

**BIRJ-MS-12-3-11B**

S. B. Chama<sup>1</sup>, J. Falle<sup>2</sup> and L. Koffler<sup>3</sup>

<sup>1</sup>Southern Adventist University, School of Social Work and Family Studies, P.O. Box P.O. Box 370  
Collegedale, TN 37315-0370

<sup>2</sup>The Salvation Army, Permanent Supportive Housing, 340 Lake Street, Delaware, OH 43015

<sup>3</sup>Southern Adventist University, School of Social Work and Family Studies, P.O. Box P.O. Box 370  
Collegedale, TN 37315-0370

**Abstract**

HIV/AIDS in Zambia has had a devastating impact on many families and communities. For more than twenty years communities have been struggling to find better and effective ways of providing community-based care to children orphaned in the HIV and AIDS epidemic. Unlike in the past when children orphaned by AIDS received best community care options, today the picture is different as many children do not receive the best community-based care they deserve. Although HIV and AIDS infection rates in Zambia seem to have stabilized the number of children orphaned by the disease is expected to rise. These children face a gloomy picture. Obviously there is a need to ramp up appropriate and quality community-based care options for AIDS affected children. One way this might be done is utilizing cultural competence and translational research. These two approaches are innovative and can improve orphaned children's well-being. For example culture competence could serve as a platform for providing needed skill sets to communities providing care to orphaned children. As communities grapple with the challenges of orphaned children, translational research might be a suitable approach that could make it possible for communities to share critical lessons amongst themselves about best care to AIDS-impacted children. Translational research could make possible the sharing of care options between AIDS stricken communities across Zambian communities.

**Introduction**

Zambia's first AIDS case was identified in 1984. There were 150,000 Zambian children ages 0 to 14 living with HIV/AIDS at the end of 2001 (Garbus, 2003). Since then the impact of HIV/AIDS on communities, families and individuals in Zambia has been very evident and negative (Gopal, 2002; Namposya-Serpell, 2000). The scope and gravity of AIDS including the large numbers of people living with this disease constitute Zambia's single most important development challenge (United Nations Children's Fund [UNICEF], 2007). For more than twenty five years many communities in this Southern African country have been struggling to recover from the ramifications brought about by the AIDS epidemic. Further, recent studies have documented the impact of HIV and AIDS on Zambian communities (Goma et al., 2000; Mwewa, 2000; Manda, Kelly & Loudon, 1999) and all point to how devastating this scourge has been. Arising from this situation is an emerging population of orphaned children who have no hope for the future and are daily struggling to survive in an adult world.

Their struggles are exacerbated by communities hardest hit by the HIV/AIDS and, whose heavy burden is responsibility of providing care to orphaned children (Fox, 2001). Although the AIDS infection rate in Zambia seems to have reached a ceiling children affected by AIDS face a continued gloomy projection (Grainger, Webb & Elliot, 2001). It is not uncommon to witness children as young as five in many Zambian communities being forced to live in ways that are not consistent with the cultural norm such as cooking for themselves and working on the streets. Such scenarios highlight the gravity of HIV and AIDS and further raise the need to critically review and scale up existing community-based efforts in providing targeted care and best practices to orphaned children (Grainger et al., 2001; Guest, 2001).

**Problems faced by children orphaned by AIDS**

Zambian children orphaned by AIDS face a plethora of problems that include social, emotional and physical challenges (Matshalaga, Rita & Powell, 2002; UNICEF, 2009a). These children have neither

the capacity nor the ability to face pressure of daily living. If unresolved these pressures can hamper their physical and emotional development. UNICEF (2007) noted that of the 1 million orphaned Zambian children about 19 % are younger than. Only 13 per cent receive suitable care options. To highlight the problematic situation of orphaned children a UNICEF (2009b) report found the following:

When parents or adults within families become sick, they will at some point not be able to work any longer or bring in the money needed to support their families. When the situation within affected families becomes too challenging, families are often forced to sell their goods in order to provide medical care and treatment to their suffering individuals. As families undergo the ramifications of AIDS children, they suffer from many socio-emotional ills including dropping out of school because of costs involved. (p.100)

In view of the many challenges posed by HIV/AIDS many communities are struggling to effectively address issues affecting orphaned children. In many Zambian communities impacted by AIDS the mechanism that keeps orphaned children from sinking into deeper hardships is composed of material relief, labor, and emotional support (Subbarao, Kalanidhi & Coury, 2004; UNICEF, 2004). Although many communities exhibit a strong sense of commitment and willingness to support orphaned children many are not able to effectively fulfill their responsibilities in view of the unbearable social and responsibilities brought about by HIV/AIDS. Consequently many communities are struggling to support their orphaned children and, even where support and care is available it is often diluted and misplaced (United States Agency for International Development [USAID] 2001; United States Agency for International Development [USAID] 2002).

### Community Care Options

Community involvement plays a central role in the provision of targeted and best care options to orphaned children (Odhiambo, 2003). Currently there is sufficient evidence that suggests that Zambian communities seem to have a sufficient number of care options (Goma et al., 2000; Williamson (2003). However, what needs to be done is to enhance and strengthen the existing care options. Table 1

summarizes some of the existing care options for orphaned children in Zambia.

### Table 1 to be Inserted Here

Table 1 illustrates the deep concern and commitment that Zambian communities have for children who have been affected by HIV and AIDS as reflected in the various types of care options. Communities are pressing forward to meet the needs of the children affected as best as possible. These different support systems seek to provide emotional, psychological and physical support in various ways through familial support, education, vocational training, health services, a sense of community, housing, and the most basic necessity, nutrition. These efforts coupled with the utilization of cultural competence and translational research will allow communities in Zambia will provide the holistic and sustainable care that vulnerable children need.

### Cultural Competency

Given the extent of the HIV and AIDS problem including its negative impacts on orphaned children most communities in Zambia are now only able to provide partial care and assistance to impacted children (UNICEF, 2004). Despite the severe challenges they face, communities do possess the heart and will to help their AIDS-affected children. However, they lack the knowledge and appropriate cutting edge skills to provide care in the most relevant and effective ways (Odhiambo, 2003). One way in which communities might be assisted in scaling up and strengthening HIV and AIDS support to orphaned children is through cultural competency. Julia (2001) defines cultural competency as follows:

Culture competency is set of academic and interpersonal skills that allow individuals within a community to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups of individuals. This requires willingness and ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons from the community in developing focused interventions, communications, and other supports. (p. 79)

The definition by Julia (2001) identifies two important elements that might play a key role in equipping communities with knowledge and skills required to strengthen support to HIV and AIDS

impacted children. Interpersonal skills, willingness and ability to draw on community-based values, traditions and customs are all essential building blocks for a positive community transformation.

### *Interpersonal Skills*

Interpersonal skills are essential and could be made available through community seminars and workshops conducted by professionals such as social workers or social and community development officers. Seminars and workshops could be planned and conducted in concert with key members of the community such as teachers, church leaders and other key stakeholders. Through appropriate workshops and seminars that highlight essential elements of care options for children communities can begin to transform.

### *Culturally Competent Services*

Although current care options are available for children these are ineffective because they are not culturally competent. The services do not address the real problems and needs of children. For example some services focus on addressing short-term needs such as lack of clothes. Some services have been imposed upon communities without really meeting the needs of the communities they serve. Others have the empirical-base but lack the cultural sensitivity. These services could gain from the expertise of indigenous cultural consultants across the region. These experts can help to create a growth process and legitimize intervention efforts in many communities.

Kim & Ruben (1988) state that cultural competency is learning and growth process where the community's old image breaks up, and the cultural knowledge, attitudes, and behavioral capacities gained construct a new community at a higher level of function. Similarly Kim (1996) argued that cultural competency depends upon the ability to change and transform the individual's capacity to suspend or modify some of the old cultural ways, to learn and accommodate some of the new cultural ways. It is this new community that might act with a rejuvenated zeal and courage. Rejuvenated motivation and zeal might strengthen and enhance the effectiveness of their care options to suffering orphaned children. As communities change and transform they should draw on their values and customs in ways that allows them to craft care options that target orphaned children's needs. The new ways can include the following principles (Chama, 2008):

- Recognize the value of community cultural norms and centeredness of the family and affirm the additional culture differences that might exist between orphaned children.
- Identify the qualities and necessary expertise that the communities who will work with orphaned children should possess.
- Frame and tailor community-based care options in accordance with the demographic realities, including isolation and poverty of communities and
- Design care option components that will address specific challenges affecting children affected by HIV and AIDS.

Providers could be trained once the new ways are folded into the training modules developed for community workshops and seminars by social workers or social and community development officers, and community members including target children. The modules will be taught using methods that incorporate cultural practices such as storytelling, music-making and drama. These are relevant to cultural practice because they are always practiced in communities and are passed on from generation to generation. These seminars and workshops will be taught in the 10 provinces that have the highest incidents of HIV and AIDS, particularly the Lusaka and Copper belt provinces, which have been hardest hit (Garbus, 2003).

### **Translational Research**

Translational research is a conduit for infusing empirical knowledge into community workshops in the different provinces. Translational research in the behavioral and social sciences addresses how basic behavioral processes inform the diagnosis, prevention, treatment, and delivery of services, and how that knowledge increases our understanding of basic behavioral processes (National Institute of Mental Health, 1999). The need for translational research has been influenced by a number of trends, including growing recognition of the need to understand important values that shape relationships between different contexts. Developing beneficial and productive relationships between different communities in different provinces is therefore crucial particularly as it pertains to providing support to orphaned children. When communities are conceived as contexts willing to cooperate and share lessons of best care practices and, strategies, it might be expected that the livelihood of orphaned children would improve. An important element of translational research is the recognition of

the need to build linkages and relationships between different communities (Rogers, 2003). Adoption and implementation of translational research is a strategy that can involve use of research methodologies that are congruent with values and customs of Zambian communities. For example trained social workers and social and community development officers might conduct translational research studies with members of communities in Lusaka, Kitwe and Ndola.

They would then share lessons with communities in other provinces such as Livingstone, Mongu and Chipata. Implications from the data would be interpreted within the cultural context with recommendations for services and interventions that would be attuned to the cultural context and would likely meet the needs of Zambia's different provincial communities. When used with well-defined goals and objectives translational research can generate a collaborative process through which communities develop and share interventions, encouraging the adoption of best care practices as they are identified across communities. This process would also enhance a shared understanding of lessons learned between different contexts (Holmes & Mathews, 1993; Rogers, 2003). Orphaned children's wellbeing will improve as lessons and best care practices are shared. Consequently, there will be reduced disparities in care option outcomes for orphaned children in different Zambian communities. As Rogers (2003) has discussed translational research highlights strong community engagement and participation among different stakeholders, and demonstrates a commitment to practices and lessons that bridge service communities.

### Conclusion

Orphaned children are the future of Zambia and as such they need to be provided with care options that are empirically validated and culturally attuned. In Zambian culture communities play a central role in shaping children's lives. It is within communities that children affected by AIDS are socialized and learn norms and values essential for their development. As Williamson (2003) notes, communities provide the social structure in which orphaned children might grow and graduate into responsible and productive citizens. Communities need to be equipped with appropriate knowledge and skills to change, transform and best support orphaned children within their proximities. This should be encouraged in HIV/AIDS-affected communities where, orphaned children experience

so many daily challenges. Further, communities are storehouses and conduits of knowledge. Because of shared culture and history, they provide the best platform of understanding orphans' experiences and serving them effectively. Cultural knowledge is crucial for crafting relevant community-based care options. Community providers who embrace cultural competency may have the opportunity to learn useful and relevant knowledge and skills as well as adapt in ways that are beneficial to meetings orphaned children's needs.

Zambian communities must manage the reality of HIV and AIDS and exhibit willingness and openness to adopt new intervention approaches and best care practices to confront the AIDS scourge. Translational research can be a catalyst in this process. Evidence in other social sciences demonstrates translational research as an approach that can facilitate change and transformation between different communities. Translational research provides the opportunity for Zambian communities to share lessons, knowledge and best practices about care options for children affected by AIDS in ways that are ubiquitous and positive (Nunez, 1993). The degree to which they embrace cultural competency and translational research should be an important benchmark for communities grappling with the issues of best care options to HIV and AIDS affected children.

Orphaned children will see enhanced levels of wellbeing in communities that appreciate and embrace cultural competency. Communities should be assisted and supported in all ways possible. As community care options are scaled-up, driven by cultural competency and shaped by a translational research framework, positive results can be expected. Further, communities that are receptive to new ways of providing care to their orphaned children can stand to gain from this nexus.

### References

- Chama, S. B. (2008). *Model Development for Child headed Households in Zambia*. Unpublished doctoral dissertation, Virginia Commonwealth University.
- Fox, S. (2001). *Investing in our future: Psychosocial support for children affected by HIV/AIDS*. A case study in Zimbabwe and the United Republic of Tanzania. Geneva: UNAIDS.

- Garbus, L. (2003). *HIV/AIDS in Zambia*. AIDS Policy Research Center, University of California: San Francisco.
- Goma, G.M.N., Ngoma, F.J., Kruger, C.H., Manda, C., C., Mwape, K., Chilangwa, M., Kampamba, C., Kasanka, E. & Kaviswile, U.K. (2000). *Strengthening community home-based care programs*. Paper presented at The XII International AIDS Conference., Durban, 9-14 July 2000.
- Gopal, N.D. (July, 2002). *The Psychological experiences of aids orphans in a rural context in South Africa: Implications for a community-based approach to support*. Paper presented at the 14th AIDS International Conference, Barcelona.
- Grainger, C., Webb, D., & Elliot, L. (2001). *Children affected by AIDS: Rights and Responsibilities in the developing world*. Save the Children UK.
- Guest, E. (2001). *Children of AIDS: Africa's orphans crisis*. Pietermaritzburg: University of Natal Press.
- Holmes, T., & Mathews, G. (1993). Innovations in international cross-cultural social work education. *Arete*, 18 (1), 43-47.
- Julia, M. (2001). Student perceptions of culture: an integral part of social work practice. *International Journal of Intercultural relations*, 24 (2000), 279-289.
- Kim, Y.Y. (1996). Intercultural communication competence. In S. Ting-Toomey & F. Korzeny (Eds.). *Cross-cultural interpersonal communication* (pp. 259-275). Newbury Park, CA: Sage.
- Kim, Y.Y., & Ruben, B.D. (1988). Intercultural transformation. In Y.Y. Kim & W.B. Gudykunst (Eds.). *Theories in intercultural communication* (pp. 299-321). London: Sage.
- Subbarao, K., & Coury, D. (2004). *Reaching Out to Africa's Orphans: A Framework for Public Action*: World Bank, Africa Region Human Development Series, Washington.
- Matshalaga, P. Rita, N.M., & Powell, G. (2002). Mass orphanhood in the era of HIV/AIDS. *The British Journal of Medicine*, 324(7331), 185-186.
- Manda, K.D., Kelly, M. J., & Loudon, M. (1999). *Situational analysis of orphans and vulnerable children in Zambia*: UNICEF: Lusaka.
- Mwewa, L. (2000). Zambia: The potential of networks of child-focused organizations. *International Perspectives on Children Left Behind by HIV/AIDS* (1), 24-25.
- Namposya-Serpell (2000). *Children orphaned by HIV/AIDS in Zambia: Risk factors from Premature Parental Death and Policy Implications*. Dissertations from the University of Maryland Baltimore County, 1998.
- National Institute of Mental Health. (1999). *Bridging science and service*. Rockville, MD: Department of Health and Human Services.
- Nunez, A. E. (1993). *Looking within to see the outside better: A course on enhancing effectiveness in cross-cultural care*. Philadelphia, PA: Hahnemann University.
- Odhiambo, W. (2003). HIV/AIDS and debt crisis: Threat to human survival in sub-Saharan Africa. *Medical Conflict Survival*, 19(2), 142-149.
- Rogers, E.V. (2003) *Diffusion of innovations*. *Journal of Community Practice*, 15(3), 119-125.
- UNICEF. (2004). *Strategic framework for the protection, care and support of orphans and other children made vulnerable by HIV/AIDS*. New York.
- UNICEF. (2007). *The state of the world's children 2009*. Geneva: UNICEF.
- UNICEF. (2009a). *The state of the world's children 2009*. Geneva: UNICEF.
- UNICEF. (2009b). *Progress report for children affected by HIV/AIDS*. UNICEF: NY
- USAID. (2001). *Care for orphans, children affected by HIV/AIDS and other vulnerable children: A strategic framework*. Washington DC: USAID.
- USAID (2002). *Results of the orphans and vulnerable children head of household baseline survey in four districts in Zambia*. Lusaka, Zambia: Family Health International.
- Williamson, J. (2003). *Distorting image of AIDS and orphaning in Africa*. Retrieved August 1, 2011 from [www.committ.com/strategic](http://www.committ.com/strategic).