

## **ABSTRACT**

### **CARING FOR ORPHANS IN THE PILGRIM WESLEYAN CHURCH OF ZAMBIA**

by

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The Central Statistical Office (CSO) estimates that 1,147,614 children had lost one or both parents in Zambia, my beloved homeland, by 2004. The figure was expected to rise to 1,302,307 by the end of 2008. Out of the total number of orphans in 2004, 750,504 were left by parents who had died of HIV/AIDS related causes. This number was projected to rise to 908,250 by the end of 2008. (Zambia Ministry of Health, HIV/AIDS 68-89)

The majority of these orphans have to live with extended family members or neighbors, with about 6 percent becoming street children and less than 1 percent living in orphanages. Many of these orphans do not attend school, or are forced to drop out of school because of either hunger or the inability to meet requirements. Compounded by the emergence of child-headed households, the rapid increase in the number of orphans continues to put tremendous strain on extended families and the social welfare system (*National AIDS Council Policy Situation Analysis 2.4.2*).

The purpose of this research was to explore strategies the Pilgrim Wesleyan Church of Zambia employs to care for orphans and to identify the best practices in this care. A survey was carried out in Lusaka covering two local churches, namely Kabwata Pilgrim Wesleyan Church and Kanyama Pilgrim Wesleyan Church, to identify the different activities engaged to care for orphans in both urban and rural setups. The best

practices were identified so that they can be strengthened and shared with other congregations, denominations, and groups involved in the care of orphans.

DISSERTATION APPROVAL

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## **CHAPTER 1**

### **PROBLEM**

Almost every family that I know in Zambia is affected by the reality of orphans in one way or another. As a leader in the Pilgrim Wesleyan Church some congregants and nonchurch members often ask me for help to enable them to care for orphans in their families. This study originated from two contexts first, the increased number of deaths related to HIV/AIDS in my country, Zambia, and the subsequent rise in the number of orphans. The second context is my personal experience. Both my side and my wife's family have had a steady increase in the number of orphans. My three cousins on my mother's side, and their spouses, have died, leaving a total of thirteen orphans, now under the care of extended family members who themselves are too poor to look after additional children. My single mother, who is about seventy years old, is keeping two of these orphans. On my father's side, all my uncles have died and left widows, and a total of twelve orphans. As the first born, family members are looking to me for help in caring for these orphans. My wife and I face a constant flow of requests for financial help from our relatives to enable them to care for the orphans.

One day, when I was at Amiran agricultural shop in Lusaka, the capital city of Zambia, a young officer, Beenzu (not her real name), invited me into her office after hearing that I was a pastor. With tears in her eyes, she passionately pleaded, "Pastor, please help me; I have four orphans from my extended family whom I am keeping, but I am failing to make ends meet." I have now, through my preaching and teaching ministry, become familiar with such requests around Zambia and the southern African region.

The word *orphan* usually attracts sympathy and compassion in other parts of the world, but in Africa it is a dreaded label that has become synonymous with hardship, pain, and stigma (*Zambian Orphan Choir*). Former United Nations Secretary General Kofi Annan's Special Envoy for HIV/AIDS in Africa, Stephen Lewis, visited Zambia in 2003. He too, was overwhelmed by the extent of the problem in the continent as evidenced by what he witnessed during a tour of some rural parts of the country. Here is what he said at the opening address of the XIIIth International Conference on AIDS and STIs in Africa:

In Zambia, [we] were taken to a village where the orphan population was described as out of control. As a vivid example of that, we entered a home and encountered the following: to the immediate left of the door sat the 84 year-old patriarch, entirely blind. Inside the hut sat his two wives, visibly frail, one 76, the other 78. Between them they had given birth to nine children; eight were now dead and the ninth, alas, was clearly dying. On the floor of the hut, jammed together with barely room to move or breathe, were 32 orphaned children ranging in age from two to sixteen. It is now commonplace that grandmothers are the caregivers for orphans.

In Zambia, most families have first-hand experience of caring for orphans as a direct impact of HIV/AIDS. In some cases, children head households because all the adults in the extended family have died. I personally know one household where orphans are literally taking care of themselves. The large population of orphans at the global level, as well as in Zambia, shows that the problem requires a united approach in which every one participates.

In Zambia this problem has numerous offshoots to which the government and society at large have to find solutions. For example, many male orphans have turned to crime while girls have resorted to commercial sex work to survive and meet the basic needs of their siblings or aged grandparents who depend on them. The children are also

vulnerable to human trafficking, child labor and other forms of abuse as they do not have any protection.

Musa W. Dube observes that the HIV/AIDS epidemic affects people culturally, spiritually, economically, politically, socially, and psychologically (1). A 2001 nationwide Health and Demography Survey conducted by the Central Statistical Office of Zambia (CSO) revealed that two-thirds of primary school age children attended school and less than a quarter of those aged fourteen to eighteen years attended secondary school. The reason given by 12 percent of all respondents why a child in their family did not attend school was that a parent or guardian was either suffering from or had died from AIDS related complications (Central Statistical Office). Because I am part of the Zambian society I feel obliged to contribute to efforts aimed at addressing the issue of orphans caused by HIV/AIDS so as to be a part of the solution.

Richman Syabbamba, a very gifted Zambian poet, musician, and composer, in his poem titled “Hear the Cries of the African Children,” depicts the reality of the orphans in Africa:

Hear the cries of the African children  
 Poor and hungry, abandoned and neglected  
 Listen to the cries of the African continent  
 The earth quickly swallows mothers and fathers  
 Death rapidly claims parents and guardians  
 Hear the cries of the African children

Africa has become a troubled continent  
 HIV and AIDS is pulling many into the earth  
 Every single day crowds gather to mourn for the departed loved ones  
 I hear people wailing, I see them weeping  
 Mothers and fathers mourn the deaths of their sons and daughters  
 Young men and young women mourn the deaths of their parents  
 Widows and widowers are left miserable and destitute  
 Death orphans many day after day.

The increase in the number of orphans due to HIV/AIDS-related deaths of parents is now seen as a global challenge. The international community is responding to this challenge because it has become a global problem.

### **The Purpose Stated**

The purpose of this research was to explore strategies the Pilgrim Wesleyan Church of Zambia employs to care for orphans and to identify the best practices in this care. A survey was conducted to establish the different activities in both the urban and shanty compound areas of Lusaka aimed at mitigating the problem. The long-term goal of the research was to identify and strengthen the best practices and use them to educate leaders of the whole denomination, other denominations, and religious agencies about effective approaches to the care for orphans in Zambia. The study began with an assumption that the Pilgrim Wesleyan Church, with its Wesleyan theological heritage, was already actively involved in caring for orphans.

### **Research Questions**

The following research questions guided this study.

#### **Research Question #1**

What are the primary activities the Pilgrim Wesleyan Church in Zambia is employing in its care for orphans?

#### **Research Question #2**

Which activities seem to be most helpful in the caring of orphans both in the short and long-term?

### **Definition of Terms**

One term in the study needs defining.

The English dictionary defines *orphan* as the following:

A child who has lost both parents through death, or, less commonly, one parent. A young animal that has been deserted by or has lost its mother; A person or thing that is without protective affiliation, sponsorship, etc.: The committee is an orphan of the previous administration. (“Orphan”)

This definition implies a loss of support. In the case of a child, the death of both parents takes away the source of all the support that they need. While several definitions are given for the word, this study is concerned with the first definition. The latter part of the first definition seems to imply that a child who has lost one parent also qualifies to be called an orphan.

### **Context**

This study originated from two contexts first, the increased number of deaths related to HIV/AIDS in my beloved homeland, Zambia, and the subsequent rise in the number of orphans. The second context is my personal experience.

### **Extended Family Culture in Africa**

Families in rural parts of Africa live together as a community. I agree with Gottfried Osei-Mensah’s observation that Africa is blessed with a profound sense of community awareness (54). Africans in rural areas live in close-knit families, and communities are an essential part of the African culture. Also noteworthy is that some of those who live in urban areas are suspicious of family members who visit them from rural areas. Nevertheless, those who live in urban areas still experience the reality of the extended family concept. For example, I know of a family that has seven children of its own and an orphan whom they have raised since she was a baby. In fact, most families in

the Kanyama Pilgrim Wesleyan Church and many Christians we know in Zambia live with children other than their biological ones.

We are not blind to the reality of the inherent problems in the extended family system, but being part of it also has considerable advantages. In the Tonga tribe, from which my wife and I come, the local language has no word for *cousin*. The children of our parents' brothers and sisters are all our brothers and sisters. And the brothers of our fathers are also our fathers, while the sisters of our parents are also our mothers. "Uncle" refers only to the brother of one's mother. While growing up children are told to call all different people father or mother, and an explanation is given as to how they are related.

Osei-Mensah observes that until recently no orphans in Africa lacked someone to care for them. When parents died, many mothers and fathers in the extended family were able to take care of the children in the same way as they would their own biological children. For example, when my cousin, Kaunda Kwicho, and his wife died and left two children, Laly, the older child was taken in by John Kwicho, Kaunda's brother's family, and Chileleko, the younger, by the late wife's family. Every time I visit the village these children call me "father" and my wife "mother" because I am their late father's cousin.

Osei-Mensah describes how it was in African communities:

Many families did not even give surnames from the father or the mother. They gave names of other senior members of the extended family, in order to impress upon the children that the nuclear family unit is only an element of the bigger unit in the extended family. By the grace of God we Christians find ourselves with the kind of facility which we did not create. What insights into God's plan for the Church are thereby granted us for sharing with the larger body of Christ? (66)

The point raised by Osei-Mensah is in line with the Tonga practice of keeping only those orphans who are related to them as extended family. In the Tonga culture, a person not

related to another is known as *mutuba*. A family in the Tonga culture would not raise an orphan who is known as *mutuba*. An orphan is always raised by extended family. In the past, a *mutuba* who was stranded could be accepted into the family, not as part of the family but only as a worker. In other words, a *mutuba* was taken into the family to serve the family and not to be part of it. I must point out also that the African culture recognizes individual talents and abilities for the good of the community. For a stranger, this point may not be clear because for someone who is not part of the African culture, it is unseen.

The wonderful thing about the extended family, when practiced in its pure form, is the care and concern that is showered upon family members. At the same time, one has to assume checks and balances, as well as responsibilities. Gender roles are clearly defined and enforced. All the boys in the village are expected to look after goats and cows without any exception. They are to carry out all the responsibilities expected of all young men as they grow up. Similarly, girls are all supposed to carry out responsibilities expected of young women. A visitor cannot possibly know which children are orphans and which are not because all of them are treated equally. Good behavior is expected as well as boys taking care of animals and girls completing the home chores. Laziness and misbehavior are never tolerated. Tapiwa N. Mucherera comments regarding the Shona culture:

Aunts and grandmothers train girls about womanhood, especially in terms of sex roles. The mother also takes the role of teaching the girls about housekeeping and raising children. The older sisters practice child rearing as they help their mothers with their younger siblings. The uncles and grandfathers teach the boys about manhood and about sex roles. The grandfathers, uncles, and fathers teach the boys about hunting, fishing, plowing, building homes and any other duties expected of men in the society. (31-32)

Most of this teaching in villages is done at night around the fire after evening meal. For practical lessons such as fishing, hunting, trapping birds, and animals the boys were taken by older men who specialized in a particular trade. In Mazabuka district of Zambia, the Tonga people practice a ceremony called *Nkolola*. *Nkolola* is a celebration when young ladies who were kept in a house for a month after reaching maturity are taken out. This is a big celebration with dancing and feasting. This day signals that the young lady who has come of the house after being kept there for a month is mature and ready for marriage. Young men come to present themselves. Gifts are given to the young lady who has become of age. Words of blessing are also pronounced to the young lady. During the one month of seclusion, the young lady is taught all about how run a home. Other tribes like Luvale also practice a similar tradition for their young girls who have become of age. However, in Zambia, it seems the girls are better trained for marriage than the young men.

### **External Influences on the African Culture**

While the extended family value concept of the African culture is celebrated it has not been static. Every culture is dynamic and, to a large extent, the African culture has also been influenced by external factors. Two of those factors are colonialism and urbanization, which I will discuss.

A great appetite for Africa's abundant natural resources enticed the powerful western countries to colonize Africa. The notable colonial powers were Belgium, France, Portugal, the Dutch, and the English. The English colonized the larger part of Africa. The so-called "Scramble for Africa" created boundaries in Africa that did not take into consideration the tribal groupings that the colonizers found. For example, the Zambezi

River was used to divide what is now Zimbabwe and Zambia with little regard for the ethnic roots of the people that lived on both sides. This boundary separated the Tongas along the Zambezi into two groups. Although these people were related and shared the same culture, members of the two groups had difficulty supporting one another because they now belonged to two different countries. Soon after Zambia's independence, the border between Zambia and Zimbabwe was closed under Ian Smith's infamous Unilateral Declaration of Independence (UDI). I know of some families in Zambia who talk about their lost relatives in Zimbabwe. The story is the same all over Africa, where the colonizers created political boundaries, have weakened the once very strong extended family ties within the African culture. The other negative influence of colonization was that the colonizers looked down on every aspect of the African culture as primitive. As far as they were concerned the people of Africa had nothing good in their culture. The unfortunate result was that the Africans also began to look down on their own culture. They despised the extended family and began to admire the nuclear family concept, glorified by their colonizers. David Simon, James R. Pletcher and Brian V. Siegel comment on the colonization of Zambia:

The coming of colonial rule to Zambia was the result of the efforts of Cecil Rhodes, the South African mining Magnate. He persuaded the British government to grant a charter to his British South African Company (BSAC) in October 1889. The BSAC immediately sought to acquire signatures from African leaders throughout the country. (xlv)

The main mineral in Zambia that attracted Cecil Rhodes was copper. The seemingly abundant copper on Zambia's copperbelt province made Zambia initially a mono-economy. On the missionary front, David Livingstone paved the way for missionaries to come to Zambia with the aim of spreading the gospel of Jesus Christ.

The second influence on the African extended family system is urbanization.

People began to move from villages, where families were closely knit, to live with strangers in the crowded cities, in search of a better life. This human migration led to the mushrooming of the unplanned settlements that are now common in our cities and towns, contemptuously referred to as shanty compounds. In these overcrowded neighborhoods people became neighbors with people from different tribes. They found themselves embracing completely new value systems while developing new relationships. Extended family members who visit their working relatives and crowd their small flats or apartments are often viewed with suspicion. In a village setting, the extended family members are more an asset than a liability because of the positive contribution they make to the family. However, in a town setting, the extended family members that come to visit and seek help from a relative that has a job are more of a liability than an asset.

Another factor related to urbanization is movement of people from one part of the country to another. Today a family from one tribe can move from their traditional area to another where a different language is spoken. For example, in my country, Zambia, a Bemba family may move from the Northern Province and settle along the Zambezi valley with the Tonga-speaking people in pursuit of fishing business. This family may never have the extended family support they would have if they were in the Northern Province, among their own people.

A third aspect of urbanization that has affected the extended family is separation emanating from national and international work experience. This urbanization applies to my family as well. I was born and raised in a rural village setting of Sinazongwe district of the Gwembe valley, inhabited by the Tonga people of the Southern Province.

Samboko Mandongo Kalembo, my late father was illiterate and so is Maliya Chilekwa Zilombo, my mother. I do not possess a birth certificate because I was born in Muuka village where medical clinics and safe water did not exist. Sadly, the situation is still the same in the twenty first century. My parents do not know the exact date when I was born, but they know the major events of the time. They told me that I was born during the rainy season, two years after the building of the man made Kariba dam that straddles Zambia's border with Zimbabwe. These parameters gave me latitude to choose my birthday between early November and late March. Genesis Mujibelo Katowa and his wife Linah, our family friends, also do not know their birthdays. He was named Genesis because he was the firstborn child and Mujibelo because he was born on Saturday. Saturday is *Mujibelo* in the Tonga language. Many Zambians do not know when they were born. The issuance of birth certificates in Zambia was started in 1973; therefore, most likely all those who were born before 1973 in Zambia do not have birth certificates, although they might know their birthdays. I went to school and got my national registration card based on an assumed date. I chose 29 November 1960 as my birthday. I picked that date because the construction of the Kariba dam was completed in 1958. My parents divorced when I was thirteen years old. At that time my mother was forced to move from Muuka to Siansowa village to live with her uncle, headman Siansowa, a hunter and founder of Siansowa village. Catherine, known as Kaasimbi in the village, my only sister, and I moved with our mother to Siansowa village in 1973. My mother and sister raised money by brewing local beer to send me to school until my third year of high school when I worked for Auntie Wilma Cheney Wissbroecker and Auntie Rosemary Maddux, American missionary teachers. I was led to Christ by Auntie Wilma and disciplined by

Morris Lee Davis who was also an American missionary teacher and school pastor. Mr. Davis took special interest in me as he believed that if he invested his time in discipling me, his ministry in Zambia would continue through my ministry. As I look back today, I am glad that Mr. Davis cared enough to disciple me. Equal appreciation goes to his wife, Vinelle, for they together took me in their family as a son and introduced me to American food and culture. Other Wesleyan missionaries at Choma Secondary who helped me greatly spiritually and materially are the late Jack Somers, his daughter, Joyce and her husband, Bill Moore, as well as Larry and Addie Milstead. These men and women and both my mother and sister are illiterate, but they sacrificed so that I could go to school. I will be forever grateful to them for laying the foundation for my education. I am humbled by the fact that I have reached this level of education because of the investment they made for my education.

The nearest primary school called Kanchindu, which I attended from the time I was thirteen years old was four hours walk away. My first visit to Lusaka, the capital of Zambia was in 1978 when I visited my cousin, Jailos Kwicho, who lived in Kanyama compound. Ironically, my current home is near Kanyama and I pastor Kanyama Pilgrim Wesleyan Church. I am, therefore, a beneficiary of the extended family system because my mother's uncle provided a home for us when my parents divorced and my cousin Jailos enabled me to visit Lusaka for the first time.

In contrast my wife, Muumbe Muzyamba Kalembo, was born at Jembo mission clinic near Pemba in Choma district. Simon Muzyamba and Sarah Kabanze Muzyamba her parents were both primary school teachers in rural Monze district. My father-in-law moved in the teaching ranks to the coveted position of headmaster. While also growing

up Muumbe, she lived in Livingstone with the Kachakwale family, her extended family on her father's side, and in Lusaka she lived with Rosinah Mudenda, a relative on her mother's side of family.

After our marriage we served together in Chipata, the provincial capital of the Eastern Province, where the main language is Cichewa. Our three sons Lumba, Chileleko, and Chipego were all born in Chipata. The only uncles and aunties they knew were in the church family. Only later did they meet our brothers and sisters. Our twin daughters, Lindila (Lindi) and Luyando (Lulu), were born at the University of Kentucky Hospital while I was attending Asbury Seminary. Therefore, our twin daughters' understanding of the extended family includes our Christian white brothers and sisters. Many other people are in a situation where their children were not raised in a traditional African culture due to higher education or work.

Zambia is a landlocked country in southern central Africa with an area a little larger than the state of Texas in the United States of America. Zambia is 752,618 square kilometers (290,586 square miles) compared to Texas which is 269,000 square miles. It is bordered to the north by Tanzania and Democratic Republic of Congo, to the south by Zimbabwe and Botswana, to the east by Malawi and Mozambique, and to the west by Angola and Namibia. Zambia was a British colony that received its independence on 24 October 1964. Before independence, it was called Northern Rhodesia. Some cities had colonial names that were changed at independence: Abercorn was changed to Mbala; Bancroft was changed to Chililabombwe; Broken Hill was changed to Kabwe; Fort Jameson was changed to Chipata; Fort Rosebery was changed to Mansa; and

Barotseland was changed to Western Province. Commenting on new names in Zambia

Simon observes:

From independence (24 October 1964) until October 1969, when the Barotseland Agreement of 1964 was disavowed by the government the area, historically Barotseland, was called the Barotse Province. A law changed its name to Western Province in October 1969, and eliminated the province's special standing with the republic:[The previous Western Province was renamed Copperbelt Province]. (23)

Colonial names that were not changed include Livingstone, the tourist capital of Zambia named after missionary David Livingstone and Victoria Falls, named after Queen Victoria of England by David Livingstone. The local name for Victoria Falls is Musi-O-Tunya, which means "Smoke that Thunders."

Zambia is a land endowed with abundant fresh water, boasting of lakes and rivers in all of its nine provinces. In the northern Zambia shares the border with the Democratic Republic of Congo through Lake Mweru, and shares the border with Tanzania through Lake Tanganyika. Lake Bangweulu and its swamps, declared as a wetland of global significance by the Worldwide Fund for Nature, are also in northern Zambia. On the southern border the country shares the man made Lake Kariba with Zimbabwe. At Siavonga, this water body produces hydroelectricity on the Zambezi River. There are four main rivers in Zambia. Zambezi, from which the country derived her name after independence, is the longest. The river begins in the North-Western Province and serves as the southern border with Zimbabwe and Botswana. The river flows into the Indian Ocean. The second and third major rivers are Kafue and Luangwa which flow into the Zambezi in the southern and eastern parts of Zambia. The fourth major river is Luapula, which is not part of the Zambezi river system. It starts near Lake Bangweulu, marks the Democratic Republic of Congo and Zambia border before flowing into Lake Mweru.

Zambia has a democratic government. Four presidents have ruled the country since independence. The first and longest serving president, who ruled for twenty-seven years, is Dr. Kenneth David Kaunda, a former school teacher. He was succeeded by Fredrick Chiluba, a charismatic trade unionist. Chiluba was succeeded by Levy Mwanawasa, a prominent lawyer, in 2001. Mwanawasa died in France while on national duty in August 2008. A by-election ushered in the current president, Rupiah Bwezani Banda, a diplomat and farmer. Although seventy-two local languages are used in Zambia, no civil strife has occurred since its independence. The international media has attempted very little if any coverage of the country. As a peaceful country, the international media, which largely thrives on scandal, disaster, and conflict, probably thinks nothing newsworthy is happening. Zambia hosts thousands of refugees from war-torn neighboring countries such as Angola and Democratic Republic of Congo.

Europeans first came to Zambia in the sixteenth century. Missionaries arrived in the country about the middle of the nineteenth century. David Livingstone paved the way for the new crop of missionaries. Zambia has ever since been receptive to the gospel and has been welcoming missionaries. Mission agencies are champions in the education and health sectors in Zambia. The Churches Health Association of Zambia (CHAZ) is the mother body coordinating all the health institutions run by different denominations. Most schools, hospitals, and clinics have been built by missionaries. Government education policy mandates teaching the Bible in public schools in Zambia and very open to missionaries.

Zambia has been hit hard by the HIV/AIDS pandemic which has negatively impacted all sectors. The Zambian political leadership has also acknowledged the

pandemic as a serious challenge. Though the country has recorded a reduction in the rate of HIV infection among adults aged fifteen to forty-nine years from 15.6 by 2006 to 14.3 in 2008, according to the Minister of Health's address to the nation on the eve of the 2008 World AIDS Day, the problem is still a national emergency. (Zambia Ministry of Health)

Households that have taken in orphans are not receiving help from the Government because they do not get tax relief. According to the National AIDS Council much of the burden of caring for orphans in Zambia has been borne by the community-based organizations (CBOs), nongovernmental organizations (NGOs), and religious organizations. The government institutional framework, through the ministry of Community Development and Social Services and the ministry of Youth, Sport and Child Development, has been involved in the provision of services to orphans as well as disbursing grants to CBOs and faith-based organizations which are involved in caring for the children (National AIDS Council par. 2).

However, little impact has been made as thousands of orphans are still in need of care across the country. No standardized guidelines are in place for orphanages and poor State monitoring has led to the abuse of orphans at these facilities going unpunished.

The National AIDS Council notes that state support is needed because of weak coping mechanisms for community orphan care. The capacity of extended families to provide the care the children need, as they used to do in the past, has been seriously eroded by the disintegration of the extended family.

### **Traditional Care of Orphans**

Due to changes mentioned above caused by colonialism and urbanization, the extended family system has changed. In traditional Africa orphans that had lost their

parents under different circumstances were well taken care of by the extended family. However, the extended family system is not able to cope with the quickly increasing number of orphans due to increased levels of poverty. Orphans face many challenges including emotional neglect, caring for themselves and their siblings, and lack of education because no one is able to provide them with the necessary support. The worst is stigmatization, particularly if the death of a parent is associated with AIDS. Orphans are also vulnerable to economic and sexual exploitation, if they are female, as some people take advantage of their weak socio-economic status.

As Professor Johan Malan stated, Africa had a strong kinship system that helped care for orphans in a home environment. Orphans were absorbed by this social institution and they shared the same privileges as the biological children of their guardians or foster parents. Sometimes strangers could not tell the difference between the two. Though this system has been seriously weakened by the advent of HIV/AIDS and growing poverty, has proved to be tenacious. In a personal interview fifty- year-old Hannah Mudenda of Lusaka's John Howard township attested to this assertion. She looks after three girls whose parents died between 2000 and 2005. Two of the children, aged fifteen and fourteen, were left by her sister and her husband who died in 2000 and 2003 respectively. The other child was left by another sister in 2005. The orphans call Hannah mother because that is what society has taught them. "I call her mom because I was taught that sisters of my mother are my mothers also. I have not detected any hostile behavior from my brothers and sisters (cousins) because we are like we are from the same mother," said Diana, fifteen, who is in the twelfth grade. Hannah said she treated the children equally because she loved all of them and regarded them as her own.

**HIV/AIDS in Zambia**

Zambia's HIV/AIDS related deaths were first accounted for around the mid 1980s. The first case was diagnosed at the University Teaching Hospital (UTH) in 1982. No local name for HIV or AIDS existed, but the condition was defined to the people medically. At first, HIV/AIDS was known by the people in rural areas and some in the urban areas as a "disease of the radio" because people only heard about it on the radio, but had never seen anyone suffering from it. Rob Noble says in his paper on "HIV & AIDS in Zambia" writes, "HIV has spread throughout Zambia to all parts of society. However, some groups are especially vulnerable most notably young women and girls. AIDS has worst hit those in their most productive years, and families have disintegrated, thousands have been left destitute." (Noble)

Noble's observation seems to be supported by the fact that everyday I see funeral processions in Lusaka. It would not be an exaggeration to say that there is burial everyday in Lusaka.

**Pilgrim Wesleyan Church of Zambia**

The Pilgrim Wesleyan Church of Zambia was established in Zambia in 1930 in Southern Province by Pilgrim Holiness missionaries from North America. In 1968, the Wesleyan Methodist Church merged with the Pilgrim Holiness Church in North America to form the Wesleyan Church. However, the leadership of the Pilgrim Holiness Church in Zambia refused to adopt only the Wesleyan Church and resolved to have the name Pilgrim Wesleyan Church. Wesleyan-Arminian doctrine is embraced by the Pilgrim Wesleyan Church of Zambia. Although this church has moved to other parts of Zambia, most of its churches are in the rural parts of Southern Province. The church has about

seven thousand members and two hundred congregations. It runs one hospital called Zimba Mission Hospital and three clinics namely: Siachitema Rural Health Center in Kalomo district, Jembo Rural Health Center in Choma district, and Chabbobboma in Gwembe district. The church is also involved in education by running Choma and Jembo high schools and four basic schools. Choma High School is jointly run with the Brethren in Christ Church while Jembo High School is solely run by the Pilgrim Wesleyan Church. The basic schools run by the Pilgrim Wesleyan Church are Chabbobboma, Jembo, Siachitema, and Nakowa. All the schools are in the Southern Province of Zambia. The Pilgrim Wesleyan Church is a member of the Evangelical Fellowship of Zambia (EFZ) as well as the Council of Churches in Zambia (CCZ), both of which are religious mother bodies in Zambia representing the Evangelical and mainline churches.

### **Methodology**

This research was a qualitative study that used focus groups from two Pilgrim Wesleyan Churches in Lusaka. The churches were Kabwata Pilgrim Wesleyan Church (urban) and Kanyama Pilgrim Wesleyan Church (shanty compound). These two churches were chosen because they represent the two distinctive areas where the Pilgrim Wesleyan Church in Zambia is active. The Kabwata Church represents the urban ministry area and Kanyama represents the rural ministry area. The population of Kanyama is 41,674 people in 19,995 households. Kabwata's current population stands at 15,582 (2002 Census of Population and Housing, Central Statistical Office). A total of six focus groups, of five to twelve people each, participated in this study. The groups were as follows: leaders from each church; a group of men and a group of women from each local church; one group consisted of girls and the other boys from each local church between the ages of ten and

eighteen. The points of study were the Pilgrim Wesleyan churches in Zambia. The purpose of this research was to explore strategies the Pilgrim Wesleyan Church of Zambia employs to care for orphans and to identify the best practices in this care.

### **Participants**

The population of this study was a sample of two Pilgrim Wesleyan churches in Lusaka, namely Kabwata and Kanyama. At Kabwata, the participants were invited through Pastor Kenny Manjimela whom I had given the criteria of the people to be invited to participate. At Kanyama I personally invited the participants because I am the pastor. Each was invited to participate through the focus groups in the churches mentioned above. People who participated in the focus groups were local church leaders, caregivers, and orphans representing both genders.

### **Instrumentation**

The researcher-designed interview questions for the focus groups to determine the practices used by the Pilgrim Wesleyan Church in its care for orphans. All focus groups were given the same questions to ensure consistency of responses. The aim was to see how the local church leaders, caregivers, and orphans perceived the activities of the Pilgrim Wesleyan Church in its care for orphans.

### **Data Collection**

Having served as a national superintendent of the Pilgrim Wesleyan Church from 1992 to 1998, I secured permission to carry out the research from the above two churches, with the full support of the national superintendent. I personally carried out the interviews with the help of my wife through discussion with the participants after every session with the focus groups. Before I interviewed the groups, I collected all the records

that each church had on orphans. The interview questions were presented and the responses recorded. During these discussions, I gave some questions that provided the basis for the collection of the data.

### **Data Analysis**

This research was a qualitative study that used focus groups. I used index cards for each question and the responses to each question to separate them. After using the index cards, I used yellow and blue flag stickers for the first and second research questions and the responses accordingly. I used the index cards to separate the similarities and differences of the focus groups' responses. I also used the word processor in selecting and storing the information.

### **Generalizability**

This study focused on the voluntary participation of the local church leaders, caregivers, and orphans of the Kabwata Pilgrim Wesleyan Church and Kanyama Pilgrim Wesleyan Church. The limitation of the study is that it depended on focus groups which may be opinion based and limited to self-report. Some people may just want to support the views of the interviewer.

### **Theological Foundation**

Three biblical passages from Matthew, Luke, and James were the basis of my research. The first is the story of the separation of the sheep and goats in Matthew 25:31-46. The difference in the eternity of the two groups is based on what they did and what they did not do to care for the vulnerable in society. Orphans today represent a very needy group that needs the attention of those with the mind of Christ. They are indeed the least in society. They have lost their claim on human dignity and their lives are full of

despair and hopelessness. One of their greatest hopes is being helped by the people of God. The ministry of Jesus was bent toward the marginalized in society. Jesus is calling Christians to respond positively to those who are in need.

Christians see those who represented the sheep and the goats together before the separation. Sheep and goats were commonly found grazing together in those days. The separation or judgment was based on what they did or did not do to those in need.

Six needs are identified in the passage: food for the hungry, drink for the thirsty, a place to stay for the stranger, clothing for the naked, good health care for the sick, and freedom from prison bondage. All these are basic human needs. An orphan also is a person in need of parental care.

According to the Africa Bible Commentary, theologians have found themselves in two groups of interpreting this biblical account regarding the “least of these” (Adeyemo 1164). One group sees the “least of these” as those people who are needy, poor, and deprived. Others believe that the “least of these” refers to the disciples of Jesus Christ or his special messengers whom he sent out without food or provisions (Matt. 10:9-10). Jesus identifies himself with them. Therefore, rejecting one of these is also rejecting him. No matter what position one takes regarding who is referred to by “least of these,” in each case they are needy, poor and deprived, and depend on the charity of others. The call is to respond to all human needs in love and humility. In our case it means taking in an orphan and providing them with all the care they need, thus doing it to the Lord Jesus. Christine D.Pohl makes a good point in observing that those God refers to as the least include people who bring nothing to the gathering except their poverty and brokenness.

The uniqueness of Christian hospitality is its ability to welcome the needy without considering what they might receive in return. (Pohl:16)

The second Scripture that gives instruction regarding taking care of the needy and marginalized like the orphans is Luke 14:12-14:

When you give a dinner or a banquet, do not invite your friends or your brothers or your kinsmen or rich neighbors, lest they also invite you in return, and you be repaid. But when you give a feast, invite the poor, the maimed, the lame, the blind, and you will be blessed, because they cannot repay you. You will be repaid at the resurrection of the just. (NIVUS)

Jesus clearly knew that during his day, people only associated with those who were considered acceptable in society. The motivation for this kind of behavior was to consolidate friendship and create opportunity for winning favors in the future from the guests similar to our modern day fundraising campaigns when only the rich are invited in the hope that they will contribute more to the cause for which the funds are being raised. In Africa, most people who have gone to school and have a good job experience real tension between them and their family members who have not gone to school. Those who have not gone to school have a very different worldview and are poor. They are usually seen as a liability by their family members who are educated and have good jobs. Therefore, the tendency by those who are educated and have good jobs is to shun those family members who are seen to bring no economic benefit to them. Orphans fall into the category of those family members who would bring no economic benefit to other members of the family. Therefore, ignoring them is easy. Here, it seems to me that Jesus is challenging Christians with the reality of not doing good for others, especially the weak, for immediate gain, but He assures that those who welcome those who would not reciprocate immediately, would be rewarded in the future.

The other biblical material that I will look at is the book of James. James was written to the Jews who were scattered in many parts of the world. Most Jews took their religion wherever they went. However, James 1:27 says, “Pure and undefiled religion before God and the Father is this: to visit orphans and widows in their trouble, and to keep oneself unspotted from the world.” This verse could imply that among these Jews were some who refused to be practically involved in helping the members of the community with special needs. They were happy to have very good doctrine without corresponding practical deeds. James’ language seems to be that of condemning such behavior and attitude. Good doctrine is of no good to anyone without loving and caring action to back it up. James probably got this idea from the Old Testament where God’s people were commanded to help those who needed help (Num. 18:21; Deut. 14:23-29; 16:11-14). Orphans did not have fathers, and widows did not have husbands. In the Jewish culture, fathers and husbands were providers, and losing them meant that children and wives had no one to provide for their needs. The challenge is for one’s religion to have a transforming power that brings loving actions from their heart.

Jesus also expressed that one’s knowledge of the truth should produce actions when he said, “If you know these things, blessed are you if you do them” ( John 13:17). Blessings do not come from the knowledge of good doctrine, but from practicing what you know. Therefore, the call is to put into practice what one believes in. Caring for orphans is one practical way of demonstrating one’s pure religion.

In church history John Wesley, George Mueller, William Booth, and others championed the cause of the vulnerable in society, including orphans. The problem of orphans in Zambia has affected the Church, villages, communities, towns, cities, and the

whole nation. The Zambian government is helped to care for orphans by, nongovernmental organizations, and mission agencies such as, World Hope International Zambia, Jesus Cares Ministries Zambia, World Vision International Zambia, Jubilee Centre, Sons of Thunder Orphanage, and Zambia Orphans of Aids (ZOA) just to mention a few are responding to this great need. Orphans are cared for in various ways by the agencies mentioned above. Some provide education scholarships only up to secondary education. Others sponsor community trusts where caregivers work together for one income-generating activity to raise funds to help them care for the orphans. Others provide food and other material needs on a regular basis. Some churches and mission agencies have built some orphanages to care for orphans. In the past the extended family system was the only way orphans were cared for in Africa. This system is still prevalent as most families have taken in orphans.

### **Overview**

Chapter 2 reviews selected literature and the theological and historical foundations of the Church's response to the problem of orphans. The literature shades light on the traditional extended family system in Africa, the coming of HIV/AIDS as one of the major causes of orphans, and what religious groups and churches are doing to meet the challenge. The guidance in the Old and New testaments on the care for orphans as well as the historical perspective was identified.

Chapter 3 presents a detailed explanation of the research's design, the methods used in research, and the methods used to analyze data. This study was a qualitative research using focus groups. Two local congregations, namely Kabwata Pilgrim

Wesleyan Church and Kanyama Pilgrim Wesleyan Church, were used as a sample population. Focus groups were used to reflect and gather data on the subject.

Chapter 4 presents the findings of the research. The activities employed by the Pilgrim Wesleyan Church in their care for orphans were identified. Particular attention was given to what is done by the Kabwata and Kanyama Pilgrim Wesleyan churches in their care for orphans. The perceptions of local church leaders, and the guardians caring for orphans, as well as orphans themselves, were identified and compared.

Chapter 5 reports major findings and practical applications of the research and offers suggestions. The activities that are being used and are proving successful were promoted to be continued.

## CHAPTER 2

### LITERATURE

Almost every family that I know in Zambia is affected by the reality of caring for orphans. As a leader in the Pilgrim Wesleyan Church, some members and non-church members ask me for help to care for the orphans in their families. As stated earlier, one day when I was at Amiran Agricultural shop in Lusaka, the capital city of Zambia, a young officer invited me into her office after hearing that I was a pastor. With tears in her eyes, she said, “Pastor, please help me, I have four orphans from my extended family whom I am keeping, but I am failing to make ends meet.” I hear such requests around Zambia and in the southern Africa region in my preaching and teaching ministry. The following is an editorial comment of one of the main newspapers in Zambia:

The coming together of Zambia’s three Church mother bodies to set up a task force to fight the HIV/AIDS pandemic will give a great impetus to this war. There is an agent need for the Church to formulate a common way forward in the fight against HIV/AIDS and come up with practical activities aimed at preventing HIV within and outside the Church.... There is no way the Church can maintain, for a long time, what appears to be an unrealistic approach to a pandemic that has killed more than a million Zambians in its fifteen-year history, continues to kill about 100,000 each year and has left behind half a million orphans. (The Post, March 21, 2002)

The church must rise to this challenge because society looks to the church for guidance. Partnership is critical to achieve a united effort.

The purpose of this research was to explore strategies the Pilgrim Wesleyan Church in Zambia employs to care for orphans and to identify the best activities in this care. A survey was conducted to measure the different approaches used to support extended families in both the urban and shanty compound areas of Lusaka. The long-term purpose of this research was to strengthen the best practices and use them to educate

leaders of other denominations and religious agencies about effective ways of supporting extended families in their care for orphans.

### **Global Impact of HIV/AIDS**

While many different reasons cause children to be orphaned, this study is based on the assumption that deaths caused by HIV/AIDS related diseases contribute greatly to the increase in the orphan population around the world. The impact of HIV/AIDS is a global challenge. Philip Kuruvilla reports about a group of fifty theologians who met at Asia Theological Education Research Institute in 2003 to discuss HIV/AIDS through presentations of papers. At the conclusion of the consultative meeting these leaders were convinced that HIV/AIDS was more than a medical problem but a challenge to human life. These leaders also believed that this pandemic was a challenge to theological education which needed to be responded to in a meaningful way so as to prevent and mitigate its spread (129). From the United States of America Robert E. Beckley and Jerome R. Koch have this observation:

Throughout history, medical crises and diseases have challenged societies and their institutions. Leprosy, bubonic plague, tuberculosis, cholera, polio, venereal diseases, and alcoholism are examples. In the United States and United Kingdom organized religion has been confronted and challenged by HIV/AIDS and the social effects upon those who suffer from these conditions. (1)

The church is part of society and referred to as light and salt of the world. As salt becomes only effective when applied, so does the church become effective as Christians become involved in issues that affect society. In this case it the issue of HIV/AIDS.

Due credit was given to former UN Secretary General Kofi Annan by Donald E. Messer for persuading the United Nations to acknowledge and take action regarding this global crisis. Annan requested that a new global fund be created in the amount of \$10

billion to fight three killer diseases namely HIV/AIDS, tuberculosis, and malaria.

However, Messer goes on to wonder whether the pledged funds to fight HIV/AIDS were new resources, or was money diverted from other social services (5). However, Johanna McGeary argues that the West is not doing much in responding to HIV/AIDS:

The developed world is largely silent too. AIDS in Africa has never commanded the full-borne response the West has brought to other, sometimes lesser, travails. We pay sporadic attention, turning on the spotlight when an international conference occurs, then turning it off. Good-hearted donors donate; governments acknowledge that more needs to be done. But think how different the effort would be if what is happening here were happening in the west.

I agree with McGeary in that it seems that the developed world seems to move slowly in helping Africa with the HIV/AIDS pandemic. A current example is how swift the leaders have come together to respond to the global financial turndown.

The twenty-sixth special session of the United Nations General Assembly, held on June 25-27, 2008, made a “Declaration of Commitment on HIV/AIDS” under the theme Global Crisis Global Action. The United Nations acknowledged that HIV/AIDS was a global crisis and a great challenge to human life and dignity at all levels of society national, community, family, and individual. Many reasons were articulated for calling HIV/AIDS a global crisis and the Assembly recalled and reaffirmed its previous commitments on the pandemic made through various declarations.

Furthermore, the General Assembly identified several specific areas on which the UN would focus in order to fight HIV/AIDS. One area of interest to this study is the provision of support for children orphaned and made vulnerable by HIV/AIDS.

One of the goals set in relation to supporting orphans was the following:

By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counseling and psycho-social support; ensuring their enrollment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance. (United Nations)

Messer observes that committed Christians worldwide are not making much progress in mobilizing communities into a leading role in the fight against HIV/AIDS (7).

### **Impact of HIV/AIDS in Africa**

At the moment statistics show that the African nations most impacted by HIV/AIDS are those south of the Sahara. This is demonstrated by reports from the “2007 AIDS epidemic update” by UNAIDS:

Sub-Saharan Africa remains the most affected region in the global AIDS epidemic. More than two thirds (68%) of all HIV-positive people live in this region where more than three quarters (76%) of all AIDS deaths in 2007 occurred. It is estimated that 1.7 million [1.4 million-2.4 million] people were newly infected with HIV in 2007, bringing to 22.5 million [20.9 million-24.3 million] the total number of people living with the virus. Unlike other regions, the majority of people living with HIV in sub-Saharan Africa (61%) are women.

The UNAIDS report goes on to say that South Africa has the largest number of HIV infections in the world with more than five million infected. Messer agrees with this report about South Africa and gives some reasons compounding this crisis there. First, President Thabo Mbeki was absent at the United Nations General Assembly on AIDS. The president was skeptical as to whether the virus leads to the disease. Therefore, South Africa did not make a commitment to the fight against HIV/AIDS as did other nations. Second, Roman Catholic bishops denounced the use of condoms (“2007 Aids Epidemic

Update”). Johanna McGeary agrees with the picture given about southern Africa.

Johanna personally visited and interviewed people in Botswana, South Africa, and Zimbabwe. He concluded that this nightmare is real. No one speaks the word AIDS. Neither do doctors nor obituaries call the killer’s name. In Zambia the closest people come to calling the disease AIDS is when they say, “The deceased has died of a long illness,” when they refer to the cause of death for their loved one. McGeary, a *Time Magazine* journalist, writes the following concerning the issue:

Orphans have traditionally been cared for the African way: relatives absorb the children of the dead into their extended families. Some still try, but communities like Tsepho’s are becoming saturated with orphans, and families can’t afford to take on another kid, leaving thousands alone.  
(7)

Caring for those in need is part of the African culture that should not be forgotten. I very much appreciate this fact because I am a beneficial school.

### **Impact of HIV/AIDS in Zambia**

Ridgeway Liwena observes that almost 50 percent of people now caring for orphans in Zambia are grandparents. These grandparents often have no income of their own. In addition, they are limited as to how many orphans they can take at a time without help. All in all, the picture is overwhelming. Liwena makes a passionate appeal:

This is a struggle of life and death, and so far the virus is winning. It goes therefore that everybody must direct their attention to combating HIV/AIDS. Governments ought to move in swiftly and show total commitment to the struggle. All the extra resources being spent on political, religious and ethnic conflicts must be diverted to a massive assault on the HIV/AIDS virus and its effects. (1)

The fight against HIV/AIDS is going to take more than one person.

Messer makes a similar appeal by challenging the Church to make it its priority to reach out to women who are impoverished. When women are poor, they fall prey to exploitation at every point. Also, the low social statuses of women in most societies make it difficult for them to hold to their personal convictions about sex. These two factors, poverty and low social status make women vulnerable to HIV infection (82). The *Post* in Zambia reports that African women participants strongly blamed African men at an international conference. The women said their lives were put at risk by men due to practices such as refusal to use condoms, intimidating young girls, polygamy, and rape. Other activities that put women at risk are purification rites through sexual intercourse after the death of the husband, and the belief that having sex with a young virgin cures AIDS (African Men Blamed over AIDS).

The Ministry of Health Reports that in 1998 the HIV prevalence rate among fifteen to forty nine-year-olds in Zambia was an estimated 19.7 percent. The report goes on to make a very shocking statement that among those Zambians who are now over fifteen years old, nearly one out of five is already HIV-infected and will almost for sure die young from the disease. Equally important, the same report notes that the other side of the picture reveals that more than 80 percent of Zambia's population aged fifteen to forty nine remains uninfected. Therefore, men and women in this group can decisively take a stand to protect themselves and be instrumental in curbing the spread of the HIV/AIDS virus. Consequently, a strong response to fight against the epidemic is needed from all sectors in Zambia.

## **Spread of AIDS Virus (HIV) in Zambia**

According to the Ministry of Health 1999 study, several factors have contributed to the rapid spread of HIV in Zambia; I will discuss those that relate to the sociocultural beliefs, practices, and economic issues.

**High mobility.** The frequency of movement by specific groups puts them at risk of HIV infection. These groups include refugees, long-distance truck drivers, migrant workers, cross-border traders, fish mongers, and uniformed defense and security personnel. The risk level of these groups is higher because they are away from home for long periods. This movement has been compounded by urbanization: people moved from the villages to the cities in search of employment. Men, in this case, travel to the cities alone, leaving their wives in the villages. Some of these men are unfaithful to their wives and begin extramarital sexual relations with women in the cities. In many cases, the unsuspecting women in the villages are infected with HIV and other sexually-transmitted infections (STIs) by their unfaithful husbands when they return home from their treasure hunts.

**High prevalence of sexually transmitted diseases.** The probability of transmitting HIV during unprotected sex rises dramatically if either partner is infected with another sexually transmitted disease such as syphilis or gonorrhea. These infections cause ulcers and sores that make transferring the virus easier.

**Multiple sexual relationships.** Irrefutable evidence supports the fact that multiple sexual partnerships contribute to the heterosexual spread of HIV. This infection is more likely if the relationships are in process at the same time. The *Zambia Sexual*

*Behaviour Survey 1998* reports that 39 percent of sexually active men and 17 percent of sexually active women had a non-regular partner.

**Low use of condoms.** *The Zambia Sexual Behavior Survey 1998* also indicates that 33 percent of men and 24 percent of women used a condom in the last sexual encounter with a non-regular partner. When condoms are used consistently and correctly, they are a highly effective means of preventing the transmission of HIV and other STIs.

**Low levels of circumcision.** Though not conclusive, evidence is mounting that HIV is transmitted at a much higher rate in populations where a low proportion of males have been circumcised.

**Early sexual activity.** The initiation of sexual activity at young ages can have an important overall effect on the spread of HIV in a population. Gary Chapman in his book says that young people today are growing up in a world with no sexual rules. Movies, media and music all make sex look as if it is equal to love (24). Parents need to make a deliberate effort to teach young people good morals as a way to guarantee their better future.

**Knowledge, attitudes, and behavior.** *The Zambia Sexual Behaviour Survey 1998* and *Zambia Demography and Health Survey 1996* give some indications about knowledge and attitudes towards HIV/AIDS. Knowledge about the epidemic is virtually universal among Zambian adults, most of whom understand that it is a fatal disease and that no cure is available. Sexual behavior changed very little between 1996 and 1998 and many Zambians continue to engage in what, from the perspective of HIV transmission, is risky behavior. However, the surveys were conducted fairly close together and may hide longer-term changes, which could be discovered through broader geographical and more

widely-spaced studies (*Ministry of Health/Central Board of Health, HIV/AIDS in Zambia, Background, Projections, Impacts, Interventions; September 1999*).

**Sociocultural beliefs and practices.** Sociocultural beliefs and practices that have been fuelling the spread of HIV in Zambia include the license that the explicitly and implicitly male-dominated society gives to men to have multiple sexual partners, while imposing a strict moral code of conduct on the women. Among all the tribes, a woman found or even alleged to have an affair with a man who is not her husband is subjected to harsh moral judgment. One accepted behavior includes *dry sex* in which women, mostly poor wives, apply traditional herbal powders to the interior of their sexual organs to *wick out* body fluids. The women widely believe that once the mucus membrane of their genitalia is *dry* it will heighten their male partners' sexual pleasure during unprotected sex. This belief and practice increases their risk of infection. Another risky practice is widow/widower cleansing. In this age-old but rapidly receding rite the surviving spouse is forced to have unprotected sex with a close relative of the deceased spouse as a way of exorcising them of the spirit of the dead partner. If the dead partner was a victim of HIV/AIDS, the surviving spouse has a strong likelihood of infecting the *cleansing partner* with the virus. Among my tribe, the Tonga, this rite has been practiced for years. Fortunately, many traditional leaders have been discouraging it in recent years and have been prescribing safer, nonsexual methods. For parents to discuss sexual matters openly with their children is taboo. Therefore, the free flow of information between parents and their children as a preventive method is not happening. Initiation ceremonies for young women and men who have come of age also constitute a major driver of the spread of

HIV. Initiates, both male and female, are taught practices and given information that excites their imagination, thus exposing them to HIV infection and other STDs.

**Poverty.** According to the Central Statistical Office (CSO), close to 70 percent of Zambians live below the poverty datum line on less than US \$1 a day. Poverty affects women more than men. Because most of them do not have any regular source of income, or earn too little to live on, they are heavily dependent on men for survival. This lack of earnings makes them vulnerable to HIV infection. Many married women are trapped in abusive relationships for fear of losing their only source of social and emotional security, their marriage. This anxiety erodes their capacity to assert their sexual and reproductive rights such as demanding safer sex and deciding whether or not, and when, to have children. The imbalance in the economic equilibrium often forces young girls and women into commercial sex work as a survival mechanism while boys are vulnerable to child labor and other forms of exploitation. Cross-generational sex is now common where older men are using their economic muscle to seduce girls the age of their own daughters or grandchildren into sexual affairs. This act puts the girls at risk of HIV infection as these men are usually involved in multiple sexual relationships. Poverty affects women in almost all age groups. An unemployed single woman openly confessed that she risked her life by having mostly unprotected sex with different men because she did not have a safer means of supporting her children. She said, “AIDS will kill me after many years, but hunger will kill me sooner.”

**Gender.** Sharing the same bed with poverty as a major driver of the spread of HIV/AIDS is gender. Male dominance and lack of self-assertiveness among women in sexual relationships put both women and men at risk. The status quo teaches women

never to deny their husband their conjugal rights even when they know that he has been sleeping with other women or is infected with a Sexual Transmitted Infection.

Personal accounts from women and girls speak volumes about their vulnerability. During a youth conference that my organization arranged for young people, we had a session in which we encouraged the young people to talk about the challenges they were facing in maintaining purity as a way of fighting the spread of HIV/AIDS. We separated the girls and boys. My wife took the girls while I had a session with the boys. A twenty year old young woman explained how she thought that she had to sleep with a man who was married and working because he had promised to buy her some necessities such as soap, lotion, food, and clothes that her parents could not provide. The boys said their biggest challenge was that although they were willing to work, no jobs are available for them. The young people's openness was amazing because talking about sex in such a setting is not allowed in African tradition. The contributing factor to this situation is probably the fact that in African culture, words for human sexual organs and sex itself are not directly mentioned. Sex is regarded as a private matter and open discussion of the issue attracts shame, contempt, and resentment. Sexual words are not used in public teaching or conversation because they are resented as vulgar. Euphemisms are used for words related to sex and sexuality, especially sexual organs. For example, "That man moves with that woman," is a common phrase when referring to an extramarital affair, meaning the man is having sex with the woman. Agrippa G. Khathide rightly observes that this silence must be quickly and firmly tackled (1).

## **HIV/AIDS Prevention in Zambia**

For some people in Zambia, the beginning point would be to make people aware of the presence of HIV/AIDS. Many voices are speaking out about HIV/AIDS in Zambia. Furthermore, I do not think people are exaggerating when they say, “Everyone in Zambia is either infected or affected by the HIV virus.”

The popular way of promoting HIV/AIDS prevention is following the ABCs. *A* stands for *Abstinence*. The target group for this message of abstinence is young people, particularly those in high school. The campaign awareness for abstinence is promoted through a wide range of media such as songs, drama, radio, television, and posters that are mounted on proper billboards in towns and cities and to trees and in building in villages and rural areas. The poster that the Namwianga mission high school has in Kalomo reads, “Sex thrills, AIDS kills.” A poster at one of the girls’ high school reads, “Girls value your lives, ABSTAIN FROM SEX, STAY IN SCHOOL.” In Siavonga, I heard the Siavonga basic school choir singing harmoniously a song composed by a student entitled, “Abstinence ili che.” The literal meaning of the song is that abstinence is best. A popular poster is a picture of a young virgin seated with her arms folded saying, “Sex with me doesn’t cure AIDS.” This message is intended to challenge the myth that having sex with a virgin cures AIDS. The ministry of education is making a deliberate effort to provide AIDS education in schools in order to influence the attitudes of school-aged children.



**Figure 2.1. Siavonga basic school choir singing “Abstinence ili che.”**

*B* stands for *Be faithful*. This campaign is targeted to those who are marriage to remain faithful to their married partner. Those who are married should not have other sexual partners. For Christians this message is not new; they are to live this message when they get married because fidelity in marriage is what is expected. However, the message of being faithful to their married partners presents Christians with an opportunity to share biblical standard for marriage.

*C* stands for *Condom*. The Church in Zambia is divided over the promotion of the use of condom to prevent the spread of HIV. Those who are opposed believe that the use of condoms encourages people to be promiscuous. The Roman Catholic Church has an uncompromising stand against the use of condoms. In Zambia, Dr. Kenneth Kaunda, the first president of Zambia, is a leading figure in the campaign of fighting the spread of HIV/AIDS. The ultimate fight against HIV/AIDS is the change in attitude of the Zambian people. Also, people, especially young people, need to be helped to have life skills to have gainful employment so that they do not fall victim to those who might abuse them in their search for financial help.

### **Orphans in Zambia**

Due to the high incidence of HIV/AIDS-related deaths in Zambia, the number of orphans continues to increase. Different people may understand an orphan in different

ways. Michael Kelly, a Roman Catholic Father who is a lecturer at the University of Zambia, School of Education, has his own definition:

An orphan is a child who has lost one or both parents. A maternal orphan has lost the mother, a paternal orphan the father. A child who has lost both parents is sometimes referred to as a double orphan. It is very likely that a child who has lost one parent because of AIDS will soon become a double orphan, since the likelihood of the surviving parent being HIV-infected is also high. (1-4)

Kelly's definition of an orphan is different from a traditional definition of a child who has lost both parents due to death. In an email interview, Pastor Humphrey Chabu of Mufulira, Zambia, said in the local Bemba language the word for *orphan* was *umwana wa nshiwa*, which means a child whose parents have died, or literally, a child left to its own devices. I was curious to see if words for *orphan* existed in other parts of the world. On 27 March 2008 I interviewed three students at Asbury Seminary, Wilmore, Kentucky. The Japanese language, Miyoko Miya says, has two terms for orphan. An orphan can either be called *koji* or *minashingo*. Habila Saidu from Nigeria says in the Hausa language *orphan* is called *Maraya*. From the Democratic Republic of Congo, Fohle Lygunda says that an *orphan* is called *mwane etike* in the Lingala language. In my own language in Zambia, which is Chitonga, the term used for *orphan* is *muchaala*. In all these languages the words mean a child who has lost both parents through death. The literal meaning of *muchaala* in the Chitonga language is a child who has been left by parents through death. It also has a connotation of a child who has been abandoned by parents.

On 23 September 2008, I also interviewed three leaders during the International Leadership Institute national conference at Emmanuel Wesleyan Bible College in Manzini, Swaziland. In the Xhosa language, Elliot Mgwarubana, a teacher who is a lay

Wesleyan pastor of Ngobozana Wesleyan Church near Durban said an orphan is called *nkedama*. He emphasized that this term refers to a child who has lost both parents through death. I went on to ask Mr. Mgwarubana if his church had some activities that helped in the care of orphans. His response was that his local church was doing nothing. Then, I asked him what he thought the church should do. Mr. Mgwarubana had some very good suggestions about what he thought his local should do. He outlined that church should

1. Have a list of all the orphans in the congregations,
2. Have a clear plan of how they are going to help the orphans in the congregation and surrounding area,
3. Provide food and protection through the extended families, and
4. Provide short-term education through scholarships and opening schools where the church can provide education to their children, orphans, and other children in the community. His passion as a teacher came through when he concluded by saying, “We cannot live in Canaan and send our children for education in Egypt.” He makes a powerful statement of calling the church to effective Christian education to communities.

Rev. Samson Ndabandaba, former district superintendent of Swaziland district of the Wesleyan Church and now serving as a local church pastor, said the word for orphan in Zulu is *intandane*. Rev. Ndabandaba also said the Wesleyan Church in Swaziland does not yet have activities to support orphans. When I asked him what the church should do to support orphans, he said that the church should visit homes where the orphans are being raised by their extended family members. He went on to say that the church should

buy clothes and food for orphans. In addition the church should sponsor orphans to go to school and help build better homes for orphan caregivers.

The last Wesleyan leader in Swaziland, whom I interviewed, was Mrs. Thabsile Thwala, the country director for World Hope International Swaziland. Mrs. Thwala said in the Swati language an orphan is called *intsandzane*. It refers to a child who has lost one or both parents through death. Concerning activities of the church in caring for orphans, Mrs. Thwala confirmed what Mr. Mgwarubana and Rev. Ndabandaba had said. They have no program or activity. However, she said that World Hope International Swaziland sponsored by World Hope Canada was helping the church to care for sixty-five orphans by feeding them breakfast and lunch five days a week and giving them an education, at Ebenezer Wesleyan Church. The children stay with relatives as required by the government. The reason World Hope International is providing food and education to the orphans is because their relatives do not have the means. The meals provided to the orphans at church are prepared by church members. When I asked Mrs. Thwala what the church should do, she said that the church should practice James 1:27, which encourages care for widows and orphans. She went on to say that the church should feed the orphans and take care of their basic needs. Children should stay with their extended family members. In short, the church should ensure that orphans are cared for in the homes of their extended families.

Estimates for the total number of orphans in Zambia vary. One estimate, according to Kelly, is that 1.656 million children in Zambia are orphans who have lost one or both parents. However, a conservative number in view of the number of deaths caused by HIV/AIDS is more than 600,000 orphans. The National AIDS Council (NAC)

estimates that 700,000 had lost both parents in Zambia by 2005. Kelly continues to argue that if the trend continues, Zambia is likely to retain its position as the most heavily orphaned country in the world for at least the next decade. This possibility is very challenging. Listening to the news and to people talking in public and private places indicate that more orphans could exist than those reported. Phyllis Engle, a missionary to Zambia with the Brethren in Christ Church Mission, in her March 2008 prayer letter seems to agree:

I am participating in Rich Stuebing's Thursday morning advisee group meeting and was impressed with the testimony of a student in his 50's as he told how he and his wife were able to rear 6 children that are all serving the Lord. Now they have taken 3 orphan children left by his younger brother and his wife who both died of AIDS 2 weeks apart. The prevalence of sickness and death from AIDS is still very evident in the country.

Engle's observation seems to be in agreement with what the national media reports.

Concerning the care for the orphans, her observations confirms Mensah's observations at orphans are cared for by their extended family members.

The building of orphanages is a foreign concept to African culture in the care of orphans. This idea was brought to the continent by well-meaning and loving people from the West who did not understand how Africans cared for orphans. In the West, when a need arises, the solution is to build an institution that addresses that need so as to free the rest of the people from worrying about the problem. Qualified people are hired to run the institution and citizens, in most cases, are able to give from their abundance. An orphanage in Africa presents a real challenge for many reasons. Governments and their citizens are too poor to support orphanages. The way to support orphans in Africa has

been through the extended family, which is now overwhelmed due to the increased number of orphans.

### **Caring for Orphans in the Old Testament**

In Bible times, according to church history, the people of God were faced with the issue of caring for orphans. We are also faced with this situation today. I am going to discuss caring for orphans in both the Old Testament and the New Testament times. The term that is used in the Old Testament for the orphan is “fatherless.” Whenever used the term is associated with the widow and the stranger.

In the Old Testament, particularly in the book of Deuteronomy, the twelfth to the twenty-sixth chapters, the fatherless (orphan), was associated with “widow” and “stranger.” As already noted, in the Bible an orphan was a child who had lost both father and mother and had no support. A widow was a woman who lost a husband through death. She too had no support because in the Hebrew culture, the husband was the provider. A stranger needs someone to welcome him or her and offer hospitality. Therefore, this trio is inseparable in the Deuteronomic code because they had common characteristics. They were treated the same. Harold V. Bennett says that the Deuteronomic Code contains the words *almanac*, *ger*, and *yatom*. These terms are translated in English as “widow,” “stranger,” and “orphan.” He goes on to say that while these terms are grouped legally, texts that show this group do not mention the specific circumstances that permit listing the three together as a social grouping (55). The treatment that was to be given to strangers and widows was the same that was to be rendered to orphans.

The orphans were also supposed to be treated justly:

Do not deprive the alien or the fatherless of justice, or take the cloak of the widow as a pledge. Remember that you were slaves in Egypt and the LORD your God redeemed you from there. That is why I command you to do this. (Deut. 24:17-18)

The children of Israel were supposed to treat those who were in special need in the same way as God had treated them in Egypt. The nation of Israel was a stranger in Egypt. God did not want them to forget this truth and how it related to how they treated strangers.

The Israelites were to treat the orphans well, out of gratitude to God because of how He treated them. A similar command is seen in Exodus 22:22 where the Israelites seem to be accused of afflicting the fatherless because they did not have anyone to defend them. God commanded his people, “Do not take advantage of a widow or an orphan.” His view on orphans is that they should not be afflicted. This treatment of orphans was his requirement of his people in the Law, and his requirement of his people today who are under grace remains.

Christine D. Pohl says that Israel lived by the grace of God and their self-knowledge as a chosen people. At the same time the counsel on strangers was a constant reminder of the relationship of dependence and faithfulness, gratitude and obedience. Their identity as strangers also enabled them to know the feelings of the strangers, orphans, and widows as powerless people who lived among them (28). Furthermore, the Israelites were not only strangers, but also considered themselves as orphans. In Lamentations 5:3 we read, “We have become orphans and fatherless, our mothers like widows.” This confession would be an overarching reality of the Israelites, a reminder that when they took care of orphans, they did not do the orphans a favor but were giving the care that they too needed from the Lord. In other words, the orphans (Israel) were taking care of fellow orphans. In the New Testament, Jesus called his disciples to have an

attitude of serving one another out of a heart that is grateful and realizes that they too have been served. John 13:14-15 reads, “Now that I, your Lord and Teacher, have washed your feet, you also should wash one another’s feet. I have set you an example that you should do as I have done for you.” Jesus was emphasizing the point that he was not asking his disciples to do something they had never experienced. In this vein the Israelites were obliged to care for the orphans. They, too, were cared for as orphans by God.

The apostle John uses similar language when admonishing Christians to love one another by saying, “Dear friends, since God so loved us, we also ought to love one another. We love because He first loved us” (1 John 4:18-19). In short, John is challenging Christians to give what they have received. In this case, they have received love and, therefore, should give it gladly. In a similar way, in the Old Testament, the Israelites received care and provisions when they were in need. Consequently, they, too, should give the same treatment to the orphans.

A careful study of the laws in the book of Deuteronomy regarding this subgroup shows that they were oppressed. One of these laws had to do with the periodical assistance given to the trio as recorded in Deuteronomy 14:22-29 and 26:12-15. The assistance had to do with the distribution of grain, wine, oil, and livestock to the widows, strangers, and orphans. Bennett argues that these laws that required the trio to receive help only at certain times of the year contributed to their oppression. He goes on to say that this group probably had to go into prostitution or offer themselves as willing slaves of the landlords for their survival. (20)

Still in the Old Testament, Nehemiah is a shining example of a servant of God who cared enough to identify with those in need and do something to help them.

When I heard their outcry and these charges, I was very angry. I pondered them in my mind and then accused the nobles and officials. I told them, You are exacting usury from your own countrymen! So I called together a large meeting to deal with them. (5:6-7)

From the human point of view, ignoring the plight of the Jews burdened by usury would be easy. After all he was not personally affected. He, to the contrary, identified with the suffering of his people. Nehemiah allowed no excuse to blind him to the reality of the desperate need of his people whom he so dearly loved. This portion of Scripture reveals that God helped Nehemiah remove the shame and loss his people had endured. The lesson we learn from Nehemiah is that God's people must have a caring attitude toward those in need.

### **“A Father of the Fatherless”**

God identifies himself as a Father to the fatherless in the Psalms: “A father of the fatherless, and a judge of the widows, *is* God in his holy habitation” (68:5). The declaration that God gives in this Psalm about his relationship with the fatherless reveals all the characteristics of a good father toward his children. First, it reveals a relationship of love. God has an unconditional love for orphans. He desires the best for them. His love for the fatherless requires obedience on the part of his beneficiaries. As a Father to the fatherless, God defends them because they are vulnerable. One of the main roles of a father is to provide for the family. In the same way, God is the provider for the orphans. Bennett suggests that the Deity protected defenseless elements in the biblical communities. He goes on to say that the term “fatherless” suggests two propositions: (1) The biological fathers of these individuals are absent or dead, and (2) the biological

fathers of these individuals are present but incapable of providing the protection they need, making them vulnerable and reducing their chances of freeing themselves from debt slavery (54-55). The story of Elijah and the widow with her son in 1 Kings 17 also sheds light on the vulnerability of widows and orphans in the Old Testament. In a land where the widows and orphans were to be cared for by the tithes and offerings, the remains from the harvest, a woman is seen lamenting that she was going to have her last meal with her son and then die. God demonstrated his care for the widow and her son by sending Elijah to her house. The widow was kind enough to even share the little she had with the man of God, a total stranger

### **God's People Must Be Attracted to the Orphans**

Orphans represent the weak and vulnerable in society. The natural tendency is to resent and be repelled by them. People more easily associate themselves with the powerful and the successful and scorn the weak and vulnerable in society. The same was true in Old Testament times. The fatherless were excluded from God's people, so God responded:

The Levites (who have no allotment or inheritance of their own) and the aliens, the fatherless and the widows who live in your towns may come and eat and be satisfied, and so that the LORD your God may bless you in all the work of your hands. (Deut. 14:29)

God expected his people to ensure that orphans were included in every benefit that the children of Israel received from his storehouse.

Jim Cymbala observes that people are all weak before the Almighty and yet God is attracted to this weakness. He cannot resist those who humbly and sincerely acknowledge their desperate need of him (19). This characteristic of God goes against the attitude of today, which avoids weakness and adores strength. The human tendency is to

associate with the strong and avoid being seen associating with the weak. A different attitude and mindset are needed because in our day the tendency is to look down on the weak and any sign of weakness.

Orphans were also cared for by the extended family system as shown in Esther 2:7:

Mordecai had a cousin named Hadassah, whom he had brought up because she had neither father nor mother. This girl, who was also known as Esther, was lovely in form and features, and Mordecai had taken her as his own daughter when her father and mother died.

It is not known how old Esther was when her parents died, but this Scripture implies that she was raised in an extended family system, her cousin Mordecai, who was taken into captivity with other Jews. The Jewish culture encouraged extended families to care for orphans. Of course, Mordecai did not know that he was raising a future queen whom God would use to deliver the Jews from the terrible hand of Haman. Queen Esther did not only save the Jewish nation but she was also instrumental in the honoring of Mordecai. The story of Esther is a very good example of how an orphan can turn out to be a great blessing to a nation and also to the one who raised him or her.

The Old Testament gives a clear picture that the fatherless were to be treated in the same way as the rest of the Israelites. They were not to be afflicted or oppressed in anyway, and they were to be included in all the benefits of the people of God. God gives hope to the orphans. The economic provision and protection of orphans was the responsibility of both the individual families as well as the nation. Care for orphans was structured and unstructured. People were encouraged to care for orphans. In other words, caring for orphans was both spontaneous and corporate.

### **Caring for Orphans in the New Testament**

Today, there is renewed emphasis on the local church as the community of God's people who live and serve together and care for each other as the body of Christ in a particular setting. The story of the separation of the sheep and goats in Matthew 25:31-46 helps demonstrate the necessity to care for those in need. The difference in the eternity of the two groups is based on what they did and what they did not concerning the welfare of the vulnerable in society. Both groups were in the same environment and had the same opportunity to care for the needy. Those represented by the goats were selfish and did not care at all. They were interested only in their own affairs and did not want to be inconvenienced and bothered by the needs of others.

Orphans today represent a very needy group that requires the attention of those with the mind of Christ. They are indeed the least in our society. Their life is full of despair and hopelessness. Their only hope is being helped by the people of God. The ministry of Jesus was bent toward the marginalized and needy in society. In Luke 4:18-19 Jesus makes this uncompromising proclamation:

The Spirit of the Lord is on me, because he has anointed me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed, to proclaim the year of the Lord's favor.

Each group mentioned here clearly shows their helpless nature. The first group comprised the poor. Jesus' ministry to them was to preach the good news. The second group was that of prisoners. Jesus' ministry to them was that of proclaiming freedom. The blind constituted the third group. To them, Jesus would bring the recovery of their sight. The last group that Luke mentions is the oppressed, to whom Jesus would provide freedom by releasing them. Freedom and hope for the oppressed was the burden of our Lord Jesus Christ which should also be ours as his followers and servants.

Jesus is calling Christians to respond positively to those who are in need. This solemn call means that a local church that meets under a tree in the Chikanta area of Zambia, and one that meets in an air-conditioned building in Lusaka, and one in the western world must care for those members of the body of Christ in need. Richard J. Foster describes this concept:

Perhaps no book in the New Testament gives a more sustained and passionate plea for the disadvantaged and dispossessed than the Gospel of Luke. Luke is the Gospel of the poor, the voice of the voiceless. Any statistical accounting would demonstrate that Luke gives the most attention to the poor and needy. But beyond sheer scoreboard count, it seems that Luke has a special sensitivity to the hurting and the helpless (43)

Foster goes on to say that Jesus' compassion for those without anyone to defend them is seen in his instruction to his dinner host to include the poor, the maimed, the lame, and the blind when he provides a banquet (Luke 14:12-14). The purpose of including the needy was not just to get one's name on the social register but to help (45).

The early Church in Jerusalem, as recorded in the book of Acts, shows that the believers had eyes that saw and ears that heard the needs of others and were willing to sacrifice their resources to meet those needs. What those believers did was a manifestation of how Jesus expects his followers today to care for one another and for those who are needy. The Apostle Paul shares the same concern in his letters. In Galatians 2:10 he echoes what the Church at Jerusalem had expected of those ministering among the Gentiles. The expectation was "remembering the poor." The believers at Ephesus were admonished, "He who has been stealing must steal no longer, but must work, doing something useful with his own hands, that he may have something to share with those in need" (4:28). The admonition here is that those who were thieves should

engage in productive work so that they could help those in need. Although widows were put in the same category as orphans, the Apostle Paul, in his first letter to Timothy, shows that they, too, needed to be generous to those who are afflicted (5:9). In other words, they, too, are to care for the needs of orphans.

### **Community Witness**

In the New Testament, the care for the orphans is covered with the expectation that the body of Christ must be a caring community. In James we read, “Pure religion and undefiled before God and the Father is this, to visit the fatherless and widows in their affliction, *and* to keep himself unspotted from the world” (Jas. 1:27). This Scripture has been discussed in detail in the previous chapter.

Rick Warren argues that the Church is there to minister to people. It demonstrates God’s love to others by meeting their needs and healing their hurts in the name of Jesus. Every time one extends their hand in love to others they are ministering to them. Even a cup of cold water given in his name is considered ministry and would not go unrewarded by our Lord (104). In both the Old and New Testaments, orphans are provided for, defended, and protected. The Scripture is very clear about these requirements.

### **Caring for Orphans in Other Cultures**

Historically, ancient Israel continued to care for orphans, and church history reveals that this service was part of the ministry of the Church. However, the Catholic Encyclopedia shows that during the Roman rule of the world, the Romans did not care for the orphans.

As Christianity began to make an impact on the Roman Empire a steady change of attitude commenced:

When Christianity began to affect Roman life, the best fruit of the new order was charity, and special solicitude was manifested towards the orphan. Antonius Pius had established relief agencies for children. The Christians founded hospitals, and children's asylums were established in the East. St. Ephraem, St. Basil, and St. John Chrysostom built a great number of hospitals. Those for the sick were known as *nosocomia*, those for poor children were known as *euphrophia*, and those for orphans, *orphanotrophia*. Justinian released from other civic duties those who undertook the care of orphans. (McKenna)

The church has a rich heritage from which to draw vital lessons about caring for the needy in society.

In the Western world, care for orphans has taken place at the government and personal levels. In the United States of America for example, the government provides funding to foster parents who take care of vulnerable children. Some couples in the U. S. and other Western countries have also adopted orphaned children from other countries through adoption agencies. The Wesleyan Church in the United States of America runs a home in the State of Georgia called Hephzibar for orphans. Alberta Metz describes this home: "Hephzibah Children's Home is the tangible expression of the social conscience of The Wesleyan Church pertaining to this phase of this Christian obligation. It is a positive affirmation that she is caring, compassionate and concerned for the less fortunate" (7). After the Korean War, the founder of World Vision, Bob Pierce returned to the United States of America and challenged the churches to support the orphans that he saw in Korea. This marked the birth of the child sponsorship program of the nongovernmental organization (NGO). Since then many other NGOs that focus on caring for orphans have emerged such as Compassion International, World Hope International, Compassion International, and The Grieving Child International, UNICEF, Jubilee Center in Ndola, just to name a few. The three church mother bodies namely Evangelical Fellowship of

Zambia (EFZ), Zambia Episcopal Conference, and Council of Churches in Zambia as well as other denominations such as the Salvation Army, Brethren In Christ Church, the Seven Day Adventist Church have included ministry to orphans. The Northmead Assemblies of God church and Lusaka Baptist church, as well as many others unmentioned in this research, have ministries to orphans. Another way in which orphans are cared for is through adoption, which provides the orphans a chance to be raised in a caring environment. In addition, in the Western world orphans are cared for through the foster home system.

### **Brief Overview of Caring for Orphans in Church History**

When Constantine became emperor, the Church's position shifted from victim of persecution to ally of the state. Care for the needy, which included orphans, was now seen as *public service*. Outsiders noted that institutions established by the Christians to care for the needy were a model. This action showed that the Christians were indeed a light and salt to the world. An unexpected testimony about the impact of Christian care was given by the Emperor Julian, who pushed for the reintroduction of the Hellenic religion in his empire. He instructed the Hellenic priests to follow the example of Christians to care for the needy by building hostels for them. Here is his lamentation:

For it is disgraceful that when no Jew ever have to beg, and the impious Galilaens [Christians] support not only their own poor but ours as well, all men see that our people lack from us. Teach those of the Hellenic faith to contribute to public service of this sort. (*Works* 67-71)

In the fourth century, Christians built many hospitals (*xenodochia*) to care for poor travellers and the local poor. Bishops were to ensure that such were taken care of at the expense of the Church. In the Middle Ages the monasteries continued to uphold the belief that it was the responsibility of the Church to care for orphans and to teach them learning

and trade skills. The laity were also encouraged to provide this social support.

Pohl argues that the writings of John Chrysostom show that he supported the needy and encouraged his parishioners to do likewise. Chrysostom believed that caring for the needy remained a personal, individual responsibility also. That the care for the needy was not left exclusively to the Church was important to him (45). Such a position seems to have emanated from concerns that some parishioners might not be personally involved in caring for the needy.

In the Catholic Church, the one figure who stands out so prominently in the history of caring for orphans is St. Vincent de Paul (1576-1660). He attracted people from all walks of life to this noble work of caring for orphans. In his work, he found the orphan to be the most appealing victim and addressed the need with great skill. In his Association of Charity, orphans were treated like other children. Women who were attracted to St. Vincent de Paul's love and treatment of orphans established the Order of "Ladies of Charity." When the war between France and Austria was over, leaving many orphans, he ensured that the children were cared for by the Sisters of Charity in Paris. Since then, this order has spread worldwide and has been looked to as a defender of orphans. The order has also been an inspiration to others desiring to do similar work. When the French Revolution broke out about 426 houses were operated by Sisters of Charity, most of which cared for orphans. In South America the first orphanage was established with the inspiration of the Spanish who had been influenced by the French St. Vincent de Paul. The orphanage was for girls and was established by the Spanish order called La Caridad. In the United States the Ursulines was founded in New Orleans in 1727 under the sponsorship of Louis XV. In Europe, after the religious changes of the

sixteenth and seventeenth centuries, orphans were not committed to the care of the Church but the state. The care was then considered as public duty. Despite this policy, the Church continued this noble task.

Protestant Christians were also involved in the care for orphans. John Wesley, the Methodist leader, had a significant role in the promotion and provision of this service. When community ties were getting weak, Wesley's small group meetings provided opportunities for personal interaction and care of new believers and orphans. He established homes for widows and other needy.

### **Pilgrim Holiness Church Orphanage in Siachitema, Zambia**

Claudia Peyton was a single missionary who came to Zambia from Huntington, West Virginia in 1931. This missionary journey was truly a faith journey because she left America without the support of a mission board. Rev. Don McMellon, editor of her book, says Miss Peyton went to Africa on 15 December 1930, arriving at the shores of Africa entirely on her own. Doctors thought that her weight of less than one hundred pounds would physically not endure the blazing heat of Africa (5). When she left the USA, having an orphanage was not part of her agenda. As a nurse her desire was to share the love of Jesus Christ through medical care. One day an old woman from a village in the Siachitema area in the Southern Province near the town of Choma came to her with a baby and said, "Sister, can you take care of this baby because her mother has died?" Moved by compassion, Claudia accepted the responsibility to take care of that child. As word went around, more people brought more babies to Claudia. Some of the children who were brought to Miss Peyton died, but she managed to raise more than twenty in her orphanage. As I mentioned before, Claudia had no intentions of running an orphanage,

but the needs that were presented to her made her establish the orphanage. Rev.

McMellon testifies to this:

Miss Peyton did not go to Africa with the intention of beginning an orphanage. However, the Lord had prepared her with work in an orphanage in Cincinnati, Ohio, before going to Africa. The first years of her missionary life were spent in a primitive country, walking from village to village witnessing, teaching, and telling others of the Savior, teaching them how to write in the sand and making presentations in that manner. There have been many heartaches in being an independent missionary, a single lady out on the field. One of the great heartaches was the loss of many young babies that died in their first days after being brought to her. But out of all of it, there have been more than twenty that have been reared. She's white, single lady and yet the Africans called her "Mother." (5-6)

Claudia resolved never to return to the USA. During her more than forty-six years of ministry in Zambia, she only visited the USA once for only nine months. She died at the age of ninety-four in Siachitema village and was buried there.

The government of Zambia honored her for her great work at the orphanage. Some of those orphans are key leaders today. Miss Peyton was not the only one who cared for the orphans by building an orphanage. Several orphanages are in operation Zambia today. For example, in Lusaka, the Catholic Church has an orphanage at Kasisi, Mrs. Angela Miyanda, wife of former republican vice president Brigadier General Godfrey Miyanda, has the Kabwata orphanage; and in Ndola two orphanages are run by two churches. In Senkobo near Livingstone, the tourist capital of Zambia, the Global Samaritans and the Sons of Thunder each runs an orphanage for older orphans and infants respectively. When I interviewed Jeff Baltes, the director of Sons of Thunder, he told me that the facility has older women to care for the orphans. These women are referred to as aunts. In another development, the Noah Ministry, under the direction of Mike Jones, is constructing an orphanage near Kalomo. In Lusaka, the Northmead Assemblies of God

Church is championing the cause of caring for orphans through their Lazarus Project. In short, a lot is being done by the government, nongovernmental organizations, and the religious groups, including various churches, to mitigate the problem of orphans.

The other approach in the care for orphans is by establishing income-generating activities called community orphan trusts. World Hope International Zambia, based in Choma and working exclusively with the Pilgrim Wesleyan Church, supports orphans in this way. A community trust is an income-generating project run by a group of caregivers with funds from World Hope International Zambia. The profits of such a project help the caregivers to support orphans. World Hope International Zambia runs a total of seventy such projects in Zambia. An example of this model is at Gwembe Pilgrim Wesleyan church in Southern Province. In Eastern Province, St. Mary's girls' high school provided Zambia Orphans of Aids (ZOA), a private voluntary organization incorporated in August, 2000 in Washington DC, the first opportunity to support orphans and other vulnerable children in Zambia. The NGO provided the school with capital for an income-generating activity. The seed money enabled the school to buy a grinding meal and maize hauler. One year later, in 2002, the project provided tuition support to twenty-five students compared to fifteen over the same period the previous year.

Another successful example is Kwasha Mkwenu project sponsored by the Zambia Orphans of Aids operated by women in Lusaka's Matero township, which has been raising money from knitting and homemade confectionary to support households caring for orphans. The project has provided educational and food support for more than two hundred children from the surrounding communities.

### **Adoption in Oral Culture Versus Adoption in Writing Culture**

As Osei-Mensah has observed, until recently Africa had no orphans, and in many African languages such a word as *orphan* did not exist. When one's parents died, many mothers and fathers in the extended family would take care of such children in the same way as their own biological children. In African rural areas where families live together and share things like land and livestock, care for orphans was easier because everything that belonged to the family was made available to the family that absorbed the orphans. For example, if a male orphan married, he would be given cows by the foster parents to pay the dowry and bride price as would their biological child. No paper work was involved. Everyone in the village knew who had raised that child. My inquiry from my family friends, Pastor Bill Kinnan and his wife Donna about they adopted their two children Andrew and Kendra was insightful. Pastor Kinnan is the senior pastor of the Linwood Wesleyan Church in Sioux Falls, South Dakota. Pastor Kinnan has his own comments on the adoption process:

Andrew was adopted in Kansas. We lived in Michigan at the time. The birth mother was given a couple of potential families and selected us. A social worker from Kansas came to Michigan to do a "home study". We paid for the expenses of this. A "home study" was submitted to the courts to prove that we are a good home in which to place a child. Following that home study we appeared before a judge in Kansas for the final act of the adoption. Of course there were multitudes of documents for us to sign. Kendra was different since she was born in Romania. Donna went to the courts in Romania to adopt Kendra. There was a lot of legal work done there. I was still in the USA. Kendra was born a Romanian citizen so Donna had to get a Romanian passport to bring her to the USA. Once here we had her "naturalized" as a citizen of the USA.

Pastor Kinnan's comment on their experience in adopting Andrew and Kendra indicates that the relationship between the parents and the adopted children in the western world is documented. However, in both oral and writing cultures, the relationship between the adopted child and the parents is legal. The difference is that in the oral culture documents

are not used, but people know who the legal parents of the orphan are, while in the writing culture the relationship is documented. The other difference to note is that in an oral culture, the orphan retains the name of his or her father. For example, if the orphan named Adam Twaambo is adopted by Mr. and Mrs. Milimo Muleya, his name does not change to Adam Muleya. He remains Adam Twaambo

Professor Johan Malan of the University of Limpopo, South Africa, also warns that failure to acknowledge and respect African social institutions, particularly the extended family, has led to the collapse of many well-intended, externally-funded projects aimed at addressing the plight of orphans. He makes specific reference to American theologian and author Dr. Bruce Wilkinson's ill-fated Dream for Africa, which crumbled into a heap of rubble right before his eyes in the impoverished southern African monarchy of Swaziland because he ignored the reality and depth of African culture:

The orphanages (dream villages) that Bruce wanted to establish are at variance with African systems of kinship and the caring for their members. Traditionally, there were no orphanages and old age homes in Africa as every family is responsible for the care of its own members. In African cultures, a much more extensive system of kinship obligations is observed than the individualistic western societies, thereby ensuring that members do not become estranged from their families. (4)

Prof. Malan explains that even though the parents of orphans died, usually other members of their extended families such as brothers and sisters of the deceased, or even the grandparents would take care of the children:

Bruce was not aware of this fact and wanted to bundle 10,000 orphans from different communities and tribal groups into a single home. This was quite unacceptable to the Swazi public and government, and they also indicated that the future land rights of such children would be in jeopardy if they were removed from their homesteads and extended families. (4)

The orphanages seem to be good only for young children. When they grow up, they need to move from the orphanage to somewhere else. However, the extended family guarantees children a place they can always call home, even after they grow up. The orphanage system seemingly makes children into misfits in society as adults. The issue of land rights for orphans seems not to be addressed by orphanages.

### **The Family and the Individual**

In Africa, the term family includes more members than the term suggests in the western world. In the Western world the kinship system is general as it identifies family as all people related through mothers and fathers. In African traditional society, the family is a unilineal descent (kinship) system, which traces family through only one parent and includes children, brothers, sisters who may have their own children, cousins, parents, uncles, aunts, grandparents, and other relatives. Consequently, in a unilineal family system, those who do not belong to the one descent line are not considered family. For example in a patrilineal descent system, family identity follows the line of a father and matrilineal follows the line of the mother. John S. Mbiti says that these are what anthropologists call extended family where two or more brothers in a patrilocal group or sisters in a matrilocal group establish to live near each other (106). Lisa Cliggett, associate professor of Anthropology at the University of Kentucky confesses that the matrilineal kinship challenges the Western understanding of family because it appears to be so profoundly different from their understanding of family and relatives. In the matrilineal system, the child looks to the mother, the mother's brother's and sisters, the mother's mother and that mother's brothers and sisters as family. Furthermore, the child also considers the mother's sisters children, but not her mother's brother's children, as

family (17-18). This point was confirmed by Mr. Simon Muzyamba in an interview I had with him. The big question is why the maternal uncle's children are not part of the family. The answer is that the maternal uncle's children belong to the family of their mother and not the father's family. The man identifies his family through his sisters and their offspring. Also noted is that for parents to send their children to be raised by relatives is normal in African society, and those who are sent to live with relatives are considered as members of the families they live with. When I was growing up, my cousin named Jailos Kwicho, son of my mother's sister, stayed with us and we referred to him as our elder brother.

Other members of family in African traditional society also include the relatives who have died. These relatives are dead physically but very alive in the memories of their surviving families and are considered to be still very interested in the affairs of the family of which they were part of in their physical life. Family members of the person who has died must not forget the one who has died, because doing so would attract misfortune to the family. In the Tonga tribe of Zambia, a ceremony called *mwecho* is conducted to remember the dead. This ceremony is a celebration which includes brewing local beer and slaughtering animals to remember the dead. Family members who are living, gather together to drink the beer and eat the meat. Some beer is poured on the grave, and some meat set aside and designated to be given to the departed relative. The meat for the departed is given to one of the living elders to pass on to the departed relative.

Mbiti says the African concept of the family also includes the unborn members who are still in the loins of the living. They are buds of hope and expectation, and each family ensures that its own existence continues. The family provides for its continuation,

and prepares for the coming of those who are not yet born. This concept explains the reason that African parents are anxious to see that their children find husbands and wives, otherwise failure to do so means, in effect, death of the unborn and a diminishing of the family as a whole. (107)

An individual in an African setting is seen as a corporate being, who becomes conscious of himself or herself in light of other people. When growing up they share everything in terms of blankets and clothes. As children and as adults, they continue to have a sense of being a cooperative being in that when they suffer, they do not suffer alone, when they rejoice, they do not rejoice alone. When one has a funeral, they do not mourn alone or bear the burden alone. Everyone in the community contributes whatever they can to the funeral. During funeral in a village setting everybody sleeps outside. In cities and towns women sleep in the house and men sleep outside. Nobody is invited to a wedding or funeral in a typical African setting. When one has children, the children belong to the family. The individual can only say the famous saying articulated by Mbiti: "I am, because we are; and since we are, therefore I am" (108-09).

## **CHAPTER 3**

### **METHODOLOGY**

#### **Problem and Purpose**

In the African past, when the villages and families were close-knit together, extended families cared for orphans. However, colonialism and its offshoot of imperialism weakened and, in some cases, broke extended family ties. Other contributing factors to the weakening of the extended family system are urbanization and globalization. This study was derived from two contexts. The first is the increased number of deaths in my country, Zambia, due to the HIV/AIDS pandemic and consequently, an increase in the number of orphans. Second is my own context. An increase in the number of orphans is being cared for on both sides of my parents and my wife's family. My three cousins and their spouses from my mother's side died leaving a total of thirteen orphans, who are now being cared for by extended family members that are too poor to have additional children. My single mother, who is about seventy years old, is keeping one of these orphans. Orphans are on my father's side, too. As the first born child, family members are looking to me for help in caring for these orphans. My wife and I face constant requests from family members to help them financially to care for orphans.

Almost every family that I know in Zambia is affected by the reality of caring for orphans. As a leader in the Pilgrim Wesleyan Church, some congregants and non-church members often ask me for help to care for orphans in their families. The purpose of this

research was to explore strategies the Pilgrim Wesleyan Church of Zambia employs to care for orphans and to identify the best practices in this care.

### **Research Questions**

The research used an interview questionnaire with participants in six focus groups selected on the basis of predetermined criteria for data collection and Rev. Sitali Kakungu, the National Superintendent of the Pilgrim Wesleyan Church. Colin Robson defines a focus group as one that is being interviewed on a particular topic. The fact that you are looking at a particular topic is where the word ‘focus’ comes from (285). This method was used for the survey because of its advantages. Robson gives both the advantages and disadvantages. William Wiersma and Stephen G. Jurs also suggest the following advantages of interviewing over the use of questionnaires as a research method:

1. If the interview is granted, there is no problem with non-response.
2. The interview provides opportunity for in-depth probing, and elaboration and clarification of terms, if necessary.
3. Completion of the survey can be standardized.
4. There tends to be more success with obtaining responses to open ended items.
5. It is easier to avoid the omission of items.
6. Interviews can be used with individuals from whom data cannot otherwise be obtained. (186-87)

This method is considered qualitative research because I did not manipulate the research setting in any way. The participants were free to respond to the interview questions. I conducted the interviews therefore the data collection was an interactive technique (204).

Two primary questions guided this study.

#### **Research Question #1**

What are the primary activities the Pilgrim Wesleyan Church in Zambia is employing in its care for orphans?

I premised this question on the assumption that since HIV/AIDS is a national problem, the Pilgrim Wesleyan Church most probably has orphans in most of its congregations. The Pilgrim Wesleyan Church should, therefore, be doing something in their care for orphans. This question sought to find out what the Pilgrim Wesleyan Church was doing about this national, as well as global, problem.

The first area of interest to the study sought to answer the question concerning whether the Pilgrim Wesleyan Church in Zambia was involved in the care for orphans. The study's answer to this question was a starting point for the research through the interview of six focus groups in Kabwata and Kanyama churches. It sought to determine whether or not the Pilgrim Wesleyan Church is involved in caring for orphans.

### **Research Question #2**

Which activities seem to be most helpful in the caring of orphans both in the short and long-term?

This question is based on the belief that the Pilgrim Wesleyan Church has been carrying out some activities in orphans' care. Over the years some of these activities are assumed to have proved helpful while others have not. The helpful practices will be shared with other religious groups and denominations so that they can replicate them. Those activities that have not been helpful will be evaluated to ascertain why they have not been effective so as to come up with remedial measures.

The second question was asked out of the desire to know the actual activities that were helpful in three areas. First, those activities carried out by the Wesleyan Pilgrim

Church in the care for orphans that were beneficial to caregivers were considered. The second area looked at those activities that were beneficial to orphans. The third was concerned with those activities that benefited both caregivers and orphans. Responses to these probing questions to all the six care groups were meant to establish whether the Pilgrim Wesleyan churches' activities in their care for orphans were helpful. I was helped to see whether the Church was truly the light and salt of the earth as far as caring for orphans was concerned. As light and salt, the Pilgrim Wesleyan Church is expected to connect with the needs of the weak in order to impact society. In this regard, society has a growing number of orphans who need care. Once this point then a deliberate step was taken to know the specific practices employed by the church.

Assuming that the leaders of the caregivers and the orphans gave a number of practices employed by the Pilgrim Wesleyan Church to care for orphans, then those responses were reviewed to see which practices are more helpful. The research questions were asked of focus groups during group discussion/interview (see Appendix B).

The last questions sought to learn what practices the focus groups considered to be helpful. These systems may have the following characteristics.

First, did the practices contribute to increasing the economic capacity of caregivers to enable them to raise orphans in their homes? This question was based on the assumption that caregivers do not have the financial resources to support orphans in their homes.

Second, did the practices help the orphans regarding their psychological and emotional stability? When a child loses his or her parent(s), this very traumatic experience requires that the child undergo counseling to help him or her be emotionally

stable and have a positive outlook on life. Also related is the issue of negative stigma. Have the practices helped the orphans assimilate into society well and increase their self-esteem? Commenting on how adopted children are like all other children, Andrew Adesman and Christine Adamec observe that the children need love tempered with discipline. Adopted children also need parents who are interested in them, listen to them, and make them feel safe. However, unlike adopted children, most children do not experience being raised by adults who are not their biological parents (5). This observation, I believe, applies to orphaned children as well.

Thirdly, did the practices help in preparing the orphans to become responsible members of society? Orphans need to be helped to realize their full potential and responsibilities. They, therefore, need to be supported in such a way that these goals are achieved.

### **Population and Participants**

The participants in this study constituted a sample of two Pilgrim Wesleyan churches in Lusaka, the capital city of Zambia, namely Kabwata and Kanyama. At Kabwata church Pastor Kenny Manjimela helped me to identify the participants based on the criteria outlined later in this section. At Kanyama, I selected the participants because I am the pastor. In order to have an broader view of the Pilgrim Wesleyan Church in Zambia's ministry to orphans in Zambia, I also had an interview with Rev. Sitali Kakungu, the National Superintendent in order to have a broader understanding. Kabwata Pilgrim Wesleyan Church is located in the Kabwata, a middle class residential area, southeast of Lusaka. Kanyama Pilgrim Wesleyan Church is located in the Kanyama compound west of Lusaka a very crowded and poor residential area with extremely poor

sanitation. Each church, including church leaders, caregivers, and orphans, was invited to participate. The following focus groups were interviewed.

1. Leaders from each congregation (Local Board of Administration) are responsible for the affairs of the congregation. They are the most knowledgeable about the different programs of the church because they represent each department of the congregation. Local leadership is important because the protocol of the African culture honors leadership. In African culture, when one goes to a new village one first meets with the headman to be welcomed in that village. If that is not done, then whatever the visitor says or does would not be perceived as important to the local people. In some cases, when one does not recognize the authority of a village or community where they want to do research, permission may be denied. Therefore, the leadership in each church was properly recognized and given an opportunity to have input in the research questions.

2. At Kanyama church, which is more traditional and where most members are illiterate, I had one group of men and one group of women caregivers and a combined group of men and women caregivers at Kabwata because most members are professionals; hence, women are not shy to speak in the presence of men, making a total of three groups of those caring for the orphans. The reason for separating men and women is cultural. The probability is high that women would not open up and discuss freely in the presence of men as that is regarded as disrespect. Traditionally, African culture is male-dominant. Women will, therefore, not speak out freely. Having a group exclusively consisting of women will enhance their free participation in answering the interview questions.

3. A total of three groups of orphans formed the third group, one combined group of boy and girl orphans at Kabwata and one group of boy and one group of girl orphans at Kanyama church, between the ages of 10 and 18. This age group was selected because it represents both the primary and secondary school ages. They were, therefore, able to provide useful answers to the interview questions. The reason for separating the female and male orphans was also to enhance free participation, just like the caregivers were separated by gender and Kanyama and one group of orphans was interviewed at Kabwata because the number of orphans that turned out was only five.

The selected focus groups were homogeneous because they had a common background, position, and experience which facilitated communication and promoted free exchange of ideas and experiences (Robson 286). Most researchers agree that the composition of focus groups should be eight to twelve members. Dr. Miriam Bar-Din Kimel, in her PowerPoint presentation, agrees with other researchers on the number of participants in focus groups. The reason for choosing the Pilgrim Wesleyan Church was that it is my denomination, and the reason for making a sample population was that the Pilgrim Wesleyan churches are widely spread in Southern province and around the country. First, this decision was a budget factor and the numbers were sufficient to reflect the range of participants constituting the population that were capable of giving reliable information on what the Pilgrim Wesleyan Church as a denomination was doing in caring for orphans. Second, when participants started repeating themselves or giving the same information already reported. By satisfying the two requirements the findings were more likely reflective of the entire denomination of the Pilgrim Wesleyan Church in Zambia relative to their practices as regards care for orphans.

### **Design of the Study**

The following steps were part of the study.

## **Instrumentation**

The focus group approach was used in this research because it provides a nonthreatening environment. Nervous and shy participants draw encouragement and inspiration from the more active ones. The other reason for using the focus group approach is that it is user-friendly for those members who could not handle a written questionnaire because of their poor education or lack of training. As I prepared to interview the focus groups I kept in mind the guidelines given by Wiersma and Jurs:

- (1) Set up the interview well in advance.
- (2) Send the agenda of questions you will ask the interviewee.
- (3) Ask for permission to tape the conference.
- (4) Confirm the date immediately in writing.
- (5) Send a reminder together with another set of questions ten days before you expect to arrive.
- (6) Be prompt; follow the agenda; have a copy of questions for your interviewee in case he or she has mislaid his or her copy.
- (7) Following the interview, submit a typescript of the interview and get either a written acknowledgement of its accuracy or a correct copy from the interviewee.
- (8) After you have incorporated the material into your research report, send that section of the report to the interviewee for final approval and written permission to use the data in your report. (149)

The mentioned guidelines were very helpful in the research because they helped to ensure that people were well informed and prepared to participate.

Two instruments were used this study. The first had two parts. One part was used to gather demographic data of Kabwata and Kanyama churches and the other to get personal data of the participants. The data provided specific information that I needed from each participating church including the following: how long the Pilgrim Wesleyan Church has been in Zambia, when Kabwata and Kanyama churches were planted, and membership, number of orphans, ministries, and full-time ministers in the local church.

The other part of the first instrument sought personal information of the focus groups participants. The information needed on the participants was: age, profession, gender, how long they have been members of Kabwata or Kanyama church, their role in the local church, how many orphans they are caring for, and their level of education.

In order to get the most out of the interview, Dr. Mucherera, my mentor, recommended that I should not have more than six interview questions. In Kabwata the interview questions were not interpreted because everyone in the focus groups did not have any problems with English; however, in Kanyama I had to translate the questions into the Chitonga language because some members of the focus groups could not read or understand English.

### **Reliability and Validity**

This research has limited validity for a number of reasons. The population was a sampling where the participants were selected as homogeneous focus groups. I selected only two Pilgrim Wesleyan churches in Lusaka, the capital city. Hence, the majority of the Pilgrim Wesleyan churches in Lusaka and other parts of the country in towns and villages were not included in the research. The possibility is high that some of the Pilgrim Wesleyan churches not included in the research would have loved to participate. Furthermore, other Evangelical churches, mainline churches, Pentecostal churches, and religious groups in Zambia who are involved in caring for orphans did not participate. Therefore, some of the churches and religious groups who are involved in caring for orphans in Zambia and Lusaka in particular could have given some valuable insights not taken into account in this research.

### **Data Collection**

Interview questions were sent to pastor Kenny Manjimela of the Kabwata Pilgrim Wesleyan Church and I delivered the interview questions at Kanyama church. They were given or read to leaders, caregivers, and orphans who had agreed to participate in the focus groups. Those who could read were given the questions, while those who could not had the questions read to them so that they could also understand them before the actual interview. Confirmation was obtained from all participants, including the orphans, before the interview. On the date of the interview, questions were presented and responses recorded. All the groups were asked the same questions to ensure consistency.

The second instrument was a focus group interview questionnaire. As noted above, Pastor Kenny Manjimela, the pastor for Kabwata church was instrumental in identifying the people to participate in the focus groups as per guidelines while I identified the participants in Kanyama church. The interviews proceeded as planned after the feedback from both Kabwata and Kanyama Church on 17 and 23 August 2008. This plan was realized because the participants were reminded weekly before the dates of the interviews during services and also by cell phones. The ground rules were given one week before the Kabwata church interview and read to the focus group at Kanyama who cannot read English. The rules were given to those who read.

On 17 August 2008 when the interviews were scheduled, the Pilgrim Wesleyan Church National Women's conference at David Kaunda Technical High School in Lusaka was also taking place. Because most women at Kabwata church had gone to attend the national women's conference, Pastor Manjimela recommended having only one focus group of leaders, men and women, and one focus group of boy and girl

orphans. Two boys and three girls attended the interview. Unlike, the leaders and caregivers who wanted their names to be included in the report and appendix, the orphans at Kabwata church did not want their names to be revealed in the report or appendix. They preferred to be anonymous. I assured them that I would respect their wish. In view of having a focus group interviews at Kabwata Pilgrim Wesleyan Church on Sunday, 17 August 2008, I requested the focus groups that the interviews be held on Saturday the 23 August 2008 at Kanyama Pilgrim Wesleyan Church. The response I received from Kanyama Pilgrim Wesleyan church focus groups church was that they would be available to have the interviews on 23 August 2008. Therefore, I planned accordingly. The participants were reminded weekly before the dates of the interviews during services and also by cell phones. The ground rules were given one week before the Kabwata church interview and read to the focus group at Kanyama, most of whom could not read English. Like at Kabwata, all leaders at Kanyama Pilgrim Wesleyan Church were also caregivers; hence I had no need to interview the leaders alone. However, at Kanyama because I had enough participants in terms of men and women caregivers, as well as male and female orphans, the two groups were interviewed separately.

The steps that were taken before the actual interviews with the focus groups were as follows:

1. I wrote to Rev. Kenny Manjimela, senior pastor of Kabwata, for permission to conduct the interviews who in turn organized people at his church according to groups identified to constitute focus groups. At Kanyama Pilgrim Wesleyan Church I organized the focus groups because I am the pastor. The date that was set for the Kabwata church

focus groups was 17 August 2008 and 23 August 2008 was set for Kanyama church focus groups interviews.

2. Those identified to be in the focus groups were requested to confirm verbally, or in writing, their availability on the dates that were set. Personal reminders were by church announcements and by cell phones.

On the planned dates I proceeded to interview six focus groups of four to ten persons from the Kabwata Pilgrim Wesleyan Church (urban) and Kanyama Pilgrim Wesleyan Church (shanty compound). The small number of four to six focus group participants is recommended by Krueger and Casey (2). Due to high turnout at Kanyama church, the number of reached ten. The number of participants in each focus group enabled the researcher time to hear the contribution of each participant. The two main reasons for choosing these two churches are first, they each represent the demographic of the Pilgrim Wesleyan denomination in Zambia: second, they were within reach because I did not have funding for travel to different parts of Zambia where the Pilgrim Wesleyan churches are. These two churches met the needs of the research. The same interview questions were given to all the focus groups to see how each group perceived the practices of the Pilgrim Wesleyan Church in its care for orphans.

Although I am a former National Superintendent of the Pilgrim Wesleyan Church in Zambia, support of Rev. Sitali Kakungu, the Pilgrim Wesleyan Church National Superintendent, the letter from Rev. Kenny Manjimela, senior pastor of Kabwata church and my call as supply pastor for Kanyama church gave me an official backing in case someone accused me of working behind the backs of those in authority. As a qualitative study, this study used interviewing as the only approach. As a researcher, I personally

carried out the interviews and received answers from participants with the help of my research assistant. The interview questions were presented and the responses recorded. Before the discussion with the focus group, I submitted some questions that would provide the basis for the data to be collected. The reason for giving the questions ahead of time was to enable the participants to be familiar with the questions to be discussed. I believed that I would get more information from the participants if they had this information ahead of the interviews. My use of personal interviews is justified because the interviewer can deal with nonverbal body language from participants that would lead to indepth probing, elaboration, and clarification of terms and gestures. Also an interview, as a means of collecting data, enables one to get data from people who may not be reached through other research methods one of the advantages of personal interview as a research method highlighted by Wiersma and Jurs (187).

Other documents that were signed before the interview time at both churches were as follows: first, each participant had to fill in the demographic data sheet and the ground rules. Those who did not know how to write had theirs completed for them. By the time of the interview, the participants had already read the interview questions, were familiar with them, and had filled in the demographic data forms.

When the interview time came, the first thing I did after everyone had taken their seats was to thank the participants for taking time to come for the interview. I then asked the participants to introduce themselves to me. They did not need to introduce themselves to each other because they belonged to the same church. Although I am the pastor for the Kanyama church, I only started ministering there in January 2008. I reminded the participants of the importance of following the ground rules. Each focus group interview

took an average of one hour and thirty minutes. I recorded each interview after securing permission from the participants. The participants expressed a sense of freedom seemingly coming from the fact that all the participants knew each other and had a common experience-caring for orphans.

Table 3.1 indicates the schedule for interviews on the first (Kabwata church) and third Saturdays (Kanyama church) of August 2008.

**Table 3.1. Focus Groups Interviews Schedule**

DATE	CHURCH	GROUP	TIME
17 August 2008	Kabwata	Men and Women Leaders/Caregivers	13:30 -15:00 hours
17 August 2008	Kabwata	Male and Female Orphans	15:15- 16:00 hours
23 August 2008	Kanyama	Women Leaders/Caregivers	09:00- 10:30 hours
23 August 2008	Kanyama	Female Orphans	11:00-12:30 hours
23 August 2008	Kanyama	Male Orphans	14:00- 15:30 hours
23 August 2008	Kanyama	Female Orphans	16:00- 17:30 hours

After each interview, I transcribed the responses from the cassette recorder with a word-for-word typewritten record. Then the interview responses were put together according to the questions in readiness for analysis.

### **Data Analysis**

This research was based on a total of six focus groups (see Table 3.1). Each group was interviewed once. I moderated and transcribed all six interviews with the help of Mr. Charles Chisala. I used the following steps.

At Kabwata church I interviewed leaders, men and women caregivers as one group. After that I interviewed boys and girls orphans as one group for the reason already

stated. The groups were put in the following sequence: Local church leaders were interviewed first. At Kanyama church I interviewed the focus groups in the following order: women leaders and caregivers; female orphans; male orphans and finally men leaders and caregivers; female orphans and male orphans. The interview was put in this order because the participants would have come to the interview centers (church buildings) by public transport. Therefore, the interviews for women, girls and boys needed to end early for safety in their travel and to help with home chores. Male caregivers could handle their travel back to their homes at night.

I used index cards for each question and the responses to each question to separate them. After using the index cards, I used yellow and blue flag stickers for the first and second research questions and the responses accordingly. With the help of the index cards, I put responses of the focus groups together according to their similarities and differences. I also used the word processor in selecting and storing the information in both hard and soft copy. Robson gives good advice regarding analyzing qualitative research material:

Word processors are a boon in storing, organizing and keeping track of your data. Obviously, you need to observe good housekeeping practices and should take advice on how to survive possible hard disk crashes, loss, theft, fire, etc. Essentially, this means having multiple copies of everything, regularly kept up to date in more than one location, and in both paper and computer file versions. Word processors can also help with the coding task through “copy” and “paste” functions. In this way it is easy to build up files containing all the original data to which codes have been added. (461)

Once I had completed compiling the data in groups of similarities and differences of the focus groups’ responses, I involved a reflection team to review all the data collected. The reflection team gave helpful input by commenting and suggesting how to package the

data. Conclusions were made on the helpful activities regarding caregivers and orphans carried out by the Kabwata and Kanyama Pilgrim Wesleyan churches.

### **Ethical Procedures**

In the initial contact with the focus group participants, I did not require them to put their names in the original documents completed before the interviews. The participants only shared their names during the focus group interview. At the beginning of the interview, I promised the participants that the data collected for this study would only be shared in the research and with the reflection team that would evaluate and analyze the data. No personal information was shared in the final writing of the dissertation. The language used was such that no particular individual was seen discussed in the final research document. However at both churches, the leaders, male, and female caregivers expressed interest to have their names recorded in the final document to authenticate their participation. I have included the names of the participants in this document. The orphans at Kanyama church wanted their names to appear too while the ones at Kabwata did not want. I therefore decided not to include the names of all orphans that participated.

## **CHAPTER 4**

### **FINDINGS**

Like the rest of Africa, Zambia is grappling with the rapidly growing population of orphans resulting from HIV/AIDS-related deaths. The government is constrained by inadequate financial and technical capacity to effectively mitigate the situation. Churches are, therefore, increasingly under pressure to help provide support to orphans in the communities they serve. They have also taken flak, until recently, for adopting conservative attitudes towards the epidemic that excluded some of the scientifically proven effective HIV prevention methods such as protected sex; and indifference towards the presence of infected and affected members in their ranks. This increasing pressure for action is premised on the assumption that the churches are closer to the communities in which they serve and have a wide reach. They are, therefore, better positioned to help meet the physical, emotional, and social needs of the orphans as part of their evangelistic duty. However, few churches have taken practical steps to play this important role. This study sought to establish the extent to which the Pilgrim Wesleyan Church in Zambia has been helping with care for orphans, identify and strengthen activities that have proved to be effective so as to roll them out to other congregations, denominations, and groups involved in the care for orphans, and explore practical interventions where needed. It utilized two instruments for collecting information namely literature review and focus group discussions.

A wide range of literature was reviewed to establish the extent of HIV/AIDS at global, regional, and national levels; the factors that fuel the spread of the pandemic and its contribution to the increase in the population of orphans in Zambia. This arm of the

study also sought to establish what support to orphans is available at national and local levels of the Pilgrim Wesleyan Church.

The purpose of this research was to explore strategies the Pilgrim Wesleyan Church of Zambia employs to care for orphans and to identify the best practices in this care. The questions that have guided this study were the following: What are the primary activities the Pilgrim Wesleyan Church is employing in its care for orphans? Which activities seem to be most helpful in the caring of orphans both in the short and long-term? This was a qualitative study that focused on voluntary participation of local church leaders, caregivers and orphans at Kanyama and Kabwata Pilgrim Wesleyan churches. These churches were selected on account of their locations and demographic differences. In Zambia orphans are more concentrated in densely populated, poor peri-urban and rural settings than the relatively *comfortable* low density suburbs.

### **Research Question # 1**

What are the primary activities the Pilgrim Wesleyan Church is employing in its care for orphans?

#### **Interview with National Superintendent Sitali Kakungu**

To obtain a broader understanding of the situation at national level, I interviewed Rev. Sitali Kakungu the National Superintendent of the Pilgrim Wesleyan Church. This interview took place in the office of the national superintendent located at corner of 90 Makishi and Broads Roads, Fairview, Lusaka, the capital city of Zambia. His response provided a valuable insight into the overall status quo. The following points came to light from my interview with national superintendent Kakungu in response to the first research question. First, lack of national policy on caring for the orphans. The lack of national

policy is clearly seen from Rev. Kakungu's response to the question when he responded, "At the moment, the Pilgrim Wesleyan Church does not have a policy on caring for orphans." The national superintendent's response indicated that there was no institutional framework for addressing the challenge. Superintendent Kakungu's openness as a leader may be a positive indicator that the church has awakened to the reality to the Church's role in caring for orphans and is now ready to contribute to its mitigation. Simply stated, Rev. Kakungu said the Pilgrim Wesleyan Church did not have any national program or policy to deal with the issue of orphans. He further shared some misconception the church had in the past about HIV/AIDS. He said, "The Pilgrim Wesleyan Church in the past has viewed HIV/AIDS as just a medical issue and hence only needed to be addressed by the medical ministries. It therefore responded to it through its medical ministry, which did not include the psychosocial aspect of the epidemic that addressed the emotional and social needs of those infected and affected. No leadership from the national office has addressed the issue of orphans in the church." There seem to be a lot of ignorance among members of the Pilgrim Wesleyan Church about HIV/AIDS. This ignorance may confirm the point raised by the national superintendent Kakungu.

Second, the Pilgrim Wesleyan Church's involvement is through partnership with faith based organizations. One of the partners in orphan care is World Hope International which is mostly focused on the social impact of HIV/AIDS, with particular emphasis on orphans. Furthermore, Rev. Kakungu said, "World Hope International Zambia was seeking to empower caregivers through income generating projects called Community Trusts. Community Trusts are community based projects such as raising chickens, gardening, or sewing by caregivers." Superintendent Kakungu's his understanding was

that the aim of the Community Trusts was to ensure that the caregivers are economically empowered to provide care for orphans by sharing the profits. The other way World Hope International Zambia has helped the Pilgrim Wesleyan Church with the orphans is to create two orphan choirs that toured the United States of America to raise awareness among the American people, and particularly the Wesleyan Churches. The mission of the two Zambian orphan choirs was very successful in that all the orphans who needed sponsorship through World Hope International were sponsored. World Hope International Zambia also has a ministry to cater to youths and HIV/AIDS prevention called Reach 4 Life. I learned from superintendent Kakungu that Reach 4 Life was an awareness program in which the World Hope International Zambia staff go to different high schools and share about how they should behave in order not to contract HIV/AIDS. In commenting about the work of World Hope International Zambia, Rev. Kakungu said, “World Hope International Zambia is working primarily with local churches with little involvement of the national office.” In another development, superintendent Kakungu told me that, the Pilgrim Wesleyan Church, through his office, also gains support from the Council of Churches in Zambia (CCZ) to provide education support to orphans in Lusaka and Jembo districts. This partnership however, is done on an ad hoc basis.

Third, is a commitment to establish a national policy to address the issue of caring for orphans. The superintendent would like to see a change in this area. This commitment is seen in his words when he said, “I would like to see a national policy put in place in the next two years because, as a denomination, we are very much behind in being intentional about caring for orphans. This is our noble call and our rich Wesleyan heritage.” Rev.

Kakungu's concluding remarks were, "If as a Pilgrim Wesleyan Church in Zambia, we are not caring for orphans, then we are not practicing the true gospel." He made his point very clear that he believed that the church should be involved in the prevention of HIV/AIDS as a way of reducing the number of orphans. The burden would be eased as fewer orphans would need care. Rev. Kakungu's final comment was, "A holistic ministry is needed to address education, poverty, injustice, corruption, and health." As I was interviewing Rev. Sitali Kakungu, I sensed that he truly has a deep commitment to helping the Pilgrim Wesleyan Church address the issue of caring for orphans sooner rather than later. Rev. Kakungu's answers are reliable since he has been in office since 2004 and has a medical background.

#### **Themes from the Interview with the National Superintendent.**

Some themes that came out the interview with the national superintendent are

1. The need for national policy on caring for orphans in the Pilgrim Wesleyan Church of Zambia. This theme comes out of the conclusion that the Pilgrim Wesleyan Church of Zambia no national policy at the moment.
2. The need for partnership in caring for orphans. This theme comes out of the involvement of World Hope International Zambia, Council of Churches of Zambia and Grieving Child.
3. The need to care for the orphans as living out or practicing the gospel. This need comes from Rev. Kakungu's words, "If as a Pilgrim Wesleyan Church in Zambia, we are not caring for orphans, then we are not practicing the true gospel."

4. The need for every Pilgrim Wesleyan Church local church to have a holistic ministry. This theme comes out of Rev. Kakungu's last comment: "A holistic ministry is needed to address education, poverty, injustice, corruption, and health."

### **Kabwata Church Caregivers Focus Group Interview**

After preaching at Kanyama Pilgrim Wesleyan Church on Sunday, 17 August 2008, I drove to Kabwata Pilgrim Wesleyan Church to interview the two focus groups. In accordance with the feedback that I received, due to the small number of participants who were available, the leaders, and men and women caregivers constituted one group and the male and female orphans constituted the other group. When I arrived at the Kabwata church, I found the first group waiting for me. From Kanyama, I traveled to Kabwata. The interview with leaders, and caregivers (men and women) was conducted in the Kabwata church building. The seating arrangement was that of a circle so as to make everyone feel comfortable.

At 1:30 p.m. introductions were made and the demographic responses were handed to my research assistant, after which I asked Mr. Martin Sishekanu, one of the participants, to lead in prayer before the discussion. The demographic questionnaire responses revealed that Kabwata Pilgrim Wesleyan Church was planted in 1958 and officially opened in 1963. The various ministries carried out by Kabwata Pilgrim Wesleyan Church include cell groups, couples' ministry, men's and women's ministries, a singles' ministry, a children's ministry, evangelism, and Christian education. The attendance ranged between 150-200 people. The average age of the first focus group was 55, representing the following professions: Agriculture specialist, marketing manager, mechanic, teachers, businesswoman, nurse, accountant, and peasant farmer. In short, the

majority of the participants in the first focus group at Kabwata are professionals. A total of nine people participated of whom five were men and four were women. Most caregivers were raising one orphan except one couple who were supporting six in the village and raising one at home.

**Table 4.1. Kabwata Church Caregivers Focus Group**

<b>Male Caregivers</b>	<b>Male Caregivers Professions/Marital Status</b>	<b>Female Caregivers</b>	<b>Female Caregivers Professions/Marital Status</b>
1	Ordained Minister	1	Nurse
1	Agriculture Specialist	1	Teacher
1	Marketing Manager	1	Small scale farmer
1	Mechanic	1	Housemaid
1	Accountant		
<b>Total men 5</b>	<b>Professions 5</b>	<b>Total Women 4</b>	<b>Professions 4</b>

The first research question sought to gain insights into what was transpiring in Kabwata Pilgrim Wesleyan church regarding care for orphans. Simply stated, I wanted to discover whether the members of the focus group knew what was happening regarding the care for orphans by the Kabwata Pilgrim Wesleyan Church. The responses of the caregivers focus group at Kabwata to the first research question brought the following into light:

First, Kabwata church has no ongoing activities to care for orphans. Pastor Kenny Manjimela said, “There was no project or any income-generating activity that the Kabwata Pilgrim Wesleyan Church was undertaking in order to care for orphans.” Everyone in the focus group acknowledged the presence of orphans in the Kabwata Pilgrim Wesleyan church, but the church was doing nothing for them. Mr. Chisengele

echoed this point and added, “except praying and theoretical pieces of advice that were never put into action.”

Second, individuals within the church who supported orphans from their personal resources. This point was reflected by Mr. Mabula’s response who said, “The Kabwata church has no activity to care for orphans, but there are members who support orphans out of their own resources.” Mrs. Margaret Machuku added, “Some women bake and support orphans from their baking sales.” This response showed that people within the church had a burden to care for the orphans and do care for orphans at the local level.

### **Themes from Kabwata Caregivers Interview**

Themes coming out this interview were

1. Lack of Strategy to care for orphans in the Kabwata Church. Leaders confessed to having no activities to care for orphans.
2. Generous giving in Kabwata Church. Although the Kabwata church does not have a plan in place to care for orphans, some members are giving to support orphans out of their own free will.
3. Words of advice and encouragement have their place, but they also need to be translated into actions.

### **Kabwata Church Orphans Focus Group Interview**

The interview with the first group at Kabwata Pilgrim Wesleyan Church ended at about 3:00 p.m. We concluded the interview with a prayer from Mrs. Stelia Banda. We shook hands and the participants left. Thereafter, I was directed to Pastor Manjimela’s office where I found five orphans waiting for me. I started the interview at 3:15 p.m. by offering a prayer.

The first research question sought to gain insights into what orphans knew was going on in Kabwata Pilgrim Wesleyan church regarding their care. Simply stated, did the members of the focus group know what was going on regarding the care for orphans by the Kabwata Pilgrim Wesleyan church? In response to this question, two female orphans aged 10 said, they received some handouts from some members of the Kabwata church. One of these girls said, “At the beginning of every term, I receive some books, pens, and pencils from one of the families in this church.” Other girl said, “Every January, I receive a new uniform from one of the families in Kabwata church. The statement by the two girls confirms the response given by the caregivers that some individuals in Kabwata church had a heart to help orphans and, therefore, gave out of their own will.

Three orphans had answers to this question that reflected that they were not aware of any initiative aimed at addressing their plight under the Kabwata Pilgrim Wesleyan Church. One responded with a question, “Is this church supposed to care for us orphans?” The other said, “I wished this church helped us orphans,” and the third said, “I don’t know that this church helps orphans because everybody in this church knows that I am an orphan.”

### **Themes from the Kabwata Orphans Interview.**

Themes from this interview were

1. Generosity of God’s people. This generosity is confirmed by the testimony of two girls.
2. Lack of activity by Kabwata Church to care for orphans. No plan by Kabwata Church to care for orphans.

**Table 4.2. Kabwata Church Orphans Focus Group**

Male Orphans	Female Orphans	Total Orphans
2	3	5

The interview session took about forty-five minutes. I thanked the orphans for coming and participating in the interview. I served them some drinks, after which I led in a closing prayer and we dispersed.

### **Kanyama Church Caregivers Focus Group Interview**

At Kanyama Pilgrim Wesleyan Church the number of those who wanted to participate in the focus groups was much higher than those at Kabwata. Also worthy of noting is that more women caregivers were available than men. A total of thirty-five men and women caregivers expressed interest in being part of the focus groups. In order not to make the groups too large, I selected a total of twenty to participate in the focus group. Those who were not selected were visibly disappointed.

The interviews were conducted as per the schedule depicted by Table 3.1 (p. 78) As indicated earlier, all the leaders of Kanyama Pilgrim Wesleyan Church except two were caregivers. Instead of interviewing them separately, I interviewed men leaders with other men caregivers, and women leaders with other women caregivers. The orphan focus groups were interviewed separately as female and male groups, making a total of four focus groups at Kanyama church. The interviews were all conducted in the Kanyama Church building. The seating arrangement was benches. All interviews were started and ended with prayer. The demographic survey responses revealed that the oldest caregiver was 62 years old while the youngest caregiver was 20 years old. The majority of the caregivers were women; a few with little education, and the majority with no education at

all. Consequently, these caregivers had no professional jobs and are in abject poverty situations. Kanyama church was begun as a family gathering in 1972. Interestingly, one of the founding members, the pastor, is a leader as well as a caregiver. The average attendance at Kanyama church is 230.

### **Kanyama Male Caregivers Focus Group Interview:**

Pastor Lymon Ng'andu, the assistant pastor of Kanyama Pilgrim Wesleyan Church, said, "There has been no activity at Kanyama Pilgrim Wesleyan Church aimed at caring for orphans since the church was planted in 1972." Mr. Gerald Samboko said, "It is high time that our church did something to care for orphans." Mr. Hara added, "Our church risks losing some members because they see other churches help their members to care for orphans and we are doing nothing. The rest of male caregivers made similar comments that pointed to the fact that nothing was done by the Kanyama church to care for orphans.

### **Themes of Kanyama Male Caregivers Interview**

Themes from this interview were

1. Need to have a plan to have activities to care for orphans in Kanyama Church.
2. Need to observe other churches' have activities of caring for orphans.

### **Kanyama Female Caregivers Focus Group Interview.**

Mrs. Mambo, the late pastor's wife started by thanking me for bringing the caregivers together so that they could express themselves. He went on to say, "My husband was the pastor of this church, but we never got any help from the church to care for the ophans." Mrs. Chisowa, a widow, said that the church has never taken the

statistics of the orphans. She went on to say that everybody in the Kanyama church knew that there were orphans, but nobody knew the exact number. Mrs. Nga'andu said, "I have always cried to God to one day give our church, the resources to help us care for the orphans." The rest of the female caregivers gave responses that could be summed up that there was no activity in the Kanyama Church to care for the orphans.

**Themes of Kanyama Church Female Caregivers Interview:**

This interview revealed the following themes:

1. Need for provision of care for orphans by the church. All the responses pointed to this fact.
2. Need for proper records on orphans. Not knowing the number of orphans makes proper record keeping a necessity.
3. Sense of opefulness. Mrs. Ng'andu's cry for help in future.

All the responses of both male and female caregivers focus groups to the first research question echoed what one Kabwata caregiver who said, "There was no project or any income-generating activity that the Kanyama Pilgrim Wesleyan Church was undertaking in order to care for orphans." As at Kabwata church, Kanyama church has no activity to care for the orphans. The caregivers were struggling on their own to care for orphans despite their limited resources. Due to high poverty levels among the caregivers, some orphans had stopped going to school. One widow caregiver wept as she narrated how her family with orphans had gone without food some days.

**Table 4.3. Kanyama Church Caregivers Focus Groups Interview**

<b>Male Caregivers</b>	<b>Male Caregivers Professions</b>	<b>Female Caregivers</b>	<b>Female Caregivers Professions/Marital Status</b>
1	Peasant Farmer	1	Janitor
1	Airforceman	1	Shop worker
1	Shop supervisor	8	No profession
1	Truck driver		
1	Driver		
1	Factory worker		
1	Surveyor		
1	Janitor		
1	Farmworker		
1	Statistics officer		
Total Males 10		Total Females 10	

### **Kanyama Church Male Orphans Focus Group Interview**

All the responses of male orphan focus groups to the questions were compiled together. The response from the orphans regarding those who wanted to be in the focus group at Kanyama was equally great. More than forty-five orphans showed up on 23 August 2008 to participate in the focus group interview. Again, I had to disappoint the majority by selecting only ten boys and ten girls to participate. Unlike the orphans at Kabwata church who did not want their names to be included in the final research document, the orphans at Kanyama wanted their names to be included in the final research document. However, I made a decision not to include the names of the orphans from both churches so as to treat both groups equally in the research document.

The first male orphan answered the first research question by saying, “I don’t know of any activity done by our church to care for us orphans. Maybe some of my

friends who are here know of any activity. As far as I am concerned, I don't know anything." The second response came from a twelve year boy who said, "My friend, who has just spoken is right, I too don't know anything that this church is doing to help orphans." To sum up all the responses of the male orphans, there is no activity in the Kanyama church aimed at caring for the orphans.

**Theme of Kanyama Male Orphans Interview:**

The theme that came out this interview was the orphans' awareness of what the church is not doing for them.

**Kanyama Female Orphans Focus Group Interview**

The first response came from a girl who had lost her father a month before the interview, "When I saw, how the church helped with the funeral of my late father, I thought, the same help would also extend to us the orphans. But up to now, we have not received any help from the church. But I am hopeful that the church will help me in future." All the girls expressed ignorance of anything that the church was doing to care for them.

**Themes of Kanyama Female Orphans Interview:**

The themes from this interview were hopefulness and need for an initiative to address the plight of orphans at Kanyama church.

Both male and female orphans at the Kanyama Pilgrim Wesleyan Church orphans responded in a similar way to the first research question as all the other focus groups. The orphan focus groups said they were not aware of any activities aimed at caring for them.

**Table 4.4. Kanyama Church Orphans Focus Groups Interview**

Male Orphans	Female Orphans	Total Orphans
5	5	10

### **Research Question # 2**

Which activities seem to be most helpful in the caring of orphans both in the short and long-term?

This question was based on the belief that the Pilgrim Wesleyan Church has been carrying out some activities in orphans' care. Over the years some of these activities are assumed to have proved helpful while others have not. The helpful practices will be shared with other religious groups and denominations so that they can replicate them. Those activities that have not been helpful will be evaluated to ascertain why they have not been effective so as to come up with remedial measures.

From the responses of all focus groups to the first research question, no activities at the local church level care for the orphans and no policy at the national level do the same. However, both the national superintendent Kakungu and the focus groups at the Kabwata and Kanyama churches clearly show that leaders, caregivers and orphans have a clear vision of what the local churches should do and how they can be helped to care for the orphans effectively.

#### **Kabwata Caregivers Focus Group Interview**

Although, Kabwata church caregivers admitted to having no activity in their level for the care of orphans, they clearly articulated what they envisioned to be helpful in the care of orphans both in the short and long-term. One of the leaders said that the church should first identify parents who had the capacity to provide care and help them find ways of strengthening that capacity so that they would be able to provide support to orphans. This suggestion speaks of economic empowerment of the caregivers. Another caregiver

suggested that the Kabwata church should establish a ministry to probe into the welfare of orphans and other disadvantaged children. Once established, he said, the ministry should establish practical ways of providing food, clothing, shelter, security, hope, and other needs. This point speaks of providing relief goods to the vulnerable. This sentiment was echoed by a female caregiver who added that the Kabwata Pilgrim Wesleyan Church should propose income-generating projects such as raising, poultry, and small-scale crop production to generate money that could be channeled towards care for orphans. Another caregiver supported the idea of establishing a ministry to look exclusively into the welfare of orphans. One leader called for close monitoring of projects, once initiated, to ensure that the support reached the beneficiaries orphans and caregivers. Every participant commented on all the points that were presented. Finally one leader suggested that the Kabwata Pilgrim Wesleyan Church should have a home in which supported orphans may live. The diversity of suggestions given by the Kabwata church caregivers seem to show that the caregivers interests and gifts.

### **Themes of Kabwata Church Caregivers Interview**

This interview provided the following themes:

1. Vision of helpful strategies to care for orphans. This vision includes economic empowerment.
2. Establishment of orphan care ministry within a local church.
3. Income generating projects. Poultry as an example.
4. Evaluation and Monitoring of Projects.

### **Kabwata Orphans Focus Group Interview**

In response to the second research question all the participants shared suggestions of what Kabwata church should do since at the moment there was nothing done to support them. The first orphan whom I shall call said that the Kabwata church should help pay for their school fees. The boy whom I shall call said that, the church should buy blankets for them, and the second boy whom I shall call said that the church should help buy food for orphans. One girl echoed the suggestion that the church should buy blankets, while the other girl echoed the suggestion that the church should pay for school fees and added that the church should also buy school uniforms for the orphans. The orphans had some ideas of what they perceived their greatest need which the church should help with. The needs voiced by the orphans that the church should meet are basic human needs of food, shelter and clothing.

#### **Themes of Kabwata Orphans Focus Group Interview**

This interview provided the following themes:

1. Education Support. Paying school fees.
2. Provision of basic human needs-food, shelter and clothing

#### **Kanyama Church Male Caregivers Interview**

Kanyama male caregivers focus group gave practical suggestions. The first contributor recommended that the church should provide loans to caregivers who want to start businesses, to enable them to earn more money which would then empower them to care for orphans. Another participant commented that the church should buy clothes for orphans because the caregivers cannot afford to buy clothes. Other income generating activities suggested by the male caregivers focus group which the church should help

them with are: buying and selling of dry and fresh fish; buying and selling of village chickens; buying and selling of goats; buying and selling of vegetables; buying and selling of charcoal; and starting grocery stores. A leader advised that Kanyama Pilgrim Wesleyan Church should work in partnership with other organizations, but should not allow itself to be used by her partners to fulfill their agenda, but that partners should help the church fulfill her agenda. Another leader recommended that the Kanyama Pilgrim Wesleyan Church should learn from existing projects run by other churches in partnership with other organizations.

### **Themes of Kanyama Church Male Caregivers Interview**

Themes from this interview were as follows:

1. Economic Empowerment.
2. Provision of Food and Relief
3. Partnership in Caring for orphans
4. Learning from others already caring for orphans.

### **Kanyama Church Female Caregivers Interview**

The female caregivers also had their views of what they envisioned as the church's role in helping them care for the orphans. A widow contributed and said that the church should help build houses for widows who are caring for orphans. Mrs. Grace Sikalembo added and said, "The church should help caregivers acquire land and provide farming implements such as seed and fertilizer." She emphasized that most caregivers were interested in growing various crops to sell and support orphans, but they are limited by the lack of land and funds to buy the implements. Another caregiver said that the church should buy sewing machines so that women caregivers can learn to sew teach

them baking to enable them support orphans. Several income generating projects were suggested by women caregivers. Other income generating activities suggested by the women caregivers' focus group similar to those given by male caregivers were buying and selling of dry and fresh fish; buying and selling of village chickens; buying and selling of goats; buying and selling of vegetables; buying and selling of charcoal; baking, and starting grocery stores. The responses indicated that caregivers have some expectations of the church which are not yet met, and that they are not looking for handouts from the church but helping hands up.

#### **Themes of Kanyama Female Caregivers Interview.**

Themes from this interview were

1. Economic Empowerment
2. Skills Training for Caregivers.

#### **Kanyama Church Male Orphans Interview**

The male orphans at Kanyama church expressed their wish and desire regarding how the church should care for them. The point that was repeated was that the church should incorporate projects that would employ young people since no jobs are available to them where they can earn money. One boy suggested, "The church should help pay for those of us who want to learn driving so that we are employed as professional drivers." Like the local leaders, and caregivers, orphans also gave some practical ideas. Another point that was repeated by both boys and girls was that the Kanyama Pilgrim Wesleyan Church should buy food for orphans because they do not have enough food in homes where they live.

#### **Themes of Kanyama Church Male Orphans Interview**

Themes from this interview were:

1. Economic Empowerment
2. Skills training
3. Provision of Relief Food

### **Kanyama Church Female Orphan Focus Group Interview**

The interview started on time. The female orphans were very expressive in their responses. This is what they passionately wished the church could do for them in order to help them. The first contributor is a high school orphan who said, “Kanyama Pilgrim Wesleyan Church should buy food, educational supplies, and clothes for us because our caregivers are too poor to provide us these needs.” Another participant said that the church should buy soap, tooth paste, lotion, and perfumes for orphans, especially girls, so that they do not fall prey to sexual abuse, when such are provided by men. A thirteen year old orphan said that though they received some hand-outs from compassionate church members once in a while, they also wanted to go to school just like other children. Related to this, there was a plea that the church should provide sponsorship to orphans to enable them attend school since most of them are not in school due to lack of funds for fees and supplies. Two other orphans had the same view.

### **Themes of Kanyama Church Female Orphan Focus Group Interview**

Two themes that came out of this interview were provision of basic human needs- food and clothing, and provision of education through sponsorship. Orphans value education too.

**How focus groups felt about the interview.** All the respondents agreed that the discussions were helpful as they had reminded them of the need to provide care for

orphans. Mrs. Hamakala, a widow, said, “The discussion was good in that for the first time caregivers had an opportunity to be together and talk about the subject of common interest.” Mrs. Catherine Hara commented that the interview helped her to identify with other members of the Kanyama Pilgrim Wesleyan Church who were equally struggling to care for orphans. This view was shared by three male caregivers. One of them warned that whatever ideas the Church would come up with should be practical. Another said the Church should work in partnership with other organizations, but should not allow itself to be used by its partners. Another advised the Church to learn from existing projects run by other organizations. An orphan said she and her colleagues appreciated the concern the church leaders had shown for them by inviting them to the group discussion. Mr. Mabula said, The discussion has helped me to see the urgent need for the Church to come up with programs aimed at empowering orphans by providing them with care and taking them to school.” This view was shared by three male caregivers. Another said the Church should work in partnership with other organizations, but should not allow itself to be used by its partners. Another advised the Church to learn from existing projects run by other organizations. An orphan said she and her colleagues appreciated the concern the church leaders had shown for them by inviting them to the group discussion. Overall, all the participants commented that this discussion was truly a wake up call for Kabwata and Kanyama Pilgrim Wesleyan Churches to do something about caring for the orphans.

### **Similarities between Kabwata Church and Kanyama Church**

This research has revealed that there a number of similarities between Kabwata Pilgrim Wesleyan Church and Kanyama Pilgrim Wesleyan Church. First, they are both Pilgrim Wesleyan Churches in the same district of Lusaka. Second, they both have

orphans within their flock. Although they have orphans, they both do not have any records of the number of orphans in their midst nor activities to care for orphans. Third, caregivers in both churches need external help to care for orphans and to empower them economically so that they can better care for orphans. Caregivers in both churches see themselves as part of the solution in caring for the orphans. The other similarity is that orphans in both churches are aware that their churches are not doing anything to care for them and therefore have a plan on how both churches can effectively care for them. Related to this awareness, orphans in both churches have the same basic human needs which they articulated well.

### **Differences between Kabwata and Kanyama Church**

While Kabwata and Kanyama churches have some similarities, they also have some differences. First, most members of Kabwata church are professionals; therefore they earn a relative decent living. This earning of income means that the support they would need to care for orphan would supplement their resources. This difference may explain why the women caregivers at Kabwata could be in one care group with men because they are professionals and hence their behavior in public is not influenced by traditional African culture that discourages women to freely express themselves in public. On the other hand, the caregivers at Kanyama need support for survival in order for them to care for the orphans. The other difference is that Kanyama church has more orphans than in Kabwata. Apparently, people with no or lower formal education tend to have more children of their own or keep more orphans. The other very notable difference is that Kabwata is a middle-class area with basic fair infrastructure such as tarred roads, homes with electricity and running water from the Lusaka city council, medical facilities, and

schools. Conversely, Kanyama is an impoverished shanty compound, with extremely poor sanitation, limited clean water and poor roads, especially during the rainy season. Kanyama is close to the city, but life there for most people is very much like one in a Zambian village.

### **Summary of Major Findings**

This study produced some significant findings.

1. The Pilgrim Wesleyan Church in Zambia does not have any policy or program at the national level to address the issue of orphans. The orphans in the two participating churches are cared for by relatives who are experiencing an increased burden and stress in coping with the demand.
2. Partner organizations with the Pilgrim Wesleyan Churches seem to have been riding on the back of the church to meet their objectives of their own programs.
3. No activities at local churches are aimed at providing care and support to orphans.
4. Support to orphans has been in the form of handouts from compassionate individuals and economic empowering caregivers from some organizations.
5. The will to provide care for orphans exists at local churches and national office, but the national office has not yet provided the required leadership to actualize the intentions.
6. All orphans were extended family members of their caregivers.
7. The best practices perceived by the national leadership as well as by focus groups need to be practiced and applied.

## CHAPTER 5

### DISCUSSION

#### Major Findings

The word *orphan* in this research refers to a child who has lost both parents through death or, less commonly, one parent. Biblical passages from Mathew, Luke, and James guided my research. Matthew (25:31-46) uses the analogy of sheep and goats when referring to the two groups that Jesus finds on his second coming. The sheep on the right symbolize the righteous and the goats on the left symbolize the wicked.

The identity of these two groups is based on what they did or did not do including caring for orphans. Jesus also referred to the needy, especially the despised and least regarded in society. He said that whoever wanted to be his true follower should care for “the least of these,” meaning his disciples who did not have any shelter or source of income to help them feed themselves.

These, and many other Scriptures, demonstrate that the lowly placed in society occupied a special place in the ministry of Jesus Christ while he walked the length and breadth of Judea. In fact, the apostle James emphasizes that “pure and undefiled religion before God the Father is this: to visit orphans and widows in their trouble, and to keep oneself unspotted from this world” (Jas. 1:27)

The ministry of Jesus to the poor, including the orphans, only carried on God’s command in the Old Testament to the children of Israel to take care of orphans, widows, and strangers. In the books of Numbers and Deuteronomy God told the chosen nation of Israel that failure to care for the orphans, widows, and strangers would attract sanctions.

In Christian history eminent Christians such as John Wesley, George Mueller, William Booth, and many others were champions of the welfare of orphans and other vulnerable groups.

In the face of HIV/AIDS, which has continued to ravage sub-Saharan Africa, the Pilgrim Wesleyan Church cannot afford to watch the unfolding human tragedy.

As the review of literature shows, the rate of HIV infection in Zambia is unacceptably high, with 14 percent of people aged between fifteen and forty-nine of the twelve million citizens are living with the virus. Many of the infected have died, leaving children without reliable support.

Like in many other Southern African countries, factors that fuel the spread of HIV/AIDS in Zambia are numerous. They range from high poverty levels to harmful cultural practices that make women and girls more vulnerable to HIV. The high HIV prevalence has had a terrible impact on the economic and social life of Zambia.

One of the offshoots of the epidemic is the problem of orphans. Already their population has exceeded 750,000, increasing pressure on the government, whose capacity is limited. The government has admitted that it has not responded to the problem adequately because of limited resources.

The care for orphans has been largely left to faith-based organizations, nongovernmental organizations, and extended families. The problem has been compounded by the disintegration of the extended family system, which for centuries absorbed orphans and gave them a chance to grow up with the other children in the foster family. Africans have a strong sense of kinship and would like to see children left by their deceased relatives brought up within the larger extended family.

In typical traditional Africa, children are trained to address sisters of their mothers as *mother* and brothers of their fathers as *father*. Even when a child lost a father and was taken by one of its father's brothers it would call him *father*. The guardians looked after the orphans as if they were their biological children, without any discrimination. This practice is alive today, though it has been extensively eroded by HIV/AIDS and external cultural influence.

In typical Africa, including Zambia, children were regarded as belonging to the community, and not just their biological parents. Older members of the community took the responsibility to enforce the moral code of conduct among children and helped to provide basic needs. Each of the older members of the community, particularly the extended family, take responsibility to protect all children in the village or community, not only their biological children. The responsibility of raising children was, therefore, not the sole responsibility of the biological parents. This system ensured that orphans received care after the death of their parents.

As stated previously, however, the erosion of the extended family's capacity to absorb additional children has left orphans extremely vulnerable. Many of them have been sexually abused or exploited economically because they lack protection.

In the face of the government's inability to provide adequate care for the orphans, the church has found itself increasingly under pressure to help. However, interviews with the national leader of the Pilgrim Wesleyan Church in Zambia, the Rev. Sitali Kakungu, leaders of Kabwata and Kanyama Pilgrim Wesleyan churches, orphans, and caregivers revealed that the institution does not have any policy or programs aimed at addressing the problem of orphans, though it admits that many such children are within its ranks and the

communities in which it ministers. While some support has come in the form of handouts, this charity has come from compassionate individual members.

The Pilgrim Wesleyan Church has also been shackled by the lack of resources and resource mobilization strategies. Other organizations with established interventions have been taking advantage of the Pilgrim Wesleyan Church's network of local churches to fulfill their objectives. These organizations have been sidelining the Pilgrim Wesleyan Church when planning interventions, only to approach it at implementation stage. After luring the Pilgrim Wesleyan Church into joint activities, benefiting from its well established structures at the grassroots level they take the credit for the success of the programs.

The Pilgrim Wesleyan Church is aware that it has not been spared the effects of HIV/AIDS and has been magnanimous enough to admit that it has not responded adequately to the problem. However, a strong desire of both the leaders and members at national and local levels is to come up with strategies for addressing the problem of orphans whose parents have died of HIV/AIDS related illnesses.

My humble hope is that through this research I will contribute to the actualization of that desire. This study has helped to remind the Pilgrim Wesleyan Church of her obligation not to neglect the social needs of its flock by confining its evangelization to spiritual nourishment. The study has also opened the opportunity for closer interaction between church leaders and members, and has given a wake-up call to return to its rich heritage of caring for the vulnerable championed by John Wesley and his group. The Pilgrim Wesleyan Church has a rich heritage to which she must return.

The fact that talks of establishing a ministry to look into the affairs of orphans, as well as addressing HIV/AIDS, are in process is indication that my efforts may not have been in vain, but will help the Wesleyan Pilgrim Church to live by its mission statement of delivering the whole gospel to the whole person. From this study, I came to the following conclusions.

*The Pilgrim Wesleyan Church in Zambia does not have any policy or program at the national level to address the issue of orphans.* The orphans in the two participating churches are cared for by relatives who are experiencing an increased burden and stress in coping with the demand. This observation agrees with Liwena's article who observed that almost 50 percent of people now caring for orphans in Zambia are grandparents who often have no income of their own (31). Orphans are within the Pilgrim Wesleyan Church's flock and the communities in which it ministers. Some of the orphans were interviewed and were able to speak for themselves about their situation and their relationship with the church. A general feeling of being neglected by the church was present, but the children expressed happiness at being invited to attend the focus group discussions. This meeting appeared to be the first time they had received serious attention from the leaders, for which they expressed gratitude. Another result of this study is that the caregivers who have been taking care of these children, exclusively members of the extended family, are poor and are in desperate need of empowerment themselves.

While the Pilgrim Wesleyan Church acknowledges that the problems of orphans and HIV/AIDS in Zambia are real and have not spared the church, leaders at both national and local church levels have admitted that no institutional response to the

problem has been given. The leaders also admitted that they have not provided the required leadership in this regard.

The Pilgrim Wesleyan Church has been responding to HIV/AIDS in general terms through its medical facilities at three clinics namely: Siachitema clinic and Zimba hospital in Kalomo district; Jembo clinic in Choma district and Chabbobboma clinic in Gwembe district. The research has demonstrated that the Pilgrim Wesleyan Church has been content with integrating HIV/AIDS in the general medical ministry. This finding contrasts the seriousness with which the epidemic and its offshoots, including orphans, are approached by other organizations. The study shows that the Pilgrim Wesleyan Church's attitude towards HIV/AIDS and its devastating effects does not reflect the gravity of the disease. The position taken by the Pilgrim Wesleyan Church is at variance with Phillip Kuruvilla's report about the a group of fifty theologians who met at the Asia Theological Seminary Education Research Institute in 2003 to discuss HIV/AIDS through presentations of papers who were convinced at the conclusion of their meeting that HIV/AIDS was more than a medical problem, but a challenge to human life.

*Partner organizations with the Pilgrim Wesleyan Churches seem to have been riding on the back of the church to meet their objectives of their own programs.* The Pilgrim Pilgrim Church has been used by other Christian organizations to meet their objectives, taking advantage of its well established structures of local church administration, district administration, and national administration. Due to its well established structures at national and community levels, the Pilgrim Wesleyan Church has found herself fulfilling the agendas of other organizations who have capitalized on her inactivity regarding the fight against HIV/AIDS and caring for orphans. This point is in agreement with Dr. Kaunda, the first Zambian president who lamented that Christian Churches have been inadequate

in the struggle against HIV/AIDS (30). Because caring for orphans takes more than just financial resources, the Pilgrim Wesleyan Church must realize that they too have much to offer in the care of orphans. They have human resource, that is church members who are caring for the orphans as well as orphans in the local churches, they have the administrative structure, real estate where income generating activities are or could be carried out. Therefore, the Pilgrim Wesleyan Church must approach any partner with a sense that they too have a major contribution to the partnership of caring for orphans.

*Local churches have no activities aimed at providing care and support to orphans.* This finding is not supported by the literature reviewed. First the finding is not supported by the Old Testament:

Do not deprive the alien or the fatherless of justice, or take the cloak of the widow as a pledge. Remember that you were slaves in Egypt and the LORD your God redeemed you from there. That is why I command you to do this. (Deut. 24:17-18)

Second, it is not supported by the New Testament. Foster argues that Jesus' compassion for those without anyone to defend them is seen in his instruction to his dinner host to include the poor, the maimed, the lame and the blind when he provides a banquet (Luke 14:12-14). The purpose of including the needy was not just to get one's name on the social register but because they needed help (45). Third, it is not supported by church history. When Constantine became emperor caring for the needy which included orphans was now seen as a public service. Fourth, it is not supported by the Pilgrim Wesleyan Church's heritage. John Wesley, the founder of Methodism had a significant role in the promotion and provision of the service to the needy, which included orphans. Wesley established homes for widows and other needy people.

*Support to orphans has been in the form of handouts from compassionate individuals and economic empowering caregivers from some organizations.* Support to the orphans in the Kabwata and Kanyama Pilgrim Wesleyan Churches comes from compassionate individual members in the form of small handouts. During the focus group discussions, the orphans said the only support they had been receiving from the Pilgrim Wesleyan Church came from concerned members in their individual capacity. This fact was confirmed by the leaders in separate interviews. Responding to orphans in such practical terms is applying what Jesus commended in the lives of those who cared for the needy in Matthew 25. Involvement of individuals, particularly Christians is supported by Pohl who observes that the writings of John Chrysostom show that he supported the needy and encouraged his parishioners to do likewise. Chrysostom believed that caring for the needy remained a personal and individual responsibility also. That the care for the needy was not left exclusively to the Church was important to him (45).

*The will to provide care for orphans exists at local churches and national office, but the national office has not yet provided the required leadership to actualize the intentions.* When asked what activities which the Church should undertake to care for orphans the National Superintendent Kakungu said that the national office of the Pilgrim Wesleyan Church should not be directly involved in the provision of the care, but take the ministry of the local churches because they were best placed to provide effective support. “If we are not caring for orphans then we are not practicing the true gospel,” he said. He said he believed that the church should be involved in the prevention of HIV/AIDS as a way of reducing the number of orphans. The burden of care will be eased as there will be fewer orphans to look after. There is need to have a holistic ministry to address

education, poverty, injustice, corruption and health. Kuruvilla's report supports this result of the research which reveals that a consultative meeting of theologians believed that this pandemic was a challenge to theological education needing a response in a meaningful way so as to prevent and mitigate spread (129). This finding is also supported by the declaration of the special session of the UN General Assembly held on June 25-27 which acknowledged that HIV/AIDS was a global crisis and a great challenge to human life and dignity at all levels of society national, community, family, and individual. The goal set by UN relative to supporting orphans was that by 2005 they would implement national policies and strategies to build and strengthen governmental, family and community capacities to care for orphans.

*All orphans were extended family members of their caregivers.* This result demonstrated that the African people are willing to bring in an orphan in their homes. The orphans do not need to bond with their caregivers because they already have a relationship. Osei-Mensah agrees with this point with his observation that until recently no orphan in Africa lacked someone to care for them. When parents died, many mothers and fathers in the extended family were able to care for the orphans in the same way as they would care for their own biological children (66).

*Best practices already perceived by the national leadership as well as by focus groups need to be practiced and applied.* Although this research did not find any strategies currently employed by the Pilgrim Wesleyan Church, focus group interviews revealed that the participants had some ideas of what they thought would be effective strategies of caring for the orphans. These strategies were passionately shared by all the participants. Also, the literature review revealed some strategies employed by other churches,

parachurches, and nongovernmental organizations in Zambia that seem to be helpful and hence need to be explored and evaluate their effectiveness.

**Economic Empowerment to caregivers.** World Hope International Zambia supports orphans through community trusts. According to World Hope International:

A Community Orphan Trust (COT or Trust) is a collection of neighbors and community leaders who commit to addressing the needs of vulnerable children who have been impacted by HIV/AIDS in their community. Trusts are designed to keep children cared for, fed, clothed, attending school, and nurtured in ways that help them mourn the loss of parents and feel connected to an extended family in the community. Help is actually given to these children by trained and committed volunteer caregivers from that community who care for the orphans in their homes. World Hope International is supporting 13,750 orphans and vulnerable (OVC) children in Zambia. (“Zambia”)

This economic empowerment to caregivers helps them to meet human basic needs of housing, food, clothing, education, emotional, and psychological need by supporting food production, animal multiplication and business development on a village-wide basis. The number of orphans and vulnerable children (OVC) being cared for through COT or Trust seems to indicate that this approach is helpful to some extent.

**Feeding program:** One of the ways Jesus Cares Ministries Zambia supports orphans is through their feeding program. Jesus Cares Ministries Zambia states, “Working with various partners, JCM is reaching annually over 10,000 children with care, education, rehabilitation, psycho-social counseling and feeding programs throughout Zambia.” In addition to feeding children, which includes, orphans Jesus Cares Ministries supports children through education, rehabilitation, and psycho-social counseling. This seems to be a holistic approach to meeting the needs of children. Here again the number of children reached by Jesus Cares Ministries seems to indicate that their strategy of caring for children is effective.

**Child sponsorship.** A person can sponsor a child by providing \$30 per month to meet the basic needs and nurture of a needy child. World Vision International Zambia supports needy children and orphans through this strategy. When a sponsor gives money to World Vision, then World Vision ensures that the sponsor receives letters from the child and progress updates (“Sponsor a Child”). World Hope International Zambia also uses this strategy of supporting orphan children through child sponsorship program.

**Provision of school supplies.** This strategy provides orphans and vulnerable children with school supplies. Jubilee Centre a Ndola, based parachurch organization, uses this strategy to support orphans and vulnerable children:

Jubilee Centre in partnership with Willow Creek Church, Ridgepoint Church and Community Fellowship of USA supports the most vulnerable orphans by giving them school supplies at the beginning of each year. This year JC bought more than 590 pairs of shoes, 390 school uniforms and paid school fees.

Jubilee Center’s strategy seem to be helpful in that it helps caregivers who cannot afford to provide school supplies for the orphans they are raising.

**Provision of seed capital for orphan income generating activity.** In this strategy, seed capital is provided to projects that focus in caring and supporting orphans. Zambia Orphans of Aids (ZOA), a private voluntary organization incorporated in August 2000 in Washington, DC supports such projects. In Eastern Province, ZOA provided St. Mary’s girls’ high school with capital for an income-generation activity. The seed money enabled the school to buy a grinding meal and maize hauler. After a year, the project provided tuition support to twenty-five students compared to fifteen over the same period the previous year. Another project supported by ZOA is Kwasha Mkwenu project operated by women in Lusaka’s Matero township. This project has been raising money

from knitting and home-made confectionery to support house households caring for orphans. The project has provided educational and food support for more than two hundred children from the surrounding communities. These projects are indeed success stories and a clear testimony that this strategy is effective.

This list of organizations that have strategies that seem effective in caring for orphans in Zambia is not exhaustive. Churches, parachurch, and nongovernmental organizations have effective strategies that should be considered for further research.

### **Implications**

The research demonstrates that the Pilgrim Wesleyan Church at all levels, especially at the local level cannot afford to stand by while its pews are bursting at the seams with orphans who desperately need support. These children lack the very basic necessities of life such as food, clothes, shelter, and clean running water/sanitation. Both the literature review and focus group discussions involving leaders, orphans, and caregivers revealed that the Pilgrim Wesleyan Church is not fulfilling its stated mission of taking the “whole Gospel to the whole person,” of not providing care to the “fatherless.” In the biblical and theological foundation of this discourse, God identifies himself as the “Father of the fatherless” and places the obligation of representing him in caring for these less privileged people on the shoulders of his followers, embodied by the church. While the constitutional duty of the government is to provide the institutional framework and release resources for the care of orphans, the body of Christ, that is the church, has an important role to play to help ease the plight of these children. The government has limited resources and is always looking for partners in delivering social services such as the welfare of orphans. This study presents an opportunity for the church

to revisit its role in God's plan of redemption for humanity. The research has provided insights into the needs of orphans and their caregivers within and outside the Pilgrim Wesleyan Church, and how these needs could be met.

However, a wider study with a bigger sample population and size is needed to establish the full extent of the orphan situation in the Pilgrim Wesleyan Church and the communities in which it ministers. When solid and verifiable data exists, it becomes possible to craft effective interventions. This study has revealed that no mechanism for data collection and processing of orphans in the Pilgrim Wesleyan Church practiced. The findings of this particular research have provided ground for such further research.

### **Limitations of the Study**

This study is premised on my personal experience, literature review, and focus group discussions with the Pilgrim Wesleyan Church leaders, orphans, and caregivers. To collect the information I was looking for, I used a research interview questionnaire with 6 focus group discussions. Due to cost implications, the study was confined to two townships in Lusaka one urban and the other rural. The information generated by this study could be deemed as reliable because I did not manipulate the research setting. Participants of all ages were able to respond to the interview questions in a free and relaxed atmosphere. Those who were shy or nervous were able to draw encouragement from others more confident. This approach was an interactive data collection technique. The selection of participants was inclusive as it involved leaders, orphans, and caregivers. The orphans were deliberately separated from adults to ensure that they were free to speak. The children were divided into four groups. Two groups male and female separately represented one age group while the other two groups, also separated by

gender represented the other age group. This division was done to ensure that the girls were free to speak. Like other African countries, Zambia is a male-dominated society in which females are frowned upon if they speak freely in the presence of males. Similarly, the males feel embarrassed to talk about their plight in the presence of females because they are socialized to believe and regard themselves as superior human beings compared to the opposite sex.

The study relied on two research instruments. The first instrument had two parts. The first section helped to gather demographic data such as the number of orphans, which gender is more affected, and geographical extent. The second part involved personal data such as occupation, age, gender, and length of membership in the Pilgrim Wesleyan Church. The second instrument was the use of a focus group interview questionnaire. Participants were informed, and their informed consent was obtained in advance. To get the most out of the interviews the number of interview questions did not exceed six. Because some members of the focus groups could not understand English, I translated the interview questions into the local language, which they spoke and understood well. After the interviews the responses were arranged and organized according to respective age groups and gender.

This research had limited validity in that only two Pilgrim Wesleyan Church congregations were covered. Some of the congregations not included in the study might have loved to participate. Furthermore, other evangelical, mainline churches, Pentecostal churches, and other religious groups who are directly involved in caring for orphans did not participate. Their inclusion might have helped to capture a broader picture as the sample would have been more inclusive. Including orphans from an orphanage and

comparing their responses to those being cared for within the extended family would also be interesting and valuable. The study only focused on supporting and caring for orphans. Further study on how orphans should access property for the extended family members raising them is needed. At the moment the aspect of orphans' right to property is silent.

### **Unexpected Observations**

Though Africans, in particular Zambians, live in close-knit extended family settings this research has demonstrated that property ownership is personal. What has also been demonstrated is that any interventions aimed at addressing the problem of orphans should recognize and strengthen the local coping mechanisms. Individual talents and interests of the people being empowered should be taken into consideration ensuring ownership of the project. When people are mobilized to participate in a project which does not suit their individual talents, or in which they have not shown any interest, they will only work for a while and abandon the project. This action will leave the burden to the few whose individual talents and interests the project attracts. The uninterested only reappear when they hear that the donor is coming, or has come. They may present an attractive report on how well the project is doing, yet only a few dedicated members of the community have been "bearing the cross". This challenge, if not addressed tactfully, may lead to apathy and resistance for future projects.

The study also exposed the importance of protocol in traditional Africa. If a message is not transmitted through the local leaders such as chiefs, headmen, and chief's counselors, then it will not be taken seriously, no matter the status of who delivers it or the source. Similarly, bypassing the national leaders of the Pilgrim Wesleyan Church would be unwise when coming up with initiatives aimed at providing care to orphans in

the Pilgrim Wesleyan Church. Zambians are sensitive people who would not like to upset the donor by openly protesting. They will express their displeasure by shunning the project shortly after its inception. Partners must be commended for their passion to help, but they have to be aware of these issues as they strive to help the Pilgrim Wesleyan Church provide care to orphans and empower caregivers. The relationship with the donor is mainly influenced by the economic circumstances of both. The donor can be regarded a long-term planner because the needs are met; while the local partner is considered a short-term planner because the needs are not met. The latter, therefore, needs external support to meet the basic needs.

Another unexpected observation is that most of the caregivers are widows who themselves are in desperate need of support for survival. Could this poverty be the reason why, in the Old Testament, the widow and orphan, as well as the stranger are put together? Were they equally vulnerable and needing help? Also, the orphan who is receiving some form of support is regarded as a blessing by the extended family taking care of them. Such a family may receive financial or material (including food) empowerment, to enable it to care for the orphan. The contribution helps to restore the extended family bonds of old. Conversely, an orphan who does not receive external support is increasingly perceived as a burden and *curse* on the extended family, which already is struggling to look after its own biological children.

### **Recommendations**

Information from literature and research findings seem to suggest that the best practice of caring for orphans in Zambia is through the extended family system. The way this care will be achieved in modern times is through the partnership of three parties: the

extended family who takes in the orphan, the local church or faith-based organization through which the church may receive support for orphans, and a local or international donor who partners with the local church or local organization to support the orphan. These three parties must have an interdependent relationship because they are equally important in supporting the orphan and raising the orphan into a responsible citizen. In rural Africa, cooking is done on three stones of equal size to provide balance for the pot. The stones must be equal; otherwise, the imbalance will make the pot tilt and thus lose some of the food that could feed a number of people. In the same way, the proposed three parties must see each other's contribution as equally important.

The extended family (caregivers) provide a home (it may not be the best), but at least an orphan has a place to call home the rest of his or her life, even after growing up and having a job, family, and home. The extended family also provides care, love, cultural values, and training in life skills so that the orphan grows into a responsible citizen. The contributions of the extended family to the growth of the orphan cannot be valued in monetary terms but are very necessary and probably most difficult to provide.

The donors provide the financial resources that the caregivers and the church or local organization are not able to provide but equally. The donors can also minister to the whole extended family. These two points are supported by McGeary:

Orphans have traditionally been cared for the African way: relatives absorb the children of the dead into their extended families. Some still try, but communities like Tsepho's are becoming saturated with orphans, and families can't afford to take on another kid, leaving thousands alone.

(4)

Most African families are not able to provide the basic needs of the orphans whom they dearly love and keep. Support from a donor can really be a blessing.

The local church or organization provides spiritual support and training that is beneficial to both caregivers and orphans. The church in this way becomes the salt and light of the world because they care for the needy in society and becomes relevant in the society they minister. The church or local organization also provides donors with all the necessary information about the orphans they support. The church or local organization becomes a link between caregivers and donors. While the ideal situation is for all three parties to partner as equal, the reality in the world we live in is that the one with money has the voice. My appeal is that local and international donors humbly consider their partners' contribution as equally important in the care of orphans. I am thankful that God has given me such partners. I am an example of one who has been empowered by donors. The relationship of the three parties enables to meet the following needs of an orphan. The family meets the emotional needs; the donor meets the material needs and the church/local organization meets the spiritual needs. When all these needs are met, they have a positive impact on the self esteem of the orphan. The orphan's knowledge that the donor is ministering to the family, the orphan no longer sees himself or herself as a liability to the caregiver and begins to see himself or herself as a channel of blessing to the caregiver.

The Pilgrim Wesleyan Church must begin to play an active role in the provision of care to orphans within its flock, and outside its walls. In addressing the issue of poverty, the Pilgrim Wesleyan Church in Zambia must seek professional advice on how to use her abundant natural resource of land at Jembo (over one thousand acres) and Choma, which has been a nonperforming asset for many years. If properly used, the Jembo land and other assets can enable the Pilgrim Wesleyan Church to finance most of

its programs. The Pilgrim Wesleyan Church should use its members who have business knowledge. Also, the Pilgrim Wesleyan Church should learn from its mother church in the USA that has a Wesleyan Investment Foundation. A deliberate effort must be made in creating an investment policy by the Pilgrim Wesleyan Church. Partners of the Pilgrim Wesleyan Church should consider investing in empowering the Pilgrim Wesleyan Church economically. This recommendation is supported by Zambia Orphans of Aids that provides seed capital to projects that support orphans and other vulnerable children:

The projects have been supported through three major ways: providing seed capital for income generating activities for (near) sustainability and to reach more orphans and other vulnerable children; social support activities such as infant feeding, providing fees for examinations and school supplies, to assist with HIV tests so that those found positive could access anti- retroviral treatment, and support in loss and grief; and skills and capacity enhancement activities, including assisting with pre and community schools.

Providing people with capital is a good way of enabling them realize their full potential to provide for themselves and care for orphans.

The Church must, as a matter of urgency, create a ministry at the national level to look into the welfare of orphans and provide leadership in the fight against HIV/AIDS, which spawns them. This ministry could, in collaboration with the medical ministry, establish a policy and work through branches of local congregations to implement programs aimed at preventing, treating, and mitigating the impact of HIV/AIDS through care and support. This process would not only provide an essential service to the needy but serve as an effective tool for evangelism. Other churches have used this strategy to great effect, and have, through it, led many lost sheep to their Master, Jesus Christ. They have, therefore, played a part in God's grand plan of redemption.

To our detriment, the church shares the attitude of the disciples who rebuked those bringing their children to Jesus:

Then they brought the children to Him, that he might touch them; but the disciples rebuked them. But when Jesus saw it, he was greatly displeased and said to them, "Let the children come to me and do not forbid them; for of such is the Kingdom of God. (Mark 10:13-14)

Jesus and his disciples differed regarding their view of children. One may quickly condemn the disciples for their behavior, but a close look of how children are viewed and treated in the church reveals that Christians are not different from the disciples. Ministries in our churches in Zambia shows that ministry to the children is the weakest, and in some cases, a budget item. In most instances teachers for the children are not trained. Common practice is just to get someone to keep the children busy while the adults are learning. Even during the preaching, the children are kept in the church with adults, but the sermon is targeted to adults. In most churches, the only sanctuary is used for adults, with no provision for children's classrooms. A definite need is for the church in Africa to take a fresh look at ministering to children effectively, and particularly orphans.

Furthermore, the results from the children's survey gives reason to incorporate first class ministry to children. Children do matter to God.

The other area the Pilgrim Wesleyan Church needs to strengthen her ministry is effective teaching of stewardship. Members of the Pilgrim Wesleyan Church must learn to support their church. Because most of the Pilgrim Wesleyan Churches are in rural areas, giving should not be limited to money but also to agricultural products such as livestock and crops. Another area in which the Pilgrim Wesleyan Church should strengthen its ministry is challenging its members in the medical profession to spearhead the formation of the orphans' care ministry at every local church. These could be

encouraged to serve as resource persons for teaching about the prevention of the spread of HIV/AIDS.

### **Database**

The difficulties I faced in collecting statistics on the population of households, orphans, and caregivers point to the need for an information-gathering mechanism. Using the current capacities and some external help, the Pilgrim Wesleyan Church should create a database on orphans and caregivers in its ministry areas. The starting point should be that every local church be encouraged to have annual statistics of the orphans in that particular local church.

### **Conclusion**

In conclusion I want to share briefly about Talent Miyoba Hachandi. Talent was born on 1 October 1976. At the age of four, she and her younger brother Edison, lost both parents. Talent was taken in the family of Esteli Mukonde, her aunt in the English language but *mother* (mother's elder sister) in Chitonga culture, while Edison was taken by their father's family. In the Mukonde family, Talent grew up like one of their own children. The Mukonde family are devoted Christians who are members of the Livingstone Central Pilgrim Wesleyan Church, located in the city of Livingstone, the tourist capital of Zambia.

Talent was introduced to spiritual things early in life and accepted Jesus Christ in her teen years. As a Christian, she was involved in many church activities such as singing in the praise team, teaching Sunday school, and participating in youth ministry. At the right time, she fell in love with Morningstar Hachandi, a young businessman who was a member of the praise team at Livingstone Central Pilgrim Wesleyan Church. Talent and

Morningstar got married and are blessed with three children: Chabota (9), Lusyomo (4) and Maimbo (5 months old).

Talent attended school and college in Livingstone. Today, Talent is a teacher, a happy mother of three, and a very supportive pastor's wife for Livingstone Central Pilgrim Wesleyan Church where Morningstar has been a lay pastor since January 2004. In October 2006 Morningstar attended the International Leadership Institute (ILI) training. Since Morningstar attended the ILI conference, we have followed his ministry with keen interest. We heard from people how the Livingstone central Pilgrim Wesleyan Church has grown and how people rush to go for services.

I heard his testimony when my wife and I visited his church on 25 January 2009:

The ILI training revolutionized my passion and priorities both for my marriage, family, and ministry. ILI opened my eyes to weed and nurture my relationship with my TALENT and now surely we are enjoying the fruit. My intimacy with my God has deepened and ever since we have experienced numerical and spiritual increase in our church. Our worship services are characterized with overflow where people have to sit outside. The church attendance has doubled from 150 to 300. We since have embarked on expanding the sanctuary to double the capacity. I can simply say every leader needs the ILI training. My church will no longer be the same. (Hachandi)

I am sure the Mukonde family did not realize that in Talent they were raising a teacher, a pastor's wife, and a leader of leaders. We can only thank God for the Mukonde family who raised Talent to become a leader in Zambia. Worship in the Livingstone Central Pilgrim Wesleyan Church is an awesome experience. God's hand is upon Talent and Morningstar as church leaders. Truly, orphans can realize their full potential through the extended family system. In the Bible Mordecai raises his cousin Hadasah (Esther) who became a queen and God's instrument to deliver the Jews from the hand of Haman. Such

stories and many like them should encourage Christians to support orphans through the extended family.



**Figure 5.1. The Hachandi family (Morningstar and Talent).**

### **Postscript**

This study has really challenged me to be personally involved in the ministry of caring for the orphans. Specific actions that I will take include the following:

1. Create a ministry at the Kanyama and Kabwata Pilgrim Wesleyan Churches as a follow-up to my involving them in this research. This action will help me implement what I learned from this study as a basis for creating a ministry based on the identified need instead of making this study just as an academic exercise;
2. Offer to work with like-minded Pilgrim Wesleyan Church leaders to create national policy on caring for the orphans;
3. Share the findings of this study with the entire Pilgrim Wesleyan Church of Zambia through various meetings and conferences and thereafter encourage very local Pilgrim Wesleyan Church in Zambia to have strategies to care for orphans; and,
4. Make further study within the Pilgrim Wesleyan Church; I am committed to contribute to the support of orphans in Zambia, God being my helper and provider of all I

will need to make this ministry in local churches successful.

**APPENDIX A**

**Letter Seeking Permission from Pastor Kenny Manjimela**

Rev. Alfred M. Kalembo  
International Leadership Institute of Southern Africa (ILISA)  
Findeco House, 9<sup>th</sup> Floor Suite 2 & 3  
Cairo, Road  
Lusaka

20<sup>th</sup> January, 2008

Kabwata PWC  
P.O Box 50076  
Lusaka

Dear Rev. Manjimela,

As you are aware I am pursuing a Doctor of Ministry at Asbury Theological Seminary, Wilmore, Kentucky, USA. The area of study for my dissertation is caring for orphans. To that end I am undertaking a research project that aims at finding activities employed by the Pilgrim Wesleyan Church in Zambia in their caring for orphans out of more than 200 local churches of the Pilgrim Wesleyan Church in Zambia. I am writing Kabwata Pilgrim Wesleyan Church to help me with this research.

For the purpose of this research I would like the participants of the focus groups from your church membership from these categories:

- Members of the Local Board of Administration
- Guardians of orphans (Men and Women)
- Orphans (Male and Females)

I am interested to meet the mentioned members of your congregation in the said categories in order for the research to reflect representative church leaders, guardians, and orphans views and insights on the subject matter.

I look forward to your response.

Sincerely,

Rev. M. Kalembo

## **APPENDIX B**

### **Interview Questions for Discussion with Focus Groups**

1. How is this local church involved in the care of orphans?

The first question seeks to gain insights into what is transpiring in each church regarding care for orphans. Simply stated, do the members of the focus group know what is happening regarding the care for orphans by the church?

2. Can you tell me other activities this church should consider doing to care for orphans?

In other words, what should the church start doing that it is not doing at the moment in the care for orphans?

The second question seeks to explore practical suggestions of the members of the focus groups about new ways their churches should care for orphans.

3. Can you tell me the activities this church is involved in now that are helpful to caregivers, to orphans, and both?

The third question seeks to explore activities in which the church is involved in caring for orphans that are helpful and should, therefore, be strengthened.

4. What is the ratio of orphaned boys and girls cared for in this church?

The fourth question seeks to find the gender balance in the care of orphans.

5. What activities is this church involved in regarding the care of orphans that should be discontinued?

The fifth question seeks to find out what activities the church is doing which are not beneficial.

6. Of all the things we have discussed, what has been the most important or helpful to you?

**APPENDIX C**

**Demographic Survey Questionnaire**

**Your Church Details**

1. What's the name of your church? \_\_\_\_\_

2. When was your church planted? \_\_\_\_\_

3. What are the various ministries of your church? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. About how many members form your congregation?

1-50 51-100 101-150 151-200 201-250 251-300

301-350

Others.....

**Participant Identity**

Age:.....

Profession:.....

Male ..... Female .....

How long have you been a member of your church?.....

What is your role in your church? .....

How many orphans are you raising?.....Relationship to the orphan(s).....

Level of education:.....

Primary Secondary T College University Other Education

## APPENDIX D

### Ground Rules Sheet Sent to Participants

Please, take time to read these lines and become familiar with them. They constitute some rules that we are going to follow during our conversation in order for things to move as smoothly as possible. Following these rules will allow a very good discussion time.

1. Everyone must have copies of the basic questions and of the ground rules before the focus group interview. At the time of our conversation, you will need to have with you the general topics or questions we are going to discuss as well as the ground rules sheet that you are reading now.

2. Do not be alarmed in case you forget to bring them to the focus group interview. Just let me know if you forgot them and my assistant will give you another copy before we proceed further during our meeting.

3. As you can see from the guiding questions you received, I will be asking a limited number of basic questions. However, we may be led to further discussion on each topic depending on where our conversations lead us. You are not required, as an individual participant, to answer every question. So feel free to intervene at any time, particularly if you feel that you have an important insight or opinion that has not been expressed yet.

4. Note also, that there is no wrong or right answer to any question. Every perceptive is welcome on any question. I encourage you to welcome others' point of view on a topic even if you may not agree with it. Therefore, do not hold back your thoughts

for fear of being seen as wrong because there is no wrong or right answer in our discussion.

5. In order to help me take into account every one's point of view, I will take detailed notes with help of my research assistant. Be assured, however, that I am not going to attach anybody's name to a particular perception and that your ideas also will only serve for my analyses.

6. During our discussion, you are allowed to state your name before making your comments.

7. I will do a roll call based on the information you submitted to me prior to our meeting. When I call your name, please say something about yourself. You may mention where you live or why you attach an importance to this topic, or anything you think is important to you.

**APPENDIX E**

**Kabwata Pilgrim Wesleyan Church Focus Group Participants (Leaders, Men and Women Caregivers)**

1. Rev. Kenny Manjimela
2. Mr. Martin Sishekanu
3. Mr. George Chisengele
4. Mrs. Priscilla Manjimela
5. Mrs. Stelia Banda
6. Mr. Andrew Mabula
7. Mrs. Margaret Machuku
8. Mr. Mainza Mubita
9. Mrs. Lydia Sishekanu

**APPENDIX F**

**Kanyama Pilgrim Wesleyan Church Focus Group Participants (Leaders, Men and Women Caregivers)**

1. Pastor Lymon Ng'andu
2. Mr. Gerald Samboko
3. Mr. Viscount Hangoma
4. Mr. Please Daka
5. Mr. Gideon Hambizi
6. Mr. Samuel Bulongo
7. Mr. James Hara
8. Mr. Osphar Kahwema
9. Mr. Hakasasa
10. Mrs. Hakasasa
11. Mrs. Hamakala
12. Mrs. Grace. Sikalembo
13. Mrs. Nyeleti
14. Mrs. Chisowa
15. Ms. Munanyanga
16. Mrs. Maambo
17. Mrs. Ng'andu
18. Mrs. Bulongo
19. Mr. Jameson Sikalembo

20. Mr. Joram Munsaka

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