INFORMATION NEEDS AND SEEKING BEHAVIOUR OF ORPHANS AND VULNERABLE CHILDREN AND THEIR CAREGIVERS, AND THE ROLE OF SERVICE PROVIDERS IN NAMIBIA

BY CHIKU MNUBI-MCHOMBU

Masters in Library and Information Studies (University of Botswana) 1996, Bachelors Degree in Accounting and Public Administration (University of Botswana) 1993, Diploma in Library Studies (University of Botswana) 1988, Certificate in Librarianship (Tanzania Library Services) 1981

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DECLARATION

I declare that this study, "The information needs and seeking behaviour of orphans and vulnerable children and their caregivers, and the role of service providers in Namibia", except where stated otherwise in the text, is my own work and has not been presented for the award of any degree at any other university. All the information from other sources has been acknowledged both in the text and in the references.

…… ……

CHIKU MNUBI –MCHOMBU **DATE**

APPROVAL

Signature…….. **Date……..**

PROMOTER
Professor Dennis N. Ocholla
Department of Information Studies
University of Zululand

Signature…….. Date……..
CO- PROMOTER Professor
Janneke Mostert Department of
Information Studies University of
Zululand

DEDICATION

- This dissertation is first and foremost dedicated to the Almighty God for giving me the strength, courage, determination and endurance to complete this work
- To my husband, Kingo Jotham Mchombu, and my children, Namsi and Tumaini Mchombu
- To my late parents, Mr Haji Mnubi and Mrs Masha Kilongi, for giving me the solid foundation from which I have carved my life, and who always had faith in me and never lived to see their dream come true
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ABSTRACT

In 2000, world leaders adopted the Millennium Development Goals (MDGs) which are aimed at, among other targets, halving extreme poverty and halting the spread of HIV/AIDS by the year 2015. The two MDG goals of eradicating extreme poverty and hunger and combating HIV/AIDS are relevant to the present study (National Planning Commission, Republic of Namibia, 2004:1). In 2001, the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS met to raise world leaders' awareness of the seriousness of the HIV/AIDS pandemic and also to get their support. One of the key recommendations of the conference was to strengthen the capacity of countries to protect orphans and vulnerable children (OVC) by ensuring access to essential services (Foster, Levine and Williamson, 2005:282; MoHSS, 2007c:6; MoHSS, 2007d: 2; MoHSS, 2008a:191).

The present study is set against this background. The purpose of this study was to investigate the information needs and seeking behaviour of OVC and caregivers, and to examine the role of service providers in disseminating information to OVC and caregivers in Namibia. Although several studies focusing on different aspects of the OVC situation have been done, the researcher could not identify any study that focused on the information needs and seeking behaviour of OVC and their caregivers in Namibia and how the two groups satisfy their information needs at present. In order to obtain data from the respondents, the study adopted qualitative and quantitative research methods for data collection. A questionnaire was mailed to the sampled service providers, while interviews were conducted with OVC and caregivers. Focus group discussions were also held with caregivers and key informants in order to explore the general attitudes, feelings, beliefs, experiences and reactions of the research population with respect to information needs and seeking behaviours. The study took place in the rural community of Ohangwena and the urban setting of Khomas. A total of 566 OVC, 70 caregivers, and 18 services providers from both regions took part in the study. A total of eleven focus group discussions took place; eight focus group discussions were held in Ohangwena, while three were in the Khomas region.

Both rural and urban OVC indicated that they needed information in order to access financial

assistance/grants, child care/support, feeding schemes, and health services. The most important information required, according to the OVC from Ohangwena, was information on school development fund exemption, financial assistance or grants, health services, child care/support and training opportunities. The OVC from Khomas had similar priorities with the exception of training opportunities, which was replaced with counselling. Both rural and urban OVC consulted relatives, teachers, and friends to satisfy their information needs, indicating that people were their most important source of information.

The findings from focus group discussions (FGDs) with caregivers and key informants indicated that there are disparities between rural and urban areas in terms of information access and use based on literacy and education. For example, the rural dwellers cited their need for information on educational support, psychological and counselling services, child care/support, and job opportunities. In the urban setting of Khomas, educational support and the establishment of small businesses featured as prominent needs. The FGDs revealed that the radio, traditional leaders, regional councillors, friends and relatives were the most important sources and channels of information in Ohangwena, while in Khomas, friends and relatives, community leaders, and regional councillors were the most popular channels. Social workers and the television were also popular channels in Khomas.

The findings of the study indicate that service providers provide a range of services to OVC and caregivers in both rural and urban areas. In the rural areas, the majority of the supporting organisations had health-related programmes focusing on feeding schemes and nutrition, and HIV/AIDS awareness. In urban areas, service providers provided psychosocial support, counselling, and resilience services.

The findings reveal that the majority of the service providers used community meetings and public forums to communicate their own information and to create awareness of their services in both regions. The channels that were most frequently used in Ohangwena were community meetings and open forums, while the use of volunteers featured prominently in Khomas.

The OVC and caregivers encountered various problems in accessing information, including: long distance to access information and services; language barrier for printed materials; shortage of service providers in rural areas; lack of coordination of service providers; and

bureaucratic red tape from government departments.

Major recommendations stemming from the study include: the need for service providers to provide clear information on how to access the different services that target OVC and caregivers; service providers should collaborate and use mass media channels to disseminate information; the need for a “one stop shop” where all information related to OVC services would be made available; and the need to provide information in local languages.

The study concluded that information provision is a crucial resource for OVC and caregivers because it helps them identify and take advantage of available services. Conversely, lack of information leads to the lower utilization of available services and increased poverty and disempowerment. Several recommendations are made on how to improve the flow of information to OVC and caregivers to help them easily locate and use facilities and services that have been set up for them either by the government, or by non-governmental organisations and other service providers. The study also proposes a model to improve the provision of information to OVC and caregivers in the two regions.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Anti-natal Clinic
ART	Antiretroviral Therapy
ARV	Antiretroviral
CAA	Catholic Aids Action
CACOC	Constituency Aids Coordinating Committee
CAFO	Church Alliance for Orphans
CBO	Community Based Organisations
DAPP	Development Aid from People to People (Namibia)
FBO	Faith Based Organisation
FGD	Focus Group Discussion
FREQ	Frequency
GRN	Government of the Republic of Namibia
HIV	Human Immunodeficiency Virus
LAC	Legal Assistance Centre
MBESC	Ministry of Basic Education, Sport and Culture
MDGs	Millennium Development Goals
MGECW	Ministry of Gender Equality and Child Welfare
MOE	Ministry of Education
MoHSS	Ministry of Health and Social Services
MTP	Medium Term Plan
MTPII	Second Medium Term Plan
MTPIII	Third Medium Term Plan
MWACW	Ministry of Women's Affairs and Child Welfare
NAC	National AIDS Committee
NACOP	National AIDS Control Programme
NANASO	Namibia Network of AIDS Service Organisations
NGO	Non-Governmental Organisation
NPC	National Planning Commission
N$	Namibia Dollars
OVC	Orphans and Vulnerable Children
RAC	Regional AIDS Coordinator

RACOC	Regional AIDS Coordinator Committee
STD	Sexually Transmitted Disease
TCE	Total Control of Epidemic (Programme used by DAPP)
TV	Television
UNAM	University of Namibia
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

Currency conversion: (Date of exchange rate= June 2008)

1 Namibian Dollar (N$) = 8 U$

1 Namibia Dollar (N$) = 1 South African Rand

DEFINITION OF KEYWORDS

Caregivers: These include foster parents, guardians, traditional leaders and institutions (children's homes)

Foster Care: Care of a maximum of six unrelated children in their own home by individuals or couples who are registered as foster parents

Information Need: Such a need arises when the amount of knowledge possessed by an individual is not sufficient

Information Seeking: Different methods used by individuals to acquire information

Information Source: The entity that provides information, such as a social worker, friend, newspaper, radio, TV (media from where a message originates), or institution

Kinship Care: Care provided to a child by the extended family, friends, or within the community network in the home of the caregiver/s

National HIV Sentinel Survey: A survey which is conducted on pregnant women who attend anti-natal care throughout the country every other year. The aim is to monitor prevalence trends over time

Orphans and Vulnerable Children: Any child under the age of 18 whose mother, father or both parents/primary caregiver has died, and/or is need of care and protection

Place of Safety: A children's home or foster care facility authorized to care for a child for a specific period on the basis of a court order

School Development Fund: A contribution parents made to schools to help with administrative costs. Education Act of 2001, section 5 provides that, the school board may levy annual fees on

learners or their parents or their parents or guardians a school development fund to assist the school with administrative costs

Service Providers: All agencies that provide support to OVC. Support includes food, grants, education, health, protection, shelter and psychosocial support

CHAPTER ONE

INTRODUCTION AND RESEARCH BACKGROUND

1.1. Introduction

This chapter introduces this study on the *"Information needs and seeking behaviour of orphans and vulnerable children and their caregivers, and the role of service providers in Namibia"* by providing the research background, problem statement, aim and objectives, significance, motivation, and the scope and limitations of the study, and concluding with how the thesis is organised.

1.2. Research background

The fact that information is vital to every individual, group or society cannot be disputed, as there can be little hope of resolving personal, economic, political, social, educational, and various other problems without it (Belshaw, 1965; McAnany, 1978). Some writers have gone so far as to argue that information should be regarded as a basic human need. Praverand (1980), for example, proposed that a basic minimum stock of information is required by all communities to function and survive, and the type of information that is required is based on both socio-economic and environmental factors. He concluded that information is the most basic of all basic human needs (Praverand, 1980:56). The 2003 World Summit on the Information Society (WIS, 2003:10) also reaffirmed the important role of information in human development. The Civil Society Declaration, which was made at the above conference, recognizes the critical role that information plays in the development of humankind. However, the Civil Society Forum also notes that there are numerous barriers to vulnerable groups' access to information in society based on economic, educational, technical, political and social grounds, such as ethnicity, age, and gender relations. Specific areas of the information needs identified include health information, education and basic literacy, sustainable development, and conflict management (World Summit on the Information Society, 2003:12).

The government of Namibia has also recognized that information is an important resource that should be utilized in all spheres of life (Ministry of Basic Education and Culture, Republic of Namibia, 1997). But despite this recognition, the information needs of people in general and children in particular are often ignored or addressed inadequately by a wide range of institutions and mass media channels, and even by families. By way of argument, one need look no further than the public library system, an organisation that is often overlooked in terms of information provision to children in Namibia. At the time of study, there were 64 public/community libraries spread across Namibia, and each branch had a section dedicated to children (Office of Prime Minister, Republic of Namibia, 2010:89). The problem, however, lies in Brown's (2003) observation that children have special information needs that cannot be met through traditional public libraries. This holds true for Namibia as well, particularly for OVC who have special information needs that require more specialized and tailor-made information services.

A brief overview of potential information providers shows that school libraries could be a major source of information to children (Kuhlthau, 1993; Brown, 2003), but this is based on the assumption that the country has a well developed network of school libraries, with one at every school. This is certainly not the case in Namibia. Most schools do not have a functioning school library, particularly at primary school level (Totemeyer, 1994:8; Education and Training Sector Improvement Programme, 2007).

Another point to consider is that while school libraries may be useful to children in general, they may not be that helpful to OVC (Mitchell, Nyakale and Oling, 2007; Hango, 2008; Sasman, 2008a). Many OVC are forced to work rather than attend school in order to survive, which denies them the chance to access the information that is availed through the school system (Block, 2008).

Mass media channels and sources of information are very popular and useful in both developed and developing countries. Newspapers, television and the radio are among the most popular sources of information, although they tend to offer only one-way communication (Feathers and Sturges, 1997; Metcalf & Akiiki, 2006; Hartford & Myers, 2007). Mchombu (1993) observed that most mass media channels in Southern Africa have shortcomings when it comes to

communicating information to rural and poor communities, with the exception of the radio which can successfully deliver development information if carefully managed.

One of the assumptions of this study was that family members would be an important source of information for children in general, and OVC in particular. Authors such as Chelton and Cool (2006), Agosto and Hughes-Hassell (2005), and Cole and Gardner (1979) have confirmed that family members and other people, such as guardians, may be used as sources of information because they are available when information is needed, and are considered to be more experienced and trustworthy by children.

Most studies and reports that emanate from Namibia and elsewhere on the needs of OVC do not seem to recognize the importance of information in addressing their plight. Kurewa (2000), for example, focused on basic needs such as food, clothing, shelter, and psychosocial needs, while Max-Neef (1991) grouped orphans into ten categories, highlighting subsistence requirements, protection, affection, participation, understanding, leisure, creativity, identity, freedom and spiritual sustenance. In both these studies, there is a striking absence of information needs.

The available evidence in Namibia suggests that while there are many organisations serving OVC and caregivers, there is very little information about their services trickling down to this group. Many of the OVC struggle to access government grants because together with their guardians, they don't know how. For example, they often fail to get government grants that target the poor because they lack information about the procedures that they need to follow (University of Cape Town and Children's Institute, 2006:8). In Namibia, it is government policy that OVC should be exempted from paying the school development fund, but often this exemption is not granted simply because the guardians and OVC were not aware of what they should do to claim the exemption. The irony is that OVC often drop out of school because they cannot afford the school development fund (Godana and Kalili, 2002:44). Lack of information on how the education system works often makes it difficult for elderly grandparents to intervene and protect their orphaned grandchildren in such cases (Barnett and Whiteside, 2006:225).

The question is why, despite all the apparent awareness and efforts, a viable information support system has not been set up to reach out to orphans and vulnerable children and their caregivers.

1.3. Statement of the problem

While various stakeholders attempt to meet the basic needs of orphans and vulnerable children and their caregivers in Namibia by providing shelter, food, uniforms, grants, etc., they still fail to provide adequate information on these and other services. Although there have been several studies focusing on different aspects of the OVC situation, no study has been done on the information needs and information seeking behaviour of OVC and their caregivers in Namibia and how the OVC satisfy their information needs at present.

This study sought to address this gap by examining the information needs and information seeking behaviour of OVC and their caregivers, and the information dissemination strategies of key stakeholders in meeting the information needs of OVC in Namibia.

1.4. Motivation of the study

This study was motivated by the following:

- The researcher attended a program on developing course materials, and subsequently developed a course reader on "The Impact of HIV/AIDS in Communities in 2002";
- The researcher participated in teaching the San community about the impact of HIV/AIDS on communities in 2002/3. A lot of issues were raised concerning orphans and vulnerable children;
- The researcher facilitated a Good Governance Workshop for traditional leaders across Namibia. The main task of the researcher was to sensitize traditional leaders on matters pertaining to HIV/AIDS and the role they could play in taking care of or supporting the OVC through their authority. A number of other issues were also raised, mainly around the lack of information on existing services and how to make use of these services as leaders and caregivers;

- The impact of HIV/AIDS has resulted in an escalating number of OVC in Namibia and a mushrooming of NGOs in order to respond to their needs. The government has also taken measures by introducing basic infrastructure to ensure that the needs of OVC are addressed, but it seems as if the information strategies that are used by all the contingents do not filter well to the intended population. Thus the researcher believes that if appropriate channels and sources were used, information would actually reach the target audience.

1.5. The aim of the study

The aim of the study was to determine the information needs and seeking behaviour of OVC and their caregivers, and to examine the role of service providers in disseminating information to OVC and caregivers in Namibia.

1.6. Objectives

The objectives of the study were as follows:

1.6.1 To establish the information needs of the OVC and their caregivers (institutional and non-institutional) and discover how they acquire information in Namibia.

1.6.2. To determine the channels and sources used to obtain information by OVC and their caregivers.

1.6.3. To explore the transfer of information by service providers.

1.6.4. To identify information gaps and suggest ways of addressing these information gaps.

1.6.5. To determine the impact and usefulness of different information sources and services.

1.6.6. To establish the problems that caregivers experience in accessing information, and the problems that service providers face in disseminating and sharing information.

1.6.7. To make recommendations and develop a model for the type of information system that needs to be in place in order to address the OVC and caregivers' situation in Namibia.

1.7. The research questions

The research questions were as follows:

1.7.1. Which type of information is required by OVC and their caregivers, and supplied by different agencies/service providers?

1.7.2. What channels and sources of communication do OVC and their caregivers use to get information and why do they prefer these channels?

1.7.3. How do OVC and caregivers access information?

1.7.4. How do service providers disseminate information?

1.7.5. What are the service providers' attitudes towards sharing information?

1.7.6. What channels of communication do service providers use to disseminate information?

1.7.7. Which information resources or services are useful to OVC and caregivers and why?

1.7.8. How well do service providers market their services?

1.7.9. What problems do the different parties experience when accessing information?

1.7.10. What mechanisms can be used to ensure that information is accessible?

1.8. Significance of the study

This study provides new data for the government of Namibia, non-governmental organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs) and community leaders to consider when making decisions about how to improve the services rendered to orphans and vulnerable children and their caregivers.

The study establishes what sources OVC and caregivers are currently using to search for information and what channels are used by service providers to disseminate information. This study is the first of its kind to determine the information seeking behaviour of orphans and vulnerable children and their caregivers and the disseminating strategies of service providers in Namibia.

The study will be useful to the government, OVC, caregivers and service providers, and to public libraries which may use the information to set up information centres and provide appropriate information on HIV/AIDS and how to support OVC. It is hoped that the study will be useful to library professionals who need to establish information centres on HIV/AIDS.

Students and researchers may also use the study as a starting point for other research focusing on OVC and caregivers and information support for HIV/AIDS prevention.

1.9. Scope and limitations of the study

Masabane (2002b) observed that the most affected areas by orphans and vulnerable children in Namibia were the four northern-central regions of Ohangwena, Oshikoto, Oshana and Omusati; the north-eastern Caprivi and Kavango regions; and Windhoek in the Khomas region in central Namibia. Masabane (2002b:2) found that the four north-central regions "generated" some 50% of all orphans and cared for over 60% of all orphans.

This study focused on two regions, namely Khomas (Windhoek, the capital city of Namibia) and Ohangwena. Due to time constraints, only a small sample of orphans and vulnerable children could be studied. However, given that Khomas and Ohangwena are among the most affected areas, the sample was expected to provide a fair representation of OVC in Namibia.

Purposive sampling was used because there was no sampling frame for OVC. Consequently, some vulnerable or orphans children may have been overlooked.

Data collection for this study necessitated the translation of the questionnaires from English to Oshiwambo, a language that is understood and spoken by most people in Northern Namibia. Limitations in the data collected may have occurred due to unintended errors in the translation from Oshiwambo to English or vice versa.

1.10. Organization of the thesis

Chapter 1: Introduction and research background. Chapter one provides background information on the research topic. The statement of the problem, motivation of the study, the aims and objectives, significance of the study, scope and limitations, and the research questions are provided. Assumptions of the study and the dissemination of research findings are also provided.

Chapter 2: Theoretical framework and literature review. The chapter presents an overview of the literature on information needs and information seeking behaviour, and the theoretical framework of this study. The review consists of a discussion of relevant studies on children's information needs and information seeking behaviour, as well as a brief historical background of orphans in Namibia. The final section consists of a brief overview of different information theories and models.

Chapter 3: Contextual setting. Chapter 3 provides a detailed description of the contextual setting of the study with respect to HIV/AIDS, OVC, caregivers, government policies, and service providers in Namibia.

Chapter 4: Research design and methodology. The methods used in a study are crucial to ensuring its success. It is also important to report the methods used in detail in order to prove the validity of the findings. This chapter discusses the qualitative and quantitative approaches, the survey method, the study population, the sampling methods, and the study's data collection instruments.

Chapter 5: Data presentation - main instrument. This chapter presents and analyses data obtained through interviews. It contains the responses of orphans and vulnerable children and caregivers from the regions of Ohangwena and Khomas.

Chapter 6: Data presentation - focus group discussions. This chapter presents and analyses data obtained through focus group discussions with caregivers and informants from both Ohangwena and Khomas.

Chapter 7: Data presentation - service providers. This chapter presents and analyses the questionnaire responses of the service providers.

Chapter 8: Discussion of the findings. Chapter 8 discusses the findings from the interviews, focus group discussions, and questionnaires. Information from the literature review is also included in the discussions.

Chapter 9: Summary, conclusion and recommendations. Chapter Nine provides the summary of findings, recommendations for further studies, and conclusion and recommendations based on the findings of the study. The main recommendations suggest how to model existing information services to enhance service delivery to orphans and vulnerable children and their caregivers in Namibia.

List of references: A full list of all the primary and secondary sources that were used in this paper. The Harvard (Author-Date) referencing style was used for printed and electronic sources.

Appendices: All relevant appendices are attached at the end of the paper.

1.11. Assumptions of the study

The study's main assumption was that orphans and vulnerable children (OVC) need information on various issues. While the government and various agencies provide information using different channels, it was believed that they may be using the wrong channels. It was further assumed that most orphans use other children as their main source of information.

1.12. Dissemination of research findings

Research results will be disseminated through this thesis, publication in journals, and through workshops, seminars, and conferences. In order to reach a wider audience, some research findings from this study have already been disseminated through peer-reviewed journals and workshops and conferences. These include:

Mnubi-Mchombu, C., Mostert, J. and Ocholla, D. 2009. Information Needs and Information-Seeking Behaviour of Orphans and Vulnerable Children and their Caregivers in Okahandja, Namibia. *African Journal of Library, Archives & Information Science*, 19 (1): 39-52

Mnubi-Mchombu, C. 2009. Access to Information by Orphans and Other Vulnerable Children in Ohangwena Region. In: Oliver Ruppel (ed) Children's Rights in Namibia. Windhoek: Macmillan Education Namibia, 363-374

Mnubi-Mchombu, C. and Mostert, J. 2010. The Information Needs and Seeking Behaviour of Caregivers in Namibia: a case study of the Ohangwena and Khomas Regions. Presented in a SCECSAL conference in Gaborone, Botswana on 8th December 2010

Mnubi-Mchombu, C. and Ocholla, D. 2011. **"**Information needs and seeking behaviour of orphans and vulnerable children, caregivers, and the role of service providers in Namibia: a case study of Ohangwena and Khomas regions**".** [Online]. Available: http://www.lis.uzulu.ac.za/2011/CMchombuDNOchollaProlissa%20March%202011.pdf [28 August 2011]

Mnubi-Mchombu, C. and Mostert, J. 2011. Information Seeking Behaviour of Orphans and Vulnerable Children and Caregivers in Namibia. *Library Review*, 6 (5): 396-408

Mnubi-Mchombu, C. and Mchombu, K. 2011. What role can public libraries play in providing information to women caregivers and orphans and vulnerable children (OVC) in Namibia? The paper was presented on the 16th August 2011, IFLA conference in Puerto Rico, San Juan. Available: http://conference.ifla.org/past/ifla77/150-mchombu-en.pdf [30 August 2011]

1.13. Summary

This study looks at the information needs and information seeking behaviour of orphans and vulnerable children (OVC) and their caregivers and the role of service providers in Namibia. This chapter briefly discussed: the statement of the research problem; motivation, aim and objectives of the study; research questions; significance of the study; scope and limitations; assumptions of the study; and the dissemination of research findings. The structure of the thesis was also provided.

The next chapter provides a literature review of relevant studies and the theoretical framework of the present study.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction

The previous chapter laid the foundation for this study by providing the research background, statement of the problem, research objectives, and significance of the study. This chapter reviews relevant literature and identifies a suitable theoretical framework for the study, followed by the review of several information behaviour models. The chapter presents literature on the theories of information needs and information seeking behaviour of orphans and vulnerable children and their caregivers; theoretical and conceptual frameworks; the origins of orphans in Africa and Namibia; access to information; and channels and sources of information. It also reviews literature on the role of service providers and the challenges they face in providing information to OVC and their caregivers, and concludes with a summary of the chapter.

2.1.1. Literature review definition

A literature review, according to Hart (1998:13), can be defined as the analysis of available documents (both published and unpublished, electronic and print) related to a given topic that contain information, ideas, data and evidence written from a particular standpoint to fulfil certain aims or express certain views on the nature of the topic and how it is to be investigated, and the effective evaluation of these documents in relation to the research problem. Kaniki (2002:1) notes that a research project does not exist in isolation, but must be built upon what has been done previously, and advices that before embarking on a research project, a researcher should review previous works in the field. In Kaniki's view, such a review often covers recently published research, but could also include a review of historical and oral material.

One of the goals of a literature review is to be able to succinctly summarize the state and range of discourse within the subject field (Rowley and Slack, 2004:31). A literature review also has other functions, such as supporting the research topic, formulating research questions or hypotheses, identifying knowledge gaps, and developing a research problem statement.

2.1.2. Brief exploration of literature on the information needs of OVC

Since the 1940s, a large number of studies have been published focusing on the information needs and information seeking behaviour of people (Jarvelin, 1987:18). The focus of earlier studies was on various user groups and the systems that supplied them with information. Such research traditions have been called the 'system-oriented paradigm'. Researchers in studies carried out throughout the 1970s and 80s, however, began to realize that information seeking and needs should go beyond the systems point of view and incorporate the user's perspective and a broader theoretical framework (Dervin and Nilan, 1986; Wilson, 1994).

Although there have been studies on children's information needs internationally (Kulthau, 1994; Walter, 1994) and a few in Africa (Totemeyer 1994), studies that address the information needs and information seeking behaviour of orphans and vulnerable children could not be identified through internet searches. This could partly be explained by the fact that the rapid growth of orphaned children is a recent phenomenon in sub-Saharan Africa, and a direct result of the burgeoning number of adult deaths brought on by the HIV/AIDS pandemic. Most of the orphaned children are forced to live under conditions of poverty, which implies that their information needs and seeking behaviour will be more geared towards day-to-day survival.

General studies that exist on the needs of orphans and vulnerable children have highlighted a number of dimensions to these children's situation. For example, there are studies that address the origins and extent of orphanhood. These studies attempt to investigate the origins of orphanhood in Africa, and how to address the children's need for care and support (Smith and Ogojoi, 2006; UNICEF, 2005a). Then there are studies that seek to understand how orphaned children and their caretakers survive and overcome challenges, including the challenges of education (Meintjes et al., 2007; UNICEF, 2005a; Sloth-Nielsen, 2004). There are also studies that reflect some aspects of the information needs and information seeking behaviour of orphans and their caregivers. These studies often have information needs and seeking embedded within other broader needs (Haihambo et al., 2004; Kurewa, 2000; Max-Neef et al., 1991).

Studies that address orphanhood, how children and caretakers survive, and their information needs and information seeking behaviour, make up the majority of the reviewed literature in this chapter. The reviewed literature will show how various studies present these issues, and the methods that they used to explore the identified themes. All the studies are critically analysed in relation to the present study.

2.2. Theoretical and conceptual framework

Several models focusing on information needs and information seeking behaviour in the last three decades are reviewed here, specifically models by Dervin (1986), Ellis (1989), Wilson (1981, 1997, 1999), Krikelas (1983), and Kuhlthau (1991). These models provide a strong foundation for studying information needs and information seeking behaviour and are relevant to the information seeking behaviour of OVC, caregivers, and service providers. Jarvelin and Wilson (2003:3) explain that models help researchers formulate hypotheses and theories by identifying the problems at hand.

Dervin's 1986 Sense-Making theory explains how human beings make sense of or derive meaning from information. This theory purports that an individual searches for information because they feel unease, experience a sense of having a gap in their knowledge, or simply because of excitement or eagerness about a situation. It holds that the recipient's attempts to make sense of the world lead to a more accurate picture of when and how messages are received or not received. Tidline (2005:113) observes that the Sense-Making theory is a good example of a model that shifted research focus from information sources to information users, and this shift created newer and better information seeking and behavioural models.

Ellis's (1989) model, on the other hand, claims that information seeking consists of the following:

- Starting: The seeker starts to search for information, e.g. by asking a colleague or initiating a search online for information on a new topic.

- Chaining: Tracing footnotes and references in known material or in material discovered in the first stage.
- Browsing: Semi-structured searching, where the researcher browses the results of the information obtained and starts focusing on specific subject areas, like browsing through a table of contents of relevant journals or databases.
- Differentiating: Filtering the information obtained to identify the most suitable sources based on previous research.
- Monitoring: For people who are doing research, it is important to get updated information in the field of interest. This can be obtained through colleagues and discussion groups like list serve**.**
- Extracting: Identifying and selecting relevant material from different sources.
- Verifying: Checking the accuracy of information.
- Ending: Winding up the search.

In Ellis's model, the interaction and overlap of the stages will depend on the information seeking activities of the individual. However, this model mostly helps to provide an explanation for information seeking behaviour in the context of the library, and may not apply in a non-library context (Jarvelin and Wilson, 2003:26; Rowley and Hartley, 2008:104).

Krikelas's (2005:228) model of Information-Seeking Behaviour, on the other hand, was developed in order to unify the field of user studies in library and information science research. Another aim was to differentiate between the research in information utilisation studies and user studies. He suggests other possible sources of information, including personal memory, interpersonal communication, individual impressions, and observations. This means that to some extent, the information seeker defines what information is. His model is based on three activities, namely information gathering, information seeking, and information giving. To differentiate between these activities, Krikelas introduced the concept of the information gap. He defines 'information need' as a state of uncertainty or gap faced by the individual, and makes a distinction between two types of needs, namely immediate and deferred needs. Information seeking is the response to immediate information needs.

Another theory is Kuhlthau's (1991) Search Process, which depicts information seeking as a process of construction. In this model, the information seeking process is described as consisting of six stages: i) The awareness that there is a need for information; ii) The individual looks for information to fill the gap, or as stated by Kingrey (2002:2), the individual ascertains his/her information need in relation to the topic; iii) The information seeker may face inconsistency, confusion and possible incompatible infusion; iv) The information seeker becomes more focused and his/her confidence increases; v) The information seeker gathers and reviews relevant information, and uncertainty subsides as the project becomes more focused; and vi) The last stage is presentation, which completes the search. The information seeker displays or presents the results based on the new knowledge that he/she has acquired (Kuhlthau, 2006:231).

The Search Process model is based on four criteria, namely task, time, interest, and availability. The information seeker has a task to complete on a topic that he/she is interested in, within a certain time frame and based on the information available.

Wilson's model of Information Seeking Behaviour was developed over a considerable period of time, with the earliest versions published in 1981. The model consists of 12 components that represent the information seeking process. These components are: information user, need, satisfaction or dissatisfaction, information use, information seeking behaviour, demand on the information system or other information sources, success or failure, information transfer, other people, and information exchange. The model is based on two basic assumptions, namely:

1. That the information need is not a primary need but a secondary one that arises out of other basic needs that stem from an individual's work, life, or external environment.
2. In the process of searching for information to satisfy a need, the information seeker is likely to encounter different barriers or personal, interpersonal or environmental challenges which can lead to success or failure, and the degree to which the need is addressed or satisfied (Case, 2002:117; Palsdottir, 2010:226).

Basic needs are described as physiological, cognitive or affective. According to Wilson (2005:31), the model consists of:

a) The information seeker
b) The system employed or intermediary that the person uses to search for information
c) The information resources which might be used by the information seeker to get the information. The model therefore underscores the importance of the personal and social role and the environment that stimulates the need for information

Wilson's models (earlier and later versions) are known for being simple to understand and form the basis of education and training on information seeking behaviour (Bawden, 2006:673). However, one of the weaknesses of the 1981 model was that all the hypotheses were implicit, and not made explicit (Wilson, 1999). The earlier models also assumed that failure to get information was a dead end and did not include "feedback" on whether the information seekers' needs were satisfied. Furthermore, the earlier model failed to make reference to documents and ignored the characteristics of the source and personal preferences of the individual (Case, 2002:118 and 128; Lee, Theng and Goh, 2005:465)

As indicated above, the Wilson model has undergone an evolution from its earlier versions. Wilson's 1996 model provided a major revision to his 1981 model, and the changes were partly based on research from a variety of fields other than information science. The barriers to information access, for example, are represented as intervening variables (their impact may support or prevent information use). On the other hand, information seeking behaviour is identified, as Wilson indicated (1999) in the previous model, as focused on an active search. In order for information needs to be satisfied, he suggested three theoretical ideas, the first being the stress/coping theory, which explains why some needs do not activate information seeking behaviour. The second idea is the risk/reward theory, which explains why some sources are preferred more than others by information seekers. The third is the concept of self-efficacy from the social learning theory, which advocates that a

person can successfully implement the behaviour required to produce the desired outcome through social learning (Wilson, 1999).

Wilson's 1996 model and later versions became more influential because he incorporated other theoretical models of behaviour. He focused on how people seek and make use of information as well as the channels used and what encourages or discourages the information seeker from using information. Furthermore, the model points to personal, social, environmental, and situational and source characteristics as intervening factors that affect the information behaviour. Thus, for example, the stress or coping theory from psychology was incorporated to attempt to explain the likely activating mechanism that forces an individual to search for information and to offer possible explanations as to why some needs do not invoke information–seeking behaviour. According to Louw and Edwards (1997:609), stress reveals itself through an individual's bodily processes or psychological reactions in response to environmental activities called 'stressors'. In contrast, McCormick and Barnett (2011:278) define stress as merely an inherent condition of an individual's experience. Human beings are often exposed to different circumstances that place demands on them. They can cope to a certain level, but if that level is exceeded, they become stressed. Both sets of authors have acknowledged that individual differences in coping with stress certainly exist, and that coping with stress is the effort that an individual undertakes, either consciously or unconsciously, in order to prevent or reduce it.

The second theory, the risk/reward theory, may help to explain why some sources of information may be used more than others by an individual, while the social learning theory, which Bandura (1977:192) and Wilson (2005:31) define as 'self efficacy', refers to the conviction that a person can successfully execute the behaviour needed to produce the required outcomes, or the extent to which we believe that we have the resources and skills to cope with a given situation.

Wilson's model provides a way to analyze various factors that prevent people from seeking information and explains why people take action. It is essentially based on the following:

a) The context of the information need;

b) The activating mechanism;
c) The intervening variables - the variables may be supportive of information use or preventive, for example: psychological – curiosity; demographic background - education, age; social or interpersonal - whether a person is acting as a manager or a mother; environmental - resources available; and source characteristics - accessibility and credibility;
d) Activation mechanism - this explains why some sources are used more than others because of the perceived risk or rewards: and
e) The information seeking behaviour consists of four modes which include: passive attention, passive search, active search, and ongoing search. The different modes can be summed up into two main groups: passive involvement and active involvement in seeking information.

According to Case (2002:128), Wilson's model is a general one and incorporates aspects from both Ellis's behavioural characteristics of information seeking and Dervin's (1996) Sense-Making theory, especially in dealing with the perception of the need for information. Thus, Wilson's model attempts to incorporate other human information behaviour models and environment in order to show how they overlap. Wilson's 1999 Model of Information Behaviour has been applied in various studies, including a study on the "Access and use of agricultural information and knowledge in Tanzania" (Lwoga, Stilwell and Ngulube, 2011); a study on "Needs and seeking behaviour of parliamentarians in South Africa" (Mostert and Ocholla, 2005); and "Information needs and seeking behaviour of artisan fishermen in Uganda" (Ikoja-Odongo and Ocholla, 2003). The current study will also adopt Wilson's model of 1999 to provide a framework for understanding how the information needs of OVC and caregivers invoke information seeking behaviour in Namibia.

To sum up, section 2.2 has reviewed a few well known information seeking and information behaviour models, specifically Krikelas (1983), Kuhlthau (1991), Dervin (1986), Ellis (1989), and Wilson (1981,1996, 1999 and 2005). Although any of these models could have provided a strong foundation for this study on the information needs and information seeking behaviour of OVC and caregivers and the role of service providers, the Wilson model seems to be more robust and has been used successfully by other researchers, and hence was selected as the theoretical framework of the present study.

2.3. Information needs

This section begins by clarifying the meaning of information before discussing information needs. In a benchmark article that surveyed research on information needs, Dervin and Nilan (1986) established that information could be defined in accordance with two paradigms, namely traditional and alternative. The traditional paradigm perceives information to be an objective commodity and users as processors of information. This definition focuses on information use as observable behaviour; the use of existing information systems. The alternative paradigm focuses on information as a social construct, whereby people need information, from whatever source, to make sense of specific situations and to solve problems.

Marchionini (1995:5) and Faibisoff and Ely (1976:2) define information as data that is used to resolve uncertainties or reduce uncertainty, and is used by individuals to achieve specific goals. McCreadie and Rice (1999:44), in turn, define information as a physical commodity that is produced, purchased, replicated, distributed, manipulated, passed along, controlled, traded and sold. In comparison, Wilson (2006:659) views information as a physical entity or phenomenon, utilized as the channel of communication through which messages are transferred, or the factual data that is empirically determined and presented in a document or transmitted orally.

Another old but still relevant definition stems from Chen and Hernon (1982), who describe information needs broadly to include knowledge, ideas, facts, data, and imaginative works of mind, which may be communicated formally or informally in various formats. Significantly, the authors note that information needs occur when people find themselves in situations that require additional knowledge for the resolution of a problem. Dervin (1989:77) also specifies that an information need occurs when a person faces an impediment that prevents the individual from moving forward. This barrier becomes a "cognitive gap" that must be bridged as it arises out of a concrete and specific situation, and can only be addressed by "asking questions, creating ideas, and obtaining resources".

In her Sense Making Theory, Dervin (1992:303) suggests that individuals experience information needs when they are faced with gaps in their existing knowledge or when they need to make sense of a situation, whereas Shenton (2004a) argues that information needs occur when help is needed, when there is a lack of understanding, or when an individual has to make decisions. Information needs also occur when one experiences anxiety or feels an urge to learn (Shenton, 2004a:370).

According to Grunig (1989:209), information needs can typically be described as an inner motivational state. This inner state may include things like wanting, fearing, believing or expecting something (Searle, 1983; Liebnau & Backhouse, 1990).

On the other hand, Kuhlthau (1993:340), Walter (1994:113) Marchionini (1995:5), and Shenton and Dixon (2003:220), define an information need as a requirement that drives people to search for information. Thus, an information need evolves from the awareness that something is missing, which necessitates the search for information that might contribute to understanding or filling the knowledge gap (Walter, 1994:113; Marchionini, 1995:5; Shenton and Dixon, 2003:220; Ikoja–Odongo and Mostert, 2006:147; Rowley and Hartley, 2008:105).

In his write-up on models of information, Green (1990:66) has argued that there is a need to distinguish between information needs, wants and demands. According to Green, a need is what is necessary, although there may not be self-awareness of the need. In contrast, a *want* is what the individual actively feels they should have, while a *demand* is when a *want* is translated into an active search for information. Green concludes that the above distinction is important for children's information needs as they often lack the ability to articulate many of their most pressing information needs, until adults articulate these needs on their behalf.

A proposal has also been made, when discussing information needs, to distinguish between secondary and primary order needs because information needs are only a means to an end, and not the ultimate goal. Wilson (1981:4) highlights the difficulties of defining information needs because information is not a 'final' need, such as the need for shelter or food, but rather a secondary order need that arises out of the desire to satisfy a primary need.

Loucaides (1995:4) compares knowledge with information, and argues that knowledge cannot and should not be the monopoly of the few; it is a wealth that must be available to everybody. Those who lack knowledge are seen to always be victims of those who know; victims of deceit and distortion of facts; and victims of irrationality because undoubtedly every person who is ill-informed cannot think correctly. Loucaides further notes that knowledge is not only necessary to enable man to satisfy his/her personal needs, but also to enable him/her to make decisions and participate in public affairs. The right to information is also a prerequisite for the effective defence of all human rights (Loucaides, 1995:4), and should therefore be extended to vulnerable groups such as OVC and caregivers.

Information is a very important individual and national resource that is utilized in all spheres of life, as noted in the Information Policy of Namibia. No modern economy or society can function without the reliable flow of quality information. Hence information is necessary to empower communities in order for them to participate in the democratic process (Ministry of Basic Education and Culture, Republic of Namibia, 1997:1). For the purposes of this study, the empowerment of communities refers to the empowerment of OVC and caregivers in order to improve their lives.

2.3.1. Information needs and HIV/AIDS prevention

Although this study's focus is on OVC in general and not on HIV/AIDS, the pandemic has led to an explosion in the population of orphans. Most OVC have lost one or both parents to HIV/AIDS. In some cases, the children may also be suffering or affected in other ways by the pandemic. It is therefore necessary to briefly review studies that highlight information needs in the context of HIV/AIDS.

Van Beelen (2008:5) notes that it is important to provide the right information on how HIV is transmitted and to discuss different types of interventions. This helps to reduce the stigma, fear, and anxiety that the pandemic instils in societies. A study in neighbouring Botswana found that because of the stigma and discrimination directed towards HIV/AIDS sufferers and caregivers,

some caregivers were hiding their wards by taking them to service providers that were far away from their villages (Kang'ethe, 2010:198). Ward and Mendelsohn (2008:4) likewise identified high levels of stigma and discrimination in their study in Namibia; it was difficult for HIV-positive learners to access ARVs due to fear of stigma and intolerant attitudes at school.

Prevention interventions are very important to young people as they control the spread of HIV/AIDS and reduce young people's vulnerability and risk. A study by UNICEF (2006c) on HIV/AIDS knowledge, attitudes, practices, and behaviour was conducted in the three northern regions of Namibia (Kavango, Omaheke and Ohangwena). It was reported that children aged between 10 to 14 years old were aware of HIV and AIDS, but knowledge of preventive strategies was quite low (UNICEF, 2006c:4).

Usdin (2003) describes Uganda's success story with respect to reducing HIV infection rates, attributed in a large way to open talks about sex. He argues that effective measures to protect children include access to information and programmes at the right time to help them make the right decisions. Such information includes information about contraception, gender, HIV/AIDS and sex; all very crucial to building life skills amongst the youth (Usdin, 2003:131). Levels of knowledge about HIV/AIDS are often quite low among children. A Namibian example would be a story of a seventeen year old boy from Ohangwena who thought that people get HIV from dog bites. He decided to join a youth club (organized by an NGO called Development Aid from People to People in Ohangwena) to get the truth about the causes of AIDS and how to protect himself (The Namibian, 2010:5). This is a good example of how information can be used to create HIV/AIDS awareness among the youth.

A study by Save the Children Fund (2006) found that the need for HIV/AIDS information may also have a strong gender dimension. Women and girls are more vulnerable to HIV/AIDS for a number of reasons. For one, young women are often not given the information they need regarding HIV and sexual activity as these subjects are considered taboo (Save the Children Fund, 2006:3). This is supported by Manda (2006:502), who observed that because of women's low socio-economic status in most rural African societies, they do not have sufficient access to

accurate information on HIV/AIDS transmission, prevention, and diagnosis and treatment services.

A study on the needs of AIDS orphans in Namibia claims to have identified two categories of needs among orphans, namely social and psychological needs. According to Kurewa (2000), social needs include food, clothing, shelter and blankets, in other words the essential necessities for day-to-day survival. Psychological needs include the need for counselling due to the emotional challenges faced by orphans, the need for love, respect and acceptance by the community, and the need to belong (Kurewa, 2000:81). Although Kurewa's study was not specific to information needs, it does have major implications on the information that is necessary to address basic social needs and to locate providers of psychosocial and counselling services.

2.3.2. Information needs for survival

Kurewa's (2000) social needs relate to livelihoods and the difficulties of making ends meet. Muela (2005) discusses the need to provide people with community-based information services in order to help them with their daily needs and issues. The author identifies two critical areas of importance, namely survival information, which encapsulates health, housing, income, legal protection, political rights, etc.; and citizen action information, which is required by people to participate in decision-making processes. The author recognizes that public libraries have not been successful in addressing this type of information need, and makes proposals on a new and expanded role for public libraries (Muela, 2005).

Another general study on the needs of orphans by Max-Neef et al. (1991:32) has suggested that it is possible to group children's needs into the following ten categories:

1. Subsistence requirements – includes the provision of water, food and shelter for survival;
2. Protection needs – psychosocial and safety support and basic health support;
3. Affection – refers to parental and family love and emotional affection, nurturing, intimate relationships with others, friendships and peer support;
4. Participation – includes participation or taking part in home, school, community and church activities, and having friends;

5. Understanding – the ability to develop the capacity for curiosity, intuition and critical thinking;
6. Leisure – the opportunity to rest and relax;
7. Creation – being productive and creative; having the ability and skills to create something;
8. Identity – self-esteem; sense of belongingness and value we place on ourselves;
9. Freedom – the right to choose and autonomy; and
10. Transcendence - the belief that we are part of something bigger than ourselves and that the world extends beyond physical reality.

Max-Neef et al.'s (1991) study did not identify information needs directly, but identified broader human needs for survival. This study attempted to establish what the information implications are on orphans and vulnerable children and their caregivers arising from these survival needs.

In a study by Brown (2003), she concluded that children have special information needs that cannot be met by the services that are traditionally offered by public libraries. She also noted that it is important to understand the different developmental stages of the child, and how these stages affect their information needs (Brown, 2003:1).

2.3.2.1. Growth stages of children

A number of authors have noted that the growth stages of children influence their information needs. A child's social, emotional, and personal development is influenced by a number of factors. These include their emotional relationships with others, the influence of their parents, and the influence of their peer group. Louw and Edwards (1998:498) note that if positive, these factors are important in the healthy growth of a child.

Erik Ericson's psychosocial theory, as quoted in Louw and Edwards (1998:498), has divided human development into eight stages. At each stage, an individual has to deal with different psychosocial crises. The first year of life is characterised by trust versus mistrust. At this stage, babies are entirely dependent on others for their needs. When their needs are met, they view their

environment to be safe and trustworthy. The second stage pits autonomy versus shame and doubt. Children start to do things independently, leading to risk of failure. In cases where they fail and are belittled, shame and self-doubt may develop.

Stage three occurs at around the age of five, and is characterised by initiative versus guilt. Children start to socialise and explore their environment, and parents need to support them while being firm at the same time so that children can continue to explore but also learn to respect the rights of others. Six years to puberty is dominated by industry versus guilt. At this stage, the child is curious and shows an eagerness to learn. If the child is successful and manages to learn, they are likely to develop feelings of efficiency, but if they fail, they may develop feelings of guilt.

Adolescence is characterised by identity versus isolation. The child feels unique, with their own identity and value system. When this development fails to take place, s/he may become insecure.

The final stage is early adulthood, signified by intimacy versus isolation. All the psychosocial crises are connected to the needs of the child as he/she develops into adulthood. Young adults try to form relationships with other persons. If the relationships fail, they may become insecure. The last two stages are middle adulthood and late adulthood. These stages are characterised by growth versus stagnation and integrity versus despair respectively.

For the purposes of this study, an information need is defined a situation that arises when an orphan or caregiver encounters a problem, such as the need for financial support, but does not have enough information to deal with the situation. The reviewed literature would seem to indicate several broad categories of information needs based on other more fundamental needs, namely basic social needs, psychosocial needs, and survival needs of the OVC. The stages of growth of children also seem to play an influential role in the information needs of OVC.

2.3.3. Information seeking behaviour

There are many definitions of information seeking behaviour. Wilson (2000:49) describes information seeking behaviour as the purposive search for information as a result of the need to

satisfy some goal. Ellis (1997:216) defines information seeking behaviour as "the complex patterns of actions and interactions which people engage in when seeking information of whatever kind and for whatever purpose".

Chen and Hernon (1982:6) have described information seeking behaviour as "the paths pursued by individuals in the attempt to resolve an information need". According to Wilson (1977:36) and McKenzie (2003:19), people frequently discover information in everyday life while browsing through a magazine or watching television, without the direct intention of finding specific information. Wilson (1999:262) defines 'information seeking behaviour' as a subset of a field particularly concerned with the variety of methods people employ to discover and access information resources. Thus some researchers, including Savolainen (1995:269) and McKenzie (2003:19), have now started to focus on both everyday information seeking behaviour, and on forms of information behaviour that do not involve active or purposeful information seeking on the part of the individual.

Wilson (2006:661) explains that an information user can use various sources of information to satisfy his or her information needs. For example, they can use their colleagues in an organisation, or an information system with a mediator (this can be a human being or technology-based artefact, like a computer terminal). The mediator can use different strategies to satisfy the needs of the information seeker. The technology-based medium, on the other hand, can be used on behalf of either the information seeker or the mediator to search for information. An example of this is the use of electronic databases or files in order to get information.

2.3.3.1. Information seeking behaviour of OVC

As indicated above, information seeking behaviour can be defined as the way that people search for or look for information, and the way that they make use of that information. Boyd (2004:82) concludes that there are four factors that influence a person's search for information, namely: the information that a person has access to; the information that the person receives; the source of information used; and the information-seeker's understanding of the information. Each of these factors influences the information seeker's behaviour. The author proposes a model where the

information seeking process becomes diversified when an information seeker uses different sources for different needs.

Age also plays an important role in the search for information. For example, young people may prefer to consult friends while older people may prefer more formal sources of information (Boyd, 2004:82). Shenton and Dixon (2003), Wray and Lewis (1992), and Cole and Garner (1979) found that youngsters often relied on other people as their main source of information. Many other researchers (Agosto and Huges-Hassell, 2005; Latrobe and Havener, 1997; Pitts, 1994; and Poston-Anderson & Edwards, 1993) have shown young people to successfully use other people as sources of information. Latrobe and Havener (1997:188) have drawn attention to the types of people consulted by young people for information, and found them to include parents, teachers and peers. Latrobe and Havener (1997:190), Agosto and Huges-Hassell (2005:145), Chelton and Cool (2006:3) all concluded that people are used as sources of information because: they are available when the information is needed; they can relate to the situation of the youngsters; and the people approached are considered to be more experienced than the information seekers.

The preference of young people for informal information sources over formal information sources was also observed among young people in Canada. Silvio (2006) found that immigrant youths in Canada required health information, specifically information on the health system in Canada, how to find a family doctor, and where to get the best treatment for different ailments. He observed that the youth preferred informal information sources to formal channels (Silvio, 2006:264). Silvio's demographic group bears certain resemblances to the research population in the present study. One of the aims of this study was to determine if orphans and vulnerable children in Namibia also prefer the use of informal sources over formal sources.

There have been a few explanations as to why young people rely heavily on other people as a source of information. Julien (1999:38), Branch (2003:50), and Valenza (2006:21) argue that young people lack information seeking strategies and awareness of different sources of information. These researchers found that too many sources confuse information seekers, and suggest that librarians can play an important role in promoting awareness of different sources.

Branch (2003:47) also emphasizes the need for instructional intervention to support and improve the information seeking behaviour of the youth.

Many earlier studies on the information seeking behaviour of young people often focused on the academic context, which involves school curriculum projects or school assignments (McGregor, 1993; Pitts, 1994; Gordon, 1996; Cooper, 2002), while other researchers concentrated on information retrieval in the context of IT, such as the internet or electronic information resources, as was the case with Eyre (2001), Bilal (2002), and Pickard and Dixon (2004). However, most of these studies were done in developed countries. Research on information seeking that is non-school related is scarce in developing countries. A few researchers have conducted research on school projects and information retrieval with respect to IT, like Latrobe and Havener (1997) and Shenton (2004b), but no research has been done on the information seeking behaviour of orphans and vulnerable children (OVC) in Africa.

The studies discussed in this section focused on young people who were in the same age group as the OVC in this study. The common trend noted is that young people prefer to use people, i.e. parents, teachers and peers, as their primary sources of information. However, most of these studies were conducted in developed countries, so there was an expectation that their findings might differ from findings in Namibia because the information environment and contexts are different.

2.4. Information needs of caregivers (institutional and non-institutional)

2.4.1. Caregivers

Goodman, Potts and Pasztor (2007:428) define caregivers, such as grandparents, uncles or siblings who take care of their younger family members, as part of 'kinship care'. This definition is supported by the Ministry of Gender Equality and Child Welfare (2008b:vi), which distinguishes between informal care and formal care. Informal care refers to a child taken care of by relatives or friends. Formal care, on the other hand, is provided in a residential environment or in private facilities as a result of administrative or judicial measures (Ministry of Gender Equality and Child Welfare, Republic of Namibia, 2008b: vi).

In this study, the term 'caregiver' is the comprehensive terminology used to refer to any person or institution that takes care of OVC in a given community. Skinner et al. (2004:13) use the same term to refer to a person who provides all aspects of care and is responsible for the child under their care. These persons can be extended family members, traditional leaders, NGOs, CBOs, FBOs, teachers, social workers, community members, church members, political leaders, and so on.

The health and wellbeing of OVC depends on their caregivers. Van Dyk (2005:323) defines caregivers in the context of HIV/AIDS as anyone involved in taking care of the physical, psychological, emotional and/or spiritual needs of a person infected or affected by HIV/AIDS. Researchers (Foster, 2004:64; Barnett and Whiteside, 2006:227) have suggested that the first line of support for vulnerable children is their family, including the extended family and distant relatives, while households that struggle to meet the needs of vulnerable children may be assisted by other members of their community. These informal safety-nets are responsible for the care and support of the majority of vulnerable children in Southern Africa. Formal mechanisms, such as those provided by the government and civil society, also provide services, particularly to children living in situations of extreme vulnerability (Foster, 2004:64; Barnett and Whiteside, 2006:227). One of the objectives of this study was therefore to find out whether OVC and caregivers are interested in information relating to the availability of different care facilities and strategies for OVC support in Namibia.

Examples of caregivers at family level include women and grandparents. Edwards-Jauch (2010:39) found that in Namibia, more female-headed households take care of OVC than male-headed households. Children are generally being circumstantially forced to carry the burden of caring for their sick parents or siblings as well (child-headed households, mainly girls). Uys and Cameron (2003:176) noted that children assume adult responsibilities prematurely.

Recruited and trained volunteers and informal volunteers in the community also pose as caregivers. Examples of informal volunteers include friends, neighbours and church members. There are also healthcare professionals such as nurses and welfare workers who work with AIDS patients in hospitals and clinics or on a homecare basis.

Given that the majority of OVC are young and often still in school, it comes as little surprise that teachers play an important role in caring for orphans and vulnerable children. As noted by De Witt (2007:75) and Sasman (2008a:6), in the absence of parents, teachers have to steer the learners into adulthood and instil some semblance of discipline. They also sometimes see to other needs, such as ensuring that children eat by preparing meals for them. Above all, teachers are an important source of information to the children under the care of the school, and they need to be informed about different service providers in order to be able to transfer this information to the OVC in their schools.

Factual information is very important because it equips an individual with the power to choose and to make informed decisions and fight for their rights. A study in Botswana on caregivers found that caregivers who were not aware of different service providers were denied their right to make choices and use services that would help them (Kange'the, 2010:197). De Witt (2007:77), Booysen and Arntz (2002:181), and Van der Brug (2007:47) all found that caregivers generally lack information about orphanhood, and cannot address the socio-emotional and educational needs of the children.

Bray (2002:13) focused on child wellbeing in South Africa, and found that significant numbers of caregivers were not receiving the social grants that targeted them, especially if they were from poorer rural areas.

Grandparents are forced to care for their grandchildren with meagre pensions that they use to pay for uniforms, food, healthcare, and school development funds. According to the National Pension Act 10 of 1992, all Namibian citizens and permanent residents who are 60 or older are entitled to apply for an Old Age Grant which, at the time of study, was N$550.00 (equivalent to U$73.00

per month). In most cases, grandparents lack adequate information on how to access government services that are aimed at OVC and caregivers.

Caregivers who are sick, stressed, or poor directly affect the wellbeing of the dependent OVC. A study by Goodman, Potts and Pasztor (2007:429) suggests that because of their age, grandparents are faced with twice the challenges, especially if, as is often the case, the grandchildren suffer from health and/or behavioural issues. Training caregivers could help to improve the quality of the life of OVC. This is particularly the case when caregivers are too young or too old to properly care for the orphaned children.

As mentioned earlier, a study by Haihambo et al. (2004) revealed that there was a need for basic survival essentials, such as food, shelter, blankets, school uniforms and clothes. This translates to the need to increase income levels, address psychological needs, and to improve living conditions (Haihambo et al., 2004:38). The findings of Haihambo et al. imply that survival information is essential, even though the authors did not set out to establish the information needs of caregivers.

Kumar and Pani (2001:20) identified the following needs: basic knowledge of HIV/AIDS; children's emotional needs and how to address them; health problems - symptoms and signs of medical problems; nutritional requirements; methods to combat stigma and discrimination directed at the child or family; and how to access different services such as grants, identification documents, and counselling (Kumar and Pani, 2001:20).

Phiri and Tolfree (2005:19) found that caregivers often need to obtain support through community-managed child centres, income generating activities, spiritual and emotional support, material support, community vegetable or nutritional gardens, and referral services. With this in mind, this study aimed to establish whether the caregivers had any interest in information that would help them to set up such activities or gain more information about similar activities.

Rose and Clark-Alexander (1998) suggested that more studies are necessary to identify the information needs of caregivers and their coping styles, and different methods of providing care and support. Perhaps due to lack of information and feelings of helplessness, Rose and Clark-Alexander (1998:62) found that eighty percent of their research population used prayer as their main coping mechanism.

2.5. Access to information

A study by Elisa (2004) on how the youth access information material on HIV/AIDS in Malawi revealed that although the youth had access to HIV/AIDS information, their level of knowledge was low, and the majority lacked detailed knowledge about the pandemic. The author also found that some traditions in Malawi contributed to the spread of the disease. On the campaign side, the study's main findings were that (at the time) the campaign was top down and failed to incorporate youth behaviour and their lifestyles in its messages. It was suggested that in order for the campaign to be effective, it needed to incorporate information about youth behaviour, and the youth also needed to participate in designing the campaign materials (Elisa, 2004: 6).

The University of Cape Town's Children's Institute (2006:8) found that many families in South Africa struggled to access government grants that were created to help poor families because the family members did not know about the grants, lacked the necessary documents, or could not get to the welfare offices (University of Cape Town and Children's Institute, 2006:8). This shows that there is a lack of access to appropriate information on where and how to obtain government grants.

Goodman, Potts and Pasztor (2007:429) found that grandparents faced a number of challenges that prohibited them from accessing services, such as work responsibilities, poor health conditions, and lack of knowledge about programmes. Barnett and Whiteside (2006:225) also noted that grandparents were often ignorant or lacked the energy to go to school and defend their wards, or at least enable the children to get a fair hearing in cases involving insubordination.

A study on school development fund exemptions for OVC in Namibia suggested that an extensive awareness campaign was necessary to inform and educate parents who cannot afford to pay the school development fund. The authors found that the exemptions were done discretely without arousing the attention of other parents/caregivers**.** Furthermore, very few schools had clear procedures on how to exempt orphans (Godana and Kalili, 2002:44). Although the study took place a while back and there are new policies in place to rectify the situation, some schools are still following the same old practices.

Another study in Namibia has suggested that children who are out of school need to be supported with information on how to initiate their own income generating activities (Ministry of Health and Social Sciences, Republic of Namibia, 2010b:76).

2.5.1. Barriers to accessing information

In some cases, information seekers struggle to obtain the information that they require. Reasons for this include ignorance about where to get information, computer illiteracy, and dependence on oral information. For example, Chiware and Dick (2008:31) and Mchombu (2000:59) suggest that most small and medium enterprises (SMEs) experience problems in accessing information because they do not know where to get the information. Although both studies are on SMEs rather than OVC, they represent problems that are faced by the rural poor in Africa. A study by Mnubi-Mchombu, Mostert and Ocholla (2009:45) on the information needs of orphans and caregivers in Okahandja, Namibia, found that OVC and caregivers faced problems such as lack of transport, ignorance about grants, lack of proper documents such as birth and death certificates, and bureaucratic challenges, especially with respect to court orders.

The Ministry of Health and Social Services (2010b:79) reported that 59% of OVC do not meet three basic needs, i.e. shoes, a set of clothes, and blankets. Furthermore, 83.5% of OVC caregivers were not receiving free basic external support for caring for a child. The use of technical terms was identified as another barrier by Irivwieri (2007:38) and Musoke (2007:306). Both these authors found that the use of technical terms or jargon by information providers made the information, and by proxy services, inaccessible. Ignorance

and dependence on oral traditions among the black population also affect the use of libraries and information centres. Wessels and Machet (1993:111) found that illiterate people made more use of people, such as friends and family members, as sources of information on a day-to-day basis.

Wrong timing in disseminating information on a programme or unawareness about the programme may be another barrier to access to information by the target group. This situation is amplified in the case of street children because many do not have one specific place to live and lead a nomadic existence (Sasman, 2008b:9).

Lack of internet skills and experience also cause modern barriers to information access. A study on children's use of the internet for information seeking found that a child's ability to use the internet to retrieve information depends on his or her experience in using the internet, the support or guidance the child receives from parents or friends, and the child's ability to use different search engines (Madden et al., 2006a:756). Julien (1999:38), Branch (2003:50), and Valenza (2006:21) found that young people lacked certain fundamental information seeking strategies, such as the awareness of and ability to use different sources of information. The researchers found that too many sources confused young information seekers. This could be partly due to low information seeking skills.

A study by Mchombu (1993:5) on rural communities in Botswana found that most extension agents or service providers often lacked a proper place to store extension literature and operated in an uncoordinated manner, resulting in the duplication of efforts with government departments.

Overall, it would appear that among caregivers and OVC, there is poor access to relevant and appropriate information which leads to failure to access various support services that are available through the government, NGOs and donor agencies. Major reasons for the poor access to information would appear to be lack of awareness about the existence of appropriate information sources; the low level of consultation with the affected groups

by providers of information services; and policy makers' lack of awareness about the importance of information provision to OVC and caregivers.

The next section presents literature on how different channels and sources of information are used by different research populations to access information.

2.6. Channels and sources of information

Upon studying the the information needs of illiterate female farmers in Ethiope in Nigeria, Irivwieri (2007) classified channels of information into two main categories, namely modern mass media channels and traditional media channels. Mass media refers to print, electronic media, and other audio-visual devices. It is characterized by being impersonal and public. A traditional or an interpersonal media channel of information, on the other hand, signifies some form of oral or face-to-face exchange of information (Irivwieri, 2007:41). Irivwieri (2007:38) found that it was not easy to teach female farmers scientific ideas because of high levels of illiteracy. In some cases, extension workers used technical terms that the female farmers could not understand.

In contrast, a study on the information behaviour of primary healthcare service providers in Uganda reports that the main problem is the lack of appropriate printed material, and not illiteracy. Musoke (2007:306) argues that what is necessary is simplified (non-technical) printed content that could be made available through school children or women's groups. The author concludes that information alone cannot make a difference without the necessary support from families or the community.

Momodu (2002) found that most people in Nigeria preferred informal channels of information to more formal ones. However, literate people and school going children preferred formal channels, such as visiting the local library. Adults in the study preferred to get information from their children who were in urban areas, and trusted friends whom they considered to be reliable. They were sceptical about information obtained via the radio, TV, and other mass media channels. To them, information from these sources was not only

deemed unreliable, but also suspected of being dictated by the government's selfish interests (Momodu, 2002:409). It must be said that the same study in Namibia would likely lead to very different results due to the different socio-political climates of the two countries.

Uhegbu and Okereke (2006:40) confirm the effective use of traditional and political leaders to communicate HIV/AIDS information to the people in their local languages in their communities, and even literate people such as managers have been found to prefer oral sources of information. A study by Kaye (1995:14) concluded that managers preferred informal sources of information because a colleague or a friend could provide the requested information together with advice, encouragement and support.

Peer–to-peer communication, whereby members of a similar age or status group teach each other or share information, can be highly useful as a source of information. Mitchell, Nyakake and Oling (2007:365) found that in Uganda, street children preferred to get information on HIV prevention from their peers because they are the same age and in similar situations, and they could ask their peers questions without fear.

Some authors have also suggested that women and girls prefer to use the radio more than boys and men as their main source of information because the latter enjoy greater mobility and therefore have access to more information sources (Metcalf, Harford and Myers, 2007; Mchombu, 2012:85).

A survey in Namibia in 1998 on the dissemination of health information revealed that there were many agencies involved in disseminating health information, especially on HIV and AIDS. However, the materials were all either in English, Afrikaans or in both languages, with more emphasis on the printed medium despite low literacy levels (Jalloh, 1998:248). Because Jalloh's study was done 10 years ago, the results were compared with the findings from the current research to see whether the situation has changed or not.

The section that follows details different sources and channels that could be used to disseminate information to a demographic group such as OVC and caregivers.

2.6.1. Oral information

Oral communication is diverse, and includes poems, myths, stories, proverbs, riddles, songs and legends, to name a few. In Africa's oral tradition, information is normally stored in the memory banks of the elderly, who have been referred to by Kargbo (2008b:442) as "libraries without shelves". According to Ikoja-Odongo and Ocholla (2004), an appropriate model for information behaviour focusing on an information poor community must be grounded in oral traditions and indigenous knowledge and be sensitive to poverty, poor infrastructure, and illiteracy. The authors reiterate the importance of information repackaging and the use of appropriate media for information provision (Ikoja-Odongo and Ocholla, 2004:54).

A study in East Asia on the clinical information sources used by doctors in Mongolia found that doctors preferred interpersonal communication, relying on colleagues as their primary sources of information. When asked why, the doctors' answer was simple: the colleagues are easily accessible (Callen, Buyankhishing and Mcintosh, 2008:1).

Madden and Bryson (2006:37) studied the Kope tribe in the Western Highlands Province in the Central Highlands of Papua Guinea, and found that oral communication was used to transfer the history and knowledge of the tribe from one generation to the next, and to transfer emotions, preserve social networks, and impart survival skills on members of the tribe.

Information seekers use different channels of information based on their skills' set, and it is to be expected that oral information would predominantly feature in an illiterate society. Alemna (1992:422), Mchombu (2012:83), and Lwoga, Stilwell and Ngulube (2011:5) agree that the majority of people in Africa who live in rural areas are mostly influenced by the oral tradition.

Although the study populations in the reviewed studies were different, this study attempted to establish whether oral channels of communication predominate in Namibia, and whether

the context of poverty and poor infrastructure is also a dominant factor that influences information seeking behaviour**.**

2.6.1.1. Storytelling

Benjamini (2006) found that storytelling has been used in Canada by the Algonquib-speaking Abenaki to instil cultural and moral values in their children. The stories are used to teach children to respect their elders, discipline and guidance, to care for others, and to share food and other materials. Benjamin concluded that through stories, people can see where they have been and envision what they will be in the future (2006:159). This shows the potential of storytelling in societies that are still dominated by oral culture. This study will attempt to find whether OVC's information seeking is based on oral culture because most Namibian ethnic groups are dominated by an oral culture**.**

A study on the mining industry in South Africa also proved that storytelling, when used together with graphics, plays a pivotal role in knowledge sharing between individuals, groups and organisations (Tobin and Snyman, 2008:131). In another study, Zeelen et al. (2010:385) found that storytelling was a powerful tool to reduce stigma and increase openness about HIV/AIDS in South Africa, the reasons being that it costs very little, uses simple messages, is entertaining, and is widely available and suited to local traditions of oral communication. Storytelling has also been used successfully in Uganda to convey information, because in Uganda, stories, drama and role playing are viewed as culturally effective ways of communicating ideas (Smith and Ogojoi, 2006:265).

Mbushandje (2008:91) also observes that a lot of information that has been accumulated by the elderly has been found to be important in different fields, such as medicine, agriculture, culture and farming. This information is therefore vital to human survival.

Storytelling can be a useful channel for conveying socialization information to OVC. Grandparents with a lot of accumulated information about family values, histories and culture, can use storytelling to impart/transfer knowledge to the OVC.

2.6.2. Newspapers and periodicals

Newspapers and periodicals are a major source of current information and appear regularly as either numbered or dated issues. The major difference between the two is that newspapers are published in more frequent intervals, have wider readership, and are reasonably cheaper than periodicals (Feather and Sturges, 1997:317; Behrens, 2000:234). Periodicals contain articles from a number of contributors who disseminate information on developments in a specific area or on a specific organisation or business entity.

2.6.3. The television and radio

The television and radio are examples of mass media communication channels that distribute messages to a large audience, mostly through one way communication. A study by Metcalf, Harford and Myers (2007) found that the radio had a positive impact on literacy levels, the uptake of health services, and creating awareness of poverty reduction strategies in isolated populations. The 2006/7 Demographic Health Survey found that the pattern of mass media use in Namibia was dominated by the radio; 82% and 70% of urban and rural dwellers respectively owned a radio. However, only 12% of rural households owned a TV compared to 66% of urban households (Ministry of Health and Social Services and UNICEF, 2011: 35)

Akiiki (2006:71) in Uganda likewise describes the effective use of the radio in rural areas to disseminate information. In this study, farmers were able to listen to programmes on the radio, call in, and ask questions relating to the topic under discussion. The programmes would also be taped, allowing the farmers who missed the programmes to listen to them when it was more convenient.

2.6.4. Memory boxes

A memory box is an important channel for communicating historical family information. It is essentially a box that parents or caregivers use to store useful information so that the

child can have family memories in the future. Memory boxes can include birth certificates, written advice, photos of the family, letters of encouragement, or any other document or object that would inspire positive memories in the child. Kosova and Komenya (2006:76) refer to a memory box as a 'love box', and suggest that a love box is an important communication channel between parents or caregivers and their children. Eloff, Ebersolhn and Viljoen (2007:87) explain that the technique is used to enhance resilience in orphans who are affected by HIV and AIDS, while Morgan (2004:1) describes it as a communication tool that is used by parents or caregivers living with HIV/AIDS to provide important information about the history or roots of the family. He cites several roles of the memory box as follows: i) It helps parents disclose their HIV/AIDS status to their children; ii) It acts as a means of preserving memories of the family; iii) It assists children during their grieving period; and iv) It helps the child deal with present and future situations when he or she will be without parents. After observing how they were implemented in Zambia, Phiri and Tolfree (2005:22) concluded that memory boxes help to keep memories alive or capture milestones in the lives of children and families, which helps to maintain a sense of connection between those involved.

The use of memory boxes or love boxes provides orphans and vulnerable children with important information when their parents or guardians are no longer alive. This study therefore looked into whether OVC desire information that would enable them to re-establish a link with their parents through such memory transfer devices.

2.6.5. Libraries and information centres

Libraries and librarians play a crucial role in information provision. In his study on the information seeking problems of high school children in England, Shenton (2008:283) argued that information seeking failures are caused by ignorance about the different types of information sources available. He concluded that libraries and librarians can play an important role as literacy instructors.

Libraries and information centres are the cornerstones of all learning activities, which is why they should be actively involved in promoting awareness of different service providers

to OVC. Kargbo (2008a:38) underscores the importance of libraries as sources of information in the fight against HIV/AIDS in Sierra Leone. Libraries in Sierra Leone are free, convenient, and trusted by people as a source of information. Manga (2007) and Mchombu (2012:89) observe that libraries in Namibia are a pre-requisite to promoting literacy in the country and reducing poverty. Mokhatu (2007) agrees, adding that libraries promote a reading culture and are the backbone of any educated society.

Libraries and information centres today face many modern challenges, especially in Africa. One of their main challenges centres on the provision of appropriate materials to communities. According to Mchombu and Cadbury (2006:8), libraries need to provide appropriate materials in local languages, particularly in rural areas where there are lower levels of literacy. They also suggest the need for libraries to establish links with different service providers, such as health centres, and obtain their material in order to promote and disseminate it to the communities.

2.7. OVC service providers

Different organisations have different and important roles to play in helping OVC and caregivers. Non-governmental organisations (NGOs), community-based organisations (CBOs) and faith-based organisations (FBOs) play an important role in Africa, especially in rural areas, in providing services to OVC and caregivers. In order to respond to the impact of HIV/AIDS in our societies, there is a need for joint collaboration between the government and civil society. Kelly (2005a:87) identified issues relating to physical health, psychological and emotional support, and family problems as areas that call for close partnership between governments and the NGO sector.

Faith-based organisations or religious groups have played a major role in responding to the needs of OVC, especially in Africa. Examples of this group, as indicated by Foster (2005:165), include congregations from Christian, Muslim, Judaist, Baha'i Faith, and Hindu religions**.** He defines a congregation as a "community-level religious gathering" (Foster, 2005:165). A study by Yates in Foster (2005:165) on FBOs in Namibia

found that over half of the churches had an HIV/AIDS programme. These programmes provide spiritual, psychosocial, material and financial support.

FBOs continue to mushroom throughout the continent, and one of the reasons given by Foster (2005:167) is that the Christian and Muslim religions encourage their believers to protect, love and assist the sick, poor, and the orphans in communities. According to Loing (2008:9), NGOs are important because they make the voices of the dispossessed and voiceless citizens of the world heard.

2.7.1. OVC service providers in Namibia

HIV/AIDS and poverty have made many children vulnerable. Through the work of service providers who come into regular contact with the affected children, such as social workers, community workers and health workers, these children can get at least some forms of assistance. The Government of Namibia has acknowledged the role that civil society (NGOs, CBO, FBOs and other civil organisations) plays in creating inroads to local communities and increasing social capital though the interventions that they sponsor. In order to maximize the use of resources and avoid overlaps and duplications, a policy framework was introduced in Namibia to create a conducive working environment for civil society in partnership with the government (National Planning Commission, Republic of Namibia, 2005a:iii)

Service providers play a very useful role in connecting children and caregivers to the relevant authorities, providing assistance where they can, and providing the children and caregivers with useful information. A study in South Africa identified a number of methods that can enable teachers to identify vulnerable learners in their schools and connect them to service providers for further assistance. These include asking children to write essays about their personal experiences; introducing ‘postboxes’ in schools for children to anonymously post letters to teachers about anything they want the school to know; introducing ‘communication books’ for children to take home so that caregivers can communicate their concerns about the child; using drawings and other forms of expression to find out more

about the children's experiences and how they cope; and holding regular meetings to provide information and support to the children's caregivers. During the meetings, different service providers can come to school to talk to the caregivers about how to get support (University of Cape Town and Children's Institute, 2006:4).

Studies by SADC Secretariat (2008:10) and Yates (2007:9) have noted some of the initiatives run by the government and other agencies in Namibia to address the needs of OVC, among them feeding programmes (soup kitchens, school feeding, food parcels, etc.), educational support (uniforms, School development fund exemption, hostel accommodation, etc.), legal rights and protection (life skills, information on rights, will writing), psychosocial support (home visits, counselling, camps and clubs) and economic support and advice to improve the child's capacity to be more self sustaining. Most of the health support is of a general nature through the Ministry of Health and Social Services and targets all children through primary healthcare and nutrition programmes (SADC Secretariat, 2008:10; Yates, 2007:9).

Apart from the efforts made by different organisations, the report noted a number of the challenges that these organisations face. Some of the challenges noted in the report include lack of technical skills and human resources, especially in project management; unsustainable project initiatives; and inadequate and unreliable data for decision making, planning and evaluation (SADC Secretariat, 2008:22).

Shaanika (2010) notes that one community-based organisation, the Tutekula Children's Organisation in Ohangwena, Namibia, is currently operating from an informal corrugated iron sheet structure which was handed over to the children by one of the donors. At the time of writing, the project was on the lookout for additional funding to build a centre that would take care of 720 children in Omafu, Ohangwena. This is a typical example of how NGOs are struggling to get funds to help the children.

One of the main criticisms of service providers in Namibia is that many are based in urban areas and only a few can be found in rural areas. In their study on supporting the educational needs of HIV positive learners in Namibia and Tanzania, Badcock et al.

(2008:5) confirm this to be the case, finding that there were significantly more service providers in Windhoek than in rural areas.

In this study, different service providers were studied in order to determine the types of services that they provide to their target group, the channels used to disseminate information, and the problems that they face in rendering services.

2.8. Sharing and disseminating information

Disseminating information to the most affected communities is crucial because it enables community members and different experts to exchange information and share ideas. Byrne and Gregory (2006) explain that the process and result of information systems design should assist in the development of a shared ground for communication between service providers and clients of the health system, and should foster critical reflection. This means that there is a need for dialogue between service providers and caregivers in order to provide services to orphans and vulnerable children in their communities. The diverse information materials, resources and capacity development tools that exist today are rarely tailored to suit the needs and capacities of local communities; they rarely recognize the knowledge and expertise of local communities and do not systematically build on this community-based knowledge (Halverson and Rhodes, n.d)

There are different tools that communities could use to share information, such as community meetings, radio broadcasts, and traditional leaders. Service providers can also use leaflets, posters, and health and social workers to share/disseminate the information within communities. The role of the radio cannot be stressed enough as it has been known to play a very powerful role in many communities. Radio use is achieving considerable success in changing and enhancing knowledge and attitudes on topics such as HIV/AIDS, family planning, mother and child health, environmental issues, social and administrative issues, and gender inequality (Ministry of Health and Social Services and UNICEF, 2011:37).

Sharing and disseminating information to support the development activities of OVC and caregivers is a vital support function.

2.9. Origins of orphanhood in Africa

The UNAIDS report (2010:20) estimated that 2.6 million people in the world were infected with HIV in 2009. UNICEF (2005a:67) observes that orphans do not need to have HIV/AIDS to be devastated by it. Although the HIV prevalence in 33 countries reduced by more than 25% between 2001 and 2009, the impact is still felt, especially in sub-Saharan Africa where new infections continue to grow. Presently, an estimated 1.8 million people in sub-Saharan Africa are infected with the virus. The UNICEF report also estimated that 18,800,000 children had lost one or both parents to AIDS in 2009, and 17,100,000 of these children were from sub-Saharan Africa (UNICEF, 2010:48).

The statistics tell a sad story. They profile a generation of children deprived of their parents and childhood. There are even third-generation orphans - orphans of orphans of orphans (Barnett and Whiteside, 2006:213). Streak (2005:2) and Ngwenya (2007:213) both point to how HIV/AIDS produces and compounds different forms of vulnerability among children. Firstly, according to Streak (2005:2), children are made directly vulnerable by infection, and secondly, HIV/AIDS causes vulnerability among children by leaving them orphaned (Ngwenya, 2007:213).

A study by UNICEF (2006b:1) noted that the threats that OVC face are as a result of the HIV/AIDS pandemic and its impact on society, food insecurity with the weakening capacity of families, and the weakening capacity of social and economic services. These threats have been referred to as the "triple threat"

Research in Uganda by Smith and Ogojoi (2006) and Mitchell, Nyakake and Oling (2007) confirms that the number of street children in that country has increased due to HIV/AIDS and poverty. The lives of the children in these studies are characterized by violence, filth, drugs, crime and loneliness. They were observed to engage in a number of high–risk

behaviours, making them especially vulnerable to Africa's HIV/AIDS epidemic. Most had very little, if any, formal schooling. The drop-out rate of children, especially girls, is high across Africa. However, the cultural value placed on education in Africa is also very high, and most street children desire to return to school or to receive vocational training, although many of them are unable to articulate what specific training they need because they do not know about the available options (Smith and Ogojoi, 2006:258; Mitchell, Nyakake and Oling, 2007:365; Clacherty, 2008:16).

Mitchell, Nyakake and Oling (2007:368) observed that street children in Uganda struggle to access formal information and services. They also found that the informal channels used by these children might not support protective health behaviour. The study concluded that peer education is essential because young children listen to their peers, and peers are able to refer fellow street children to service providers.

Research studies by Hango (2008) and Sasman (2008a) on the life of street children in Namibia found that children were living under bridges or in temporary structures with only a blanket, a drum full of [old and dirty] clothes, and water. They would look for food, shelter and warmth in the night (Hango, 2008:7; Sasman, 2008a:9). The children also moved from one place to another, making it difficult to monitor and trace them.

A study in Tanzania also noted that a rise in the number of orphans who have no education or work can result in an increase in the crime rate if something is not done to help them. The study refers to this situation as a ticking time bomb (Block, 2008:122).

Furthermore, it has been noted that orphans and the elderly may be infected and affected at the same time. Barnett and Whiteside (2006) point out that while it is often the case that the oldest and youngest in society are unlikely to be infected, cases do occur. On top of those children infected through mother-to-child transmission, the epidemic has shown that sexual activity in many societies starts at an early age, and underlined how transmission spreads to the confines of older people who still have unprotected sex with infected partners. It has also shown that some children are infected through instances of child abuse (Barnett and

Whiteside, 2006:211).

As the number of African children affected by HIV/AIDS continues to rise, psychosocial needs are being recognized as on par to needs relating to subsistence, health, and education (Skinner, Fritz and Mwonya, 2003:86; Parirenyatwa, 2006:vii). Sloth-Nielsen (in Streak, 2004) and Freeman and Nkomo (2006) note that some of the children orphaned due to HIV/AIDS find themselves living without any family support, on the streets, or in institutions. Others live at least for a time in child-headed households. Their biggest challenge is persistent hunger followed by a range of other poverty-related concerns, including the struggle to pay school development funds; lack of school uniforms and other clothing; lack of money for transport and healthcare; inadequate housing; and insufficient warmth (Sloth-Nielsen, 2004:23; Freeman & Nkomo, 2006:303).

Sasman (2008b:6) made similar observations in her study on St Partick's Roman Catholic Primary School in Namibia. At the time, the school had 172 learners, most of whom were orphans and vulnerable children. Most of the children went to school without eating anything and often teachers had to help them with important materials like toiletries. The school provided three meals per day to learners whose parents could not afford to pay the N$100 towards the school development fund.

Meintjes et al. (2007) found that as the number of orphans has increased in Africa, children's homes or orphanages have 'mushroomed' in order to provide care for them. They noted that some of these orphanages had a negative impact on children. They also suggested that HIV literacy and antiretroviral therapy awareness need to be intensified among the staff and caregivers of orphanages (Meintjes et al., 2007:1)

The reviewed studies clearly focused on orphans and vulnerable children and their needs. However, none of these studies identified information as a key requirement in helping children to find ways of leading successful lives in the absence of a stable family setting. These children sometimes have no one to protect them against abusers and exploiters or to teach them right from wrong. The emotional trauma that OVC face has been discussed by a number

of writers. Ruiz-Casares (2007), Patterson (2003), and Clacherty (2008) observe that parentless children carry the emotional burden of watching a loved one suffer and die, and also experience the distress of the family unit collapsing, in addition to the stigma of AIDS generally associated with parental death, as well as the decrease of attention and affection which comes from their exclusion from communal activities. In some cases, they are moved from their original home to their grandparents or other relatives (Ruiz-Caseres, 2007:151; Patterson, 2003:14; Clacherty, 2008:27).

Patterson (2003) further comments that the impact of HIV/AIDS on children differs, depending on which family member is infected. The death of a breadwinner from AIDS often leads to crises over family income and inheritance. In such cases, it is not uncommon for property to revert back to the husband's family and for the mother and her children to be forced to return to her own family. On the other hand, children whose mothers die from AIDS face the psychological trauma of losing the primary caregiver. Child neglect and abandonment by fathers after the death of a mother have been documented in a number of African countries (Patterson, 2003:18).

2.9.1. Orphans and vulnerable children and their caregivers in Namibia

President Pohamba (Directorate of Special Programmes, Republic of Namibia, 2007) noted that HIV/AIDS threatens the education and psychosocial development of children, and also robs their parents, caregivers, teachers, and ultimately their country (Directorate of Special Programmes, Republic of Namibia, 2007::i). The UNICEF report (2005a) noted that Namibia's greatest development challenge is to overcome HIV/AIDS and to lessen its devastating and varied impacts (UNICEF, 2005a:4). The report by UNICEF and UNAIDS (2011:6) indicates that approximately 42% of the Namibian population of 2.2 million are under the age of 18. Amongst these young Namibians, 26% (around 250,000 children) are OVC.

A significant percentage of OVC drop out of secondary schools for a number of reasons, such as the inability to pay school development funds, household responsibilities, or taking care of sick parents or relatives (Ministry of Health and Social Services, Republic of Namibia, 2010b:76).

The literature indicates that in Namibia and other Southern African countries, a complex crisis is emerging that stems from the worsening effect of the HIV/AIDS pandemic amongst communities in the area (Mitchell, Nyakake and Oling, 2007:368), as well as deepening food insecurity and weakening capacities at national, community and household levels **(**UNICEF, 2005:1).

This study aimed to establish the extent to which the identified information tools were available and used by OVC and caregivers. Additionally, the study evaluated the effectiveness of the channels and sources used by service providers to disseminate such information to the target groups.

2.10. Critique of the reviewed studies and their implications on the current research

The reviewed studies reveal that user information behaviour is an area that has been studied for a while, initially from a systems-oriented perspective, and mostly in academic and research-based contexts. However, with the influence of researchers such as Brenda Dervin and Wilson, the studies on information behaviour became more user-focused, and changed to also include less educated user groups. This is not to say that all system-oriented research stopped; today system-oriented studies are as popular as user-centred studies. The researcher wanted this study on OVC and caregivers to be user-centred rather than system- oriented because of the scarcity of studies that have focused on this type of user**.** HIV/AIDS has been studied extensively, mainly in terms of its impact on society and how information influences changes in behaviour. Children who have been orphaned have received the attention of researchers in most areas, but there is a gap in the area of information needs and information seeking behaviour. This is surprising considering the fact that information is extremely important for OVC to optimise on education opportunities, obtain health services, deal with their psychosocial problems, and ultimately develop into young adults who have opportunities in life.

The reviewed literature reveals that there is a gap in understanding the need for information, information seeking behaviour, and the channels utilised and sources preferred by

OVC and caregivers in overcoming the challenges that they have as a marginalised group. This study attempts to address the shortcomings identified in the literature. As mentioned already, although studies on user groups and their information behaviour are not new, few studies have focused on a marginalized group such as OVC. The majority of the literature on orphans indicates that many are orphans as a result of the HIV/AIDS pandemic, which has become a worldwide phenomenon. Africa has been the most affected continent, in particular Eastern, Central and Southern Africa. The global nature of the OVC explosion has meant that assistance from the donor community, individual African governments and the private sector is never going to be enough. Given this reality, information could play a key role in decision making and the location of sources of support for OVC and caregivers in Namibia**.** Most of the information needs and information seeking studies have been done either in developed countries or in other African countries, primarily targeting different groups of users who, in some cases, live under more favourable circumstances. Clearly there is a gap in understanding the information behaviour of a group that is as marginalized as OVC and caregivers in an African country like Namibia.

Lastly, service providers are key players in the survival of OVC, and they need to be informed themselves about where and how to garner resources in order to channel them to OVC and their caregivers. The patterns of how they disseminate information have not been fully understood as studies that focus on this group have mostly been done outside Namibia, another factor that this study aimed to address.

2.11. Summary

The chapter reviewed literature on the key concepts of information, information needs and information seeking, followed by a detailed critique of information needs and the information seeking behaviour of the key groups of OVC and caregivers. The review revealed a high need for survival information. In discussing channels and sources of

information, including mass media, interpersonal sources, oral channels, and libraries and documentation centres, the review was consistent in its portrayal of interpersonal sources as among the most used information sources, followed by mass media channels. Libraries and documentation centres proved to be the least popular. The review also included a brief historial

background of orphans and vulnerable children in Namibia, the majority of whom had lost parents due to HIV/AIDS. The chapter also covered several key theories and models which underpin the study of information needs and seeking behaviour. The next chapter presents the contextual framework of the study.

CHAPTER THREE
THE CONTEXTUAL SETTING

3.1. Introduction

The previous chapter focused on the literature review and theoretical framework of the study. The aim of this chapter is to present the contextual setting of OVC, caregivers, and service providers in Namibia. The chapter provides information on the OVC background in Namibia, in particular: the HIV/AIDs situation in the country, the OVC situation, and the government's response to the crisis. The chapter also analyses major national policies, strategies and plans; the caregivers' situation; and the services that different organisations offer to OVC and caregivers. The chapter is divided into the following sections: i) Background of the country; ii) OVC situation in Namibia and Southern Africa; iii) Caregivers and service providers in Namibia; iv) Critique of contextual and environmental implications on this study; and v) Summary.

3.1.1. Background information

In order to effectively analyze the information needs and information seeking behaviour of orphans and vulnerable children and their caregivers, it is important to first map their historical, political and social contexts.

3.1.1.1. Namibia

Namibia gained independence on the 21st of March, 1990, from former apartheid South Africa. Namibia shares its borders with Angola and Zambia to the north, Botswana and Zimbabwe to the east, and the Republic of South Africa to the south (Ministry of Health and Social Services, 2008a:1). The 2011 census estimated Namibia's population to be 2,113,077. According to the census, 42.1% were living in urban areas and 57.9% in rural areas (Namibia Statistics Agency, Republic of Namibia, 2013: 7). The estimated number of children under the age of 18 was 972,184, or 42% of the population.

The census found the Khomas region to have the highest population of 342,141 followed by Ohangwena with 245,446 people. Other regions include: Omusati, 243,166; Kavango, 223,352; Oshikoto, 181,973; Oshana, 176,674; Erongo, 150,809; Otjozondjupa, 143,903; Caprivi, 90,596; Kunene, 86,856; Hardap, 79,507; Karas, 77,421; and Omaheke, 71,233 (Namibia Statistics Agency, Republic of Namibia, 2013:7). Most of the population could still be found in rural areas despite rapid urbanization. The 2011 census indicated that the urban population increased from 33% in 2001 to 42.1% in 2011. Food security is a major concern for the rural population because of Namibia's vast deserts and arid climate and the high unemployment rate, estimated in 2004 at 37% (USAID, 2008:2; National Planning Commission, 2012:50).

Socio-economically, Namibia is ranked among the most unequal of countries in terms of division of wealth, with 35% of Namibia's population surviving on U$1 per day, and 56% on U$2 per day (UNDP, 2006:293). According to a recent study by UNICEF (2011:7), around 28% of households in Namibia can be classified as poor, with 50% of these households classified as severely poor (14% of all households). This is the legacy of the Apartheid policies of the past which discriminated against the black majority.

While English is the official language, there are more than 11 languages in Namibia, including Oshiwambo, Nama/ Damara, Silozi, Otjiherero, Rukwangali, Setswana, German and Afrikaans. More than 50 percent of the population speaks Oshiwambo (MoHSS, 2008b:2).

3.1.1.2. Health services in Namibia

During colonial rule, there was a big difference between the health services offered to the white population and the services rendered to the black population. Black Africans, who are the majority, received poor services with fewer facilities, while whites, who are the minority, received better quality and services. El Obeid et al. (2001) notes that as a result, more black children died at an early age. The infant mortality rates were five to six times higher among blacks than whites between 1960 and 1981. Very little attention was paid to disease prevention and the promotion of good nutrition or educational programmes amongst the black population.

After independence in 1990, the Ministry of Health and Social Services (MOHSS) started to

address the imbalances inherited from the colonial regime based on the principles of equality, affordability, the involvement of communities, and participation of other sectors in the provision of services (Ministry of Health and Social Services, 2008a:18). There are 34 public healthcare centres in 13 regions, with programmes focusing on HIV/AIDS and sexually transmitted diseases (STDs), tuberculosis, immunization, family planning, school health, malaria, Acute Respiratory Infections, and rehabilitation (El Obeid et al., 2001:4; MoHSS, 2008b:91; Office of the Prime Minister, 2010:113).

The Ministry of Health and Social Services (MoHSS) currently faces four major health challenges that it is trying to address, namely HIV/AIDS, tuberculosis, malaria, and maternal and child care/support (MoHSS, 2008b:91). As mentioned previously, HIV/AIDS is a devastating disease in Namibia. It impacts negatively on Namibia's progress towards achieving the Millennium Development Goals (MDGs), as highlighted in many development indicators, by decreasing life expectancy, increasing infant mortality, and increasing the number of under-weight children. As already discussed, perhaps the biggest challenge arising from the high HIV prevalence rate in southern Africa is the large number of children who are orphaned following the death of their parents (Yates and Hailonga, 2006:11).

3.2. The HIV/AIDS situation in Namibia

The first case of AIDS in Namibia was identified in 1986. The only available HIV prevalence statistics are based on a bi-annual Sentinel Survey of pregnant women who go for pre-natal care. According to the 2010 survey, the prevalence rate had increased slightly to 18.8% from 17.8% in 2008 (Ministry of Health and Social Services, 2008c:1; Tjoranda, 2009:7; Shejavali, 2009:7; Ministry of Health and Social Services, 2010:12). Although the prevalence rate has stabilised, the battle still rages on. Some of the most common causes of infection include incorrect or inconsistent use of condoms, having multiple partners, and alcohol abuse (Tjaranda, 2009:7; Shejavali, 2009:7).

Table 1 below shows the changes in prevalence rates according to different age groups amongst pregnant women in Namibia since 1994. The data shows the decrease of HIV prevalence in most age groups between 2006 and 2010, with the exception of the 35 - 39, 40 - 44 and 45 – 49 age groups. The age group of 15 - 19 shows a decrease of 5%.

Table 1: Prevalence ratio by age from 1994 - 2010

Age Group	% HIV Prevalence Rate								
	1994	**1996**	**1998**	**2000**	**2002**	**2004**	**2006**	**2008**	**2010**
15-19	6	11	12	12	11	10	10.2	5.1	6.6
20-24	11	18	20	20	22	18	16.4	14.0	12.5
25-29	9	17	22	25	28	26	26.9	23.8	22.8
30-34	9	18	19	21	27	24	29.5	27.2	29.6
35-39	3	8	12	15	21	24	24.1	26.0	29.7
40-44	1	12	14	9	16	12	16.9	17.7	26.4
45-49	12	1	13	8	12	13	9.1	13.8	25.8

Source: Ministry of Health and Social Services (2010a:13)

Table 2 shows the prevalence ratio at different sites for 2006, 2008 and 2010. The overall HIV prevalence in Namibia stood at 19.9% in 2006, but by 2010, the prevalence had slightly decreased to 18.8%. There is no significant difference compared to 2008. The epidemic seems to have stabilized since 2004, possibly due to behavioural changes in society. Even though the epidemic stabilized since 2004, the peak prevalence rate managed to shift from younger people to older people. Thus, it would appear that prevention programmes now need to target the older population.

Table 2: A comparison of HIV and AIDS prevalence in Namibia from 2006 to 2010

Sites	% of HIV Prevalence		
	Ratio -2006	Ratio -2008	Ratio-2010
Katima Mulilo	39.4	31.7	35.6
Oshakati	27.1	22.4	25.1
Engela	27	20.1	22.4
Onandjokwe	23.7	21.9	24
Karaburg	22.7	18.3	17
Andara	22.7	14.2	19.2
Okahao	22.5	27.4	19.8
Luderitz	22.5	20.1	18.1
Oshikuku	22.4	21.7	22.5
Walvis-Bay	22.1	21.4	19.6
Eenhana	21.4	11.6	18.6
Outapi	21.1	19.6	18.3
Katutura Hospital	21.1	21.7	23.4
Rundu	20.1	18.8	23.2
Grootfontein	19.3	16.9	14.8
Otjiwarongo	18.7	15.2	16.9
Keetmanshoop	18.5	12.7	11.7
Okahandja	18.5	14.9	12.6
Swakomund	17.3	14.2	17.8
Tsumeb	17.0	17.1	24.3
Omaruru-Osakos	16.0	12.0	18.6
Nankudu	13.9	10.5	13.5
Rehoboth	13.9	6.3	4.2
Otjo-Khorixas	12.1	10.9	14.6
Nyangana	10.2	19.5	12.8
Mariental	10.2	10.8	13.8

Windhoek Central Hospital	9.1	4.7	9.1
Gobabis	7.9	13.1	15.6
Opuwo	7.9	7.9	8.8

Source: Ministry of Health and Social Services (2007b:2; 2008c:14; 2010:15)

Table 2 above shows that at Katima Mulilo, there was an increase in the infection rate for women visiting the ANC site from 31.7% in 2008 to 35.6% in 2010. The lowest HIV prevalence rate in 2010 was observed at Rehoboth. It has been reported that only one quarter of children in Namibia live with both parents. Interestingly, children in the wealthiest households in 2008 were more likely to live with both parents (40 percent), while less than 20 percent of the children in Ohangwena, Omusati, Oshikoto and Oshana lived with both parents (MoHSS, 2008a:255). The high infection rate at Katima Mulilo and low infection rate at Rehoboth deserve further explanation. Chinsembu and Hedimbi (2010) have identified a combination of factors that contribute towards this phenomenon, ranging from geopolitical, to biological, socio-economic, behavioural, and cultural. Katima Mulilo is located in the extreme north-east border of Namibia, close to Angola, Botswana, Zambia, and Zimbabwe – all of these countries have high prevalence rates. The Trans-Caprivi highway passes through Katima Mulilo bringing heavy traffic from the whole of Southern Africa, which sustains a booming sex industry. Katima Mulilo is also among the poorest regions in Namibia. Rehoboth, on the other hand, had a high prevalence rate in 2006 (13.9%) which had plummeted to 6.3% by 2008, and dropped further to 4.2% by 2010. The small town of Rehobth is occupied mainly by the Baster community, who came from the Cape into Namibia in early 1868 and formed the Free Republic of Rehoboth in 1972. Historically, the Baster community tend to isolate themselves, and seek autonomy or outright independence from the rest of the country (Shiremo 2011, n.d). The highway from Namibia to South Africa passes through the town, which has a high poverty rate, booming sex industry, and high alcohol abuse. The official low HIV/AIDS infection rate is disputed by local groups who claim it is around 14%. The Rehoboth Aids Association and St Marys Hospital all claim there is high stigma towards those who are HIV/AIDS positive, and most who are HIV/AIDS positive prefer to stay at home rather than seek medical help (USAID Namibia, n.d).

In Namibia, the AIDS epidemic has changed traditional roles, attitudes and obligations. The

orphaned child is forced to undertake premature adult responsibilities, all without the rights and privileges or strengths that come with being an adult. Becoming an orphan as a result of AIDS rarely causes a sudden switch in roles. It is a slow and painful process, and the slowness and pain have to do not only with the loss of a parent, but also with the long-term care that the parent's ailing health may require (Barnett & Whiteside, 2006:223; Bauman et al., 2006:59). It is also common to find a young female child of eight or nine caring for younger siblings as well as for her mother, father or both. Hence on top of the physical difficulties, there are inevitable difficulties of culture and sensibility as well. Coping with a parent who is weak and requires food to be prepared or water to be brought is one thing. But coping with a parent's severe diarrhoea, declining mental function, and mood swings is quite another. The result is children who have are uncharacteristically familiar with death (UNICEF, 2007:17; Barnett and Whiteside, 2006; 223).

Another problem, as pointed out by Uys and Cameron (2003), arises when extended family members cannot cope with the increased number of orphans. The alternative is often for the siblings to live together, most of the time with no adult supervision, under a child-headed household. Children in these households face a number of problems, such as poverty, lack of supervision and care, stunted growth and hunger, educational failure, psychological problems, exploitation, early marriage, discrimination, and child labour (Uys and Cameron, 2003:177). The high burden of the extended families has been termed, the "myth of coping" (Kelly in Van der Brug, 2007:50).

This study aimed to establish what information OVC and their caregivers need to address their situation in Namibia, and to determine the channels and sources that they use to obtain information.

3.2.1. Economic impact of HIV/AIDS

HIV/AIDS kills productive members of society, with women and girls being particularly vulnerable. The result is increased poverty in the affected families, reduced production across all sectors of the economy, and a further backlog in the developmental gains that are still to be achieved since independence in 1990. The impact of HIV/AIDS on an organisation includes increased absenteeism, increased staff turnover, loss of skills, loss of

institutional memory, and a decline in morale (MoHSS, 2007a:5; Directorate of Special Programmes, 2007:2; UNICEF, 2010:30). The implication of the above is that the government will most certainly fail to achieve the Millennium Development Goals if it does not find a way to curb the spread of the disease.

The government's response to HIV/AIDS is also affecting the national budget. Government and businesses expenditure have increase tremendously, as noted by the MoHSS (2007a:1). In 2007, the total health expenditure on HIV/AIDS was estimated to be almost 50% of the national health budget; on average, it amounted to between 12% and 15% per year of Namibia's total expenditure (MoHSS, 2007a:1). Expenditure in the health sector will continue to rise as a direct result of the increased number of HIV infected patients. The skilled labour force affected by HIV/AIDS, such as teachers, health personnel and engineers, is difficult to replace; high costs are incurred in the process of finding suitable replacements for trained and skilled personnel, there are higher rates of absenteeism, and higher pension payouts with less profit in business and industry.

The population growth rate of any country would be reduced by the high mortality rate of young people. The World Bank (2001:vi) found that the high mortality rate brought about by HIV/AIDS results in a smaller economically active population to take care of young people and old people, with a lot of children left orphaned due to HIV/AIDS. Because HIV/AIDS mostly affects the middle age group, this leaves only the older generation to take care of orphans. Kelly (2005a:9) noted that the proportion of orphaned children living with grandparents was increasing where HIV prevalence rates grew.

3.2.2. The role of information in HIV/AIDS prevention

Because there is no cure, instilling behavioural changes through education is the only weapon in the fight to reduce the impact of HIV/AIDS in the country. As pointed out in a study by UNESCO (2004:83), there is no prevention of HIV transmission without protecting oneself through behavioural change and education. Education can be used to reduce HIV/AIDS and alleviate its impact by teaching life skills and prevention.

As previously mentioned, the 2010 prevalence rate of infection in Namibia is mostly between the

ages of 30 and 39 years. Because the majority are young people, education becomes very important in prevention strategies. Knowledge and skills taught at schools, colleges and universities could help them prevent the spread of HIV/AIDS.

ARV drugs could help to prolong the life of those affected, such as pregnant mothers and their infants, but due to lack of information, these drugs are not always fully utilized. A study by Kelly (2005a:5) observed that some of these drugs are returned to central medical stores due to lack of information. Women feel guilty and grieved when confronted with their HIV/AIDS infected newborns. It is important for women to be well informed so that they can make the right decisions about pregnancy, birth, and the breastfeeding of their babies in order to prevent further infections.

3.3. The OVC situation in Namibia and Southern Africa

The National Planning Commission (2010:47) suggests that poverty and the impact of the HIV/AIDS pandemic is increasing the number of Namibian children at risk of being orphaned or vulnerable. The Commission estimates that there are 250,000 vulnerable children; 155,000 of these children are orphans, and 45% are believed to have become orphans because of AIDS as indicated in section 2.9.1

In the Namibian Constitution, Article 15 states that children have the right to an identity, nationality, and to be cared for by their parents. Article 20 covers the right to education, including free primary education (Ministry of Information and Broadcast, Republic of Namibia 1990:11). However, former Honourable Prime Minister, Nahas Angula (MGECW, 2007:v), expressed his fear that as the number of OVC increases due to HIV and AIDS, society will not be able to keep up, and these children will not be able to enjoy their rights and the emotional and economic support that they are entitled to.

Child vulnerability can be divided into five categories: i) Survival vulnerability, which includes lack of basic care, poor health, and inadequate nutritional food; ii) Economic vulnerability, which includes loss of income in the family, resulting in difficulties in acquiring medication and the loss of property; iii) Academic vulnerability, which refers to school dropouts, lack of funds,

uniforms, and time to attend classes; iv) Psycho-social vulnerability - refers to post traumatic stress disorder, endless grieving, caring for sick people and siblings; and v) Exploitation vulnerability - lack of protection resulting in abused and exploited children (United States President's Emergency Plan for AIDS Relief, 2006:86; Clacherty, 2008:27).

Given the increasing number of OVC, it is not surprising that the extended families can no longer manage to cope with the extra mouths to feed and more school development funds/ fees to pay (UNAIDS et al., 2004b:10; Van Dyk, 2005:269; UNICEF, 2005b:10; UNICEF, 2007:5; Khin-Sandi, 2005:7).

The parents of OVC often do not write wills specifying who will inherit their property and take care of their children. Researchers (Van Dyk, 2005; UNICEF, 2006a; Kapenda, 2007) have observed that after the death of their parent(s), children often lose their family property and access to important documents, e.g. identity documents, birth certificates, and the death certificates of their parents. By losing their identity documents and/or birth certificates, children cannot register for government benefits and social grants. In most cases, relatives move in and grab everything, leaving the children destitute. With nowhere to turn, some of these children end up on the street (Van Dyk, 2005:269; UNICEF, 2006b: 11; Kapenda, 2007:5).

Children living with sick parents who are no longer productive and who cannot generate an income may become malnourished due to the lack of a proper diet. In some cases, these children have to look for piece-jobs in order to feed their parents. Kapenda (2007:6) notes that these children have to live in poverty and extremely difficult conditions, and in some cases are discriminated against due to the HIV status of their parents.

Children may also experience different types of physical and emotional abuse, from sexual abuse, to chronic malnourishment, mistreatment by extended family members, separation from other siblings, prostitution, premature death, inadequate clothing, beatings, overwork due to domestic chores, no access to health care, and rejection by other family members (Van Dyk, 2005; MWACW, 2003a:2, UNICEF, 2006b:4).

Lack of information about the services that are available to OVC and caregivers prevents them from being able to redress their situation. Shilungu (2007:55) argues that one of the main reasons

behind why the majority of OVC are not benefiting from social grants in Namibia is because of lack of access to information

3.3.1. Government of Namibia's response to the OVC crisis

Namibia, like other countries in Africa, has put a number of policies in place in order to help the government focus on OVC by providing strategies to address their needs. The government also adheres to international agreements that aim to improve the lives of people, such as joint efforts to fight HIV/AIDS and/or reflect on the needs of OVC (MGECW, 2006:15). These policies and agreements are discussed below.

3.3.1.1. Millenium Goals

In September 2000, world leaders adopted the United Nations Millennium Declaration to reduce poverty and improve the lives of people around the world. In 2005, the World Summit reaffirmed its commitment to the Millennium Declaration. The eight Millennium Goals are:

- To eradicate extreme poverty and hunger
- To achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, Malaria, and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development (National Planning Commission, Republic of Namibia, 2004:1)

3.3.1.2. United Nations General Assembly Special Session

In 2001, the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS was held to raise awareness about the HIV/AIDS crisis and garner support from world leaders (MoHSS, 2007d:2; Foster, Levine and Williamson, 2005:282). This was followed by a Special

Session on Children in 2002. Countries were expected to achieve the key goals of these sessions by 2005 and 2010, including the formulation of national policies and strategies to support OVC affected by the HIV/AIDS pandemic (MoHSS, 2008a:191; MoHSS, 2007c:6).

3.3.1.3. Unite for Children

In 2005, a global campaign was initiated entitled: "Unite for Children. Unite Against AIDS". In June 2006, all the members of the United Nations agreed to view the impact of HIV on children as a matter of top priority. Countries agreed to formulate policies and strategies in order to increase the protection and care of children who are orphans or affected by HIV/AIDS (UNICEF, 2006a:27).

The government of Namibia played a key role in the formulation of the UN's Millennium Declaration, with the attendance of the president and prime minister at the summit. Each of the eight goals is linked to a number of indicators or benchmarks in order to make it easier to monitor and compare achievements. The declaration also defines the roles and responsibilities of stakeholders at national and international levels. The global framework for responding to the OVC crisis identified five broad areas of action, as provided in the report by UNICEF (2006b):

- Strengthen the capacity of families to protect and care for OVC by prolonging the lives of parents and providing economic, psychosocial and other support.
- Mobilize and support community-based responses. The extended family cannot manage to provide the basics for children, thus it is important for the community to assist.
- Ensure OVC have access to essential services, including education, healthcare, and birth registration.
- Ensure that governments protect the most vulnerable children through improved policy and legislation by channelling resources to families and communities.
- Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV/AIDS (UNICEF, 2006b:29-30).

3.3.1.4. National Policy on Orphans and Vulnerable Children

In order to address and conform to the above framework, the government of Namibia, through the Ministry of Women and Child Welfare (MWACW) (now called the Ministry of Gender Equality and Child Welfare (MGECW)), formulated a National Policy on Orphans and Vulnerable Children in December 2004. The objectives of the policy are guided by global principles, and are as follows:

- To create a framework for protecting and promoting the wellbeing of all OVC;
- To reduce the vulnerability of orphans and other vulnerable children by providing essential services;
- To ensure that OVC have adequate access to: skills for sustainable development, preventive and curative health services, psychosocial care and support, clothing, shelter, and legal care and protection;
- To alleviate child poverty;
- To improve access by rural and marginalized communities to services for OVC and caregivers;
- To adopt an action-learning approach to applied research in order to assess intervention effectiveness and modify programmes and responses accordingly; and
- To strengthen the multi-sectoral and multi-disciplinary institutional framework that coordinates and monitors the provision of services and programmes for OVC (Ministry of Women Affair and Child Welfare, 2004:4).

Although the policy does not have an objective that deals directly with information, the objectives all reflect the hidden information needs of OVC and caregivers.

3.3.1.5. Permanent Task Force (for OVC)

The government has established a coordination mechanism in the country to implement the policy in the form of a Multi-Sectoral Permanent Task Force (PTF) for OVC. The PTF provides the institutional framework for coordinating and monitoring the provision of services to OVC. It includes members from different government departments and non-governmental organisations, and is chaired by the Ministry of Gender Equality and Child Welfare (MGECW, 2006:14; 2009 b: iv).

Other efforts (laws and policies) by the government in response to the OVC crisis and to care and protect the rights of children are provided below.

3.3.1.6. The Educational Sector Policy for Orphans and Vulnerable Children in Namibia

This policy was published in 2007. The policy prohibits any kind of discrimination against learners and students living with HIV and AIDS. It also explains that OVC can be exempted from paying school and hostel fees. No learner can be excluded from a government school because of their inability to pay school development funds or afford a school uniform. The policy encourages greater information sharing practices among teachers, learners, and parents/guardians (Ministry of Basic Education, 2008a:3).

3.3.1.7. The National HIV/AIDS Policy

The National HIV/AIDS Policy was approved by the National Assembly on 14 March 2007. The main goal of this policy is to provide a supportive environment for the implementation of programmes to address HIV/AIDS in order to reduce new infections, improve care and treatment, and to mitigate the impact of HIV/AIDS through support (Directorate of Special Programmes, 2007:4) Section 2.3.2 of the policy covers the protection of OVC and has a stipulation on the provision of essential services to OVC. These include various forms of social assistance, such as grants for OVC and caregivers, quality education, and ensuring no learner is excluded from government schools because he/she cannot afford the school development fund or uniforms. Section 2.3.3 of the policy provides protection to all children and young people against any type of abuse and exploitation. It also stipulates that children shall have access to youth–friendly, sexual and reproductive health information and education and services on HIV/AIDS and sexually transmitted infections (Directorate of Special Programmes, 2007:10)

3.3.1.8. The National HIV/AIDS Charter of Rights, 2000

This covers the basic rights that all people should enjoy regardless of their HIV/AIDS status. Section 9 of the Charter provides for the protection of children orphaned by AIDS regardless of

their HIV status. No orphan or vulnerable child should be discriminated against; they should be protected, loved, nurtured and cared for. The Charter also advocates that information on services, grants, and benefits for OVC should be freely available (Legal Assistance Centre, 2000:2).

3.3.1.9. The Combating of Rape Act, 2000 (No 8 of 2000)

This law addresses issues of violence against and the abuse of women and children, especially girls. A study by UNICEF (2005b:70) noted that the number of cases of child abuse and rape was rising in Namibia. Sexual abuse is an extremely traumatic experience for the young victim. Children who experience sexual abuse suffer enormous psychological and emotional trauma, which almost certainly leads to problems in their later development.

3.3.1.10. The Namibian Constitution

The constitution provides for or guarantees fundamental human rights and freedoms in Chapter 3. All human beings are equal and have the right to enjoy their freedom. This right should be enjoyed by every member of society, including OVC. Article 15 of the Namibian Constitution (1990:11) addresses children's rights: Article 15 (1) speaks of the right of the child to be cared for by his/her parents, Article 15 (2) provides for the protection of children from exploitation, and Article 15 (3) (4) protects children from child labour.

3.3.1.11. Namibia Vision 2030, of 2004

Vision 2030 provides a framework for long-term national development with the aim of improving the quality of life of all the citizens of Namibia. It calls for rapid economic growth to be accompanied by equitable social development. Section 4.4.6 of Vision 2030 (National Planning Commission, 2004:120) provides for foster care and the establishment of orphanages in order to give disadvantaged children the opportunity to lead meaningful and happy lives. Some of the strategies include establishing and funding centres for OVC; providing social grants and social safety-nets; ensuring that all the necessary documents for the processing of social grants are made available to guardians or caregivers; and facilitating the process of adoption and foster care.

3.3.1.12. Education Training Improvement Plan (ETSIP)

ETSIP is a programme aimed at improving education in response to Vision 2030. ETSIP's aim is to enhance the education sector's contribution to the attainment of strategic national development goals and to facilitate the country's transition into a knowledge based economy. The government recognizes the threat to development posed by HIV and AIDS. Thus critical national development documents, in line with the Millennium Development Goals, highlight strategic national goals as:

1. The acceleration of growth;
2. Equitable social development, including employment creation and poverty eradication; and
3. Curbing the spread of HIV and AIDS.

The Ministry of Education has developed programmes that address both prevention and support to mitigate the impact of the virus. One of these supporting issues involves meeting the needs of OVC, including OVC who are often excluded from the education system because of poverty. Stigma and lack of education marginalize OVC from society. The programme aims to retain OVC in the education system and meet their basic needs, and to provide psychosocial support and reduce stigma (Ministry of Basic Education, Republic of Namibia, 2008a:2).

3.3.1.13. The National Plan of Action (NPA) for Orphans and Vulnerable Children (OVC) 2006-2010

This plan provides for multi-sectoral responses to address the OVC situation in Namibia. It identifies five areas of priority as follows:

- **Rights and Protection**. The objective is to protect and promote the wellbeing of all OVC and ensure that their rights and the rights of their caregivers are protected and respected.
- **Education**. The aim is to ensure that all OVC of school-going age attend school without being discriminated against because they are unable to pay school development funds, uniforms or hostel fees.
- **Care and support**. The objective of the plan is to ensure that all the basic needs

of OVC are met. This includes adult care and supervision, access to social services, and psychosocial support.

- **Health and nutrition**. To ensure that OVC have access to preventive (including anti-retroviral) treatment, curative health services, and adequate nutrition.
- **Management and networking**. The need for management and networking to ensure that the programmes and services that target OVC are coordinated, and that information is shared among different stakeholders (Ministry of Gender Equality and Child Welfare, 2008:2).

3.3.1.14. The Namibia National Strategic Plan on HIV/AIDS

This plan provided a medium term strategic plan, covering 2004 – 2009, for the effective management and control of the HIV/AIDS epidemic and its direct consequences. The plan consists of five components:

1) The creation of an enabling environment
2) Prevention and access to treatment
3) Care and support services
4) Impact and mitigation services
5) An integrated and coordinated program at management level

Information is mentioned under the fourth component; the plan describes one of the activities as the compilation and dissemination of information to caregivers and the public on how to access grants and other financial benefits for OVC and People Living with HIV/AIDS (PLWHA) (National Planning Commission, Republic of Namibia, 2004:70).

3.3.1.15. International law

At international level, Namibia has ratified various instruments that protect the rights of children. These include:

a) The Convention on the Rights of the Child (CRC) which was adopted in 1989, enforced in 1990, and ratified in September 1990 by the Namibian government. Article 12(5) provides that the child is capable of forming his/her own views on matters affecting him/her and needs to be heard.

b) African Charter on the Rights and Welfare of the Child (ACRWC). Adopted in 1990, entered into in 1999, and ratified by Namibia in 2004.

c) Convention on the Elimination of Discrimination against Women (CEDAW). Adopted in 1979, entered into in 1981, and ratified in 1992.

d) Optional Protocol to CRC Sale of Children, Child Prostitutes and Child Pornography. Adopted in 2000, entered into in 2002, and ratified in 2002.

e) ILO Convention, 182 Worst Forms of Child Labour. Adopted in 1999, entered into in 2000, and ratified in 2000 (Save the Children UK, 2006:10).

In the context of this study, it is important to note that the role of information does not feature prominently in any of the policies (with the exception of the Namibia National Strategic Plan on HIV/AIDS), and although it is implied in the objectives of the policies that information will flow to the targeted groups, it would seem that most of the targeted groups do not have adequate information on these policies and therefore are not making maximum use of the services and facilities.

3.4. OVC caregivers in Namibia

The American Society on Ageing (2003:1) defines caregivers as those persons who assist someone else who needs assistance in order for that person to maintain an optimal level of

independence (see 2.3.1). Van Dyk (2005:323) is more specific in his definition of a caregiver as any person who takes care of the physical, psychological, emotional and/or spiritual needs of a person infected or affected by HIV/AIDS. Examples of caregivers include family members and community members such as friends, volunteers, and healthcare workers. Goodman et al. (2007:428) specify the role of aunts, uncles and siblings as 'kinship care'. Skinner and Davids (2006:62) and Kameeta et al. (2007:11) found that most OVC appear to stay with grandparents and aunts as caregivers.

In this study, caregivers are taken to mean those persons who take care of orphans and vulnerable children, ranging from grandparents to teachers, church leaders, traditional leaders, fellow siblings in child-headed households, and other community or family members and volunteers.

Bauman and German (2005:123) and Van Dyk (2005:324) list quite a number of problems that caregivers face, most prominently financial hardship and the struggle to feed themselves and the children and lack of knowledge on how to care for orphaned children. Grandparents and family members who take on the responsibility of caring for orphaned children also grieve their own loss while responding to the children's grief. Caregivers therefore need to have some knowledge and skills on how to care for OVC. They also need financial assistance to help them meet the needs of the children.

The OVC crisis in Namibia is not just a Ministry of Gender Equality and Child Welfare (MGECW) issue. The children are cared for by their extended families and community members, whose financial resources have already been stretched beyond capacity. As pointed out earlier, poor families that care for OVC need to be helped by improving their access to services (MGECW, 2008:31). Most families are too poor to take care of OVC, resulting in some cases where they are not willing to adopt or foster the children. The OVC are thus left to fend for themselves and either create child-headed households, or become street children (Skinner and Davids, 2006:62; Kameeta et al, 2007:11).

The needs of OVC range from food to security, housing, clothing, bedding, income, education, health services, protection, care, love, recreation, friends, psychosocial support and counselling, to name a few. According to Max-Neef et al. (1991:32), human needs (also children's needs) are the same in different cultures and at all times. The difference lies in how these needs are satisfied or addressed. The authors classify human needs as: subsistence needs, which include food, water and shelter; protection, which includes shelter and the provision of basic health services; affection - parenting and family love; understanding, including intuition and critical thinking; participation, which refers to taking part in different family activities; leisure, the opportunity to rest or play; creation, the ability to be creative or artistic; identity - sense of belonging; freedom - right of making a choice; and transcendence, the belief that we are part of a bigger picture or spiritual awareness (Max-Neef et al., 1991:32).

Caregivers are very important in ensuring that children's needs are met. By giving OVC a secure home, health, food, love, care and compassion, caregivers provide hope and enable children to actively participate in their own future.

There are various ways in which vulnerable children can be assisted in the community. Winkler (2003:49) identified five, namely: noticing the children; helping them realize that we need them in our society; supporting them by helping them identify and meet their own needs; giving them a sense of control, which nurtures their hope for a better life; and motivating and empowering them with skills so that they can avoid infection.

Caregivers also have their own needs, which are both physical and emotional. Caregivers need material support, counselling, education, and social and psychosocial support. Uys and Cameron (2003:181) emphasize the need for training in parenting skills in the case of grandmothers or children who have to care for OVC or siblings.

In Namibia, the number of grandparents taking care of OVC increased from 44 percent in 1992 to 61 percent in 2000 (Tjaronda, 2007:3). It is therefore very important for grandparents to be trained on various aspects of child care. Grandparents may be less able to satisfy the basic needs of OVC such as nutrition, clothing, shelter and healthcare due to their age. They may also fail to

discipline the children properly, and this may result in some children learning bad habits and unacceptable behaviour (Sengando and Nambi in De Witt, 2007:77; Skinner and Davids, 2006:62). In most cases, grandparents and other caregivers do not have sufficient knowledge about how to deal with the emotional problems of OVC.

Child-headed households are becoming increasingly common in Namibia. Whenever possible, the OVC will remain in their parents' house or on their farm in order to take care of their property (Baumen and Germann, 2005:101; World Food Programme, 2002:7). In most cases, the child (caregiver) might not attend school because they cannot pay school fees, and they may also have to take care of the housework and ensure that there is food, particularly if they are girls. Tjoranda (2007:3) observed that a number of OVC can no longer attend school because they have to care for their younger brothers and sisters. The child is also often forced to go and look for work. In some cases, the OVC might resort to illegal activities in order to secure money or resources.

Guest (2003:11) and Skinner and Davids (2006:64) found that if they are lucky, a neighbour may check on them and ensure that they have food, otherwise nobody cares and the children may end up on the streets.

Caregivers and children therefore need to be equipped with relevant information on how to be exempted from paying School development fund, how to access healthcare services, where to get social grants, and which documents are needed before one can register for the grants.

A number of authors (Kumar and Pani, 2001:20; Uys and Cameroon, 2003:181) have classified models of care and support for OVC as follows:

a) **Foster parents**. Foster parents or families provide support when there is no family member available or able to take care of the orphans child. In this instance, unrelated adults may serve as surrogate parents. In some cases, non-governmental organisations (NGOs) might place children in foster care until the eldest sibling is able to adequately take care of his or her siblings (World Food Programme, 2002:6).

b) Institution/resident care. Institutional or residential care takes the form of a home or a centre, and is a frequent response to the needs of affected and vulnerable children. Phiri and Tolfree (2005:12) rightly point out that in countries severely affected by HIV/AIDS, the reliance on residential care can sometimes be justified because of the high number of OVC. Some donors prefer residential care because they claim that they can monitor their investments more closely than they could with family care. On the other hand, researchers like MacLean (2003:854) have criticized institutional care because it lacks personal contact and affection, undermines traditional family values and community responsibilities, and promotes a post-institutional problem in some children who cannot adapt to the new environment. Aside from some of these problems, institutional care does play a crucial role in taking care of OVC.

In Namibia, a number of children are placed together in a house with a house-mother or a house-couple. These homes are situated in a village environment. In 2006, Namibia Children's Home accommodated one hundred and twenty five (125) children who were cared for by thirteen housemothers and attended various schools in Windhoek. These children are placed in such homes by the Namibian courts (Ministry of Gender Equality and Child Welfare, 2006:37).

c) Afterschool centre. Afterschool centres are another type of care-giving model. These centres take care of children after school during the week, allowing them to do their homework under supervision or to engage in educational activities. The centres also take care of street children, with an emphasis on integration into the school and family life (Ministry of Gender Welfare and Child Support, 2006:37).

d) Adoption. Adoption is another type of care-giving model. A child who cannot be placed with his or her extended family can still be integrated into a family home and community. At present, this is not very common in Namibia.

e) **Home-based care**. This refers to children receiving care and services while remaining with their families. Social workers and other agencies visit the families in order to assess the needs of the OVC, counsel the children and families, refer the caregivers to service providers, and provide other forms of assistance.

f) **Temporary shelters**. These help to bridge the gap between residential and home-based care. Temporary shelters accommodate children while they are waiting to be reintegrated into the community

The Namibian National Policy on OVC clearly states that the best solution to caring for OVC lies close to home. Care should be child-centred, and family and community focused. Orphans should be cared for by appropriate adults in the family, extended family members, or foster families. Alternatively, they may be adopted. In order for caregivers to be able to meet the needs of the OVC, the government and other stakeholders need to support them (MWACW, 2004:5).

Schools often have to act as substitute caregivers as well. Teachers are important caregivers because all school-going children need to attend school. De Witt (2007:75) argues that in the absence of parents, the school can be viewed as the surrogate authority of OVC. But teachers can only help if they are equipped with the necessary information and skills on how to counsel children and where to refer learners in different situations. The Orphans and Vulnerable Children Policy on HIV and AIDS for the Education Sector in Namibia (2008a), Section 7.3, states that all employees in the education sector should be sensitized about the special needs of vulnerable learners, particularly those infected, affected or orphans by HIV and AIDS.

3.5. OVC service providers in Namibia

In Namibia, the Namibian Network of AIDS Service Organisations (NANASO) coordinates civil society in the field of HIV/AIDS. Presently there are NGOs, community-based organisations (CBOs), and faith-based organisations (FBOs) that are very active in the field of service provision to OVC who are affected in one way or another by HIV/AIDS. According to the Namibia Network of AIDS Service Organisation (NANASO) (2008:7), there are a total of 354 organisations with 467 centres, and of these, 104 organisations (as listed in the activities of

organisations, NANASO, 2008:19) are working with OVC and caregivers. The distribution of these centres is skewed in favour of urban areas; most of the centres are concentrated in Windhoek (124 centres) while only a few (23) are found in Ohangwena where there is a very high prevalence of HIV affected people and OVC. Foster (2008:18) observed that a lot of NGOs often mushroom in the same locality with minimum coordination, and thus provide the same households and children with the same services.

Service providers in Namibia play a crucial role in helping OVC and caregivers. As previously discussed, the government has played a strong leadership role by adopting policies and passing legislation aimed at supporting OVC. Faith-based organisations (FBO), community-based organisations (CBO), non-governmental organisations (NGO), inter non-governmental organisations (INGO), and international partners have all worked hard to compliment the government's efforts in providing services. Van Beelen (2007:3) identifies community-based organisations as particularly important in assisting and identifying OVC and their caregivers and ensuring that social grants are used effectively. International development partners have also played a pivotal role in providing different services to OVC and caregivers. UNICEF and UNAIDS, for example, have engaged in a number of research and advocacy projects, and policy development and government projects (Foster, 2008:8).

3.5.1 Types of services

The Ministry of Gender Equality and Child Welfare identifies seven categories of possible services that can be rendered to orphans and vulnerable children in order to meet the National Plan of Action on Children (Yates, 2004:6; 2007:13) as follows:

3.5.1.1. Educational and vocational support

This service includes paying school development funds/ fees for OVC, buying the children books and other stationery, buying school uniforms, and sometimes assisting with secondary, vocational and university education and providing hostel accommodation. The Ministry of Education is responsible for ensuring that all OVC have access to quality educational services, which is why it instituted school fees exemption for OVC. Other organisations, such as faith

based organisations, assist by buying books, stationary, school uniforms, and sometimes assisting with secondary, vocational and university education.

3.5.1.2. Psychosocial support

Counselling and other forms of psychosocial support are mostly provided by NGOs and FBOs to children who need support. Some organisations train volunteers who provide home-based care to families who need these services on a regular basis.

3.5.1.3. Alternative care and places of safety

This includes the provision of residential care. The Ministry of Gender Equality and Child Welfare (MGECW) (2008b:iv) defines alternative care as any private arrangement in a family environment, where a child is looked after on an ongoing or indefinite basis by relatives or friends, also referred to as informal care. Formal care refers to care provided in a family environment at the behest of a competent administrative body or judicial authority, while alternative care may be one of the following:

a) **Kinship care**: a child is taken in by an extended family member or close friends who are known to the child;
b) **Foster care**: based on a temporary arrangement ordered by a competent authority, a child is placed in a domestic environment of a family other than the child's own family; and

c) **Residential care**: children are cared for by remunerated adults who are not typically viewed to be traditional caregivers in wider society. An example of this type of care is a children's home, which is run as a family type of home that accommodates a number of children who are not related to the person running the home. Namibia Children's Home, which falls under the MGECW, provides accommodation to more than 100 children who are in need of care.

3.5.1.4. Financial support/child welfare grants

Some organisations provide financial support or grants to OVC, caregivers and foster parents. The Ministry of Gender Equality and Welfare is the main provider of financial support, as stipulated in the Children's Status Act No. 6 of 2006. The Ministry of Gender and Child Equality indicated that as of April 2010, 117,000 children had benefited from child welfare grants (National Planning Commission, 2010:16). There are four types of grants, namely maintenance grants, foster grants, special maintenance grants, and places of safety allowances.

- The maintenance grant is intended for the biological parent of a child younger than 18 years whose other parent has passed away, is serving a prison sentence of six months or longer, or is receiving an old age pension or disability grant. In order to qualify for this grant, the applying parent must be earning a gross income of less than N$1000 per month. The current value of the maintenance grant is N$200 for the first child and N$100 for each additional child, with six being the maximum number of children (MGECW, 2010:4).

- A foster care grant is directed at any person who is taking care of a child that has been temporarily placed under his/her custody while the child is believed to be in need of care. A registered social worker first has to write a report which will be presented in court. The court then issues a court order if it accepts the recommendation that the child is in need of care. The court places the child with a relative or a friend, or in a children's home. The foster parents can get a copy of the Court Order to give to the MGECW to apply for a foster care grant, which is N$230 per month for the first foster child, plus N$130 for every additional child per applicant on a monthly basis (MGECW, 2010:4). In order to apply for the grant, the applicant needs a Children's Court Order; a certified copy of the birth certificate of the child; the school report of the child; and a certified copy of the I.D of the foster parent. Termination of foster care placement can be as a result of the following:
    a) Re-unification of the child with his/her biological parents
    b) The child involved is over the age of 18 and not attending school anymore

c) The child involved reached the age of 21 years and is not attending school or a tertiary institution (Ministry of Gender Equality and Child Welfare Information Sheet, 2010:227)

- A special maintenance grant is paid to the caregivers of children under the age of 16 who have been diagnosed by a state medical officer or doctor as being either temporarily or permanently disabled.
- The place of safety allowance is paid to any person or institution taking care of a child under the age of 18. A social worker needs to write a report to recommend that the child is in need of care. The court will then issue a Detention Order and place the child temporarily in an institution or allocate them to a person for 14 days. The Detention Order is renewable until a more permanent alternative is found. The person or head of the institution uses the Detention Order to apply for the grant. The value of the grant is N$10.00 per child, per day.

3.5.1.5. Economic strengthening

Some service providers assist OVC and caregivers with income generating activities and small business support. Most caregivers are poor, particularly in the regions of Ohangwena, Omusati and Oshikoto (National Planning Commission, 2010:25). Female-headed households are more likely to be poorer than male-headed households (National Planning Commission, 2010:25). Thus, some organisations have formulated projects that train caregivers in income generating activities. The income is used to take care of the OVC and sick relatives. Examples of these projects include raising poultry, horticulture, and sewing.

3.5.1.6. Provision of food and nutrition

A number of NGOs provide nutritional education and supplementary food to OVC through school feeding schemes, soup kitchens and food parcels. The National Planning Commission (2010:29) suggested that children in Ohangwena, Kavango and Oshikoto suffer the highest incidence of child poverty.

3.5.1.7. Provision of health services

This refers to the provision of medical care, such as medical support, referral services, nutrition monitoring, and the provision of ARVs. According to the National Planning Commission (2010:20), the Ministry of Health is particularly focused on two programmes to curb the epidemic, i.e. the Prevention of Mother to Child Transmission (PMTCT) and Anti Retroviral Therapy (ART).

3.5.1.8. Child care and protection

Some organisations provide legal support to the caregivers and OVC, such as defending their rights to property. In some cases, parents and caregivers are taught how to write wills. The Ministry of Justice is responsible for administering the Justice Programme (National Planning Commission, 2010:21). The Justice Programme appoints Commissioners of Child Welfare whose responsibilities are to protect the interests of the child. For example, court proceedings involving children take place in closed courts in order to protect the identity of the child.

3.5.1.9. Official documents/ identity documents

The Ministry of Home Affairs and Immigration ensures that all OVC are able to obtain identity documents and other important papers, such as their birth certificates and the death certificates of the deceased parents.

3.5.1.10. Afterschool centres

With this type of service, the organisation takes care of children, mostly after school. Afterschool centres provide OVC with food, assist them with their homework, and sometimes care for young ones while their caregivers are working. The Ministry of Gender Equality and Child Welfare provides afterschool centres where children, including OVC, can go after school to do their homework under supervision (Ministry of Gender and Child Welfare Annual Report, 2006:37).

3.5.1.11. Material support

Material support refers to the provision of items such as clothing or blankets to OVC and caregivers. Namibia Red Cross Society provides blankets and mosquito nets to OVC and caregivers, particularly in Ohangwena.

3.5.1.12. HIV/AIDS awareness programmes

Many organisations are providing life skills education, such as HIV/AIDS awareness programmes. The Ministry of Education provides HIV and AIDS prevention programmes to schools. These programmes train teachers in life skills education and distribute material on HIV/AIDS prevention (Ministry of Education, 2008b:7). The latter includes sexual and reproductive health information, provision of free condoms, and where to find HIV testing centres.

3.5.1.13. Home-based care

Some organisations train volunteers to provide home-based care to families that need the services on a regular basis. In the case of families with terminally ill patients or child-headed households, the volunteers assist by collecting medicine for the families or giving advice to the children who head households.

3.5.1.14. Other key service providers

Catholic AIDS Action (CAA) is an ecumenical project and a faith-based NGO. It provides short-term assistance to orphans and other vulnerable children, referred to as the "Orphans' Emergency Fund" (Catholic AIDS Action, 2005:1). This assistance includes a once off payment of the equivalent of two months worth of foster-care grants. This is intended to assist foster parents while papers are being processed by the MGECW. The NGO also covers the cost of grade 10 and 12 examination fees, and also provides school uniforms and/or donated books and other supplies. In order to be eligible for funding, a child must be orphaned due to the death of one or both parents, and under the age of 18 years (or 21 years if still attending school, fulltime).

3.6. Critique of the contextual environment and implications on this study

Namibia is one of the youngest countries in Africa, having achieved independence in 1990 from former Apartheid South Africa. Many of the social structures relevant to this study still reflect the past discriminatory provision of social services along racial lines as the government struggles to address the backlog in health, education and social services provision on an equitable basis. In the Apartheid past, black people generally received far poorer services in comparison to the white population. The Apartheid legacy is also reflected in unequal income distribution in the country; the country is grouped among countries with the worst income distributions in the world (National Planning Commission, Republic of Namibia, 2012b: xii).

Namibia documented the HIV/AIDS outbreak in 1986, and the prevalence rate stands at around 19% of the population, one of the highest in the world. The most affected town is Katima Mulilo (35.6%), while the lowest prevalence rate is in Rehoboth (4%). In Katima Mulilo, the HIV/AIDS prevalence rate is higher than Rehoboth, possibly because it is situated at the major international border that links Angola, Botswana, Namibia, Zambia and Zimbabwe, and there is a lot of prostitution in the area, with documented low levels of condom usage and multiple sex partners. There is also an unhealthy reliance on plants to manage HIV/AIDS (Chinsembu and Hedimbi, 2010:1; Ministry of Health and Social Services, 2010:16).

The two research sites of Ohangwena and Khomas lie somewhere between the extremes (of Katima and Rehoboth) at 22%. HIV/AIDS has led to a high death rate among young parents, which in turn has led to a high number of OVC, currently standing at 250,000 children (UNICEF and UNAIDS, 2011:6). Given such high numbers, the extended family is no longer able to take care of orphans and vulnerable children in society. Orphans require feeding, education, and access to health care and other services. It is estimated that around 61% of OVC are looked after by their grandparents. Often, children may be forced to take care of their sick and dying parents before becoming child-parents themselves.

The government has responded by putting several policy measures in place, including: The National Policy of Orphans and Vulnerable Children (2004); Permanent Task Force for OVC (2006); The Educational Sector Policy for Orphans and Vulnerable Children in Namibia (2007);

The National HIV/AIDS Policy (2007); The National HIV/AIDS Charter of Rights, (2000); The National Plan of Action for Orphans and Vulnerable Children, 2006-2010; and The Namibia National Strategic Plan on HIV/AIDS, 2004-2009. However, these policies have had only limited effect on most orphans and vulnerable children and their caregivers, who continue to face extreme hardship. This is arguably because of weak implementation stemming from the inadequate monitoring and evaluation of programmes**.**

Furthermore, while the many government ministries and departments involved may seem like a blessing, they also create confusion among OVC and caregivers. As discussed, the OVC and caregivers have many pressing needs, such as getting enough food to eat, obtaining school development fund exemptions, accessing health services, accessing government social grants, and obtaining documents such as ID books, birth certificates, and the death certificates of parents. The bureaucratic system of the government means that each of these needs is often addressed by a different government ministry. Without information, OVC and caregivers can struggle to identify the ministry that is responsible for a particular service.

As stated earlier, one of the main contradictions stems from the categorisation of Namibia as a middle income country despite high levels of poverty and income inequality (35% of population living below the poverty line). As a middle income country, Namibia is not eligible to receive most donor support/funding for projects, such as OVC-related projects, as the funding tends to go to poor or low income countries. The reality to all Namibians who live below 1 to 2 U$ dollars per day is that Namibia is actually one of the poorest countries in the world.

3.7. Summary

This chapter looked at the historical, political, social, legal and economic impact that HIV/AIDS has had on Namibia with respect to the OVC crisis. The AIDS pandemic in Namibia has placed many children in a difficult position, in most cases as orphans, and in some cases as caregivers of their sick parents or siblings (Lebeau quoted in Tiki, 2006:20). It has increased poverty in families, reduced production across all sectors of the economy, resulted in the loss of skills, increased staff absenteeism, and affected total health expenditure. OVC are faced with numerous challenges, including loss of property, stigmatization, abuse, poverty, and lack of information

about services.

The government of Namibia, together with civil society (NGOs, faith-based organisations, community-based organisations, etc.), has put several mechanisms in place in response to the plight of OVC, including the development of policies and adhering to international agreements to improve the lives of people (MGECW, 2006:15).

The chapter concluded by providing a general description of the services provided by different organisations in Namibia. According to NANASO (2008:7), it is estimated that 104 organisations provide services to OVC and caregivers in Namibia. These organisations provide different forms of assistance, in particular educational support, provision of health services, psycho-social support, shelter and care, economic strengthening, food and nutrition, and protection services. The next chapter presents the research design and methodology of the study.

CHAPTER FOUR

RESEARCH DESIGN AND METHODOLOGY

4.1. Introduction

The present chapter presents the research design and methodology of the study. According to Mouton (2001:55), the term 'research design' refers to the 'plan of action' that a researcher follows in a study, from the selection of research subjects or participants, to collecting data from or about them. In this 'plan of action', the researcher describes what he or she will do in order to explore the research problem (Mouton, 2001:55). Thus research design specifies the most important operations to be performed in order to explore the research questions or test specific hypotheses under given conditions (Bless and Higson-Smith, 2000:63). Research design is important because it serves as a guide or framework that directs the research action and ensures that all aspects of the study will be addressed and executed in the right sequence. Such action will result in saving time and the effective utilization of resources.

Chapter Four describes the research design, the research methodology, and the procedures that were followed in conducting this study. The chapter is divided into the following sections: i) An overview of what constitutes research design and methodology; ii) A discussion of different research methods and why specific methods were used in this study; iii) Information about the target population; iv) A discussion of why sampling is important, the sampling techniques that were used, and how the sample size was determined; v) A description of the research instruments that were used and justification for selecting these instruments; vi) Data collection procedure; vii) Discussion of the pilot survey that took place in Okahandja and its outcomes; viii) Discussion of the reliability and validity of the research instruments; ix) Explanation of how the data was analyzed and presented; x) Discussion of the challenges and limitations encountered; and xi) Description of how the research findings will be disseminated.

4.2. Research methodology

Leedy (2004:104) defines the term 'methodology' as the operational framework within which data is placed in order for the meaning to be clearly perceived. Powell and Connaway (2004:286) differentiate between the terms 'methods' and 'methodology'. They define 'methods' as any procedures or processes that are used to achieve a certain end. The end in this case refers to research data, while the method is the means by which this data will be collected. The authors define 'methodology' as the strategy of applying different methods of data collection.

When conducting a study, the researcher can opt for qualitative research, quantitative research, or the use of both (qualitative and quantitative) research paradigms. While the qualitative and quantitative research paradigms may be viewed as opposites, they also serve to complement each other as each has a different set of strengths and weaknesses.

Neuman (2003:151) notes that the 'soft' data (impressions, words, sentences, photos, symbols, etc.) of qualitative research dictates different research strategies and data collection techniques when compared to the 'hard' data (statistics, numbers, proven facts, etc.) of quantitative research. However, both methods can be used to understand social life and to test and develop theories. In both cases, the researcher carefully examines empirical information and derives meaning from data in order to reach a conclusion based on the available evidence. In both research methods, researchers try to avoid errors, false conclusions and misleading inferences, and compare the evidence they gathered internally or with related evidence. Thus in both instances, researchers identify multiple processes, causes, properties or mechanisms within the evidence. They then look for patterns, for example, similarities and differences, in the data (Neuman, 2006:458).

4.2.1. Qualitative research

Qualitative research, according to Neuman (2006:457) and Phelps, Fisher and Ellis (2007:217), is presented in the form of text, video, images, written words, phrases, symbols, etc., describing or representing people, actions, and events in social life. Qualitative research's main purpose is to reveal the nature of certain situations, processes, relationships, systems or people. It deals with non-measurable aspects of data.

In comparison to quantitative research, qualitative research has more flexible guidelines and the outcome is not predetermined.

Qualitative research also has many approaches to data analysis (Neuman, 2006:458), and most of these approaches employ naturalistic methods. Fieldwork is an example of a naturalistic method as it allows the researcher to familiarize themselves with the people living in a specific setting (Powell and Connaway, 2004:3).

Another major difference between the two paradigms lies in the analysis of data. In qualitative research, data is analyzed at the end of data collection, while in quantitative research, analysis takes place while data is being captured in order to spot patterns and relationships early on in the research (Neuman, 2006:458). Research is a form of communication, and according to Sarantakos (2004:51), qualitative research is built upon intense communication between the researcher and the population in question. It does not aim to separate the researcher from the population as both are working towards a common goal.

4.2.2. Quantitative research

Quantitative methodology provides a framework that allows other researchers to repeat the same research and get similar results. The approach that is used in quantitative research to construct knowledge is more exact and formal, and the procedures and concepts are more rigidly defined. Measuring concepts and variables is important in quantitative research because this establishes the validity of the findings. Leedy (2004:180) provides two examples of quantitative research to include situations where each occurrence of the behaviour is counted to determine its overall frequency, or where the behaviour is rated for accuracy, intensity, maturity, or according to some other dimension.

Quantitative research, according to Leedy (2004:179) and Powell and Connaway (2004:3), involves either identifying the characteristics of an observed phenomena, or exploring possible correlations between two or more phenomena. Quantitative research does not involve changing or modifying the situation under investigation, nor does it intend to determine cause-and-effect relationships. This method employs structured techniques of data collection that allow quantification.

4.2.3. Triangulation

In this study, both qualitative and quantitative research methods were used in order to improve accuracy. The notion of employing both qualitative and quantitative methods is referred to as triangulation. Sarantakos (2004:168) explains that quite often, researchers combine different methods of data collection, such as surveys and experiments, experiments and observation, or observation and documentary methods, when studying a specific social issue. Triangulation can be divided into two types: inter-method triangulation, which employs two or more methods of different methodological origin and nature; and intra-method triangulation, which employs two or more techniques of the same method.

4.3. Target research population

The term 'research population', according to Ikoja–Odongo (2002:172) and Neuman (2006:520), refers to all the people who are potential respondents before a sample is drawn. The target research population of this study consisted of orphans and vulnerable children between the ages of 8 - 18, their caregivers, and service providers in Namibia.

Caregivers in this survey consisted of individuals who were providing direct care to the OVC, such as grandparents, counselors, traditional leaders, relatives, friends, neighbours, teachers, and parents (single parents). Service providers included agencies, non-governmental organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBO), government departments, international organisations, and institutions.

OVC and caregivers living in Khomas and Ohangwena were selected because Khomas represents the main urban settlement in Namibia, while Ohangwena is its rural counterpart. The choice of rural and urban research populations was made to enable the researcher to compare the information needs and seeking behaviours of the sampled populations in the two information environments.

4.3.1. Ohangwena region

Ohangwena is one of thirteen regions in the northern and western parts of Namibia. According to the National Planning Commission (2012:50), Ohangwena has a population of 245,100 (11.6% of Namibia's population), with 132,900 females and 112,200 males. Ohangwena consists of eleven

constituencies, namely: Eenhana, Endola, Engela, Epembe, Ohangwena, Okongo, Omundaungilo, Ondobe, Ongenga, Oshikango and Omulonga (National Planning Commission, Republic of Namibia, 2012:44). Ohangwena shares its borders with Angola in the north, Okavango in the east, Oshikoto in the south, Oshana in the south east, and Omusati in the east. The majority of its inhabitants speak Oshikwanyama, followed by people speaking Oshindonga. Other languages include !Xulu, !Kung (the San group), Rukwangali, Mbukushu (Kavango languages), and Silozi and Subiya (Caprivi group). Almost all (99%) of the population in the region resides in rural areas, and only 1% live in the urban areas of Ohangwena. With respect to the main sources of income, 2008's statistics revealed that: 52% were dependant on farming, 20% on pensions, 13% on wages and salaries, 8% on business and non-farming activities, and 5% on cash remittance. In 2008, the population of children under 15 years who were orphaned due to the death of their mothers was 5%; fathers, 11% (single orphans); and both parents (double orphans), 2% (National Planning Commission, Republic of Namibia, 2010:11). Throughout this study, orphans and vulnerable children were children up to 18 years of age, as defined by the Ministry of Gender Equality and Child Welfare.

According to the New Era (2009), Ohangwena is the third poorest region in Namibia, with a Human Poverty Index (HPI) of 31% after the regions of Caprivi and Omaheke, which had HPI ratings of 36% and 32% respectively. This is in contrast to the Khomas region, where the majority reside in urban areas and depend on wages and salaries as their primary sources of income.

4.3.2. Khomas region

The Khomas region consists of eleven constituencies, namely: Tobias Hainyeko, Katutura Central, Katutura East, Khomasdal North, Soweto, Somora Michel, Windhoek East, Windhoek West, Windhoek Rural and Moses/Garoeb (National Planning Commission, Republic of Namibia, 2012:43). Statistics for 2007 reveal that 93% of its population was living in urban areas, while 7% lived in rural areas. 2012 recorded a total population of 340,900; 171,100 were female and 169,800 male, with the main spoken languages being Oshiwambo, Afrikaans and Nama/ Damara (National Planning Commission, Republic of Namibia, 2012:43). According to the National Planning Commission (2005), the Khomas region is developing rapidly, and thus attracts a lot of people in search of greener pastures (Hoeaes, 2010:3). The Khomas region's population, and in Windhoek especially, is projected to reach 435,375 by 2017. The statistical information in

2007 on orphaned children under 15 years shows that 3% of the children were orphaned due to the death of their mother, while 6% were orphans because of their father's death (single orphans), and 1% had lost both parents (double orphans). Furthermore, the main sources of income varied, with wages and salaries comprising 83.3%, business and non- farming activities, 6.6%, cash remittance, 3.9%, pensions, 3.2%, and farming, 1% (National Planning Commission,Republic of Namibia, 2007:xv). Thus most of the households in the Khomas region earn salaries and wages as their primary sources of income.

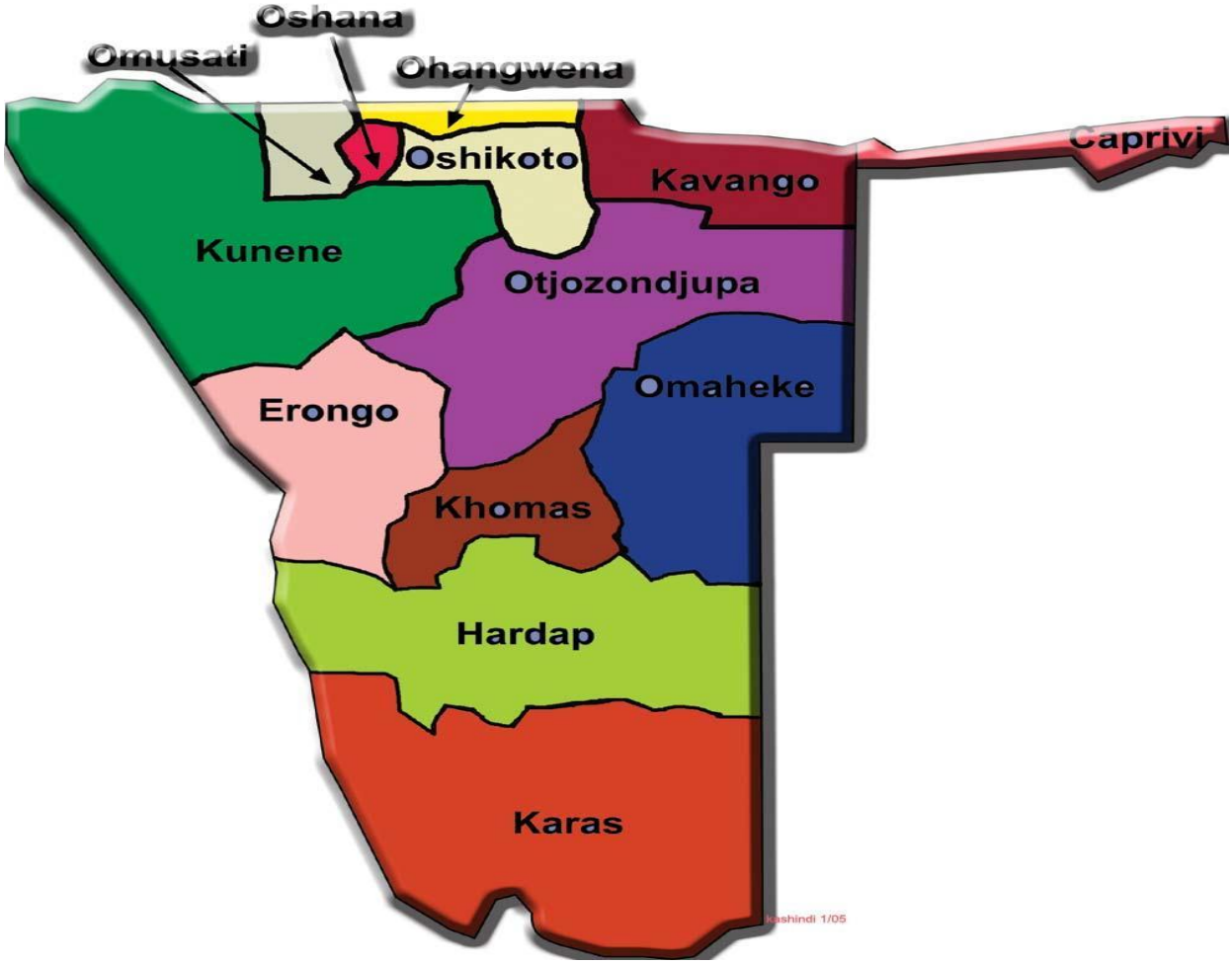


Figure 1: Map of Namibia (Source: http://www.google.images)

4.4. Sampling

Sampling enables the researcher to study a small number of units instead of the entire target population and to decide who should take part in the survey. Sampling achieves two major goals. The first is to establish a good representation of what the researcher is studying and hence reduce or eliminate bias, and the second is to be able to make inferences from findings based on a sample onto the larger population from which the sample was drawn (Baker, 1998:134). According to Struwig and Stead (2001:109), obtaining information from a sample is often more practical and accurate than obtaining the same information from the entire universe or population. For example, a researcher who wishes to investigate the perceptions of South Africans towards HIV/AIDS sufferers and who does not want to use sampling, may have to interview (personally, by mail, or by telephone) about 40 million people (Struwig & Stead, 2001:109). Comparatively, this study was carried out in Namibia, which has a population of 1.8 million people, but even with this smaller population, such an approach would be extremely costly, complicated, and time consuming. Thus, sampling was necessary and moreover, two sampling techniques were used.

4.4.1. Purposive sampling

Neuman (2003:203) and Babbie (2008:204) describe purposive sampling as a technique that uses the judgment of an expert to select research subjects who fit the criteria of a specific study.

Purposive sampling was used to select OVC who were between 8 and 18 years old, single and double orphans, girls and boys, and caregivers who were taking care of one or more OVC (grandparents, child headed households, counselors, traditional leaders, teachers). Purposive sampling was used because it was impossible to obtain a list of all the OVC and caregivers from the two regions in order to randomly sample them. Instead, the assistance of "experts" familiar with the chosen research groups such as social workers, traditional leaders, teachers, and church leaders were approached to identify a sample of respondents in Ohangwena and Khomas for inclusion in the study. The aim was to have a representative sample of the OVC and caregivers from both urban and rural settings.

4.4.2. Snowball sampling

Snowball sampling is another form of non-probability sampling, also referred to as accidental sampling. This method is mostly used when members of a particular group in a population are difficult to trace. With this technique, the researcher collects data from a few members of the target population, and uses these members to identify other members whom they happen to know.

According to Babbie (2008:205), 'snowball' refers to the process of adding participants to the research by asking the few identified members to suggest other members who could be of interest to the investigation. A snowball grows as it rolls, and likewise snowball sampling gathers an information-rich pool of resources as one contact leads to two, which leads to three, etc (Ulin, Robinson and Tolley, 2005:58). Because informants with special expertise are likely to identify other knowledgeable people, this technique can be valuable when the researcher does not know anyone in the field. It is especially useful when individuals with information or knowledge are difficult to reach, for example a person who is afraid of public exposure (Ulin, Robinson and Tolley, 2005:58).

Critics of snowball sampling have argued that this kind of sampling is steered by the fact that it uses one subject to identify more participants for sampling. These participants will more often than not share similar behavioural characteristics which may result in sampling bias. In addition, there is no way one can tell whether the sample is representative of the population (Babbie, 2008:205). Aside from its limitations, snowball sampling is cost effective and provides a convenient way of getting people who are difficult to reach.

The snowball sampling technique was used to locate informants by asking respondents to identify individuals or groups with a special understanding of or link to the topic under study. The researcher asked informants to recommend any other persons who met the criteria of the study and who might be willing to participate in the project.

The snowball technique was opted for because there was no master list from which to draw a sample, and thus it was virtually impossible to achieve probability sampling. Furthermore, some

of the people who were taking care of AIDS orphans did not wish to be exposed due to the stigma of the disease. Because there was no authoritative list of service providers, the snowball technique was also used to select the organisations and departments (government departments, non-governmental organisations, community-based organisations, faith-based organisations, etc.). In other words, the main organisations and departments that dealt with OVC in Khomas and Ohangwena were contacted and asked to nominate other contacts that they felt would be appropriate to include in the study.

The nominated organisations and departments were contacted telephonically and through email correspondence to find out if they qualified and if they would be willing to participate. The criteria for participation in the case of organisations and departments (service providers) was that they had to be providing services like healthcare and nutrition (food provision/ school feeding programmes, Antiretroviral Therapy (ARV), referral services); educational support (providing school uniforms, school funds, fees exemption, training skills); psychosocial and counselling support (after school programmes, kids clubs, counselling); financial support (bursaries, social assistance grants, supplies); legal protection (litigation or legal services); life skills (HIV/AIDS awareness) accommodation (places of safety/homes); spiritual support; material support (clothes, blankets) and other support such as home-based care, income generating activities, condom distribution, etc.

4.5. Sample size

When sampling, it is important for the sample to be the right size. A large sample is more representative but very costly, while a small sample is cheaper and more convenient but less accurate. The deciding factor in determining the sample size revolves around finding a way to ensure that the sample is representative of the population. According to Bless and Higson-Smith (2000:94), this can be expressed in terms of probability. One usually expects to have a 95% chance that the sample will be distributed in the same way as the population (Bless and Higson-Smith, 2000:94).

According to the Namibia Census Report of 2001 (National Planning Commission, Republic of Namibia, 2003:75), Ohangwena (representing rural Namibia) had a population of 17,000 OVC, while Khomas (representing urban Namibia) had 6,000 OVC (National Planning Commission, Republic of Namibia, 2003:75). The population figure for OVC was based on the national

population census of 2001 because the 2011 population census was not released at the time of study.

This study used a sampling ratio of 2.16%; 368 OVC from Ohangwena and 198 OVC (3%) from the Khomas region were sampled. It was believed that this ratio would sufficiently represent OVC from rural and urban areas across Namibia. Wilson and Abeyasera (2006:26) argue that the sample size is determined based on what the researcher wants to know, the purpose of the research, and the nature of the population. There is no one right size, although the larger the size, the greater the reliability. Purposive sampling was used to select the OVC, and only children from 8 to 18 years old were selected with informed consent from caregivers. The sample figure for caregivers and service providers was determined following discussion with officials from the Ministry of Gender and Child Welfare. To reiterate, because there was no authoritative service provider's directory or a caregivers list that could be used to randomly select them for the study, a combination of snowball sampling and purposive sampling was used to select caregivers and service providers.

The study surveyed a total sample of 655 respondents: 566 OVC (368 from Ohangwena and 198 from Khomas), 70 caregivers (51 in Ohangwena and 19 from Khomas), and 19 service providers (9 from Ohangwena and 10 from Khomas).

A large number of the service providers were concentrated or based in Windhoek, while a few had branches in Ohangwena. Badcock-Walters et al. (2008:5) found that there are generally fewer service providers in rural areas. Questionnaires were sent to the service providers, while interviews were conducted with the OVC and caregivers.

There were also eight focus group discussions (FGDs) arranged with 45 participants in the Ohangwena region; three groups were for key informants with a total of 16 participants, and five groups were for caregivers with 29 participants. In the Khomas region, there were three FGDs with 66 participants; two groups (18 participants) were for the caregivers, and one group (with 3 participants) was for key informants.
The total sample is shown in Table 3.

Table 3: OVC, caregivers and service providers - sample size

Respondents	Ohangwena		Khomas		Total Respondents
	N	%	N	%	
OVC	368	65	198	35	566
Caregivers	51	73	19	27	70
Service Providers	9	47	10	53	19
Total	**428**	**65**	**227**	**35**	**655**

Table 4: FGDs in Ohangwena and Khomas

	Ohangwena		Khomas		Total Res
	N	%	N	%	
Key Informants	16	84	3	16	19
FGD-Caregivers	29	62	18	38	47

4.6. Research instruments

In research, different research instruments can be used to collect research data. In other words, the same method of capturing data can be adapted to another type of research, provided that the research design and the way that the data will be analyzed are directly related to the chosen type of research (Bless and Higson-Smith, 2000:100).

As indicated earlier, this study used a combination of interviews, questionnaires and focus group discussions in order to get a complete picture of the information needs and information seeking behaviour of OVC and their caregivers. Many other studies on OVC have used multiple methods in order to view the subject from different angles (Ward and Mendelsohn, 2008; Van der Brug, 2007; Yates and Hailonga, 2006:16).

Structured interviews were used for OVC and their caregivers to determine their information needs and information-seeking behaviour; focus group discussions were used for caregivers and key informants to determine their views, attitudes and thinking; and a mailed questionnaire was administered to gather data from service providers. Interviews were used with the OVC and

caregivers because they were believed to be the best instruments to use to collect in-depth information from respondents who may be semi-literate. The mailed self-administered questionnaire was administered to the service providers because it is a cost effective way to collect information from a research population that is geographically scattered, and because the service providers were assumed to be literate to the extent that they could complete the questionnaire unaided.

The quantitative method was also used in order to produce more valid and reliable results by establishing cause-and-effect relationships (Leedy, 2004:180).

4.6.1. Interview schedules

An interview schedule consists of a set of questions that are read to the respondents by the interviewer, who also records the responses. The main advantage of using this research instrument is that it can be administered to respondents who cannot read or write. The respondent can also ask for clarification whenever the need arises, meaning that all misunderstandings and misconceptions can be cleared up on the spot.

In this study, OVC and caregivers were interviewed separately. The OVC interview schedule was divided into two parts. Section one focused on demographic information and included questions about age, gender, level of education, and how they paid the school development fund. The aim was to gather more personal information about the OVC and also to confirm whether they qualified to be included in the study.

Section two dealt with information needs and information seeking behaviour. The aim of this section was to determine when, how and why information was needed by the OVC, and what problems and situations they were facing with respect to information. The respondents were asked about the search strategies they used to solicit information; channels and sources used to obtain information; the problems they faced when searching for information; and the organisations or institutions that they used to get services.

The caregivers' interview schedule was also divided into two parts. As with the OVC, section

one solicited demographic information: age, gender, education level, employment, income level, and sources of funding. The aim was to gather personal information about the caregivers and also to confirm whether they qualified for inclusion in the study. Section two dealt with information needs and information seeking behaviour. The aim was to establish the caregivers' information needs, the search strategies that they used to solicit information, different methods they used to share information, channels and sources used to obtain information, the problems they faced when searching for information, and the organisations or institutions that they used to get services.

4.6.2. Focus group discussions (FGDs)

Kitzinger (2006), Sarantakos (2004) and Gibbs (1997) describe a focus group discussion as an organized discussion group with participants who have relevant views to share about a topic. A focus group discussion is a type of group discussion that is guided by a facilitator and used to gain an understanding of research participants' understanding, behaviour, and attitudes in order to generate data (Kitzinger, 2006:1; Sarantakos, 2004:180; Gibbs, 1997:1). Although a focus group is a group of people who share similar experiences, it is not constituted as an existing natural social group; that is to say they do not know each other in the course of day-to-day life. Thus it is a homogeneous group, but does not include close friends or relatives (Kitzinger, 2006; Gibbs, 1997:1; Sarantakos, 2004:180).

Focus groups were used in this study in order to explore and capture data on respondents' attitudes, feelings, beliefs, experiences and reactions, which would not be feasible using other methods like questionnaires or observation (Gibbs, 1997:2). Some researchers (McQuarrie, 1996:180; Gibbs, 1997:3) have noted that the focus group discussion is popular among social science researchers who use it in their preliminary studies leading up to quantitative research. However, Sarantakos (2004:180) notes that it can be used as a supplementary source or as part of a triangulated study. According to Gibbs (1997:3), a focus group discussion can be used either as a method on its own, or as a complement to other methods, especially for triangulation and validity checking. Furthermore, participants' interaction within the group may trigger a discussion about issues that had not been considered by the researcher before (McDaniel and Bach, 1994:4).

According to Neumann (2006:412), this method is useful because it encourages open discussion, especially among members of a disadvantaged group in society. Respondents tend to feel empowered, especially in action-oriented research projects, and it allows the researcher to get valuable information about group processes, attitude changes and manipulation, and the general attitudes and opinions of the group members (Neumann, 2006:412). Other advantages of this method include the fact that it does not discriminate against people who cannot read or write; can encourage contributions from people who feel they have nothing to say; and participants may explain their questions and answers to each other (Neumann, 2006:412; Gibbs, 1997:3; Kitzinger, 2006:2). A focus group discussion allows greater flexibility because it offers immediate feedback - clarification or suggestions can be sought out immediately.

Critics of FGDs have argued that geographical distance may prevent intended participants from attending the discussions. In addition, some outspoken participants may dominate the FGD (Maree et al., 2007). Despite these limitations, FGDs are useful in terms of flexibility and allowing the researcher to get useful information from people who can't read and write.

In this study, eleven groups of caregivers were interviewed. Five groups of caregivers (29 participants) and three groups of key informants (16 participants) were interviewed in Ohangwena, and two groups of caregivers (18 participants) and one group of key informants (3 participants) were interviewed in Khomas (see Appendix B). The total number of participants in the FGDs amounted to sixty six (66 participants).

The key informants represented government departments, non-governmental organisations (NGOs), community-based organisations (CBOs), counsellors, teachers, traditional leaders, social workers, and faith-based organisations (FBOs).

Caregivers were invited to attend their respective FGDs a week in advance by the social workers, traditional leaders, and councillors. In each group, 12 participants were invited at a designated time and venue for discussion and asked to confirm three days prior to the FGD. In cases where some participants failed to turn up due to unforeseen circumstances, the discussions simply continued without them. Prior to the commencement of each group discussion, participants were

asked to register by providing their age and level of education.

Each session was preceded by a moderator explaining the purpose of the discussion groups, namely that they were invited to provide their views on various issues on information needs and information seeking behaviour of OVC and caregivers. Each group was informed that the study was interested in their personal opinions, and opinions could differ as long as the discussion could continue in an orderly manner. They were also assured that all comments and responses were confidential and no names would be attached to the responses.

Each group had a translator (Oshiwambo, Afrikaans and English), audiotapes, and 2 transcribers. While the moderator was discussing issues with the participants, the transcribers would jot down notes about the differences and similarities that were raised. With the exception of the key informants, all the focus groups followed the same questioning guide. In the case of the key informants, some questions were modified, while questions 4, 5, 6 and 11 were skipped.

After each group session, the researcher compared the reports from the other transcribers and summarized the findings into a tabular format. There was an option to conduct the discussions in local languages or in English. It was clearly stated that the final research findings would be presented in English.

During the focus group sessions, the caregivers were guided by several questions that are attached in Appendix B (ii).

4.6.2.1. Discussion procedures

This refers to the 'rules of play' that give structure to and set limits on the discussion group process. These are usually established together by discussing the group 'norm' or expectations, which might include the commitment to not talking about what was said in the group afterwards to others (confidentiality), and giving everyone a chance to speak (Blanche and Durrheim, 2002:389).

In this study, the moderator welcomed the participants and explained the purpose of the

discussion; participants were asked permission to tape the discussion. The moderator first set out an introduction and participants were also encouraged to introduce themselves. The moderator assured the participants of their anonymity and the rules of the discussion were explained to the participants, such as not to interrupt others and respect all the contributions. Non-talkers were encouraged to participate and those who wished to dominate the discussion were controlled. According to Sarantakos (2004:183), motivation, encouragement, stimulation and control, are the factors that create a balanced environment that is conducive to group discussion. Participants were informed that they could use English, Oshiwambo or Afrikaans to express themselves and the translator would interpret the discussion into English.

The FGDs followed a semi-structured interview schedule that was divided into two sections: part one asked for general demographic information such as age, educational background and accommodation, and part two consisted of questions about information needs and information seeking behaviour. The aim of the second section was to determine the type of information the respondents needed, strategies used to solicit information, sources and channels used, why information was needed, and the problems they faced in accessing information. The discussion was then summarized and concluded and all the participants were thanked for their contribution.

The focus group discussion was summarized from the notes taken by the field assistants. The tapes were also transcribed, and themes, relevant quotations and keywords in the responses were identified. Mitchell and Branigan (2000:267) explain that analysis usually involves categorizing and coding data into themes. The themes may be predetermined through the research questions or may arise from the application of grounded theory (Mitchell and Branigan, 2000:267).

4.6.3. Mailed questionnaire

A questionnaire was developed to gather responses from the service providers. In the case of self-administered questionnaires, respondents read the questions themselves and fill in their answers in their own time. Respondents were given instructions on how to complete the questionnaire and how it was to be returned. For this study, mailed questionnaires were sent to service providers with self-addressed envelopes and a covering letter with instructions on how to complete the questionnaire. Stamps were also provided.

The service provider's questionnaire was divided into two main parts. Section one dealt with background data about the organisation: its location, contact details, and main activities. The aim was also to determine the objectives of the organisation and confirm if the right organisations were selected for the study. Section two dealt with information provision, and the aim was to find out what services they were providing to OVC and caregivers. This ranged from the effectiveness of mass media in generating awareness, to the strategies they were using to create awareness about their services, channels and formats used to disseminate information, their opinions about the information needs of OVC and caregivers, problems they faced in disseminating information to the target group, how they shared information with other service providers, what problems they faced in providing services, and any other comments they had to share with the researcher.

In this survey, 30 questionnaires were sent to service providers; 12 self-administered questionnaires were sent to service providers in Ohangwena and 18 to the Khomas region. From the Ohangwena region, nine (9) questionnaires were received, while ten (10) were received from Khomas; a total of 19 service providers completed the questionnaires from both regions.

4.7. Data collection procedure

An extensive literature review was first conducted based on sources gathered from the Ministry of Gender Equality and Child Welfare, UNICEF Library, traditional leaders, NGOs, different databases, CD ROMs, websites, online journals, newspapers and libraries.

The next step was to seek permission from the Ministry of Gender Equality and Child Welfare in order to conduct research on orphans and vulnerable children in Windhoek and Ohangwena. Traditional leaders, regional councilors, and service providers were then approached to inform them of the intention to carry out the study and get their cooperation.

Following that, two research assistants were recruited and trained. The assistants had to have research experience and be fluent in English, Afrikaans and Oshiwambo before going onto the field for the pilot study. It was also arranged for there to be two translators who could translate all the questions and responses from English into local languages and vice versa.

The research assistants received training on interview techniques. Training also covered the purposes of the study, review of the interview schedules, and criteria that were to be used in the selection of participants. The interviews were followed by the focus group discussions and the administration of questionnaires to service providers. The final stage consisted of analyzing data using Statistical Data Analysis Packages and presenting the data in a coherent and meaningful format.

A pilot study was conducted in January 2007 in the town of Okahandja. Some modifications to the research instrument and strategy had to be made before the actual survey was initiated. With respect to the main study, data collection for the OVC and caregivers occurred between 19 and 30 January 2009. During this period, four constituencies were surveyed from Ohangwena, namely Eenhana, Ondobe, Ohangwena and Engela. These constituencies represent the rural set-up of Namibia. Constituencies in the Khomas region were then visited, i.e.: Okahandja Park, Moses Goroeb, Greenwell Matongo and Khomasdal, between 13 and 18 April 2009. These constituencies represent the urban setup of Namibia.

4.7.1. Ethical considerations

Various authors have identified different ethical issues that must be considered in social science research (Babbie, 2008:68; Bailey, 1994:472; Babbie, 2001:471; Baker, 1998:435) These authors agree about the following important issues: voluntary participation - no one should be forced to participate in research; no harm must come to the participants - measures should be taken to avoid harming the participants in any way, either physically or emotionally; informed consent - subjects should participate voluntarily in the research and be provided with full information (accurate and complete) on the objectives and procedures of the research and the possible risks involved; and lastly, anonymity and confidentiality - the protection of the identity of the participants from the public, and the handling of information in a confidential manner.

In conducting this research, the above ethical considerations were kept in mind. The researcher and research assistants first introduced themselves to the OVC and caregivers before the interviews took place. Written statements were provided that explained the key aspects of the

study to the participants, and the participants were asked to participate on a voluntary basis. These statements were read to the OVC and caregivers before the interviews were conducted. It was important that the respondents gave their consent after understanding what the study was about, its purpose and objectives, as well as the confidential nature of the information that they provided. In the case of the OVC who lived with caregivers, informed consent was solicited from the caregivers. No participant was forced to participate in the research, and they were informed of their right not to respond if they were not comfortable with a question.

Ulin, Robinson and Tolley (2005) surmise that: "Informed consent means that the study participants understand the following:

- Possible risks and benefits;
- Voluntary participation;
- Assurances of confidentiality;
- The purpose of the research;
- How they were chosen to participate;
- Data collection procedures; and
- Whom to consult with questions and concerns."

Baker (1998:434) explains that information about a specific person is not the goal of a study; it is the aggregate data representing the entire sample that is of interest to the researcher.

4.8. Pilot study

Pilot studies or pretests are used to improve the reliability of a research instrument. Sarantakos (2004:291) and De Vos et al. (2005:206) agree that after research has been planned and the instruments chosen and prepared, data collection can begin at any time provided that all other arrangements have been made. However, there may be some unanswered questions and doubts as to the effectiveness of the instruments or even the whole project. According to the authors, one way of checking the effectiveness of the research design and instruments is to use pre-tests and/or pilot studies. Pre-tests are small tests of single elements of the research instrument and are predominantly used to check the technical reliability of these instruments, while a pilot study is a small-scale replica or rehearsal of the main study (Sarantakos, 2004:292, 293; De Vos et al., 2005:206).

> The rationale behind the pilot study is to save time and money by checking that all the research instruments work, and identifying problems that could be avoided in the main study. A pilot study creates room for revision, reworking, or the complete overhaul or potential abandonment of the project (Blanche & Durrheim, 2002:299)

A pilot study needs to take place in a neutral place or a location that will not be included in the main study. The main objective of the pilot study is to test the reliability of the research instruments. A pilot study was carried out in Okahandja from 11 to 12 January 2007. Interviews were conducted with OVC and caregivers, while mailed questionnaires were sent to service providers before the final survey commenced in Khomas and Ohangwena. The target sample for the pilot study was drawn from 39 OVC (23 interviews and 16 focus group discussions), 15 caregivers (who were interviewed) and 8 service providers. The target sample size for the pilot study was 62, which is more than 10% of the expected sample population. The pilot study aimed to test the respondents' reaction to the data collection instruments in order to identify any problems and test the structure of the questionnaires, interview schedules, and FGDs. Some modifications to the research instrument and strategy were made before the actual survey started. One of these revisions was that focus group discussions were used to collect data from caregivers and key informants instead of the OVC.

4.9. Problems encountered

4.9.1. Problems encountered in the pilot study

- During the pilot study, three caregivers refused to be interviewed. They claimed that they had been interviewed several times and no benefits resulted from these interviews. We explained to them that it was important to provide information in research because the findings and recommendations would be forwarded to the Ministry of Gender Equality and Child Welfare, which could use this information to make decisions about their plight. They were not forced to participate in the research.
- The number of questions in the interview schedule had to be reduced to minimize the time spent on each interview.

- There were a lot of orphans who started to follow the research assistants around, claiming that they had not eaten food for days. Most of them were below the age of 8 and did not qualify to be included in the survey. Drinks, biscuits and bread were bought and distributed to them.
- There were also problems with two questions that required a Likert-scale type response from the OVC and caregivers. It was difficult for the respondents to rate their responses, thus the interview schedules were revised.
- The few faith-based and non-governmental organisations had the same people working in more than one organisation, and thus their responses were very similar.

4.9.2. Problems encountered in the main survey

- Distance was one of the main problems encountered. It was the rainy season in Ohangwena and the houses are scattered; it was very difficult to reach the households. Umbrellas had to be purchased in order for the research assistants to reach some households and schools. In some instances, researchers had to walk barefoot. The use of a four wheel drive where possible did alleviate the situation.
- Two children refused to be interviewed in Ohangwena because they said they were hungry; we had to buy bread for them before the interview could continue.
- Some caregivers and key informants who had confirmed that they would join the FGD could not make it in the Khomas region.
- Access to households with vicious dogs was a problem. Traditional leaders were asked to help by contacting the house owners.
- Lack of sufficient counselling skills. Even though the researcher had attended a counselling course with the Phillippi Trust in Namibia, it was still very difficult to interact with OVC because some of them had very disturbing and emotional stories to tell. The counselling course did help with the researcher's work and handling of OVC during the survey and was effective when it came to assisting the other research workers who were affected emotionally.
- In two schools, there were a lot of orphans and all of them wanted to be interviewed. With the help of teachers, a random selection of children was made that was representative of OVC of different genders and in different grades.

- Some children could not answer the questions because they had never gone to school. In some cases, these children were 14 years or older. We had to select other children who could express themselves.
- The researchers spent a lot of time providing information to OVC on the available services in the different places that they surveyed. Most OVC at Udjombola Junior School had no idea of any institution that supports OVC. The research assistants used their time to provide this information after the interviews. This was very time consuming.

4.10. Data presentation and analysis

According to Bless and Higson-Smith (2000), data analysis is conducted in order to detect patterns within the data, such as the consistence and covariance of two or more variables. The data analysis process also allows the researcher to generalize the findings from the sample in the research onto a larger target population (Bless and Higson-Smith, 2000).

In this study, the Statistical Package for Social Sciences (SPSS) was used to determine frequencies, percentages, and the relationships between various variables.

Content analysis was used to analyze data from the open-ended questions in the mailed questionnaire that targeted service providers, the interviews that were held with OVC and caregivers, and the focus group discussions with caregivers and key informants. In content analysis, the researcher identifies the content to analyze and creates a system for recording specific aspects that are consistent.

4.11. Summary

This chapter presented the research design and methodology of the study. The study targeted orphans and vulnerable children who were between the ages of 8 -18; caregivers who had orphans or vulnerable children under their care; and service providers who provided different services to OVC and caregivers.

Purposive and snowball sampling were used to identify research participants. The study included

655 respondents from Khomas and Ohangwena. An interview schedule and mailed questionnaires were used to gather data from the respondents, in addition to eleven focus group discussions that took place in both regions.

A pilot study was conducted in the town of Okahandja in order to test the different research instruments and establish if they would function in the anticipated research situation. The research instruments were subsequently revised before the main study took place. The next chapter presents data from the interviews with OVC and caregivers.

CHAPTER FIVE

DATA PRESENTATION (OVC AND CAREGIVERS)

5.1. Introduction

The previous chapter focused on the research methods that were used to collect data for this study. The present chapter presents findings from the OVC and caregivers who were interviewed. Broadly stated, the main purpose of this chapter was to determine the information needs and information seeking behaviour of orphans and vulnerable children (OVC) and their caregivers in Namibia. In other words, the aim of this chapter was to establish how the OVC and caregivers search for and use information to help them survive and achieve their various life goals.

The chapter is organized into two main sections. Part One presents data on orphans and vulnerable children (OVC), while Part Two presents data on caregivers. Structured interview questions were used to collect data from the OVC and caregivers.

Part One is divided into two broad sections. The first section presents demographic information, and the second sections deals with the information needs and seeking behaviour of the OVC.

Section one provides data on the age, gender and educational level of the OVC respondents. Section two provides data on information needs and seeking behaviour of OVC under the following sub-themes: persons consulted for problem solving information; knowledge of organisations that provide services to OVC; sources that provide knowledge about service providers; the need for additional information; why information is needed; channels and sources used by OVC to get information; frequency of use of sources to gain information; most useful information received; helpfulness of the information received; problems experienced with access to information; suggestions on improving information flow; and the summary.

Part Two presents data captured from caregivers using structured interviews. It is also divided into two sections. Section one presents demographic information, i.e. age, gender, educational level, and employment and income level. Section two deals with the information seeking of behaviour of caregivers under the following sub-themes: persons consulted for information;

knowledge of service providers that can assist caregivers; sources used to obtain information on service providers; channels and sources used to obtain problem solving information; most useful information sources and channels; most helpful information received; problems experienced in the search for information; suggestion on how information flow can be improved; and the summary.

Data collection was guided by the following specific research objectives:

1. To determine the information needs of the OVC in order to discover how they acquire information in Namibia
2. To determine the channels and sources that OVC use to obtain information
3. To identify information gaps and suggest ways of addressing them
4. To determine the impact and usefulness of different information sources and services

5.2. Part 1: Data Presentation: Orphans and Vulnerable Children

The first section presents data on the information needs and information seeking behaviour of orphans and vulnerable children (OVC) in Namibia. The aim of this section was to establish how OVC search for and use information to help them survive and achieve their various life goals.

5.2.1. OVC distribution by regions and constituencies

A total of 368 (65%) OVC respondents participated in the survey from the Ohangwena region, while 198 (35%) participated from Khomas, amounting to a total of 566 (100%) OVC respondents (see Table 5).

Table 5: OVC distribution by regions and constituencies

Regions	Ohangwena Region (Rural) N=368		Khomas Region (Urban) N=198	
Frequency	**N**	**%**	**N**	**%**
Eenhana	90	35	0	0
Ondobe	88	24	0	0
Ohangwena	118	32	0	0
Engela	72	19	0	0
Okahandja Park	0	0	29	15
Moses Goroeb	0	0	85	43
Greenwell Matongo	0	0	44	22
Khomasdal	0	0	40	20
Total	**368**	**100**	**198**	**100**

It should be pointed out that the constituencies in Ohangwena are far from each other, while the constituencies in Khomas are closer to each other and easier to reach.

5.3. Section 1: Demographic information of the OVC

This section describes the data collected on the age, gender, and educational level of the respondents. The aim of the questions in this section was to get personal information about the OVC and also to check whether they qualified to be included in the study.

5.3.1. Age distribution of OVC

The OVC sample consisted of young people between the ages of 8 to 18 years. Most of the OVC respondents were 13 to 17 years old (Ohangwena, 208; 57% and Khomas, 106; 54%). This was followed by respondents between 8 to 12 years (Ohangwena, 93; 25%, Khomas, 86; 43%). The rest of the respondents were 18 years old (Ohangwena, 67; 18%, Khomas, 6; 3%). Table 6 shows the age distribution of the respondents.

5.3.2. Gender distribution of OVC

One hundred and eighty six OVC respondents (51%) from the Ohangwena region were male and 182 respondents (49 %) were female. The respondents from the Khomas region consisted of 120

females (61%) and 78 males (39%) (see Table 6).

5.3.3. OVC educational background

Most of the OVC (141; 38 %) from Ohangwena were in grades 8 to 12, followed closely by the group in grades 4 to 7 (134; 36%). In Khomas, most respondents (132; 67%) were in grades 4 to 7, followed by a small group of respondents (34; 17%) in grades 8 to 12. There was a fairly high number (54; 15%) of respondents who had never gone to school or dropped out of school from Ohangwena compared to Khomas, where this group was small (8; 4%). This suggests that rural OVC are more likely to drop out of school than their urban counterparts.

Table 6: Age, gender and educational level of the OVC (N = 566)

		Ohangwena (N=368)		Khomas (N=198)	
		N	**Percentage**	**N**	**Percentage**
Age	**8-12**	93	25	86	43
	13-17	208	57	106	54
	18	67	18	6	3
	Total	**368**	**100**	**198**	**100**
Gender	**Male**	186	51	78	39
	Female	182	49	120	61
	Total	**368**	**100**	**198**	**100**
Educational Level	**Never went to school**	23	6	2	1
	School drop out	31	9	6	3
	Grade 1-3	37	10	24	12
	Grade 4-7	134	36	132	67
	Grade 8-12	141	38	34	17
	College, vocational training and university	2	1	0	0
	Total	**368**	**100**	**198**	**100**

5.4. Section 2: Information needs and information seeking behaviour of OVC

This section of the chapter reports on the information seeking behaviour of OVC respondents from the Ohangwena and Khomas regions. The data was also analysed according to age, gender and educational level. The questions on information seeking behaviour aimed to establish how respondents searched for information in order to satisfy their information needs. It was felt that knowledge of such behaviour would be helpful in coming up with recommendations on how to improve the information flow process to OVC in society.

5.4.1. Persons consulted for problem solving information

The OVC were asked to indicate the persons they consulted when they had an information-related problem. The aim of this question was to establish the flow of problem-solving information to respondents.

Data in Table 7 shows that in both Ohangwena and Khomas, the most preferred personal sources to consult were relatives (327; 89% and 118; 60%). This was consistent with cross tabulations according to age, gender and educational level. The second most preferred persons to consult were teachers, except when cross tabulated according to educational level. In the case of respondents who never went to school (NWTS), school dropouts (SDO), and respondents in grades 1 to 3 in Ohangewena, teachers did not play any role. In contrast, OVC in Khomas in grades 1 to 3 made extensive use of teachers (10; 42%) as a source of information. Friends also played a very important role as persons to consult in Khomas (39; 20%) which was not the case in Ohangwena.

The data was checked to determine if there were any differences in the persons consulted across the different age groups. Within the age groups of 8 to 12 and 13 to 17 in Ohangwena, relatives were identified as the top persons to consult by 91% of the respondents; 53 (79%) of the 18 year olds also used them as a source of information. In Khomas, relatives were mostly preferred by 18 year olds (4; 67%). The response rate for relatives was also high among 13 to 17 year olds (64; 60%). Across all the Ohangwena age groups, no other persons played any significant role. In Khomas, teachers were consulted by 27 (31%) of the 8 to 12 year olds, and friends played a significant role among the 13 to 17 year olds (27; 26%) as well as the 18 year olds (2; 33%). Neither social workers nor traditional leaders played a significant role as persons

consulted in either of the two regions.

With respect to gender, female OVC from both regions showed a greater preference for relatives; 166 female respondents (91%) from Ohangwena and 74 (62%) from Khomas relied on relatives for information. Males appeared to rely less on relatives, (161; 87% in Ohangwena and 44; 56% in Khomas). It would appear that the Khomas respondents had more choices in terms of persons to consult, as no other significant responses were recorded for either gender in Ohangwena. In Khomas, slightly more males (21; 27%) than females (28; 23%) consulted teachers. The same pattern was noted with friends who were consulted more by males (17; 22%) than females (22; 18%).

When analysed according to level of education, an interesting contrast was noted between the two regions, as those who never went to school in Khomas did not rely on relatives (0; 0%) at all, while their counterparts in Ohangwena relied heavily on relatives (19; 82%). As can be seen in Table 7, all the other levels of education used relatives extensively. In Ohangwena, the respondents in grades 4 to 7 (13; 10%) and the children in college, vocational training, or university (CVTU) (1; 50%) were more reliant on teachers than the OVC in the other educational levels. In Khomas, the OVC in grades 1 to 3 were most reliant on teachers (10; 42%). For the respondents in grades 8 to 12, friends were the second most preferred persons to consult (10; 29%).

Table 7: Persons consulted for problem solving information - OVC (N=566)

		N	N	Teacher				Social worker				Traditional leader				Friend				Relative				Other			
		O	K	O	%	K	%	O	%	K	%	O	%	K	%	O	%	K	%	O	%	K	%	O	%	K	%
Age	8-12	83	86	7	6	27	31	1	1	7	8	1	1	2	2	1	1	10	12	85	91	50	58	2	2	5	6
	13-17	208	106	13	6	22	21	2	1	14	13	2	1	0	0	5	2	27	26	189	91	64	60	4	2	5	5
	18	67	6	5	8	0	0	2	3	0	0	2	3	0	0	5	8	2	33	53	79	4	67	1	2	1	17
	Total	368	198	28	7	49	25	5	1	21	11	5	1	2	1	11	3	39	20	327	89	118	60	7	2	11	6
Gender	Male	186	78	14	8	21	27	3	2	6	8	4	2	0	0	7	4	17	22	161	87	44	56	5	3	7	9
	Female	182	128	11	6	28	23	2	1	15	13	1	1	2	2	4	2	22	18	166	91	74	62	2	1	4	3
	Total	368	198	25	7	49	25	5	1	21	11	5	1	2	1	11	3	39	20	327	89	118	60	7	2	11	6
Educational level	NWTS	23	2	0	0	0	0	1	4	0	0	2	9	0	0	1	4	2	100	19	82	0	0	0	0	0	0
	SDO	31	6	0	0	0	0	2	7	0	0	2	7	0	0	2	7	1	17	24	80	4	67	0	0	1	17
	Gr. 1-3	37	24	0	0	10	42	0	0	3	13	0	0	0	0	0	0	3	13	35	95	15	63	2	5	2	8
	Gr. 4-7	134	132	13	10	33	25	2	2	12	9	1	1	2	2	2	2	23	18	118	88	77	59	3	2	8	6
	Gr. 8-12	141	34	10	7	6	18	0	0	5	15	0	0	0	0	6	4	10	29	129	92	22	65	2	1	0	0
	CVTU	2	0	1	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	50	0	0	0	0	0	0

NWTS = Never went to school SDO = School dropout CVTU = College/vocational training/university Gr = Grade

O = Ohangwena K = Khomas

5.4.2. Knowledge of organisations that provide services to OVC

Respondents were asked whether they knew about a service provider (organization, institution, ministry) that provides services to OVC. The aim of the question was to test whether the OVC possessed information on service providers that could assist them with their daily needs/challenges. The data is presented in Table 8.

From the data, it is clear that the majority of the OVC knew of service providers that could assist them. However the OVC in Khomas were a lot better informed, as 148 (75%) indicated that they were aware of at least one service provider, while only 210 (57%) in Ohangwena indicated the same.

Table 8: Knowledge of service providers (N = 566)

Demographics		**N**	**N**	**Yes**				**No**			
		O	**K**	**O**	**%**	**K**	**%**	**O**	**%**	**K**	**%**
Age	**8-12**	**83**	**86**	40	11	66	33	53	14	20	5
	13-17	**208**	**106**	131	36	79	40	77	21	27	14
	18	**67**	**6**	39	11	3	2	28	8	3	2
Total		**368**	**198**	**210**	**57**	**148**	**75**	**158**	**43**	**50**	**25**
Gender	**Male**	**186**	**78**	106	29	63	32	80	22	15	8
	Female	**182**	**120**	104	28	85	43	78	21	35	17
Total		**368**	**198**	**210**	**57**	**148**	**75**	**158**	**43**	**50**	**25**
Educational level	**NWTS**	**23**	**2**	10	3	1	50	13	7	1	50
	SDO	**31**	**6**	19	6	4	2	12	3	2	1
	Gr. 1-3	**37**	**24**	11	3	18	9	26	7	6	3
	Gr. 4-7	**134**	**132**	73	20	103	52	61	17	29	15
	Gr. 8-12	**141**	**34**	96	26	22	11	45	12	12	6
	CVTU	**2**	**0**	1	50	0	0	1	50	0	0
Total		**368**	**198**	**210**	**57**	**148**	**75**	**158**	**43**	**50**	**25**

O=Ohangwena K= Khomas NWTS = Never went to school; SDO = School dropout CVTU = College/vocational training/university

With respect to age, the 13 to 17 year olds in both regions seemed to be the most informed; 131 (36%) respondents from Ohangwena and 79 (40%) from Khomas knew of a service provider. At the same time, this was also the group in Ohangwena that was the most uninformed of all the age groups, with 77 (21%) indicating that they had no knowledge of any service provider. The reason might be that this was the largest group in the sample.

In terms of gender, the male OVC (186; 29%) from Ohangwena were slightly more informed than their female (182; 28%) counterparts, while in Khomas, the females (85; 43%) were a lot more informed than the males (63; 32%).

Lastly, in terms of level of education, the most informed respondents in the Ohangwena region were the CVTU (1; 50%), followed by OVC in grades 8 to 12 (96; 26%) and grades 4 to 7 (73; 20%). The least informed respondents were those who never went to school (10; 3%) and children in grades 1 to 3 (11; 3%). In Khomas, the most informed respondents were the children in grades 4 to 7 (103; 52%) followed by those in grades 8 to 12 (22; 11%). The least informed respondents in Khomas were the school dropouts (4; 2%).

5.4.3. Sources that provide knowledge about service providers

The respondents were required to indicate how they gained knowledge about the service provider(s). The aim of the question was to determine who or what the respondents used to inform them about service providers. The responses are reported in Tables 9(a) and 9(b) below.

Data collected in Ohangwena indicates that overall, the OVC had a range of channels and sources that they used to get information about service providers. Many respondents filled the category of 'other' (147; 40%) which named several sources outside of those listed, specifically Red Cross volunteers, Total Control of Epidemic volunteers, regional councillors, church leaders, and Child Life officials. The second highest choice for most respondents was the radio, which was mentioned by 120 respondents (33%). The third choice in Ohangwena was teachers (61; 17%) and friends, relatives and neighbours (61; 17%). Respondents also mentioned traditional leaders and social workers (23; 7 % and 20; 4% respectively). It would seem from the

data that the most popular choices for respondents from Ohangwena were human sources of information over mass media channels such as the radio and newspapers.

Data collected from the Khomas region shows that there were quite a few significant sources that the OVC used to get information about service providers. A lot of persons were consulted about service providers, in particular friends/relatives/neighbours and teachers. Friends, relatives and neighbours were the most used sources (98; 50%), followed by the category of 'other' (72; 35%), and the radio (16; 7%). Other channels that were mentioned, albeit by fewer respondents, include the television, library and pamphlets. A few respondents also mentioned social workers (9; 5%). Thus, as in Ohangwena, human sources appeared to dominate mass media channels of information provision in Khomas.

Table 9(a) : Sources of knowledge about service providers – Ohangwena OVC (N=368)

Sources	Age								Gender						Eduactional level													
	N = 93		N=208		N=67		N=368		N=186		N=182		N=368		N=23		N=31		N=37		N=134		N=141		N=2		N=368	
	8-12	%	13-17	%	18	%	Total	%	Male	%	Female	%	Total	%	NWTS	%	SDO	%	Gr.1-3	%	Gr. 4-7	%	Gr.8-12	%	CVTU	%	Total	%
Other	46	50	80	39	21	30	**147**	**40**	72	39	75	40	**147**	**40**	15	84	12	40	22	60	59	44	39	28	0	0	**147**	**39**
Radio	26	28	68	33	26	39	**120**	**33**	63	34	57	30	**120**	**33**	5	22	10	32	6	15	40	28	57	39	1	50	**119**	**31**
Teacher	15	15	37	18	9	12	**61**	**17**	33	18	28	14	**61**	**17**	0	0	2	7	8	22	25	19	26	17	0	0	**61**	**16**
Friend/relative/ neighbour	13	14	41	20	7	9	**61**	**17**	26	14	35	18	**61**	**17**	3	13	4	12	3	7	22	15	29	21	0	0	**61**	**17**
Traditional leader	6	7	11	4	6	9	**23**	**5**	11	6	12	7	**23**	**5**	1	3	7	22	2	4	4	3	8	6	0	0	**22**	**6**
Social worker	3	2	12	6	5	8	**20**	**4**	13	7	7	4	**20**	**4**	0	0	3	10	0	0	9	7	8	6	0	0	**20**	**4**
Life skills programmes	0	0	3	2	3	5	**6**	**2**	2	1	4	2	**6**	**2**	0	0	0	0	0	0	1	1	5	3	0	0	**6**	**2**
Conference/ workshop	1	1	1	1	1	2	**3**	**1**	1	1	2	1	**3**	**1**	0	0	0	0	0	0	2	1	1	1	0	0	**3**	**1**
TV	0	0	1	1	1	2	**2**	**1**	1	1	1	1	**2**	**1**	0	0	0	0	0	0	1	1	1	1	0	0	**2**	**1**
Library	0	0	1	1	2	3	**3**	**1**	2	1	1	1	**3**	**1**	0	0	0	0	0	0	0	0	2	1	1	50	**3**	**1**
Home based care	0	0	2	1	1	2	**3**	**1**	2	1	1	1	**3**	**1**	0	0	1	1	0	0	0	0	2	1	0	0	**3**	**1**
Pamphlets	0	0	0	0	1	2	**1**	**.3**	1	1	0	0	**1**	**.3**	0	0	0	0	0	0	0	0	1	1	0	0	**1**	**.3**
Billboards	0	0	0	0	0	0	**0**	**0**	0	0	0	0	**0**	**0**	0	0	0	0	0	0	0	0	1	1	0	0	**1**	**.3**

Table 9(b): Sources of knowledge about service providers - Khomas OVC (N=198)

Sources	Age								Gender						Educational level											
	N = 86		N=106		N=6		N=198		N=78		N=120		N=198		N=2		N=6		N=24		N=132		N=34		N=198	
	8-12	%	13-17	%	18	%	Total	%	Male	%	Female	%	Total	%	NWTS	%	SDO	%	Gr.1-3	%	Gr. 4-7	%	Gr.8-12	%	Total	%
Friend/relative/neighbour	46	54	50	46	2	32	**98**	**50**	42	54	56	47	**98**	**50**	0	0	3	50	16	67	68	52	10	28	**98**	**50**
Other	32	36	37	35	3	50	**72**	**35**	24	31	48	40	**72**	**35**	2	100	3	50	8	32	42	31	17	50	**72**	**35**
Radio	9	11	7	7	0	0	**16**	**7**	5	5	11	8	**16**	**7**	0	0	1	17	4	17	10	8	1	3	**16**	**7**
Teacher	6	7	8	8	0	0	**14**	**6**	8	9	6	5	**14**	**6**	0	0	0	0	2	7	10	8	2	6	**14**	**6**
Social worker	3	4	6	6	0	0	**9**	**5**	3	4	6	5	**9**	**5**	0	0	0	0	0	0	7	4	2	6	**9**	**5**
TV	3	4	4	4	0	0	**7**	**4**	4	4	3	3	**7**	**4**	0	0	0	0	1	3	5	4	1	3	**7**	**4**
Conference/ workshop	0	0	1	1	0	0	**1**	**1**	1	1	0	0	**1**	**1**	0	0	0	0	0	0	1	1	0	0	**1**	**1**
Pamphlets	1	1	0	0	0	0	**1**	**1**	0	0	1	1	**1**	**1**	0	0	0	0	0	0	1	1	0	0	**1**	**1**
Library	0	0	1	1	1	17	**2**	**1**	1	1	1	1	**2**	**1**	0	0	0	0	0	0	1	1	1	3	**2**	**1**
Life skills programmes	0	0	1	1	0	0	**1**	**1**	0	0	1	1	**1**	**1**	0	0	0	0	0	0	1	1	0	0	**1**	**1**
Traditional leader	0	0	0	0	0	0	**0**	**0**	0	0	0	0	**0**	**0**	0	0	0	0	0	0	0	0	0	0	**0**	**0**

NWTS = Never went to school SDO= School dropout CVTU= College/vocational training/university Gr =Grade

Data from Ohangwena's respondents was cross tabulated according to age to determine whether different age groups would have different ways of accessing information on service providers. The category of 'other sources' was opted for by the highest number of respondents among the 13 to 17 (80; 39%) and 8 to12 year olds (46; 50%). It was the second option of the 18 years olds (21; 31%) after the radio (26; 39%). Overall, the radio was the second most popular channel of the respondents from Ohangwena; 68 (38%) of the 13 to17 year olds (38%) used this medium, while 26 (28%) of the 8 to 12 year group mentioned this channel. Ohangwena has an active community radio in their area which could account for the high rating of this channel for information about service providers. The third choice of both the 8 to 12 (15; 15%) and the 18 year olds (9; 12%) was teachers, while the 13 to 17 year olds opted for friends/relatives/neighbours (41; 20%). None of the other sources had any significant indicators of use across the different age groups. Friends/relatives/neighbours were the fourth choice of the 8 to 12 (13; 14%) and 18 (7; 9%) year old categories. Teachers were the fourth choice of the 13 to 17 year olds, with 37 (18%) responses.

In Khomas, friends/relatives/neighbours were the leading choice across all the age groups: 8 to 12 years (46; 54%); 13 to17 years (50; 46%); and 18 year olds (2; 32%). The second choice overall was the category of 'other', which included sources and media channels such as church leaders, volunteers, newspapers, and Hon. Minister Mungunda in 2009. The category of 'other' was less popular in comparison to friends and relatives, but was also mentioned across all the age groups: 8 to 12 years (32; 37%); 13 to 17 years (37; 35%); and 18 year olds (3; 50%).

The category of the radio had a fairly low response rate across all the age groups in Khomas: 8 to 12 years (9; 11%), 13 to17 years (7; 7%). It was not mentioned at all by the 18 year old respondents. This could be explained by the absence of a community radio facility in the Khomas region, where commercial radio stations predominate.

The OVC's selection of sources and channels of information on service providers displayed similar patterns in the case of both genders in most cases in Ohangwena. For the category of 'other', 72 (39%) male respondents and 75 (41%) female respondents from Ohangwena opted for this category as their first choice. The second choice for both gender groups was the radio (63;

34% of the males and 57; 31% of the females). There was a difference between the third options as the males relied more on teachers (33; 18%), while the females preferred friends, relatives and neighbours (35; 18%). The fourth position was the opposite, with 26 (14%) males using friends, relatives or neighbours to obtain information on service providers, and 28 (14%) females using teachers. The other options did not generate any significant patterns.

Data from Khomas shows that the highest mentioned category by both genders was friends/ relatives/neighbours (42; 54% of the males and 56; 47% of the females), followed in second place by the category of 'other' (24; 31% of the males and 48; 40% of the females). The radio was the third choice of the females (11; 8%) while teachers were the third choice of the males (8; 9%). The pattern therefore significantly differs from Ohangwena.

When analysed according to educational level, the 'other' option was the most popular among the respondents from Ohangwena who never went to school (15; 84%), school dropouts (12; 40%), and the respondents in grades 1 to 3 (22; 60%) and 4 to 7 (59; 44%). The radio was the most highly rated channel by OVC in grades 8 to 12 (57; 39%) and the CVTU respondents (1: 50%), and the second choice of the respondents who never went to school (2; 22%), school dropouts (10; 32%) and the OVC in grades 4 to 7 (40; 28%). The second choice among the respondents in grades 1 to 3 was teachers (8; 22%), while the respondents in grades 8 to 12 opted for 'other' and the CVTU opted for the library (1; 50%) as their second choice.

In Khomas, the 'other' option was also the most popular choice of the respondents who never went to school (2; 100%), school dropouts (3; 50%), and the OVC in grades 8 - 12 (17; 50%). Friends, relatives and neighbours were the most highly rated source by the school dropouts (3; 50%) and respondents in grades 1 to 3 (16; 67%) and 4 to 7 (68; 52%). The second choice of the respondents in grades 1 to 3 (16; 67%) and 8 to 12 (10; 28%) was friends, relatives and neighbours. The OVC who never went to school used no other sources to find out about service providers, while the school dropouts and respondents in grades 1 to 3 used only very limited sources.

5.4.4. The need for additional information

The OVC were asked if they ever required additional information in order to overcome some of life's challenges. The question was asked in order to determine whether there was awareness of information gaps, and whether the OVC could articulate the need for additional information. Most respondents indicated that they needed additional information (Ohangwena, 332; 90%, and Khomas, 166; 84%).

When this data was analysed according to age, it was found that in the Ohangwena, the 18 year olds (67; 100%) were in most need of additional information, followed by the 13 to17 year olds (184; 88%) and respondents between 8 to 12 (81; 87%).

A similar trend was observed among Khomas OVC; all the respondents (6; 100%) who were 18 years old required additional information, followed by most of the respondents between 13 and 17 (90; 85%) and 8 to 12 years (70; 81%). Only a few respondents from the different age groups said that they did not require more information, i.e. 8 to 12 years (16; 19%) and 13 to 17 years (16; 15%). No 18 year old stated that they did not need more information. Although the total sample was smaller in the older age group category, one might conclude that awareness of information needs increases with the age of the OVC.

In terms of gender, there was not much of a difference between male and female OVC in Ohangwena. A total of 167 (90%) male respondents indicated that they needed more information, while 165 (91 %) female respondents indicated the same. Only a few male (19; 10%) and female respondents (17; 9%) said that they did not require additional information (see Table 10).

In Khomas, 64 male respondents (82%) required additional information, while 14 (18%) did not. Among females, 102 (85%) required more information and 18 (15 %) did not. Thus whether looked at from the total sample or from the female and male sub-samples, it is clear that most respondents believed that they required additional information, although there was a small group who indicated that they did not need additional information.

Data was also analysed according to the respondents' level of education in both regions. In Ohangwena, all (31; 100%) of the school dropouts and CVTU respondents (2; 100%) indicated

that they needed additional information. This was followed by most of the respondents who never went to school (21; 91%) and respondents in grades 8 to 12 (35; 91%). The findings were consistent across the different levels of education; most respondents in Ohangwena needed additional information in order to survive or improve their lives.

In Khomas, it emerged that all the school dropouts (6; 100%) needed additional information, followed by respondents in grades 8 to 12 (31; 91%) and 1 to 3 (20; 83%). Half (1; 50%) of the respondents who never went to school indicated that they did not need additional information.

The findings are therefore consistent across the different levels of education, in that most OVC from Khomas also indicated that they needed additional information in order to overcome certain challenges.

The findings are presented in Table 10 below.

Table 10: Additional information required – OVC (N = 566)

		Ohangwena	Khomas	Yes				No			
				Ohangwena		Khomas		Ohangwena		Khomas	
		N	N	N	%	N	%	N	%	N	%
Age	**8-12**	**93**	**86**	81	87	70	81	12	13	16	19
	13-17	**208**	**106**	184	88	90	85	24	12	16	15
	18	**67**	**6**	67	100	6	100	0	0	0	0
Total		**368**	**198**	**332**	**90**	**166**	**84**	**36**	**10**	**32**	**16**
Gender	**Male**	**186**	**78**	167	90	64	82	19	10	14	18
	Female	**182**	**128**	165	91	102	85	17	9	18	15
Total		**368**	**198**	**332**	**90**	**166**	**84**	**36**	**10**	**32**	**16**
Educational Level	**NWTS**	**23**	**2**	21	91	1	50	2	9	1	50
	SDO	**31**	**6**	31	100	6	100	0	0	0	0
	Gr. 1-3	**37**	**24**	31	84	20	83	6	16	4	17
	Gr. 4-7	**134**	**132**	117	87	108	82	13	5	24	18
	Gr. 8-12	**141**	**34**	128	91	31	91	13	9	3	9
	CVTU	**2**	**0**	2	100	0	0	0	0	0	0
Total		**368**	**198**	**332**	**90**	**166**	**84**	**36**	**10**	**32**	**16**

NWTS = Never went to school SDO = School drop-out CVTU = College, vocational training, university Gr = Grade

5.4.5. Why information is needed

There were two reasons for this question. One was to establish what motivates or drives OVC's desire for information. The second reason was to develop a better idea of the pattern of information needs and establish priorities as far as the respondents were concerned. The data is presented in Tables 11(a) and 11(b). Respondents were allowed to provide more than one response.

Table 11(a) lists 840 responses, an indication that many respondents from Ohangwena identified more than one reason. Most (242; 66%) of the OVC required information in order get financial assistance, followed by school development fund exemption, which was mentioned by 240 (65%) respondents. Other popular reasons were to get child care/support (92; 25%) and access to feeding schemes (65; 25%).

From the Khomas region, there were 483 responses from the respondents. Exemption from paying school development funds was mentioned by 122 (62%) respondents, followed by financial assistance with 107 (54%) respondents. The third and fourth most mentioned reasons were child care/support and feeding schemes, mentioned by 68 (34%) and 63 (32%) respondents respectively.

Psychosocial support (9; 2%), will writing (6; 2%), legal matters and inheritance (3; 1%), and memory boxes (1; 1%) were the least popular reasons cited by the Ohangwena respondents. The least popular reasons in the Khomas region were legal matters and inheritance (3; 2%), memory boxes (3; 2%), sewing (2; 1%) and will writing (2; 1%).

Data cross tabulated by age revealed that among the 8 to 12 year olds in Ohangwena, 80 (86 %) indicated that their most important reason was to gain financial assistance. The second most important reason in this group was to get school development fund exemptions (68; 63%), followed by the need for information on where to access feeding schemes (22; 24%). Among the 13 to 17 year olds, as well as the 18 year olds, the most important reason was to find out about school development fund exemption (129; 62% and 48; 72% respectively) followed by financial assistance (125; 60% and 47; 72% respectively). Their third most important reason for needing additional information was to learn how to care for children (51; 25% and 21; 31% respectively).

Table 11(a): Reasons for needing information - Ohangwena OVC (N=368)

Reasons	Age								Gender						Educational level													
	N = 93		N=208		N=67		N=368		N=186		N=182		N=368		N=23		N=31		N=37		N=134		N=141		N=2		N=368	
	8-12	%	13-17	%	18	%	Total	%	Male	%	Fema	%	Total	%	NWT	%	SDO	%	Gr.1-3	%	Gr. 4-7	%	Gr.8-12	%	CVT	%	Total	%
Financial Assistance	70	75	125	60	47	70	**242**	**66**	128	67	117	64	**242**	**66**	17	73	21	68	30	81	89	66	84	59	1	50	**242**	**66**
School Dev. Fund	63	68	129	62	48	72	**240**	**65**	119	64	121	67	**240**	**65**	6	26	12	39	28	76	96	72	98	70	0	0	**240**	**65**
Child care/ support	20	22	51	25	21	31	**92**	**25**	48	26	44	24	**92**	**25**	11	48	10	32	7	19	29	22	35	25	1	50	**92**	**25**
Feeding schemes	22	24	32	15	11	16	**65**	**18**	35	19	30	17	**65**	**18**	4	17	8	26	11	30	22	16	21	15	0	0	**65**	**18**
Health services	21	23	35	17	5	8	**61**	**17**	27	15	34	19	**61**	**17**	4	17	3	9	6	16	25	19	23	16	1	50	**61**	**17**
Grants	10	11	27	13	9	13	**46**	**13**	24	13	22	12	**46**	**13**	5	22	3	9	6	16	18	13	15	11	0	0	**46**	**13**
ID Docs/ Birth Cert.	14	15	17	8	16	24	**47**	**13**	24	13	23	13	**47**	**13**	7	30	6	19	6	16	13	10	16	11	0	0	**47**	**13**
Counseling	7	8	28	14	12	18	**47**	**13**	23	12	24	13	**47**	**13**	2	9	9	29	1	3	16	12	20	14	0	0	**47**	**13**
Sewing	2	2	11	5	6	9	**19**	**5**	9	5	10	6	**19**	**5**	1	4	9	29	0	0	6	5	4	3	0	0	**19**	**5**
Other	2	2	9	4	0	0	**11**	**3**	4	2	7	4	**11**	**3**	0	0	0	0	1	3	6	5	4	3	0	0	**11**	**3**
Will writing	1	1	5	2	0	0	**6**	**2**	4	2	2	1	**6**	**2**	1	4	4	13	0	0	1	1	1	1	0	0	**6**	**2**
Psychosocial. Support	2	2	6	3	1	2	**9**	**2**	5	3	4	2	**9**	**2**	0	0	4	13	0	0	3	2	3	2	0	0	**9**	**2**
Inheritance	0	0	2	1	1	2	**3**	**1**	1	1	2	1	**3**	**1**	0	0	0	0	0	0	1	1	2	2	0	0	**3**	**1**
Memory box	1	1	0	0	0	0	**1**	**1**	1	1	0	0	**1**	**1**	0	0	0	0	0	0	1	1	0	0	0	0	**1**	**1**

Table 11(b): Reasons for needing information - Khomas OVC (N=198)

Reasons	Age								Gender						Educational level											
	N = 86		N=106		N=6		N=198		N=78		N=120		N=198		N=2		N=6		N=24		N=132		N=34		N=198	
	8-12	%	13-17	%	18	%	Total	%	Male	%	Female	%	Total	%	NWTS	%	SDO	%	Gr.1-3	%	Gr. 4-7	%	Gr.8-12	%	Total	%
School development fund Exemption	57	66	63	59	2	33	**122**	**62**	43	55	79	66	**122**	**62**	1	50	3	50	14	58	87	66	17	50	**122**	**62**
Financial Assistance	50	58	52	49	5	83	**107**	**54**	44	56	63	52	**107**	**54**	1	50	6	100	13	54	71	54	16	47	**107**	**54**
Child care/ support	26	30	39	37	3	50	**68**	**34**	21	27	47	39	**68**	**34**	0	0	2	33	6	25	47	36	13	38	**68**	**34**
Feeding schemes	29	34	30	28	4	67	**63**	**32**	23	30	40	33	**63**	**32**	1	50	2	33	9	38	45	34	6	18	**63**	**32**
Health services	19	22	19	18	2	33	**40**	**20**	18	23	22	18	**40**	**20**	1	50	1	17	8	33	26	20	4	12	**40**	**20**
Counseling	20	23	13	12	3	50	**36**	**18**	17	22	19	16	**36**	**18**	1	50	3	50	3	13	23	17	6	18	**36**	**18**
Other	16	17	19	18	0	0	**35**	**18**	16	21	19	16	**35**	**18**	1	50	0	0	5	21	26	20	4	12	**35**	**18**
Psychosocial support	19	22	14	13	1	17	**34**	**17**	17	22	17	14	**34**	**17**	0	0	2	33	3	13	26	20	3	9	**34**	**17**
ID Docs/ Birth Cert.	6	7	12	11	3	50	**21**	**11**	10	13	11	9	**21**	**11**	1	50	1	17	0	0	17	13	3	9	**21**	**11**
Grants	7	8	4	4	1	17	**12**	**6**	9	12	3	3	**12**	**6**	0	0	0	0	3	13	5	4	5	15	**12**	**6**
Inheritance	1	1	2	2	0	0	**3**	**2**	2	3	1	1	**3**	**2**	0	0	0	0	1	4	3	2	0	0	**3**	**2**
Memory box	1	1	2	2	0	0	**3**	**2**	2	3	1	1	**3**	**2**	0	0	0	0	1	4	3	2	0	0	**3**	**2**

Sewing	1	1	1	1	0	0	**2**	**1**	1	1	1	1	**2**	**1**	0	0	0	0	0	0	3	2	0	0	**2**	**1**
Will writing	2	2	0	0	0	0	**2**	**1**	0	0	2	2	**2**	**1**	0	0	0	0	0	0	3	2	0	0	**2**	**1**

For a number of 18 year olds (16; 24%) from Ohangwena, information was also needed in order to obtain identity documents and birth certificates.

Among the Khomas respondents, the 8 to 12 year old's most mentioned reason was to gain school development fund exemption (57; 66%) and to gain financial assistance (50; 58%). The third reason was to access feeding schemes (29; 34%). For the 13 to17 year olds, the most important reason that additional information was required was to gain school development fund exemptions (63; 59%) followed by financial assistance (52; 49%), and to gain child care/support (39; 37%). Interestingly, counselling was a relatively important reason among the 8 to 12 year olds (20; 23%) as well as the 18 year olds (3; 50%), but not so much among the 13 to 17 year olds (13; 12%).

A different pattern was detected among the 18 year olds. The most popular reason was financial aid (5; 83%), followed by feeding schemes (4; 67%), and child care, counselling and obtaining ID documents and birth certificates (3; 50% each).

With respect to gender, the male OVC's main reasons for needing information in Ohangwena were for financial assistance (128; 67%), exemption from paying school development funds (119; 64%), and child care/support (48; 26%). A different pattern was observed among the females; 121 (67%) cited school development fund exemption, 117 (64%) mentioned financial assistance, and 44 (26%) cited child care/support. Among the Khomas respondents, the males' main reason was financial assistance (44; 56%), followed closely by school development fund exemption (43; 55%) and feeding schemes (23; 30%). The female respondents' main reason was school development fund exemption (79; 66%), financial assistance (63; 52%), and child care/ support (47; 39%).

In the Ohangwena region, the respondents in grades 4 to 7 and 8 to 12 expressed the same reasons for needing information, i.e. school development fund exemption (96; 72% and 98; 70%), financial assistance (89; 66% and 84; 59%) and child care/support (29; 22% and 35; 25%). The respondents who never went to school's most important reasons for needing information was to gain financial assistance (17; 73%), child care/support (11; 48%) and to obtain ID documents and birth certificates (7; 30%) Among the school dropouts, financial assistance was the biggest reason (20; 67%), followed by school development fund exemption (11; 37%) and

child care/support (9; 30%). The respondents in grades 1 to 3 needed information to gain financial assistance (30; 81%), school development fund exemptions (28; 76%) and access to feeding schemes (11; 30%). The respondents who were attending tertiary education cited their most important reasons for needing information as financial assistance, child care/support and health care (1; 50% respectively).

In Khomas, the NWTS group's main reasons were to gain school development fund exemptions, financial assistance, feeding schemes, health services, counselling, and to obtain ID documents and birth certificates (1; 50% each). The respondents in grades 1 to 3, 4 to 7, and 8 to 12 shared some common reasons for needing information; their first reason was school development fund exemption (14; 58%, 86; 66%, and 17; 50% respectively), while their second choice was financial assistance (13; 54%, 70; 53%, and 16; 47% respectively). As a third choice, many of the respondents in grades 1 to 3 mentioned feeding schemes (9; 38%), while respondents in grades 4 to 7 and 8 to 12 indicated child care/support (46; 35% and 13; 38% respectively). The school dropout's main reason was financial assistance (6; 100%), followed by school development fund exemption (3; 50%) and child care/support, feeding schemes and psychosocial support (2; 30% each). The other choices of these groups are reflected in Tables 11(a) and 11(b).

5.4.6. Channels and sources used by OVC to get general information

The OVC were required to indicate the channels and sources that they used to get general information. This question was set to determine what channels and sources were most favoured across the different age groups, genders and educational levels of respondents from both Ohangwena and Khomas. The information is presented in Tables 12(a) and 12(b).

In the case of Ohangwena, the most popular mass media channels were, in order of importance: the radio (309; 84%), newspapers (93; 25%), the television (37; 10%), and books/pamphlets (21; 6%). In terms of human sources, the most popular were: church leaders (76; 21%), regional councillors (72; 20 %), and traditional leaders (47; 13 %).

The overall pattern for Ohangwena shows a mixture of both

Table 12(a): Channels used to get general information by OVC from Ohangwena (N=368)

	Age								Gender						Educational level													
	N = 93		N=208		N=67		N=368		N=186		N=182		N=368		N=23		N=31		N=37		N=134		N=141		N=2		N=368	
	8-12	%	13-17	%	18	%	Total	%	Male	%	Female	%	Total	%	NWTS	%	SDO	%	Gr.1-3	%	Gr. 4-7	%	Gr.8-12	%	CVTU	%	Total	%
Radio	72	77	184	89	53	79	**309**	**84**	155	83	154	85	**309**	**84**	17	74	24	80	29	78	116	87	121	86	1	50	**309**	**84**
Newspaper	9	10	55	26	29	43	**93**	**25**	39	21	54	30	**93**	**25**	0	0	6	20	0	0	28	21	58	41	1	50	**93**	**25**
Church leaders	20	22	40	19	16	24	**76**	**21**	36	19	40	22	**76**	**21**	5	28	8	27	6	16	33	25	24	17	0	0	**76**	**21**
Regional councillors	20	22	44	21	8	12	**72**	**20**	36	19	36	20	**72**	**20**	2	9	6	20	11	30	26	19	27	19	0	0	**72**	**20**
Traditional leaders	14	15	24	12	9	13	**47**	**13**	27	15	20	11	**47**	**13**	8	35	2	7	10	27	13	10	13	9	0	0	**46**	**13**
TV	5	5	22	11	10	15	**37**	**10**	19	10	18	10	**37**	**10**	0	0	2	7	3	8	11	8	20	14	1	50	**37**	**10**
Books/ pamphlets	4	4	11	5	10	15	**37**	**10**	7	4	14	8	**21**	**6**	0	0	1	3	2	5	7	5	11	8	0	0	**21**	**6**
Library	4	4	8	4	3	5	**15**	**4**	6	3	9	5	**15**	**4**	0	0	0	0	1	3	7	5	7	5	0	0	**15**	**4**
Other	9	10	6	3	0	0	**15**	**4**	7	4	8	4	**15**	**4**	2	9	2	7	3	8	7	5	1	7	0	0	**15**	**4**
Workshop/ conference	1	1	4	2	4	6	**9**	**2**	2	1	7	4	**9**	**2**	0	0	0	0	1	3	3	2	5	4	0	0	**9**	**2**
Computers	0	0	1	1	3	5	**4**	**1**	1	1	3	2	**4**	**1**	0	0	0	0	0	0	1	1	3	2	0	0	**4**	**1**

NWTS = Never went to school SDO= School drop out CVTU= College, vocational training, university Gr = Grade

Table 12(b): Channels used to get information by OVC from Khomas (N=198)

Sources	Age								Gender						Educational level											
	N = 86		N=106		N=6		N=198		N=78		N=120		N=198		N=2		N=6		N=24		N=132		N=34		N=198	
	8-12	%	13-17	%	18	%	Total	%	Male	%	Female	%	Total	%	NWTS	%	SDO	%	Gr.1-3	%	Gr. 4-7	%	Gr.8-12	%	Total	%
TV	41	48	54	51	1	17	**96**	**49**	42	54	54	45	**96**	**49**	1	50	0	0	13	54	68	52	14	41	**96**	**49**
Radio	40	47	53	50	0	0	**93**	**47**	36	46	57	48	**93**	**47**	0	0	3	50	13	54	61	46	16	47	**93**	**47**
Newspaper	24	28	40	38	3	50	**67**	**34**	26	33	41	34	**67**	**34**	1	50	2	33	4	18	45	34	15	44	**67**	**34**
Books/ pamphlets	24	28	35	33	1	17	**60**	**30**	29	37	31	26	**60**	**30**	0	0	1	17	7	29	42	32	10	29	**60**	**30**
Library	12	14	29	27	2	33	**43**	**22**	20	26	23	19	**43**	**22**	0	0	0	0	1	4	32	24	1	32	**43**	**22**
Church leaders	16	19	12	11	0	0	**28**	**14**	8	10	20	17	**28**	**14**	0	0	0	0	6	25	18	14	4	12	**28**	**14**
Computers (internet)	8	9	16	15	1	17	**25**	**13**	14	18	11	9	**25**	**13**	0	0	0	0	1	4	19	14	5	15	**25**	**13**
Other	**2**	**2**	**17**	**16**	**1**	**17**	**20**	**10**	7	9	13	11	**20**	**10**	0	0	1	17	4	17	12	9	3	9	**20**	**10**
Workshop/ conference	0	0	3	2	2	33	**5**	**3**	4	5	1	2	**5**	**3**	0	0	1	17	1	4	2	2	1	3	**5**	**3**
Traditional leaders	0	0	2	2	1	17	**3**	**2**	1	1	2	2	**3**	**2**	0	0	0	0	1	4	1	1	1	3	**3**	**2**
Regional councillors	1	1	4	3	1	17	**6**	**3**	2	3	4	3	**6**	**3**	0	0	0	0	2	8	3	2	1	3	**6**	**3**

NWTS = Never went to school SDO = School dropout GR = Grade

personal sources of information, and mass media channels that can be easily accessed by rural people.

Data from the Khomas region's OVC indicates that there were some differences in the use of channels compared to the Ohangwena respondents. For example, the television was the most popular channel among the Khomas respondents (96; 49%), followed by the radio, which was mentioned by 93 (47%) respondents. Other channels that featured significant numbers were as follows: newspapers (67; 34%), books/pamphlets (60; 30%), the library (43; 22%), and computers (25; 13%). The human sources mentioned were church leaders (28; 14%), and 'other' (20; 10%). The trend again shows the use of both personal and mass media sources, but also a much wider and more varied set of channels, perhaps reflecting the richer information environment found in urban areas.

In Ohangwena, the most popular mass media channel was the radio, mentioned consistently across the different age groups: 8 to 12 years (72; 77%), 13 to 17 years (184; 89%), and 18 years (53; 79%). This could be explained by the fact that the radio is a mass communication medium that can be easily accessed by rural dwellers, and broadcasts can be done in local languages. As mentioned earlier, Ohangwena also had community radio.

Newspapers were a channel that also attracted a significant number of respondents from Ohangwena across the older age groups, i.e. 13 to 18 years (84; 69%). For the 8 to 12 year olds, this was only their fifth choice with 9 (10%) mentions. This suggests that there is a relationship between age and the choice of newspapers as a channel for accessing information, in that the channel becomes more popular the older that the OVC get.

Church leaders were also significantly popular in Ohangwena among the 8 - 12 year olds (20; 22%), the 13 to 17 year olds (40; 19 %), and the 18 year olds (16; 24%). Regional councillors were the preferred information source of fewer respondents, but also at a reasonably high level as the following data shows: 8 to 12 years, 20 (22%), 13 to 17 years, 44 (21%), and 18 years, 8 (12%). It would seem that this source appealed to a larger number of younger respondents (8 to17 yrs) in Ohangwena.

The last of the significant sources in Ohangwena was traditional leaders, mentioned by 14 (15%) respondents between 8 to12 years, 24 (12%) between 13 to 17 years, and 9 (13%) 18 year olds. There is inconsistency in the relationship between age and source selection. However, this data does indicate that traditional leaders are also an important information source for communicating information in the rural context. It was interesting to find that the television and books played a role among the older respondents but not so much among the younger OVC.

In Khomas, television was a channel that was mentioned by respondents across all the age groups: 8 to 12 years (41; 48%), 13 to 17 years (54; 51%); and 18 years (1; 17%). While the channel is important, the relationship between age and channel selection is inconsistent, in that it was only the fourth choice of the 18 year olds, and the first choice of the other two age groups. Second among the mentioned channels was the radio, which once again appeared to be more popular among the older respondents than the younger ones: 8 to 12 years (40; 47%), and 13 to 17 years (53; 50%). It was not a source that was used by the 18 year old respondents (0; 0%).

Newspapers were another mass media channel that was mentioned significantly by the respondents from Khomas. Among the 18 year olds, this was the most popular source used, cited by 3 (50%) respondents, while it was only the third choice among the 8 to 12 year olds (24; 28%) and 13 to 17 year olds (40; 38%). This seems to confirm that as OVC get older, they use newspapers more as a channel to access information. The same pattern was observed with the use of the library, where the 18 year olds used it more than the younger respondents, i.e. 8 to 12 years (12; 14%), 13 to 17 years (29; 27%) and 18 years (2; 33%). This suggests that the number of respondents who use this channel increases slightly with age.

Books and pamphlets were mentioned by a sizeable number of respondents but without a consistent pattern, i.e.: 8 to 12 years (24; 28%), 13 to17 years (35; 33%); and 18 years (1; 17%).

Data collected from Ohangwena shows that both male and female respondents overwhelmingly selected the radio as their first choice at 155 (83%) and 154 (85 %) respectively, followed by newspapers (39; 21% and 54; 30% for males and females respectively). The third choice for both

genders was church leaders (40; 22% female and 36; 19% male) followed by regional councillors (36; 19% male and 36; 20% female), and traditional leaders (27; 15% and 20; 11% for males and females respectively). There are therefore many similarities across both gender groups, and the main determining factor would appear to be geographical location as opposed to gender.

With respect to gender, data from Khomas shows that both female and male respondents opted for mass media channels. However, while the television was the first choice of the male OVC (42; 54%), the radio was the first choice of the females (57; 48%). The converse was true for the second choice, with 36 (46%) males opting for the radio and 44 (45%) female OVC preferring the television. The same trend is observed in their third and four choices, in that the males opted for books (29; 37%) more than newspapers (26; 33%), while the females used newspapers (41; 34%) more than books (31; 26%). The main pattern for both gender groups reveals a greater diversity of sources and the absence of human sources, including church and traditional authority figures, as sources of information. The role of the television and mass media in general is more prominent in the Khomas data than in Ohangwena's data, and respondents would appear to have a wider choice of channels from which to access the required information.

In Ohangwena, respondents across all the educational levels showed a preference for the radio (309; 84%), followed by newspapers (94; 26%), and church leaders (77; 21%). In terms of human information sources, regional councillors and traditional leaders were both rated much lower by respondents at 73 (20%) and 47 (13%) respectively. Among the respondents who never went to school, as expected, no sources requiring literacy were mentioned. The CVTU respondents also only used a very limited array of sources, i.e. the radio, newspapers and television (1; 50% each). The use of sources requiring literacy was notably higher among the higher educational levels than among the lower levels.

The Khomas respondents' choices according to educational level were mainly focused on mass media channels, with very few opting for human sources. It would as appear as though the higher literacy levels that were expected from urban respondents played a role in their choices, as a number of their more popular sources required literacy. The first choice across all the educational levels, barring the school dropouts whose main preference was the radio (2; 50%),

was the television (96; 49%). This was followed by the radio (93; 47%). Interestingly, the respondents who never went to school did not use the radio as a source at all. The third choice across all the educational levels was newspapers (67; 34%), and the fourth choice was books, which were cited by 61 respondents (31%). The inability of the NWTS and SDO to use a variety of sources to gain information was once again illustrated by the fact that the NWTS could only identify 2 sources, i.e. the television and newspapers, while the SDO could only identify five sources.

5.4.7. Frequency of use of sources to gain information

This question aimed to uncover the most frequently used information sources in the OVC's search for information. It was assumed that being able to identify an information source does not necessarily provide an indication of the frequency that it is used to try to find information. The respondents were therefore asked to indicate which source they used on a frequent basis to find information. The results are shown in Tables 13(a) and 13(b).

The results clearly indicate that in Ohangwena, the radio was the most frequently used source of information (299; 81%). This was followed by friends/relatives/grandparents (96; 26%), teachers (83; 23%) and newspapers (63; 17%). This once again illustrates the strong reliance that rural regions have on mass media channels such as the radio, and the fact that it is probably the most accessible information source in most households because it doesn't rely on electricity and is relatively cheap. In Khomas, the radio (108; 55%) was also identified as the most frequently used information source, although not by the high margin reflected in Ohangwena. Other most frequently used sources were the television (90; 46%) and friends/relatives/grandparents (82; 41%). It was interesting to find that sources such as NGOs and government departments, which are geared towards assisting OVC with services and information, were used very rarely (9; 5%) in the case of Khomas, and never in the case of Ohangwena. The Khomas respondents were also able to identify many more sources that they used on a frequent basis than the respondents from Ohangwena.

In terms of age, the 8 to 12 (67; 72%) and 13 to 17 (176; 85%) year old respondents from Ohangwena all used the radio frequently, followed by friends/relatives/grandparents, and teachers. Among the 18 year olds, a different trend was observed; the radio was used most frequently (56; 84%), followed by newspapers (20; 30%), and church/mosque leaders (18; 27%). It was interesting to note that the younger respondents used a smaller variety of sources on a frequent basis. The opposite was true for the 18 year olds.

In Khomas, it was observed that the age groups of 8 to 12 and 13 to 17 followed the same pattern of frequency; both groups relied on the radio (51; 59% and 56; 53% respectively), television (42; 49% and 47; 44% respectively), and friends/relatives/grandparents (34; 40% and 46; 43% respectively) as their most frequently used information sources. As in Ohangwena, the 18 year olds followed a different pattern, with friends/relatives/grandparents (2; 33%) and the library/resource centre (2; 33%) cited as the most frequently used sources, and the radio, television and teachers used very infrequently (1; 17% each). This group also did not indicate the frequent use of any of the other sources mentioned by the other groups.

In terms of gender, in Ohangwena, both genders opted for the radio, friend/relatives/grandparents and teachers as their most frequently used sources (see Table 13(a)). However, the male OVC were able to identify more frequently used sources than their female counterparts. Khomas followed the same as trend as Ohangwena, with the most frequently used sources by both genders being the radio (108; 55%), television (90; 46%), and friends/relatives/grandparents (82; 41%).

Table 13(a): Frequency of use of sources - Ohangwena OVC (N=368)

	Age								Gender						Educational level													
	N = 93		N=208		N=67		N=368		N=186		N=182		N=368		N=23		N=31		N=37		N=134		N=141		N=2		N=368	
	8-12	%	13-17	%	18	%	Total	%	Male	%	Female	%	Total	%	NWTS	%	SDO	%	Gr.1-3	%	Gr. 4-7	%	Gr.8-12	%	CVTU	%	Total	%
Radio	67	72	176	85	56	84	**299**	**81**	150	81	149	82	**299**	**81**	17	74	23	77	25	68	111	83	120	85	2	100	**298**	**81**
Friend/relative/ grandparent	38	41	44	21	14	21	**96**	**26**	50	27	46	25	**96**	**26**	8	35	8	27	16	43	39	29	25	18	0	0	**96**	**26**
Teacher	20	22	50	24	13	19	**83**	**23**	48	20	45	25	**83**	**23**	0	0	0	0	8	22	39	29	35	18	0	0	**82**	**26**
Newspaper	6	7	37	18	20	30	**63**	**17**	25	13	38	21	**63**	**17**	0	0	4	13	2	5	19	14	36	26	2	100	**63**	**17**
Church/ mosque leaders	10	11	31	15	18	27	**59**	**16**	29	16	30	17	**59**	**16**	4	17	7	23	1	3	20	15	27	20	0	0	**59**	**16**
Regional councillor	12	13	31	15	11	16	**54**	**15**	23	12	31	17	**45**	**15**	3	13	6	20	6	16	15	11	24	17	0	0	**54**	**15**
Television	5	6	20	10	9	13	**34**	**9**	14	8	20	11	**34**	**9**	0	0	3	10	1	3	8	6	21	14	1	50	**34**	**9**
Tradititional leader	6	7	17	8	7	10	**30**	**8**	14	8	16	9	**30**	**8**	4	17	2	7	5	14	10	8	9	6	0	0	**30**	**8**
ibrary/re- source centre	1	1	4	2	1	2	**6**	**2**	4	2	0	0	**2**	**1**	0	0	1	3	0	0	1	1	3	2	1	50	**6**	**2**
Politician/mem ber of parliament	0	0	2	1	1	2	**3**	**1**	2	1	1	1	**3**	**8**	0	0	3	10	0	0	0	0	0	0	0	0	**3**	**1**
Internet	0	0	1	1	1	2	**2**	**1**	2	1	0	0	**2**	**1**	0	0	0	0	0	0	0	0	1	1	1	50	**2**	**1**
Trade fair	0	0	1	1	0	0	**1**	**.3**	1	1	0	0	**1**	**.3**	0	0	1	3	0	0	0	0	0	0	0	0	**1**	**.3**
NGOs	0	0	0	0	0	0	**0**	**0**	0	0	0	0	**0**	**0**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**

NWTS = Never went to school SDO = School dropout CVTU= College, vocational training, university Gr = Grade

Table 13(b): Frequently of use of sources to gain information - Khomas OVC (N=198)

	Age								Gender						Eduactional level											
	N = 86		N=106		N=6		N=198		N=78		N=120		N=198		N=2		N=6		N=24		N=132		N=34		N=198	
	8-12	%	13-17	%	18	%	Total	%	Male	%	Female	%	Total	%	NWTS	%	SDO	%	Gr.1-3	%	Gr. 4-7	%	Gr.8-12	%	Total	%
Radio	51	59	56	53	1	17	**108**	**55**	44	56	64	53	**108**	**55**	0	0	3	50	15	63	75	57	15	44	**108**	**55**
Television	42	49	47	44	1	17	**90**	**46**	37	47	53	44	**90**	**46**	1	50	3	50	10	42	63	48	13	38	**90**	**46**
Friend/relative/ grandparent	34	40	46	43	2	33	**82**	**41**	39	50	43	36	**82**	**41**	1	50	4	67	11	46	55	42	11	32	**82**	**41**
Teacher	32	37	29	27	1	17	**62**	**31**	24	31	38	32	**62**	**31**	1	50	0	0	11	46	41	31	9	27	**62**	**31**
Newspapers	19	22	33	31	0	0	**52**	**26**	20	26	32	27	**52**	**26**	1	50	1	17	3	13	39	29	9	27	**52**	**26**
Library/re-source centre	7	8	23	22	2	33	**32**	**16**	18	23	14	12	**32**	**16**	0	0	0	0	1	4	23	18	8	24	**32**	**16**
Church/mos-que leaders	19	22	9	9	0	0	**28**	**14**	9	12	19	16	**28**	**14**	1	50	0	0	3	13	21	16	2	6	**27**	**14**
Computer	6	7	15	14	0	0	**21**	**11**	12	15	9	8	**21**	**11**	0	0	0	0	0	0	17	13	4	12	**21**	**11**
Periodicals/ books	3	4	11	10	0	0	**14**	**7**	8	10	6	5	**14**	**7**	0	0	0	0	1	4	9	7	4	12	**14**	**7**
NGOs	5	6	4	4	0	0	**9**	**5**	1	1	8	7	**9**	**5**	0	0	0	0	2	8	4	4	2	6	**8**	**7**
Government department	4	5	5	5	0	0	**9**	**5**	1	1	8	7	**9**	**5**	0	0	0	0	2	8	5	4	2	6	**9**	**5**
Regional councilor	5	6	2	2	0	0	**7**	**4**	3	4	4	4	**7**	**4**	0	0	0	0	2	8	5	4	0	0	**7**	**4**
Internet	2	2	5	5	0	0	**7**	**4**	1	1	6	5	**7**	**4**	0	0	0	0	0	0	4	3	3	9	**7**	**4**

NWTS = Never went to school SDO = School dropout Gr = Grade

Table 13(b) (continued): Frequently of use of sources to gain information - Khomas OVC (N=198)

	Age								Gender						Eduactional level											
	N = 86		N=106		N=6		N=198		N=78		N=120		N=198		N=2		N=6		N=24		N=132		N=34		N=198	
	8-12	%	13-17	%	18	%	Total	%	Male	%	Female	%	Total	%	NWTS	%	SDO	%	Gr.1-3	%	Gr. 4-7	%	Gr.8-12	%	Total	%
Traditional leader	3	4	4	4	0	0	**7**	**4**	3	4	4	4	**7**	**4**	0	0	0	0	0	0	6	5	1	3	**7**	**4**
Video show	3	4	4	4	0	0	**7**	**4**	3	4	4	3	**7**	**4**	0	0	0	0	2	8	4	4	1	3	**7**	**4**
Other	2	2	3	3	0	0	**5**	**3**	2	3	3	3	**5**	**3**	0	0	1	17	0	0	4	3	0	0	**5**	**3**
Posters	1	1	2	2	0	0	**3**	**2**	1	1	2	2	**3**	**2**	0	0	0	0	0	0	2	2	1	3	**3**	**2**
Politician/Member of parliament	0	0	4	4	0	0	**7**	**4**	1	1	3	3	**4**	**2**	0	0	0	0	0	0	3	2	1	3	**4**	**1**
Sign Post	0	0	1	1	0	0	**1**	**1**	0	0	1	1	**1**	**1**	0	0	0	0	0	0	0	0	1	3	**1**	**1**
Guest speaker	0	0	1	1	0	0	**1**	**1**	0	0	1	1	**1**	**1**	0	0	0	0	0	0	0	0	1	3	**1**	**1**
Workshop/ seminar	0	0	2	2	0	0	**2**	**1**	1	1	1	1	**2**	**1**	0	0	0	0	0	0	1	1	1	3	**2**	**1**
Memory box	1	1	1	1	0	0	**2**	**1**	0	0	2	2	**2**	**1**	0	0	0	0	0	0	2	0	0	0	**2**	**1**

NWTS = Never went to school SDO = School dropout Gr = Grade

Across all the educational levels in Ohangwena, the radio was once again the most frequently used source. However the frequent use of friends/relatives/grandparents was not the second choice of the respondents in grades 8 to 12 and the CVTU respondents, as was the case with the other levels. The second most frequently used source was the newspaper, with a response rate of 26 (26%) and 2 (100%) for the OVC in grades 8 to 12 and CVTU respondents respectively. Once again, the trend shows that the lower the educational level, the smaller the variety of sources used on a frequent basis. The OVC who never went to school (NTWS) only identified 5 oral sources which they used frequently, of which the radio was the only predominant source with 17 (74%) mentions.

In Khomas, as expected, the radio was the most frequently used source across all the educational levels, except for the NWTS respondents who indicated that they did not use it at all, and the school dropouts (SDO) whose most frequent source consisted of friends/relatives/grandparents. In the case of the SDO (3; 50%) and respondents in grades 1 to 3 (3; 50%), 4 to 7 (62; 47%) and 8 to 12 (13; 38%), the television was mentioned as their second most frequently used source. In the case of the NWTS, the television, friends/relatives/grandparents, teachers, newspapers, and church/mosque leaders were used on an equally frequent basis (1; 50% each).

5.4.8. Most useful information received

This enquiry aimed to check whether the information obtained was useful to the recipient. The aim of the question was to confirm whether the sources used were useful or effective in providing the kind of information that the OVC required to solve their problems. The responses to this question are provided in Tables 14(a) and 14(b) below.

From the Ohangwena region, the data indicates that the information received regarding school development fund exemption (276; 75%) was the most useful to the respondents. 179 (49%) found the information on financial assistance to be useful. Information on health services and nutrition (122; 33%) was also perceived to be useful. Information received on legal matters (19; 5%), farming/fishing skills (11; 3%), and psychosocial support (5; 1%) was perceived to be the least useful. In Khomas, as in Ohangwena, information received on school development fund

exemption (144; 73%) was regarded to be highly useful. However, the respondents from Khomas found the information on child care/support (94; 48%) to be more useful than the information on financial assistance (92; 47%), and health services and nutrition (62; 31%). The least useful information was on legal matters (5; 3%) and on how to establish a small business (6; 3%).

When analyzed according to age, information on school development fund exemption, financial assistance, and healthcare services and nutrition was regarded to be the most useful across all the age groups in Ohangwena. An exception in the order of usefulness was observed among the 18 year olds, who found information on training opportunities (22; 33%) and legal information (7; 10%) to be a lot more useful than the other age groups. This might be because they are about to embark on a career and also have to take responsibility for their inheritance and other legal matters relating to their parent's demise.

In Khomas, the 8 to 12 and 13 to 17 year olds pointed to information on school development fund exemption, child care/support, and financial assistance to be most useful. For the 18 year olds, the most useful information was on financial assistance, counselling, and psychosocial support (3; 50% each). For this age group, however, the information received on legal matters and how to establish a business was not considered to be useful at all.

Table 14(a): Most useful information received - Ohangwena OVC (N=368)

	Age								Gender						Educational level													
	N = 93		N=208		N=67		N=368		N=186		N=182		N=368		N=23		N=31		N=37		N=134		N=141		N=2		N=368	
	8-12	%	13-17	%	18	%	**Total**	**%**	**Male**	**%**	**Female**	**%**	**Total**	**%**	**NWTS**	**%**	**SDO**	**%**	**Gr.1-3**	**%**	**Gr. 4-7**		**Gr.8-12**		**CVTU**		**Total**	**%**
School development fund exemption	73	78	150	72	53	79	**276**	**75**	133	72	143	79	**276**	**75**	8	35	20	67	32	87	107	80	108	77	0	0	**276**	**75**
Financial assistance	55	59	95	46	29	43	**179**	**49**	96	52	83	46	**179**	**49**	15	65	10	33	27	73	75	56	51	36	0	0	**179**	**49**
Health services/ nutrition	34	37	70	34	18	27	**122**	**33**	61	33	61	34	**122**	**33**	23	22	30	27	37	32	46	35	141	100	2	100	**122**	**33**
Child care/ support	23	25	62	30	12	18	**97**	**26**	44	24	53	29	**79**	**26**	3	13	6	20	8	22	42	31	37	26	1	50	**97**	**26**
Training opportunities	9	10	47	23	22	33	**78**	**21**	38	20	40	22	**78**	**21**	7	30	9	30	4	11	21	16	37	26	0	0	**78**	**21**
ID docs/birth certificates	18	19	23	11	11	16	**52**	**14**	28	15	24	13	**52**	**14**	5	22	5	17	7	19	19	14	16	11	0	0	**52**	**14**
Counselling	8	9	30	14	10	15	**48**	**13**	21	11	27	15	**48**	**13**	2	9	8	27	3	8	13	8	22	16	0	0	**48**	**13**
Grants	7	8	17	8	1	2	**25**	**7**	11	6	14	8	**25**	**7**	2	9	0	0	3	8	12	9	8	6	0	0	**25**	**7**
Establish small businesses	4	4	14	7	4	6	**22**	**6**	16	9	6	3	**22**	**6**	3	13	5	17	3	8	6	5	5	4	0	0	**22**	**6**
Legal information	3	3	9	4	7	10	**19**	**5**	9	5	10	6	**19**	**5**	0	0	2	8	2	5	3	2	11	8	1	50	**19**	**5**
Farming/ fishing skills	2	2	6	3	3	5	**11**	**3**	10	5	1	1	**11**	**3**	4	17	3	10	2	5	1	1	1	1	0	0	**11**	**3**
Psychosocial support	1	1	4	2	0	0	**5**	**1**	3	2	2	1	**5**	**1**	1	4	0	2	1	3	3	2	0	0	0	0	**5**	**1**
Other	2	2	1	1	0	0	**3**	**1**	2	1	1	1	**3**	**1**	0	0	0	0	1	3	1	1	1	1	0	0	**3**	**1**

NWTS = Never went to school SDO= School dropout CVTU = College/vocational training/university Gr = Grade

Table 14 (b): Most useful information received - Khomas OVC (N=198)

	Age								Gender						Educational level											
	N = 86		N=106		N=6		N=198		N=78		N=120		N=198		N=2		N=6		N=24		N=132		N=34		N=198	
	8-12	%	13-17	%	18	%	Total	%	Male	%	Female	%	Total	%	NWTS	%	SDO	%	Gr.1-3	%	Gr. 4-7	%	Gr.8-12	%	Total	%
School development fund exemption	68	79	74	70	2	33	**144**	**73**	50	64	94	78	**144**	**73**	2	100	3	50	18	75	98	75	23	68	**144**	**73**
Child care/ support	40	47	52	49	2	33	**94**	**48**	29	37	65	54	**94**	**48**	1	50	2	32	14	57	64	48	13	37	**94**	**47**
Financial assistance	39	45	50	47	3	50	**92**	**47**	39	50	53	44	**92**	**47**	0	0	5	82	9	38	61	46	17	50	**92**	**47**
Health services/ nutrition	29	34	31	29	2	33	**62**	**31**	24	31	38	32	**62**	**31**	0	0	3	50	11	46	38	29	10	28	**62**	**31**
Counselling	16	19	20	19	3	50	**39**	**20**	15	19	24	20	**39**	**20**	1	50	3	50	8	32	20	15	7	21	**39**	**20**
Psychosocial support	13	15	17	16	3	50	**33**	**17**	16	20	17	14	**33**	**17**	1	50	3	50	3	13	22	17	4	12	**33**	**17**
ID docs/birth certificates	9	11	8	8	0	0	**17**	**9**	8	10	9	8	**17**	**9**	0	0	0	0	3	13	10	8	4	12	**17**	**9**
Training opportunities	6	7	6	6	3	50	**15**	**8**	4	5	11	9	**15**	**8**	1	50	1	17	0	0	8	5	5	15	**15**	**8**
Grants	5	6	5	5	2	33	**12**	**6**	7	9	5	4	**12**	**6**	0	0	2	32	0	0	6	5	4	12	**12**	**6**
Other	6	7	5	5	0	0	**11**	**6**	5	6	6	5	**11**	**6**	0	0	0	0	4	17	6	5	1	3	**11**	**6**
Farming/ fishing skills	3	4	3	3	1	17	**7**	**4**	2	3	5	4	**7**	**4**	0	0	0	0	1	3	3	1	3	9	**7**	**4**
Legal informaiton	3	4	2	2	0	0	**5**	**3**	2	3	3	3	**5**	**3**	0	0	0	0	2	7	1	1	2	6	**5**	**3**
Establish small businesses	0	0	6	6	0	0	**6**	**3**	1	1	5	4	**6**	**3**	0	0	0	0	0	0	2	2	4	12	**6**	**3**

NWTS = Never went to school SDO = School dropout Gr =Grade

In Ohangwena, both male and female OVC found the information that they received on school development fund exemption, financial assistance, health services and nutrition, and child care/support to be highly useful. The males (16; 9%), however, found information on establishing a small business to be more useful than the females (6; 3%). A similar trend was observed with information on farming/fishing skills (males 10; 5% and females 1; 1%). In Khomas, both genders found the information on school development fund exemption to be most useful. While males found the information on financial assistance (39; 50%) to be more useful than that of child care/support (29; 37%). Female OVC found the child care/support information (65; 54%) to be more useful than the information on financial assistance (53; 44%).

In Ohangwena, information on school development fund exemption was the most useful information across all the educational levels, except for the NWTS and CVTU respondents. Information on financial assistance came second for all the groups except for the OVC in grades 8 to 12 and the CVTU respondents. For the CVTU respondents, information received on health and nutrition issues was most useful. But in the case of the CVTU, very little information appeared to be useful (see Table 14(a)).

In Khomas, school development fund exemption was the most useful information across all the educational levels except for the school dropouts, who found the information on financial assistance (5; 82%) to be most useful. Once again, the respondents who never went to school appeared to receive the least useful information. Interestingly, this group could not find any useful information on financial assistance, which was identified as one of the most pressing information needs of the OVC. For the respondents in grades 1 to 3, the information on child care/support (27; 73%) was more useful than to any of the other categories.

5.4.9. Helpfulness of the information received

The aim of this question was to determine whether the information received helped the OVC resolve their problems. The results are provided in Table 15.

Table 15: Did the information received assist with problem solving? (N=566)

Demographics		N	N	Yes				No			
		O	K	O	%	K	%	O	%	K	%
Age	**8-12**	**93**	**86**	46	49	63	73	47	51	23	27
	13-17	**208**	**106**	131	63	65	61	77	37	41	39
	18	**67**	**6**	40	60	3	50	27	40	3	50
Total		**368**	**198**	**217**	**59**	**131**	**66**	**151**	**41**	**67**	**34**
Gender	**Male**	**186**	**78**	109	59	55	71	77	41	23	19
	Female	**182**	**120**	108	59	76	63	74	41	44	37
Total		**368**	**198**	**217**	**59**	**131**	**66**	**151**	**41**	**67**	**34**
Educa-tional level	**NWTS**	**23**	**2**	7	30	0	0	16	70	2	100
	SDO	**31**	**6**	16	52	3	50	15	48	3	50
	Gr. 1-3	**37**	**24**	12	31	14	58	25	69	10	42
	Gr.4 -7	**134**	**132**	88	66	93	70	46	34	39	30
	Gr. 8 – 12	**141**	**34**	93	66	22	65	48	34	12	35
	CVTU	**2**	**0**	100	1	**0**	0	0	0	0	0
Total		**368**	**198**	**217**	**59**	**131**	**66**	**151**	**41**	**67**	**34**

In Ohangwena, 217 (59%) of the respondents indicated that the information that they received helped them resolve whatever issue it was that they needed the information for, while 151 (41%) could not use the information to solve their problems. A larger percentage of the Khomas OVC (131; 66%) were able to resolve their problems with the information received than the Ohangwena respondents. This means that only 67 respondents (34%) found that the information did not assist them at all.

In terms of age, in Ohangwena, the 13 to 17 year olds (131; 63%) appeared to enjoy the most success in using the information to solve their problems, while in Khomas, the majority of the 8 to 12 year olds (63; 73%) indicated that the information helped them solve their problems. In terms of gender, in Ohangwena, there was no difference in males and females' ability to use the information to solve their problems, while in Khomas, the males found the information to be more helpful than the females. In terms of education, it appears as though the respondents in grades 4

to 7 and 8 to 12 in both regions found the information that they received to be most helpful in problem solving.

5.4.10. How the information provided solved problems

The next question aimed to find out how the information received helped the OVC solve problems. In Ohangwena, 68 (18%) respondents indicated that the information helped them to get services that they never knew of before, while 54 (14%) managed to get basic necessities such as clothes, shoes, blankets, and school uniforms which improved their standard of living. Twenty two (6%) respondents were able to apply for exemptions from paying school development funds, while 21 (6%) respondents were able to register with NAMCOL to repeat grade 10 and 12 examinations. Sixteen (4%) managed to get financial assistance, and 11 (3%) learned about HIV/AIDS transmission and child care.

In Khomas, 50 (30%) responded that the information helped them to get basic necessities such as food, clothes, shoes, soap, school uniforms and blankets. Thirty (17%) of the respondents were able to apply for school development fund exemptions and three (2%) respondents said that they learnt more about their rights.

5.4.11. Problems experienced with access to information

The next question aimed to find out if the respondents ever experienced problems when trying to access information. The objective of this question was to establish the constraints facing OVC when accessing information. The question was close-ended with three choices, 'Yes', 'No' or 'Sometimes'.

In Ohangwena, most respondents indicated that they did not experience problems when trying to access information (281; 76%). A small number of respondents (49; 14%) admitted that they faced problems by answering 'Yes', and 38 (10%) indicated that they sometimes faced problems.

Most respondents (101; 51%) from Khomas stated that they experienced problems, with 84 (42%) of the respondents indicating that they did not experience any problems in their search for information. Thirteen (7%) indicated that they sometimes experienced problems.

When the data was analysed according to different age groups in Khomas, it revealed that those who were 18 experienced a higher frequency (4; 67 %) of problems.

In Ohangwena, there were slightly more male OVC who were experiencing problems (144; 39%) than female respondents (137; 37%), while in Khomas, there were slightly more female respondents (65; 33%) than male (36; 18%) who did not experience any problems.

Respondents from Ohangwena who were in grades 8 to 12 and 4 to 7 indicated that they experienced problems (20; 5% and 16; 4% respectively). A large number of respondents in grades 8 to 12 stated that they did not experience any problems (109; 30%). A significant number of respondents from the group consisting of those who never went to school (NWTS) and school dropouts (SDOs) also indicated that they did not experience any problems (40; 11% each).

In the Khomas region, a significant number of respondents in grades 4 to 7 (64; 32%) indicated that they experienced problems, while fewer respondents in grades 1 to 3 (15; 7%) stated the same. The school dropouts had a smaller number of respondents (6; 3%) who mentioned that they faced problems when searching for information**.**

5.4.12. Suggestions on improving information flow

In this last question, respondents were asked for suggestions on how the existing information flow could be improved to support the OVC and improve their living conditions. This was an open-ended question that aimed to solicit the views and opinions of the OVC on how the information flow could be improved. There were 380 responses from Ohangwena and 162 from the Khomas region.

Most respondents from Ohangwena (124; 34%) suggested that the government should create a platform from which to disseminate information on where OVC could access essentials and services. The second suggestion was a request for the government to exempt OVC from paying school development funds (63; 17%) so that they can study. This suggestion shows a lack of awareness on the part of the OVC because the government already has policies in place that exempt them from paying school development funds.

Respondents mentioned their need for information on how to get birth certificates, financial assistance, and child care/support.

Other suggestions were for regional councillors and traditional leaders to use radios and newspapers and to call meetings with children to discuss the issues that affect them. Some respondents felt that teachers, councillors and church leaders were crucial in providing them with information. This means that they need to be acquainted with the different services in order to be able to assist the children. The suggestions are summarized in Table 16.

Table 16: Suggestions on improving information flow - Ohangwena OVC N=368

Suggestions on information flow	Freq	%
The government should provide information on how to meet the basic needs of OVC (clothes, shoes, stationery, schoolbags, uniforms, food/ feeding schemes, clean water, etc.)	124	34
The government should provide information to all the OVC on how to apply for exemptions from paying school development funds ("So we can study and have a better future")	63	17
OVC should be assisted with information on how to get birth certificates, financial assistance and child support	23	6
Councillors and traditional leaders should talk to the youth about how they can be assisted and also advice caregivers on how to handle OVC or recruit people to disseminate information on services in the community	21	6
OVC such as school dropouts and grade 10 failures need to be assisted in their applications for work on farms, in projects or various other job opportunities (mostly cattle herders)	18	5
Counsellors should use the radio and newspapers to disseminate information (e.g. where to get food)	13	4
School principals, teachers, councillors and church leaders must understand the OVC's problems and assist with information	12	3
The library should be closer to the people	5	1
Place information on notice boards at the regional council's office or posters to help avoid the distortion of information; the sharing of information through meetings	3	0.8
Teachers should allow the children to use computers to improve their knowledge	2	0.5
Provision of counselling services in schools	2	0.5

In Khomas, 80 (40%) respondents suggested that information should be disseminated via the radio, TV and newspapers. The second most popular suggestion (33; 17%) was categorized under the umbrella of 'other', and includes the following: service providers should be encouraged to visit schools; displaying posters; distributing pamphlets; sending letters to schools so that they can send

them to caregivers; the need for electricity so that the OVC can access information through the television; and the help of church leaders to disseminate information. 22 (11%) respondents felt that more billboards were necessary, while others (19; 10%) felt the same about volunteers. Libraries were also considered to be an important place (mentioned by 11; 5% of the respondents) as they provide access to different newspapers and are a solid platform from which to distribute pamphlets and other important information on services available to the communities in the Khomas region.

As in Ohangwena, teachers were considered to be important in disseminating information. It was suggested by 7 (3%) respondents that teachers need to be equipped with information so that they can offer assistance to OVC.

Table 17: Suggestions on information flow - Khomas OVC N=198

Suggestions on information flow	Freq	%
Place information on the TV, radio and in newspapers	80	40
Other (organisations should visit schools and talk to children; distribution of pamphlets; schools' display of posters; letters to parents and caregivers on different services; the government should provide electricity so that the OVC can watch TV and access information; use church leaders to disseminate information)	33	17
More billboards on service providers	22	11
More volunteers to disseminate information in the communities or use speakers	19	10
Libraries need to keep different types of newspapers in their collection or place pamphlets in Libraries	11	5
Equip teachers with information on important services to inform the OVC	7	3
No responses	28	14

5.5. Summary

This section dealt with the analysis and presentation of the findings from data collected in interviews with OVC in Ohangwena (a rural region) and Khomas (an urban region). Most OVC were found to be between 13 to 17 years in both regions. In Ohangwena, 51% of the respondents were male and 49% were female, while in Khomas, 61% were female and 39% male.

With respect to level of education, the study found that most respondents from Ohangwena were in grades 8 to 12 (38%), followed closely by respondents in grades 4 to 7 (36%). A large number of the OVC had never gone to school or dropped out (54; 15%). In Khomas, most respondents were in grades 4 to 7 (67 %), with a few respondents who never went to school or dropped out (8; 4%).

Most OVC from the Ohangwena and Khomas regions preferred other people as sources of information when faced with a problem; relatives were at the top of the list, followed by teachers and friends.

The most useful information that the OVC received in Ohangwena was information on financial assistance, followed by information on school development fund exemption and feeding schemes. In Khomas, information on school development fund exemption was at the top of the list, followed by financial assistance, while child care/support came third.

The radio was the most favoured channel of information in Ohangwena, followed by newspapers, church leaders and regional councillors, while a few opted for traditional leaders. In Khomas, the television was the most popular channel of information, followed by the radio, newspapers and books. Libraries were among the least favoured channels. With respect to the information channels used, the radio was the most popular channel in rural areas while the television was the most popular in urban areas. Newspapers were second on the list in Ohangwena, followed by church leaders, regional councillors and traditional leaders. In Khomas, the radio was the second most used channel, followed by newspapers, books, libraries and church leaders. The respondents also suggested various solutions to improve the flow of information.

The majority of OVC in Ohangwena (75%) and Khomas (73%) indicated that information on school development fund exemption was very useful. A major reason behind the finding could be that OVC in both regions suffer from an acute shortage of funds to access education, hence the perceived usefulness of information which directly addresses this specific social problem.

The government of Namibia is responsible for providing free primary education to all its citizens. Information relevant to the delivery of education therefore needs to be easily available to people so that they can demand their rights when such rights are denied. The findings indicate that a number of OVC had dropped out or never had a chance to attend school due to lack

of school development funds, even though the Namibian Constitution protects the right to education of every child. Article 20 of the Namibian Constitution states that: "All persons shall have the right to education; Primary education shall be compulsory and the State shall provide reasonable facilities" (Ministry of Information and Broadcasting, 1990:12). The government has also put in place policies and procedures that are meant to ensure that those who can't afford school development funds are included and not excluded from schools, yet this type of information was found to be unknown to the majotity of respondents in both rural and urban areas.

The second part of this chapter presents data from interviews with caregivers in both Ohangwena and Khomas.

5.6. PART 2: Data Presentation, Caregivers

5.6.1. Introduction

Part one presented data on OVC while Part two of the chapter presents data captured from caregivers using structured interviews. Caregivers in this study included family members, traditional leaders, teachers, community members, foster parents, and the children in child-headed households.

Data collection for this part of the study was guided by the following specific research objectives:

1) To determine the information seeking behaviour of caregivers.
2) To identify information gaps and suggest ways of addressing these information gaps.
3) To identify the channels and sources of information that caregivers use.
4) To determine the impact and usefulness of information sources and services.
5) To identify problems and suggest ways of addressing them.

Part Two of Chapter Five is divided into two sections. Section one presents demographic information, and section two deals with information needs and information seeking behaviour.

Section one presents the demographic data of the caregivers (Table 18). This information includes the age, gender, educational level, employment, and sources of income of the respondents. Each of these categories is briefly described below.

5.7. Section 1: Demographic Information

5.7.1. Age distribution of the caregivers

The demographic data of the surveyed caregivers from Ohangwena and Khomas indicates that most of the respondents were between 33 and 40 years (18; 26%), followed closely by respondents who were 57 years or older (17; 24%).

In Ohangwena, the majority of the respondents were 57 years or older (17; 33%), suggesting that most of these caregivers were grandparents who had taken on the responsibility of caring for their grandchildren. The

second highest category (10; 20%) consisted of caregivers who were between 33 and 40 years. The smallest group (1; 2%) consisted of caregivers who were very young, i.e. 9 to 16 years.

In Khomas, the majority of caregivers were between 33 to 40 years (8; 42%), followed by 25 to 32 years (5; 26%).

Table 18: Age distribution of the caregivers (N = 70)

Age	Ohangwena Region		Khomas Region		Total	
	N	%	N	%	N	%
9 – 16	1	2	0	0	1	2
17 – 24	2	4	1	5	3	4
25 – 32	3	6	5	26	8	11
33 – 40	10	20	8	42	18	26
41 – 48	9	18	3	16	12	17
49 – 56	9	18	2	11	11	16
57 and above	17	33	0	0	17	24
Total	**51**	**100**	**19**	**100**	**70**	**100**

5.7.2. Gender

In both regions, there were more female respondents (59; 84%) than male: 42 (82%) female caregivers in Ohangwena and 17 (89%) in Khomas, and 9 (18%) and 2 (11%) male caregivers in Ohangwena and Khomas respectively.

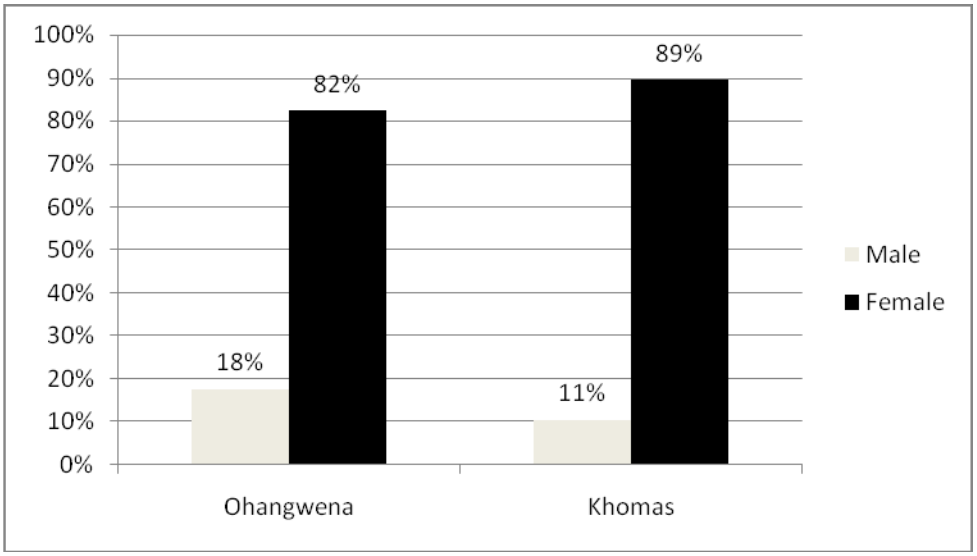


Figure 2: Gender distribution of the caregivers in Ohangwena and Khomas

5.7.3. Educational level

The highest level of education attained by most of the respondents from both regions was grade 8 to grade 12 (44% of the respondents). This was followed by respondents with no formal education (15; 21%).

In Ohangwena, 16 (31%) respondents had attained grades 8 to 12, and 14 (27%) had no formal schooling, while in Khomas, 15 (79%) respondents had attained grades 8 to 12, and only one respondent (1; 5%) had no formal education. The data suggests that there is a major difference in the educational levels of rural and urban caregivers. A large number (21; 41%) of caregivers from Ohangwena either had no formal education or had only attained grades 1 to 3. Overall, very few respondents had college and university education (Ohangwena, 4; 8% and Khomas, 2; 11%). The results are summarized in Table 19.

Table 19: Caregivers' highest level of education (N=70)

Highest level of education	Ohangwena Region		Khomas Region		Total	
	N	%	N	%	N	%
No formal education	14	27	1	5	15	21
Grade 1 – Grade 3	7	14	0	0	7	10
Grade 4 – Grade 7	9	18	1	5	10	14
Grade 8 – Grade 12	16	31	15	79	31	44
College/Vocational Training/University	4	8	2	11	6	9
Other (adult literacy)	1	2.0	0	.0	1	2
Total	**51**	**100**	**19**	**100**	**70**	**100**

5.7.4. Employment and income levels

Overall, more than half (46; 66%) of the caregivers had no formal employment; only 24 (34%) were formally employed. Most (40; 78%) of the responding caregivers from Ohangwena were not employed, while 13 (68%) of the Khomas respondents had some form of formal employment. 49 respondents (70%) earned incomes of less than N$499 per month, and 10 (14%) earned less than N$1499.00 per month. Only 3 (4%) respondents received better pay, earning N$2500 or more.

In Ohangwena, most respondents earned less than N$499.00 per month (40; 79%), and only a few respondents (3; 6%) earned N$2500 or more. Relatively fewer respondents (9; 47%) from Khomas earned less than N$499.00 per month, and only 1 (5%) earned between N$2000 and N$2499. The results are shown in Table 20 below.

Table 20: Caregivers' employment and income levels (1 N$ = 8 U$ in 2008)

Employment	Ohangwena Region		Khomas Region		Total	
	N	%	N	%	N	%
Employed	11	22	13	68	24	34
Unemployed	40	78	6	32	46	66
Total	**51**	**100**	**19**	**100**	**70**	**100**
- N$ 100	21	41	1	5	22	31
N$100-499	19	37	8	42	27	39
N$500-999	4	8	6	32	10	14
N$1000-1499	1	2	1	5	2	3
N$1500-1999	3	6	2	11	5	7
N$2000-2499	0	0	1	5	1	1
NS2500$_{+}$	3	6	0	0	3	4
Total	**51**	**100**	**19**	**100**	**70**	**100**

Most sources of income in Ohangwena and Khomas were obtained from selling products such as fish, fat cake, "*kapana*" (roasted meat cut into small pieces), baskets, traditional beer and Mahangu. Respondents were also employed in different sectors of the economy.

5.8. Section 2: Information seeking

The second section focuses on the information seeking behaviour of caregivers.

5.8.1. Persons consulted by caregivers for information

The caregivers were asked about the persons they consulted when they wanted information or were faced with a problem. The results are provided in Table 21.

Table 21: Persons consulted by caregivers for information (N=70) (1N$ = 8 U$ in 2008)

				Teacher				Social worker				Traditional leader				Friend				Relative				Church leader				Other			
		O	K	O	%	K	%	O	%	K	%	O	%	K	%	O	%	K	%	O	%	K	%	O	%	K	%	O	%	K	%
Age	9 – 16	1	0	0	0	0	0	1	100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	17 – 24	2	1	0	0	0	0	0	0	0	0	1	50	0	0	1	50	1	100	0	0	0	0	0	0	0	0	0	0	0	0
	25 – 32	3	5	0	0	1	20	0	0	0	0	1	33	0	0	2	67	0	0	2	67	4	80	0	0	0	0	0	0	1	20
	33 – 40	10	8	2	20	1	13	1	10	0	0	1	10	0	0	5	50	0	0	4	40	4	50	0	0	2	25	1	10	1	13
	41 – 48	9	3	1	11	0	0	3	33	1	33	1	11	1	33	3	33	0	0	3	33	0	0	0	0	0	0	0	0	1	33
	49 – 56	9	2	1	11	0	0	3	33	2	50	1	11	0	0	1	11	1	50	1	11	0	0	1	11	0	0	1	11	0	0
	57 +	17	0	3	18	0	0	1	6	0	0	2	12	0	0	5	29	0	0	7	41	0	0	3	18	0	0	1	6	0	0
	Total	**51**	**19**	**7**	**14**	**2**	**11**	**9**	**18**	**2**	**11**	**7**	**14**	**1**	**5**	**17**	**33**	**2**	**11**	**17**	**33**	**8**	**42**	**4**	**8**	**2**	**11**	**3**	**6**	**3**	**16**
Gender	Male	9	2	2	22	0	0	1	11	0	0	2	22	0	0	3	33	0	0	3	33	1	50	2	22	0	0	0	0	1	50
	Female	42	17	5	12	2	12	8	19	2	12	5	12	1	6	14	33	2	12	14	33	7	41	2	5	2	12	3	7	2	12
	Total	**51**	**19**	**7**	**14**	**2**	**11**	**9**	**18**	**2**	**11**	**7**	**14**	**1**	**5**	**17**	**33**	**2**	**11**	**17**	**33**	**8**	**42**	**4**	**8**	**2**	**11**	**3**	**6**	**3**	**16**
	NFE	14	1	0	0	0	0	1	7	0	0	1	7	0	0	6	43	0	0	6	43	0	0	3	21	1	100	1	7	0	0
Educational level	Gr 1 – 3	7	0	0	0	0	0	1	14	0	0	1	14	0	0	2	29	0	0	2	29	0	0	1	14	0	0	0	0	0	0
	Gr 4 – 7	9	1	1	11	0	0	3	33	1	100	1	11	0	0	0	0	0	0	3	33	0	0	0	0	0	0	2	22	0	0
	Gr 8 – 12	16	15	3	19	2	13	4	25	1	7	3	19	1	7	7	44	1	7	5	31	7	47	0	0	1	7	0	0	3	20
	CVTU	4	2	2	50	0	0	0	0	0	0	1	25	0	0	2	50	1	50	1	25	1	50	0	0	0	0	0	0	0	0
	Other (ABE)	1	0	1	100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	**51**	**19**	**7**	**14**	**2**	**11**	**9**	**18**	**2**	**11**	**7**	**14**	**1**	**5**	**17**	**33**	**2**	**11**	**17**	**33**	**8**	**42**	**4**	**8**	**2**	**11**	**3**	**6**	**3**	**16**

NFE = No formal education Gr = Grade CVTU = College /vocational training/university ABE = Adult Basic Education

Table 21 (continued): Persons consulted by caregivers for information (N=70)

				Teacher				Social worker				Traditional leader				Friend				Relative				Church leader				Other			
		O	K	O	%	K	%	O	%	K	%	O	%	K	%	O	%	K	%	O	%	K	%	O	%	K	%	O	%	K	%
Work	Employ-Ment	11	13	4	36	1	8	2	18	2	15	2	18	1	8	5	46	2	15	3	27	3	23	2	18	1	8	1	9	3	23
	Unem-Ployed	40	6	3	8	1	17	7	18	0	0	5	13	0	0	12	30	0	0	14	35	5	83	2	5	1	17	2	5	0	0
	Total	**51**	**19**	**7**	**14**	**2**	**11**	**9**	**18**	**2**	**11**	**7**	**14**	**1**	**5**	**17**	**33**	**2**	**11**	**17**	**33**	**8**	**42**	**4**	**8**	**2**	**11**	**3**	**6**	**3**	**16**
Income level	- N$ 100	21	1	0	0	0	0	5	24	0	0	3	14	0	0	8	38	0	0	6	29	1	100	0	0	0	0	1	5	0	0
	N$100-499	19	8	3	16	1	13	0	0	2	25	2	11	1	13	5	26	0	0	9	48	4	50	3	16	1	13	1	5	0	0
	N$500-999	4	6	1	25	0	0	2	50	0	0	1	25	0	0	1	25	0	0	1	25	2	33	0	0	1	17	1	25	3	50
	N$1000-1499	1	1	0	0	1	100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	100	0	0	0	0	0	0
	N$1500-1999	3	2	1	33	0	0	2	67	0	0	1	33	0	0	1	33	1	50	0	0	1	50	0	0	0	0	0	0	0	0
	N$2000-2499	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	100	0	0	0	0	0	0	0	0	0	0	0	0
	NS2500$_{+}$	3	0	2	67	0	0	0	0	0	0	0	0	0	0	2	67	0	0	1	33	0	0	0	0	0	0	0	0	0	0
	Total	**51**	**19**	**7**	**14**	**2**	**11**	**9**	**18**	**2**	**11**	**7**	**14**	**1**	**5**	**17**	**33**	**2**	**11**	**17**	**33**	**8**	**42**	**4**	**8**	**2**	**11**	**3**	**6**	**3**	**16**

NFE = No formal education Gr = Grade CVTU = College /vocational training/university

From the results, it is clear that relatives were the most consulted persons in both regions. In Ohangwena, respondents indicated relatives (17; 33%) and friends (17; 33%) as equally important sources of information, while in Khomas, 8 (42%) respondents cited relatives as their most utilized source. The second choice for the Khomas respondents were the various sources listed under 'other', including regional councillors and praying to God (3; 16%). The social worker was also identified as an important source of information in Ohangwena (9; 18%) followed by teachers (7; 14%). In Khomas, teachers, friends, social workers, and church leaders were all mentioned by 2 (11%) respondents each.

The data was cross tabulated according to age, revealing that in Ohangwena, the 9 to 16 year old caregiver's only person to consult was the social worker (1; 100%). The caregivers who were between 17- 24 could only identify two human information sources, i.e. traditional leaders (1; 50%) and friends (1; 50%). The results suggest that older caregivers used a greater the number of human information sources. Most of the respondents who were 25 years or older mentioned relatives and friends as the most important human information sources. The only exception was the 49 to 56 year olds, who relied more on social workers (3; 33%) than on relatives and friends (1; 11% each). Church leaders played a very insignificant role as information providers, with only two of the oldest age groups mentioning them as information sources.

In Khomas, the use of human information sources by most of the age groups appeared to be very limited, with most mentioning only one or two human information sources. The respondents in the 41 - 48 year group identified the highest number of human sources (3). The sources mentioned by 1 (33%) respondent each were the social worker, traditional leader, and 'other'. It would therefore seem as if human information sources play a relatively insignificant role in the information seeking process of the urban caregiver.

Most male and female respondents from Ohangwena showed an equal preference for friends and relatives (males, 3; 33% and females, 14; 33%) in their quest to solve their problems. Among the female caregivers, a further preference was shown for social workers (8; 19%), while males equally consulted teachers, traditional leaders and church leaders (2; 22% each) as additional human information sources. In Khomas, the category of relatives was again the main source of problem solving information to respondents of both genders (males, 1; 50% and females, 7; 41%). It was, however, interesting to note that no males indicated the use of

friends as an information source, while only 2 (12%) females indicated them as an information source. The male respondents appeared to consult human sources very sparingly; they only identified one (50%) other source under 'other', while the females used all the sources identified in Table 21.

In terms of education, relatives and friends once again played an important role in Ohangwena (see Table 21). However, the respondent who received ABE classes was only able to identify the teacher as a human information source. The CVTU and grade 8 to12 respondents consulted the greatest variety of human information sources. Among the CVTU, teachers and friends were consulted by 2 (50%) respondents, and traditional leaders and relatives were consulted by 1 (25%). The respondents with grades 8 to 12 identified friends (7; 44%), relatives (5; 31%), social workers (4; 25%), and teachers and traditional leaders (3; 19% respectively) as their human information sources. None of the respondents from the other educational levels had such an assorted variety of people to consult, although all of them identified a number of human sources.

In Khomas, only the respondents with grades 8 to 12 showed any significant use of human information sources (see Table 21), with relatives (7; 47%) once again the biggest contributor. It can thus be deduced that educational level has very little influence on the use of people as information sources.

It was clear that in Ohangwena, the respondents who were employed consulted a much wider variety of human information sources. Those who were employed mostly consulted friends (5; 46%) as opposed to relatives (3; 27%). In Khomas the trend was reversed, with relatives consulted by 5 (38%) respondents and friends by 2 (15%). Among the unemployed in both regions, relatives were the most important persons to consult. Interestingly while friends also played a significant role in Ohangwena (12; 30%), they did not play any role in Khomas (0; 0%). Social workers (7; 18%) and traditional leaders (5; 13%) also played a role in Ohangwena but not in Khomas, where no unemployed respondents mentioned using them.

With respect to income, relatives played a significant role as information providers among the lowest income earners, but not among those earning N$1000 and above. The respondents who earned N$100 - 499 used the widest variety of human sources in both regions.

In Khomas, once again the trend could be seen across most of the income levels that human information sources were not very popular sources of information.

5.8.2. Knowledge of service providers that can assist caregivers

Question eight was set to determine whether the caregivers had any knowledge about service providers that could assist them with services and information. This was a closed question, with respondents indicating either ‘Yes’ or ‘No’. ‘Yes’ meant that the respondent knew of at least one organisation, while ‘No’ meant that the respondent did not know of any service providers that offered services to OVC and caregivers. The responses were analysed according to the various age groups, genders, and educational and income levels. The results are provided in Table 22.

Table 22: Knowledge of service providers - caregivers (N = 70)
(1 N$ = 8 U$ in 2008)

Demographics		N	N	Yes				No			
		O	K	O	%	K	%	O	%	K	%
Age	9 – 16	1	0	1	100	0	0	0	0	0	0
	17 – 24	2	1	0	0	1	100	2	100	0	0
	25 – 32	3	5	3	100	3	60	0	0	2	40
	33 – 40	10	8	8	80	5	71	2	20	2	29
	41 – 48	9	3	3	33	3	100	6	67	0	0
	49 – 56	9	2	3	33	2	100	6	67	0	0
	57 +	17	0	11	69	0	0	5	31	0	0
Total		51	19	29	58	14	78	21	42	4	22
Gender	Male	9	2	6	67	2	100	3	33	0	0
	Female	42	17	23	56	12	75	18	44	4	25
Total		51	19	29	58	14	78	21	42	4	22
Educational level	NFE	14	1	8	57	1	100	6	43	0	0
	Gr 1 – 3	7	0	2	29	0	0	5	71	0	0
	Gr 4 – 7	9	1	5	63	1	100	3	37	4	29
	Gr 8 – 12	16	15	10	63	10	71	6	37	0	0
	CVTU	4	2	4	100	2	100	0	0	0	0
	Other (ABE)	1	0	0	0	0	0	1	100	0	0
Total		51	19	29	58	14	78	21	42	4	22
Employment	Employment	11	13	10	91	10	83	1	9	2	16
	Unemployed	40	6	20	50	4	67	20	50	2	33
Total		51	19	29	58	14	78	21	42	4	22
Income level	- N$ 100	21	1	12	57	0	0	9	43	1	100
	N$100-499	19	8	8	44	7	100	10	56	0	0
	N$500-999	4	6	3	75	4	67	1	25	2	33
	N$1000-1499	1	1	1	100	0	0	0	0	1	100
	N$1500-1999	3	2	2	67	2	100	1	33	0	0
	N$2000-2499	0	1	0	0	0	0	0	0	0	0
	NS2500+	3	0	3	100	1	100	0	0	0	0
	Total	51	19	29	58	14	78	21	42	4	22

Most of the caregivers in Ohangwena knew of at least one service provider, with 29 (58%) indicating 'Yes'; the remaining 21 (42%) did not know of any service providers. In Khomas, more than half of the respondents knew of at least one organisation (14; 78%). Only a few respondents (4; 22%) indicated that they did not know of any service provider.

In Ohangwena, a relatively large number of caregivers had no knowledge about service providers that could assist them. This was mainly detected among the older age groups, although 2 (100%) of the respondents between 17 to 24 years could not identify any service provider.

All the caregivers (100%) in Khomas between the ages of 17 to 24, 41 to 48, and 49 to 56, knew of at least one service provider. There were quite a few caregivers between the ages of 25 to 32 (2; 40%) and 33 to 40 (2; 29%) who did not have any knowledge of service providers.

In terms of gender, the male caregivers in Ohangwena appeared to be better informed; of those surveyed, 6 (67%) male respondents knew about service providers, while only 23 (56%) female respondents knew of any service providers. This was also the case in Khomas, where all the male respondents (2; 100%) were knowledgeable as opposed to 13 (75%) of the females. It was also clear that urban caregivers were much better informed than their rural counterparts.

The level of education seemed to play a role in terms of knowledge about service providers. In both regions, all the caregivers who had tertiary training could identify at least one service provider, while those with grades 4 to 7 (5; 63%) and 8 to 12 (10; 63%) had relatively high levels of awareness about service providers that could assist them.

In Khomas, all the educational levels were aware of service providers with the exception of some of the respondents with grades 4 to 7, where 4 (29%) indicated that they did not know of any service provider.

Among the caregivers who were unemployed in Ohangwena, half of the respondents knew, and half did not know about any service provider (20; 50% each), while only 1 (9%) employed caregiver did not know of any service provider. In Khomas, most (10; 83%) of the employed caregivers knew about service providers, while 4 (67%) unemployed respondents knew about a service provider.

In terms of income, the respondents from Ohangwena in the higher income bracket had a lot more information about service providers than lower income earners, with those earning between N$100 – 499 being the least knowledgeable (8; 44%). In Khomas, those earning less than N$100 and those earning between N$1000 – 1499 were the least knowledgeable (1; 100% respectively).

5.8.3. Sources used to obtain information on service providers

Question nine was a follow up question to find out how the caregivers learnt about the service providers. The results are provided in Tables 23(a) and 23(b) that follow.

In Ohangwena, the radio was the most prominent source of information on service providers (24; 47%), while in Khomas, friends, relatives and neighbours and the 'other' category (7; 37% each), which includes newspapers, volunteers and regional councillors, were the most utilized sources. In second place it was the opposite, with 20 respondents (39%) opting for friends, relatives and neighbours in Ohangwena, and 4 (21%) using the radio in Khomas. The 'other' category (newspapers, church leaders and volunteers) came third in Ohangwena, cited by 17 respondents (33%). 3 respondents (16%) relied on the library in Khomas, while only 2 (4%) used this source in Ohangwena. It was interesting to note that social workers, who are supposed to be at the forefront of service provision to caregivers and OVC, were not considered by any of the respondents from the two regions to be prominent sources of information on service providers.

Table 23(a): Sources used to obtain information about service providers - Ohangwena caregivers (N=51)

Sources	Age																Genders						Employment levels					
	N = 1		N=2		N=3		N=10		N=9		N=9		N=17		N=51		N=9		N=42		N=51		N=11		N=40		N=51	
	9-16	%	17-24	%	25-32	%	33-40	%	41-48	%	49-56	%	57+	%	Total	%	Males	%	Female	%	Total	%	Emp	%	Unemp	%	Total	
Radio	1	100	2	100	2	67	5	50	3	33	5	56	6	35	**24**	**47**	3	33	21	50	**24**	**47**	4	36	20	50	**24**	**47**
Friend/relative/ neighbour	0	0	1	50	1	33	5	50	4	44	2	22	7	41	**20**	**39**	4	44	16	38	**20**	**39**	6	55	14	35	**20**	**39**
Other	0	0	0	0	1	33	3	30	3	33	4	44	6	35	**17**	**33**	3	33	14	33	**17**	**33**	3	10	14	100	**17**	**33**
Social worker	1	100	0	0	0	0	1	10	1	11	0	0	1	6	**4**	**8**	1	11	3	7	**4**	**8**	2	18	2	5	**4**	**8**
TV	1	100	0	0	0	0	1	10	1	11	0	0	0	0	**3**	**6**	0	0	3	7	**3**	**6**	2	18	1	3	**3**	**6**
Teacher	1	100	0	0	0	0	1	10	0	0	0	0	0	0	**2**	**4**	1	11	1	2	**2**	**4**	1	6	1	3	**2**	**4**
Conference/ workshop	1	100	0	0	0	0	1	10	0	0	0	0	0	0	**2**	**4**	1	11	1	2	**2**	**4**	1	9	1	3	**2**	**4**
Library	1	100	0	0	0	0	1	10	0	0	0	0	0	0	**2**	**4**	1	11	1	2	**2**	**4**	1	9	1	3	**2**	**4**
Traditional leader	0	0	0	0	0	0	0	0	1	11	0	0	0	0	**1**	**2**	1	11	0	0	**1**	**2**	0	0	1	3	**1**	**2**
Pamphlets	0	0	0	0	0	0	0	0	1	11	0	0	0	0	**1**	**2**	0	0	1	2	**1**	**2**	1	9	0	0	**1**	**2**
Home based care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0	0	0	0	**0**	**0**	0	0	0	0	**0**	**0**

Table 23(a) (continued): Sources used to obtain information about service providers – Ohangwena caregivers (N=51)

Sources	Educational level														Income levels											
	N = 14		N=7		N=9		N=16		N=4		N=1		N=51		N=21		N=19		N=4		N=1		N=3		N=3	
	NFE	%	Gr1-3	%	Gr4-7	%	Gr8-12	%	CVTU	%	Other	%	Total	%	-N$100	%	N$100-499	%	N$500-999	%	N$1000-1499	%	N$1500-	%	N$2500+	%
Radio	4	29	2	29	4	44	11	67	2	50	1	100	**24**	**47**	13	62	5	26	3	75	0	0	1	33	**1**	**33**
Friend/relative/neighbour	8	57	1	14	3	33	6	37	2	50	0	0	**20**	**39**	5	24	10	53	4	100	0	0	0	0	**1**	**33**
Other	4	29	5	71	4	44	3	19	1	25	0	0	**17**	**33**	7	33	7	37	0	0	1	33	1	33	**1**	**33**
Social worker	1	7	0	0	1	11	1	6	1	25	0	0	**4**	**8**	1	5	1	5	0	0	0	0	1	33	**1**	**33**
TV	1	7	0	0	1	11	0	0	1	25	0	0	**3**	**6**	2	10	0	0	0	0	0	0	0	0	**1**	**33**
Teacher	0	0	0	0	1	11	0	0	1	25	0	0	**2**	**4**	1	5	0	0	0	0	0	0	0	0	**1**	**33**
Conference/ workshop	0	0	0	0	1	11	0	0	1	25	0	0	**2**	**4**	1	5	0	0	0	0	0	0	0	0	**1**	**33**
Library	0	0	0	0	1	11	0	0	1	25	0	0	**2**	**4**	1	5	0	0	0	0	0	0	0	0	**1**	**33**
Traditional leader	0	0	0	0	0	0	1	6	0	0	0	0	**1**	**2**	1	5	0	0	0	0	0	0	0	0	0	0
Pamphlets	0	0	0	0	0	0	0	0	1	25	0	0	**1**	**2**	0	0	0	0	0	0	0	0	0	0	**1**	**33**
Home based care	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0	0	0	0	0	0	0	0	0	0	0	0

Gr = Grade CVTU = College/vocational training/university NFE= No formal education

Table 23(b): Sources used to obtain information about service providers - Khomas caregivers (N=19)

Sources	Age												Gender						Employment levels					
	N=1		N=5		N=8		N=3		N=2		N=19		N=2		N=17		N=19		N=13		N=6		N=19	
	17-24	%	25-32	%	33-40	%	41-48	%	49-56	%	Total	%	Male	%	Female	%	Total	%	Emp	%	Unemp	%	Total	
Friend/relative/neighbour	1	100	0	0	3	38	2	67	1	50	**7**	**37**	0	0	7	41	**7**	**37**	6	46	1	17	**7**	**37**
Other	0	0	3	60	4	50	0	0	0	0	**7**	**37**	2	100	5	29	**7**	**37**	5	38	2	33	**7**	**37**
Radio	0	0	0	0	2	25	1	33	1	50	**4**	**21**	0	0	4	24	**4**	**21**	3	23	1	17	**4**	**21**
Social worker	0	0	0	0	1	13	2	67	0	0	**3**	**16**	0	0	3	18	**3**	**16**	2	15	1	17	**3**	**16**
Library	0	0	1	20	1	13	1	33	0	0	**3**	**16**	0	0	3	18	**3**	**16**	1	8	2	33	**3**	**16**
TV	0	0	1	20	0	0	1	33	0	0	**2**	**11**	1	50	1	6	**2**	**11**	2	15	0	0	**2**	**11**
Home based care	0	0	1	20	1	13	0	0	0	0	**2**	**11**	0	0	2	12	**2**	**11**	0	0	2	33	**2**	**11**
Teacher	1	100	0	0	0	0	0	0	0	0	**1**	**5**	0	0	1	6	**1**	**5**	0	0	1	17	**1**	**5**
Conference/ workshop	0	0	0	0	1	13	0	0	0	0	**1**	**5**	0	0	1	6	**1**	**5**	0	0	1	17	**1**	**5**
Pamphlets	0	0	0	0	1	13	0	0	0	0	**1**	**5**	0	0	1	6	**1**	**5**	0	0	1	17	**1**	**5**
Traditional leader	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0	0	0	0	**0**	**0**	0	0	0	0	**0**	**0**

Emp= Employed Unemp = Unemployed

Table 23(b)(continued): Sources used to obtain information about service providers – Khomas caregivers (N=19)

Sources	Educational levels												Income levels													
	N = 1		N=0		N=1		N=15		N=2		N=19		N=1		N=8		N=6		N=1		N=2		N=1		N=19	
	NFE	%	Gr1-3	%	Gr4-7	%	Gr8-12	%	CVTU	%	Total	%	-N$100	%	N$100-499	%	N$500-999	%	N$1000-1499	%	N$1500-1999	%	N$2000-2499	%	Total	%
Friend/relative/ neighbour	1	57	0	0	1	33	4	27	1	50	**7**	**37**	0	0	4	50	2	33	0	0	1	50	0	0	**7**	**37**
Other	0	0	0	0	0	0	6	40	1	50	**7**	**37**	1	100	0	0	4	67	1	100	1	50	0	0	**7**	**37**
Radio	1	29	0	0	0	0	3	20	0	0	**4**	**21**	0	0	2	25	1	17	0	0	0	0	1	100	**4**	**21**
Social worker	0	0	0	0	0	0	3	20	0	0	**3**	**16**	0	0	2	25	1	17	0	0	0	0	0	0	**3**	**16**
Library	0	0	0	0	0	0	3	20	0	0	**3**	**16**	0	0	2	25	1	17	0	0	0	0	0	0	**3**	**16**
TV	0	0	0	0	0	0	2	13	0	0	**2**	**11**	0	0	1	13	1	17	0	0	0	0	0	0	**2**	**11**
Home based care	0	0	0	0	0	0	2	13	0	0	**2**	**11**	0	0	1	13	1	17	0	0	0	0	0	0	**2**	**11**
Teacher	0	0	0	0	0	0	1	7	0	0	**1**	**5**	0	0	1	13	0	0	0	0	0	0	0	0	**1**	**5**
Conference/ workshop	0	0	0	0	0	0	1	7	0	0	**1**	**5**	0	0	0	0	1	17	0	0	0	0	0	0	**1**	**5**
Pamphlets	0	0	0	0	0	0	1	7	0	0	**1**	**5**	0	0	1	13	0	0	0	0	0	0	0	0	**1**	**5**
Traditional leader	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**

Gr = Grade CVTU = College,/vocational training/university NFE= No formal education

All the age groups in Ohangwena cited the radio as their first choice as a source of information on service providers. The only respondent who did not use the radio was the one who fell in the 9 to 16 age category. This respondent used a great variety of information sources, i.e. teachers, social workers, conferences/workshops, television and the library (1; 100% each) to gain information, probably because he/she was still in school and therefore had more access to these sources. The 17 to 24 age group used only two sources for information on service providers, i.e. the radio (2; 100%) and friends, relatives and neighbours (1; 50%). The caregivers who were between 33 to 40 and 41 to 48 used the greatest variety of sources to find information on service providers, i.e. 7 (see Table 23(a)).

In Khomas, friends, relatives and neighbours were relied on by all the age groups, with the exception of all the 25 to 32 year olds who did not consult them at all. The caregivers who were 17 to 24 years used only two sources, i.e. friends, relatives and neighbours, and teachers (1; 100% respectively). The same trend is repeated among the 49 to 56 year olds; they only indicated that they used friends, relatives and neighbours (1; 50%) and the radio (1; 50%). The caregivers using the greatest variety of sources were between 33 to 40 years.

In Ohangwena, males showed a higher preference for the use of friends, relatives and neighbours than female respondents (4; 44% against 16; 38%), while more females preferred to use the radio (21; 50%) than males (3; 33%). Females used a few more sources than males to find out about service providers (see Table 23(a)). In Khomas, males only used two sources to obtain information, i.e. the television (1; 50%) and 'other' (2; 100%), which includes church leaders and volunteers. In contrast, females used a very wide variety of information sources (see Table 23(b)).

In terms of employment, those who were employed in Ohangwena mostly preferred friends, relatives and neighbours (6; 55%), while the unemployed relied on the radio for information about service providers (20; 50%). The second most utilized sources were just the opposite. Other than these two sources, the television and social workers (2; 18%) were the only other sources mentioned by more than one respondent among the employed, while among unemployed caregivers, social workers (2; 5%) were the only other mentioned source.

In Khomas, friends, relatives and neighbours (6; 46%), the radio (3; 23%) and 'other' (5; 38%) were the most used sources among the employed, while the library, home-based carers and 'other' (2; 33%) were the most used sources among the unemployed.

In Ohangwena, the CVTU respondents and the caregivers with grades 4 to 7 used the widest variety of sources to find out about service providers. The least used source of information across all the educational levels, with the exception of one respondent with grade 8 to 12 (1; 6%), was traditional leaders. Home-based care as an information source did not feature at all in any of the educational levels. As expected, the radio was used by respondents from all the educational levels, while friends, relatives and neighbours were used by all the respondents with the exception of one respondent who attended ABE. In Khomas, caregivers who had attained grades 8 to 12 used the widest variety of information sources, although traditional leaders did not feature at all. The latter was also the case across all the other educational levels, probably because traditional leaders do not feature strongly in an urban setting like Khomas.

Those with the lowest income level in Ohangwena, i.e. those with an income of less than N$100, used the widest variety of sources to find out about service providers that could assist them. The sources used by this group include the radio (13; 62%), 'other' (7; 33%), friends, relatives and neighbours (5; 24%), television (2; 10%), and teachers, social workers, traditional leaders and the library (1; 5% each). From the table, it is clear that the lower income levels used more sources while middle to higher income levels used significantly less sources to find information on service providers. This is probably because these households are less reliant on external assistance than the lower income groups.

The trend was different in Khomas; the lowest income level only consulted one source on service providers, while the next two lower levels used the widest variety of sources. Once again the higher income levels used virtually no information sources (see Table 23(b)).

5.8.4. Channels and sources used to obtain problem solving information

Question 10 asked respondents about the channels and sources that they used to get problem solving information. The aim of this question was to determine which channels and sources were favoured by the different age groups, genders, and educational and income levels of the

caregivers from rural and urban areas. The responses are provided in Tables 24(a) and 24(b).

Table 24(a): Channels and sources used to get problem solving information – Ohangwena caregivers (N=51)

Sources	Age																Genders						Employment levels					
	N = 1		N=2		N=3		N=10		N=9		N=9		N=17		N=51		N=9		N=42		N=51		N=11		N=40		N=51	
	9-16	%	17-24	%	25-32	%	33-40	%	41-48	%	49-56	%	57+	%	Total	%	Male	%	Female	%	Total	%	Emp	%	Unemp	%	Total	
Television	1	100	0	0	0	0	1	10	1	11	1	11	0	0	**4**	**8**	2	22	2	5	**4**	**8**	2	18	2	5	**4**	**8**
Radio	1	100	2	100	2	100	9	67	6	90	7	78	11	65	**38**	**75**	7	78	31	74	**38**	**75**	7	64	31	78	**38**	**75**
Books	1	100	0	0	0	0	1	10	0	0	0	0	1	6	**3**	**6**	1	11	2	5	**3**	**6**	1	9	2	5	**3**	**6**
Conference/ workshop	1	100	0	0	0	0	1	10	0	0	0	0	0	0	**2**	**4**	0	0	2	5	**2**	**4**	0	0	2	5	**2**	**4**
Traditional leader	0	0	1	50	0	0	0	0	1	11	3	33	6	35	**11**	**22**	2	22	9	21	**11**	**22**	0	0	11	28	**11**	**22**
Regional councillors	0	0	0	0	2	67	5	50	5	57	3	33	4	24	**19**	**37**	2	22	17	41	**19**	**37**	5	46	14	35	**19**	**37**
Library	0	0	0	0	0	0	1	10	0	0	0	0	0	0	**1**	**2**	1	11	0	0	**1**	**2**	1	9	0	0	**1**	**2**
Computer	0	0	0	0	0	0	0	0	1	11	0	0	0	0	**1**	**2**	0	0	1	2	**1**	**2**	1	9	0	0	**1**	**2**
Church leaders	0	0	0	0	0	0	1	10	1	11	2	22	3	18	**7**	**14**	1	11	6	14	**7**	**14**	3	27	4	10	**7**	**14**
Social worker	1	100	0	0	0	0	1	10	3	33	0	0	2	12	**7**	**14**	1	11	6	14	**7**	**14**	4	36	3	8	**7**	**14**
Newspaper	1	100	0	0	1	33	1	10	1	11	0	0	1	6	**5**	**10**	1	11	4	10	**5**	**10**	2	18	3	8	**5**	**10**
Other	0	0	0	0	0	0	0	0	1	11	0	0	3	18	**4**	**8**	1	11	3	7	**4**	**8**	1	9	3	8	**4**	**8**

Table 24(a) (continued): Channels and sources used to obtain problem solving information - Ohangwena caregivers (N=51)

Sources	Educational level														Income levels													
	N = 14		N=7		N=9		N=16		N=4		N=1		N=51		N=21		N=19		N=4		N=1		N=3		N=3	
	NFE	%	Gr1-3	%	Gr4-7	%	Gr8-12	%	CVTU	%	Other	%	Total	%	-N$100	%	N$100-499	%	N$500-999	%	N$1000-1499	%	N$1500-1999	%	N$2500+	%
Television	0	0	0	0	1	11	1	6	2	50	0	0	**4**	**8**	1	5	0	0	0	0	0	0	1	33	2	67
Radio	11	79	6	86	4	44	14	88	2	50	1	100	**38**	**75**	18	86	12	63	4	100	0	0	2	67	2	67
Books	0	0	1	14	1	11	0	0	1	25	0	0	**3**	**6**	2	10	0	0	0	0	0	0	0	0	1	33
Conference/ workshop	1	7	0	0	1	11	0	0	0	0	0	0	**2**	**4**	1	5	1	5	0	0	0	0	0	0	0	0
Traditional leader	5	36	3	43	2	22	1	6	0	0	0	0	**11**	**22**	2	10	8	42	1	25	0	0	0	0	0	0
Regional councillors	3	21	2	29	6	67	6	38	2	50	0	0	**19**	**37**	8	38	6	32	1	25	1	100	1	33	2	67
Library	0	0	0	0	0	0	0	0	1	25	0	0	**1**	**2**	0	0	0	0	0	0	0	0	0	0	1	33
Computer	0	0	0	0	0	0	0	0	1	25	0	0	**1**	**2**	0	0	0	0	0	0	0	0	0	0	1	33
Church leaders	2	14	1	14	3	33	1	6	0	0	0	0	**7**	**14**	1	5	3	16	1	25	1	100	1	33	0	0
Social worker	1	7	0	0	2	22	2	13	2	50	0	0	**7**	**14**	1	5	2	11	1	25	0	0	1	33	2	67
Newspaper	0	0	0	0	1	11	3	19	1	25	0	0	**5**	**10**	2	10	1	5	1	25	0	0	0	0	1	33
Other	1	7	0	0	2	22	0	0	1	25	0	0	**4**	**8**	1	5	3	16	0	0	0	0	0	0	0	0

Gr = Grade CVTU = College,/vocational training/university NFE= No formal education

Table 24(b): Channels and sources used to obtain problem solving information - Khomas caregivers (N=19)

Sources	Age												Gender						Employment levels					
	N=1		N=5		N=8		N=3		N=2		N=19		N=2		N=17		N=19		N=13		N=6		N=19	
	17-24	%	25-32	%	33-40	%	41-48	%	49-56	%	Total	%	Male	%	Female	%	Total	%	Emp	%	Unemp	%	Total	
Television	1	100	1	20	1	13	2	67	1	50	**6**	**32**	0	0	6	35	**6**	**32**	5	39	1	17	**6**	**32**
Radio	1	100	3	60	6	75	2	67	1	50	**14**	**74**	2	100	12	71	**14**	**74**	10	77	4	67	**14**	**74**
Books	1	100	0	0	1	13	1	33	0	0	**3**	**16**	0	0	3	18	**3**	**16**	2	15	1	17	**3**	**16**
Conference/ workshop	1	100	0	0	0	0	1	33	0	0	**2**	**11**	0	0	2	12	**2**	**11**	2	15	0	0	**2**	**11**
Traditional leader	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0	0	0	0	**0**	**0**	0	0	0	0	**0**	**0**
Regional councillors	1	100	1	20	2	25	1	33	0	0	**5**	**26**	0	0	5	29	**5**	**26**	4	31	1	17	**5**	**26**
Library	1	100	0	0	1	13	1	33	0	0	**3**	**16**	0	0	3	18	**3**	**16**	2	15	1	17	**3**	**16**
Computer	1	100	0	0	1	13	1	33	0	0	**3**	**16**	0	0	3	18	**3**	**16**	3	23	0	0	**3**	**16**
Church leaders	1	100	2	40	1	13	1	33	0	0	**5**	**26**	0	0	5	29	**5**	**26**	4	31	1	17	**5**	**26**
Social worker	1	100	0	0	2	25	0	0	0	0	**3**	**16**	0	0	3	18	**3**	**16**	2	15	1	17	**3**	**16**
Newspaper	1	100	1	20	1	13	2	67	1	50	**6**	**32**	0	0	6	35	**6**	**32**	4	31	2	33	**6**	**32**
Other	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0	0	0	0	**0**	**0**	0	0	0	0	**0**	**0**

Emp= Employed Unemp = Unemployed

Table 24(b) (continued): Channels and sources used to obtain problem solving information - Khomas caregivers (N=19)

Sources	Educational levels												Income levels											
	N = 1		N=0		N=1		N=15		N=2		N=19		N=1		N=8		N=6		N=1		N=2		N=1		N=19	
	NFE	%	Gr1-3	%	Gr4-7	%	Gr8-12	%	CVTU	%	Total	%	-N$100	%	N$100-499	%	N$500-999	%	N$1000-1499	%	N$1500-1999	%	N$2000-2499	%	Total	%
Television	0	0	0	0	1	100	4	27	1	50	**6**	**32**	0	0	3	38	2	33	0	0	1	50	0	0	**6**	**32**
Radio	1	100	0	0	1	100	11	73	1	50	**14**	**74**	1	100	7	88	3	50	1	100	1	50	1	100	**14**	**74**
Books	0	0	0	0	0	0	2	13	1	50	**3**	**16**	0	0	1	13	1	17	0	0	1	50	0	0	**3**	**16**
Conference/ workshop	0	0	0	0	0	0	1	7	1	50	**2**	**11**	0	0	1	13	0	0	0	0	1	50	0	0	**2**	**11**
Traditional leader	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
Regional councillors	1	100	0	0	0	0	3	20	1	50	**5**	**26**	0	0	3	38	1	17	0	0	1	50	0	0	**5**	**26**
Library	0	0	0	0	0	0	2	13	1	50	**3**	**16**	0	0	0	0	2	33	0	0	1	50	0	0	**3**	**16**
Computer	1	100	0	0	0	0	1	7	1	50	**3**	**16**	0	0	2	25	0	0	0	0	1	50	0	0	**3**	**16**
Church leaders	0	0	0	0	0	0	4	27	1	50	**5**	**26**	1	100	1	13	2	33	0	0	1	50	0	0	**5**	**26**
Social worker	0	0	0	0	0	0	1	7	2	100	**3**	**16**	0	0	0	0	1	17	0	0	2	100	0	0	**3**	**16**
Newspaper	0	0	0	0	1	100	4	27	1	50	**6**	**32**	0	0	3	38	2	33	0	0	1	50	0	0	**6**	**32**
Other	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**

Gr = Grade CVTU = College/vocational training/university NFE= No formal education

In Ohangwena, the radio was rated highly by 38 (75%) of the respondents, followed by regional councillors (19; 37%) and traditional leaders (11; 22%). Social workers were mentioned by 7 respondents (14%). In Khomas, the radio was also mentioned by the most respondents (14; 74%), followed by the television and newspapers (6; 32% respectively).

Caregivers aged 57 and above in Ohangwena preferred the radio as their first choice (11; 65%), followed by traditional leaders (6; 35%). It was also clear that the older age groups were more reliant on a variety of sources than the younger age groups. However, the respondent aged between 9 to 16 years also used a wide variety of sources, such as the radio, television, books, conferences/workshops, newspapers, and social workers (1; 100% each respectivly).

In Khomas, all the age groups indicated that they used the radio (14; 74%), television (6; 32%) and newspapers (6; 32%). Church leaders and regional councillors were also used by all the age groups, except by some of the respondents between the ages of 49 to 56. The latter group was also using the least variety of sources, relying mainly on the radio, television and newspapers. The respondents who were 17 to 24 used the widest variety of sources, i.e. TV, radio, books, conferences, regional councillors, library, church leaders, social workers and newspapers (1; 100% each), while those who were 33 to 40 years used TV (1; 13%), radio (6; 75%), books (1; 13%), regional councillors (2; 25%) and social workers (2; 25%).

In Ohangwena, male caregivers rated the radio as their first channel (7; 78%), followed by traditional leaders and regional councillors (2; 22% each). The majority of female respondents also chose the radio (31; 74%), followed by regional councillors (17; 41%) and traditional leaders (9; 21%). In Khomas, the radio was also clearly favoured by both genders (Males, 2; 100% and females, 12; 71%). The radio was the only source identified by the males, while the females used all the different sources provided in Table 22(b). The second most used channel/source by the female caregivers in Khomas was newspapers and the television (6; 32% each).

Both employed and unemployed caregivers used a variety of sources**.** Those who were employed did not use conferences/workshops or traditional leaders, while those who were unemployed did not use the library or computer. Among the

employed caregivers, the radio (7; 64%), regional councillors (5; 46%) and social workers (4; 36%) were the most utilized sources, while among the unemployed, the radio (31; 78%), regional councillors (14; 35%) and traditional leaders (11; 28%) were relatively popular.

In Khomas, the radio was the most popular channel among both the employed (10; 77%) and the unemployed (4; 67%). The second most popular source among the employed was the television (5; 39%), and regional councillors and newspapers (4; 31% each). Among unemployed caregivers, newspapers (2; 33%) were the second most popular choice; all the other sources identified received 1 (17%) mention each. The unemployed did not use conferences/workshops, computers, or traditional leaders. The employed also did not use traditional leaders. As indicated earlier, this is probably because traditional leaders do not predominate in an urban setting.

With respect to education, the respondents in Ohangwena who had attained grades 4 to 7 as well as CVTU used the widest variety of information sources. The radio was the only source used across all the educational levels, while the library and computers were only utilised by the CVTU respondents. In Khomas, the radio was also used across all the educational levels. Traditional leaders were not used by any group. The respondents who had attained grades 8 to 12 and CVTU respondents used the widest variety of information sources.

In Ohangwena, the lowest income level, i.e. those earning less than N$1000, used the greatest variety of information sources, while those earning between N$1000 – 1499 used only regional councillors and church leaders (1; 100%). In Khomas, the lowest and highest income earners used the least amount of information sources, while those earning between N$1500 – 1999 used the greatest variety of information sources. Across all the income levels, the radio was the most popular information source.

5.8.5. Most useful information sources and channels for information seeking.

A question was set to determine which information sources/channels were considered to be the most useful by caregivers. The assumption was that not all the sources utilised were equally useful in terms of the information that could be gained from them. The results are provided in Tables 25(a) and 25(b).

In Ohangwena, the radio was perceived to be the most useful information source by 37 (73%) respondents, followed by regional councillors (21; 41%) and friends, relatives or grandparents (13; 26%). None of the other information sources received any overwhelming positive responses.

Table 25(a): Most useful sources and channels for information seeking – Ohangwena caregivers (N=51)

Sources	Age																Genders						Employment levels					
	N = 1		N=2		N=3		N=10		N=9		N=9		N=17		N=51		N=9		N=42		N=51		N=11		N=40		N=51	
	9-16	%	17-24	%	25-32	%	33-40	%	41-48	%	49-56	%	57+	%	Total	%	Male	%	Female	%	Total	%	Emp	%	Unemp	%	Total	
Radio	1	100	2	100	3	100	8	80	5	56	8	89	10	59	**37**	**73**	6	67	31	74	**37**	**73**	7	64	30	75	**37**	**73**
Regional councillor	0	0	1	50	3	100	4	40	5	56	4	44	4	24	**21**	**41**	1	11	20	48	**21**	**41**	3	27	18	45	**21**	**41**
Friend/relative/ grandparent	0	0	0	0	0	0	0	0	4	44	2	22	7	41	**13**	**26**	4	44	9	21	**13**	**26**	3	27	10	25	**13**	**26**
Church/ mosque leaders	0	0	0	0	0	0	1	10	2	22	2	22	2	12	**7**	**14**	2	22	5	12	**7**	**14**	0	0	7	18	**7**	**14**
Newspaper	1	100	0	0	0	0	2	20	2	22	0	0	1	6	**6**	**12**	2	22	4	10	**6**	**12**	2	18	4	10	**6**	**12**
Traditional leader	1	100	0	0	0	0	0	0	1	11	2	22	2	12	**6**	**12**	0	0	6	14	**6**	**12**	1	9	5	13	**6**	**12**
Teacher	1	100	0	0	0	0	0	0	1	11	0	0	1	6	**3**	**6**	0	0	3	7	**3**	**6**	1	9	2	5	**3**	**6**
Television	0	0	0	0	0	0	0	0	2	22	0	0	0	0	**2**	**4**	0	0	2	5	**2**	**4**	2	18	0	0	**2**	**4**
Governement department	0	0	0	0	0	0	0	0	0	0	0	0	2	12	**2**	**4**	0	0	2	5	**2**	**4**	1	9	1	3	**2**	**4**
Library/re-source centre	0	0	0	0	0	0	1	10	0	0	0	0	0	0	**1**	**2**	1	11	0	0	**1**	**2**	1	9	0	0	**1**	**2**
Posters	1	100	0	0	0	0	0	0	0	0	0	0	0	0	**1**	**2**	0	0	1	2	**1**	**2**	0	0	1	3	**1**	**2**
Guest speaker	0	0	0	0	0	0	0	0	0	0	1	11	0	0	**1**	**2**	0	0	1	2	**1**	**2**	0	0	1	3	**1**	**2**
Workshop/ seminar	1	100	0	0	0	0	0	0	0	0	0	0	0	0	**1**	**2**	0	0	1	2	**1**	**2**	0	0	1	3	**1**	**2**
Video show	1	100	0	0	0	0	0	0	0	0	0	0	0	0	**1**	**2**	0	0	1	2	**1**	**2**	0	0	1	3	**1**	**2**
Books/ periodicals	0	0	0	0	0	0	1	10	0	0	0	0	0	0	**1**	**2**	1	11	0	0	**1**	**2**	1	9	0	0	**1**	**2**
NGOs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0	0	0	0	**0**	**0**	0	0	0	0	**0**	**0**

Table 25(a) (continued): Most useful sources and channels for information seeking – Ohangwena caregivers (N=51)

Sources	Educational level														Income levels													
	N = 14		N=7		N=9		N=16		N=4		N=1		N=51		N=21		N=19		N=4		N=1		N=3		N=3	
	NFE	%	Gr1-3	%	Gr4-7	%	Gr8-12	%	CVTU	%	Other	%	Total	%	-N$100	%	N$100-499	%	N$500-999	%	N$1000-1499	%	N$1500-1999	%	N$2500+	%
Radio	9	64	5	71	6	67	14	88	2	50	1	100	**37**	**73**	19	91	10	53	4	100	0	0	2	67	2	67
Regional councillor	4	29	3	43	5	56	7	44	2	50	0	0	**21**	**41**	10	48	7	37	2	50	1	100	0	0	1	33
Friend/relative/ grandparent	6	43	3	43	2	22	1	6	1	25	0	0	**13**	**26**	5	24	6	32	1	25	0	0	0	0	1	33
Church/ mosque leaders	3	21	1	14	1	11	1	6	1	25	0	0	**7**	**14**	2	10	4	21	0	0	0	0	1	33	0	0
Newspaper	0	0	1	14	1	11	2	13	2	50	0	0	**6**	**12**	3	14	1	5	0	0	0	0	0	0	2	67
Traditional leader	1	7	3	43	2	22	0	0	0	0	0	0	**6**	**12**	3	14	2	11	0	0	1	100	0	0	0	0
Teacher	0	0	0	0	2	22	0	50	1	25	0	0	**3**	**6**	1	5	1	5	0	0	0	0	0	0	1	33
Television	0	0	0	0	0	0	1	6	1	25	0	0	**2**	**4**	0	0	0	0	0	0	0	0	1	33	1	33
Government department	0	0	0	0	1	11	1	6	0	0	0	0	**2**	**4**	0	0	1	5	1	25	0	0	0	0	0	0
Library/resource centre	0	0	0	0	0	0	0	0	1	25	0	0	**1**	**2**	0	0	0	0	0	0	0	0	0	0	0	0
Posters	0	0	0	0	1	11	0	0	0	0	0	0	**1**	**2**	1	5	0	0	0	0	0	0	0	0	0	0
Guest speaker	1	7	0	0	0	0	0	0	0	0	0	0	**1**	**2**	0	0	1	5	1	25	0	0	0	0	0	0
Workshop/ seminar	0	0	0	0	1	11	0	0	0	0	0	0	**1**	**2**	1	5	0	0	0	0	0	0	0	0	0	0
Video show	0	0	0	0	1	11	0	0	0	0	0	0	**1**	**2**	1	5	0	0	0	0	0	0	0	0	0	0
Books/ periodicals	0	0	0	0	0	0	0	0	1	25	0	0	**1**	**2**	0	0	0	0	0	0	0	0	0	0	1	
NGOs	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0	0	0	0	1	25	0	0	0	0	0	0

Table 25(b): Most useful sources and channels for information seeking – Khomas caregivers (N=19)

Sources	Age												Gender						Employment levels					
	N=1		N=5		N=8		N=3		N=2		N=19		N=2		N=17		N=19		N=13		N=6		N=19	
	17-24	%	25-32	%	33-40	%	41-48	%	49-56	%	Total	%	Male	%	Female	%	Total	%	Emp	%	Unem	%	Total	
Radio	1	100	2	40	6	75	1	33	1	50	**11**	**58**	1	50	10	59	**11**	**58**	8	62	3	50	**11**	**58**
Friend/relative/ grandparent	1	100	0	0	3	38	2	67	1	50	**7**	**37**	1	50	6	35	**7**	**37**	6	47	1	17	**7**	**37**
Regional councillor	1	100	2	40	3	38	1	33	0	0	**7**	**37**	0	0	7	41	**7**	**37**	5	39	2	33	**7**	**37**
Church/ mosque leaders	1	100	2	40	1	13	0	0	2	100	**6**	**32**	1	50	5	29	**6**	**32**	6	47	0	0	**6**	**32**
Television	1	100	1	20	3	38	0	0	0	0	**5**	**26**	0	0	5	29	**5**	**26**	3	23	2	33	**5**	**26**
Newspaper	1	100	0	0	0	0	1	33	1	50	**3**	**16**	0	0	3	18	**3**	**16**	2	23	0	0	**3**	**16**
Traditional leader	0	0	1	20	0	0	2	67	0	0	**3**	**16**	0	0	3	18	**3**	**16**	2	15	1	17	**3**	**16**
Politician/ member of parliament	1	100	0	0	1	13	1	33	0	0	**3**	**16**	0	0	3	18	**3**	**16**	3	23	0	0	**3**	**16**
Teacher	1	100	0	0	1	13	0	0	0	0	**2**	**11**	0	0	2	12	**2**	**11**	2	15	0	0	**2**	**11**
Library/resource centre	1	100	0	0	0	0	1	33	0	0	**2**	**11**	0	0	2	12	**2**	**11**	2	16	0	0	**2**	**11**
Trade fair	1	100	0	0	1	13	0	0	0	0	**2**	**11**	0	0	2	12	**2**	**11**	2	15	0	0	**2**	**11**
NGOs	1	100	0	0	0	0	0	0	1	50	**2**	**11**	0	0	2	12	**2**	**11**	2	15	0	0	**2**	**11**
Guest speaker	1	100	0	0	1	13	0	0	0	0	**2**	**11**	0	0	2	12	**2**	**11**	1	8	1	17	**2**	**11**
Workshop/ seminar	1	100	0	0	0	0	1	33	0	0	**2**	**11**	0	0	2	12	**2**	**11**	2	15	0	0	**2**	**11**
Government department	1	100	0	0	0	0	1	33	0	0	**2**	**11**	0	0	2	12	**2**	**11**	2	15	0	0	**2**	**11**
Internet	1	100	0	0	0	0	0	0	0	0	**1**	**5**	0	0	1	6	**1**	**5**	1	8	0	0	**1**	**5**
Posters	1	100	0	0	0	0	0	0	0	0	**1**	**5**	0	0	1	9	**1**	**5**	1	8	0	0	**1**	**5**
Video show	1	100	0	0	0	0	0	0	0	0	**1**	**5**	0	0	1	6	**1**	**5**	1	8	0	0	**1**	**5**
Books/ periodicals	1	100	0	0	0	0	0	0	0	0	**1**	**5**	0	0	1	6	**1**	**5**	1	8	0	0	**1**	**5**
Computer	1	100	0	0	0	0	0	0	0	0	**1**	**5**	0	0	1	6	**1**	**5**	1	8	0	0	**1**	**5**

Table 25(b) (continued): Most useful sources and channels for information seeking – Khomas caregivers (N=19)

Sources	Educational levels												Income levels											
	N = 1		N=0		N=1		N=15		N=2		N=1		N=8		N=6		N=1		N=2		N=1		N=19	
	NFE	%	Gr1-3	%	Gr4-7	%	Gr8-12	%	CVTU	%	Total	%	-N$100	%	N$100-499	%	N$500-999	%	N$1000-1499	%	N$1500-	%	N$2000 - 2499	%
Radio	1	100	0	0	1	100	7	47	2	100	**11**	**58**	1	100	5	63	2	33	1	100	2	100	0	0
Friend/relative/ grandparent	0	0	0	0	1	100	5	33	1	50	**7**	**37**	0	0	3	38	3	50	0	0	1	50	0	0
Regional councillor	1	100	0	0	0	0	5	33	1	50	**7**	**37**	0	0	3	38	3	50	0	0	1	50	0	0
Church leaders	1	100	0	0	1	100	3	20	1	50	**6**	**32**	0	0	2	25	2	33	0	0	1	50	1	100
Television	0	0	0	0	0	0	3	20	2	100	**5**	**26**	0	0	2	25	0	0	1	100	2	100	0	0
Newspaper	0	0	0	0	0	0	2	13	1	50	**3**	**16**	0	0	1	13	0	0	0	0	1	50	1	100
Traditional leader	0	0	0	0	0	0	3	20	0	0	**3**	**16**	0	0	2	25	1	17	0	0	0	0	0	0
Politician/ member of parliament	0	0	0	0	0	0	2	13	1	50	**3**	**16**	0	0	2	25	0	0	0	0	1	50	0	0
Teacher	0	0	0	0	0	0	0	0	2	100	**2**	**11**	0	0	0	0	0	0	0	0	2	100	0	0
Library/resource centre	0	0	0	0	0	0	1	7	1	50	**2**	**11**	0	0	1	13	0	0	0	0	1	50	0	0
Trade fair	0	0	0	0	0	0	0	0	2	100	**2**	**11**	0	0	0	0	0	0	0	0	2	100	0	0
NGOs	0	0	0	0	1	100	0	0	1	50	**2**	**11**	0	0	1	13	0	0	0	0	1	50	0	0
Guest speaker	0	0	0	0	0	0	1	7	1	50	**2**	**11**	0	0	0	0	1	17	0	0	1	50	0	0
Workshop/ seminar	0	0	0	0	0	0	1	7	1	50	**2**	**11**	0	0	1	13	0	0	0	0	1	50	0	0
Government department	0	0	0	0	0	0	1	7	1	50	**2**	**11**	0	0	1	13	0	0	0	0	1	50	0	0
Internet	0	0	0	0	0	0	0	0	1	50	**1**	**5**	0	0	0	0	0	0	0	0	1	50	0	0
Posters	0	0	0	0	0	0	1	7	1	50	**1**	**5**	0	0	0	0	0	0	0	0	1	50	0	0
Video show	0	0	0	0	0	0	0	0	1	50	**1**	**5**	0	0	0	0	0	0	0	0	1	50	0	0
Books/ periodicals	0	0	0	0	0	0	0	0	1	50	**1**	**5**	0	0	0	0	0	0	0	0	1	50	0	0
Computer	0	0	0	0	0	0	0	0	1	50	**1**	**5**	0	0	0	0	0	0	0	0	1	50	0	0

In Khomas, the radio was also identified as the most useful information source (11; 58%), followed by friends, relatives or grandparents, and regional councillors (7; 37% respectively). Church/mosque leaders (6; 32%) were also perceived to be relatively useful information sources.

In terms of age, all the Ohangwena respondents indicated that they found the radio to be the most useful source, followed by regional councillors. The caregivers between the ages of 17 to 24 and 25 to 32 only identified the radio (2, 100%) and regional councillors (3, 100%) as useful information sources. 1 respondent in the 9 to 16 year group identified the radio, newspapers, teachers, traditional leaders, posters, workshops/seminars and video shows as equally useful information sources. Interestingly, none of the age groups thought that NGOs were useful information sources, while government departments were only perceived to be useful by 2 (12%) of the respondents who were 57+. Both of these organisations should be at the forefront in caring for OVC, and yet they were not recognised as useful sources of information. The library was also only identified by 1 (10%) respondent between the ages of 33 to 40 as a useful source of information.

In Khomas, the radio was also perceived to be the most useful source across all the age groups. NGOs and government departments were only considered to be useful by respondents in two age groups, i.e. 17 to 24 years and 49 to 56 years (1, 100% and 1, 50%) respectively. The respondents between the ages of 17 to 24 identified the entire set of information sources mentioned in Table 25(b) as useful, with the exception of traditional leaders. This might be because in this age group, school still plays an important role, and they might be exposed through the school to a wider variety of sources. Alternatively, they are still very vulnerable, and therefore seek out as many information sources as possible for all the problems they need to solve. Television was perceived to be a useful source by the younger age groups, but not at all by the older groups.

Both male and female respondents from Ohangewena indicated that the radio was their most useful information source (6; 67% and 31; 74% respectively). The second most useful source for male caregivers was friends, relatives and grandparents (4; 44%), while female caregivers opted for regional councillors (20; 48%). The females identified a larger variety of useful sources than the males. In Khomas, the same pattern as in Ohangwena could be observed, with the radio being cited as the most useful source by both genders (Males, 1; 50% males and Females, 10; 59%).

The male caregivers also found friends, relatives and grandparents, and church leaders (1; 50% each) to be very useful, while females found regional councillors (7; 41%) to be very useful. As in Ohangwena, the males could only identify 3 useful sources, while the females identified an array of useful information sources (see Table 25(b)).

The employed respondents in Ohangwena identified the radio as the most useful source (7; 64%), followed by friends, relatives or grandparents and regional councillors (3; 27% each). For the unemployed, the radio was also the most useful source (30; 75%), with regional councillors (18; 45%) in the second place. Friends, relatives and grandparents (10; 25%) came in the third place. The unemployed appeared to find a lot more sources useful than the employed caregivers.

In Khomas, the majority of the employed mentioned the radio (8; 62%) as the most useful information source, followed by church/mosque leaders and friends, relatives or grandparents (6; 47% each). Among the unemployed, the radio was also the most useful source (3; 50%), followed by the television and regional councillors (2; 33% each). The employed in this region identified more useful sources than the unemployed.

All the educational levels in Ohangwena indicated that the radio was the most useful information source. For the respondent with ABE education, this was the only useful information source. The respondents who had attained grades 4 to 7 were able to identify the biggest variety of useful sources, while those with grades 1 to 3 identified the least. Sources such as the library, NGOs, posters, guest speakers, workshops, government departments, video shows and books/pamphlets were not perceived to be very useful by the majority of the respondents. In Khomas, for the CVTU respondents, the television, radio, teachers and trade fairs were perceived to be the most useful sources, while all the other sources mentioned in Table 25(a) were also perceived to be relatively useful. For the respondents with the lowest educational levels, very few information sources were perceived to be useful. Interestingly, the internet did not seem to play any role as a useful information source in either of the two regions.

In Ohangwena, the respondents earning between N$1000 – 1499 identified only two useful information sources, i.e. traditional leaders and regional councillors (1; 100%). It was also only in the highest income group that the television was considered to be a useful source, indicating that only the “richer” respondents had access to this potentially useful source of information.

The radio and regional councillors were once again perceived to be the most useful information sources among the majority of income earners. In Khomas, the respondents in the N$1500 – 2000 income bracket found virtually all the information sources to be very useful or relatively useful, with the exception of traditional leaders. Among the lowest income earners, only the radio was considered to be a useful source.

5.8.6. Information caregivers found to be most useful

Caregivers experience many information needs, and some of the information that they retrieve in their quest to solve problems might be more useful or important than other bits of information. This question aimed to determine the kind of information that the caregivers found most useful in helping them to care for their charges. The results are provided in Tables 26(a) and (b) below. In both regions, information on school development fund exemption was considered to be most useful by 38 (75%) and 11 (58%) respondents respectively from Ohangwena and Khomas. This was followed by information on financial assistance, considered to be the most useful in both regions by 22 (43%) and 19 (53%) respondents from the respective regions. Interestingly, while information on school development fund exemption was useful to a large majority of Ohangwena caregivers, it was less so to the Khomas caregivers, while information on financial assistance was more useful to the Khomas caregivers than to their Ohangwena counterparts. A possible explanation for the findings on financial assistance might be that the urban caregiver, upon receiving information about how and where to apply for financial assistance, has more options and opportunities to take action to obtain funding, while for the rural caregiver there are many obstacles to overcome, such as travelling expenses, unhelpful staff at the few service points that can assist them, and so on.

For the Khomas caregiver, information on health services and nutrition, as well as information on child care/support (9; 48%), was equally useful in third place, while for Ohangwena, information on health services and nutrition, the application process for identity documents or birth certificates, and information on counselling (12; 24% each) was more useful than information on child care/support (11; 22%). It would also seem as if in general, the caregivers from Khomas found information more useful than the caregivers in Ohangwena. This can probably be ascribed to the fact that the Khomas caregiver has more resources and services in

closer proximity than the Ohangwena caregiver, to enable them to act on the information received.

Table 26(a): Information the caregivers found to be most useful – Ohangwena (N=51)

Information	Age																Genders						Employment levels					
	N = 1		N=2		N=3		N=10		N=9		N=9		N=17		N=51		N=9		N=42		N=51		N=11		N=40		N=51	
	9-16	%	17-24	%	25-32	%	33-40	%	41-48	%	49-56	%	57+	%	Total	%	Male	%	Female	%	Total	%	Emp	%	Unemp	%	Total	
School development fund exemption	1	100	2	100	3	100	7	70	8	89	5	56	12	71	**38**	**75**	5	56	33	79	**38**	**75**	7	64	31	78	**38**	**75**
Financial assistance	1	100	0	0	2	67	3	30	5	56	4	44	7	41	**22**	**43**	4	44	18	43	**22**	**43**	3	27	19	48	**22**	**43**
ealth services/ nutrition	0	0	0	0	0	0	2	20	3	33	3	33	4	24	**12**	**24**	1	11	11	26	**12**	**24**	3	27	9	23	**12**	**24**
ID docs/birth certificates	0	0	1	50	0	0	3	30	3	33	2	22	3	18	**12**	**24**	0	0	12	29	**12**	**24**	2	18	10	25	**12**	**24**
Counselling	1	100	1	50	0	0	0	0	3	33	3	33	4	24	**12**	**24**	0	0	12	29	**12**	**24**	2	18	10	25	**12**	**24**
Child care/ support	1	100	0	0	1	33	2	20	2	22	1	11	4	24	**11**	**22**	3	33	8	19	**11**	**22**	5	46	6	15	**11**	**22**
Grants	1	100	0	0	1	33	2	20	1	11	1	11	1	6	**7**	**14**	2	22	5	12	**7**	**14**	3	27	4	10	**7**	**14**
Training opportunities	0	0	0	0	1	33	2	20	0	0	0	0	3	18	**6**	**12**	2	22	4	10	**6**	**12**	0	0	6	15	**6**	**12**
Farming/ fishing skills	0	0	0	0	0	0	1	10	1	11	1	11	2	12	**5**	**10**	2	22	3	7	**5**	**10**	1	9	4	10	**5**	**10**
Legal information	0	0	0	0	0	0	0	0	1	11	1	11	1	6	**3**	**6**	0	0	3	7	**3**	**6**	1	9	2	5	**3**	**6**
Establish small businesses	0	0	0	0	0	0	0	0	1	11	0	0	0	0	**1**	**2**	0	0	1	2	**1**	**2**	1	9	0	0	**1**	**2**
Psychosocial support	0	0	0	0	0	0	0	0	1	11	0	0	0	0	**1**	**2**	0	0	1	2	**1**	**2**	1	9	0	0	**1**	**2**
Will writing	0	0	0	0	0	0	0	0	1	11	0	0	0	0	**1**	**2**	0	0	1	2	**1**	**2**	0	0	1	3	**1**	**2**

Table 26(a)(continued): Information the caregivers found to be most useful - Ohangwena (N=51)

Information	Educational level														Income levels											
	N = 14		N=7		N=9		N=16		N=4		N=1		N=51		N=21		N=19		N=4		N=1		N=3		N=3	
	NFE	%	Gr1-3	%	Gr4-7	%	Gr8-12	%	CVTU	%	Other	%	Total	%	-N$100	%	N$100-499	%	N$500-	%	N$1000-	%	N$1500-	%	N$2500+	%
School development fund exemption	9	64	5	71	7	78	16	100	1	25	0	0	**38**	**75**	16	76	15	79	4	100	0	0	3	100	0	0
Financial assistance	5	36	2	29	6	67	6	38	1	25	1	100	**22**	**43**	9	43	10	53	1	25	0	0	1	33	1	33
Health services/ nutrition	5	36	1	14	2	22	1	6	2	50	0	0	**12**	**24**	4	19	5	26	1	25	0	0	0	0	2	24
ID docs/birth certificates	3	21	4	57	1	11	2	13	1	25	0	0	**12**	**24**	5	24	5	26	0	0	1	100	0	0	1	33
Counselling	3	21	1	14	3	33	3	19	1	25	1	100	**12**	**24**	6	29	4	21	1	25	0	0	0	0	1	33
Child care/ support	1	7	0	0	2	22	5	31	3	75	0	0	**11**	**22**	3	14	3	16	2	50	0	0	0	0	3	100
Grants	1	7	1	14	1	11	2	13	2	50	0	0	**7**	**14**	1	5	2	11	1	25	0	0	1	33	2	67
Training opportunities	1	7	0	0	2	22	3	19	0	0	0	0	**6**	**12**	3	14	3	16	0	0	0	0	0	0	0	0
Farming/ fishing skills	2	14	1	14	0	0	2	13	0	0	0	0	**5**	**10**	2	10	3	16	0	0	0	0	0	0	0	0
Legal information	1	7	0	0	0	0	2	13	0	0	0	0	**3**	**6**	0	0	2	11	0	0	0	0	1	33	0	0
Establish small businesses	0	0	0	0	0	0	0	0	1	25	0	0	**1**	**2**	0	0	0	0	0	0	0	0	0	0	1	2
Psychosocial support	0	0	0	0	0	0	0	0	1	25	0	0	**1**	**2**	0	0	0	0	0	0	0	0	0	0	1	33
Will writing	0	0	1	14	0	0	0	0	0	0	0	0	**1**	**2**	1	5	0	0	0	0	0	0	0	0	0	0

Gr = Grade CVTU = College/vocational training,/ university NFE= No formal education

Table 26(b)(continued): Information caregivers found to be most useful - Khomas (N=19)

Information	Age												Gender						Employment levels					
	N=1		N=5		N=8		N=3		N=2		N=19		N=2		N=17		N=19		N=13		N=6		N=19	
	17-24	%	25-32	%	33-40	%	41-48	%	49-56	%	Total	%	Male	%	Female	%	Total	%	Emp	%	Unemp	%	Total	
Financial assistance	0	0	1	20	5	63	2	67	2	100	**19**	**53**	1	50	9	53	**19**	**53**	8	62	2	33	**19**	**53**
School exemption	0	0	3	60	4	50	3	100	1	50	**11**	**58**	1	50	10	59	**11**	**58**	9	69	2	33	**11**	**58**
Health services/ nutrition	1	100	2	40	3	38	2	67	1	50	**9**	**48**	1	50	8	47	**9**	**48**	7	54	2	33	**9**	**48**
Child care/ support	1	100	3	60	3	38	2	67	0	0	**9**	**48**	0	0	9	53	**9**	**48**	5	39	4	67	**9**	**48**
Counselling	1	100	1	20	2	25	2	67	0	0	**6**	**32**	0	0	6	35	**6**	**32**	5	39	1	17	**6**	**32**
Establish small businesses	1	100	2	40	1	13	2	67	0	0	**6**	**32**	0	0	6	35	**6**	**32**	4	31	2	33	**6**	**32**
Training opportunities	1	100	1	20	2	25	1	33	0	0	**5**	**26**	0	0	5	29	**5**	**26**	5	39	0	0	**5**	**26**
Grants	0	0	0	0	3	38	1	33	1	50	**5**	**26**	0	0	5	29	**5**	**26**	3	23	2	33	**5**	**26**
ID docs/birth certificates	1	100	1	20	1	13	1	33	0	0	**4**	**21**	0	0	4	24	**4**	**21**	2	15	2	33	**4**	**21**
Psychosocial support	1	100	0	0	2	25	0	0	1	50	**4**	**21**	0	0	4	24	**4**	**21**	3	23	1	17	**4**	**21**
Legal information	1	100	0	0	0	0	1	33	1	50	**3**	**16**	0	0	3	18	**3**	**16**	3	23	0	0	**3**	**16**
Farming/ fishing skills	0	0	0	0	1	13	2	67	0	0	**3**	**16**	1	50	1	12	**3**	**16**	3	23	0	0	**3**	**16**
Will writing	1	100	0	0	0	0	1	33	0	0	**2**	**11**	0	0	2	12	**2**	**11**	2	15	0	0	**2**	**11**

Emp= Employed Unemp = Unemployed

Table 26(b)(continued): Information caregivers found to be most useful - Khomas (N=19)

Information	Educational levels										Income levels													
	N = 1		N=1		N=15		N=2		N=19		N=1		N=8		N=6		N=1		N=2		N=1		N=19	
	NFE	%	Gr4-7	%	Gr8-12	%	CVTU	%	Total	%	-N$100	%	N$100-499	%	N$500-999	%	N$1000-1499	%	N$1500-1999	%	N$2000-2499	%	Total	%
Financial assistance	1	100	1	100	7	47	1	50	**19**	**53**	1	100	5	63	1	17	1	100	1	50	1	100	**19**	**53**
School development fund exemption	0	0	0	0	10	67	1	50	**11**	**58**	1	100	4	50	3	50	1	100	1	50	1	100	**11**	**58**
Health services/ nutrition	0	0	0	0	8	53	1	50	**9**	**48**	0	0	3	38	4	67	0	0	1	50	1	100	**9**	**48**
Child care/ support	0	0	0	0	8	53	1	50	**9**	**48**	1	100	3	38	4	67	0	0	1	50	1	100	**9**	**48**
Counselling	0	0	0	0	4	27	2	100	**6**	**32**	0	0	1	17	3	50	0	0	2	100	0	0	**6**	**32**
Establish small businesses	0	0	0	0	5	33	1	100	**6**	**32**	1	100	1	13	3	50	0	0	1	50	0	0	**6**	**32**
Training opportunities	1	100	0	0	3	20	1	50	**5**	**26**	0	0	3	38	1	17	0	0	1	50	0	0	**5**	**26**
Grants	0	0	1	100	4	27	0	0	**5**	**26**	0	0	3	38	1	17	1	100	0	0	0	0	**5**	**26**
ID docs/birth certificates	0	0	0	0	3	20	1	50	**4**	**21**	0	0	2	25	1	17	0	0	1	50	0	0	**4**	**21**
Psychosocial support	0	0	1	100	2	13	1	50	**4**	**21**	0	0	2	25	0	0	1	100	1	50	0	0	**4**	**21**
Legal information	1	100	1	100	2	13	2	100	**3**	**16**	0	0	1	13	0	0	0	0	1	50	1	100	**3**	**16**
Farming/ fishing skills	0	0	0	0	3	20	0	0	**3**	**16**	0	0	1	13	2	33	0	0	0	0	0	0	**3**	**16**
Will writing	0	0	0	0	1	7	1	50	**2**	**11**	0	0	1	13	0	0	0	0	1	50	0	0	**2**	**11**

Gr = Grade CVTU = College/vocational training/university NFE = No formal education

When cross tabulated by age, the data revealed that all the age groups in Ohangwena found information on school development fund exemption to be the most useful. All the age groups, with the exception of some of the respondents aged 17 to 24, also found the information on financial assistance to be useful. The 17 to 24 year olds found very little information useful other than the information on school development fund exemptions (2; 100%), information on identity documents and birth certificates, and information on counselling (1;50%). The older the respondents, the more useful they found various information topics. Information that was not useful according to most of the age groups was information on training opportunities, how to establish a small business, legal information, psychosocial support, and how to write a will.

In Khomas, information on school development fund exemption and how to get financial assistance was considered to be most useful by all the age groups except for some respondents between the ages of 17 to 24. All the age groups, however, found information on health services and nutrition to be useful. Caregivers who were 49 to 56 years old found the information on a variety of topics to be less useful than the other age groups. The respondents between the ages of 33 to 40 and 41 to 48 found most of the information that they received useful to a certain degree. This is probably because with life experience, they had learnt where and how to search for useful information.

When data was analyzed according to gender in Ohangewena, women caregivers suggested that information on school development fund exemption and financial assistance was useful. However the male caregivers (3; 33%) found information on child care/support to be much more useful than the female respondents (8; 19%), while the females found information on identity documents and birth certificates, as well as information on counselling (12; 29% respectively) to be more useful than the males - males did not find information on these topics to be useful at all. In Khomas, the same trend was noted concerning the two most useful information topics. However in contrast to Ohangwena, the Khomas females found health care and nutrition (9; 53%) information to be much more useful than the male respondents, who did not find this information useful at all. The males in Khomas found very little information useful in contrast to the females who found most information topics useful (see Table 26(b)).

In terms of employment levels, the majority of both employed and unemployed respondents in

Ohangwena found information on school development fund exemption to be highly useful (7; 64% and 31; 78% respectively). However, the respondents who were employed found information on child care/ support (5; 46%) to be a lot more useful than those who were unemployed (6; 15%), while the unemployed (19; 48%) found information on financial assistance to be much more useful than those who were employed (3; 27%). In the latter's case, this is probably because those who are employed might be less reliant on financial assistance than those who have no income to support themselves and their families. The unemployed respondents did not find information on psychosocial support to be useful at all. In Khomas, most of the employed respondents found information on school development fund exemption (9; 69%) to be highly useful; this was the case with only 2 (33%) of the unemployed. The unemployed, however, found child care/support information (4; 67%) to be much more useful than their employed counterparts (5; 39%). All the unemployed respondents found information on training opportunities and how to write a will (0; 0%) to be the least useful.

All the educational levels in Ohangwena found information on financial assistance to be helpful, while information on school development fund exemption was useful across all the educational levels except for the respondent with ABE training. This is because those who attend adult education do not qualify for school development fund exemptions. Information on counselling was also found to be useful across all the educational levels, although to a lesser degree than the options already mentioned. The least useful information was on will writing, with only 1 (14%) mention from a respondent with grade 1 to 3, and information on how to establish a small business, with only a 1 (25%) mention from the CVTU group. In Khomas, as in Ohangwena, financial assistance was seen as the most useful information across all the educational levels, while information on school development fund exemption was not useful for those with no formal education (NFE), and respondents with grades 4 to 7. Information on legal issues was mentioned as useful to a degree across all the educational levels. The caregivers with grades 8 to 12 found most of the information topics mentioned useful.

The respondents from Ohangwena with the lowest income levels found the information that they received to be the most useful. Those with an income level of between N$ 1000 – 1499 only found information on identity documents and birth certificates (1; 100%) to be useful.

Respondents from the highest income level also found more useful information than the two income levels just below it (see Table 27(a)). In Khomas, respondents from all the income levels found information on school development fund exemptions and information on financial assistance to be useful. The income groups of N$100 – 499 (1, 100%) N$500 – 999 (5, 63%) and N$ 2000 - 2499 (1, 100%) found most information useful to a degree.

5.8.7. Extent to which the information received helped to solve problems

Although the information received might be useful, the caregiver still has to act on it in order to resolve any problems. The aim of this question was to determine whether the information that was received actually helped the caregivers solve their problems. The results are provided in Table 27.

Table 27: Whether the information received helped to solve problems - caregivers (N=70)

Demographics		N	N	Yes				No			
		O	K	O	%	K	%	O	%	K	%
Age	9 – 16	1	0	1	100	0	0	0	0	0	0
	17 – 24	2	1	1	50	1	100	1	50	0	0
	25 – 32	3	5	1	33	2	40	2	67	3	60
	33 – 40	10	8	6	60	4	50	4	40	4	50
	41 – 48	9	3	7	79	3	100	2	22	0	0
	49 – 56	9	2	6	67	2	100	3	33	0	0
	57 +	17	0	13	77	0	0	4	23	0	0
Total		51	19	35	69	12	63	16	31	7	37
Gender	Male	9	2	5	56	2	100	4	44	0	0
	Female	42	17	30	71	10	59	12	29	7	41
Total		51	19	35	69	12	63	16	31	7	37
Educational level	NFE	14	1	10	71	1	100	4	29	0	0
	Gr 1 – 3	7	0	3	43	0	0	4	57	0	0
	Gr 4 – 7	9	1	8	89	1	100	1	11	0	0
	Gr 8 – 12	16	15	9	56	8	53	7	44	7	47
	CVTU	4	2	4	100	2	100	0	0	0	0
	Other (ABE)	1	0	1	100	0	0	0	0	0	0
Total		51	19	35	69	12	63	16	31	7	37
Employment	Employment	11	13	9	82	11	85	2	18	2	15
	Unemployed	40	6	26	65	1	17	14	35	5	83
Total		51	19	35	69	12	63	16	31	7	37
Income level (1N$ = 8 U$)	- N$ 100	21	1	11	52	0	0	10	48	1	100
	N$100-499	19	8	14	74	4	50	5	26	4	50
	N$500-999	4	6	4	100	5	83	0	0	1	17
	N$1000-1499	1	1	0	0	0	0	1	100	1	100
	N$1500-1999	3	2	3	100	2	100	0	0	0	0
	N$2000-2499	0	1	0	0	1	100	0	0	0	0
	NS2500$_+$	3	0	3	100	0	0	0	0	0	0
	Total	51	19	35	69	12	63	16	31	7	37

The majority of the caregivers from both regions (Ohangwena, 35; 69% and Khomas, 12; 63%) indicated that the information that they received actually helped them resolve some of their problems. The fact that 16 respondents (31%) from Ohangwena and 7 (37%) from Khomas could not use the information, indicates that there is a problem with the information sources or systems in place, and that mis-information is a relatively common occurrence that needs to be addressed in order to improve the circumstances of the caregivers and their wards.

All (100%) of the caregivers aged between 9 to 16 years in Ohangwena stated that the information that they received was helpful. The respondents who found the information to be least helpful were between 25 to 32 years; only 1 (33 %) respondent from this age group was able to use the information that they had received to solve their problems. Other than the youngest age group, the respondents who were between 41 to 48 years 7 (79%) were the best informed and able to use the information to their advantage. In Khomas, the same trend can be noted; the respondents between 25 to 32 years were the least able to use the information that they'd received to solve problems (2; 40%). The caregivers who were 33 to 40 also did not benefit to a large extent from the information that they received; only 4 (50%) from this group indicated that they could use the information.

In terms of gender, females (30; 71%) from Ohangwena were able to use the information much more than males (5; 56%) for problem solving. In contrast, males from Khomas (2; 100%) were better able to use the information than females (10; 59%).

Employment levels in both regions played a significant role in the ability to use information to solve problems. In Ohangwena, 9 (82%) employed respondents as opposed to 26 (65%) unemployed respondents were able to use the information successfully. In Khomas, the results showed that 11 (85%) employed and 1 (17%) unemployed respondent could use the information for problem solving. This suggests that the majority (5; 83%) of those who were unemployed could not actually use the information that they received, even if they found it useful (as indicated in Table 26).

In Ohangwena, the majority of the respondents from all the educational levels could use the information to solve their problems. The exceptions were those who had attained grades 1 to 3 and 8 to 12, where only 3 (43%) and 9 (56%) respectively could use the information received to solve their problems. In Khomas, only some of the respondents with grades 8 to 12 (8; 53%) could not use the information optimally.

In terms of income level, a number of those earning less than N$100 (10; 48%) in Ohangwena, as well as those earning between N$1000 – 1499 (1; 100%) could not use the information that they had received to solve their problems. In Khomas, this was the case among those earning less than N$100 (1; 100%), N$100 – 499 (4; 50%) and N$1000 – 1499 (1; 100%).

5.8.8. How the information received was helpful

A follow up question was asked to find out how the information was helpful. There were 37 responses from Ohangwena and 10 responses from Khomas. Most of the respondents from Ohangwena managed to register their children for grants (8; 22%) with the help of the information, and to get food, blankets and clothes (8; 22%). A few (7; 19%) respondents managed to get financial assistance, and 6 (16%) respondents managed to register with the Red Cross and get birth certificates. 3 respondents (8%) received helpful information on how to handle their children, 3 (8%) were able to send their children to school, and 2 (5%) respondents got medical attention for their children.

In Khomas, 3 (30%) respondents got helpful information on how to handle their children, and 3 (30%) respondents were able to get birth certificates. Only 2 (20%) respondents managed to register their children with the Ministry of Gender to get grants, while another 2 (20%) got financial assistance (see Table 28).

Table 28: How the information received was helpful (N = 47)

Response	Ohangwena		Khomas	
	N = 37	%	N=10	%
Managed to register my children with the Ministry of Gender to get grants	8	22	2	20
We got food, oil, blankets and clothes	8	22	0	0
Got financial support	7	19	2	20
Managed to register with the Red Cross	3	8	0	0
Got information on how to treat/ handle OVC	3	8	3	30
My four children are now attending school	3	8	0	0
My child got her birth certificate	2	5	3	30
I got medical attention for my children	2	5	0	0
Learnt how to use the funds effectively	1	3	0	0

5.8.9. Problems experienced in the search for information

It was assumed that many of the caregivers might experience problems in their attempts to find the information that they need. The first question aimed to determine whether or not they

experienced problems, and the second to find out what specific problems they encountered. The respondents were required to indicate 'Yes', 'No' or 'Sometimes' in response to the first question, reflected in Table 29.

Table 29: Are there problems experienced in the search for information? (N=70)

Demographics		**N**	**N**	**Yes**				**No**				**Sometimes**			
		O	**K**	**O**	**%**	**K**	**%**	**O**	**%**	**K**	**%**	**O**	**%**	**K**	**%**
Age	**9 – 16**	**1**	**0**	0	0	0	0	0	0	0	0	1	100	0	0
	17 – 24	**2**	**1**	2	100	0	0	0	0	0	0	0	0	1	100
	25 – 32	**3**	**5**	1	33	3	60	1	33	1	20	1	33	1	20
	33 – 40	**10**	**8**	4	40	4	50	4	40	3	38	2	20	1	13
	41 – 48	**9**	**3**	2	22	1	33	7	78	0	0	0	0	2	67
	49 – 56	**9**	**2**	5	56	2	100	4	44	0	0	0	0	0	0
	57 +	**17**	**0**	4	24	0	0	13	77	0	0	0	0	0	0
Total		**51**	**19**	**18**	**35**	**10**	**53**	**29**	**57**	**4**	**21**	**4**	**8**	**5**	**26**
Gender	**Male**	**9**	**2**	1	11	1	50	7	78	1	50	1	11	0	0
	Female	**42**	**17**	17	41	9	53	22	52	3	18	3	7	5	29
Total		**51**	**19**	**18**	**35**	**10**	**53**	**29**	**57**	**4**	**21**	**4**	**8**	**5**	**26**
Educational Level	**NFE**	**14**	**1**	5	35	0	0	8	57	0	0	1	7	1	100
	Gr 1 – 3	**7**	**0**	1	14	0	0	6	86	0	0	0	0	0	0
	Gr 4 – 7	**9**	**1**	4	44	1	100	4	44	0	0	1	11	0	0
	Gr 8 – 12	**16**	**15**	6	38	8	53	9	56	4	27	1	6	3	20
	CVTU	**4**	**2**	1	25	1	50	2	50	0	0	1	25	1	50
	Other (ABE)	**1**	**0**	1	100	0	0	0	0	0	0	0	0	0	0
Total		**51**	**19**	**18**	**35**	**10**	**53**	**29**	**57**	**4**	**21**	**4**	**8**	**5**	**26**
Employment	**Employment**	**11**	**13**	4	36	6	47	6	55	3	23	1	9	4	31
	Unemployed	**40**	**6**	14	35	4	67	23	58	1	17	3	8	1	17
Total		**51**	**19**	**18**	**35**	**10**	**53**	**29**	**57**	**4**	**21**	**4**	**8**	**5**	**26**
Income level	**- N$ 100**	**21**	**1**	7	33	0	0	12	57	0	0	2	10	1	100
	N$100-499	**19**	**8**	8	42	4	50	10	53	1	13	1	5	3	38
	N$500-999	**4**	**6**	2	50	4	67	2	50	2	33	0	0	0	0
	N$1000-1499	**1**	**1**	0	0	0	0	1	100	1	100	0	0	0	0
	N$1500-1999	**3**	**2**	0	0	1	50	3	100	0	0	0	0	1	50
	N$2000-2499	**0**	**1**	0	0	1	100	0	0	0	0	0	0	0	0
	NS2500+	**3**	**0**	1	33	0	0	1	33	0	0	1	33	0	0
	Total	**51**	**19**	**18**	**35**	**10**	**53**	**29**	**57**	**4**	**21**	**4**	**8**	**5**	**26**

The majority of the respondents (29; 57%) in Ohangwena indicated that they did not experience any problems in finding the information that they need. In contrast, 10 (53%) respondents from Khomas indicated that they experienced problems. This is interesting because urban dwellers

normally have more information sources or systems at their disposal than rural dwellers. The closer dependence on, and interaction with human sources in the rural setting is probably behind this phenomenon. In Khomas, more respondents (5; 26%) indicated that they sometimes experienced problems, while only 4 (8%) respondents from Ohangwena stated the same.

Among the Ohangwena respondents, the caregivers who were between 17 to 24 years (2, 100%) respondents seemed to have the most problems in the search for information while those with the least problems were between 41 to 48 (7; 78%) and 57 or over (13; 77%). The respondents from Khomas who cited the most problems were between 49 and 56 (2; 100%), followed by those between 25 and 32 (3; 60%).

In terms of gender, the male caregivers (7; 78%) from Ohangwena experienced less problems than females (22; 52%) in finding information, with more females (17; 41%) experiencing problems than males (1; 11%). In Khomas, the majority of the females indicated that they had problems (9; 53%) followed by those who sometimes had problems (5; 29%), while half of the males (1; 50%) either had no problems, or sometimes had problems (1; 50%).

The unemployed (23; 58%) in Ohangwena experienced slightly less problems in the search for information than those who were employed (6; 55%), while in Khomas, more unemployed (4; 67%) than employed (6; 47%) respondents experienced problems. It therefore seems as if the Ohangwena respondents, whether employed or unemployed, were more capable of finding information than their Khomas counterparts, despite the latter's wealth of information resources and systems.

In Ohangwena, the respondents who had attained an educational level between grades 4 to 7 (4; 44%) and the respondent with ABE training (1; 100%) experienced the most problems in the search for relevant information. The caregivers with grades 1 to 3 (6; 86) experienced the least amount of problems. In Khomas, none of the educational levels, with the exception of some of those who had attained grades 8 to 12 (4; 27%), indicated that they did not experience any problems. All the other levels either stated that they experienced problems or sometimes experienced problems.

In Ohangwena, all of the respondents earning between N$1000 – 1499 and N$1500 – 1999 indicated that they did not experience any problems, while only 1 (33%) of the highest income

earners (N$2500+) said that they did not experience any problems. Only some of the respondents earning less than N$100 (3; 38%) and those earning between N$1500 – 1999 (1; 50%) said that they sometimes experienced problems.

5.8.9.1. Problems encountered in the search for information

Respondents were asked to explain the problems that they experienced in their search for information. This was an open-ended question. 25 responses were received from Ohangwena and 10 from Khomas.

Most of the caregivers from Ohangwena struggled to get information on birth certificates (18; 72%). 4 (16%) specified difficulties in accessing information on health services, and said that some officials were rude. They also experienced problems with language specifically that the information material was not provided in a local language. Only 3 (12%) respondents struggled to get information on how to care for or handle their children.

In Khomas, most of the respondents had experienced problems with access to information on financial assistance (5; 50 %). Four (40 %) respondents cited problems in accessing information on health services and rude officials, and 1 (10 %) respondent was experiencing problems with the application process for a birth certificate.

All the problems expressed by the caregivers are provided in Table 30.

Table 30: Problems caregivers encounter in the search for information (N=35)

Problems	Ohangwena		Khomas	
	N=25	%	N=10	%
Getting or applying for documents (birth certificates) and registering OVC - takes 3 years to get feedback	18	72	1	10
Others (shelter; some people working in the organisations are rude; language barrier - most information is in English, not local languages, health services, etc.)	4	16	4	40
How to take care of/ handle OVC	3	12	0	0
Financial assistance from the ministry - takes a long time to process	0	0	5	50

5.9.10. How information flow can be improved

In an open-ended question, respondents were asked to suggest how information can be made more accessible. Various responses were received, although quite a number of caregivers did not respond to this question. The results are provided in Table 31.

Table 31: How information flow can be improved (N=31)

Response	Ohangwena		Khomas	
	N=17	%	N=14	%
Volunteers need to talk to caregivers about how to handle OVC, and they should not wait for the media to announce things in communities where there is no radio/TV	6	35	1	7
Service providers should announce their services on radio/TV or through meetings	4	23	6	43
The government should provide more information on how to get financial assistance	3	18	2	14
Organisations should build more centres from which information on OVC can be obtained	3	18	2	14
More pamphlets should be printed and distributed	1	6	2	14
The information disseminated must be in local languages like Khoekhoegowab	0	0.0	1	7

Six respondents (35%) from Ohangwena and 1 (6%) Khomas respondent felt that more volunteers need to disseminate information door to door and talk to caregivers directly about how they can handle their children. 3 (18%) respondents from Ohangwena and 2 (14%) from Khomas wanted the government to find a way to disseminate information on how they could get financial assistance.

Community meetings and the use of the television and radio to announce important information was also mentioned by 4 (23%) respondents from Ohangwena. In Khomas, community meetings were favoured by 6 (43%) respondents.

1 (6%) respondent from Ohangwena and 2 (14%) respondents from Khomas suggested that more pamphlets should be distributed and that information material needs to be translated into local languages.

5.9.11. Channels used to communicate problems and success stories

The last question aimed to determine how caregivers communicated their problems, or how they disseminated information to other caregivers if they were successful and obtained useful information.

In Ohangwena, the radio was viewed to be a major source of communication by the majority (26; 51%) of the caregivers, while Parent/Teacher Associations were the most popular channels (11; 58%) in Khomas. Other popular methods used in Ohangwena include regional councillors (21; 41%) and traditional leaders (18; 35%). In Khomas, regional councillors were also popular (11; 42%) followed by the radio, as well as workshops/seminars (6; 32% respectively).

Respondents across all the age groups in Ohangwena used the radio, and with the exception of the respondents between 17 to 24 years, all the age groups also relied on regional councillors. The respondents who were between 49 to 56 years used the widest variety of channels to communicate either problems or success stories. In Khomas, respondents across all the age groups used Parent/Teacher Associations and the radio, with the exception of the 49 to 56 year olds. Similarly, all the groups in Khomas used regional councillors with the exception of those between 17 to 24 years of age.

When the data was analyzed according to gender, males in Ohangwena preferred to use traditional leaders (5; 56%) above the radio (22; 52%), which was the preference of female caregivers. Regional councillors were the second choice of both genders. (21, 41%) In Khomas, Parent/Teacher Associations (11; 65%) and regional councillors (8; 47%) were the favourite channels of the females, while males preferred to use the radio and workshops/seminars (1; 50% respectively).

In terms of employment, the majority of those who were employed in Ohangwena preferred to use regional councillors (5; 46%), followed by the radio (4; 36%). The unemployed preferred the radio (22; 55%) and traditional leaders and regional councillors (16; 40% respectively).

The Ohangwena respondents across all the educational levels indicated their preference for the use of the radio as a channel. With the exception of the respondent with ABE training, respondents across all the educational levels preferred to use regional councillors as their second

choice. The two least used options were the television and computers (e-mail). In Khomas, the NFE level only used 'other' options (1, 100%) such as volunteers and church leaders, while Parent/Teacher Associations and regional councillors were two of the most highly utilized options across all the other educational levels.

The lowest income level in Ohangwena, i.e. those earning less than N$100, used the widest variety of channels to communicate problems and success stories, while those in the income bracket of N$1000 – 1999 only used two options, i.e. traditional leaders and regional councillors (1; 100%).

In Khomas, the respondents who were earning less than N$100 and between N$1000 – 1499 used the least number of channels. With the exception of the highest income level, all the other income groups used at least six different channels to communicate.

The results are shown in Tables 32(a) and (b) that follow.

Table 32(a): Channels used to communicate problems and success stories - Ohangwena caregivers (N=51)

Information	Age															Genders						Employment levels						
	N = 1		N=2		N=3		N=10		N=9		N=9		N=17		N=51		N=9		N=42		N=51		N=11		N=40		N=51	
	9-16	%	17-24	%	25-32	%	33-40	%	41-48	%	49-56	%	57+	%	Total	%	Male	%	Female	%	Total	%	Emp	%	Unemp	%	Total	
Radio	1	100	1	50	1	33	6	60	7	78	4	44	4	35	**26**	**51**	4	44	22	52	**26**	**51**	4	36	22	55	**26**	**51**
Regional councillors	1	100	0	0	1	33	3	30	4	44	6	67	6	35	**21**	**41**	4	44	17	41	**21**	**41**	5	46	16	40	**21**	**41**
Traditional leaders	0	0	0	0	0	0	0	0	3	33	5	56	10	59	**18**	**35**	5	56	13	31	**18**	**35**	2	18	16	40	**18**	**35**
Workshops/ seminars	1	100	0	0	1	33	2	20	0	0	2	22	4	35	**10**	**20**	2	22	8	18	**10**	**20**	1	9	9	23	**10**	**20**
Parent/Teachers Association	0	0	0	0	0	0	3	30	1	11	2	22	0	0	**6**	**12**	1	22	4	10	**6**	**12**	2	18	4	10	**6**	**12**
Other	0	0	1	50	1	33	1	10	1	10	0	0	1	11	**5**	**10**	1	11	4	10	**5**	**10**	2	18	3	8	**5**	**10**
Television	1	100	0	0	0	0	0	0	0	0	0	0	0	0	**1**	**2**	0	0	1	2	**1**	**2**	0	0	1	3	**1**	**2**
Computer (e-mail)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0	0	0	0	**0**	**0**	0	0	0	0	**0**	**0**

Table 32(a): Channels used to communicate problems and success stories –– Ohangwena caregivers (N=51)

Information	Educational level														Income levels											
	N = 14		N=7		N=9		N=16		N=4		N=1		N=51		N=21		N=19		N=4		N=1		N=3		N=3	
	NFE	%	Gr1-3	%	Gr4-7	%	Gr8-12	%	CVTU	%	Other	%	Total	%	-N$100	%	N$100-499	%	N$500-999	%	N$1000-1499	%	N$1500-1999	%	N$2500+	%
Radio	5	36	5	71	5	56	9	56	1	25	1	100	**26**	**51**	14	67	8	42	1	25	0	0	2	67	1	33
Regional councillors	4	29	4	57	6	67	5	31	2	50	0	0	**21**	**41**	11	52	5	26	2	50	1	100	1	33	1	33
Traditional leaders	8	57	6	86	3	33	1	6	0	0	0	0	**18**	**35**	5	24	10	53	1	25	1	100	1	33	0	0
Workshops/ seminars	3	21	0	0	3	33	3	19	1	25	0	0	**10**	**20**	4	19	4	21	1	25	0	0	1	33	0	0
Parent/Teachers Association	2	14	0	0	1	11	1	6	2	50	0	0	**6**	**12**	1	5	2	11	0	0	0	0	1	33	2	67
Other	1	7	0	0	0	0	3	18	1	25	0	0	**5**	**10**	2	10	1	5	0	0	0	0	1	33	1	33
Television	0	0	0	0	1	11	0	0	0	0	0	0	**1**	**2**	1	5	0	0	0	0	0	0	0	0	0	0
Computer (e-mail)	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0	0	0	0	0	0	0	0	0	0	0	0

Gr = Grade CVTU = College/vocational training/university NFE= No formal education

Table 32(b): Channels used to communicate problems and success stories –– Khomas caregivers (N=19)

Information	Age												Gender						Employment levels					
	N=1		N=5		N=8		N=3		N=2		N=19		N=2		N=17		N=19		N=13		N=6		N=19	
	17-24	%	25-32	%	33-40	%	41-48	%	49-56	%	Total	%	Male	%	Female	%	Total	%	Emp	%	Unemp	%	Total	
Parent/Teachers Association	1	100	2	40	4	50	2	67	2	100	**11**	**58**	0	0	11	65	**11**	**58**	7	54	4	67	**11**	**58**
Regional councillors	0	0	2	40	3	38	1	33	2	100	**11**	**42**	0	0	8	47	**11**	**42**	5	39	3	50	**11**	**42**
Radio	1	100	2	40	2	25	1	33	0	0	**6**	**32**	1	50	5	29	**6**	**32**	4	31	2	33	**6**	**32**
Workshops/ seminars	1	100	2	40	2	25	1	33	0	0	**6**	**32**	1	50	5	29	**6**	**32**	4	31	2	33	**6**	**32**
Traditional leaders	0	0	0	0	1	13	1	33	1	50	**3**	**16**	0	0	3	18	**3**	**16**	3	23	0	0	**3**	**16**
Other	0	0	1	20	2	25	0	0	0	0	**3**	**16**	0	0	3	18	**3**	**16**	2	15	1	17	**3**	**16**
Computer (e-mail)	1	100	0	0	0	0	0	0	0	0	**1**	**5**	0	0	1	6	**1**	**5**	1	8	0	0	**1**	**5**
Television	1	100	0	0	0	0	0	0	0	0	**1**	**5**	0	0	1	6	**1**	**5**	1	8	0	0	**1**	**5**

Emp = Employed Unemp = Unemployed

Table 32(b): Channels used to communicate problems and success stories - Khomas caregivers (N=19)

Information	Educational levels										Income levels													
	N = 1		N=1		N=15		N=2		N=19		N=1		N=8		N=6		N=1		N=2		N=1		N=19	
	NFE	%	Gr4-7	%	Gr8-12	%	CVTU	%	Total	%	-N$100	%	N$100-499	%	N$500-999	%	N$1000-1499	%	N$1500-1999	%	N$2000-2499	%	Total	%
Parent/Teachers Association	0	0	1	100	9	60	1	50	**11**	**58**	1	100	5	63	2	33	1	100	1	50	1	100	**11**	**58**
Regional councillors	0	0	1	100	6	40	1	50	**11**	**42**	0	0	5	63	1	17	0	0	1	50	1	100	**11**	**42**
Radio	0	0	0	0	5	33	1	50	**6**	**32**	0	0	3	38	2	33	0	0	1	50	0	0	**6**	**32**
Workshops/ seminars	0	0	0	0	5	33	1	50	**6**	**32**	1	100	3	38	1	17	0	0	1	50	0	0	**6**	**32**
Traditional leaders	0	0	0	0	3	20	0	0	**3**	**16**	0	0	2	25	0	0	0	0	0	0	1	100	**3**	**16**
Other	1	100	0	0	2	13	0	0	**3**	**16**	0	0	1	13	2	33	0	0	0	0	0	0	**3**	**16**
Computer (e-mail)	0	0	0	0	0	0	1	50	**1**	**5**	0	0	0	0	0	0	0	0	1	50	0	0	**1**	**5**
Television	0	0	0	0	0	0	1	50	**1**	**5**	0	0	0	0	0	0	0	0	1	50	0	0	**1**	**5**

Gr = Grade CVTU = College/vocational training/university NFE= No formal education

5.10 Summary

The majority of the caregivers were 57 years or older in Ohangwena, and between 33 and 40 years in Khomas. Female caregivers were the majority in both research sites. Most respondents had attained grades 8 to 12, with a few (27%) with no formal education in Ohangwena. In Khomas, only 5% had no formal education. With respect to employment status, 66% of the respondents in Ohangwena had no formal employment, with 79% earning less than N$499 per month. In Khomas, 68% of the respondents had formal employment and 47% earned less than N$499 per month.

It was not surprising to find that 27% of the caregivers in Ohangwena had no formal education (i.e. the elderly caregivers who were 57 and above who were the majority in Ohangwena). Almost half (42%) of caregivers had no knowledge of any organisation that provides services to OVC and caregivers in Ohangwena. This lack of awareness was noteworthy given the efforts of service providers to promote their services.

In Khomas, 58% of caregivers knew at least one organisation, but most of them (37%) pointed out that they had not benefited from the services of service providers. This serves to confirm the OVC findings whereby the majority knew about service providers but did not access their services. This high knowledge but low uptake of services was the key finding in this section.

The next chapter presents data analysis on caregivers and key informants. The data presented was gathered through focus group discussions.

CHAPTER SIX

DATA PRESENTATION: FOCUS GROUP DISCUSSIONS (FGDs)

6.1. Introduction

As already stated, Chapter Six presents and analyses data obtained through focus group discussions (FGDs) with caregivers and informants. The chapter is organised according to the objectives and research questions of the study. The data is categorised and discussed under themes, with the exception of demographic information which is presented in tables.

The main purpose of the focus group discussions (FGDs) was to elicit the respondents' feelings, reactions, experiences, attitudes and beliefs, as it was felt that the one-to-one interview method would not elicit the in-depth views of the respondents. FGDs are handy because they allow researchers to collect a large quantity of data within a short period of time. There were two types of FGDs; one targeted caregivers and the second targeted key informants. Key informants were people who worked closely with caregivers and OVC, like social workers, church leaders, teachers, councillors, traditional leaders, and members of NGOs and CBOs.

This chapter addressed the following objectives:

1. To establish the information needs of caregivers (institutional and non-institutional) in Namibia and how they acquire information.
2. To identify the sources and channels of information used by caregivers to meet their needs.
3. To determine the impact and usefulness of information sources and services.
4. To establish the problems that caregivers experience in accessing information.

There were, in total, eight (8) focus group discussions with 45 participants in the Ohangwena region; three (3) groups with a total of 16 participants were with informants, and five (5) groups with a total of 29 participants were with caregivers.

In the Khomas region, there were a total of three (3) FGDs with 21 participants; two (2) groups with 18 participants were with caregivers, and one (1) group with 3 participants was with informants.

6.2. Part one: Characteristics of the respondents

This section provides the demographic profile of the caregivers and informants participating in the focus group discussions.

6.2.1. Characteristics of the caregivers

Most of the caregivers (11; 38%) from Ohangwena were above 57 years of age or pensioners. 26 (90%) were female, and grade 8 to grade 12 proved to be the highest educational level (12; 41%).

In Khomas, the majority (10; 56%) of the caregivers were between 33 to 40 years old, and all of them were female (18; 100%). 8 (44 %) respondents had attained grades 8 to 12, which is similar to caregivers from Ohangwena. There was also a higher percentage of those who ‘never went to school’ in the Khomas region (4; 22%) compared to Ohangwena (4; 14%). The results are shown in Table 33.

Table 33: Characteristics of caregivers in the Ohangwena and Khomas regions

Characteristics of caregivers		Ohangwena Caregivers N=29	%	Khomas Caregivers N=18	%
Age	**25-32**	5	18	1	6
	33-40	3	10	10	56
	41-48	3	10	4	22
	49-56	7	24	0	0
	57- Above	11	38	3	16
Total		**29**	**100**	**18**	**100**
Gender	**Male**	3	10	0	0
	Female	26	90	18	100
Total		**29**	**100**	**18**	**100**
Educational level	**Never went to school**	4	14	4	22
	Grade 1 – 3	5	18	2	11
	Grade 4 – 7	7	24	3	17
	Grade 8 – 12	12	41	8	44
	College/ Vocational Training	1	3	1	6
	University	0	0	0	0
Total		**29**	**100**	**18**	**100**

6.2.2. Characteristics of key informants

Most (9; 56%) of the respondents were between 25 and 32 years of age. Most were female (10; 62%) and had attained grades 8 to 12 (11; 69%).

In Khomas, most of the respondents were between 33 and 40 years of age (2, 67%) and female. All 3 respondents had a university degree. The results are reflected in Table 34.

Table 34: Characteristics of the informants in both regions

Characteristics of Informants		Ohangwena Informants N=16	%	Khomas Informants N=3	%
Age	**17- 24**	3	19	0	0
	25-32	9	56	1	33
	33-40	4	25	2	67
	41-48	0	0	0	0
	49-56	0	0	0	0
	57- Above	0	0	0	0
Total		**16**	**100**	**3**	**100**
Gender	**Male**	6	38	1	33
	Female	10	62	2	67
Total		**16**	**100**	**3**	**100**
Educational level	**Never went to school**	0	0	0	0
	Grade 1 – 3	0	0	0	0
	Grade 4 – 7	0	0	0	0
	Grade 8 – 12	11	69	0	0
	College/ Vocational Training	5	31	0	0
	University	0	0	3	100
Total		**16**	**100**	**3**	**100**

6.3. Part two: Information seeking

This section deals with the information seeking behaviour of the caregivers.

6.3.1. Sources of school development funds: FGD caregivers

This question was set in order to establish how caregivers searched for information on the school development fund, which was one of the main problems cited by the caregivers and the OVC.

Some respondents in the focus group discussions stated that they received grants from the Ministry of Gender Equality and Child Welfare after meeting with the social workers in their communities. Although these grants are meant to assist caregivers with the daily expenses of the child, most caregivers said that poverty forced them to use these grants to pay the school development fund. The caregivers also reported that in some schools, the principals refused to allow children to attend classes if they knew that the caregivers received grants from the

Ministry. This shows that the caregivers lacked information about how to be exempted from paying the school development fund. Other caregivers sold different items on the market or traded products with schools in order to raise the money for tuition. Information was therefore needed on where to sell the products to raise money. This was what some group members had to say:

> *"I sometimes give weaved baskets and other handcrafts to schools in exchange for school fees."*
>
> *"I had to send chickens to school; the school sells the chicken to get funds."*

Caregivers indicated that they required information on where to sell their products in order to raise money for the school development fund.

A number of group members also mentioned that they were using their pension money to assist their grandchildren with the school development fund.

6.3.2. Sources of school development fund: FGD key informants

The same question was posed to the informants based on their experiences with OVC and caregivers in Ohangwena. The informants explained that many caregivers were not aware of the exemptions and used different strategies to raise funds for school, the more worrying being:

- "*A few caregivers encourage young girls to get involved in prostitution in Oshikango (to get money for the school development fund).*"
- *"Most grandparents were using pension funds.*"
- *"There were a few cases where some male caregivers stole cattle/goats in order to get money to support their grandchildren, including paying the school development fund."*
- *"Some parents volunteer their services to schools, like assist in cooking so that their children can be exempted from paying school development funds."*

It was noted that very few caregivers were receiving grants from the Ministry of Gender Equality and Child Welfare (MGECW), NGOs like Michelle MacClean, or local artists who sponsor children.

In Khomas, the informants indicated that the grants received from the Ministry of Gender Equality and Child Welfare and pensions from grandparents were also used to pay the school development fund. The point was raised that child labour is common in Khomas: "*Children have to work in order to get income, like selling goods, working in the household and shops.*"

Overall, most caregivers were struggling to pay tuition or the school development fund, and some of them had to use every cent they had to meet this obligation.

6.4. Interpersonal sources of information

6.4.1. Interpersonal sources of information: FGD caregivers

This question asked the caregivers whom they consulted when faced with a problem. Various focus groups mentioned traditional leaders, friends, and councillors as popular interpersonal information sources, while a few groups also mentioned teachers.

Two groups could not identify any interpersonal source.

Most of the participants in the two groups indicated that they were struggling by themselves, and they did not have anybody to consult. Other group members mentioned the Ministry of Gender Equality and Child Welfare, the Red Cross, and the regional councillor.

6.4.2. Interpersonal sources of information: FGD key informants

The informants were also asked whom, based on their experience, caregivers and OVC consulted when they faced a problem. In Ohangwena, informants indicated that the caregivers used traditional authority figures (leaders), friends or family members, and councillors. Additional

suggestions from two of the groups were business people, social workers (at Engela Hospital), and church leaders. One informant added that:

> "*In the case of getting documents, caregivers normally approach police officers to help them to obtain documents (birth certificates or death certificates) from the late father's or mother's side."*

In order for the child to be admitted to school, he or she needs a birth certificate. Sometimes the caregiver might not have the certificate, in which case she or he has to get it from the relatives of the late parent of the child.

The group from Khomas concurred with the informants from Ohangwena; caregivers mostly consulted community leaders, councillors, and friends or relatives, and a few caregivers consulted NGOs. The following additional comments were made by the informants:

> "*Our organisation, AIDS Care Trust, normally receives a lot of requests; they usually refer them to other agencies that can help. Some OVC are registered with more than one organisation; there is no monitoring system to check. One finds that the volunteers who assist to register OVC with different NGOs are the same people, thus they can take the same list of OVC to different NGOs in order to be assisted."*

Some OVC are registered by more than one service provider so that they can access different essentials. At the time of writing, there was no system or database that one could use to check what each child was receiving from different service providers. Thus some children might be receiving the same service from different service providers.

6.5. Names of service providers known by FGD caregivers to support OVC

This question aimed to determine how much knowledge respondents had about service providers that offer services to OVC and caregivers.

6.5.1. Names of service providers known to support OVC

Almost all the groups in Ohangwena were familiar with the Ministry of Gender Equality and Child Welfare. Others mentioned different NGOs that exist in their communities, including the

Red Cross, Total Control Epidemic, Child Life Line, and Tutekula Child Support. Two groups declared that they did not know of any organisation that provides services (although the two groups mentioned the Ministry of Gender Equality and Child Welfare in the previous question).

In Khomas, the focus group discussion participants mentioned the following organisations: Ministry of Gender Equality and Child Welfare, Ministry of Health, breweries (Coca-Cola), Namib Mills, OWENA, Peace Centre, and AIDS Orphans Trust Fund.

6.5.2. Types of services or assistance received by caregivers

A follow up question was asked about the types of services or assistance that the group members received from the mentioned service providers.

Caregivers in four of the focus groups indicated that they did not receive any assistance from service providers even though they knew them to exist. In one focus group, the respondents said that they received various materials like blankets and mosquito nets, but they did not know the names of the service providers that provided these items. Some comments from the focus group discussions were as follows:

> *"The Red Cross used to give us money, blankets and food, but nowadays they only limit assistance to social grants."*

> *"The Ministry of Gender Equality and Child Welfare gives grants for school development funds – depending on the number of OVC you have. The first one you get N$200, the second you get N$ 100, and the third and fourth, N$100 each. The allocation of grants differs; we need more information on how these grants are allocated."*

> *"I know of the services provided but I do not benefit because I do not have the relevant papers."*

In Khomas, the group members indicated that they benefited in several ways, as illustrated in the following comment by one participant:

> *"We get social grants from the Ministry of Gender Equality and Child Welfare; AIDS Orphans Trust Fund pays school fees; the Ministry of Health provides ARVs;*

Catholic AIDS Action provides stationery and school fees; Coca-Cola & Namib Mills provide food."

As a result of the group discussion, two members commented: "*This discussion group is very important because I have learnt a lot of information and now I know the available opportunities and where to get assistance."*

During the FGDs, some group members related their stories about their experiences with different NGOs. One woman who had five orphans related her experience of how she moved from one organisation to another until she got the help she needed. She went to Namibia Breweries and Namib Mills, where she was given food; Catholic AIDS Action assisted with the school development funds for her children; and later she went to the Ministry of Youth, where she was given funds to start a small business selling "kapana" ("kapana" means small pieces of roasted meat).

From the discussions, it became clear that the desperation to get financial support was what motivated the caregiver's decision to try to use more than one organisation. This is important in light of the informants' observation that there is no database or record of who gets what assistance in order to avoid duplications.

6.5.3. How the caregivers found out about the service providers

The group members were also asked how they found out about the service providers in order to indirectly determine which channels are effective in disseminating information about the available services.

Most caregivers in the focus group discussions in Ohangwena revealed that friends or relatives, social workers, church leaders, teachers, and regional councillors were the main sources of information about service providers. This was followed by mass media channels such as the radio, newspapers, and television.

Many of the participants were desperate to get any kind of assistance. To them, it didn't matter which organisation distributed the goods; the most important thing was to get assistance. In one group, a caregiver stated that: *"Sometimes we get assistance, but we do not know which organisations because things are just distributed."*

In Khomas, the group members indicated that they got the information about service providers by listening to the radio, watching television, and reading newspapers. Friends and regional councillors were identified as additional personal information sources, and they also found information by moving from one organisation to another.

6.6. Information needs

This question aimed to get an insight into the type of information that is required by the caregivers.

6.6.1. Information needs: FGD caregivers in Ohangwena

6.6.1.1. Educational support

Most caregivers stated that they required information on educational issues. This information included school placement for children moving from primary to secondary school; how and where to get the required stationery, school bags and uniforms; issues concerning exemption from paying the school development fund; and how to obtain textbooks. Some of the comments were as follows:

> "*I have two OVC I'm taking care of. I need information on how to get support for my children who are in secondary school because they are over 18 years old and the Ministry of Gender Equality and Child Welfare doesn't provide any assistance."*

> "*I need to know how to get exemption from paying the school development fund. I once tried to apply for exemption with Eenhana's Ministry of Gender Equality and Child Welfare, but the school principal told me to pay because I receive a grant for the child from the Ministry of Gender. If the child fails to pay hostel fees, he/she will not get a mattress (hostel fees are N$83 per term, and school, N$150 per term)."*

> *"Some teachers make the life of the child difficult. For example they ask children to bring book covers. If I do not have money to buy, I tell my child to use newspapers, but the teachers do not want newspapers – they want proper covers. We give our kids plastic bags to carry books, but the teachers say that they are making too much noise and they need proper bags."*

"My kids do not have uniforms and other children laugh at them. I told them to be strong and concentrate on their studies."

6.6.1.2. Financial support

The second most sought after information was on how to obtain financial support. As stated earlier, most caregivers approached in this study were not working, meaning that they required financial support. One group mentioned that: "*We need administrative information on procedures to follow to register to get grants*". In the words of one caregiver: "*We are told to look for death certificates. When you go to one office, you are referred to another office, and this goes on; ultimately, there is no help received.*"

6.6.1.3. Psychosocial or counselling support and discipline

A study by Chitiyo et al. (2008:385) found that OVC suffer from emotional problems due to the loss of parent(s), and in some cases, grieve for a long time. Such situations require skills on how to counsel the child. In this study, caregivers spoke of their difficulties in handling the children because they lacked skills in counselling and providing psychosocial support. The following were some of the comments from the groups:

"*My grandchildren need counselling and discipline – they think every coin in the house is theirs. They think they are masters of the house because their money is being used to buy kilos of maize meal."*

"We need help on how to discipline our grandchildren because they are getting naughty."

6.6.1.4. Child care

In some groups, caregivers required information on how to care for their children. The following was a comment by one member of the group:

"*We need information on how to look after OVC – getting food and giving love just like our own biological child.*"

6.6.1.5. Job opportunities

Most participants felt that there is a lack of information on job opportunities for the children who failed grade 10 and 12 exams. It was commented in one group that they often received information on job opportunities in a time frame that was too short to allow them to collect the required documents.

6.6.2. Information needs: FGD caregivers, Khomas

The following comments were made by FGD caregivers in the Khomas region regarding the information that they required.

6.6.2.1. Educational support

In the Khomas region, caregivers needed educational support information. They required information on where and how to get school development fund exemptions and how to get school uniforms. The following are some of the comments made by the participants:

> *"To know where to get funds to pay the school development fund. It is very expensive and the money is not enough. I have to pay for three children, N$ 600 per child."*

> *"To know where to get assistance to pay the school development fund, buy uniforms and food. I have seven children (2 are mine and the rest are OVC) in my house; only my husband is working. It is not easy to support everyone. One needs information in order to plan and make decisions or solve problems. For example, I need information on how to establish small businesses."*

> *"When you have information, you become smart and you can progress in life."*

The need for information is evidenced here in how caregivers are desperate for information, especially on school development funds and other services.

6.7. Channels and sources of information used by caregivers in Ohangwena and Khomas

A question was also posed about the channels and sources of information used by the caregivers. It emerged that in both Ohangwena and Khomas, listening to the radio, watching television, and reading newspapers were popular sources of information. This was closely followed by friends and relatives.

Two groups in Ohangwena indicated that regional councillors and community leaders were also sources of information. The following are some comments by caregivers in Ohangwena:

> *"Traditional leaders and councillors sometimes give us recommendation letters or organize meetings to inform us about different issues concerning OVC*."

> *"Information given by word of mouth by friends can sometimes be distorted. The councillor's office and radios give reliable information*."

> *"Radio is a very important source of information because many people have radios*."

One group also mentioned that Parent/Teachers' Association meetings were very important sources of information.

The informants from both Ohangwena and Khomas agreed that extension workers, traditional or community leaders, and community radios were the caregivers' main sources of information.

6.8. Problems faced in accessing information

Group members were asked what problems they experienced while trying to access information. This question aimed to ascertain the problems that prevent access to information on services that are available to the OVC and caregivers.

6.8.1. Problems faced in accessing information: FGD caregivers, Ohangwena

The following problems were identified by caregivers in Ohangwena:

a) Information on job opportunities is provided too late. For example, announcements on the radio normally give caregivers a very short window period to apply and provide the necessary documents.

b) Lack of interest on the part of information providers, such as magistrates, police, and government officials. The group members agreed that it was very difficult to get hold of the necessary documentation for grants such as birth and death certificates because they did not get any assistance from officials and did not know whom else to ask for assistance.

c) Lack of information channels that could inform them about what they need, such as how to apply for grants for the OVC in their care.

d) Lack of funds and long distances to travel to access information resources.

6.8.2. Problems faced in accessing information: FGD caregivers, Khomas region

Khomas caregivers identified the following problems:

a) Perceived corruption. In the words of the participants:

"*My friend sent me to the MGECW. I could not get any assistance because I was told I'm working. I know there are some women who are also working like me, but they get assistance from the ministry. Is this not corruption?"*

"On several occasions, I have gone to the councillor's office to fill in the forms to apply for financial assistance, and until now I haven't had success. These people in the councillor's office assist people whom they know; I think there is corruption involved."

b) Tribalism. The group members also suggested that some NGOs favoured people from a certain tribe, saying that: "*It is easier to get assistance from Catholic AIDS Action in Oshikuku than in Windhoek if you are an Ovambo speaker."*

c) Time delays. The MGECW takes a long time to assist people. The caregivers estimated that it takes more than six months for an application to be considered.

d). Language barrier. One respondent was not helped because there was no person to speak her language:

"*A friend of mine told me that she heard on the radio that the Ministry of Gender assists caregivers. I took a taxi and went there. I was told there is nobody who can assist me because of the language problem. I was told to go the following day, and again I took a taxi. When I got to the office I found a person with whom I could communicate, and she promised to contact me; until today I haven't heard anything (since July 2008).*"

It seems that most caregivers were frustrated with the slow pace of getting services in cases where they were aware of the type of service that they could get from an organisation.

6.8.3. Problems faced in accessing information: FGD key informants, Ohangwena

The informants in Ohangwena had the following to say:

a) Most people do not know how to read and most information is in printed format, thus many caregivers depend on word of mouth.
b) Long distances and lack of transport prevent OVC from attending OVC forums. The facilitator reminded the group members that children need to be present in these forums for their voices to be heard and also to access information on services. Some members argued that it would be a waste of time for a child to attend these forums because other children were attending classes. In addition, the terms of reference for the OVC forums were prepared in Windhoek (urban) where schools are not far from where the OVC forums take place and there is a good public transport system. In Ohangwena, schools are far from town and the OVC lack public transport to attend these forums.
c) There are not enough social workers to cover all the people and children in need. Most NGOs operate when they have funds. There are even fewer NGOs in rural areas, and all NGOs struggle with limited resources.
d) Caregivers do not care to look for additional information once their basic needs are met. For example if they receive information on feeding schemes, they do not bother to find information on ARVs for the children.

6.8.4. Problems with information access: FGD key informants, Khomas region

When asked about the problems that OVC and caregivers face when accessing information, the Khomas informants raised the following issues:

a) Accessibility. Some families live far away from the organisations.
b) Wrong perceptions and stigma directed at people who try to access services from NGOs dealing with OVC. These people are branded HIV positive or are associated with HIV positive family members.
c) Illiteracy. Most caregivers cannot read, do not have TVs or radios, and mostly depend on friends or relatives to get information.
d) Limited number of social workers and limited resources faced by many NGOs.

6.9. Problem solving

The FGD caregivers were asked how they solved their problems. Many groups in Ohangwena did not have much to offer here because they said that they were helpless. Most of them indicated that they either kept on waiting for the answers promised or otherwise kept on trying to solve their problems on their own.

In Khomas, the situation was very much the same, although they seemed to be relying much more on the church to assist them; some caregivers indicated that they prayed to God for assistance or sometimes got assistance from church leaders. Some looked for assistance closer to home by discussing issues with their neighbours.

6.10. Suggestions to improve the flow of information

Lastly, caregivers were asked to provide suggestions on how the information flow could be improved to support OVC. The aim of this question was to capture different opinions on how information on OVC and caregivers could be made more accessible.

6.10.1. Suggestions to improve the flow of information: FGD caregivers in Ohangwena

Caregivers in Ohangwena made the following suggestions:

a) Government officials have to listen to their plight and provide advice on how to use grants effectively for the betterment of OVC. Single parents should also be addressed on issues concerning raising children single-handedly.
b) It was suggested that the researcher (Mrs Mchombu) should talk to the orphans as they may be more willing to listen to her; the children were creating problems because they did not want to listen.
c) Officials should address the children so that they can voice their concerns about mistreatment by some caregivers.
d) Traditional leaders should provide caregivers with letters to take to the Ministry of Home Affairs.
e) Offices of the Ministry of Gender Equality and the Ministry of Home Affairs should be next to each other to reduce the travelling distance of caregivers.
f) Councillors should be available where people are so that they can be asked questions. According to the caregivers, "*We only hear them talking over the radio, we cannot ask them questions or see them.*"
g) On the issuing of death certificates, pastors are perceived to be honest people who would provide the necessary certificates without a problem. According to the caregivers, some people at the Ministry of Home Affairs are corrupt and dishonest.
h) People who work in government offices should all be trained in order to have the same knowledge and provide the right information (without misinterpretation of information because this hurts the caregivers).
i) Widows and widowers should be informed on how the grants should be used.
j) They need somebody who isn't from the schools to teach children about children's rights.

6.10.2. Suggestions to improve the flow of information: FGD caregivers in Khomas

The responses from the Khomas region were as follows:

a) The government needs to employ people who should travel to every corner of Namibia to inform people or caregivers about the services available. Radios should

have a special program that can be repeated in all the languages, such as Herero, Damara, Oshiwambo, Afrikaans, Silozi, etc. This would be especially useful to those who cannot afford newspapers or access other media sources.

b) The government should provide customer care training to its officials. For example, one respondent complained about going to the MGECW and encountering an officer who did not want to help and kept sending the caregiver for one document after another. This was in addition to paying taxi fare every time the caregiver went there. There should be a list of all the relevant documents that are necessary. This list should also include the criteria on which category of people can be helped.

c) At the regional counsellor's office, there should be trained people who know all the services and can disseminate the information to the caregivers. They should also move around the community in order to identify the OVC.

d) Caregivers must learn from others and share their success stories. It was also suggested that women should come together and form a group in order to seek financial assistance and to establish small businesses.

6.10.3. Suggestions to improve the flow of information: FGD key informants in Ohangwena

a) Namibian Police Officers (NAMPOL) should help OVC with getting death certificates from surviving family members so that they can be able to register for grants.
b) It is important for the service providers to go door to door because there are orphaned and vulnerable children who are disabled or sick or not attending schools, who may need information.
c) On the issue of school development funds, parents can be given work at the schools instead of paying the school development fund; schools can prepare project proposals to development partners to assist schools with funding; and since parents need to apply for exemption through school principals, the principal can send board members to evaluate or investigate the situation at home.
d) Some members suggested that service providers should visit schools and talk to learners about their services. In other words, social workers and extension workers should go to schools and talk to the children.

e) Media content should be translated into local languages in order for people to understand the information, for example a local newspaper in 'Oshikwanyama'.

f) When it comes to death certificates, pastors are honest people and can issue these certificates without a problem (some people at the Ministry of Home Affairs are corrupt and are not honest).

g) More programmes on educating the caregivers are necessary during community radio broadcasts.

h) Employing more extension workers to educate and inform the public (move door to door) and to provide information to OVC and caregivers on services. Young volunteers could also be used to provide door to door information.

i) All organisations that are working to help OVC need to work together as a team and share ideas in order to improve the lives of the OVC.

6.10.4. Suggestions to improve the flow of information: FGD key informants in Khomas

a) It is expected that a database of OVC, caregivers and service providers, once finalized, will provide accurate numbers of OVC and caregivers in the country, which would help in planning and decision making and also help to avoid duplications in how the children are assisted.

b) There is a need for more volunteers in the community who would inform OVC and caregivers about the different services available.

c) AIDS Care Trust decided to introduce a program to OVC themselves during the holidays to empower them with information. Other organisations can also do the same.

d) More donors should be involved to support the capacity building of people to work with OVC.

6.11. Summary

This chapter discussed the findings obtained through focus group discussions (FGDs) with caregivers and informants. There were 8 FGDs in Ohangwena and 3 in Khomas. The findings revealed that most caregivers (38%) were over 57 years old in Ohangwena, followed by respondents who were between 49 and 56 years old (7; 24%), while in Khomas, most of the respondents (56%) were between 33 and 40 years old. Most of the FGD participants were female (90%) in Ohangwena, while all the participants were female (100%) in Khomas. The majority of the respondents had attained grades 8 to 12 in both Ohangwena and Khomas.

The findings from the study indicate that most of the respondents were using various means to pay school development funds, including grants from the Ministry of Gender Equality and Child Welfare, pension funds, selling different items, and through assistance from NGOs.

On sources of information, both Ohangwena and Khomas respondents confirmed the use of friends and relatives, traditional community leaders, and social workers. The FGDs revealed that friends and relatives, social workers, teachers, councillors, church leaders, the radio, newspapers and television were the most common channels/sources of information.

Most participants from the caregiver FGDs could name service providers, but also said that they were not receiving any services from them.

The FGDs revealed that many participants needed information on educational support, counselling and psychosocial support, child care, job opportunities, and financial assistance.

Respondents raised a number of problems that they encountered when trying to access information, including insufficient time given to job opportunities through radio announcements; distance to access services; language barriers; corruption; nepotism; and inefficient civil servants.

It is apparent that although many respondents were aware of the existence of service providers, they were not benefiting from the services provided. A possible explanation for this contradiction is that the procedures for utilising available services are not straightforward and well known. One critical issue that the providers may need to look into is monitoring and evaluating services in order to determine the extent of use of services by people and the impact on the lives of beneficiaries.

The next chapter analyses data on different service providers and the type of services offered to OVC and caregivers. The data collection instrument was a questionnaire that was administered to service providers in rural and urban areas. The data is presented in the next chapter.

CHAPTER SEVEN

DATA PRESENTATION: SERVICE PROVIDERS IN OHANGWENA AND KHOMAS

7.1. Introduction

This chapter presents the findings from the questionnaires received from service providers in the Ohangwena and Khomas regions. The chapter is guided by the following research questions:

1. What types of services are provided by different service providers?
2. How do service providers disseminate information?
3. What is the service provider's attitude towards sharing information?
4. What channels of communication do service providers use to disseminate information?
5. How well do service providers market their services?

The questionnaire instrument that was used for data collection aimed to determine the following:

- Service providers present in the Ohangwena and Khomas regions;
- The types of services that service providers provide to OVC and caregivers;
- How service providers create awareness about the services that they provide;
- What communication channels service providers use to create awareness of their services;
- The information formats used to disseminate information;
- The impact and effectiveness of the information sources/channels used for information dissemination;
- The problems that service providers experience in disseminating and sharing information; and

- What information gaps exist and the best ways of addressing these information gaps.

Questionnaires were sent to service providers in Ohangwena (12) and Khomas (18). A total of 19 service providers completed the questionnaires from the two regions (9 from Ohangwena and 10 from Khomas).

7.2. Data analysis: service providers

7.2.1. Background information

The service providers were asked to indicate how long their respective organisations had been providing services to OVC and caregivers.

The oldest service provider in the Ohangwena region was established in 1992. Several other service providers in Ohangwena were in existence since 1996, with the most recent (at the time of study) initiating their operations in 2007.

The first two organisations in Khomas started operating in 1987, followed by two in 1998, and one in 2003, and two in 2008. Two respondents each from Ohangwena and Khomas respectively did not indicate the year that their organizations were established. According to the data (reflected in Table 35), most of the service providers had been in existence for at least 10 years.

Table 35: Service provider's year of establishment (N=19)

	Ohangwena		Khomas	
Year of Establishment	**N=9**	**%**	**N=10**	**%**
1987	0	0	1	11
1992	1	11	2	22
1996	1	11	0	0
1998	1	11	2	22
2000	1	11	0	0
2002	1	11	0	0
2003	1	11	1	11
2005	0	0	0	0
2007	1	11	0	0
2008	0	0	2	22
No date	2	22	2	22

7.2.2. Main activities of the service providers

Respondents were asked to briefly describe their main activities in order to determine their relevance and ability to assist the OVC and caregivers in their search for information on various issues.

In Ohangwena, the service providers indicated that they were involved in a wide variety of activities, including:

- Teaching OVC how to start a garden for income generation and food production;
- Developing and disseminating HIV/AIDS prevention information packages and brochures aimed at youths between the ages of 14 to 19 years;
- Conducting home visits to provide home based care to individual families and communities;
- Providing psychosocial support to the OVC;
- Creating awareness on social issues;
- Providing home based care, support, and treatment;

- Creating HIV/AIDS prevention awareness;
- Creating awareness of sexual and reproductive health and providing information on the legal status of abortion;
- Providing primary health care, business and life skills training, and mother and child protection;
- Running a youth multipurpose centre and a clinic in Ondobe;
  Offering voluntary counselling and testing at Oshikango and the promotion of the emotional wellbeing of Namibians;
- Providing individual and group counselling; and
- Coordinating different activities in their respective constituencies, including activities aimed at the OVC.

In Khomas, service providers indicated that they offered the following activities:

- The provision of information on health and nutrition, education and schooling, and community development programmes;
- Providing support to needy children by helping to raise funds to finance projects that empower and equip children in Namibia;
- Teaching the OVC and caregivers gardening skills and sports activities; assisting children with homework;
- Providing shelter for children and mothers;
- Providing health services to people in the neighbourhood and running family strengthening projects;
- Training of home-based care volunteers;
- Assisting OVC who are registered with the organisation with uniforms, toiletries and transport fare;
- Rendering assistance to caregivers by writing letters to school principals to exempt OVC from paying school development funds; assisting with the payment of examination fees for OVC in grades 10 and 12;
- The provision of soup kitchens and after-school programmes;
- Providing psychosocial support and programmes that build resilience in children;
- Training of volunteers to provide home-based care services, including counselling,

door to door visits, and peer education;

- The provision of social grants to improve the quality of life of the children;
- Providing face to face counselling and a 24 hour telephone counselling line;
- Facilitating camps at a regional centre for OVC to build their emotional and social resilience;
- Provision of psychosocial support to learners, and the training of regional school teacher counsellors; and
- Providing medical, orthopaedic, rehabilitation, and educational facilities to children of school-going age with disabilities.

Table 36: Activities provided by service providers in Ohangwena and Khomas

Type of Organisation	Ohangwena	**Khomas**	
	Activities	**Type of Organisation**	**Activities**
Non-governmental organisation (NGO)	Income generating projects; HIV/AIDs awareness; Voluntary counselling and testing; Youth activities; Home based care; Sexual reproductive; Health care; Human Rights awareness; Life Skills.	Non-governmental Organisation (NGO)	Income generating Projects; Educational support; Providing face- to- face and telephone counselling; Training of home based care volunteers; Health care; Provide transport of OVC who are registered with the organisation; Soup kitchens; Assisting with applications for school development fund exemption; Psychosocial support; and Counselling
Community based organisation (CBO)	Home based care; Psychosocial support.	Government Dep.	Providing social grants Providing counselling guidance; Psychosocial support Shelter; Health care; Income generating activities; Provide temporary shelter for street children
Government Dept.	Counselling; Coordinating different activities (including for OVC and caregivers).		

7.3. Services provided to OVC and their caregivers

The respondents were asked to indicate the services that they were providing to OVC and caregivers. The responses are shown in Table 37.

Table 37: Services provided (N=19)

Responses	Ohangwena		Khomas	
	N=20	%	N= 23	%
Health programmes (feeding, nutrition, HIV /AIDS awareness; mother and child workshops (disabilities)	6	67	3	30
Helping to fill in application forms for social grants and national documents; identifying and registering OVC	4	44	0	0
Survival programmes (soup kitchens, food parcels, distribution of blankets, offering lunches to school children)	3	33	3	30
Wellbeing and psychosocial support, counselling and resilience	3	33	6	60
Educational support (provision of school bursaries; uniforms; after school programmes; bridging school learning; training caregivers and counsellors; training home-based care volunteers)	3	33	3	13
Income generating activities /economic strengthening	1	11	3	30
Provide temporary & permanent shelters and safety homes	0	0	2	20
Develop policies on OVC	0	0	2	20
Financial support (social grants)	0	0	1	10

Data from Table 37 shows that some organisations were providing more than one service. In Ohangwena, the majority of the service providers (6; 67%) were running health programmes, such as feeding schemes and nutrition. This is followed by 4 (44%) respondents who assisted OVC and caregivers with filling in application forms for social grants and national documents. Three (33%) respondents were running survival programmes, i.e. safe homes, soup kitchens, blanket distribution; 3 (33%) were providing psychosocial support, counselling and resilience; and 3 (33%) were offering educational support (provision of school bursaries, uniforms, after school programmes, training of counsellors, caregivers and home-based care volunteers). Only one respondent stated that they were providing income generating activities to help caregivers economically.

In Khomas, 6 (60%) service providers were providing wellbeing, psychosocial support and counselling, and resilience training to the OVC. Three (30%) respondents indicated that they were offering health programmes, survival programmes, educational support and income generating activities, while 2 (20%) were providing safety and shelter and developing policies on OVC. Only one respondent stated that they were helping with the application for social grants.

7.4. Creating awareness of services

The service providers were asked how they made the target group aware of their services. The question aimed to determine the different methods/techniques used by the respondents to create awareness.

Table 38: Creating awareness of services (N=19)

	Ohangwena		Khomas	
Responses	**N= 10**	**%**	**N=15**	**%**
Meetings / forums (community and school meetings; workshops; home visiting volunteers; traditional leaders; churches)	7	70	6	40
Printed material (letters, booklets, newspapers, brochures, pamphlets)	1	10	3	20
TV, Radio	1	10	3	20
Posters / adverts / drama / songs	1	10	2	13
OVC camps	0	0	1	7
Total	**10**	**100**	**15**	**100**

Data from Table 38 reveals that the majority of respondents (7; 70%) from Ohangwena used meetings or forums to create awareness about their services, as well as home visits by their volunteers. In the case of printed materials, the radio, television, posters and adverts, only one (10%) respondent indicated the use of each of these methods.

The majority of service providers in Khomas used meetings and forums (6; 60%). Three respondents (20%) each said that they used printed materials, TV and the radio, while 2 (13%) respondents each reported using posters, adverts, drama and songs. Only one respondent said they used an OVC camp to create awareness about their services.

Judging from the data above, the Khomas service providers appeared to be using a slightly wider variety of channels to create awareness about their services than their Ohangwena counterparts.

7.5. Channels of communication

The respondents were asked to identify the channels of communication that they most frequently used to communicate their services and activities to OVC and caregivers.

In Ohangewena, 6 (67%) of the service providers used open forums, traditional leaders, regional councillors, and meetings to communicate their services. Four (44%) respondents said that they used door-to-door visits to communicate with community members. Only 3 (33%) used the radio and television.

In the Khomas region, 5 (50%) of the service providers used volunteers who moved from door-to-door, followed by 4 (40%) who used newspapers, brochures or printed media, and a few (3; 30%) who used the radio and television.

7.6. Effectiveness of the channels used

The service providers were asked whether they believed that the channels that they used were effective in disseminating information. The aim was to determine the perceived effectiveness of these channels in the provision of information to the OVC and caregivers.

Six (67%) of the respondents in Ohangwena suggested that volunteers who move from door-to-door were their most effective communication channel. They explained that this was because of a noticeable increase in the numbers of both the OVC registering for their services, and caregivers registering for income generating projects after the volunteers had visited households. They also perceived traditional leaders and regional councillors to be effective because they inform the target group about their services during meetings. However, 2 (22%) respondents from Ohangwena felt that the brochures they used were not effective as relatively few OVC made use of their services. They pointed out that the community is scattered over a wide area, and lacking transport, they couldn't reach many of the OVC. Another problem identified was that printed materials were mainly ineffectual as the materials were not available in local

languages. One respondent (11%) perceived the radio to be a very effective channel because a lot of people listen to the radio.

In the Khomas region, 4 (40%) respondents also perceived the use of volunteers to be effective, while 4 (40%) believed that the channels that their organizations used were not effective. One respondent indicated that they thought that the radio and television were very effective channels because the majority of people in the region listened to the radio or watched TV.

7.7. Information requested by OVC and their caregivers

Respondents were asked to identify the questions that were regularly asked by OVC and caregivers (see Table 39). This is important in determining the areas in which information is needed.

Table 39: Information requested by OVC and caregivers (N=19)

Responses	Ohangwena		Khomas	
	N= 9	%	N= 10	%
Information on how to get food	4	44	2	20
How to apply for social grants; how to get birth certificates/national documents	4	44	3	30
Information on procedures in applying for school development fund exemption; financial assistance; where to get information on training courses	3	33	0	0
Where to get physical and emotional support	1	11	1	10
What procedures are involved in applying for grants? How long will the financial assistance last?	0	0	4	40
Employment opportunities	0	0	1	10

7.8. Formats used to provide information

A close-ended question was asked to determine which formats the service providers used to provide the information requested by OVC and caregivers.

It emerged that the majority of the service providers from Ohangwena used oral communication (7; 78 %), followed by printed information (2; 22 %). Drama performances and the electronic format were each used by 2 (22 %) respondents.

In Khomas, the use of video screening and the electronic format were each preferred by 3 (30%) service providers. Oral information, printed information, and drama performances were used by 2 (20%) respondents each.

7.9. Referral services

The respondents were asked where or to whom they referred their clients when they could not help them. This question aimed to determine whether service providers were collaborating with other organisations in assisting OVC and caregivers.

All (100%) the service providers in Ohangwena referred their clients to the Ministry of Gender Equality and Child Welfare when they could not assist them. 3 (33%) also referred their clients to regional councillors and churches.

The majority of the service providers in Khomas also referred their clients to the Ministry of Gender Equality and Child Welfare (9; 90%), followed by 4 (40%) respondents who referred their clients to various other services providers, such as the Legal Assistance Centre, Red Cross, Ministry of Home Affairs, and traditional leaders. 3 (30%) respondents said that they referred their clients to church leaders and regional councillors, and 4 (40%) referred their clients to psychologists and the Women and Child Abuse Centre.

7.9.1. Reasons for referring OVC and caregivers

In a follow up question, respondents were asked why they referred clients to other organisations. The aim here was to determine the extent to which the OVC and caregivers were being given the right assistance.

Seven (78%) respondents from Ohangwena said that they referred clients to other organizations when the clients required professional assistance that they could not provide, and 2 (22%) respondents referred clients when the required assistance was not in their area of service delivery.

In the Khomas region, 10 (100%) respondents indicated that they referred their clients when they needed professional assistance that they were not able to provide, while one (10%) respondent indicated that they referred OVC and caregivers when they needed to get legal advice.

7.10. Problems experienced by service providers in disseminating information

This question aimed to determine the problems that service providers experienced when disseminating information about their services.

More than half of the service providers in the Ohangwena region indicated that distance and floods during the rainy season prohibited them from disseminating information properly. Three (33%) respondents indicated that lack of local language materials made it difficult to disseminate information. Two (22%) respondents indicated that lack of transport to the communities was a major problem, while 1 (11%) respondent indicated that most people still do not know how to apply for grants.

In the Khomas region, the lack of local language materials was a concern for 7 (70%) service providers, while transport was a problem for 5 (50%) respondents. Two respondents (20%) indicated that sometimes the wrong information reaches the beneficiaries, while two (20%) respondents indicated that there was lack of coordination among service providers.

7.11. Collaboration among service providers

Respondents were asked how they collaborate with other service providers in order to find out whether they complement each other's efforts in servicing OVC and caregivers.

The majority of the respondents (7; 78%) in the Ohangwena region shared information through the Regional AIDS Coordinating Committee (RACOC) and Constituency AIDS Coordinating Committee (CACOC) and OVC forums, and said that they collaborated in activities with other organisations.

In the Khomas region, 5 (50%) respondents indicated that they collaborated through RACOC and CACOC, while 2 (20)%) respondents indicated that they collaborated by referring relevant issues and cases to specialized agencies, like the MGECW for grant seekers and child abuse cases to the Women and Child Abuse Centre.

7.12. Suggestions on how to improve communication about available services to OVC and caregivers

The respondents were requested to provide suggestions on how information flow to OVC and caregivers could be improved.

7.12.1. Suggestions on how to improve communication about available services to OVC and caregivers in Ohangwena

This question required the respondents to provide suggestions on how communication between the service providers and OVC and caregivers could be improved so that the latter could fully utilise the available services. The respondents from Ohangwena made the following suggestions:

- Improved networking and communication between service providers involved with OVC and caregivers and the MGECW (2; 22%).
- There should be various committees operating regionally and at grassroots level (2; 22%).
- There is a need for coordination, i.e. to know which service provider is providing what services so that this information can be relayed to the OVC and caregivers. The OVC programmes should be made known to traditional authorities and teachers as they deal with OVC on a daily basis armed with inadequate information.
- Networking between service providers needs to be strengthened and activities need to be planned together to avoid duplication of efforts.

- All organisations in the district need to be registered on a database so that they can share information and assist each other.

7.12.2. Suggestions on how to improve communication about available services to OVC and caregivers in Khomas

The respondents from Khomas made the following suggestions:

- Information materials should be made available in local languages (2; 20%).
- Awareness forums should be used to allow community members to clarify matters, and also to enable the organisations to understand the dynamics within the communities.
- It would be a good idea for all organisations that work with OVC to be registered with the MGECW so that they all know about each other. There is a need for the mapping of services provided by different service providers in the different regions, a look at the referral systems, and the development of a memorandum of understanding between services providers whereby they commit themselves to work together to improve services to the OVC.
- OVC forums need to be revived or established under the leadership of people other than social workers who are overloaded with other responsibilities and at times not available in some places.
- There should be more community meetings and more house visits.
- Service providers that provide the same services should meet on a regular basis to share their achievements and problems/challenges to find solutions.
- There is a need to register all OVC with disabilities in each constituency so that they can receive services. The National Federation of People with Disabilities in Namibia should also disseminate information to service providers concerning the special needs of OVC with disabilities.

7.13. Areas in which information is required by OVC and caregivers

Respondents were asked to identify areas in which they perceived a need for additional information to be provided to the OVC and caregivers. The results are shown in Table 40 below.

Table 40: Areas in which information is required by OVC and caregivers (N=19)

Responses	Ohangwena		Khomas	
	N= 9	%	N= 10	%
Psychosocial support and positive living in order to improve school attendance	5	56	2	20
Policy regarding school development fund exemption	5	56	4	40
How to care for the sick and protect themselves from contracting HIV	3	33	3	30
Human Rights and inheritance	2	22	2	20
National documents	2	22	3	30
How to take care of OVC	2	22	3	15
Reproductive health and sexuality	1	11	1	10
How to start income generating projects and where to obtain seed money	0	0	1	10
Continuous and current information to new OVC and caregivers on which services are available, and what procedures to follow to access these services	0	0	1	10
How to get social grants	0	0	1	10

The major areas identified in the Ohangwena region were psychosocial support (5; 56%) and information on school development fund exemption (5; 56%). Other needs include information on caring for sick parents and HIV prevention (3; 33%), and information on Human Rights and the OVC's right to their inheritances (2; 22%).

In Khomas, the majority of respondents (4; 40%) identified the need for information on the policy for school development fund exemption, while 3 (30%) respondents identified the need for information on how to prevent contracting HIV/AIDS and how to take care of their sick parents/family members. Only two (20%) respondents believed that the OVC and caregivers needed information on how to get psychosocial support, information on inheritance and human rights, how to acquire national documents, and how to take care of OVC. Other areas identified were information on income generating projects, continuous and current information for new OVC and caregivers on available services, and the need for reproductive health and sexuality information.

7.14. Areas in which the government could assist in improving information provision to the OVC and caregivers

This close-ended question aimed to solicit suggestions or opinions from the service providers on areas in which the government could help them to make information more accessible to the target population. The top two areas identified in the Ohangwena region by service providers were information on psychosocial support and counselling services (9; 100%), and information on training opportunities (9; 100%). The second was social grants (8; 89%), followed by health services, how to get identity documents, and school development fund exemption, mentioned by 7 (78%) respondents each. HIV/AIDS awareness was mentioned by 6 (67%) respondents.

Among the urban service providers of Khomas, health services were at the top of the list (8; 80%), followed by information on school development fund exemption and home based care (7; 70% each). Half of the respondents (5; 50%) identified each of the following: information on psychosocial support, training opportunities, social grants, and will writing.

Additional responses were that the government should budget for specialized information-related programmes for the OVC that are user-friendly and non-discriminatory, as well as more information on Human Rights because of gender-based violence. The responses are shown in Table 41.

Table 41: Identified information areas for additional government input (N=19)

	Ohangwena		Khomas	
Responses	**N= 9**	**%**	**N=10**	**%**
Psychosocial support/counselling	9	100	5	50
Training opportunities	9	100	5	50
Social grants	8	89	5	50
Health services	7	78	8	80
School Development Fund exemption	7	78	7	70
Identity documents	7	78	6	60
HIV/AIDs awareness program	6	67	3	30
Will writing	2	22	5	50
Home-based care	2	22	7	70
Financial assistance	1	11	3	30

7.15. Additional suggestions from service providers

Respondents could provide additional comments concerning the research topic. The aim was to find out if there was anything that the researcher had missed or that the respondents felt was important that could add value to the study. The following suggestions were made by respondents from Ohangwena:

- Each constituency should have an OVC centre from which OVC and caregivers can get information.
- All stakeholders dealing with OVC need to be trained on the availability of services.
- Community work should not be viewed as a job opportunity. Those involved in such work should devote themselves to the task with passion in order to help the community.

Respondents from the Khomas region indicated that:

- Community members need sensitization in order to learn how to assist OVC and not mistreat (insult or beat) them because they are human beings and need to be treated with dignity.

- More research of this kind is necessary to find solutions to challenges that face OVC and caregivers in Namibia.
- All the service providers who deal with OVC should get together to share ideas, discuss problems, and see how they can complement each other.

7.16. Summary

Chapter 7 discussed the findings obtained through questionnaires on the role of service providers in assisting OVC and their caregivers in Namibia. The findings indicate that the oldest service provider in Ohangwena was established in 1992, and the most recent in 2007. In Khomas, the oldest service provider was established in 1987 and the latest in 2008.

Most organisations in Ohangwena were found to have different activities, such as health programmes (6; 67%); facilitating access to social grants (4; 44%); and survival programmes, psychosocial support, and educational support (3; 33% each). In Khomas, the respondents mentioned psychosocial support (6; 60%), and educational support, survival programmes, income generating activities, and health programmes (3; 30% each).

The majority of the service providers said that they created awareness about their services in Ohangwena and Khomas through public forums and printed materials, with only a few using the radio and TV.

The survey revealed that service providers are faced with a number of challenges. In Ohangwena, the respondents indicated that distance, especially during the rainy season, prevented them from reaching the community. They also described the lack of materials translated to local languages. In Khomas, lack of local materials was also a problem. Other problems that were mentioned included poor coordination among service providers and wrong information reaching the beneficiaries.

The respondents offered their suggestions on how to improve the flow of information. Some of the suggestions were that each constituency must have an OVC centre from which OVC and caregivers can get information, and that all the caregivers need to be trained on what services are

available. From urban areas, it was suggested that all the organisations that deal with OVC should be coordinated.

Service providers play an important role in supplementing the government's efforts to assist OVC and caregivers. One issue that needs to be looked at is the issue of income generating activities. This is crucial in order to facilitate sustainability in the lives of OVC and caregivers. In addition, it is important to establish a database on OVC that shows what types of services they receive. Such a database would help to reduce or avoid the duplication of efforts among service providers.

The next chapter discusses the findings of the study.

CHAPTER EIGHT

DISCUSSION OF FINDINGS

8.1. Introduction

This chapter discusses and interprets the findings obtained through three sets of data collection techniques, namely structured interviews, questionnaires, and focus group discussions. Structured interviews were used to obtain data from orphans and vulnerable children (OVC) and their caregivers. Focus group discussions were also used to solicit information from caregivers and key informants, and a mailed questionnaire was used to collect data from service providers.

The study was designed to investigate the information needs of OVC and their caregivers and how they search for information. The study also determined how service providers disseminate information about their services in order to encourage target groups to use their services.

The findings were presented in Chapters Five, Six and Seven in response to the research problem and objectives of the study, and the literature review in Chapter Two. The chapter is organized according to the objectives and research questions presented in Chapter 1, section 1.6.

8.1.1. Scope of discussions

This section is guided by the main research questions of the study, specifically: information needs of OVC and caregivers, methods used by OVC and caregivers to access information, methods used by service providers to disseminate information, the attitude of service providers in sharing information, useful channels as perceived by service providers to disseminate information, problems faced by OVC and caregivers in accessing information, and problems encountered by service providers in disseminating information.

8.1.2. Characteristics of OVC, caregivers and service providers

In this study, most OVC were found to be between 13 and 17 years old in both regions. In Ohangwena, 51% of the respondents were male and 49 % were female; in Khomas, 61% of the OVC were female and 39 % male. Most respondents from Ohangwena were in grades 8 to12 (38 %) followed closely by OVC in grades 4 to 7 (36 %). A large number of respondents had never gone to school or dropped out of school (15%). In Khomas, most respondents were in grades 4 to 7 (67%), with a few respondents who never went to school or dropped out of school (4%).

The majority of caregivers were 57 years old and above in Ohangwena and between 33 to 40 years in Khomas, with female caregivers being the majority in both areas. Most respondents had attained grades 8 to 12, with a few with no formal education in Ohangwena, while in Khomas, only 5% had no formal education. With respect to employment status, 66% of the respondents in Ohangwena had no formal employment, with 79% earning less than N$499 per month. In Khomas, 68% of the respondents had formal employment and 47% earned less than N$499 per month.

The findings from service providers indicated that the oldest organisation in Ohangwena was established in 1992, and the most recent was established in 2007. In the Khomas region, the oldest service provider was established in 1987 and the most recent in 2008.

Most service providers in Ohangwena were found to offer different services and activities, such as health programmes (6;67%), facilitating access to social grants (4; 44%), and survival programmes, psychosocial support, and educational support (3; 33% each). In the Khomas region, the activities identified were psychosocial support (6; 60%) and educational support, survival programmes, income generating activities, and health programmes (3; 30% each).

The majority of the service providers created awareness about their services in Ohangwena and Khomas through public forums, door-to door services and printed materials and used the radio and TV to create awareness.

8.2. Orphanhood and HIV/AIDS

Namibia has one of the highest HIV/AIDS prevalence rates in Southern Africa. It is estimated that around 250,000 children under the age of 18 years are OVC. A number of studies have indicated that the impact of HIV/AIDS has resulted in an increase in the number of OVC (National Planning Commission 2010:47; Ministry of Health and Social Services, 2010a:76). This was verified during data collection, as a lot of OVC were identified in the regions of Ohangwena and Khomas regions. Most of the surveyed OVC were living in difficult or poverty stricken conditions, which explains the number of school dropouts and lack of strategies on how to access information which could help them to get services.

8. 3. What are the information needs of OVC, caregivers, and service providers?

The findings of this study reveal a wide range of pressing information needs expressed by the respondents, showing that there is a wide gap between the information supplied by the service providers, and the information demanded by the OVC and caregivers (see section 5.4). Some of the most critical information requirements were information on school development fund exemptions, financial assistance and grants, emotional and psychosocial support, poverty alleviation, educational support, childcare, and government policy information and programmes. Below, each one of these categories is briefly discussed.

8.3.1 School development fund exemptions

The school development fund is a contribution that parents make to schools to help with administrative costs in Namibia**.** Previous works that addressed the information needs of OVC and caregivers found that many OVC were being excluded from the education system because they were unable to pay the school development fund (Hancox, 2010; Mnubi-Mchombu, Mostert and Ocholla, 2009). The cited studies were in agreement that this was a critical information need of OVC and their caregivers, who desperately wanted their children to receive some education, yet could not afford the school development fund. In the case of Namibia, education is free up to

secondary school level, but each school has to raise additional funds on a termly basis through the school development fund for the school's maintenance and development. The amount of N$100 may not be high, but for the poorest in the community, it often proves to be too much.

Not surprisingly, both OVC and caregivers repeatedly expressed the need for information on how to deal with the school development fund and how to get exempted by the education authorities in order for the OVC to attend school without disturbance. Caregivers are currently required to apply for the exemptions from school boards. Many respondents lacked basic information about the procedures that should be followed in order to obtain exemptions. However, it seemed there was also lack of assertiveness among some of the respondents when it came to confronting education authorities in order to obtain services that they are entitled to get. Many of the caregivers were elderly grandparents who may generally not feel physically strong enough or sufficiently empowered to confront the education system at grassroots level.

The findings of this study agree with the reviewed literature, in that there is a dire shortage of appropriate information on procedures for obtaining exemptions with resulting hardships for both OVC and caregivers who cannot pay the school development fund or buy school uniforms and other education materials. The findings also point to an as yet unfulfilled but important role of social workers when they are available, as well as church leaders and other community leaders, to act as advocates on behalf of disempowered caregivers and OVC in cases where they may have the information, but are intimidated or scared by the authority structures when seeking exemptions and other services set aside for OVC.

8.3.2. Financial assistance and grants

Previous studies established that the need for information on where and how to get financial assistance and grants was high among OVC and caregivers. De Witt (2007) and Sasman (2008a) both found that some OVC were so poor, that often kind-hearted teachers had to assist them financially with basic necessities. The low capacity of OVC and caregivers to access financial grants was also noted by Rosenberg et al. (2008), who concluded that NGOs can help governments realize their mission of providing social grants to vulnerable groups in society. The National Planning Commission (2003) noted that the poverty levels at both research sites were

high compared to the rest of the country. In Ohangwena and Khomas, where recent immigrants to the city live in informal structures, poverty is rampant and life is harsh and difficult.

The need for information on where to get financial assistance and grants remains one of the main priorities of OVC and caregivers. Some of the repeatedly expressed needs in this study were how to get funding to set up feeding schemes or soup kitchens, where to get transport money to collect medication from hospitals, and how to register children in order for them to get grants. Information was also required on income generation. These findings are a clear indication that the main influence on information needs is the socio-economic status of the respondents, the majority of whom live in conditions of abject poverty and deprivation. Low socio-economic status as the primary driving factor behind the expressed information needs of OVC and caregivers has been confirmed by other researchers (Edwards-Jauch, 2010; Phiri and Tolfree, 2005: 19; Masabane, 2002b; Ntosi, 1997).

8.3.3. Emotional and psychosocial support

Another gap in information was in the area of emotional support and psychosocial counselling, which was mostly expressed by caregivers. It was apparent that many caregivers struggled with children facing the reality of growing up without their parents, or with being "forced" to bring up children traumatized by the death of parents at an early age. Although this information need was not well captured from the OVC, it was expressed time and again by caregivers during the focus group discussions. Caregivers expressed the challenges of surrogate parenthood, their lack of counselling skills, and other child care problems on top of other difficult circumstances and emotional pressures. The work of caregivers is not regarded as a vocation with adequate support and training structures in place. It is largely a voluntary undertaking by members of the extended family or individuals in the community who volunteer to take care of the children and act as foster parents. Support structures that provide the required skills, information, and other preparations for providing care to OVC are therefore largely non-existent.

The reviewed literature confirms the above; Cluver and Orkin (2009), Chitiyo et al. (2008) and Yates and Hailonga (2006:28) all found that OVC were prone to suffer from emotional trauma because of the loss of parents and required emotional support. Ikela (2010) found that the

shortage of trained social workers and child psychologists in all parts of Namibia made it difficult to deal with the emotional needs of orphans and vulnerable children. Patterson (2003) also found that orphaned children often suffer from emotional trauma and experience distress from watching loved ones undergo prolonged suffering and death, leading to the collapse of the family unit. Ruiz-Caseres (2007) and Booysen and Arntz (2002) observe that caregivers generally lack information on orphans and often cannot provide adequate support for the psychosocial, emotional, and educational needs of the children. While the Namibia Policy on OVC (Ministry of Women Affairs and Child Welfare, 2004) acknowledges that children need to be protected and cared for in order to promote their wellbeing, it does not spell out how those at the front line - the caregivers - will be empowered with the ability to perform the role of protecting and promoting the wellbeing of OVC.

8.3.4. Educational support

Information on educational support was identified as another key requirement by both OVC and caregivers. This fell into two categories: i) Information support for OVC that was identified on their behalf by caregivers, and ii) The training needs of caregivers to help them perform their role more efficiently. Career information for OVC upon completion of formal education was another information need expressed by caregivers who were worried about the future development of their children and the fact that such information was not readily available either to them or directly to the OVC through the school system. Information on job opportunities, especially through mass media channels, was another identified need, and there was frustration that by the time this information trickled down to the target group in rural areas, the vacancies had already been filled. Lack of information was also noted on HIV/AIDS awareness and sexual and reproductive health. In one case, an older OVC child was reported to have taken steps by joining a youth club to acquire this type of information independently.

Kumar and Pani (2001) found that caregivers had a wide range of training and educational information needs that were broader than the findings of the present study. Included in the findings were training needs, information on health, counselling, nutritional requirements, and information on how to combat stigma. However, the present study and Kumar and Pani's study had slightly different objectives. Badcock-Walters et al. (2008) and Ward and Mendelsohn

(2008) found that HIV/AIDS information was necessary to reduce stigma and fear of discrimination.

Barriers to the education of OVC in Namibia were also noted in a study by Van der Brug (2007:57) and Yates and Hailonga (2006:28), who found that many children from HIV/AIDS affected households experienced problems in the payment of fees and buying uniforms and educational material. The Education Policy provides exemptions, but the application process is rarely transparent and the schools often do not provide the caregivers with the relevant information.

Most teachers are doing a great job to support OVC in their schools. Unfortunately, there are also teachers who make life difficult for the OVC by showing their lack of sympathy and refusing to assist the children with the right information

8.3.5. Government information on OVC policy and programme implementation

Given the level of OVC deprivation and the fact that the government has several programmes in place to support OVC, there was also a considerably high level of information required on how to access the basic services provided by the government. Some of these programmes are in the education sector which exempts OVC from some of the payments demanded by school boards. The government can also issue birth certificates to OVC to enable them to access a wide range of services, such as financial grants and assistance. It is therefore not surprising to find that government information assumes a role of great importance to the poor and economically struggling respondents.

Kurewa (2008), the Ministry of Women and Child Welfare (2004), and Badcock-Walters et al. (2008) are a few sources that elaborate on the many problems that OVC face because of lack of information about the government programmes that target them. The reports confirm the findings of the present study on the important role of government information.

A study by Ward and Mendelsohn (2008:3) on supporting the educational needs of HIV positive learners in Namibia also found that while the education sector does have an HIV/AIDS policy in place, HIV learners were not aware of it and therefore did not know how to make use of it. The

policy was neither clearly understood nor implemented. Likewise, Van Der Brug (2007:55) found that some caregivers in his study were not aware of the procedure to apply for grants and some did not know where to apply.

Thus most OVC and caregivers require additional information that is not currently available through the existing structures (Usdin, 2003:131). But while there is a wide range of unaddressed information needs and gaps, the greatest need appears to be for information that addresses the basic survival needs of the OVC. Caregivers, on the other hand, have additional information needs based on their roles as caregivers/surrogate parents to the OVC and their attempts to plan for the future of the children under their care.

There were also several suggestions on improving the flow of print-based information to OVC and caregivers, which perhaps shows that libraries have the potential to assist OVC and caregivers by providing the information that they require through the channels that they frequently use.

From the evidence, it would appear that the information environment of marginalized groups, such as OVC and caregivers, is underdeveloped with limited infrastructure, and thus it would be expected that both sets of respondents would face many other challenges that they might not know how to resolve on top of information flow problems. It was therefore a surprise to find that even though many respondents appeared to be helpless, they did not lack solutions to their problems and provided suggestions on how to resolve information flow bottlenecks.

8.4. What are the sources and channels of information used by OVC and caregivers to access information?

The type and range of information sources that OVC can use would appear to depend on the presence of information sources and channels that have been purposely created to serve their needs and the capacity of the OVC to access these sources and use the available information. In the absence of a purposely created information system to serve OVC, they would have to manage with what is available or go without the information that they need altogether.

As would be expected, the study found that there was a lot of use of oral information sources and mass media channels. Unexpectedly, OVC in rural areas appeared to use a wider range of

interpersonal sources compared to their urban counterparts. The Ohangwena OVC identified volunteers (Red Cross and TCE), regional councillors, church leaders, Child Line officials and teachers, as well as mass media channels (newspapers and radio), while their urban counterparts in Khomas identified only friends, relatives, and the television. OVC are forced to satisfy their information needs with sources/channels that are easily available in their surrounding environments, and rural OVC may have a slight advantage because of the cohesiveness of the rural community which permits knowledge sharing, compared to the urban environment where nucleus families live in isolation from each other, even if they are physically close to each other. The use of the memory box (love box) as a channel for communicating historical family information was not mentioned. This might be because it is still a new concept in Namibia and needs to be promoted.

The use of interpersonal sources and mass media channels is discussed below to shed further light on the use of these sources**.**

8.4.1. Mass media channels

The findings revealed that the radio was the most used mass media channel in both research sites. The television was popular among respondents in the Khomas region, but was low on the list of channels in Ohangwena. Newspapers and other printed channels were low on the list of both rural and urban respondents.

One way to interpret the findings is that the radio is accessible, particularly in the case of a rural setting like Ohangwena which had a locally based community radio sttion. It is also a relatively cheap medium to use because it does not cost a lot of money to buy a radio. In the case of Ohangwena, the community radio was also accessible to the respondents because it allowed them to provide their own content, which may have increased its allure. The fact that the radio broadcasts were mostly done in the local languages made it an ideal channel for information acquisition and sharing. This was also confirmed by the Mayor of Eenhana Town in Ohangwena, who said that the community radio plays an important role in the region. She stated that 95 percent of the community depends on the radio for information (Xoagub, 2010:10).

The TV was only popular among the respondents in Khomas, which has electricity and more 'tech-savvy' individuals who would actually spend money on a TV. Newspapers were mentioned by only a few respondents in Ohangwena and Khomas, while formal information services such as libraries were not mentioned in either. It was noted that among the OVC in both regions, those respondents who were in school used a much wider variety of information sources than those who had no education at all or who had dropped out of school. Rather unexpectedly, the OVC in Ohangwena who were busy with tertiary education were also very limited in their use of different mass media channels, but this is probably because the few that they were using were addressing most of their information needs.

Among the caregivers in both regions, however, it was the respondents with tertiary education who used the widest range of channels, while those with very little or no education hardly used any information channels.

8.4.2. Interpersonal sources of communication

Several interpersonal sources played a significant role for respondents in accessing and sharing information in both the urban and rural settings. Friends, relatives and family members were mentioned frequently as major sources of information by most respondents. The focus group discussions also revealed additional interpersonal sources, including traditional leaders and political councillors, with a few FGD participants mentioning teachers. A comparison of caregivers and OVC respondents indicates that OVC respondents consulted a fewer range of interpersonal sources than caregivers. Among rural respondents, older caregivers preferred friends and relatives as their primary sources of information, while younger caregivers preferred social workers. This trend was reversed in urban areas where younger caregivers preferred friends and relatives as sources of information, while older respondents preferred social workers. An interesting feature was the frequent mention of traditional leaders in rural Ohangwena but not in urban Khomas. The use of traditional leaders can be explained by the prominent role of traditional authorities in the rural context.

Previous studies have confirmed the main findings of this study concerning the important role of interpersonal sources of information. Wilson (2006) found that users use various interpersonal

sources when they require information. The extended family as a source of information has also been confirmed by Skovdal et al. (2009) and Lwoga, Stilwell and Ngulube (2011), who suggest that this is because of their availability and the high level of trust existing between interpersonal sources and information seekers. Other researchers have noted that people are a preferred source of information because they are available at the time when the information is needed and provide the information as well as advice on what to do with it (Silvio, 2006; Latrobe and Havener, 1997; Boyd, 2004; Shenton and Dixon, 2003). However, given the limit that personal sources can have, other writers have suggested that the high use of interpersonal sources may indicate the lack of awareness of other sources (Julien, 1999; Branch, 2003; Valenza, 2006). Boyd (2004) also found that age influences information seeking, as in this study where young people in Ohangwena preferred friends and relatives while older people opted for formal sources. The present study's findings however, did not confirm this fully because of differences in information seeking behaviour between the urban and rural set up. While the findings of Ohangwena confirmed Boyd's findings, the Khomas findings were the opposite.

The absence of a dedicated information system to serve OVC may therefore be one explanation behind why OVC and caregivers attempt to use information sources or channels that are most accessible to them (relatives and friends and the radio in the case of rural OVC or the television in the case of urban OVC). However, at the time of study, none of the mass media channels had a dedicated programme aimed at systematically providing information to OVC and caregivers, meaning that useful information may have been received from a random news bulletin or the occasional newspaper article.

8.5. Methods used by service providers to disseminate information about their activities

Data on the communication behaviour of service providers revealed that in Ohangwena, the majority of the respondents (70%) utilized meetings and other public forums to create awareness about their services. Respondents cited a wide range of meetings, ranging from community meetings to traditional authority meetings, church and school meetings, formal workshops, and home visits by volunteers. Most organisations operating in Ohangwena were NGOs and

CBOs, which generally have tight budgets that limit their publicity initiatives. Very few respondents (21%) mentioned mass media channels such as printed media, radio and TV, and posters and adverts. The pattern of information seeking by the target group of OVC and caregivers (radio and interpersonal sources) did not match the pattern of information provision and communication by service providers in Ohangwena.

The use of non local languages was seen as a barrier to accessing information in both Ohangwena and Khomas as noted in Chapter 5, section 5.9.10 and Chapter 6, section 6.10.3. These views are supported by Jalloh (1993), who observed that, many agencies used English or Afrikaans or both languages to disseminate HIV/AIDS information in Namibia rather than locallanguages.

In the Khomas region, some service providers used volunteers who moved from door-to-door (33%). Some service providers (27%) also used printed materials, and posters and adverts. The TV and radio were also used by a significant group (20%), and a few respondents (13%) used drama, songs, and an OVC camp to create awareness about their services. Service providers in urban areas appeared to be using a wider range of media and personal providers to promote awareness of their services. However, the target group of OVC and caregivers were found to prefer friends and relatives when they searched for information. A similar trend was observed in a study by Mnubi-Mchombu, Mostert and Ocholla (2009:49) on the information needs and seeking behaviour of orphans and vulnerable children in Okahandja, Namibia, in that the different channels for accessing and disseminating information were not compatible.

The mismatch of information seeking and information provision/communication by the service providers is a likely explanation for why most of their service-related information fails to reach the target groups.

8.6. The attitude of service providers towards sharing information

This question focused on the service providers' general attitude towards sharing information with other stakeholders. The assumption was that given the challenges of service provision, they

would be interested in sharing information with each other and other stakeholders in order to manage the OVC situation in the country. Responses to the question revealed that there was a highly positive attitude towards sharing information with others. The positive attitude towards information sharing was significantly higher in the rural region of Ohangwena (88%) than the urban Khomas region (50%). In both Ohangwena and Khomas, there was mention of collaboration with the Regional and Constituency AIDS Committees, RACOC and CACOC. Referrals were done at both research sites, but clients were referred to a wider range of places in Khomas. In the rural research site (Ohangwena), clients were only referred to the MGECW, churches and regional councillors, whereas their urban counterparts (Khomas) referred clients to the MGECW, the Women and Child Abuse Centre, and various other specialized agencies.

Previous studies on the attitude of service providers towards sharing information indicate that a positive attitude makes a significant improvement to rendering assistance to OVC (Meintjes et al., 2007). The service providers at both research sites must have realized this as there was a positive attitude towards sharing information and referring clients to specialized agencies. The main difference was that there were fewer places for referrals in Ohangwena compared to Khomas, which had a richer network of organisations for referral purposes. While this study did not look at the networks/referrals closely, a study by Yates and Hailonga (2006:7) in Namibia found that the OVC forums where different stakeholders met to discuss OVC issues was effective in only one site; in other sites there was a lot of duplication due to poor collaboration and lack of networking.

8.7. Perceived usefulness of the channels of communication used by service providers to disseminate information

Findings on the perceived usefulness of different communication channels revealed that the radio was rated as the most useful channel for information delivery by both rural and urban respondents (66%). The television was rated second in perceived usefulness by the Khomas respondents, but not the Ohangwena respondents. In Khomas, the perceived usefulness of the television increased with the age of the respondents among the OVC (section 5.4.6). The interpretation of this data highlights the popularity of the radio because of its flexibility in the delivery of content and the use of local languages in broadcasts. A study on improving farmers'

livelihoods in Uganda by Akiiki (2006:71) found that the radio was the most effective information dissemination channel in rural areas. Farmers could also call in and ask questions relating to the topic under discussion.

While the television is a popular medium in urban areas where it has great potential to deliver valuable information with pictorial content, it is not an effective medium in the rural environment (Ohangwena) because of electricity problems and weak signals.

UNAIDS, UNICEF and USAID (2004a:6) also noted that different service providers face funding and technical skills' challenges amidst an increasing number of OVC, which often forces the service providers to communicate only through channels that they find affordable.

8.8. Perceptions on the usefulness of information

There was a lot of similarity in the information that was required by orphans and vulnerable children in both urban and rural areas. Information on school development fund exemption was the most useful information, while information on financial assistance and grants came a close second. The third choice was slightly different across the two regions; in Ohangwena, information on health services was third on the list, while in Khomas, child care or support came third. The fourth most important information required by Ohangwena's respondents was child support, while in Khomas it was health services. The fifth choice for Ohangwena was training opportunities, while in Khomas it was counselling (as shown in Chapter 5, section 5.4.8).

Most orphans and vulnerable children in rural and urban areas live in poverty. It was not surprising to find that they could not afford to pay the school development fund and meet other financial obligations requested by their schools. Lack of money to pay the school development fund often prevents children from poor households from accessing education, even though the fund helps to maintain the facilities that the school offers to the children (Hancox, 2010:7).

Unfortunately, most respondents were not aware that they could apply for exemptions because of lack of information. A few respondents who were aware of the procedures for applying for an exemption were still refused the exemptions by head teachers or principals. To counter this, they need to follow an appeal mechanism that requires both the information and the will to act

contrary to school authorities. The study found that some principals demanded that the caregivers pay the school development fund if they received grants from the Ministry of Gender Equality and Child Welfare.

Data from interviewed caregivers shows that the information that they did receive was quite useful. The majority of the respondents from Ohangwena managed to register their children for grants, while others managed to get food, blankets and clothes, and a few respondents managed to get financial assistance. Some respondents said that the information that they received helped them register with the Red Cross. There was also mention of information that helped some caregivers learn how to get birth certificates and how to handle difficult children. Others discussed how they received information about how to send their children back to school, while some got ideas on where to get medical attention for sick children without needing to pay hospital fees.

In the Khomas region, stories about the usefulness of received information were not as extensive. Caregivers from Khomas mainly obtained information on three key areas: how to handle their children, how and where to get birth certificates, and how to use the grants effectively. Some respondents said that the information helped them understand how to register their children with the Ministry of Gender and Child Welfare in order to get grants, and a few got other forms of financial assistance as a result of the information that they obtained from various sources.

The information seemed to be more useful to the rural respondents (Ohangwena) than the urban respondents (Khomas). This could be explained by the scarcity of information in the rural context, where every ounce of information perhaps has greater value than urban areas where information flow is more plentiful. While information is a powerful resource, its value can only be realised if the person who receives the information makes good use of it by taking action.

8.9. Problems experienced by respondents in accessing information

Previous studies that addressed problems of access to information for marginalized groups found that often, access to information is blocked by the unwillingness of the information seeker to

come out into the open, especially if the problem is HIV or AIDS related. Fear of the stigma of the disease affects most OVC and caregivers' decisions to act. In Botswana, for example, Kang'ethe (2010:198) found that some caregivers hid their wards or went to far away villages for services because of fear of discrimination. A shortage of social workers and child psychologists also often means that information on psychosocial issues is not accessible to OVC and caregivers because there is no expertise within reach (Ikela, 2010).

It was reported in a local daily that despite the millions invested in OVC programmes, only 11 percent of the households caring for OVC received any form of external care and support in sub-Saharan Africa (New Era, 2011:2). A study by the National Planning Commission (2010:31) also found that social grants are very far from reaching the potential they have to reduce poverty in families. In order for a child or caregiver to access these services, government documents are necessary, and most of them are not available. The poor documentation and certification of births and deaths often prevent caregivers and OVC from accessing information and taking action to address their plight. For example in northern Namibia, it has been claimed that only 26% of newly born children have birth certificates (New Era, 2010:3; SADC Secretariat, 2008:20). The lack of birth certificates may also explain why out of the reported 250,000 orphaned and vulnerable children in Namibia, only 95,000 could actually claim child welfare grants from the government in 2010 (New Era, 2010). A study by the Ministry of Gender Equality and Child Welfare also found that lack of official documents and administrative problems pose challenges to the access of child welfare grants (Ministry of Gender Equality and Child Welfare, 2010:32).

A study by Cluver and Orkin (2009:1190) in neighbouring South Africa also found that programmes aiming to reduce child hunger were not benefiting all the targeted members due to lack of birth and death certificates.

The present study's findings revealed that OVC from both urban and rural areas faced problems when trying to access information, and surprisingly, urban-based OVC seemed to have more problems in this respect. Getting information was, however, only one side of the coin, as often there was frustration with the inability to make use of the information either because it had been received too late (job information), or the OVC lacked the relevant documents (birth and death certificates) to use the available services (grants and financial assistance).

Illiteracy or semi-literacy was also one of the barriers to information access according to the respondents, particularly when the individual also had no access to the radio or TV. However, most of respondents had attained a reasonable level of education, and only 21% were semi-literate (unable to read printed information).

Data from this study indicates several other barriers to accessing information which show that there were both similarities and differences between the rural and urban respondents' situations. Common problems that were raised include long distances between the target groups and information providers; stigma and discrimination, as often all information seekers are branded HIV/AIDS positive; and the shortage of social workers. The Ministry of Gender Equality and Child Welfare (2010:33) is promising to train more social workers to address this shortage. In rural Ohangwena, lack of representation in OVC forums for caregivers and OVC, as well as the long distances one has to travel on foot, were cited as major problems, while in urban Khomas, the language barrier, alleged corruption and nepotism, and hunger were cited as major barriers to information.

In general, the findings corroborate the reviewed literature with respect to the problems that OVC and caregivers face when accessing information. The only exception is the call for the participation of OVC and caregivers in OVC forums, which was not mentioned in any of the reviewed studies.

8.9.1. Problems faced by service providers in disseminating information

Rural- and urban-based service providers described several problems that made their task of information dissemination more challenging. A major challenge stemmed from environmental factors, specifically the significant distance from the service providers to the target group, and frequent severe floods during the rainy season, especially in Ohangwena. The problem of lack of information materials in local languages was mentioned by both urban and rural service providers. Both sets of service providers were also badly affected by lack of transport, without which they could not organize face to face meetings with the target group. Urban service providers did point to poor coordination among service providers that led to duplication, gaps, and some overlaps in the services that they provided to OVC and caregivers.

8.9.2. Mechanisms to ensure that information is accessible and to improve information flow to OVC and caregivers

A wide range of suggestions were provided by the respondents on mechanisms to ensure better access to information and to resolve the identified problems and frequent breakdowns in communication. Both the caregivers and OVC saw the need for more volunteers to conduct house-to-house visits, frequent community meetings (43% and 23% from Khomas and Ohangwena respectively), and increased use of the radio using local languages to announce important information. The increased use of the TV was also favoured by urban Khomas respondents, while the rural Ohangwena group pointed to the better utilization of traditional leaders (Kings and Chiefs or headmen). It was suggested that the traditional leaders should be given a mandate to provide official letters for caregivers to take to the Ministry of Home Affairs in order to speed up the issuing of identity documents.

Given the key role of the state, various recommendations were provided on strengthening the mechanisms of how the government provides information. Respondents mentioned the need to provide clear and understandable information on how one qualifies (or fails to qualify) to receive government grants, streamlining procedures, and providing government officials with training on customer care and information delivery so that they can correctly advice grant seekers on how to access or use grants more effectively. The issue of representation of OVC in OVC forums was also raised as another step to improving access to information. Decentralisation was raised under several guises, including: delegating the responsibilities of issuing birth and death certificates to pastors and traditional authorities; bringing all service providers to one place to create a one stop shop for all services to OVC, including information; and better utilization of regional councillors who, it was proposed, should move around the community to identify OVC and child-headed households that require additional support. There was a fair measure of frustration with respect to how the bureaucratic system of the government works in dispensing information and services, and this was attributed to officials not wanting to help - they sent claimants from one office to another for one document after another without actually offering any assistance.

Suggestions on how the information flow to OVC and caregivers could be improved show some overlaps with mechanisms to improve access to information. But given the number of players who serve OVC and their caregivers, it did not come as a surprise that calls for coordination dominated the discussions. Such coordination, it was pointed out, should lead to networking where the various organisations work with each other to serve OVC better and avoid duplication. A database for OVC nationwide was suggested to link the individual with available forms of assistance, as it was argued that some OVC receive assistance from several organisations while others receive no help. Training was also raised as one way of improving the capacity of caregivers and service providers, in particular training more social workers, child psychologists, and the training of caregivers to improve their capacity to care for OVC, as some provide care as a business and not necessarily out of love.

Yates and Hailonga (2006:10) suggested that faith-based organisations should join OVC forums in order to reduce duplications. They also recommended that service providers should listen to and support the people who are assisting OVC and caregivers on the ground in order to be able to expand their services.

A study by Mnubi-Mchombu, Mostert and Ocholla (2009:51) also suggested that school teachers need to be empowered with basic information on the different service providers available in their geographical areas in order to improve access to information.

8.10. Summary

This chapter discussed the findings obtained from three sets of data collection insstruments, namely structured interviews, questionnaires, and focus group discussions.

The majority of orphans and vulnerable children in both research sites (Ohangwena and Khomas) cited a range of information needs largely influenced by conditions of extreme poverty, such as information on financial assistance/grants, school development fund exemptions**,** and child care/support. To some extent, they also suffered from inadequate access to relevant information on government policies and procedures and donor programmes that have been set up to address their plight.

The information needs cited by caregivers were also driven by similar conditions of poverty and deprivation, for example, information on feeding schemes, job opportunities for their foster children, and information on where or how to get official documents such as birth and death certificates. Without the latter, it is not possible to access various forms of assistance rendered by the government and other service providers.

Information seeking by the majority of OVC was primarily done through interpersonal sources and channels, community leaders, and mass media (radio, television and newspapers). The information obtained through these strategies was not sufficient to address the various aspects of their plight. Caregivers mainly sought information from family and friends, traditional and community leaders, social workers, and the radio. The outcome of their information seeking strategies was that there were many gaps in the information they sought; many of their questions remained unanswered because of the lack of a dedicated and appropriate information system that is tailored to provide answers in a simple, clear format through local languages on the various types of services available to the OVC under the existing conditions of their environment.

Service providers suggested that high levels of illiteracy and inadequate locally produced materials prevented caregivers from getting information**.** This statement was, however, not supported by the findings which indicated that only 21% of the respondents were semi-literate. It was suggested that volunteers should distribute OVC related information from door-to-door in both regions. The service providers also suggested the establishment of an OVC database in order to keep track of the number of children who need assistance and to avoid the duplication of efforts. The next chapter summarizes the findings presented in Chapters 5, 6, and 7, and presents the conclusion and recommendations of the study.

CHAPTER NINE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

9.1. Introduction

This chapter summarizes the research findings and presents recommendations that may be used to improve the provision of information to orphans and vulnerable children (OVC) and their caregivers in Namibia. The section also makes recommendations on areas for further study. The chapter is organized into four sections: the introduction, summary, conclusion and recommendations. The research was guided by the following objectives:

- To determine the information needs of orphans and vulnerable children.
- To establish the information needs of caregivers (institutional and non institutional) dealing with OVC in Namibia.
- To identify the sources of information used by OVC and caregivers to address their needs.
- To determine the channels used to obtain and transfer information by the OVC, their caregivers and service providers.
- To identify information gaps and suggest ways of addressing these information gaps.
- To determine the impact and usefulness of different information sources and services.
- To establish the problems that caregivers and service providers experience in accessing, and disseminating and sharing information respectively.
- To make recommendations and develop a model for the type of information system that needs to be in place in order to address the OVC and caregivers' situation in Namibia.

A total of 655 OVC (368 OVC from Ohangwena and 198 Khomas), 70 caregivers (51 from Ohangwena and 19 from Khomas), and 19 service providers (9 from Ohangwena and 10 from Khomas) provided data for this study. Officials from the Ministry of Gender and Child Welfare provided assistance in deciding about the number of participants to represent caregivers and service providers. Eight groups from the Ohangwena region and three groups from Khomas participated in the focus group discussions. Ohangwena (rural) and Khomas (urban) were specifically selected in order to determine whether the information needs and information seeking behaviour of OVC varies across urban and rural settings.

What follows is a summary of the general findings and conclusion of the study.

9.2. Summary of the findings

This section is organized according to the objectives and research questions of the study (see Chapter 1, section 1.7)

9.2.1. To determine the information needs of OVC

What type of information is needed by orphans and vulnerable children?

In both urban (Khomas) and rural (Ohangwena) areas, the OVC clearly expressed the need for information pertaining to issues that impact directly on their daily lives and activities. These information needs were mainly based on overcoming financial challenges, such as school development fund exemption. The latter has a direct impact on the funds available to households in order to survive (Chapter 5, section 5.4.8).

9.2.2. To establish the information needs of caregivers (institutional and non-institutional) of OVC in Namibia

What type of information is needed by caregivers and different agencies?

The high rate of poverty in the two regions stimulated the need for information on how to meet the basic needs of orphans and vulnerable children. Thus information on feeding schemes, transport to collect medication, and information on how to get grants were viewed as important (see sections 5.8.6 and 6.6).

The findings from key informants in Ohangwena (section 6.3.2, Chapter 6) indicated that most caregivers did not know how to get information on school development fund exemption, and used different strategies to find information on the topic.

Data also shows that the poverty stricken families surveyed in this study mostly required information on educational support, financial support, psychosocial/counselling support, and discipline, child care, and job opportunities (Chapter six, section 6.6).

The data from the service providers from the rural and urban areas confirms the above, and points to information on basic needs overriding other information needs. The majority of the OVC and caregivers required information in the following areas:

- Where they could get additional food;
- How to apply for social grants;
- Information on how to get birth certificates; and
- Information on the procedures to follow in order to be exempted from paying the school development fund.

Again, this shows that the most basic information needs are activated by the OVC and caregivers' efforts to address extreme poverty.

9.2.3. To identify the sources and channels of information that OVC and their caregivers use to address their needs

Which sources of information do OVC and caregivers use to obtain the information that they require?

The caregivers' pattern of accessing information sources was fairly similar to the OVC pattern, which is not surprising as they live in the same environment. The data points to the high use of interpersonal/oral information sources (relatives, friends, traditional authorities, regional councillors, social workers, teachers, and the radio). In the rural Ohangwena region, young caregivers preferred formal sources (social workers and teachers), while older caregivers seemed

to prefer relatives, friends and traditional leaders. Urban caregivers appeared to have a slightly wider range of information sources to draw from than their rural counterparts.

In Ohangwena, the radio was the most frequently used information source by OVC (299; 81 %), followed by relatives or friends (96; 26%). The third most frequently used source was teachers (83; 23%). In Khomas, the radio also had a high overall response rate of 108 (55%), followed by the television (90; 46%), and friends or relatives (82; 41%, see section 5.4.3). For caregivers in Ohangwena, 64% of the respondents used friends or relatives, followed by 18% who used social workers, and 14% who used traditional leaders. In the Khomas region, 10 (52%) used friends or relatives, 3 (16%) used regional councillors, and 2 (10%) used social workers, teachers and church leaders.

9.2.4. To determine the channels the OVC and caregivers used to obtain information and the channels the service providers used to transfer information

- *Which channels of communication do OVC use to obtain information?*
- *Which channels of communication do caregivers use to obtain information?*
- *Which channels of communication do service providers use to transfer information?*

The radio was the most popular channel in both areas (rural and urban), while newspapers and interpersonal communication were lesser used channels with the OVC in Ohangwena (discussed in Chapter Five, section 5.4.6 and Chapter Eight, section 8.4).

In urban areas, most OVC mixed channels by using both mass media and print media channels. This may be an indication that the OVC are aware of different channels and can afford to buy or access newspapers or use the library to read newspapers and books. A similar trend was noted with the caregivers – the respondents in rural areas used mass media and interpersonal channels, while the respondents in urban areas used both mass media and printed sources (see Chapter five, section 5.8.3; Chapter six, section 6.7; and Chapter eight, section 8.4). It is likely that the

caregivers who live in urban areas enjoy certain advantages, such as the proliferation of service providers in town.

Most of the service providers in the rural setting of Ohangwena relied on open forums to disseminate their information, while a few respondents used the radio and television. In contrast, the service providers in the urban setting of Khomas used volunteers and a few used printed materials and mass media (section 7.5 and 8.5).

Most of the service providers were faith-based organisations, non-governmental organisations, community-based organisations, and government departments. The small organisations depend on other donors to fund them, which is probably why they relied on volunteers as a cheaper option to using mass media.

9.2.5. To identify information gaps and suggest ways of addressing these information gaps

What mechanisms can be used to ensure that information is accessible?

The study found that there was indeed an information gap between the information required and the information received, and the gap was wider in rural than in urban areas. For example, only 57% of the OVC in the rural setting of Ohangwena knew about service providers compared to 75% of the OVC in the urban setting of Khomas, who could name at least one organisation that serves them (see Chapter Five, sections 5.4.2 and 5.8.2 and Chapter Six, section 6.5). A reason for this could be that the fewer organisations in rural areas also have limited tactics on the marketing of their services compared to urban service providers who are more numerous and more active in communicating their whereabouts. The same pattern emerged with the caregivers; 59% of the caregivers in Ohangwena and 79% in Khomas knew of at least one organisation that serves them. This does not, however, mean that they actually receive services from these organisations.

Respondents had many creative and down-to-earth suggestions on how the information flow blockages could be addressed. Given the pivotal role of the government in providing services to OVC and caregivers, many suggestions were geared towards addressing the failures of the

government-to-citizen information flow, for example in strengthening infrastructure to allow access to information easily, training civil servants on customer care, and training government officials so that they may provide correct information. On the issue of long distances between physical facilities, it was proposed that this could be addressed by creating a one-stop centre for all information and services. Other suggestions focused on enhancing the role of community and church leaders in providing information and birth and death certificates; the improved use of mass media; use of local language materials; and training caregivers to provide better care to the OVC.

The information that the respondents believed that the government should provide and make accessible includes: how to apply for school development fund exemption; how to get national documents that are important for OVC and caregivers to access information and services; and opening up the OVC forums to OVC to allow them to access information directly (detailed findings are presented in Chapter Five, sections 5.4.12 and 5.9.10; Chapter Six, section 6.10; Chapter 8, section 8.9.2). It was not surprising to find that government and traditional communication channels were more favoured than channels using newer technology. There were also several suggestions on improving the flow of print-based information to OVC and caregivers, which perhaps shows that libraries have the potential to assist OVC and caregivers by providing the information that they require through channels that they frequently use.

9.2.6. To determine the impact and usefulness of information sources and services

Which information sources and services are useful?

The findings revealed that the radio and television had the highest impact on OVC as sources of information across various age groups in both rural and urban areas.

The trend in the data for both Ohangwena and Khomas would suggest that although most of the OVC respondents found the information helpful, there were also a large and significant number of respondents from the different age groups who did not find the information helpful (34% and 41% for Khomas and Ohangwena respectively; see Chapter 5, sections 5.4.8 and 5.8.6, and

Chapter eight, section 8.8). This may imply that the OVC receive the information about service providers but then cannot access the services.

There were various reasons given in the study as to how the information received was useful. Some caregivers managed to register their children for social grants, while others managed to get food, medical attention and services. Some children were registered in schools, and some caregivers learnt how to handle their children. This shows that some caregivers made use of the information that they received. Information alone cannot be meaningful if nothing is done.

Some service providers suggested that the channels used had no impact because their (the service providers') statistics of OVC and caregivers who needed services did not change (see Chapter Seven, section 7.6).

Overall, the findings suggest that there is a need for service providers in Namibia to use effective channels such as the radio, television and new technology in order to market their services.

9.2.7. To establish the problems that caregivers and service providers experience in accessing, disseminating and sharing information

- *What problems do the different parties experience in accessing information?*
- *How well do service providers market their services?*

A wide range of problems were identified in the study (see Chapter five, sections 5.4.11 and 5.8.9, Chapter Six, section 6.8, and Chapter Eight, section 8.9). The majority of the problems that the caregivers experienced when searching for information emanated from language issues, and poverty and disempowerment on the part of the caregivers.

The study found that lack of materials in local languages often prevented the beneficiaries from accessing information. Most materials are generally published in the English language. One would assume that in an urban area, most people who attained grade eight would be able speak

and read English, but this was not the case in the study as both groups of respondents called for materials to be translated into their local languages.

Another problem raised in the study was poor and inadequate infrastructure. Most of the agencies serving OVC and caregivers in urban and rural areas are scattered. This often means that caregivers need to walk or use a taxi to move from one office to another to have their problems attended to. The majority of the caregivers in rural areas were grandparents above the age of 57 and dependent on pension funds, while a few caregivers who were working earned less than N$500 (see Chapter five, section 5.8.9.1). It may therefore be a good idea for the government to build related offices in close proximity to reduce the need to travel long distances, especially for older people in need of services.

It was revealed in the study that some caregivers believed that there was corruption and favouritism or tribalism because only people from certain tribes received information and services from some service providers. This might reflect lack of assertiveness and disempowerment which causes marginalized groups to fail to demand information and services that they are entitled to get from service providers.

Stigma and discrimination were also mentioned; they scare away some respondents from service organisations that deal with HIV/AIDS because of the fear that going there would reveal the status of the OVC they are looking after, or associate them with HIV/AIDS. There is a strong perception that stigma and discrimination prevails in communities, making it difficult for affected persons to access available services without fear and apprehension.

The study also found that lack of social workers and resources prevented the service providers from providing psychosocial and counselling services to the caregivers and OVC. OVC and caregivers also have to contend with a high level of bureaucracy or red tape before they can get access to information or services. In some cases, information is available but it takes too long for the beneficiary to receive feedback from the ministry. For example, registering a child for social grants can take a long time, and quite a number of documents are needed before the process is even initiated (see Chapter Six, section 6.8 and Chapter Eight, section 8.9).

Most of the caregivers in the study were old and received their information from relatives, friends, and their children. The caregivers noted the lack of OVC forums to empower caregivers with information on available services and also to discuss their problems. Poverty was also highlighted as a major barrier to information access. In some cases, caregivers stated that having received information about social grants, they became reluctant to look for additional information on other issues.

9.2.8. To establish how service providers share information

What attitude do the service providers have with respect to sharing information?

The study revealed that most of the service providers in rural Ohangwena referred their clients to the Ministry of Gender Equality and Child Welfare, while a few referred their clients to the regional councillor when they could not help them. In Khomas, some service providers referred their clients to the Ministry of Gender, and others to the different agencies that deal with OVC and caregivers. This suggests that urban areas have more agencies with different specializations to provide professional help to OVC and caregivers.

Service providers in the study collaborated through different forums, such as the Regional AIDS Coordinating Committee (RACOC) and Constituency AIDS Coordinating Committee, (CACOC) and OVC forums, and were in partnership activities with other organisations. At the time of writing, there was no database providing a list and activities of the organisations that deal with OVC and caregivers. Consequently, some caregivers used more than three organisations (see 7.11).

9.2.9. To develop a model of an information system that could address the information needs of OVC and caregivers in Namibia

A key objective of this study was to propose an information support model for OVC and caregivers based on the findings and analysis of data as part of the recommendations. The proposed model is presented in Figure 3. The model is a simple framework that highlights the

most important pillars of the information system for OVC and caregivers that were exposed in this study, namely: i) The poverty environment, ii) Intervening factors, iii) Information seeking behaviour, iv) Information environment, v) Knowledge-content base, and vi) Information processing and use. The five (5) key pillars dominate the recommended information seeking model aimed at meeting the information needs of OVC and caregivers. The socio-economic and cultural setting of OVC and caregivers is characterized by pervasive poverty and deprivation; hence the model represents this attribute in the form of a circle that engulfs all the other elements as illustrated in Figure 3. Derived from this observation, is the reality that satisfying basic needs was found to be the primary motivating factor and cornerstone of many of the actions of the researched population, including their information seeking behaviour. Both the pervasive poverty environment and consequent basic needs response, sets the proposed model apart from the Wilson model (1999) which is largely based on studies of societies that are economically more advanced and affluent, ensuring that basic human needs are no longer a driving force for human action and information seeking behaviour.

Therefore, the specific details in the various elements of the Wilson model (e.g. environmental factors, information seeking behaviour, and information processing and use) may require adaptation to become applicable to specific situations because of differences in socio-cultural and economic environments.

Another key difference between the Wilson model and the proposed model is based on the assumption in Wilson's model that the surrounding environment has sufficient information resources, and all that information seekers need to do is to find and use this (abundant) information. This assumption may partly emanate from Wilson's background as a writer/researcher from a developed and information rich country; however, this type of assumption is not reflective of the situation of OVC and caregivers in Namibia, who operate in an information deprived environment. The proposed information seeking model therefore has as its centrepiece, the setting up of a knowledge-content base to respond to the information deprived situation, which was believed to be important if the model is to realistically provide adequate information support to OVC and caregivers.

In spite of the above limitations and adaptations, the Wilson model was found to be highly useful in providing a general template for the present study that allowed the researcher to adapt its

variables, such as context, environmental factors, information seeking behaviour, and information processing and use, and come up with alternatives that are more suited to the research population.

Below is a brief description of the six pillars of the OVC and Caregivers Information Support model.

9.2.9.1. Poverty environment

Data from this study indicates that most of the caregivers and OVC were living under conditions of extreme poverty. Most of the caregivers earned less than N$499 (U$71.00) per month and subsisted by selling food products and handcrafts in the informal market where they were earning irregular incomes (Chapter Five, section 5.7.4 and Chapter Six, section 6.3.1 and 6.3.2). The issue of poverty appears to play a complex and dual role. Firstly, it determines most of the information needs in the struggle against poverty, which is the primary motive for seeking information. Information thus becomes the most basic of all basic needs in such an environment. The second role is that of defining the environment within which information seeking, the channels used, and information processing takes place. OVC and caregivers cannot afford to use costly channels as they have no resources; nor can they seek information from sources too far away because they cannot afford the cost of travel. Information seeking behaviour and information processing are therefore also heavily influenced by the poverty environment that envelopes the entire Information Support model. Part of the outcome of poverty is helplessness and disempowerment, which makes it difficult for respondents to deal with bureaucratic officials who often fail to provide information even after repeated requests. Once again, this demonstrates the dynamic between the powerful and powerless in the process of information provision, knowing that the poor are unlikely to be assertive when demanding government services that they are entitled to.

The model therefore suggests the need to consider the economic conditions of the target group and their attendant psychosocial and mental attitudes, and take into account the difficult circumstances under which caregivers and OVC interact with information.

9.2.9.2. Intervening factors

Data from the study reveals the presence of factors that intervene and either make it easier or more difficult to access information. The findings revealed that there are major gaps in the flow of information that result in OVC and caregivers failing to use the existing services. Many organisations exist to provide services to caregivers and OVC, and these include government ministries, NGOs, donor agencies, community-based organisations and faith-based organisations. However, they appeared to be lacking coordination, resulting in their services making less of an impact than they should be making. The information services that they provide are fragmented and often communicated using the dominant language of English rather than local languages which the people prefer. Therefore, while the presence of so many organisations serving OVC and caregivers is a positive factor, the lack of coordination, the use of English as a medium of communication, and overlaps in the services provided, are all areas that need to be addressed in order for the Information Support model to work at optimum level (Chapter Two, sections 2.7 and Chapter Three, sections 3.5 and 3.5.1).

Namibia has a strong policy framework for supporting OVC and caregivers and includes a National Policy on Orphans and Vulnerable Children, the Education Sector Policy on Orphans and Vulnerable Children, and the National HIV/AIDS Policy. At international level, the government is a signatory of various policies and conventions, for example the Convention on the Rights of the Child and the ILO Convention (182), abolishing the worst forms of child labour **(**Save the Children UK, 2006:10). It can be argued that while the presence of such a wide policy framework has created an enabling environment for the provision of information and other services to OVC and caregivers, there are major implementation problems. These implementation problems, which mainly stem from poor access to information, have led to, among other things: some schools' refusal to accept OVC who have not paid the school development fund; the failure to obtain birth certificates that would allow OVC to access government grants; and continued evidence of stigma and discrimination despite policies that state otherwise. Hence the presence of a positive or enabling policy framework is nullified by the poor implementation mechanism. The solution here would be to strengthen coordination forums,

use appropriate languages, enforce the implementation of existing policies, and further investigate why the existing policies are not implemented at grassroots level.

There are other factors that prevent OVC and caregivers from accessing information and services. In the study, the following issues were raised: the length of time that it took the government to process official documents; the distance from one organisation to another, which prevented some caregivers from resolving issues because they did not have transport money; high illiteracy levels; use of English or Afrikaans as opposed to local languages in printed material, which acts as a barrier to communication; a shortage of social workers; and wrong conceptions and stigma surrounding people who seek services. While birth registration is a legal requirement, most children in northern Namibia are often not registered; it was reported in a local daily paper that only 26% of births were registered in northern Namibia (New Era, 2010:3). The details are provided in Chapter Five, section 5.8.9; Chapter Six, sections 6.8 and Chapter Eight, sections 8.9.

9.2.9.3. Information seeking

This pillar refers to how respondents search for and find the information that they need to address the primary needs of survival of OVC and to oversee their development from childhood to adulthood. Information seeking may be determined by respondents' information seeking skills, their level of education, and their level of assertiveness, which may turn OVC and caregivers from passive to active seekers of information. However, the amount of information that they can get depends on what is available in the information environment in which they operate. The findings of this study revealed that the majority of respondents preferred to search for information using oral/interpersonal information channels complimented by mass media channels (the radio and to some extent, the television among urban respondents). In some cases, there was also a high degree of helplessness in the face of the powerful bureaucratic machinery of the government as the main service provider. The inadequate information trickling down to the target group indicates the breakdown in communication between the information seekers and information providers, and shows that there is a weak information and knowledge base. This is an aspect of the model that requires serious attention in terms of the training of caregivers and OVC on how to search for information from the right sources, and awareness creation on the part of service providers on how to provide the right information at the right time and using

appropriate sources when requested. Service providers therefore need to be proactive in the dissemination of appropriate information to the target group.

9.2.9.4. Information environment

This pillar is representative of the sources and channels from which OVC and caregivers can access information (channels lead to sources, but the two are often indistinguishable). Generally, where there are rich information sources and appropriate channels of communication, more information is likely to be accessible to OVC and caregivers, and where the opposite is true, very little information will be accessible to the same. Data from this study indicates that the majority of the OVC and caregivers preferred interpersonal sources and channels of communication because they are easy to reach, trusted, and provide interpretations and advice with the information. Mass media channels, particularly the radio, were also used a lot by both rural and urban respondents, while urban respondents also mentioned use of the television (Chapter Five, sections 5.4.6 and 5.8.4, Chapter Six, section 6.7; and Chapter Eight, sections 8.4).

Given the OVC and caregivers' preference for oral channels of communication, the implication is that to reach out to caregivers and OVC, information service providers should use the same channels that are preferred by their clients; in other words they should make more use of the radio and utilize local languages rather than English as the medium of communication. This would create a match between respondents preferred channels of communication and the channels used by service providers to communicate information.

9.2.9.5. Knowledge-base content

The fifth pillar represents content. The knowledge base is important because it will help OVC and caregivers get accurate information in a coordinated manner and reduce gaps and overlaps. This means that all organisations dealing with grants and financial support, medical care, child care/support, psychosocial support, national documents, feeding schemes, and educational support or income generating activities, will provide their information to a common pool. Each organisation would provide its profile and contact details, including its operating hours. Such arrangements would reduce the transport costs of OVC and caregivers by reducing the need to move around from one office to another. The information should also be translated into different

languages so that it is understood by everybody, and information (e.g. on job opportunities) should be provided in a timely manner.

9.2.9.6. Information processing and use

The information processing and use pillar is indicative of two steps: the first is receiving information and absorbing and understanding what the information requires the recipient to do, and the second is acting on the information in order to address a need - a recipient of information gains little benefit from knowing without acting. Data from this study indicates that although most caregivers and OVC had attained a level of education that was enough to enable them to absorb and understand the information that they received, there were some who felt disempowered and helpless, preferring prayer to taking action to address the problems that they faced. There were many instances of how information use had benefited respondents, ranging from access to official documents, to access to medical care, food, and a general increase of access to services. However, there were also many examples of barriers to taking action on the basis of the information received, barriers such as favouritism, stigma and discrimination, and the remoteness of rural dwellers. The latter serves to create long lines of communication, for example by the time some OVC or caregivers found out about jobs, they could not apply for them because it was already too late.

The main requirement for this pillar would be to make it easier for caregivers and OVC to use information by repackaging it, and providing clear directions on how the information can be used to address problems. Shortening the long lines of communication by decentralizing communication processes would also help to ensure that it does not take too long for the information to reach communities that are far away from a centre, thus giving all caregivers and OVC an equal chance to compete for scarce services and resources.

9.3. Conclusion

Based on the summary, it can be assumed that the study successfully achieved its aims and objectives. Two of the assumptions of the study proved correct: OVC need information on various issues, and service providers were using the wrong channels to disseminate information. However the assumption that the OVC relied on other children to get information proved to be incorrect.

The study concludes that OVC and caregivers need access to information in order to change the course of their lives. Without information, OVC and caregivers cannot make informed decisions and use the available services targeted at them. The study revealed that most OVC and caregivers' information needs were as a result of poverty, hence the need for information on financial assistance, school development fund exemption, child care, and feeding schemes.

In terms of the sources used to obtain information, the study found that OVC's most popular information source in the rural setting of Ohangwena was the radio, followed by friends, relatives and teachers, while in the urban setting of Khomas, the TV was also used to access information. The OVC appeared to lack knowledge about a variety of sources of information and were over-dependent on mass media and interpersonal communication. While the findings from the caregivers revealed that some respondents were dependent on interpersonal communication, others felt they had no one to turn to except God through prayer, showing their level of desperation.

On the issue of channels of information used by OVC, the study found that the radio was predominantly favoured in the rural region and the TV in the urban region. Caregivers in both sites preferred the radio as their main channel of information.

The study also determined the impact and usefulness of information sources and services. The majority of the OVC and caregivers admitted that the information that they received was very useful because they managed to secure different services. A number of problems were identified

by the caregivers when accessing information and by the service providers in disseminating information about their services. Caregivers in the focus group discussions in rural Ohangwena identified the long distances they had to travel to access services; the short period that potential jobs were advertised, which put their children at a disadvantage; and lack of national documents, which prevented access to services. In Khomas, the caregivers complained about alleged corruption, tribalism, and language barriers. For the service providers, especially NGOs and CBOs, their dependence on donor funding and acute shortage of funds made it difficult to use the radio and television to market their services.

The next section offers recommendations on how to improve the flow of information.

9.4. Recommendations

What follows are general recommendations that should be considered by the government and other service providers in making information accessible to OVC and caregivers in Namibia.

9.4.1. Information sources and channels

The caregivers and OVC showed a preference for oral and mass media (interpersonal, radio and television) channels, mainly due to convenience and low cost.

Although the use of these information sources and channels may reflect the behaviour of the general research population, it may be limited by the quantity and quality of information that can be conveyed systematically through oral communication and mass media. Existing oral and mass media channels should be used while simultaneously introducing caregivers and OVC to other channels that can convey larger quantities of information more accurately.

It is recommended that service providers take into account the limited use of sources and channels and provide OVC and caregivers with basic training on how to obtain information from other sources in order to address their plight. Given that the information behaviour of OVC and caregivers shows a preference for interpersonal channels, it is also recommended that the Ministry of Gender and Child Welfare empower the identified persons (family members, teachers, community/church leaders, traditional authorities) with relevant information for them to transfer to OVC and caregivers.

There is also a need for service providers to use multiple channels in order to improve the chances of the information reaching the target group, for example using mobile phones to send text messages on the availability of services. Another option is to use libraries/information resource centres to display printed brochures about their services. The service providers can also pool resources together in order to use the radio to announce their services.

9.4.2. Setting up a national OVC and caregiver information strategy

The study identified many problems, including gaps in information flow, lengthy communication lines, and fragmented information pools in the attempts to meet the needs of OVC and caregivers. The various efforts were uncoordinated and only met with limited success. From the study's findings, it appears that there is no clear information strategy in place to meet the needs of OVC and their caregivers. In order for the right and appropriate information to reach OVC and caregivers at the right time, an information strategy is necessary. It is recommended that the Ministry of Gender Equality and Child Welfare, Ministry of Home Affairs, and relevant NGOs and all other key stakeholders set up an information strategy to ensure that information is properly disseminated to OVC and caregivers nationwide. Given the lack of data on OVC and caregivers, a national database should be created to provide information on all orphans and vulnerable children per region, constituency and village. This would help to ensure that all OVC are served, and no one is completely neglected.

9.4.3. Information seeking

Most of the information seeking behaviour centred on oral or interpersonal communication and mass media, and was hampered by: the long distances between and to the offices of service providers; by proxy, the cost of travel for OVC and caregivers; an acute shortage of social workers to provide direction and information; and information materials that are produced in foreign as opposed to local languages. There is a need to translate all relevant information material into different local languages. The information should also be made available electronically through a database so that (once trained) the identified service providers can

download the information for their clients when necessary. A knowledge base is necessary for OVC and caregivers, and such a knowledge base should offer translations into local languages of key documents such as government policies (for example the National OVC Policy and Educational Sector OVC Policy) and procedures (such as exemption from paying the school development fund). The emphasis in the content of the knowledge base should be information on financial assistance, poverty eradication, child care and upbringing, and educational support.

9.4.4. Improving the attitude of service providers in customer-care

The findings are indicative of major problems with the attitude of service providers towards service provision to OVC and caregivers, evidenced in their failure to provide accurate information, making promises which are never fulfilled, and a generally poor service attitude towards clients. Service providers should be provided with customer service training, including how to serve OVC and caregivers with information, honouring promises made, and how to communicate and disseminate their information to caregivers and OVC.

9.4.5. Libraries and information centres

The study revealed that while a few children and caregivers were using printed materials, an insignificant number were using libraries. Libraries and information centres have the potential to manage information for OVC and caregivers. They can function to disseminate information from service providers to OVC and caregivers using information materials such as pamphlets, newsletters, videos, etc.

Other activities that could be managed by libraries and information centres include:

- Collecting information about and/or providing access to different application forms, such as application forms for birth certificates, identity documents, etc.
- Providing a platform from which different service providers can render assistance to caregivers in the form of material and emotional support.

- Sensitizing communities on how to apply for school development fund exemptions with the help of the MGECW.

- Acting as custodians of policy documents produced by the government, such as Namibia's National Policy for OVC, Education Sector Policy for Orphans & Vulnerable Children, the Namibian Constitution, etc., to provide community members with factual information about their rights.

- Providing a list of recent job advertisements and displaying these on the notice board.

- Providing photocopying and faxing services.

- Assisting caregivers and OVC with a venue and facility from which to form and run grassroot groups or clubs aimed at helping each other.

- Retraining library staff in order to enable them to provide specialized information to orphaned and vulnerable children and caregivers. Librarians need to be active mediators if they are to provide relevant information to the community.

9.5. Originality of the study

- This is the first study to address the information needs and seeking behaviour of OVC and their caregivers in Namibia. The study identified information needs and seeking behaviours of OVC and caregivers and existing gaps in the provision of information by service providers, as well as difficulties/barriers in accessing information as experienced by the main respondents of the study.
- The study was guided by the following objectives: to establish the information needs of the OVC and their caregivers (institutional and non-institutional) and discover how they acquire information in Namibia; to determine the channels and sources used to obtain information by OVC and their caregivers; to explore the transfer of information by service providers; to identify information gaps and suggest ways of addressing these information gaps; to determine the impact and usefulness of different information sources and services; to establish the problems that caregivers

experience in accessing information, and the problems that service providers face in disseminating and sharing information; and to make recommendations and develop a model for the type of information system that needs to be in place in order to address the OVC situation in Namibia.

- The study achieved its objectives and answered all the research questions.

9.6. Contributions of this study

A major contribution of this study, which is the first of its kind in Namibia, is to serve as a point of reference for future studies on the information seeking behaviour of OVC and caregivers in Namibia. A future assessment of the impact of HIV/AIDS in Namibian society may also find this study useful, given that many OVC have been left behind after the death of parents due to HIV/AIDS.

The study sought to conduct an assessement of service providers across the board on the extent to which they addressed the needs of their beneficiaries. Service delivery is an important area of research, and the findings of this study will be of interest to other researchers who are interested in service delivery in other sectors of society in Namibia and other African countries. The findings of this study clearly indicate that the level of service delivery was inadequate and failed to satisfy the basic needs of the respondents. The study has provided recommendations on how these shortcomings can be addressed in Namibia, and it is hoped that some of these recommendations can also be applied to other countries in Southern Africa and beyond.

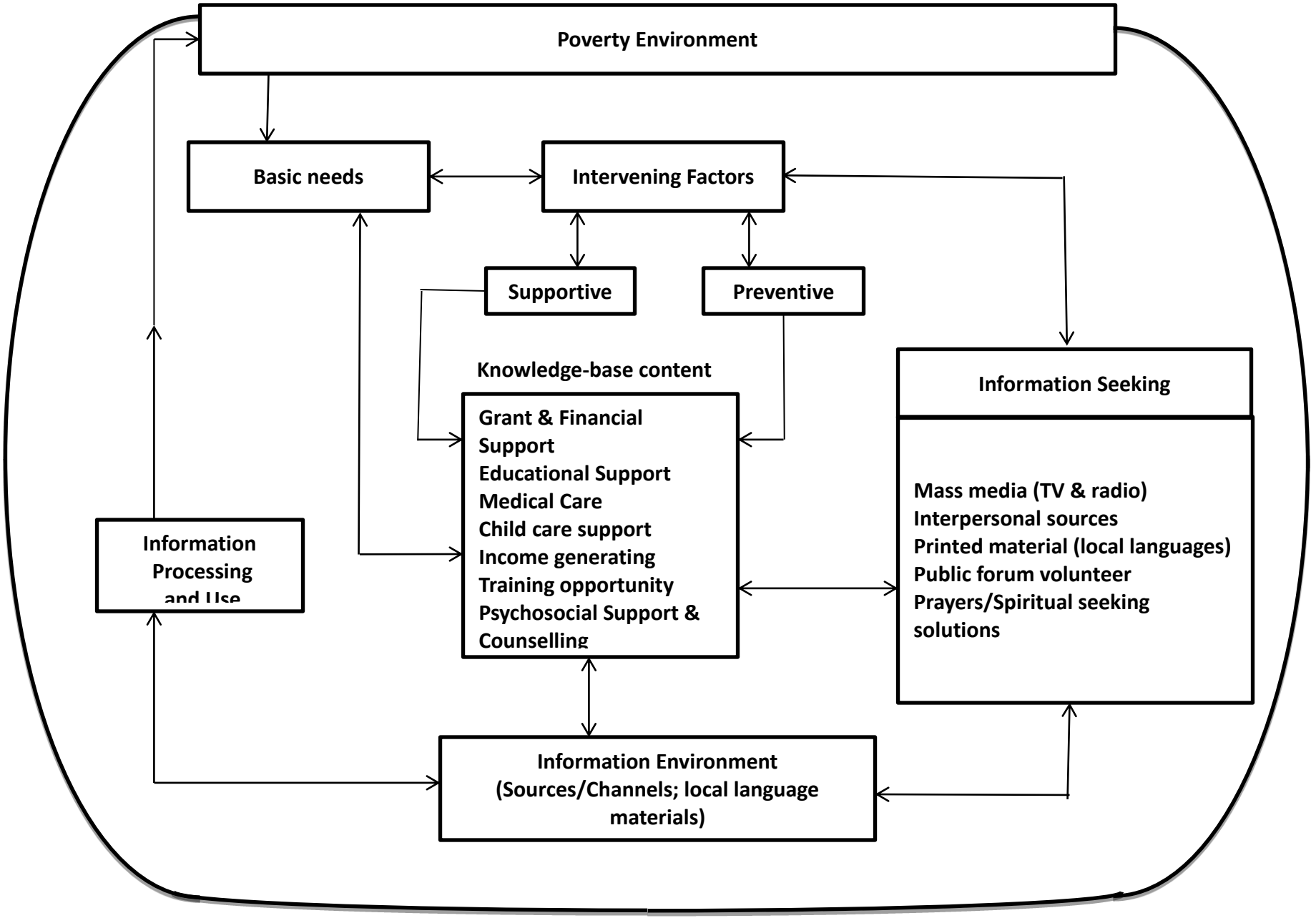
One of the objectives of the study was to develop a model to improve and support information provision to OVC and caregivers. The model has been developed, and although still subject to empirical testing and refinement, it may provide a useful platform from which to understand and enhance the provision of information to OVC and caregivers under the existing conditions of Namibia.

The study, given the wealth of evidence it has uncovered, will sensitize policy makers and practitioners on the role and importance of information in improving the lives of OVC and caregivers in Namibia, including the importance of creating a database for OVC to ensure that they have adequate access to services.

9.7. A proposed information support model

The eighth objective, as stated in Chapter 1, section 1.6, was to develop an information system model that would address the OVC and caregivers' situation in Namibia. The model is based on the empirical findings of this study and ideas from other models that were reviewed on information needs and seeking behaviour (Chapter 2). The proposed model, adapted from Wilson's Information Seeking model of 1999, is presented in Figure 3. The proposed information system model is explained in detail in Chapter 9, section 9.2.9.

Figure 3: The Information Support Model for OVC and caregivers



9.8. Recommendations for further studies

The current study investigated only two regions in Namibia due to limited resources. If other parts of Namibia or even other areas in Southern Africa could be studied, it would be possible to determine whether there are differences in the information seeking behaviour of OVC and their caregivers as determined by different geographical locations and contexts.

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APPENDICES

Appendix A (i): Interview schedule for orphans and vulnerable children

On the Study of the Information Needs and Seeking Behaviour of Orphans and Vulnerable Children, Caregivers and the Role of Service Providers.

Geographical Area of Study (Ohangwena)

Dear respondent,

Good Morning/ Afternoon? My name is Chiku Mchombu and I am PhD student registered with the department of Library and Information Science at the University of Zululand in South Africa. I am carrying out a study of the Information Needs and Seeking Behaviour of Orphans and Vulnerable Children, Caregivers and the Role of Service Providers.

I would like to ask for your permission to ask some questions (to your child) and I will record the responses. The Interview will last for approximately 30 minutes.

Any information provided in this research will be confidential and anonymous, this means I'm not going to write your name or address in the interview schedule.

It is envisaged that, the results of the study will shed light on the information seeking situation of orphans and vulnerable children and caregivers in Namibia and may contribute to finding solutions on how to improve the flow of information to all stakeholders involved in taking care of the OVC.

Thank you very much for your co-operation.

Interview schedule for orphans and vulnerable children

Orphans and vulnerable children (OVC) are defined as children between 0 and 18 years who have lost one or both parents and / or primary caregiver have died, or is in need of care and protection (Ministry of Women Affairs and Child Welfare)

University of Zululand, Department of Library and Information Science, South Africa.

A Study of the Information Needs and Information Seeking Behaviour of Orphans and Vulnerable Children, Caregivers and the Role of Service Providers.

Interviewer……..

Geographical Area of Study (Khomas / Ohangwena)

Date of Interview…… 2009

Questionnaire Number……..

Introduction

Good Morning/ Afternoon? My name is ……

I am carrying out a study of the **Information Needs of Orphans and Vulnerable Children, Caregivers and the Role of Service Providers.** It is a privilege and honour to choose Ohangwena / Windhoek as the area for carrying out my study.

I would like to ask your permission to ask some questions (to your child) and I will record the responses. The Interview will last for approximately 30 minutes.

Any information provided for this research will be kept confidential and anonymous. Thus, I'm not going to write your name or address in the interview schedule.
Thank the respondent for accepting the interview to take place.

It is envisaged that, the results of the study will assist the government of Namibia in making decision on the information needs and seeking behaviour of orphans and vulnerable children and caregivers.

INTERVIEW SCHEDULE FOR ORPHANED AND VULNERABLE CHILDREN

DEMOGRAPHIC INFORMATION

1. Age
    a) 8 – 12
    b) 13- 17
    c) 18

2. Gender
    a) Male
    b) Female

3. Educational level
    a) Never went to school
    b) School dropout
    c) Grade 1 – 3
    d) Grade 4- 7
    e) Grade 8 - 12
    f) College/ Vocational Training
    g) University
    h) Other specify _____

II INFORMATION NEEDS AND INFORMATION SEEKING BEHAVIOUR

4. When you have an information related problem, who do you consult?

a) Teacher

b) Social Worker

c) Traditional Leader

d) Friend

e) Relative

f) Other specify _____

5. Do you know any organisation/institution/ministry that provides services to OVC?

a) Yes

b) No

6. How did you come to know about this organisation/institution/government department (you can tick more then one answer)

a) Teacher ( )

b) Social Worker ( )

c) Traditional Leader ( )

d) Friend/Relative/Neighbor ( )

e) Radio ( )

f) Conference/Workshop/Seminar ( )

g) TV ( )

h) Billboards ( )

i) Pamphlets ( )

j) Library ( )

k) Home-based Care ( )

l) My Future My Choice (life skill program for young adults) ( )

m) Window of Hope (life skill program for primary school) ( )

Other Specify:

……

……

……

7. (a) Do you sometimes need information to cope with your challenges in life?

a) Yes b) No

7. (b) If the answer to question 7(a) is yes, for what reasons do you need information? (You can tick more than one option)

(*Instructions to the Interviewer: read the list, and you can tick more than one option*)

Information	**Tick one or more options**	**Information**	**Tick one or more options**
Financial Assistance		Sewing	
Grants		Will Writing	
School Development Fund Exemption		Psychosocial Support	
Health Services		Child Care Support	
Inheritance		Counseling	
Identity Document /Birth Registration		Feeding Schemes	
Memory Box			

Other Specify:

……

……
……

8. What channels do you use to get the information you require?

(*Instructions to the Interviewer: read the list, and you can tick more than one answer*)

Channels	**Tick one or more options**
Newspaper	
Television	
Radio	
Books	
Workshops/ Seminars/ Conference	
Traditional Leaders	
Regional Councilors	
Library	
Internet	
Church Leaders	

Other Specify: …….

9. What sources do you use most often to get the information you require?

(*Instructions to the Interviewer: read the list, and you can tick more than one option*)

Sources	**Tick one or more options**
Television	
Radio	

Church/ Mosque Leaders	
Newspaper	
Friends/Relatives/Grandparents	
Teacher	
Traditional Leader	
Regional Councilor	
Politician / Member of Parliament	
Library/ Resource Centre	
Internet	
Trade Fair	
NGOs	
Posters	
Sign Post	
Guest Speaker	
Workshop/ Seminar	
Government Department	
Video Show	
Memory Box	
Books/ Periodicals	

Other Specify:

_____

10. Could you tell me which type of information is the most useful?

(*Instructions to the Interviewer: read the list, and you can tick more than one option*)

Information	**Tick one or more options**
School Development Fund Exemption	
Health Services/ Nutritional Program	

Inheritance / Legal Information	
Identity Document/ Birth Registration	
Financial Assistance	
Farming/ Fishing Skills	
Establishing Small Business	
Child Care/ Support	
Grants	
Training Opportunities	
Psychosocial Support	
Counseling	

Other Specify:

_____

_____

_____

11. In your opinion, did the information you received help you?

a) Yes b) No

12. If the answer (to question 10) is YES how did it help?

_____

_____

_____

13. Have you ever experienced problems in getting the information you need?

a) Yes b) No c) Sometimes

14. Do you have any suggestions on how the information flow can be improved to support OVCs to have a better life?

_____

_____

_____

Thank you very much for your time.

Appendix A (ii): Interview schedule for orphaned and vulnerable children - translated (Oshikwanyama)

INTERVIEW SCHEDULE FOR ORPHANED AND VULNERABLE CHILDREN

DEMOGRAPHIC INFORMATION

1. Eedula
    a) 8 – 12
    b) 13- 17
    c) 18

2. Oumukwashike
    a) Omulumenu
    b) Omukainu

3. Ongudu yoye yelongo yopombada
    a) Ina enda ofikola
    b) Ofikola ondeye efa
    c) Grade 1 – 3
    d) Grade 4- 7
    e) Grade 8 - 12
    f) College/ omadeulo Uopaungoba
    g) University
    h) Yadja yimue oyo inayi tumbulua pombanda_____

II INFORMATION NEEDS AND SEEKING BEHAVIOUR

4. Ngenge u na oudju u na sha nomauyelele oho kongo ekwafo kule?
    a) Omulongisikola
    b) Ovakalelipo vo uua wovanhu
    c) Ovaleli vo pamufyululuakalo
    d) Ookaume
    e) Ovapambele voye
    f) Yadja yimuepo oyo inayi tumbulua pombada _____

5. Oushi po omahangano, ile ouminisiteli hau yadje omavatelo keefiye noko vayambididi veefiye?
    a) Eeno
    b) Ahaue

6. Osha enda ngahelipi opo ushiive omahangano ile ouminisiteli ou hau yadje omavatelo uatumbula pombanda? (oto dulu okuhololapo shidulife puyimue)

a) Aahongi-sikola ( )
b) Ovakalelipo vo uua wovanhu ( )
c) Ovaleli vo pamufyululuakalo ( )
d) Ookaume / Ovapambele /Ovashiida ( )
e) MoRadio ( )
f) Koshigongi/Komapukululo/KoSemina ( )
g) Mo Radio yomuzizime (moTIVI) ( )
h) Komabolota ( )
i) Pamphlets ( )
j) Ongulu yomambo (o library) ( )
k) omuwiliki wopeumbo ( )
l) Ongudu yo Onghalomuenyo yange, Oshinakuwanifa shange yaanyasha (life skill program for young adults) ( )
m) oprograma yokulihonga onghalamuenyo peesikola do pedu (life skills program for primary school) ( )

Yadja yimuepo oyo inayi tumbulua pombada:

_____

_____

_____

7. (a) Opena omafimbo amue ho kala wa pumbua omauyelele opo u kodjife omashongo wonkalameunyo?

a) Eeno b) Ahaue

7. (b) Ngenge oua nyamukulo kepulo 7(a) eeno, omatomelo elipi wa pubua omauyelele mahapu? (hololapo omanyamukulu edulife pu limue)

(*Instructions to the Interviewer: read the list, and you can tick more than one option*)
(oto dulu okuhololapo shidulife puyimue)

Omauyelele	**Hololapo shimue ilo shidulife po**	**Omauyelele**	**Hololapo shimue ilo shidulife po**
Omavatelo opashimaliua		Okuhodja	
omaano		Okushanga omikanda do maufiye	
Okukufiluako kiimaliua yomaxumifo-komeho wofikola		Evatelo lopaumuene	
Omakuafelo opauhaku /paudjolouele		Omavatelo ou nona	

Omafiululo		Ehongomenyo	
domafyululo /Omaishangifo ngenge omunu a dalua		Okutekula	
Memory Box			

Yadja yimuepo oyo inayi tumbulua pombada:

_____

_____

_____

8. Omukalo ulipi holongifa opo u mune ouyelele ou?

(*Instructions to the Interviewer: read the list, and you can tick more than one answer*)
(oto dulu okuhololapo shidulife puyimue)

Omukalo	**Hololapo shimue nenge shidulife po**
Oikundaneki	
Oradio yomudidimbe (oTivi)	
Oradio	
Omambo	
Koshihongi/Komapukululo/KoSemina	
Ovaleli vo pamufyululuakalo	
Ovaleli vopashikadjo (Ocansela)	
Ongulu yomambo	
oComputa	
Ovaleli vo Ngeleka	

Omukalo ulipi holongifa opo u mono ouyelele ou?:

_____

_____

_____

9. Omukalo ulipi holongifa luhapu hau yadja ouyelele uafimana?
(*Instructions to the Interviewer: read the list, and you can tick more than one option*)

(oto dulu okuhololapo shidulife puyimue)

Oodjo	**Hololapo shimue ilo shidulife po**
Oradio yomudidimbe (oTivi)	
oRadio	
kongeleka/ Mosque Leaders	
Oikudaneki	
Ookaume/ovapabele/onakudala ovakulunu	
Ovalongifikola	
Ovaleli vopamufyuululakalo	
Ovaleli vopaikadjo (ocansela)	
OvanaPolitika / oilyo yoParliamente	
Ongulu yomambo/ Resource Centre	
oInteneta	
Omauliko opaipindi	
Omahangano o iha longo koshi yepangelo	
Omapalakata	
Omafaneko	
Ovapopi vafimana	
Omapukululo / oSemina	
Oshikondo shepangelo	
Omauliko eVideo	
Memory Box	
Omambo / Periodicals	
oCompiuta	

Yadja yimeupo oyo inayi tumbulua pombada:

_____

_____

10. Otodulu okulombwelange kutya omaludi ouyelele ulipi wafimana?
(*Instructions to the Interviewer: read the list, and you can tick more than one option*)
(oto dulu okuhololapo shidulife puyimue)

Omauyelele	**Hololapo shimue ilo shidulife po**
Oku ku filuako kiimaliua yo maxumifokomesho ofikola	
Omakwafelo o paudjolouele / omapukululo uudjolouele	
Omafyululo / omauyelele uopaveta	
Omikanda duukuashiuana / omashango eedjapo	

dedalo	
Omavatelo o pashimaliua	
Okushanga omikanda do mafyululo	
Uunongo uunafalama /nokukwata eeshi	
Okutota po okangeshefa ka shone	
Okutakamifa uunona	
Omaano	
Oomito do madeulo	
Evatelo lopaumue	

Yadja yimeupo oyo inayi tumbulwa pombada:

_____

_____

_____

11. Moma liudo oye muene, omauyelele ouo ua mona okwali ngo ekuvatela?
a) Eeno b) Ahaue

12. Ngenge oua nyamukulo eeno kepulo 10, omauyelele a eekuvatela ngahelipi?

_____

_____

_____

13. Oho shakeneka omaudju mokukonga omauyelele a uahala?
a) Eeno b) Ahaue c) Omafimbo amue

14. Ou napo omafaneko elipi kombinga yoku xuepopalifa ekungulilo lomauyelele o ku vatela o OVC opo yi kale yina onghalamuenyo yili xuepo?

_____

_____

Tangi unene kefimbo loye.

APPENDIX A (iii): Interview schedule for caregivers

INTERVIEW SCHEDULE FOR CAREGIVERS (Family Members, Governors and Regional Councilors, Traditional Leaders, Church Leaders, Teachers, Community-based Organisations, Faith-based Organisations, Non-governmental Organisations)

A Study on the Information Needs of Orphaned and Vulnerable Children, Caregivers and the Role of Service Providers

Interviewer……..

Geographical Area of Study (Khomas and Ohangwena)

Date of Interview…….January 2009

Questionnaire Number……..

Introduction

Good Morning/ Afternoon? My name is ……

I am a postgraduate student at the University of Zululand. I am carrying out a study on the Information Needs of Orphaned and Vulnerable Children, Caregivers and the Role of Service Providers. It is a privilege and honor to choose Ohangwena and Windhoek as areas for carrying out my study.

I would like to ask for your permission to ask some questions and I will record the responses. The interview will last for approximately 30 minutes.

Any information provided in this research will be kept confidential and anonymous. This means I'm not going to write your name or address in the interview schedule.

Thank the respondent for accepting the interview to take place.

It is envisaged that the results of the study will assist the government in making decisions on the information needs of orphaned and vulnerable children and caregivers.

DEMOGRAPHIC INFORMATION

1. Age
   i) 9- 16 j)
   17 - 24 k)
   25 - 32 l)
   33 - 40 m)
   41 – 48 n)
   49 - 56
   o) 57 and above

2. Gender
   a. Male
   b. Female

3. Highest level of education:
   a. No formal education
   b. Grade 1 – 3
   c. Grade 4- 7
   d. Grade 8 - 12
   e. College/ Vocational Training
   f. University
   g. Other specify _____

4. Are you working?
   a. Yes
   b. No

5. What is your income level per month?
   a) N$100 - 499
   b) N$500 - 999
   c) N$1000 - 1499
   d) N$1500 - 1999
   e) N$2000 - 2499
   f) N$2500 and above

6. What are your main sources of income? _____

II INFORMATION NEEDS AND SEEKING BEHAVIOUR

7. When you have a problem, who do you consult?
   a) Teacher
   b) Social Worker
   c) Traditional Leader

d) Friend
e) Relative
f) Church leaders
g) Other specify _____

8. Do you know any organisation/institution/ministry that provides services to OVC and Caregivers?

a) Yes
b) No

9. How did you come to know about this organisation/institution/ministry (you can tick more than one option)

a) Teacher ( )
b) Social Worker ( )
c) Traditional Leader ( )
d) Friend/Relative/Neighbor ( )
e) Radio ( )
f) Conference/Workshop/Seminar ( )
g) TV ( )
h) Billboards ( )
i) Pamphlets ( )
j) Library ( )
k) Home based Care ( )
n) Other specify

10. What channels do you use to get this information? (*Instructions to the Interviewer: read the list, and you can tick more than one options*)

Channels	**Tick one or more options**
Television	
Radio	
Books	
Workshops/ Seminars/ Conferences	
Traditional Leaders	
Regional Councilors	
Library	
Internet	
Church leaders	
Social workers	
Newspaper	

Other Specify:

_____

_____

11. What sources of information do you find useful?

(*Instructions to the Interviewer: read the list, and you can tick more than one option*)

Sources	**Tick one or more options**
Television	
Radio	
Church/ Mosque Leaders	
Newspaper	
Friends/Relatives/Grandparents	
Teacher	
Traditional Leader	
Regional Councilor	
Politician/ Member of Parliament	
Library/ Resource Centre	
Internet	
Trade Fair	
NGOs	
Posters	
Sign Post	
Guest Speaker	
Workshop/ Seminar	
Government Department	
Video Show	
Memory Box	
Books/ Periodicals	

Other Specify:

_____

_____

12. Could you tell me which type of information is the most useful/ important?

(*Instructions to the Interviewer: read the list, and you can tick more than one option*)

Information	**(Tick one or more options)**
School Development Fund Exemption	
Health Services/ Nutritional Program	
Inheritance / Legal Information	
Identity Document/ Birth Registration	
Financial Assistance	
Will Writing	
Farming/ Fishing Skills	
Establishing Small Business	
Child Care/ Support	
Grants	
Training Opportunities	
Psychosocial Support	
Counseling	

Other Specify:

_____

_____

13. Was the information you received from the different sources helpful to you?
a) Yes b) No

14. If the answer is YES (in question 13), how did it help?

_____

_____

_____

15. Have you experienced problems in getting the information you need?
a) Yes b) No c) Sometimes

15.1. In which areas have you experienced problems in getting the information you need?

_____

_____

_____

16. What would you suggest needs to be done to make the information you require more accessible?

_____

_____

_____

_____

17. Which forums/channels do you use to communicate your problems/successes (with other caregivers, government, non–governmental organisations?)

(*Instructions to the Interviewer: read the list, and you can tick more than one option*)

Channels	**Tick one or more options**
Radio	
Parent/Teachers Association Meetings	
Workshops/ Seminars/ Conferences	
Traditional Leaders	
Regional Councilors	
Computer (email)	
Television	

Other Specify:

_____

Thank you very much for your time.

APPENDIX A (iv): Interview schedule for caregivers - translated

(Family Members, Governors and Regional Councilors, Traditional Leaders, Church Leaders, Teachers, Community-based Organisations, Non Governmental Organisations)

DEMOGRAPHIC INFORMATION

1. Eedula
    a) 9- 16
    b) 17 - 24
    c) 25 - 32
    d) 33 - 40
    e) 41 – 48
    f) 49 - 56
    g) 57 nopombanda

2. Oumukwashike
    a. Omulumenu
    b. Omukainu

3. Ongudu yoye yelongo yopombada
    a. Ino mona elongo
    b. Grade 1 – 3
    c. Grade 4- 7
    d. Grade 8 - 12
    e. College/ omadeulo yopaungoba
    f. O university / osikola yopomada
    g. Yadja yimuepo oyo inayi tumbulua pombada _____

4. Oho longo?
    a. Eeno
    b. Ahaue

5. Ouyemo yoye yokomuedi oyifike peni?
    a) N$100 - 499
    b) N$500 - 999
    c) N$1000 - 1499

d) N$1500 - 1999
e) N$2000 - 2499
f) N$2500 nopombada

6. Ouyemo yoye unene ohayi di peni? Openi hapudi ouyemo yoye ihapu?

II INFORMATION NEEDS AND INFORMATION SEEKING BEHAVIOUR

7. Ngenge ouna oudjuu oho pula ovanhu veli pipo omajele?
   a) Omulongisikola
   b) Ovakalelipo vo uua wovanhu
   c) Ovaleli vo pamufyululuakalo
   d) Ookaume
   e) Ovapambele voye
   f) Ovaleli vo Ngeleka
   g) Yadja yimuepo oyo inayi tumbulua pombanda_____

8 . Oushi po omahangano, ile ou minisiteli hau yadje omavatelo keefiye noko vayambididi veefiye?
   a) Eeno
   b) Ahaue

9. Oshaende ngahelipi opo ushiive omahangano ile ouminisiteli ou hau yadje omavatelo uatumbula pombanda? (oto dulu okuhololapo shidulife pushimue)
   a) Aahongi-sikola ( )
   b) Ovakalelipo vo uua uovanhu ( )
   c) Ovaleli vo pamufyululuakalo ( )
   d) Ookaume / Ovapambele /Ovashiida ( )
   e) MoRadio ( )
   f) Koshigongi/Komapukululo/KoSemina ( )
   g) Mo Radio yomuzizime (moTIVI) ( )
   h) Komabolota ( )
   i) Pamphlets ( )
   j) Ongulu yomambo (o library) ( )
   k) Home based Care ( )
   n) Yadja yimuepo oyo ina yi tumbulua pombanda_____

10. Omukalo oulipi holongifa opo ou mono ouyelele ou? (*Instructions to the Interviewer: read the list, and you can tick more than one options*) *Lesha, ove tohololа po idule shimue.*

Omukalo	**Hololapo shimue nenge shidulife po**
Oradio yomuzizimue (oTivi)	
oRadio	
Omambo	
Koshigongi/Komapukululo/KoSemina	
Ovaleli vo pamufyululuakalo	
Ovaleli vopashikadjo (Ocansela)	
Ongulumambo	
oComputa	
Ovaleli vo Ngeleka	
Ovakalelipo vo uua uovanhu	
Oikundaneki	

Yadja yimeupo oyo inayi tumbulua pombanda

_____

_____

_____

11. Omukalo ulipi hawu yadja ouyelele uafimana?

(*Instructions to the Interviewer: read the list, and you can tick more than one option*) *Lesha, ove tohololа po idule shimue*

Oonzo	**Hololapo shimue nenge shidulife po**
Oradio yomuzizime (oTivi)	
oRadio	
Kongeleka/ Mosque Leaders	
Oikudaneki	
Ookaume/ovapabele/onakudala ovakulunhu	
Ovalongifikola	
Ovaleli vopamufyuululakalo	
Ovaleli vopaikadjo (ocansela)	

OvanaPolitika / oilyo yoPaliamente	
Ongulu yomambo/ Resource Centre	
oInteneta	
Omauliko gopaipidi	
Omahangano ngono ihaga longo kohi yepangelo	
Omapalakata	
Omafaneko	
Ovapopi vafimana	
Omapukululo / oSemina	
Oshikondo shepangelo	
Omauliko eVideo	
Memory Box	
Omambo / Periodicals	
oCompiuta	

Yadja yimeupo oyo inayi tumbulua pombanda:

_____

_____

_____

12. Otodulu okulombuelange kutya omaludi ouyelele ulipi uafimana?

(*Instructions to the Interviewer: read the list, and you can tick more than one option*) *Lesha, ove toholola po idule shimue*

Omauyelele	**Hololapo shimue nenge shidulife po**
Oku ku filuako kiimaliua yo mahumifokomeho uofikola	
Omakuafelo o paudjolouele / omapukululo wuudjolouele	
omafiululo / omauyelele wopaveta	
Omikada duukuashiuana / omashango yeedjapo dedalo	
Omavatelo o pashimaliua	
Okushanga omikada do mafyiululo	
Uunongo ou unafalama /wokukuata oohi	
Okutota po okangeshefa okashona	
Okutakamitha uunona	
Grants	
Oompito do madeulo	
Psychosocial Support	
Okuhungua omenyo	

Yadja yimeupo oyo inayi tumbulua pombanda:

_____

_____

_____

13. Omauyelele ouo wa mona okudja koonzo dayoloka okuali ngo ue kuvatela?
a) Eeno b) Ahaue

14. Ngene osho, omauyelele (aa oyekuvatela 13) ngahelipi?

_____

_____

15. Oho shakeneka omaudju mokukonga omauyelele a wahala?
a) Eeno b) Ahaue c) Omafimbo amue

15.1. Omiitopolua yilipi ua shakaneka omaudju okumona omauyelele a uahala?

_____

_____

_____

16. Paliudo loye, kashimba oshike sha pumbiwa okuningua po, opo omauyelele a monikue noupu?

_____

_____

_____

17. Okomukalo ulipipo una okulongifua opo omaudju oye a kundafanue novayambididi vakueni, (ngashi epangelo,ilo omahangano oo ihalongo koshiyepangelo?
(*Instructions to the Interviewer: read the list, and you can tick more than one option*) *Lesha, ove tohololo po idule shimue*

Omukalo	**Hololapo shimue nenge shidulife po**
oRadio	
Ovakulunu/Ovalongi fikola / iiyongalele yo mahangano	
Omapukululo/ eeSemina/ koiyongi	
Kovaleli yo pamufyuululwakalo	
Kovaleli yopashikondo (oCansela)	
oComputa (omatumwalaka o haya edele ko kompiuta)	
koRadio yo muzizime (oTivi)	

yadja yimeupo oyo inayi tumbulwa pombanda::

_____

_____

_____

Tangi unene kefimbo loye.

Appendix B (i): Schedule for Focus Group Discussions

Ohangwena Region					Khomas Region				
Date	**Venue**	**Male**	**Female**	**Total**	**Date**	**Venue**	**Male**	**Female**	**Total**
19th Jan 09	Eenhana Traditional Authority	1	4	5	11th April 09	Police Flats		4	4
20th Jan 09	Community Centre-Eenhana	1	5	6	18th April 09	Greenwell Matongo Library		14	14
22nd Jan 09 Informants	Ohangwena Community Library	3	3	6	19th August 09 Informants	University of Namibia	1	2	3
23rd Jan 09	Ministry of Rural and Water supply-Eenhana	2	2	4					
23rd Jan 09 Informants	Ondobe-Ministry of Gender Officer-register OVC	1	6	7					
26th Jan 09	Ohangwena-Oukwanyana Traditional Authority Offices	0	5	5					
27th Jan 09	Ohaingu	0	6	6					

	Traditional Authority Offices								
27th Jan 09 Informants	Behind Engela Hospital	1	5	6					
Total		9	36	45			1	20	21

352

Appendix B (ii): Interview guide for focus group discussions with caregivers

1. What, in your opinion, are the various sources of school development funds?
2. When you are faced with a problem, whom do you consult?
3. Do you know any organisation/ institution/ ministry that provide services to OVC and caregivers?
4. What is/are the name(s) of the institution(s)/ organisation(s)/ ministry?
5. What services/support do you receive from these institutions/ organisations?
6. How did you know about these organisations/ institutions/ ministries?
7. For what reason do you need information?
8. What channels/ sources do you use to get this information?
9. Have you experienced problems in getting the information you need?
10. If the answer (to question 10) is Yes, how did you go about solving the problem?
11. Do you have any suggestions on how the information flow can be improved to better support OVC?

Appendix B (iii): Interview guide for focus group discussions with informants

1. What, in your opinion, are the various sources of school development funds for OVC and caregivers?
2. From your experience in working with OVC and caregivers, whom do they consult when they are faced with problems?
3. In your opinion, what sources and channels do they use to access information?
4. In your opinion, what are the problems they face in accessing the information they need?
5. Do you have any suggestions on how the information flow can be improved to better support OVC?

Appendix C: Questionnaire for service providers

A Study on the Information Needs and Information Seeking Behaviour of Orphaned and Vulnerable Children and Caregivers and the Role of Service Providers

Anticipated Respondents: Government Department/ NGOs/ CBOs/Faith-based Organisations/Traditional Leaders/ Regional Councilors/ Extension Workers/ Home-based Care Volunteers

Geographical Area of Study - Ohangwena

Date the questionnaire was filled……January 2009

Introduction

My name is Chiku Mnubi-Mchombu and I am PhD student registered with the department of Library and Information Science at the University of Zululand in South Africa. I am carrying out a study on the **Information Needs and Information Seeking Behaviour of Orphaned and Vulnerable Children and Caregivers, and the Role of Service Providers in Ohangwena and Khomas.** I am grateful that your organisation, which plays an important role in taking care of OVC, has agreed to be one of the respondents in this study.

Any information provided in this research will be confidential, and will not be revealed to any other party or persons.

It is envisaged that the results of the study will shed light on the information seeking situation of orphaned and vulnerable children and caregivers in Namibia and may contribute to finding

solutions on how to improve the flow of information to all stakeholders involved in taking care of OVC.

Instructions:

1. *Please complete the questionnaire. If you need clarifications, you can contact me on the following telephone numbers: 0811283282 or 206 3664;*
2. *In case the space is not enough, feel free to write on an additional sheet of paper;and*
3. *Please post the completed questionnaire using the envelope with stamp provided.*

Please note that I will be visiting Ohangwena between 18th and 31st January 2009. I will appreciate to have a meeting with you.

Thank you for your time and support.

SERVICE PROVIDERS

Government Department/ NGOs/ CBOs/ FBOs/Traditional Leaders/ Regional Councilors/ Extension Workers/ Home-based Care Workers

SECTION 1: BACKGROUND INFORMATION

1. Name of the Organisation/Department/Institution/Authority

_____

_____

_____

1.1. Physical Address, Telephone, Fax, Email

_____

_____

_____

2. Brief history of the organisation

_____

_____

_____

_____

3. Describe your main activities

SECTION II: INFORMATION PROVISION

4. What types of services do you offer to OVC/caregivers?

_____

_____

5. How do you create awareness of your services to the OVC and caregivers?

_____

_____

_____

6. Which channels of communication does your organisation use in disseminating the information about your services to the OVC and caregivers?

_____

_____

_____

7. Why do you think the channels you are using are effective/not effective?

_____

_____

_____

_____

8. What kinds of questions do you often get asked by your clients (OVC/caregivers)?

_____

_____

_____

_____

_____

9. In what format do you give them the information requested?

a) Video tapes

b) Printed

c) Oral

d) Other Specify _____

10. If you do not have the answer to the information they request, where do you refer them to?

_____

_____

_____

_____

11. Why do you refer them/ why do you not refer them?

_____

12. What problems do you face in disseminating information about your services?

13. How do you collaborate with other service providers in assisting OVC and caregivers?

14. In your opinion, what do you think can be done to improve the communication about different services provided to the OVC and caregivers?

15. From your experience in dealing with OVC and caregivers, which areas of services do they need additional information?

16. In your opinion, in which areas can the government improve the information provision to the OVC and caregivers?

Information Need	**Tick one or more options**
School Development Fund Exemption	
Identity Documents	
Social Grants	
Health Services	
Financial Assistance	
Psychosocial Support / Counselling	
Training Opportunities	
Will Writing	
HIV/AIDS Awareness Program	
Home-based Care	

Other Specify

_____

_____

_____

17. Do you have any comment you want to share with the researcher or other organisations?

_____

_____

_____

_____

Thank you very much for your time.

Appendix D (i): Letter of introduction from the researcher to the Ministry of Gender Equality and Child Welfare requesting consent

UNIVERSITY OF NAMIBIA

Private Bag 13301, 340 Mandume Mandumefayo Avenue, Pioneerspark, Windhoek, Namibia

FACULTY OF LAW

HUMAN RIGHTS DOCUMENTATION CENTRE [HRDC]

Chiku Mnubi Mchombu
Senior Documentalist
Tel: +264-61 206-3146
Fax: +264-61 206-3293
E-mail: cmchombu@unam.na

10th January 2009

Mrs Sirka Hausiku
Permanent Secretary
Ministry of Gender Equality and Child Welfare
Private Bag 13359
Windhoek
Nambia

Fax: (061) 229569

ATT: Ms Joyce Nakuta

RE : Research Project Amongst OVC and Caregivers in Namibia

Please refer to the above subject heading. My name is Ms Chiku Mchombu. I am PhD student registered with the Department of Library and Information Science at the University of Zululand in South Africa. I am conducting a study on the information needs and information seeking behaviour of orphaned and vulnerable children (OVC) and caregivers and the role of service providers in Namibia as part of my studies.

I would like to take this opportunity to request permission to do a research project among the OVC and caregivers in Ohangwena (from 18th to 30th January 2009) and Windhoek (14th to 27th June 2009. The research aims to establish the information needs of the OVC and caregivers, how they would prefer to receive information, and the role of service providers in providing information. I hope that this study can provide recommendations about how to improve the information dissemination system to OVC, caregivers and service providers.

The research method of this study includes interviews with OVC and caregivers, focus group discussions, and questionnaires to service providers.

The plan is to start the research by mid January 2009, and I would therefore be grateful for an early response from your office. I include a copy of the questionnaire for your perusal.

Yours faithfully,

Mrs Chiku Mchombu

Appendix D (ii) Letter to Regional Councillor and Traditional Authority

UNIVERSITY OF NAMIBIA

Private Bag 13301, 340 Mandume Ndemafayo Avenue, Pioneerspark, Windhoek, Namibia

FACULTY OF LAW

HUMAN RIGHTS DOCUMENTATION CENTRE [HRDC]

Chiku Mnubi Mchombu
Senior Documentalist
Tel: ++264-61 206-3146
Fax: ++264-61 206-3293
E-mail: cmchombu@unam.na

6th January 2009

Regional Councilor/ Traditional Leaders
Ohangwena Regional
Private Bag 2032
Ohangwena
Nambia

Fax: (26465) 263033/ 263099

Dear Sir/Madame,

RE : Research Project Amongst OVC and Caregivers

Please refer to the above subject heading. Mrs Chiku Mchombu, a registered student with the University of Zululand, is doing research on the Information Needs and Seeking Behaviour of Orphaned and Vulnerable Children (OVC) and Caregivers and the Role of Service Providers in Namibia.

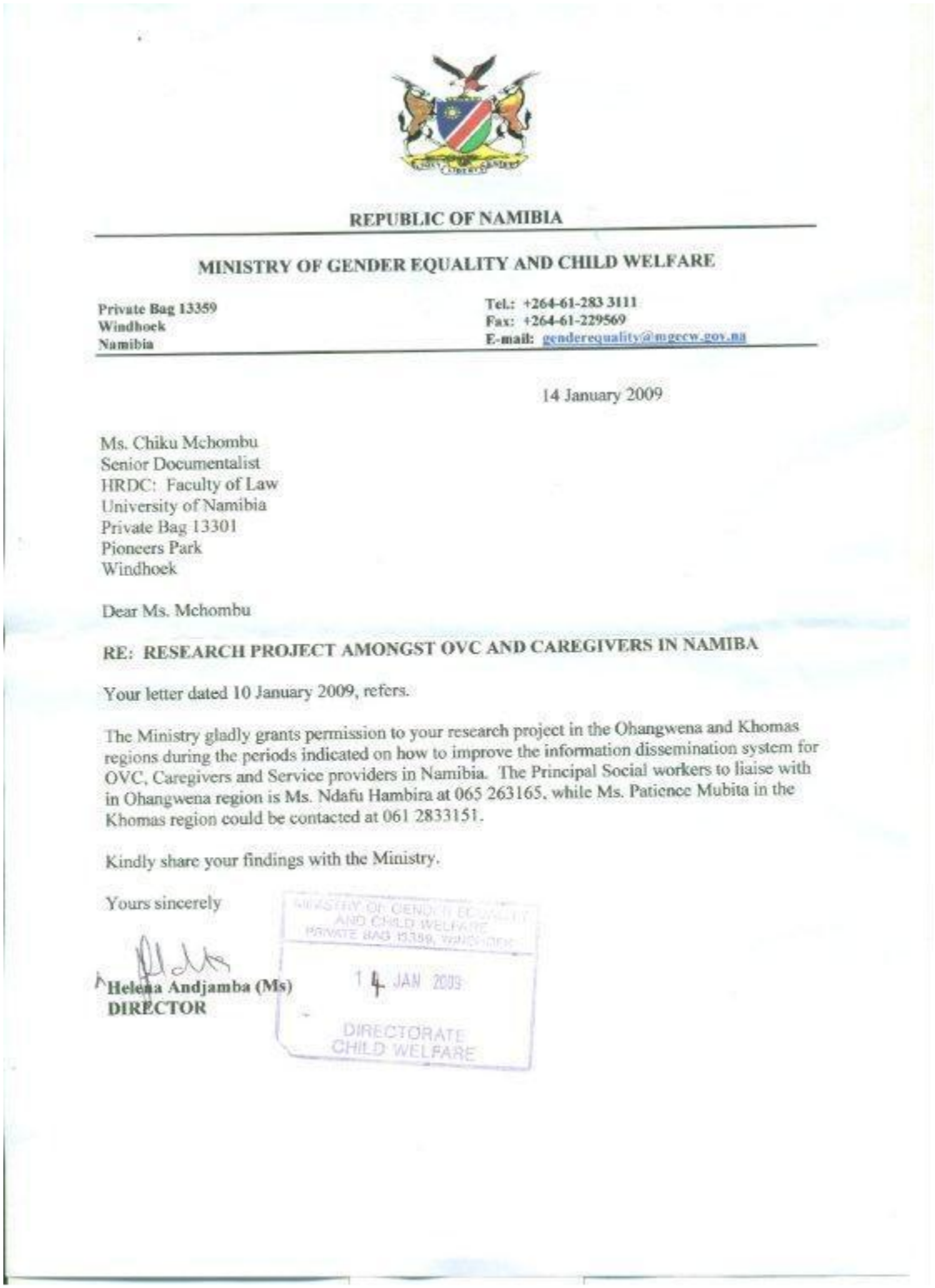
I would like to take this opportunity to request for permission to do a research project among the OVC and caregivers in Ohangwena (from 18th to 30th January 2009) and Windhoek (14th to 27th June 2009). With this research, I aim to establish exactly what information the OVC and caregivers need, how they would like to receive it, and how they see the role of service providers in providing information. I envisage using this information to improve the information dissemination system.

The research method of this study includes interviews with OVC and caregivers, focus group discussions, and questionnaires to service providers.

I plan to conclude the research by mid December, and am therefore waiting for a response from your office. I include a copy of the questionnaire for your perusal.

Yours Faithful
Ms Chiku Mchombu

Appendix E (i): Letter of Authorisation to carry research from the Ministry of Gender Equality



REPUBLIC OF NAMIBIA

MINISTRY OF GENDER EQUALITY AND CHILD WELFARE

Private Bag 13359
Windhoek
Namibia

Tel.: +264-61-283 3111
Fax: +264-61-229569
E-mail: genderequality@mgecw.gov.na

14 January 2009

Ms. Chiku Mchombu
Senior Documentalist
HRDC: Faculty of Law
University of Namibia
Private Bag 13301
Pioneers Park
Windhoek

Dear Ms. Mchombu

RE: RESEARCH PROJECT AMONGST OVC AND CAREGIVERS IN NAMIBA

Your letter dated 10 January 2009, refers.

The Ministry gladly grants permission to your research project in the Ohangwena and Khomas regions during the periods indicated on how to improve the information dissemination system for OVC, Caregivers and Service providers in Namibia. The Principal Social workers to liaise with in Ohangwena region is Ms. Ndafu Hambira at 065 263165, while Ms. Patience Mubita in the Khomas region could be contacted at 061 2833151.

Kindly share your findings with the Ministry.

Yours sincerely

Helena Andjamba (Ms)
DIRECTOR

MINISTRY OF GENDER EQUALITY AND CHILD WELFARE
PRIVATE BAG 13359, WINDHOEK
14 JAN 2009
DIRECTORATE CHILD WELFARE

Appendix E (ii): Letter of Authorisation to carry Research from the Traditional Authority

RESPONSE FROM TRADITIONAL AUTHORITY

REPUBLIC OF NAMIBIA

OUKWANYAMA TRADITIONAL AUTHORITY

Tel.(065)260084
Fax.(065)260166

Po Box.444
Ohangwena

20 January 2009

Enquiries: **Ms. Tresia Nghipandulwa**

The Honorable Councillor
Ohangwena Constituency
Ondobe Constituency
Engela Constituency
Eenhana Constituency

Attention: Honorable Councillor

RE: RESEACH PROJECT AMONGST OVSs AND CAREGIVERS IN NAMIBIA.

This memo serves to inform you that Mrs Chiku Mchomdu , a Senior Documentalist from University of Namibia would like to conduct her research project among the OVC and Caregivers in Ohangwena Region as from the 18th – 31st January 2009 in the following constituencies; Ohangwena , Ondobe, Engela and Eenhana Constituencies . Kindly take note of that.

Attached, please find the letter from Mrs. Mchombu for University of Namibia.

Count on your good cooperation

George Nelulu
Chairperson of Oukwanyama

OUKWANYAMA TRADITIONAL AUTHORITY
2009 -01- 20
P.O. Box 444 Ohangwena
Tel: 065 - 260006
Republic of Namibia