friendly to AIDS orphans because it does not provide direct assistance to resolve the housing problems experienced by AIDS orphans in rural areas like Malangeni. The department of housing must not linger for other institutions like welfare institutions to make application for funding that will assist in improving the housing conditions for AIDS orphans whereby such application are also problematic because they take 18 months to three years to be approved. The department of housing should work on its own by trying to communicate with community organisations so that it can find out about the housing problems experienced by AIDS orphans on the ground.

From the findings, it is clear that the community of Malangeni does not have community organisations around the area to assist in resolving problems including housing problems experienced by the community. The housing policy needs to encourage NGOs and the Civil Society to provide a helping hand in the issue of inadequate housing experienced by AIDS orphans. Such organisations need to have relevant skills to call meetings with the community, where they can discuss issues concerning the inadequacy of housing in the area. NGOs and the Civil Society will also encourage the community to come together to meetings so, that the community can discuss the problem that is affecting the whole area of Malangeni and make a decision on what should be done. These organisations should have representatives who will work as liaison person with the Umdoni municipality to see what can be done to solve the housing problems experienced by the AIDS orphans in the area. In that way the community organisation will have representatives who will communicate with people at a policy level to try and solve problems concerning housing.

The policy must also consider AIDS orphans in rural areas because it is mentioned from the responses made by the Director of Housing at the eThekweni Municipality that it is only the AIDS orphans in urban areas that get assisted because they have all kinds of facilities as compared to people in rural areas that do not have relevant facilities. The research conducted in Malangeni has discovered that AIDS orphans in rural areas are also being challenged by inadequate housing, so the housing policy should also provide adequate housing for AIDS orphans in rural areas.

The housing policy must take into consideration that a large number of people as indicated from the findings are grandmothers, who are only getting R780 from the pension fund. This money serves to support all the children in the family for buying food, clothes and trying to make some housing renovations which they even fail to do to the home they are living in. The government need to make some increments to the pension fund specifically for grandparents taking care for AIDS orphans because after the government has provided the AIDS orphans with adequate housing the grand parents will utilise that money to maintain the standard of the formal house that will be provided by the government.

The housing policy must put all the housing problems experienced by AIDS orphans into consideration by building formal houses for grandmothers that are taking care for AIDS orphans. It must not build houses that leak or are poorly ventilated.

These houses need flushing type of toilets because the government has already provided them with the development of water provision. In that sense they will not be getting the bad smell they usually get coming from the pits latrines toilets that they are using at the moment.

The RDP houses that the government is providing has electricity, so the government needs to provide jobs for the relative (aunts and uncles) of AIDS orphans so that they can get money to pay the electricity bills.

There should be some supporting fund from the government that need to be given to the churches that take care for AIDS orphans. The reason being that local churches are the only institutions that provide assistance as they are providing food and clothing to each and every household that has an AIDS orphan.

The Department of Housing needs to employ a community liasing officer to inspect the housing conditions experienced by AIDS orphans on the ground. Then the Housing Department will need to take some action to provide adequate housing for AIDS orphans. NGOs must work hand in hand with the government in trying to find solutions on how to deal with such an issue. Departments like the Welfare Department employ their own policies that differ with some of those contained in the housing policy like the issue of building orphanages. It is a good policy but the children usually loose their social networks with their relatives and communities. There is a need for the departments of Social Welfare and Housing to dialogue when formulating strategies for addressing housing conditions of AIDS orphans. The strategies should be informed by what is happening in the community and this study suggests that AIDS orphans are housed by extended family members. This strategy should be used by the Department of Housing to support housing for AIDS orphans.

The NGOs must work together with the government in providing other facilities like beds as well as warm blankets for children to sleep on so that the AIDS orphans get protected from preventable infections like the flu and pneumonia because most of them are sleeping down on the floor.

NGOs must also encourage the government to provide AIDS orphan with free education and create other programs that will make the AIDS orphans to come together to learn and play with other children so in that way, AIDS orphans will feel equal as other children. They will not feel as if they are neglected because they do not have parents and most importantly, that they are living in poor housing conditions. NGOs must visit households that have an AIDS orphan to find out from their caregivers what need to be done so that they can be assisted on housing problems they are experiencing.

If the housing policy can work on its own not through other institutions like welfare, it can implement it own policy that will deal with building new houses for AIDS orphans next to that house that is having poor housing conditions. It will then be relatives staying with AIDS orphans who will decide what to do with the old house that has terrible housing conditions after the department has provided the family with the new structure. AIDS orphans need to be staying in adequate housing environments

because some of them are already infected and need housing that does not worsen their conditions or make them vulnerable to opportunistic infections.

The government must make sure that AIDS orphans are not suffering in horrible housing conditions that have different kinds of defects. It must provide AIDS orphans with a secure place to live, this serve as a basic need for human dignity, physical and mental health and most importantly the overall quality of life. In that way the problem of inadequate housing will then be resolved and children will be having adequate housing.

7.3 FURTHER RESEARCH

There is a necessity for more research to be carried out so that more information can be found on different agencies that work hand in hand with the Department of Housing in assisting AIDS orphans in the housing problems they are experiencing in urban areas.

7.4 CONCLUSION

The intention for this dissertation was to research about the housing conditions experienced by infected and affected AIDS orphans at Malangeni. AIDS orphans are suffering from inadequate housing conditions and there was a need to conduct a research about their housing conditions. Forty one households were randomly sampled and close-ended questions administered to the household heads. The service providers interviewed included local leaders, traditional leaders, community workers, community health workers, church leaders as well as policy makers.

All of the objectives for this dissertation have been fulfilled, because this dissertation has presented findings and also documented housing problems that are being experienced by AIDS orphans at Malangeni and also made policy recommendations with regards to addressing housing conditions experienced by AIDS orphans.

Households and other key informants provided information about the housing conditions that were relevant to the questions that were asked. This information proved the initial hypothesis for this dissertation to be true.

It is now up to the Housing Department to assist AIDS orphans experiencing problem of inadequate housing conditions.

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2. Where do parents live?

Name of the child	Mother	Father

Codes

1	at homestead
	Away from homestead
2	Deceased
3	Don't Know
4	Other (specify)

3. For the children whose parents died, where were they living before?

1.	At homestead
2.	Away from homestead

4. How are the children related to the head of the household?

Grand Children	Relationship

Relationship Codes

1.	Niece/Nephew
2.	Grand children
3.	Own children stepchildren
4.	Stepchildren
5.	Relatives
6.	Neighbour
7.	unrelated

5. For children who live away from their homestead, what happened to their home?

1.	Sold
2.	Left on it's own
3.	Rented out
4.	Other-specify

6. What type of tenure did the parents of the children have?

Codes

	Rent
2.	Formal Ownership
3.	Informal Ownership
4.	Traditional ownership
5.	Other -specify

7. Do you know of children orphaned by HIV/AIDS in this area?

1	Yes
2	No

8. Who lives with AIDS orphans once they have lost their parents?

1	Grand mother
2	Grand father
3	Aunt
4	Uncle

9. What happens to the homes of children who lost their parents to HIV/AIDS?

1	Get destroyed
2	Sold out

10. What is the nature of the dwelling unit?

1	Formal
2	Informal
3	Traditional

11. How many rooms in the household?

1	One room
2	Two rooms
3	Three rooms
4	Four rooms or more
5	More than five rooms

12. What type of tenure do you have on this household?

1	Formal Ownership
2	Informal Ownership
3	Traditional tenure
4	Rented
6	Other-specify

13. What happened to these children's home when they parents died?

14. What type of roof does your household have?

1.	Tiles
2.	Asbestos
3.	Metal roof
4.	Thatched roof

15. What type of walls does your household have?

1.	Bricks wall
2.	Mud wall
3.	Clay wall
4.	Timber wall

16. What type of floor does your household have?

1.	Tiles
2	Carpet
3.	Mat
4.	Cow dung floor

17. Does this household have any problems or defects?

1	Yes
2	No

What are those defects?

1	Leaks
2	Broken windows
3	Broken doors
4	Wholes in roof
5	Cracks on walls
6	Mould
7	Poor ventilation

18. Do you expect the government improve the housing conditions of your house?

1	Yes
2	No

19. How would you describe the health status of the children in this household?

1	Very good
2	Good
3	Average
4	Poor

18. What are the common illness among the children in this household ?

1	TB
2	Pneumonia
3	Cholera
4	Flu
5	Other (specify)

19. Where do children in this household sleep?

1	In the bedroom
2	In the lounge
3	In the kitchen
4	Other (specify)

20. What do you use when sleep?

1	Bed
2	Mat
3	Mattress
4	floor

21. Who pays their school fees?

1	Grandparents
2	Aunt
3	Uncle
4.	Other (specify)

22. Who buys clothes for them?

1	Grandparents
2	Aunt
3	Uncle
4	Other (specify)

23. Who cooks for them?

1	Grandparents
2	Aunt
3	Uncle
4	Other (specify)

24. Who washes their clothes?

1	Grandparents
2	Aunt
3	Uncle
4	Other (specify)

25. Where do you get your water from?

1	River
2	Water tap
3	Boreholes
4	Dam
5	Well
6	Other (specify)

26. What do you use for lighting in this household?

1	Electricity
2	Candles
3	Paraffin lights
4	coal
5	Other- specify

27. What do you use for cooking your food?

1	Electricity stove
2	Paraffin stove
3	Firewood
4	coal
5	Other- specify

27. What do you use for heating your house?

1	Electricity
2	Paraffin heater
3	Fire wood
4	Coal
5	Other specify

29. What type of toilets are you using?

1	Flush
2	Pits latrines
3	Long-drop
4	Buckets
5	Other (specify)

30. Do you rent or own this house?

1	Rent
2	Own
3	Other (specify)

31. Do relatives do anything to solve the housing problems of AIDS orphans in this area?

1	Yes
2	No

If yes specify

.....
.....

32. Is the community doing anything to address the housing problems of AIDS orphans?

1	Yes
2	No

If yes specify

.....
.....

33. Is there any church doing anything to address the housing problems of AIDS orphans?

1	Yes
2	No

If yes specify

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.....

34. Is there a Community Based Organisation that is doing anything to solve the housing problems of AIDS orphans in this area?

1	Yes
2	No

If yes specify

.....
.....

35. Is the department of housing doing anything to address the housing conditions of AIDS orphans?

1	Yes
2	No

If yes specify

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.....

36. Is there any organisation that is addressing the housing conditions of AIDS orphans?

1	Yes
2	No

If yes specify

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.....

37. What do you think needs to be done in securing shelter or housing issues for the Orphans?

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**APPENDIX II: INTERVIEW SCHEDULE - POLICY MAKER/
PROGRAMME MANAGER**

1. What endeavours has your department started in connection with improving housing conditions experienced by AIDS orphans?

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2. How are you planning to improve these housing conditions?

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3. Are those plans appropriate for assisting AIDS orphans in the housing problems they are experiencing?

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4. How far have you gone with these plans?

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5. When are these plans going to be implemented?

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APPENDIX III: KEY INFORMANTS INTERVIEW SCHEDULE

1. Where do the AIDS orphans with no shelter find accommodation?

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2. What are the housing problems that AIDS orphans are experiencing?

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3. Are relatives in this area doing anything to solve the housing problems of AIDS orphans?

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4. What is your community doing to solve the housing problems of AIDS orphans?

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5. What do you think can be community contribution in solving the housing problems of AIDS orphans?

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6. What do you think needs to be done in securing shelter or housing issues for the Orphans?

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7. What do you think can be the contribution in solving housing problems for the Orphans?

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8. Is the government doing anything to solve the housing problems of AIDS orphans?

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9. What do you think can be government's contribution or intervention in solving these housing problems of AIDS orphans?

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10. What do you think can be Non- governmental organisation's contribution or intervention in solving housing problems of AIDS orphans?

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