

Young AIDS Migrants in Southern Africa



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A. Background and Objectives

Southern Africa is the region worst affected by the global AIDS epidemic. In Malawi, 390,000 children were maternally orphaned by 1999 (UNAIDS/WHO 2000b), as many as 27% of all under-15s having lost one or both parents (Hunter and Williamson 2000). The number of AIDS orphans in Lesotho increased nearly 400% from 1994-1997 (UNICEF 1999), reaching 35,000 in 1999 (UNAIDS/WHO 2000a). Children are affected, however, long before becoming orphans (Grainger *et al* 2001; UNAIDS/UNICEF/BLCA 1999). Many young people migrate to join kin elsewhere, when household members are sick or die from AIDS, or distant relatives need their help (Robson and Ansell 2000; UNAIDS 2000). Despite the startling statistics, young people indirectly affected by AIDS have received relatively little attention (UNAIDS 2000). This has implications relating to DFID objectives, most notably concerning poverty, social cohesion and human rights.

The negative impact of HIV/AIDS on household security, of which children's migration is both symptom and cause, has been identified as a serious threat to progress in poverty reduction (DFID 1999, p.39). Furthermore, the Strategy Report 'Education for All' expresses concern that '[t]he growing number of AIDS orphans is a significant challenge to achieving UPE [Universal Primary Education], especially in Africa' (DFID 2000a, p.20). It is often in conjunction with migration from the family home that young people drop out of school. DFID has emphasised participation in decision-making as an essential element in securing the human rights of excluded groups including children (DFID 2000b). Enforced migration has been noted to reduce young people's control (both actual and perceived) over their own lives (Magwaza 1992). It is thus vital to ascertain young people's views on their situations and how they might best be supported.

Research aims

- **To explore children's migration as a context-specific response to AIDS.** Socio-economic impacts of HIV/AIDS at household and community levels have received attention in recent years. The need to see HIV/AIDS in historical and social context is also recognised (Bond and Vincent 1997; Craddock 2000). The extended family has traditionally been called upon in times of stress, but owing to southern Africa's long history of labour migration is often split between distant locations. It is unsurprising, then, that children's migration has been employed as a household coping mechanism. No research, however, has looked specifically at children's migration in response to AIDS.
- **To examine the nature and impacts of AIDS-related children's migration.** Research suggests that migration of AIDS-affected children often involves rural-urban or urban-rural relocations (Foster *et al* 1995). Migration can be temporary or permanent and may involve multiple moves (Barnett and Blaikie 1992). There is a need for specific research into which relatives children are sent to, and the length of time they spend with them (UNAIDS 1999), as well as the impacts of such migration upon young people.
- **To inform policy responses to the AIDS epidemic.** Policy responses to HIV/AIDS (e.g. Government of Malawi/UNICEF 2000) almost universally advocate community-based care, but tend to assume a static community. Migration has been noted as a possible obstacle to successful community responses (UNAIDS 1999), but more needs to be understood of the impact of AIDS-related children's migration.
- **To promote the voices of AIDS-affected children.** The views of those affected by AIDS have been relatively neglected in research (Akeroyd 1997). This is particularly true where those affected are young. This research therefore adopts a children-centred approach, focusing on young people aged 10-17.

Specific research questions

- What forms of migration do young people affected by HIV/AIDS engage in?
- What difficulties do young AIDS migrants face?
- What coping strategies do young AIDS migrants employ?
- What forms of support are available to young AIDS migrants?
- How might young AIDS migrants be better supported?

B. Methods

The research took place in four contrasting communities: Ndirande, a high density township of Blantyre, Malawi's largest city; Mpando village area in Thyolo District, a tea-growing area of southern Malawi; medium to high density suburbs of Maseru, Lesotho's capital city; and Tlali, a village in the foothills of Lesotho's Maluti Mountains. These locations enabled comparison between urban and rural experiences, and between Malawi's relatively long-standing experience of HIV/AIDS with the more recent but rapidly developing situation in Lesotho.

Children were accessed through local schools and 822 10- to 17-year-olds, participated in a questionnaire exercise. This incorporated an opportunity for more detailed expression through pictures and words. Smaller groups of young migrants were invited to participate in focus group discussions, a mapping exercise and in drawing their own migration storyboards. To access a diversity of migration experiences, discussions and storyboards were also conducted with children out-of-school, street children and those residing in orphanages.

For ethical and practical reasons, research was conducted with children who had migrated having experienced parental sickness or death, and was not restricted to those whose situations were demonstrably related to HIV/AIDS. Although in interviews and focus groups cause of death was discussed, the stigma surrounding HIV/AIDS is such that deaths of relatives are almost never attributed to this cause. Research has demonstrated, however, that the parents of approximately two-thirds of orphans in Lesotho and Malawi died of AIDS (Hunter and Williamson 2000). The majority of children involved in the research were therefore almost certainly indirectly affected by AIDS.

Proportionately representing each community, 40 guardians, who had received children due to parental sickness or death, were interviewed. Further interviews were conducted with teachers, local leaders and key government and non-governmental policy makers and support providers.

(For further details, see Appendix A: Methodological Report)

C. Findings

The key findings of the project are set out below, in relation to the five key research questions.

1. What forms of migration do young people affected by HIV/AIDS engage in?

Many children engage in migration, both locally and over longer distances, of whom significant numbers are migrating in response to AIDS. (See Appendix B for key questionnaire findings, and Appendix C for migration maps.) Longer distance AIDS-related migration was predominantly urban-to-rural and in several cases international. Migration takes different forms, distinguished by cause, destination, and decision-maker.

Migration was employed as a household/family strategy, aimed at meeting children's needs where this was not possible within their existing household. Although sickness or death of a parent or other caregiver was usually the root cause, the immediate trigger was generally economic. Migration was also employed to enable children's capacities to be used in meeting the needs of other AIDS-affected households, for example, children being sent to care for sick relatives.

I have taken care of my older sister. Her husband died.... He had pneumonia that got all the way to his bones.... I heard that on Saturday I will be going to my sister's place to take care of her again... (Maseru girls, FGD 5M)

Where a household can benefit from children's work, they are more likely to accept them. Similarly, some girls are married young, in order both to meet their own needs and to reduce the burden to their foster families.

In most cases where migration is employed as a family strategy to meet children's needs, it is their grandparents who take them in, usually maternal grandparents, even in Lesotho, where culturally children belong to their paternal families. Others live with aunts, uncles, brothers, sisters and sometimes more distant relatives. A minority of AIDS-affected children enter institutions or resort to living on the streets because relatives lack the resources to offer sufficient care. The decision-makers in such situations may be children themselves, who employ migration as a coping strategy.

When my father and mother died, I lived with my uncle. Then my uncle also got sick and died. So I went to live with my granny. She could not manage to send me to school... [so I came to the streets]. (Malawi street kids FGD)

Many children engage in multiple moves. A child residing in a Malawian children's home recounted how, following the death of his parents, he had moved to live with his grandmother. Her inability to care for him resulted in a subsequent movement into the home. Sometimes multiple moves were circular as children moved between different family members over the course of a week or between institutions and extended families. The clustering of AIDS-afflictions among families and communities, and cost of caring for many children, complicated the migration strategies employed and often separated sibling groups.

Like what happened to me, when there were children left behind [after the death of their parents], they [relatives] just took us to live in separate households. (Ndirande boys, FGD 2B)

2. What difficulties do young AIDS migrants face?

The complex migration experiences AIDS-affected young people engage in created a range of difficulties related to children fitting into 'new' families and 'new' communities.

New families:

- Treatment by foster family

When adoption of children into a household is through obligation, as is the case with AIDS orphans (Urassa *et al* 1997), young migrants are often treated differently from other children in the household, particularly if resources are scarce. Migrant children are sometimes given different foods to eat, not adequately provided with clothing, beaten and overworked.

When you go to stay there [relative's home], you may find that your cousins are jealous of you and you may eat different foods as they are favoured by their parents. If the parents are also bad they tend to favour their children. (Ndirande girls, FGD 3B)

- Rivalry between children

Rivalry can cause divisions in the family as biological children may not want to share their resources, both financial and emotional, with 'new' siblings, especially if they are coming to terms with parental death and need extra attention. This caused problems for carers who were often ageing grandparents themselves.

As an older person you might think you are taking good care of the children but among them there will also be fights and divisions. Because they are from two different families they fight saying "we came here first so it's our home not yours". (Maseru grandmother)

- Becoming a worker

Poverty associated with AIDS resulted in some young migrants being incorporated into households as workers in payment for their keep. This changes their relationship with the household as they are not an equal part of the new family. Other children were sent to engage in wage labour away from their households to support younger children. This both removed them from their family and caused them to drop out of school. In Mpando, one young girl took up domestic work elsewhere to support her growing family.

She works to help her mother. She doesn't like it because of our problems she has to do it. She earns 100 Kwacha [£1.00] as her monthly salary which she shares with us. (Mpando grandmother)

New communities:

- Learning new chores

Children migrating from urban to rural environments found it particularly difficult to adapt to agricultural chores; principally herding in Lesotho and field work in Malawi. This created tensions and often resulted in teasing. (See Ruth's storyboard, Appendix D.)

When I first moved from Maseru... I was told to go and herd and I didn't know how to herd. When I got there, one of the boys challenged me to a stick fight. But because I wasn't good at it I was beaten so I took some stones and threw them at these boys. (Maseru boys out of school, FGD 9M)

- Making new social contacts

Children moving over long distances needed to develop new social contacts and many mentioned missing their friends. The trauma of losing a parent makes this integration more difficult and guardians noted that newcomers were often withdrawn and found it difficult to engage with other children.

The children felt pity for themselves all the time after their parents died... I could see that they were different and had changed. They were sad and didn't like going to play with friends... (Ndirande aunt)

This was exacerbated for those children who had to learn new skills as work and play are often inter-related (Punch 2000). Further, the increasing association between orphanhood and AIDS, makes integration into community life increasingly difficult (Webb 1997). This was particularly the case in Lesotho where AIDS is more recent and less widespread.

- Disrupted schooling

Many children drop out of school due to migration, particularly those who return to live with rural grandparents. Others move to new schools, but find that they must follow a different curriculum, or even learn in a new language. (See Tsepho's storyboard, Appendix D.)

When they were at home they used to go to private school, but when they came here they went to the local school. They didn't like having to change schools and the differences in the lessons. (Ndirande aunt)

- Moving between places

Some children lived in more than one place in order to spread the burden of care or to assist the household; either moving between extended family and institutions, between different households, or between places of work and places of residence as in the case of some street children or domestic workers. Not only was this disruptive for children but, in some cases, alienated them from their families.

I moved to live with my cousins after my mother died. My little sister [doesn't live here] she stays with my uncle as they thought my cousins wouldn't be able to care for her. I found it difficult [to be separated from her] because we were close and we had always lived together. Since my mum died I can only go to see her at my uncle's on weekends. (Maseru girl, storyboard)

3. What coping strategies do young AIDS migrants employ?

Young migrants employed four main strategies:

- Fitting in

Fitting into new friendship groups was important for young migrants. In order to do this, some children developed new behaviours such as smoking and drinking alcohol. Children moving to rural areas often had to learn to undertake unfamiliar chores, and those moving internationally often had to acquire new languages. Street children learned to steal, beg and eat from dustbins as a way of adapting to their new life.

[When did you start stealing?] After I came into town. I learnt from the people I found here. (Malawi street kids, FGD)

- Opting out

Rather than adapting their behaviours, others withdrew from social interaction and spent their time concentrating on schoolwork as a means to cope with their migration.

[When you move to a new place] ...you just have to stay at home reading your books and other things concerning school...(Mpando boys, FGD 2T)

- Negotiating change

A small minority of children who faced difficulties in their new homes took measures to persuade their guardians to make life easier for them.

My step-father is now trying to change because now I refuse to go to work and tell him I want to go to school (Mpando boys, FGD 8B)

- Renewed migration

Children who faced continued and unresolved difficulties in their new environments sometimes undertook further migration, either seeking other relatives who would accept them, or moving onto the streets.

Because of the beating at home (after his mother died and his father was retrenched), the child left to go and live with an aunt in TY, but while he was there he was upset and wanted to come here and live with his brother. (Tlali grandfather)

4. What forms of support are available to young AIDS migrants?

Migrant children receive support from several sources:

- Within the household

Children arriving to stay with relatives receive their primary support from within the household that accepts them. Guardians talk of how children are helped to 'fit in' to their new home and environment:

They still lived at their parents' home after the death of their parents ... They didn't have any food and good parental care and guidance ... now they are here I love them ... (Maseru grandmother)

Although very aware of children's need for support in the form of food, clothing and where possible attendance at school, guardians were often less aware of young people's psychosocial needs. This is of particular importance where children have not only experienced the prolonged sickness and death of family members, but have also been removed from previous social networks and familiar surroundings (Munthali and Ali 2000).

- Outside the household

Children receive some support from outside the immediate household, mainly from other family members, both local and non-local. Few children or guardians, however, reported receiving any formal or informal assistance from non-related community members.

- Schools

Although it may be difficult to register in school immediately upon arrival in a new place, some schools endeavour to facilitate the incorporation of incoming children. For instance, St James school in Maseru places incoming children in separate classes which are able to address their particular needs, and allows them to continue to wear the uniforms of their previous schools on a temporary basis. This raises questions concerning whether such children are readily integrated into their new communities or remain identifiable as 'different'.

- Institutions/NGOs

Children arriving in institutional care also face being singled out as different. Most children's homes strive to make children's transfers as easy as possible, including by establishing contacts with children before they leave their former home.

When I came here, I spent two weeks and then they told us to go back home and see our siblings. (Malawi children's home FGD)

Street children receive support mainly from their peers but also NGOs. In Blantyre several street children spoke of their reception by Chisomo Children's Club soon after arriving in the city.

5. How might young AIDS migrants be better supported?

Children's incorporation into new households, new communities and new schools needs to be facilitated, in part to reduce the extent to which children have to undertake repeated migrations. Since young AIDS migrants are supported mainly through the extended family, support needs to be channelled in ways that first, support the children themselves and second, support the families that receive them.

- **Supporting children**

Given that some of the key difficulties faced by young AIDS migrants concern making social contacts, learning environment-specific chores and fitting into new households, children are likely to find migration less traumatic if they are familiar with the people and place in advance. Preparing children for parental death is important, and this research points to the value of discussing with children where they will live. Although children do not expect to be consulted by those making such decisions, many state they would like to have a say. Even where this is not possible, it would be helpful if children regularly visited their new families and homes prior to moving.

- **Supporting receiving households**

Any reduction in the costs to a household of caring for children is likely to facilitate their incorporation into new homes, and acceptance by new siblings. Importantly, this would also make a wider range of households available to young people, permitting them to reside with families who will be best able to meet their non-material needs. Given that children's migration is usually triggered by economic factors, rather than directly by AIDS, reducing costs could diminish the need for repeated migrations. Free primary education in Malawi, for instance, means fewer children migrate because of the cost of education than in Lesotho, where education is currently free only in standards one and two. Other possible ways of reducing costs to households include feeding schemes and income generation projects.

D. Dissemination

Dissemination has been an integral and on-going part of the project, and is aimed at three audiences: the participants in the research; potential users in Lesotho and Malawi; and a wider international audience of policy makers and academics. (A list of outputs may be found in Appendix E.)

- **Feedback to participants:**

To provide feedback to the children who participated in the research (advocated as an essential part of any research with young people (Hart 1992)), posters were produced displaying preliminary results and distributed to the participating schools.

- **Informing policy-makers:**

Policy-makers, service-providers and interested researchers in Malawi and Lesotho were invited to participate in seminars in order to raise awareness of the issues facing young AIDS migrants and to feed into the research. In Malawi the seminar formed part of the first meeting of the UNAIDS Orphans Technical Working Group. In Lesotho a seminar was held at the Institute of Southern African Studies. Both seminars

involved Government, UN and local and international NGO officials. A draft paper was distributed in each instance. All interested NGOs and government departments will receive a copy of the final project report. (For distribution list, see Appendix F.)

- International scale:

Findings of the research have been presented at several UK academic seminars and an international conference. Further conference presentations are planned. Three articles have been prepared for submission to peer reviewed journals, copies of which are submitted with this report. Three further academic papers are in preparation, for which abstracts are attached.

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Appendices

Appendix A: Methodological Report

- Introduction

Multi-method research, particularly the use of more qualitative methods, has been called for in relation both to AIDS (Akeroyd 1997) and migration (e.g. McHugh 2000; McKendrick 1999). This research has therefore used children-centred quantitative and qualitative methods, drawing on methodologies developed by researchers exploring the impacts of migration on young people in other contexts (e.g. South African migrant workers' children (Jones 1993), migrant child workers in the Philippines (Camacho 1999). There was a need to include a relatively extensive survey to determine the nature, extent and causes of migration among young people, as well as techniques that would allow in-depth insight into young people's responses and needs. In order to determine the whole range of migration experiences the study was also comparative, contrasting urban and rural experiences, and comparing Malawi's relatively long-standing experience of dealing with HIV/AIDS with the more recent, but rapidly developing, situation in Lesotho.

- Choice of case study areas

The choice of study areas within each country were selected in consultation with academic and local government education advisers in order to determine one urban and one rural community in each place which would represent typical childhood experiences in light of the AIDS epidemic.

In Malawi the urban location of Ndirande, a high-density township in Blantyre, the main commercial centre, was selected due to its large transient population who move here seeking employment in the city. In contrast Mpando village area, located in Thyolo district in the Southern Region, has a much less mobile population, although migration into and out of the area still takes place. Mpando is located in one of the country's major tea growing areas, and therefore employment-related migration is not uncommon. In recent years migration has also occurred due to the food security crisis further south where flooding has destroyed much of the maize crop. The locations selected in Lesotho also contained relatively transient populations. The capital city, Maseru, which is located on the border with South Africa, results in employment-related cross-border migration (Crush *et al* 1999; Dodson 1998). The rural location, Tlali, has less mobility among its residents. It is located in fairly close proximity to Maseru, in the foothills of the Maluti Mountains and, although a subsistence-based agricultural village, migration occurs from the more isolated highland areas or residents leave in search of paid employment in the city.

- Characteristics of participants

The children who participated in the research were aged between ten and 17 years. The age of majority is difficult to determine in southern Africa based on different legal and cultural definitions. Cultural definitions vary according to ethnic group and may be related to marriage, initiation or other traditional practice (Rwezaura 1998). In this case, as the research involved children in more than one country and of more than one ethnic background, an upper age limit of 17 was used, based on the legal definition of a 'child' in both countries. A lower age limit of ten years was also put in place to ensure children had well-informed views

concerning migration and were able to compare their migration experiences to those in their place of origin. However, it is acknowledged that younger children also participate in AIDS-related migration.

Because school attendance is relatively high, even among orphans, it was decided that the best way to access large numbers of children was through schools. In Malawi children in standards 5 to 8 took part in the research, while in Lesotho, to research the target group, children from standards 5 to 7 and form 1 participated in the research. Although the majority of children attend at least primary school in both countries, it was also essential to access those young migrants who are not able to go to school. In each country groups of out of school children were identified in consultation with local leaders, while children in institutional care and street children were accessed through local organisations. At every stage in the research process, the objectives of the study were fully explained and children made their own decision to participate. They were also able to opt out of the research process at any time.

- Quantitative methods with children

A questionnaire was distributed to 822 children proportionately representing each community. The questionnaire was written in both English and the dominant local language and the children were able to choose which language they used to fill in their answers. Although the appropriateness of using questionnaires in research with children has been widely discussed (Boyden and Ennew 1997), the questionnaire was mainly used as a preparatory exercise for identifying young AIDS migrants, and was subsequently triangulated with key informant interviews and in-depth qualitative methods. Further, measures were put in place to ensure the children developed ownership of the exercise, which has been shown to increase true responses (Dallape 1988). Prior to undertaking the questionnaire children were invited to participate in brainstorming sessions on migration and what it means to move house. Following this, children were involved in drafting and piloting the questionnaire. The children were also given the opportunity to draw or write about migration on the back of the form, in order to express their own thoughts and ideas more fully.

- Qualitative methods with children

The qualitative research involved three main methods: focus group discussions, migration storyboards, and migration mapping. These methods allowed the children to take control of the research and freely express their own opinions and views in detail. On the basis of the answers given in the questionnaires, approximately 50 children in each location were invited to take part in focus group discussions. The participants were selected on the basis that they had moved house and had experienced parental death, or had received other children into their homes as a result of parental sickness or death. The discussions were held in local languages and taped using a dictaphone, which was also used as a way of controlling the discussions, and later transcribed and translated.

Following the discussions, smaller groups of approximately 10 to 15 children were further invited to draw their experiences in storyboards and map children's migration patterns. The storyboards allowed the children to define the important aspects of their migration story and to display this through drawing pictures, an activity they particularly enjoyed. The storyboard then acted as a catalyst for eliciting greater oral description

(Young and Barrett 2001). The mapping exercise, was a further action based method and involved the same children marking on a map of the country the places where children move into and out of the their community. Again this acted as a tool for discussing reasons for children's migration.

- Qualitative methods with adults

In order to find out the extend and nature of children's migration, and how much of this was as a consequence of AIDS-affliction among families and communities, key government officials and NGO workers were interviewed. This was used for triangulation purposes and to develop an understanding of the situation across the country. Within each chosen community, teachers and local leaders were also interviewed. These informants also acted as aids in identifying guardians in the community who had received young migrants into their care. Proportionately representing the four selected communities, 40 guardians agreed to participate in informal interviews discussing their experiences of receiving other children into their homes.

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- Method overview and timescale

Method	Rationale	Procedure	Time-scale
Preliminary literature survey	To identify and review relevant research.	By applicant and research assistant	Mar. 01
Development of research tools	For use in field.	By applicant and research assistant	Apr. 01
<i>Field research</i>	<i>Conducted primarily by research assistant: 2¹/₂ months affiliated to Department of Geography, Chancellor college, University of Malawi; 2¹/₂ months affiliated to Institute of Southern African Studies, National University of Lesotho. Applicant will visit field and participate in research for one month.</i>		May 01 – Sept. 01
Selection of schools as field sites	Identifying young people affected by HIV/AIDS is difficult, given the stigma attached to the disease. However, in both countries school attendance is relatively high, even among orphans. ¹ Schools are also places where young people can express thoughts that they might be reluctant to discuss at home.	The research assistant, in conjunction with local advisors, selected schools in four communities: typical primary schools in Malawi and primary and secondary schools in Lesotho, in rural and urban communities.	1 day per location
Questionnaire survey	To establish extent, nature and causes of migration among young people.	Administered to three classes per school, concerning permanent or temporary migrations of one month or more, asking where, when, why etc, and thoughts/feelings about the experience.	1 day per location
Focus groups	To identify young people's views about migration, difficulties encountered, coping strategies employed and opinions concerning support provided.	Six single sex groups in each location, comprising students who have migrated in response to family illness, ² identified through questionnaires and through discussions with teachers. Discussions held in local languages, facilitated by local research assistants.	3 days per location
In depth methods: storyboards and mapping	To develop detailed experiences of young migrants through non-threatening, children-led methods.	Twelve storyboards conducted in each community with children identified from discussions held in schools.	4 days per location
In depth methods with young people out of school	Undertake focus groups and storyboards since some young people leave school when they migrate.	School drop-outs, street children and children in institutions identified/traced with assistance of community leaders and NGOs.	3 days per location
Interviews with key informants/providers of support	To explore their perceptions of young people's needs and the support available.	Interviews with teachers, community leaders and households where young migrants reside.	3 days per location
Interviews with institutional providers of support	To explore their perceptions of young people's needs, and the provision they offer.	Interviews with representatives of ministries, NGOs and other institutional support providers.	1 week per country
Research seminars And posters	To further develop ideas and dialogue with users of research.	UNAIDS Orphans Technical Working Group, Malawi and ISAS, NUL, Lesotho: presentation of preliminary findings. Posters distributed to each school.	1 day each
Analysis and write-up	To produce Research Report and articles for publication.	By applicant and research assistant.	Oct. 01 – Apr. 02

UK-based

Field-based

¹ Over 90% of Zimbabwean orphans aged 7-14 were attending school in 1994 (World Bank 1997).

² AIDS will not need to be specified, being a prominent cause of illness. This should avoid stigmatising children.

Appendix B: Key Questionnaire Findings

- Children who have moved house

	Mpando		Ndirande		Tlali		Maseru	
	Count	%	Count	%	Count	%	Count	%
Yes	108	58.1%	130	58.3%	62	30.8%	97	50.0%
No	78	41.9%	93	41.7%	139	69.2%	97	50.0%

- Children's reasons for having moved house

	Mpando		Ndirande		Tlali		Maseru	
	Count	%	Count	%	Count	%	Count	%
Unsafe/bad environment	2	1.9%	10	7.8%	7	11.5%	9	11.5%
Family conflict	0	0%	1	.8%	3	4.9%	1	1.3%
Village hatred	0	0%	3	2.3%	6	9.8%	6	7.7%
School	1	.9%	2	1.6%	8	13.1%	7	9.0%
Agriculture/land	6	5.6%	1	.8%	2	3.3%	0	0%
Witchcraft	5	4.7%	2	1.6%	4	6.6%	0	0%
Parents working - sent to relative	0	0%	0	0%	3	4.9%	1	1.3%
Told by relative	7	6.5%	5	3.9%	0	0%	0	0%
To help relative	5	4.7%	1	.8%	5	8.2%	2	2.6%
Parent/guardian died	16	15.0%	11	8.6%	1	1.6%	2	2.6%
Parent/guardian sick	0	0%	1	.8%	1	1.6%	0	0%
House destroyed	4	3.7%	9	7.0%	9	14.8%	1	1.3%
Relative sick	5	4.7%	0	0%	2	3.3%	1	1.3%
Newer/bigger/better home	4	3.7%	45	35.2%	0	0%	4	5.1%
Built house	1	.9%	12	9.4%	1	1.6%	16	20.5%
Urban advantages	0	0%	0	0%	0	0%	2	2.6%
Work/job moved	39	36.4%	15	11.7%	0	0%	6	7.7%
Famine/disaster	8	7.5%	2	1.6%	0	0%	0	0%
Diseases	2	1.9%	1	.8%	0	0%	0	0%
Rent increases	0	0%	7	5.5%	0	0%	0	0%
conflict with landlord/debt/expelled	0	0%	0	0%	0	0%	7	9.0%
Other	2	1.9%	0	0%	9	14.8%	13	16.7%

- Children who have had others move to live with them

	Mpando		Ndirande		Tlali		Maseru	
	Count	%	Count	%	Count	%	Count	%
Yes	93	50.0%	154	69.1%	110	55.0%	107	54.9%
No	93	50.0%	69	30.9%	90	45.0%	88	45.1%

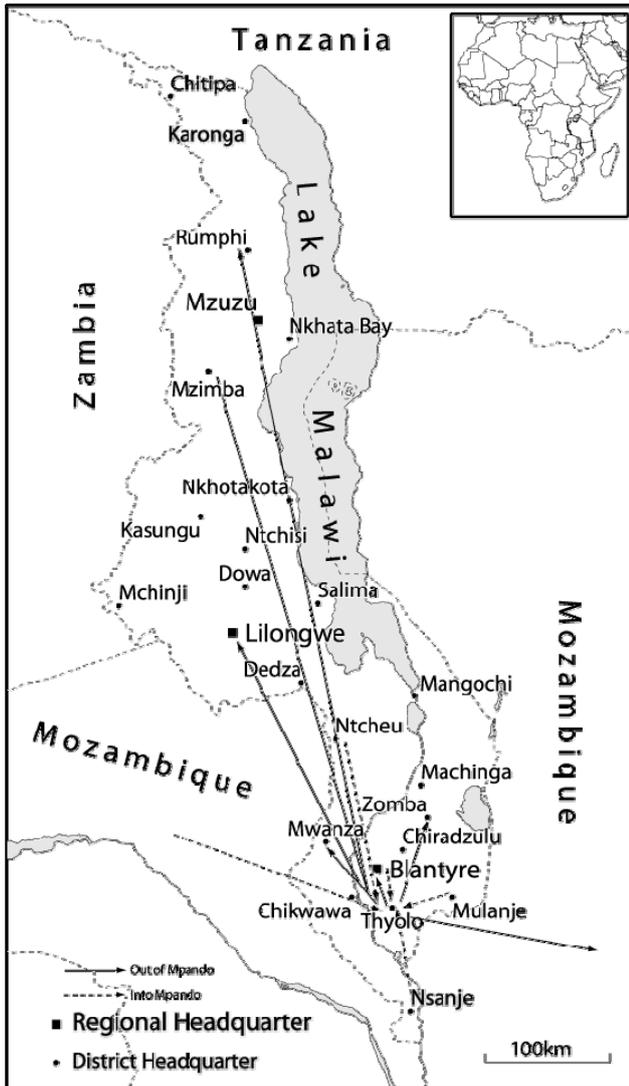
- Reasons why others moved to live with children

	Mpando		Ndirande		Tlali		Maseru	
	Count	%	Count	%	Count	%	Count	%
Their guardian(s)/parent(s) sick	1	1.1%	2	1.3%	2	1.8%	0	0%
Their guardian(s)/parent(s) died	16	17.0%	29	18.6%	17	15.3%	6	6.1%
My guardian(s)/parent(s) sick	0	0%	7	4.5%	5	4.5%	2	2.0%
My guardian(s)/parent(s) died	1	1.1%	3	1.9%	5	4.5%	2	2.0%
help at home	7	7.4%	7	4.5%	12	10.8%	6	6.1%
My parent(s) work away	0	0%	2	1.3%	12	10.8%	6	6.1%
Problems in their home/area	1	1.1%	2	1.3%	5	4.5%	6	6.1%
Alone/old/sick/needed care	9	9.6%	5	3.2%	16	14.4%	13	13.3%
For school	10	10.6%	42	26.9%	3	2.7%	8	8.2%
Destitute/no home/home destroyed	10	10.6%	12	7.7%	19	17.1%	12	12.2%
For work	21	22.3%	41	26.3%	0	0%	19	19.4%
Their parents went away	4	4.3%	1	.6%	0	0%	4	4.1%
Spouse died	1	1.1%	1	.6%	0	0%	1	1.0%
Don't know	9	9.6%	1	.6%	5	4.5%	0	0%
Other	4	4.3%	1	.6%	10	9.0%	13	13.3%

Appendix C: Migration Maps

The maps below were produced through discussions with groups of migrant children in the four research locations, to illustrate for each community where children migrate from, and where they migrate to. The table which follows indicates the reasons that were given for such migrations

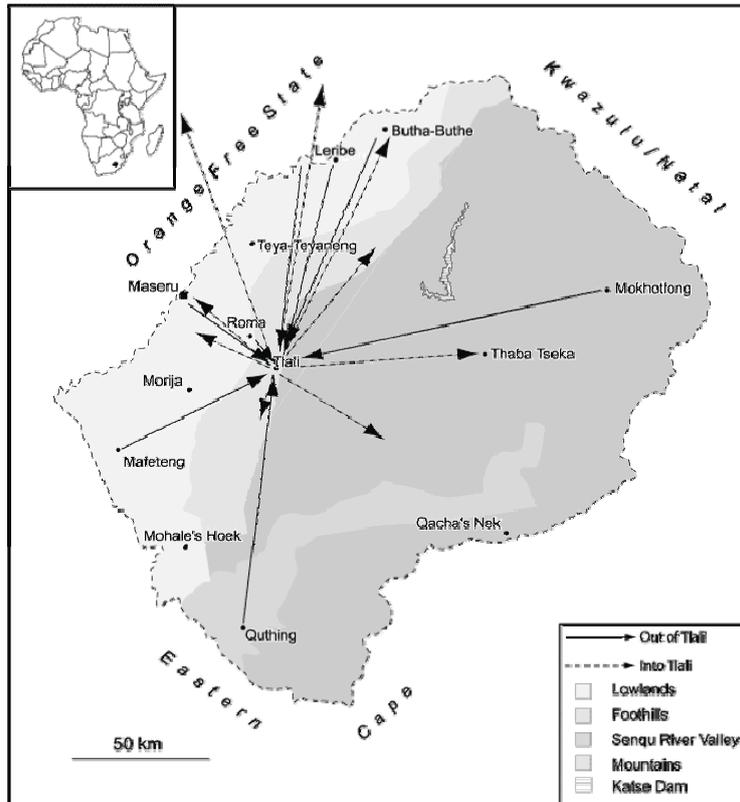
- Movement into and out of Mpando



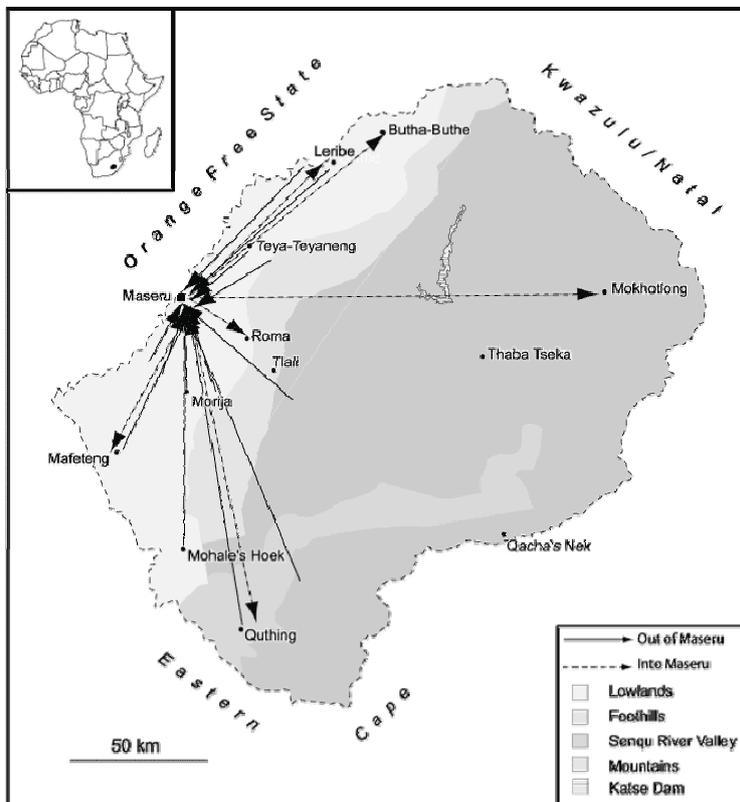
- Movement into and out of Ndirande



- Movement into and out of Tlali



- Movement into and out of Maseru

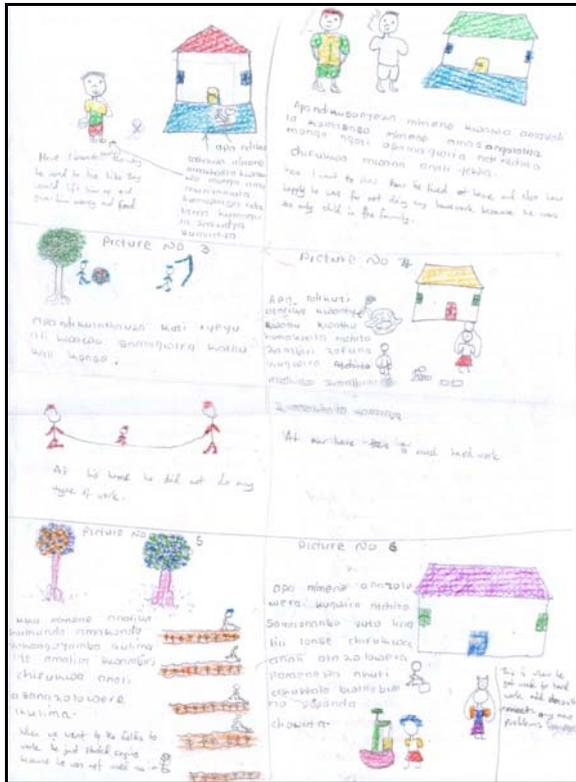


- Reasons for children's movements between places

	Lesotho		Malawi	
	<i>Maseru</i>	<i>Tlali</i>	<i>Ndirande</i>	<i>Mpando</i>
In	1. Parent's work 2. Parent(s) died 3. Build new house 3. House in bad repair 4. Stopped renting 5. Transport	1. Parent(s) died 2. School 3. Herd cattle 4. Build new house 5. Close to relatives 6. Mother sick 7. Care for relative 8. Guardian died	1. Parent(s) died 2. Parent's work 3. Flooding	1. Flooding 2. Parent(s) died 3. Ran away from war 4. Witchcraft 5. Guardian died 6. Parent's work 7. Lack of land
Out	1. Help relative 2. Herd cattle 3. Boarding school 4. Mother's house	1. School 2. Parent(s) died 3. Ran to the street 4. Got married	1. Parent(s) died 2. School 3. Parent's work 4. House in bad repair 5. Parent retired 6. Sent to relatives	1. Parent's work 2. Parent retired 3. Parent(s) died 4. Lack of work

Appendix D: Migration Storyboards

Below are examples of the storyboards drawn by young migrants, with excerpts from their explanations of their migration stories.

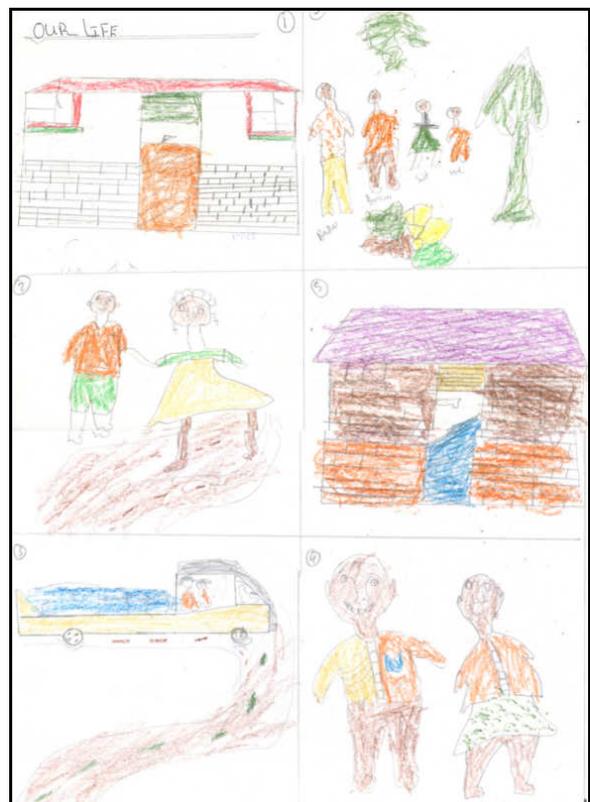


• Ruth's storyboard (left)

1. *This is where my cousin used to live when his parents were alive. My cousin had a better life then as they gave him anything he needed ... They lived in Salima in a nice house.*
2. *They would buy my cousin new clothes and he didn't do much work, only played with his friends and he was the only child in his family.*
3. *When his parents died he came to live with us and he didn't want to do any work and he just played ... We didn't feel good when he came because we did most of the work and he didn't help even though he was eight when he came. He didn't feel good because he was used to living as the only child in the house and there were six youngsters of his age here. ... We used to tease him because he wouldn't help. We wouldn't give him food when he wouldn't work, but only when he started working.*
4. *My father makes bricks for a living and he used to teach us these skills but my cousin didn't like it and wouldn't do it like the others, but he was made to learn this to help at home, but he didn't like it as he didn't like mud and getting dirty.*
5. *In the holidays we used to go to our home village in Thyolo and in the morning we used to get up early and go to the fields to work. So my cousin would go with us but he wouldn't work. When he was given the hoe he just cried. This made me angry and I used to shout at him ... He hadn't worked in a field before so he found it really hard to work.*
6. *After some time he got used to this and living with us and he used to mould bricks on his own and do the other house work. We then became friends with him, me and my sister were then closer to him than were we to our other brothers ...*

• Tsepho's storyboard (right)

1. *This is my house in Tlali, the one before we moved to a new house. I enjoyed living here with my parents and siblings ...*
2. *This is my mum and dad looking to hire a car to take us to South Africa. Dad wanted to take us to school in South Africa. Dad liked South African schools better and he was given a mine house so he said it was better for all of us to go there as it was a bigger house. I was happy to move as I was moving to a new place with the whole family.*
3. *This is the car we used to take us to South Africa ... I enjoyed living there - I had more fun there than Tlali as there were more things to do like go to the stadium to watch football. I learned a lot of things in school like geography and history that we don't have in Tlali ...*
4. *This is my mother and father again - the car broke down on the way to Jo'burg ...*
5. *Our house in Jo'burg - it was a beautiful house.*
6. *This is the family picture in Jo'burg in a very beautiful area - often people take pictures there as it's lovely. I took it as a memory as we were going to leave.*
7. *This is us coming back to Tlali. The mine was being closed and people were being retrenched. This is the whole family coming back in a hired car with the luggage. Coming back wasn't pleasant even though I missed my grandmother and uncle. We were coming back to our first small house ... Two weeks after we came back dad fell sick again and after a while he died of TB ... Making friends wasn't difficult - friends were happy to see us, but adjusting to school was difficult. In Jo'burg there were different ethnic groups. In Jo'burg I was studying in Setswana, but here I have to learn Sesotho and different spellings.*



Appendix E: Research Outputs

- In-country seminars for researchers and policy providers

Ansell, N and Young, L (2001) 'Ho falla ha bana: children's migration in relation to HIV/AIDS in Lesotho', Institute of Southern African Studies, National University of Lesotho, 5th July

Young, L and Ansell, N (2001) 'Children's migration in relation to HIV/AIDS in Malawi', UNAIDS Orphans Technical Working Group, Blantyre, Malawi, 29th September

- Academic seminars/conference presentations

Ansell, N (2001) 'Children's migration in response to HIV/AIDS in southern Africa', Keele University, 1st November

Young, L and Ansell, N (2002) 'Fragmenting households: children's migration as a response to HIV/AIDS in Malawi and Lesotho' Institute of British Geographers Annual Conference, Queens University, Belfast, 2-6th January

Ansell, N (2002) 'Children's migration as a response to HIV/AIDS in Lesotho and Malawi: a household coping strategy' Centre for Southern African Studies Seminar, University of Sussex, 6th March

Young, L (2002) 'Moving in the wake of AIDS: the impacts of independent migration on children's lives in southern Africa' Geography and Earth Sciences Seminar, Brunel University, 2nd May

Ansell, N and Young, L (2002) 'Young AIDS migrants in southern Africa: implications for policy' XIV International Conference on AIDS, Barcelona, Spain, 7-12th July 2002 (contingent on acceptance of abstract and DFID dissemination funds)

Ansell, N and Young, L (2002) 'Joining the conspiracy? Researching around AIDS in southern Africa' Emotional Geographies Conference, Lancaster University, 22-25th September (abstract accepted)

- Academic for publication in peer review journals

Ansell, N and Young, L (2002) 'Children's migration as a household/family strategy: coping with AIDS in southern Africa' *Development and Change* (submitted manuscript - copy attached)

Young, L and Ansell, N (2002) 'Fragmenting households: children's migration as a response to HIV/AIDS in Malawi and Lesotho' *The Professional Geographer* (submitted manuscript - copy attached)

Young, L and Ansell, N (2002) 'Moving in the wake of AIDS: children's experiences of migration in Southern Africa' *Transactions of the Institute of British Geographers* (submitted manuscript - copy attached)

Ansell, N and Young, L (2002) 'Young AIDS migrants in southern Africa: implications for policy' (in preparation - abstract attached)

Ansell, N and Young, L (2002) 'Joining the conspiracy? Researching around AIDS in southern Africa' (in preparation - abstract attached)

Young, L and Ansell, N (2002) 'Imagining migration: the impact of place on children's images of 'moving house' in southern Africa' (in preparation - abstract attached)

Appendix F: Distribution List for Final Report

Distribution List for Lesotho

- Non-governmental organisations

CARE Lesotho

Christian Health Association of Lesotho (CHAL)

Girl Guides Association of Lesotho

International Organisation For Migration (IOM)

Ireland AID

Joint United Nations Programme on HIV/AIDS (UNAIDS Lesotho)

Lesotho AIDS Programme Coordinating Authority (LAPCA)

Lesotho Save the Children

Ntlafalang Consultants

Save the Children UK Lesotho

SOS Children's Village Association of Lesotho

World Vision

- Government departments

Department of Health Services, Ministry of Health and Social Welfare, Government of Lesotho

Department of Social Work, Ministry of Health and Social Welfare, Government of Lesotho

Department of Youth Affairs, Ministry of Environment, Gender and Youth Affairs, Government of Lesotho

- Academic institutions

Department of Sociology, National University of Lesotho

Institute of Southern African Studies, National University of Lesotho

Distribution List for Malawi

- Non-governmental organisations

Adventist Development and Relief Agency

CCAP Blantyre Synod Projects Office

Chisomo Children's Club

Cure International

Jacaranda Children's Home

Joint United Nations Programme on HIV/AIDS (UNAIDS Malawi)

Kadale Consultants

Medecins Sans Frontiers- Luxemburg

Nasato Home-Based Care Centre, Thyolo, Malawi

Open Arms Infant Home

Save the Children UK-Malawi

Save the Children USA-Malawi

Stephano's Children's Home

Women and Law in Southern Africa Research Trust

World Vision

- Government departments

National AIDS Commission, Ministry of Health, Government of Malawi

Research Division, Ministry of Health, Government of Malawi

Department of Social Welfare, Ministry of Gender Youth and Community Services, Government of Malawi

Regional Social Welfare Office, Ministry of Youth and Community Services, Government of Malawi

- Academic institutions

Centre for Educational Research and Training, Chancellor College, University of Malawi

Department of Geography, Chancellor College, University of Malawi

This research was funded by the UK Department for International Development (DFID). DFID supports policies, programmes and projects to promote international development. DFID provided funds for this study as part of that objective but the views and opinions expressed are those of the authors alone.

The picture on the cover was drawn by a 16-year-old primary school student in Ndirande.