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# What does BIAS IV say about orphaned girls and boys in Botswana: Implications for Research?

Tapologo Maundeni<sup>1</sup> & Kabo Diraditsile<sup>2</sup>

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## **Abstract**

*Botswana like many African countries has a significant number of orphaned children whose parents died as a result of HIV and AIDS. The existence of these children is not peculiar to contemporary Botswana society; it also prevailed in traditional societies. What has changed is the volume of children who need care, the circumstances that result in children becoming orphans and the resources available for their care. The purpose of this article is three-fold. Based on findings of BIAS IV as well as insights from existing literature, this paper analyses factors associated with the decline in the number of households with orphaned children which received external support twelve months prior to the collection of data for BIAS IV. The article also explores factors that account for the relatively lower levels of school attendance for girl orphans compared to their male counterparts. Lastly, it outlines implications for research.*

**Key words:** HIV and AIDS; Orphans; Girls; Boys; Botswana

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## **Introduction**

Orphaned children are not a new phenomenon in Botswana. These children have existed from time immemorial. In traditional African communities (prior to industrialization and urbanization), societies were based on a subsistence economy, characterized by self-sufficient joint family organization. Several family members who were related to one another by blood, marriage or adoption lived together in the same compound or in the same part of the village. The needs of family members (e.g. food, shelter, clothing and emotional support) were provided for by the extended family as a whole (Himonga, 1985). In fact, all household members were obliged to support and assist each other in accordance with the roles expected from each family member (Schapera, 1998). People complied with kinship obligations to a great extent because they feared social rather than legal sanctions. When situations such as parental death occurred, orphaned children were absorbed into their kinship group or self-sufficient joint family organization and taken care of by their kinsmen in the same way as before parental loss (Bilge and Kaufman, 1983; Himonga, 1985). Himonga notes however that: 'The above system of support and protection for children, being characteristic of a single traditional society, no longer exists under modern conditions'. (p256).

The traditional system has been transformed by the process of social change. A major change was the disintegration of the system of residence, where members of the same family group do not always live close together in the same household, ward or village. Some family members now work outside their own villages or even outside the country and are beyond the reach of senior family members who may want to enforce obligations of support (Maundeni, 2000). Furthermore, the high cost of living in towns and limited accommodation facilities may restrict the extent to which people can help others. Further, the kinship system is no longer in a position to provide adequate support to its members. Himonga (1985) cited Ndulo (1984: 22) who rightly pointed out that: 'The joint family is in a state of decline and Africans are now enmeshed in an exchange economy. Development and industrialization have caused an unreasonable breakdown in the traditional African social order. The society is now highly individualistic, competitive and acquisitive'.

Children (both boys and girls) who have lost parents undergo several challenges. These include psychosocial problems, educational challenges as well as economic ones. Despite these experiences, some of the orphaned children are resilient and manage to thrive in the face of adversity. For many years, existing literature has approached orphan hood and its related experiences without using a gender lens. This approach overlooks the unique experiences and challenges faced by boy and girl orphaned children. Consequently, this hampers stakeholders' ability to design effective programs for these populations. In recent years, however, some efforts have been made to incorporate gender in studies of orphaned children (cf Dube, 2001; Maundeni 2003, 2005; Maundeni and Mookodi, 2009; Francis-Chizororo; 2010).

A number of commendable efforts (at practice, policy and research levels) have been undertaken by stakeholders to address issues affecting orphaned children, however, a lot more still needs to be done. This paper is an attempt to contribute to the existing body of knowledge on orphaned children in Botswana. It relies on findings from BIAS IV as well as existing literature to analyse two major issues related to the wellbeing of orphans that were noted from BISA IV. These are the decline in the numbers of households with orphaned children which utilized external support as well as variations in school attendance of girl and boy orphaned children. The paper sheds light on factors associated with the above dynamics; the impact of these dynamics on orphans' lives as well as the way forward. The remaining parts of the paper focus on the following issues: conceptual issues; an analysis of the decline in the numbers of households with orphans which utilized external support as well as

variations in school attendance of girl and boy orphaned children. Lastly, implications for research are discussed.

### Magnitude of the orphan hoodproblem

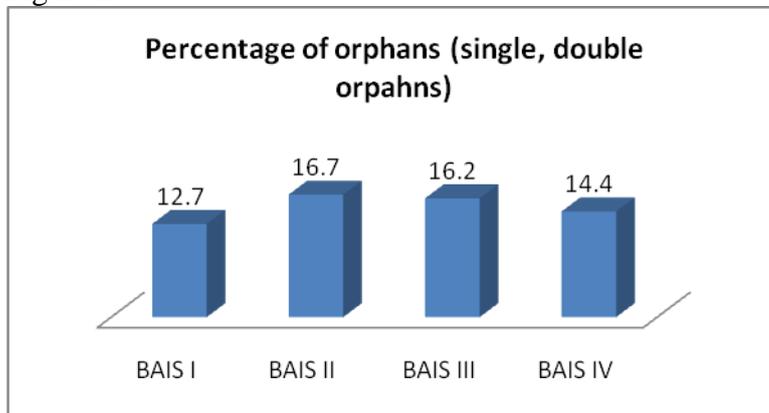
A paper on orphaned children cannot be complete without highlighting statistics of orphans in the country. There is no consensus about the actual numbers of orphans in Botswana. For instance, using the Botswana definition of orphans the total number of children below 18 years who had lost one (single) parent or both parents was 8.8% in 2008 (Department of Social Services, 2008). Thus by this definition the total number of children identified as orphans in the enumeration exercise in the country in May 2007 was 70,137 orphans. The 2001 population and housing census estimated 111,812 orphans compared to 128,076 during the 2011 population and housing census.

Using the international definition the data in this situation analysis estimates that as of May 2007 a total of 178,530 children, or 22.4% of children aged less than 18 years in Botswana had lost either their mother or father. The figures below show the trend of percentages of orphans (single & double orphans). According to BAIS I, the percentage of orphans stood at 12.7%, while BAIS II reported 16.7% and BAIS III and BAIS IV reported orphan rates of 16.2% and 14.4% respectively.

**Table 1: Percentages of orphans as shown in the 4 BAIS studies**

No of orphans	BAIS I	BAIS II	BAIS III	BAIS IV
Percentage	12.7	16.7	16.2	14.4

Figure 1



A declining trend in orphan hood could be attributable to several factors, such as; the reported decline in HIV as well as increased use of anti-retroviral drugs. Evidence gleaned from numerous official documents anecdotes that the decline in the number of orphans in Botswana has been attributed to the efficacy of ARVs. This is because most orphanage cases emanated from mortality associated with HIV and AIDS.

### Methodological Issues

This paper relied on secondary data. The use of secondary data gave the researchers the opportunity to critically review a number of documents so as to understand factors associated with the low numbers of households which utilized external support as well as the relatively low rates of female orphaned children who were enrolled in school. Documents that were analyzed include: BAIS reports; key national legal and policy frameworks; reports on

relevant international conventions as well as scholarly papers and information relating to orphans. In addition, national and international data bases were accessed and reviewed for supportive data. Online database websites such as Academic and Business Source Premier (EBSCO), Google Scholar and Science Direct (Elsevier) were used. The main search terms were orphaned and vulnerable children, OVC, education or schooling, care and support, or HIV and AIDS. Reference lists within each article or report were then used to extend the scope of the search.

## **Conceptual Issues**

Issues analysed in this paper are informed by insights from three theoretical perspectives. These are social learning theory; literature that addresses internalized gender oppression (Stockard and Johnson, 1992; Benokraitis and Feagin, 1995) and the rights based approach. Social learning theory is a perspective that states that people learn within a social context. It is facilitated through concepts such as modelling and observational learning (Payne, 2005). People, especially children, learn from the environment and seek acceptance from society by learning through influential models. The theory states that behaviour is learned primarily by observing and imitating the actions of others. The social behaviour is also influenced by being rewarded and/or punished for these actions. People think and behave the way they do because of the environment. For example, some caregivers may not have utilised external support because they have not heard, learned about such support or seen anyone they know utilising such support.

On a similar note, caregivers may not be keen to enrol girls in school because they have observed other people doing so and are imitating those outside their families. In other words, one's decision to enrol a girl child in a school is not a spontaneous one that takes place over night, but it is a culmination of a long, personal evolution that often stretches back into early family life. Social Learning Theory assists to answer questions such as: whether there were role models in the caregivers' lives (family) that encouraged them to value the importance of sending girls to school; in the community what messages were conveyed to caregivers in relation to the enrolment of girls in school? Do the caregivers have strong role models and mentors to encourage them to value education of the girl child?

The second approach / perspective that guides some of the arguments raised in this paper is the literature that addresses internalized gender oppression (Stockard and Johnson, 1992; Benokraitis and Feagin, 1995). Gender oppression is internalized through the socialization process. Under a system of patriarchy, for example, the girl child learns from an early age (e.g. through the use of language and actions that portray her as: a caregiver; as well as someone who has to serve other people. She also learns that she has to behave in a less assertive way so that her male counterparts do not see her as too strong and shy away from marrying her later on in life. As such, 'she learns that to be a woman means to live with, to accept, and to internalize an inferior status' (Monson, 1997: 138). This in turn has serious consequences as it will be shown later in the paper. She is less valued than the boy child. She learns, too, that she is treated differently from the boy child. For example, girls are raised to engage in numerous household activities / duties compared to their male counterparts. Such activities include babysitting, cleaning, washing, ironing, just to mention but a few. These activities are not only repetitive, but they are time consuming and tedious. The fact that the duties are done on a much regular basis may imply that girls might have been performing the duties long before parental death. Consequently, this may have adverse effects on their school enrollment, since some caregivers may be reluctant to enroll girls in school because they will lose out on the labor provided by girl orphaned children.

The last approach that is used in this study is the rights-based approach. This approach compels duty bearers (usually governments) to uphold, protect, and guarantee rights, especially of the most vulnerable and those at risk of exclusion and discrimination (Morna & Walter, 2009). It looks at participation, equity and protection as the three fundamental aspects of change. Human rights require that actions - of a legislative, administrative, policy or programme nature - are considered in light of the obligations inherent in human rights. Actions which violate or fail to support the realization of human rights contravene human rights obligations. A rights-based approach thus assumes the creation of an enabling environment in which human rights can be enjoyed. It also promises an environment which can prevent the many conflicts based on poverty, discrimination and exclusion.

### **An analysis of BIAS IV findings and existing literature in relation to the extent to which households with orphaned children utilize external support? Implications**

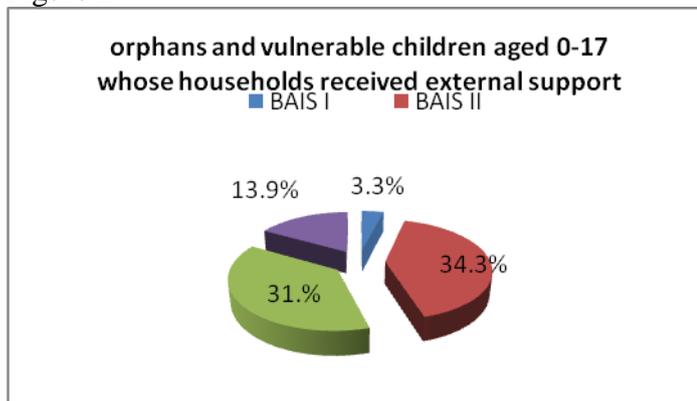
BIAS IV indicates that only 13.9% of households with orphaned children reported that they received external support twelve months before the survey. This figure is far much less than the one noted in BIAS III (31%) as well as that noted in BISA II (34.3%). Table 2 and figure below shows percentages of households with orphans who utilized external support.

#### *Orphans and vulnerable children aged 0-17 whose households received external support*

Table 2

No of orphans	BAIS I	BAIS II	BAIS III	BAIS IV
Percentage	3.3	34.3	31.2	13.9

Figure 2



These figures are not at par with those reported in the situational analysis of OVC of 2008. According to that publication, 50,235 orphans were registered as of June 2005 and an estimated 90 percent received assistance from the Government of Botswana (DSS, 2005). The finding that only 13.9% of households with orphaned children received external support is quite striking and needs interrogation particularly that existing literature (cf, Case, 2004) has shown that many families caring for OVC are impoverished and overextended. Hence children from such households often face great risk of malnutrition, disease and limited access to education and health care (PEPFAR, 2009).

Orphan care programs benefit orphans and households in several ways (cf. PEPFAR, 2009). They are meant to assess, monitor and address the wellbeing of OVC with 6 key areas: food and nutrition; shelter and care; protection; health; psychosocial support and education (Ibid). Therefore, when households with orphaned children do not access such services, they miss out on these benefits, unless if they derive them from elsewhere.

Literature has also shown that most households that have orphaned children are headed by females and that unlike male headed households; female headed households are more susceptible to poverty. Moreover, scholars have noted that the quality and quantity of support that relatives provide to each other has declined over the years partly because of the high cost of living, migration of people from rural to urban areas as well as the tendency for some people to be individualistic (Himonga, 1985; Maundeni, 2000). It is important to note that, although only a few households sought external formal support; it is possible that other households might have relied on informal sources of support – a trend that might have reduced harm to children after parental loss.

### **Factors associated with the relatively low numbers of households that utilized external support from the orphan care programme**

The orphan care program is the main public program that is meant to strengthen the capacity of caregivers and communities to function as a social safety net. Given the pivotal role that the program plays, it is important to explore factors that are associated with the low numbers of households with orphaned children who utilized the program. According to BIAS IV, several factors are associated with the low numbers of households who utilized external support from government. Slightly more than half of the households which had orphaned children (52.4%) associated their lack of utilization of the orphan care programme with lack of knowledge about it; while 43.6% did not utilize the programme because of other reasons; only 3.9% mentioned poor service as a factor that prohibited them from using the services. The finding that 52% of households with orphaned children did not utilize external support because of lack of knowledge about the service/s has far reaching implications for the wellbeing of orphaned children. Given that existing literature shows that orphaned children are twice as likely to live in households headed by grandparents, it is highly likely that the grandparents may not be aware of available programmes to assist orphaned children.

The following questions therefore are crucial. What efforts are in place to sensitize people about the orphan care program? Are such efforts effective? If not, what hinders the effectiveness of such efforts? What can be done to ensure that more people utilize the programme? Besides the finding that most of households with orphaned children did not utilize external support because of lack of knowledge about the service/s, another possible reason that may account for this trend may be that some orphans have reached 18 years and are no longer eligible for assistance under the orphan care programme.

Another reason that may account for the low numbers of households which utilised external support may be related to the fact that the formal system has disadvantages of programme gaps and inadequate reach of programmes for poor and vulnerable persons (Ellis et al., 2009; RHVP, 2011), and it lacks the comprehensive and inclusive policies that would contribute to long-term human security and enable people to get out of the quagmire of poverty. Although research has shown that rural– urban migration, and famine, HIV/AIDS and other shocks, have weakened the effectiveness of such support (Apt, 2002; Emmanuel et al., 2011), indigenous welfare practices still operate in many African countries, Botswana included, and will continue to provide support to the poor and vulnerable (Shaibu & Wallhagen, 2002; Maes, 2003; Foster, 2007; Mpedi, 2008; Patel et al., 2012).

The fourth factor associated with low rates to support is that already most orphans (more than 95%) stay with extended family members. Fostering of children by aunts, uncles, grandparents and other relatives is not peculiar to Botswana, but it is common in Africa. In sub-Saharan Africa, an estimated 90% of orphaned children live with extended family members (Miller et al., 2006). Working or income earning households provide support in the form of food, access to education, shelter, clothing, psychosocial support and other basic needs (Foster, 2004; Miller et al., 2006). In Botswana the extended family, driven by principles of solidarity and reciprocity, continues to provide a safety net in times of crisis.

One other factor that might have contributed to the decline in the numbers of households who utilised the orphan care programme is that free anti-retroviral treatment has improved the lives of individuals living with HIV to the extent that the majority of the beneficiaries return to an economically active life (Ministry of Local Government, 2010) – a phenomenon that reduces the need to seek / utilise external assistance / support.

Finally, there are services offered by some FBOs such as is BOCAIP (Botswana Christian AIDS Intervention Programme). The organisation works in close partnership with local churches, religious leaders, FBOs and other HIV/AIDS service networks. In 2010, BOCAIP provided a total of 39 555 counselling sessions in locations across Botswana. These included pre-test, post-test and ongoing supportive sessions as well as marital or relationship and spiritual counselling. A further 5527 home visits were made to provide psychosocial support. An estimated 23 000 people were reached in clinics, workplaces, churches and schools (BOCAIP, 2010). Notably, these interventions help people by providing services, not cash, and are designed to improve human capabilities.

### **An analysis BIAS IV findings and existing literature in relation to the relatively low numbers of girl children who were enrolled in school compared to boy children**

Results of BIAS IV show that school attendance for girl orphans was lower (79.4%) than that of orphaned boys (95.8%). It is not clear from BIAS IV as to which level of education is referred to (e.g. primary, secondary, tertiary). Nevertheless, the figures are disturbing because declines in school investment and enrolment that result from parental death have the potential to reduce living standards of children throughout their lives (Case, 2004). Moreover, in lieu of the fact that girls are already at a high risk of HIV infection than their male counterparts, their low rates of school enrolment may have additional negative effects on their wellbeing. Birdthistle (2009) working with adolescent girls in Harare, found positive associations between the timing of sexual debut and schooling in the sense that those who were out of school had more than twice the odds of having had sex, and the odds increased to four times for those who left school before Form 4.

In addition, when children are not enrolled in school, this has long term consequences for them because they are more likely to become unemployed, commit crimes, and become incarcerated. At the same time, they are less likely to receive secure jobs with guaranteed health insurance and pension plans, to stay healthy and live full lives, and to vote and make other kinds of civic contributions. Consequently, Jukes et al. (2008), in a comprehensive literature review, found increasing evidence to support the link between educational attainment and school enrolment as effective measures in HIV prevention for children and youth.

The finding that girls had lower levels of enrolment in school compared to boys 12 months prior to the collection of data for BIAS IV contradicts recent findings of progress made in relation to eliminating gender disparity in education (Republic of Botswana and The United Nations, 2010; Maundeni, 2015). The reported lower levels of girls enrolment in education/school is not only peculiar to Botswana, but it has been documented in literature

from countries such as Ghana in 1993 and 1998, Malawi in 1992 and 2000, Mozambique in 1997, Niger in 1992 and 1998 and Uganda in 1995 (Case, 2004) as well as in South Africa (Mishra et al, 2007; Operario, et al, 2008). The reported low levels of school enrollment for girls are a violation of the girl child's right to education. According to the rights based approach, children should not be discriminated against on any basis, including on the basis of gender.

### **Factors associated with the low levels of school enrollment for girls**

BIAS IV data does not show factors that contribute to girls relatively low levels of school enrolment. However, existing literature (cf. Takashi, Shimamura & Serunkuuma, 2005) shows that there are several possible explanations for the differences in school enrollment for females and same-aged males. One of them is inability to pay school fees. It is very unlikely that the relatively low level of school attendance for orphaned girls in the context of Botswana stemmed from lack of school fees because orphaned children are excluded from paying schools. However, it should be noted that sometimes even when education is free, children may experience other education related barriers (e.g. lack of food) which may affect enrolment negatively. Consequently, it was recommended that more interventions involving the provision of practical support are needed, at least in the short term, to enable impoverished children to attend and remain in school (Oleke, 2007).

Poulsen (2006) in studying the impact of HIV and AIDS on communities in Free State Province in South Africa and Swaziland, in particular its effect on school attendance, found that children were dropping out of school in large numbers even in the midst of interventions designed to support their continued attendance. The study concluded that pervasive, poverty-related factors influencing the rate of dropping out were exacerbated by the impact of HIV and AIDS. It was also noted that there was a gender dimension in the sense that such poverty-related impacts and school-related barriers affected female children and adolescents more than their male counterparts. The study concluded that interventions to assist children in this context must address not only financial constraints to schooling but also less direct and less obvious barriers related to gender and poverty.

The second reason that has been found to contribute to low levels of school enrolment for girls is their engagement in household tasks. As indicated elsewhere, the way boys and girls are raised in Botswana as well as in many African countries is different. The numerous and repetitive tasks that girls engage in do not only start after parental death, they usually start way back when the girls are relatively young. Girls' performance of these duties continues even during the time when the parent is ill, and thereafter. Studies on home based care in Botswana indicate that elderly women and the girl children are the major caregivers to people living with AIDS and yet they have few resources such as good nutrition, transport and professional support (Tlou, 2000; Mathebula, 2000). The health care system is unable to cope with the demand of caring for infected people, and as such it has pushed responsibility for care into families and communities where it is mostly performed by women and girl children. Although home-based care relieves the health system from costs and over-crowding in hospitals, it can have serious physical, emotional, social and economic consequences for women and girl children. Young girls are sometimes withdrawn from school to care for sick family members or younger siblings (Tabengwa et al, 2001). This infringes on their right to education.

The girl child sometimes assumes the caretaking role for AIDS patients without adequate information about how to protect herself from being infected. By and large, more information and education programmes about home based care are targeted at older people especially women as it is assumed that they are the major caretakers. Efforts to educate the girl children about home-based care have so far been very minimal if not non-existent. This

situation sometimes results in the girl child being infected due to caring for AIDS patients without adequate protection. It should be pointed out, however, that generally caregivers in Botswana (irrespective of age) are reluctant to wear gloves when providing care to sick people including those suffering from AIDS because they believe that gloves create some social distance between them and the patients (Keboi, 2002).

The girl-child's role as caregiver may result in high failure rates for girls, a phenomenon that exposes them to poverty and a low level of living. Poverty and a low level of living are highly associated with a higher risk of HIV infection. The girl child's role as caregiver does not end with the death of a parent or relative, because following such death, the girl-child is often burdened by caring for her own siblings. Sometimes the affected girl child is highly prone to sexual abuse and can easily slide to sex work to raise most needed funds (Dube, 2001). For example, *The Rapid Assessment on the Situation of Orphans in Botswana of 1998*, identified twenty-one girls between the ages of 15-18, who had been sexually abused and eleven of them had fallen pregnant and dropped out of school. An uncle was reported to have raped a niece the night her mother was buried. The above circumstances that face the girl child no doubt expose her to a greater risk of HIV infection. This may also contribute to low levels of girls' enrolment in school.

A fourth possible explanation that accounts for the relatively lower levels of enrolment of girls in schools may stem from the tendency for some households to cope with parental death by delaying the enrollment of younger children, while protecting the enrollment of older children. This has been found to be the case in Tanzania (cf. Ainsworth, Beegle and Koda, 2002). It should be noted, however, that this issue needs to be investigated further because the role that gender plays in relation to the issue is unclear in existing literature.

A fifth factor that influences girls' level of enrollment may be early pregnancies. Yambo (2012) noted that apart from academics and enrolment, other out of class issues edge girls out of school. These issues include sexual abuse and rape. Orphaned girls are subjected to sexual abuse by male teachers and male students due to their vulnerability. This affects their morale to schooling; thus interfering with their concentration and performance. UNICEF (2008) identified difficulties girls face in accessing and being retained in schools in rural areas. These difficulties include harassment by boys, long distance to be covered between school and home, early pregnancy, lack of resources and lack of female teachers in secondary schools in the rural areas to act as role models to girls. The high cost of schooling and the inability of poor orphaned girls to buy uniforms and acquire other basic necessities may encourage the girls to seek sexual relationship with older men who can provide them with money to use. The effects of this relationship results into early pregnancy of such girls thus cutting their schools careers (Case, 2004).

Lastly, the relatively low levels of girl orphans enrolled in school might have resulted from the death-related dynamics that prevail in some families. Death is a process that sets in motion other circumstances and experiences in children's lives. These include: movement from one place to another / relocation from one place to another; as well as experiences of trauma, anxiety, grief, depression, stigma and discrimination that may lead orphaned children to withdraw from normal routines such as school. Taking these dynamics into account, it is possible that data for BIAS IV might have been collected during the time when some households and orphans were still experiencing death related trauma and instabilities. The trauma may be more profound and long lasting for girl children in lieu of the fact that girls had been providing care to the sick parents with the hope that they will recover. The girl child's hope/s that the parent/s may recover is usually exacerbated by the fact that she assumes the role of caregiver without adequate information about the nature and complexity of the disease.

## **Challenges / gaps and lessons learned**

This paper has explored factors associated with the low numbers of households with orphaned children which utilized external support as well as the low numbers of girls enrolled in school twelve months prior to the collection of data for BIAS IV. It has shown that these dynamics are influenced by several factors. Now attention focuses on challenges and gaps in research.

One of the loopholes in BIAS IV is lack of information on orphaned children. This affects the extent to which researchers can make thorough analysis of issues related to boy and girl orphaned children. The second, limitation is that most research is characterized by methodological gaps and challenges that compromise the strength and scope of what the studies claimed to have found in terms of understanding experiences of orphaned children's vulnerability factors and their influence on utilization of external support and school enrolment.

That has explored issues affecting the educational wellbeing of orphaned children has lumped boys and girls into one group, an approach that obscures the variations between the two groups. Although boy and girl orphaned children both have lost their parents and may be staying in one household, their experiences may not be the same as shown in the paper. The third loophole is that most literature that focuses on school enrolment of orphaned children overlooks the fact that age of child may impact upon school performance. For instance, a study conducted in Tanzania by Ainsworth, Beegle and Koda (2002) found that Tanzanian households cope with adult deaths by delaying the enrollment of younger children, while protecting the enrollment of older children.

A fourth gap is that findings from BIIS IV overlook the fact that time since parental death affects school enrollment. In other words, students are more likely to be removed from school immediately after parental death than later on (cf. Gertler, 2004). This is so because the child and the family may be traumatised and or be very busy with the funeral, preparing to move, or have just moved and not yet re-enrolled in school.

The fifth limitation is that BIAS does not give a picture of school enrolment of orphaned children who live in the streets or in institutions or kids with disabilities. The sixth issue concerns the need for research on issues such as what efforts are in place to sensitize people about the orphan care program? Are such efforts effective? If not, what hinders the effectiveness of such efforts? What can be done to ensure that more people utilize the programme?

The seventh issue is that there is need for research in which children are active participants in their own right. For instance, researchers have to hear from the girl children what accounts for their low levels of enrolment, rather than get the information from adults. Gone are the days where children must be seen but not heard.

Other information that is missing from BIAS which needs research include grades and ages of girl who were not enrolled in school; ages of caregivers; as well as the kind of households in which the girls who exhibited low levels of enrolment came from.(e.g. poor, urban, remote, etc). Since there is significant school related effects of orphan hood on girl child's access and low enrolment in education, the ministry of Education should offer guidance and counselling interventions in school in order to enable all the schools' stakeholders to deal with issues that affect the orphaned girl child's access and retention in school. There is a need for social workers to be deployed in schools to deal with psych social effects on orphaned girl child in order to enable her to access and be retained in school. Finally, there is need for longitudinal studies that will follow children over time in order to come up with reliable conclusions that can inform practice and policy interventions.

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