How Faith-Based Organisations Assist HIV/AIDS Orphans with their Academic Work: Botswana Perspective

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Abstract
This study investigated how Faith-Based Organizations (FBOs) in Botswana assisted HIV/AIDS orphans with their academic work. The study notes that traditionally, the extended family system was the cornerstone of the social security system that cared for orphans. However, as a result of the HIV/AIDs epidemic, the extended family system is no longer able to adequately provide for the physical, psycho-social, emotional and academic needs of the orphans. The study used a mixed research approach that combined qualitative and quantitative techniques and collected data from two FBOs located in two peri-urban areas. The key findings revealed that orphanhood negatively affects the academic performance of the learners especially through lack of concentration in class caused by thinking about their deceased parents. Finally, the study calls for a systematic integration of spiritual and psycho-social support in the orphan care programme and the need to attend to the educational needs of the orphans.

Keywords: Faith-Based Organisations, Academic Performance, HIV/AIDS, Orphans, Guidance, Counselling, Ethics, Care.

1. Introduction

This study examines the contribution of faith-based organisations in assisting HIV/AIDS orphans in Botswana by specifically investigating the perceptions of Batswana children in relation to how they think and feel about the impact of HIV/AIDS on their academic performance. In order to achieve this, a case study approach was adopted and examined the specific roles played by the Faith-Based Organisations (FBOs). Two FBOs were selected as research sites, namely, Stepping Stones and Happy Homes which are based in peri-urban areas in Botswana. These are non-profit making and non-governmental Christian organisations which work hand in hand with the Botswana Government. They are involved in the caring of HIV/AIDS orphaned and street children and offer them academic, psychological, and spiritual support, and also identify and nurture their talents. The organisations base their educational philosophy and goals on Christian teachings and beliefs. The Christian teachings are meant to assist orphans in dealing with long grief that may affect their educational performance. Academic support is offered in terms of assisting orphans with the school work in terms of homework and assignments which are done in the afternoons after a "normal" school day in public schools.

1.1 Statement of the Problem

The purpose of this study is to understand the perceptions of orphans regarding the nature of the support that FBOs give to HIV/AIDS orphaned children in public upper primary and secondary schools in Botswana. The study looked specifically at the physical, psycho-social, emotional and academic assistance that the two FBOs offered to the sampled orphaned children. In 2007 there were about 53 395 registered orphans which is a substantial number in relation to the total population of close to two million people (Republic of Botswana 2008). The HIV/AIDS orphanhood situation has led the government of Botswana to offer material needs to these vulnerable children in the form of "food baskets". Though the extended family used to offer the support and care needed by orphans, it is presently being overwhelmed by the large number of orphans that exist in the society and therefore it is not coping any more (Foster 2004).

The role of the extended family and community in the care and support of orphaned children in Botswana has been documented (Mbonini & Motlhalani 1998; Molojwane 2001). However, little research has focused on its impact on academic performance due to lack of support outside school, for example, in terms of assignments and home work. The focus has been mostly based on material needs while marginalising the psychological and emotional needs of orphans. From the literature we have reviewed, very little is done in Botswana primary and secondary schools to help the HIV/AIDS orphans cope with the psychosocial trauma caused by loss of parents as they are also involved in their education.

1.2 Ethics of Care – A Theoretical Framework

The study is informed by the theory of ethics of care as articulated by its proponents Nel Noddings (2010, 2005, 2002) and Madeleine Leininger (1990; 1988) in education and nursing profession respectively. Care is an essential and natural need of human beings and in this context it is more than sympathy since it has to be accompanied by preparedness and willingness to act and intervene on behalf of the one who is hurt or is suffering. It is action-oriented in terms of the carer taking care of the one who is being cared for. For the vulnerable, if they realise that someone is concerned about them then their confidence and self-worth are more likely to be reinforced. Caring builds rapport and trust, while at the same time creating a positive nurturing environment. Caring needs openness and honesty since it is aimed at promoting reciprocal relationships of respect and trust. For example, care-givers who are viewed by the vulnerable as caring are naturally trusted by the care recipients (Lauterbach & Becker 1996). In the case of HIV/AIDS orphaned children, members of the extended family, the local community and FBO workers are the main care-givers.

According to ethic of care theory, care has to be provided within the context of a given culture of the recipients since one feels comfortable if assisted by someone who understands him or her (Baker & Daigle 2000). Furthermore, cultural sensitive practices can provide a foundation for recognising problems of the vulnerable persons. Sensitivity here refers to the care-givers' ability to perceive the vulnerable persons actions, verbal and non-verbal communication accurately and respond appropriately (Parks & Novielli 2000).

During the process of caring, there is need for dialogue in order for the two parties to understand and develop trusting attitudes. Though the relationship may seem unequal, the care provider has to try to see the world through the eyes of the cared for and this calls for a trusting relationship (Noddings 2010, 2002). It is this nurtured relationship that motivates the disadvantaged to view life positively. In an ethics of care, love and compassion are of paramount importance (Noddings 1994, 2005). The relationship between the carers and those who are cared for is important since the practice of care in itself 'warms' the relationship between the two. Primary care-givers are at times overwhelmed by what they do to the point of forgetting that several other people need them as well (Noddings 1994). Taking care of other persons' need is not an end in itself. It is an overwhelming processes hence the need to assist care givers cope with the vulnerable clients (Davidson 2010).

2. Orphanhood and HIV/AIDS in Africa

2.1 Orphanhood in Traditional African Society

Among the different peoples of Botswana, caring for orphans has always been a natural thing for the extended family (Schapera 1984) since child up-bringing was the responsibility of every adult member in the extended family and the young child belonged to the whole community. In the past, and as part of living a normal life, Africans encouraged children to have bonds with relatives who were not their biological parents (Sutton 1999; Mwamwenda 1998; Jansen 1993). Losing the parents through death, did not seriously impact on the orphans' psycho-social status because the child was already used to being separated for an extended time from their biological parents (Gardner 2003). However, the extended family was the traditional social security net that protected those who were vulnerable, for example, the sick, the poor and the orphans (Tshitswana 2003). For one to live and be recognised as a

member of the community in the traditional African society, an individual was viewed in terms of the symbiotic relationship that existed between that person and the extended family (Durojaiye 1976).In addition, religion played an important role because the extended family cared for the orphans by trying to please the ancestors in order to avoid curse by the latter (Amanze 2002) hence the practice reduced the negative practices such as abuse on the orphans.

2.2 HIV/AIDS and Orphanhood: Botswana Context

HIV/AIDS epidemic continues to advance relentlessly and unabatedly in the developing countries and the sub-Saharan countries are the most affected (Muturi 2008). In Southern Africa and in particular countries like Botswana, Namibia, Zambia, Zimbabwe, South Africa, Swaziland, Mozambique and Lesotho HIV/AIDS is the leading cause of death (Page & Hall 2009). For example, a study carried out in South Africa revealed the increasing levels of orphanhood as evidenced by more than 20 per cent of orphans in just one school (Graca & Tournier 2006). The situation in Africa is compounded by various factors since HIV/AIDS tends to be an epidemic within epidemics, managed with varying degrees of commitment by different countries depending on other priorities and political appointments. The major challenges that are related to the epidemic in many African countries are other diseases in particular malaria, conflicts, poverty, gender and cultural bias, and these issues are responded to differently depending on the circumstances of the countries (Parry n.d).

In Botswana HIV/AIDS has claimed the lives of many people at an alarming rate since 1985 when the first case was identified and since then thousands of orphans who need care and support were left behind (Nair 2003). This is due to the highest rate of infection because four in every ten adults have HIV/AIDS (WHO/UNAIDS, 2005). There are 57, 000 children who are registered as orphans resulting from HIV/AIDS related diseases. This figure excludes orphans who are not registered like the street children (National HIV Prevention Conference Report 2005). Unregistered orphans are mostly taken care of by their relatives (Solani 2002). However, the capacity of the extended family which used to absorb these orphans will be stretched to the limit and may even collapse when the present generation of grandparents die.

2.3 Psychological and Emotional Impact of Orphanhood

Inevitably, in sub-Saharan Africa many family structures have collapsed because of the HIV/AIDS epidemic which has thrown thousands of households into turmoil (Ardington & Leibbrandt 2010), introducing a new phenomenon which Guest (2001) calls "child- headed households" where siblings are forced to take care of their young brothers and sisters in their parents' homes without any elderly person present. Due to this phenomenon, orphans have been affected psychologically. That is why Abrams (1999) points out that the death of a parent marks an emotional and psychological watershed in a child's life. Orphans are always worried by the loss of parents and even fear to live in the house left by the parents (Rees, 1997) as they find the environment very strange and intimidating due to the absence of the parents (Biakolo et al. 2003). As a result of various hardships, orphans lose hope in life as they grieve for the dead parents (Cohen, Manion & Morrison 2000; Republic of Botswana 2008) and since grieving is a process some children never stop grieving. In addition, they are also stigmatised by society because they are associated with the disease. Loss of parents always affects their school work and attitudes towards education and unfortunately, there would be no one available to readily help orphans with their school work, and this leads to the decline of their academic performance. (Papalia & Olds 1992; Wakefield 1996). Since the natural caring structure is facing several challenges FBOs have actively joined in.

2.4 Faith-Based Organisations, HIV/AIDS and Education: An Interface

FBOs are religious bodies established by faith communities in order to provide humanitarian needs to those who are vulnerable in the society. Due to the humanitarian teachings found in religion in general, they are better positioned to respond to the HIV/AIDS epidemic (Togarasei 2011). Furthermore, religion plays an important part in the lives of many, for example, by giving them hope and comfort as well as influencing many other aspects of their daily lives and activities (Tharao, Massquoi & Teclom 2006). As a result, FBOs have deep commitment to serve the poor, the sick and the HIV/AIDS orphans. In many countries, FBOs have been in the forefront of care and support initiatives since the onset of the impact of HIV/AIDS epidemic (e.g. Baer n.d; Hafner 2009; Parry 2008; Khan & Loewenson; 2005; Mathai 2005). FBOs have become an integral part of life and society in most parts of Africa and are to be found within most communities. They hold much credibility with the people because of their presence at grassroots level. Furthermore, they have been known to be placed within a short distance to the affected communities hence have knowledge of the realities of HIV/AIDS. The main activities undertaken by FBOs has been orphan care in terms of material support, medical care, income generation schemes, day care centres, and home-based care (FID/Futures Group MSP 2005).

Furthermore, Muturi (2008) observes that FBOs "provide social, psychological, and physical support and have collaborated with health organisations to initiate health educational programs" (p. 108). FBOs often take the leading role in supporting the growing numbers of HIV/AIDS orphans in Sub-Saharan Africa especially those of a Christian orientation (Madison 2010; Parry n.d). However, it has not only been the Christians who have been in the forefront; in South Africa, Zambia and some parts of West Africa, Muslims have also been involved (Parry n.d). In the Botswana context, the religious faith sector is dominated by Christian organisations though there are other FBOs from other religions such as Islam, Bahai Faith, and Buddhism (Togarasei et al. 2008). There are various FBOs in Botswana that are engaged in providing various services to vulnerable groups. Material support, grief therapy, counselling, pre-primary education, hospice care, healing, psychosocial support, grassroots moral education and social activism are some of the services that FBOs provide to show their sense of care and in playing the critical role in supporting the healing process and in nurturing children so that they can cope with orphanhood to the needs of the orphans (Olson & Sand 2009; Togarasei et al. 2008; Setswe & Skinner 2008).

Though FBOs aim at helping HIV/AIDS orphans, they nevertheless face challenges which include lack of quality leadership that is creative, committed, motivated and often lacks skills on advocacy for the victims of HIV/AIDS. In many instances they fail to effectively deal with the rights of the victims who are stigmatised and discriminated on the basis of their status. For example, untrained personnel lack cultural competence in terms of dealing with the issues that affect HIV/AIDS victims (Tharao, Massaquoi & Teclom 2006). The leaders are sometimes unable to sufficiently mobilize the community they are working in, fail to establish networking with other FBOs and donor agencies so that they may establish collaborative partnerships especially in the technical area or training (Tharao, Massaquoi & Teclom 2006). Another challenge is that FBOs are at times required to compromise their doctrines in order to secure funding, and Parry (n.d) puts it crudely and says, in this case, "the dollar comes wrapped in condoms." The other challenge includes inadequate trained personnel manifested by their inability to keep accurate and up-to-date information on a daily basis of what happens in the organisation. There is also lack of research and information upon which to base services and programs provided by FBOs (Tharao, Massaquoi & Teclom 2006)

3. Methodology

We used a mixed research approach that combined qualitative and quantitative techniques in order to avoid rigidity or fixation to either of the paradigms (e.g. Ivankova, Creswell & Stick 2006; Bryman, Becker & Sepik 2008; Onwuegbuzie & Leech 2005). We adopted this approach due to the sensitivity of the topic that involved human emotions and feelings. Furthermore, the research has to take place in a setting where experiences of the research participants occur (Chilisa & Preece 2005) and this study took place at the two FBOs premises. As a result, the FBOs staff and orphans' experiences, perspectives and insights were studied in the setting, context and value systems which they occurred (Atkinson, Coffey, Delamont, Lofland & Lofland 2001). Observations, interviews, focus groups and questionnaires were used. FBO personnel were interviewed on how they help orphans with their

assignments and homework in the afternoons after normal school hours. Interviews helped us to better understand the practices, experiences and perspectives of FBO personnel and orphans. As De Vos (1998) says, the social construction of a world view is better understood if it is expressed in the participants' own words rather than those of the researcher. The FBOs personnel used their own expressions and language in elaborating how they assisted the orphans with their home work and assignments. We also observed various activities that took place in the two organisations. Questionnaires used were open and close ended with a five-point Likert scale (Ivankov, Cresswell & Stick 2006; Wiersma & Jurs 2005). The scale measured both positive and negative responses to the statements which comprised: Strongly Agree (SA), Agree (A), Not Sure (NS), Disagree (D) and Strongly Disagree (SD).

3.1 The Study Sample and Data Analysis

The total population of registered orphans in the two FBOs was two hundred and fifty (250) and ten (10) staff members from both Happy Homes in Mogoditshane and Stepping Stone International in Mochudi village. The sample size comprised 10 staff members, 52 orphans, that is, 26 boys and 26 girls who were in upper primary school level that is from Standard five to seven and secondary school students in Forms 1-5. The two FBOs could not enrol lower primary standards due to their limited resources hence they concentrated on those who were working towards completing their primary and secondary schooling. Stratified random sampling was used to select orphans while purposive sampling procedure was employed to select trained guidance and counselling staff members of the two organisations. Qualitative data were analysed based on the interviews and observations and on themes that emerged in terms of what was common and was different (Huberman & Miles 2002; Miles & Huberman 1994). Descriptive data from questionnaires were coded and analyzed using Statistical Package for Social Sciences (SPSS) software. Descriptive data was analysed by re-coding and collapsing the five-point Likert scale into a three-point Likert scale in order to make data interpretation more manageable and meaningful (Beamish 2004; Narli 2010). Responses such as 'Strongly' 'Agree' and 'Agree' were combined to become 'Do Agree' and the same was done with 'Strongly Disagree' and 'Disagree' which were re-labelled 'Do Not Agree'. This therefore means that the three-point Likert scale of 'Do Agree', 'Not Sure' and 'Do Not Agree' was used for the purpose of interpreting the results. 'Agree' was considered positive responses; 'Not Sure' was an intermediate response while 'Disagree' was considered a negative response (Bryman, Becker & Sempik 2008). In addition, descriptive statistics helped to determine the frequencies of occurrences and the percentages of the various key aspects being sought by the study for both closed and open ended questions.

3.2 Ethical Considerations and Permission

Permission was sought through a letter to the two FBOs staff, caregivers of the orphans and the orphans themselves who all consented. The letter detailed the purpose of the study and the instruments of collecting data. The consent form was signed by the FBOs and the caregivers of the orphans. The caregivers of the orphans were informed about the purpose of the study and were requested to give their consent allowing the orphans to participate in the study. After the guardians gave their written consent, the same was done to orphans informing them of the importance of the study and were asked to voluntarily participate and had the right to withdraw at anytime from the study if they felt like doing so. Assurance of confidentiality to both the FBOs and the orphans was given as it was indicated that pseudonyms were to be used as a way of maintaining and ensuring confidentiality of the participants. Approval to conduct this research was obtained from the Research, Ethics & Publication Committee of the Ministry of Home Affairs and the Ministry of Health Research Unit of the Republic of Botswana and the University of Botswana. However, we took note of the possible emotional instability and distress especially when orphans were asked about their orphanhood.

4. Summary of the Research Finding

4.1 The Impact of Orphanhood on Academic Performance

From the sample of fifty-two orphans 92% do agree with the statement that since *'I became an orphan, I perform poorly at school'*. Only 4% each were Not Sure and did not agree respectively. The fact that the majority (92%) of the sampled participants think that orphanhood negatively impact on academic performance is consistent with the results from past studies. This reveals that the collapse of the extended family tends to negatively impact on academic achievement. In other words, children are not able to get adequate supervision in doing their school work either because they have lost one or both parents (Ardington & Leibbbrandt 2010; Mwamwenda 1998; Operario, et al. 2008). Lack of parental supervision and guidance also somehow leads to poor academic performance—perceived or actual. The critical importance of education in terms of lifelong learning and human development is widely acknowledged, as correctly observed by Ardington and Leibbbrandt (2010) that poor educational outcomes in childhood are likely to have a lasting effect as one matures into adulthood.

4.2 The use of the Guidance and Counselling Programmes

All (100%) the sampled orphans believed that their organisation helped them through the use of guidance and counselling programme to accept their orphanhood status. They indicated that the use of guidance and counselling services also included spiritual therapy, for example, the reading of the bible, prayers and assurances that God who is a Supreme Being and a "father" figure in heaven cares about their lives and protects all people (Khan & Loewenson 2005). In addition, the provision of activities like sports and entertainment helped them refresh their minds hence they forgot about their negative experiences. Tutors also provide guidance and counselling which seems to be effective in helping learners to accept their orphanhood. The organisations support orphans and motivate them to pursue their dreams and provide a strong Christian-based education to instill good morals and accepted behavior (The Happy Home Orphanage n.d). Once in a while, FBOs make arrangements to invite guest speakers some of whom are successful people that could be looked at as role models in life to give short motivational presentations to the orphans. These role models are meant to help build confidence, strength as well as shape the aspirations of the orphans since children always need a role model as they grow up (Papalia & Olds 1992; Mwamwenda 1987). Below is a participants' view about role models.
Tebo: "*There are a lot of activities like sports and entertainment such as watching movies. Sometimes guest speakers are invited to address us on certain topics in order to motivate us*".

4.3 Parental Loss, Academic Performance and the Role of FBOs

81% of the sampled orphans believed that loss of one or both parents affected their academic performance. They also thought that missing their parents greatly affected their concentration at school. Six percent of the participants were Not Sure while 14% did not think that parental loss affected their concentration at school. These results clearly show that the absence of one or both parents makes it difficult for the children to concentrate at school. In fact, the challenge of breaking the unexplained attachment children have with their parents make orphans raise more questions than answers. These results are consistent with past studies which have revealed that the collapse of the extended family structure has negative effects on children's academic performance (Guest 2001; Mwamwenda 1998).

4.4 Orphanhood and Academic Performance

Coping skills after losing parents is one of the major challenges in orphanhood since these children are not helped to adjust to living without their biological parents. Orphans are left alone struggling to understand the horror of losing their parent(s). John said: "*I think a lot about my parents and lose attention in my school work because sometimes I picture the life that I had while they were still alive and compare it with my present situation, and that frustrates me*". From our observation, the orphanhood situation is worsened by lack of care by close relatives as they are equally traumatised by

the similar loss. During interviews, one of the orphans, Kaone said *"I was referred to the FBO's by my Guidance and Counselling teacher because of my poor performance at school after losing my mother. My academic performance has improved a lot since I started extra lessons with Happy Homes International"*.

All orphans interviewed said that FBOs helped them with their home work and assignments though the organisations have inadequate resources. Finally, the findings of this study revealed that the two FBOs are generally performing comparable roles in terms of the services offered to orphans in the upper primary and secondary school level. In fact, the two FBOs basically empower both the orphans and other vulnerable children to become leaders of the next generation through programmes like spiritual therapy, psychosocial support, guidance and counselling and life skills.

4.5 Challenges Faced by FBOs

We observed that the major challenge of the FBOs was the working space whereby all learners from both primary and secondary schools worked in an open big hall. Though the tutors tried to divide them in groups according to their standard and form, there was a lot of noise which frustrated the efforts of the tutors and the children. For example, Kitso said that he did not like reading whereby everybody would be listening at him because they laughed at him when he failed to pronounce some of the words properly. The staff members suggested that the government could help the organisations with the buildings of classrooms, paying of the staff since they are a non-profit making organisation. They further pointed out that they mainly depended on donors from outside the country yet caring for the orphans was important.

Our other observation revealed the need by FBOs to integrate spiritual and psychosocial support in the orphan care programme since this will invariably help children deal and cope with emotional and psychosocial issues affecting them on a daily basis. Besides, it will contribute towards positive development of their personal characters and interpersonal skills.

The other challenge is the intermittent availability of local volunteers because those from outside countries only come for a short time and then return to their countries just when orphans start to build bonds and relationships with them. This affects the orphans' ability to open up due to lack of persons they can fully trust and confide in because they would have been with them for a very short time.

5. Conclusion

The findings indicate that orphanhood negatively affects the academic performance of the learners especially through lack of concentration in class caused by thinking about their deceased parents. The study also highlighted that FBOs are helping the orphaned children to cope with their academic needs in terms of assignments and homework through tutoring offered by their local staff and volunteers from abroad. In addition, and more importantly the guidance and counselling combined with spiritual therapy offered by the FBOs to the orphans helped to address their psychosocial and emotional needs leading them to cope with orphanhood as well as improve their academic performance.

However, the study has also shown that due to limitations in terms of both human and material resources, the FBOs are only focusing on orphans from Standard 5 to Standard 7 and secondary school going students. The limited resources denied the two FBOs the opportunity to reach out to the majority of orphans. FBOs need increased government support in terms of capacity building in order for them to enrol as many orphans as possible. As of now the situation shows that the support on educational necessities is not enough from the FBOs especially in terms of offering help to the orphans with their assignments and home work as they offer their own Christian based curriculum. Lastly, there tends to be lack of emphasis on advocacy for the rights of HIV/AIDS orphans by both the government and FBOs.

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