

# Emotional Wellbeing, Community Responses and Aspiration of HIV/AIDS Orphaned Children in Monze, Zambia

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## ABSTRACT

The HIV/AIDS epidemic has had a significant negative effect on children, creating a global catastrophe of orphans and vulnerable children (OVC) in many afflicted regions. The increasing prevalence of orphaned children in Monze, Zambia particularly due to the impact of HIV/AIDS, poses a significant social challenge. HIV/AIDS orphans experience a variety of difficulties, including financial difficulty, transportation, social stigma, psychological, emotions. This investigated the state of emotional wellbeing, community responses and aspiration of HIV/AIDS Orphaned Children in Monze. It found that 65% feel depressed due to their situation relating the profound toll of being orphaned and living with the stigma of HIV/AIDS. While 60% indicated they received some counselling, another 60 % think faith-based organization responses could help them in their situation. A good percentage desired education, financial assistance and skill development. It is recommended that the faith based organizations like the Seventh-day Adventist Church, in partnership with NGOs should design appropriate support programmes such counselling, educational support, skill acquisition schemes and also involve the children on the planning about their future.

**Keywords:** Emotional, Wellbeing, Community, Response, HIV/AIDS, Children, Orphan

## INTRODUCTION

Since it was first discovered in the early 1980s, the HIV/AIDS epidemic has been a major global public health challenge with far-reaching social, economic, and medical effects. Despite the general reduction of HIV/AIDS transmission in Zambia, it seems it still has high prevalence (Mulenga et. al. 2022, Simbeye, 2023). Similarly, Mweemba et al. (2022, pp.1, 6) in their study of HIV/AIDS in the 74 districts in Zambia, variations of the prevalence in Zambia Districts ranges from as low as 4.2% to as high as 23.5%. They assert that about “32% of the districts had HIV prevalence above the national average, with one district having almost twice as much prevalence as the national level. Some rural districts have very high HIV prevalence rates.” In Monze district of Zambia, the overall adult prevalence of HIV/AIDS rates was as high 15.7%, and 15.8% for individuals aged 15-49 (Gage, 2014). One significant impact of HIV/AIDS has been an increase in the number of orphans. According to the World Health Organization, Sub-Sahara Africa has the highest HIV/AIDS cases in the world and the challenges of orphans of AIDS are a threat to child survival, growth and development (World Health Organization, 2022). According to UNICEF, 15.4 million children lost one or both parents to AIDS related causes in 2020. Three quarters of these children, 11.5 million, live in Sub-Sahara Africa. Children orphaned due to AIDS make up 10 percent of all orphans worldwide, but 35 percent of all orphans live in Sub-Sahara Africa (UNICEF, 2020).

In Zambia, it was reported in 2018, that about 14.9 million children under the age of 18 had lost one or both parents to AIDS (Family Legacy, 2025). Another source reported that Children orphaned by HIV/AIDS in Zambia was about 580000 in 2022 (Trading Economics, 2025). HIV/AIDS orphans experience a variety of difficulties, including financial difficulty, transportation, social stigma, psychological, emotions and restricted access to treatment and education (UNAIDS, 2022). Due to the absence of parental care and support, research has indicated that HIV/AIDS orphans are more likely to experience psychological and emotional suffering. Sherr (2008) further states that, the loss of parents during childhood has far reaching and lasting consequences on the

development and well-being of AIDS orphans. Thus, orphans are more likely to face malnutrition, have poor physical and mental health, experience educational disadvantages, be exploited for child labour and suffer from stigma and social exclusion. In Monze Zambia, due to high levels of HIV/AIDS orphaned children, most of whom both parent died, are homeless. This has forced of them to be on the street to try to earn a living while many engage in social vices. In this it seems that faith-based organizations, like the Seventh-day Adventist Church has not established meaningful intervention toward this children. To better understand the complex needs of orphaned children on the streets of Monze urban, the following research questions guided the investigation: (i) what are the state of the Emotional Wellbeing of HIV/AIDS Orphaned Children and Community Response in Monze, Zambia? (ii) What are the career aspirations and desired support of the AIDS Orphans o in Monze, Zambia? The study, therefore will provide recommendations for faith-based organization like the Seventh-day Adventist, and NGOS on intervention to empower the orphaned children in Monze urban and contribute in alleviating the problems they face.

## LITERATURE REVIEW

The HIV/AIDS pandemic caused the emergence of sociological phenomenon known as the child-headed households. This is a household without an adult member where the oldest child takes responsibility of managing the home economically and parental care for the siblings. Children who head households may be as young as 10 years in some cases (UNICEF, 2004). In most countries especially Sub-Sahara Africa, according to UNICEF the peak ages for HIV/AIDS deaths is 25-35 for female and 35-45 for males (UNICEF, 2008, P. 17). This indicates that AIDS is claiming the lives of a high proportion of young mothers and fathers when their children are still young and before they have completed rearing them. This creates a crisis and challenges to the orphans arising from societal perception and personal struggles. Some significant challenges are OVC face are tough emotional and economic situations.

### Emotional and Economic Impact of HIV/AIDS Orphans

In Zambia, research reveals that every second household, on average, is home to an orphaned child. The report further indicates that, due to high levels of AIDS orphaned children, many of them are on the streets (Zambia Ministry of Youth, Sport and Child Development, 2004). According to a survey which was conducted in among orphans in Zambia, many of the orphans especially the younger ones, said what they missed about their parents was the loss of their care and love. This survey revealed the distress these young orphans experience. Engle, et. al (2021) buttressed the adverse emotional and psychological status of AIDS orphans. Emotional and psychological impact which requires adjustments by AIDs orphans and sometimes exploitation and abuse has also been found by several other studies (Seeley, 2008, Rukundo and Danie, 2016). These may result in anxiety, depression and anger (Akwara 2010). Further, AIDS orphan have limited access to basic provisions such as shelter, food, clothing, health and education, (Gay and Hall, 2013). Such orphans are also more likely to live in big, female-headed households which may force dependence on few income earners (Kuo and Operario, 2009). This lack or limited income places additional stress on AIDS orphans to make financial contribution to their foster household. This may force them to child labour, begging, sexual exploitation and other vices. Further, AIDS orphans who live in the care of a surviving parent or family member, may take on the responsibility of multiple house chores and caring for siblings and even for sick or dying parents (Gay and Hall, 2013). It is also possible that children who have lost one parent to AIDS risk losing the second parent as well, due the high transmission rate of HIV (Gordon, 2008).

The loss of a productive member of a family is likely to be a financial burden and might push a family into poverty, increasing the likelihood that a child orphaned by AIDS will miss out on school. Moreover, as Madhavan (2010) claimed, most orphans and their caregivers lack or receive limited external support on health-care, nutrition or psychological needs. Similarly, Chiver, Chiver et al (2011) opined that there is wide educational, life skills and practical knowledge gap between AIDS orphans and non-orphans in most countries in Sub-Saharan Africa the gap between school attendance by orphans and non-orphans is wide. The absence of adequate preparation for a future independent life likely to expose them to economic and health problems. Thus, the devastating effects of HIV/AIDS among many communities around the world has been noted. Hence, Nguru

(2003) describe HIV/AIDS “as the greatest threat to humanity in modern times. Besides draining the economy of many African countries, HIV/AIDS has caused indescribable suffering to families (Nguru, 2003). The major justice issue relating to these orphans is failure at almost every level to incorporate their needs into comprehensive responses to the pandemic (Leyenaar, 2005).

## RESEARCH DESIGN

This study used the quantitative research approach survey design which according Creswell and Creswell (2018, 198) “provides a quantitative description of trends, attitudes, and opinions of a population, or tests for associations among variables of a population, by studying a sample of that population.” For this research, the researcher identified eighty (80) HIV/AIDS orphaned children (7-17year old) in Monze, Zambia, which served as the study's intended demographic in this instance. Out of the eighty, twenty aged 13-17 were selected. Females were 11 and Males: 9. The sample population weighed more on the female gender because there were more girls than boy orphans. Purposive sampling was best since it enabled the researcher to choose respondents who were appropriate for the study (Bailey 2009). The research used a non-complex self-designed questionnaire to collect data from HIV/AIDS orphaned children. The questionnaire, beyond the demographic section, had two sections: a) emotional and wellbeing and community perceptions of the respondent situation (b) The Career Aspiration of the respondents and desired support of the children. The instrument was validated for reliability by prior test and the Cronbach Alpha value of 0.76. The test result exceeded the acceptable point of 0.50 suggesting that the instrument was reliable and good for data collection (Tavakol and Dennick, 2011). Prior to conducting the study and gathering data, the researcher secured clearance from Adventist University of Africa, Kenya Institutional Scientific and Ethics Review Committee and local authorities in Zambia. In addition, the participants completed assent forms since they were minors and the caregivers completed the consent forms. All the participant were informed that their involvement in the study was entirely voluntary and they were free to withdraw whenever they chose.

## DATA RESULTS AND DISCUSSIONS

The study sought to understand the emotional state of AIDS orphaned children living on the streets of Monze urban, community response and their aspiration and desired support. The research findings for the purpose of this study were analyzed, and presented using descriptive statistics. These statistics encompassed frequencies and percentages. The ultimate goal was to provide an overview of how relevant themes were perceived within the population under scrutiny. This was followed by possible recommendations based on the empirical research findings.

### Demographic Characteristics of the Respondents

Items		Number	Percent
Gender	Male	9	45
	Female	11	55
Education level	Primary	7	35
	Secondary	13	65
Time Period as Orphans	1-3 years	8	40
	4-6 years	9	45
	7-9 years	2	10
	10-12 years	1	5
Reason for being taken into foster home	Death of Mother	7	35
	Death of Father	9	45
	Death of both	4	20
Surviving Parents	Father	7	35
	Mother	9	45
	None	4	20

Residence and care of Orphans	Grandparents	9	45
	At home with Surviving parent	6	30
	Concerned Persons	3	15
	At home with siblings	2	10
Skills	Craft		0
	Carpentry		0
	Computer Literacy	1	5
	Fashion Designing		0
	Hair Dressing/making	3	15
	Video and Photography		0
	Catering and Hospitality		0
	Others (specify)		0
	I have not received any vocational training	16	80

The demographic data in Table 1 exhibited that 20 children aged between thirteen and seventeen participated in the study. Nine (45%) respondents were male while eleven (55%) were female. Data further revealed that seven (35%) are in primary school while 65 % are in secondary school. The findings revealed that 40% have been orphaned for 1-3 years, 45% for 4-6 years, while 10% have been orphans 7-9 years and 5 % for over 10 years. This indicated varied lengths of time dealing with the impact of parents due to HIV/AIDS. For the reasons for being taken into a foster homes, 20% of orphans said they lost both parents and 35% indicated they had lost third mother. However, a larger percentage of 45% have lost their father. The respondents indicated that 35% have their mother still alive, and 45% have their father alive, leaving 20% with no surviving parents. The findings revealed that 45% lived with their grandmothers, 30% lived with surviving parent and relatives, 15% resided with concerned persons/foster relatives, and 10% resided with siblings. The findings indicated that 80% of the children had no skills. However, 15% have skills in hairdressing, and 5% are skilled in computer. This highlights the need for skill development programs to empower orphans. The aspect of the findings that most orphans end up living with grandparents and other caregivers has been evidenced by the study of Mpofu and Tshabalala (2021) who indicted in their study that about 60% of orphans in their study lived with grandparents and another 30% with other caregivers.

Table II Emotional Wellbeing of HIV/AIDS Orphaned Children and Community Responses

Item	Response/Number	Percent
Depressed by the condition	Strongly agree (5)	25
	Agree (8)	40
	Neutral (3)	15
	Disagree (1)	5
	Strongly disagree (3)	15
Experienced stigma and discrimination related to the condition	Strongly agree (14)	70%
	Agree (2)	10%
	Neutral (3)	15%
	Strongly disagree	0%
	Disagree (1)	0.5%
Abandoned by my surviving parent or relative because of condition.	Strongly agree (4)	20%
	Agree (4)	20
	Neutral (1)	5%
	Strongly Disagree (11)	55%
	Disagree (0)	-%
Feel supported by the community (e.g. Neighbours, church members) in coping with the challenges of being an orphaned child due to HIV/AIDS.	Strongly agree (4)	20%
	Agree (4)	20%
	Neutral (2)	10%
	Strongly Disagree (10)	50%
	Disagree -	0%

Means of Survival	Street Trading/Vending (20)	50%
	Begging (20)	50%
Churches are friendly and caring to orphans	Strongly Agree (1)	5%
	Agree (0)	0%
	Neutral (0)	0%
	Strongly Disagree (19)	95%
	Disagree (0)	0%

Table ii provides an overview of the respondents' (HIV/AIDS orphaned children) emotional wellbeing and their view of the community's response and perception and support towards. A total 65% experienced depression. The 15% that reported neutral may be ashamed of their situation and do not want disclose their emotional wellbeing. Similarly, 70% indicated that they experienced stigma and discrimination related to their HIV/AIDS status. This emotional challenges are indications of the extent of the emotional impact of the epidemic on the orphans. It is was evident that although 55% stated they were not abandoned by surviving parents or relatives, 50% of the respondents felt that HIV/AIDS orphaned children felt unsupported the community such as neighbours and church members to navigate their situation and 10% were neutral in responding to this question. This may indicate negative perception of the support provided. The finding of this study on possible negative emotional and psychology wellbeing of AIDS orphans aligned with the research of Akwara (2010; Engle, et. all, 2021). This was also supported by the research of Foster (2010) who found that AIDS orphans experience stress, stigmatization, exploitation, and schooling, lack of visits and neglect of support responsibilities by relatives.

Fifty percent (50%) of the respondents indicated they are often involved in street vending, while another 50% reported that they on the street begging. Thus resorting to street hawking and alms begging when they should in school seemed the survival mechanisms for the orphans. It could be concluded that the HIV/AIDS orphaned children in Monze are on the streets for survival because of lack of resources and adequate family support even though about 55% of them indicated they were not abandoned by their surviving family members. It was also indicated by a significant 95% of the respondents that their churches in Monze are not friendly or caring toward HIV/AIDS orphaned children. This may include the Seventh-day Adventist Church. Thus, this signals that the religious organizations may not be playing an active role in supporting the HIV/AIDS orphaned children, despite the potential for the community-drive care.

Therefore, despite some care and acceptance for the HIV/AIDS orphaned children, negative perceptions and stigma might still exist. With a reasoned look, the data from Table ii highlights some important points a significant number of families are impacted by HIV/AIDS in Monze, resulting in a large number of HIV/AIDS orphaned children. Extended family members particularly grandmothers, are primarily responsible of caring for the HIV/AIDS orphaned children. Despite the fact that the community generally provides good support, there are still gaps in formal faith-based institutional intervention.

Table iii Aspirations and Desired Support of the AIDS Orphans

Item	Response/Number	Percent
Career and Skill Aspiration	Medical Doctor (4)	20
	Teacher (2)	10
	Soldier (2)	10
	Nurse (3)	15
	Police (1)	5
	Pilot (1)	5
	Accountant (1)	5%
	Farmer (6)	30%
	Artisan (20)	50%
Receives counselling about situation.	Strongly agree (4)	20



Item	Response/Number	Percent
Career and Skill Aspiration	Medical Doctor (4)	20
	Teacher (2)	10
	Soldier (2)	10
	Nurse (3)	15
	Police (1)	5
	Pilot (1)	5
	Accountant (1)	5%
	Farmer (6)	30%
	Artisan (20)	50%
	Agree (8)	40
	Neutral (3)	15
	Strongly Disagree (3)	15
	Disagree (2)	10
Participating in activities (education and skill development programs) organized by churches or faith-based organizations will help me in personal growth and regaining confidence.	Strongly agree (11)	55
	Agree (8)	40
	Neutral (0)	0
	Strongly disagree (1)	5
	Disagree (0)	0
Aware of the support and services provided by churches or faith-based organization (Seventh-day Adventist ) to AIDS Orphaned children	Strongly agree (4)	20
	Agree (3)	15
	Neutral (1)	5
	Strongly Disagree (12)	60
	Disagree (0)	0
Support (e.g. counselling, mentorship, prayers by a Church) is important for my emotional well-being and empowerment.	Strongly agree (10)	50
	Agree (9)	45
	Neutral (1)	5
	Strongly Disagree (0)	0
	Disagree (0)	0

Table iii presents the aspirations of the respondents and their nature of desired interventions. In response to career aspirations the respondents had opportunity to indicate more than one option. And the responses were: (i) Medical doctor (20%), (ii) teacher (10%), (iii) soldier (10%) and (iv) nurse (15%). The others were (vi) Police (5%), (vii) Pilot (5%), (viii) accountant (5%), (ix) farmer (30%), (x) artisan (50%). The career aspirations of the respondents implied that they desire to become esteemed personalities in society. One of the expectations of growing up and becoming a responsible citizen in a community is the hope for financial and social security, and respect. Thus, one may conclude that the respondents are need of financial, educational and skill acquisitions. But the data revealed that about 60% received some of form of counselling about their situation.

Ninety-five percent of the respondents indicated participating in activities like education and skill development programmes organized by churches or faith-based organizations will help them in their personal growth and regaining confidence. But 60% said they were unaware of the support and services provided by churches or faith-based organization like the Seventh-day Adventist) to AIDS Orphaned children. Nonetheless, the findings revealed that 95% of the respondents believed that adequate support such as counselling, mentorship and prayers are important for their emotional well-being, considering it crucial for their empowerment. The respondents concern about their future and the desired support to actualize their potentials are supported by the research of Greundel (2009) and Gay and Hall (2013) that AIDS orphans may miss out of necessary support for the education and wellbeing. And Omwoyo (2015) established that that psychosocial support AIDS orphans cold enable them regain their lives and achieve their dreams. The finding highlighted a critical gap in mental health

services and faith-based organizations like the Seventh-Adventist Church could provide some intervention to empower the respondents both spiritually and to facilitate the realization of their life goals or aspirations.

## CONCLUSION AND RECOMMENDATIONS

The prevalence the number of orphans and vulnerabilities because of HIV/AIDS results both emotional, psychological and economic challenges to the orphans. Because of this situation HIV/AIDS orphans need care, support, and protection. Generally, these effects include social and educational problems, the prostitution of property, financial hardships, and a number of additional problems. The study also established some negative community perceptions of AIDS orphans. It was also found that these children had hopes for better future despite their present challenged. But their aspirations could be made possible by community support. Therefore, this study recommends as follows improved community awareness and enhancing Support Services

The continued high prevalence of HIV and inadequate general HIV knowledge among the community suggests that programming targeting community education by faith-based communities like the Seventh-day Adventist Church in Monze about HIV/AIDS is needed. Programming will need to be community-specific, comprehensive, and inclusive. Since the data suggested that emotional and psychosocial support for the orphans are needed, there is need to focus on supporting them to face the complex problems such as stigmatization, economic hardship. The implications is that the Church, in partnership with NGOs should design appropriate support programmes such counselling, educational support, skill acquisition schemes. There is also need to involve the AIDS orphans in the planning and execution of the intervention programmes whether psychological, emotional, economic support or advocacy that may be proposed and implemented for them. Active participation of children, even orphans, in decisions affecting their well-being, even is a fundamental right underpinned in two key United Nations Conventions. The government of Zambia should also has also strengthen its response to the care and support of orphans and vulnerable children through the Multi-Sectoral Response on Orphans and Vulnerable Children. This is very much needed because of the shortage and/or diminished capacity of the extended family support system, as well as lack of service provision across rural areas most severely affected by poverty and AIDS.

## REFERENCES

1. Akwara, P. (2010). Who is the vulnerable child? Using data to identify children at risk in the area of HIV and AIDS. *AIDS Care*, 22(9) 1066 – 1085.
2. Bailey, K.L.D. (2009). *Methods of social research*. New York: Collier MacMillan Publishers.
3. Bellamy, C. (2012). *Urgent action for children on the brink*. London: McMillan.
4. Chiver, S., Adnopo, J. and Forsyth, B. (2005). *Uncertainty, stigma and secrecy: Psychological aspects of AIDS for children and adolescents*. New Haven, CT: Yale University Press.
5. Creswell, J. W and Creswell, J.D. (2018). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. Thousand Oaks, CA: Sage Publications.
6. Engle, P. L et al. (2021). The Situation for Children without Parental Care and Strategies for Policy Change. *Monographs of the Society for Research in Child Development* 76(4): 190–222.
7. Foster, G., Makufa, C., Drew, R., Mashumba, S., and Kambeu S. (1997). Perceptions of and Children and Community Members Concerning The Circumstances Of Orphans In Rural Zimbabwe. *AIDS Care* 9(4): 391-405. <https://doi.org/10.1080/713613166>
8. Gay, J. and Hall, D. (2013). *Poverty and livelihoods in Lesotho More than a mapping exercise*. Maseru: CFL Printers.
9. Gordon, G. (2008). *Preventing a crisis*. London: McMillan.
10. Gruendel, S. (2009). *The crisis within the crisis. The growing epidemic of AIDS orphans*. New Jersey: Lawrence Erlbaum Associates.
11. Handal, S. (2023). *The Benefits of Orphanages: Providing Safe and Nurturing Environments for Children in Need*. <https://www.solaharthandal.com/the-benefits-of-orphanages-providing-safe-and-nurturing-environments-for-children-in-need/>.

12. Kuo, C. and Operario, D. (2009). Caring for AIDS-Orphaned children: A systematic review of studies on caregivers, vulnerable children and youth studies. 4(1): 1 – 12. <https://doi.org/10.1080/17450120802270418>
13. Leyenaar, J. K. (2005). HIV/AIDS and Africa's Orphan Crisis. *Paediatrics & Child Health*, 10(5): 259-260. <https://doi.org/10.1093/pch/10.5.259>
14. Madhavan, S. (2010). Fosterage patterns in the age of AIDS: Continuity and change. *Social Science and Medicine*, 29(3): 127-136. [https://doi.org/10.1016/S0277-9536\(03\)00341-1](https://doi.org/10.1016/S0277-9536(03)00341-1)
15. Omwoyo, Y. N. (2015). Impact of psychosocial support on HIV/AIDS Orphans in Dagoretti North Constituency, Nairobi County, Kenya. University of Nairobi, Unpublished PhD Thesis.
16. Mpofu, P., and Tshabalala, T. (2021). Challenges Faced by Aids Orphans in Zimbabwe: A Case Study of Aids in Nkayi District. *International Journal of Humanities Social Sciences and Education (IJHSSE)*, 8(7): 143-149. <https://doi.org/10.20431/2349-0381.0807017>.
17. Rukundo, R., Danie, M (2016). Children orphaned by AIDS in Uganda: Can they thrive Under orphanage care? *Social Work and Society* (14):1-17. <https://ejournals.bib.uni-wuppertal.de/index.php/sws/article/view/458/843>
18. Tavakol, M. and Dennick, R. (2011). Making Sense of Cronbach's Alpha. *International Journal of Medical Education* 2: 53-55. <https://doi.org/10.5116/ijme.4dfb.8dfd>
19. Nguru, G. M. (2003). The Scourge of HIV/AIDS in Africa and the Church's Response. *Transformation* 20(4): 245-248. <https://doi.org/10.1177/026537880302000410> Poverty Reduction Papers: Do they Matter for Young People made Vulnerable by HIV/AIDS?
20. UNICEF and World Bank. New York: UNICEF, December 2004.
21. Seeley, J. (2008). AIDS epidemic update. West Sussex: John Wiley and Sons.
22. Sherr, L. et al., (2008). A Systematic Review on the Meaning of the Concept AIDS Orphan: Confusion over Definitions and Implications for Care, *AIDS Care* 20(5):527–36, <https://doi.org/10.1080/09540120701867248>
23. Ministry of Youths (2004). Situation Analysis of Orphans and Vulnerable Children in Zambia 2004. Lusaka: Ministry of Youth, Sport and Child Development.
24. Twigg, J. (2008). Disaster risk reduction: Mitigation and preparedness in development and Emergency programming. *Good Practice Review*, 9(3): 131 – 138.
25. UNICEF. (2005). the state of the world's children. Oxford: University Press.
26. UNAIDS. "Country Progress Report-2020." (2020) <https://www.unaids.org/sites/default/files/media>
27. UNICEF. "A child was infected HIV every two minutes-2020 (2020)" <https://www.unicef.org/press-releases/child-was-infected-hiv-every-two-minutes-2020>
28. World Health Organization. "HIV and AIDS Key Facts." (2022). <https://www.who.int/News-room/Factshe>