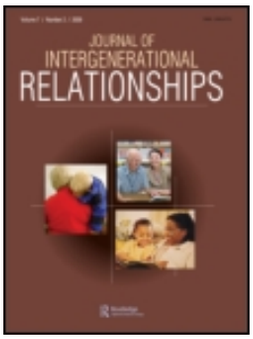

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The Changing Role of Older People

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HIV/AIDS Orphans' Education in Uganda: The Changing Role of Older People

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ABSTRACT. The HIV/AIDS epidemic in most sub-Saharan African countries has created a crisis in the African family structure. In Uganda, older people's roles have been reversed from being provided for to providers. Older people, who are already poor, face the loss of economic support from their adult children and unexpected social, psychological and economic burden due to the care-giving role they assume. In this study, we used cross-sectional data from Kayunga district in Central Uganda to examine the impact of HIV/AIDS on the role of older persons. We found that there were HIV/AIDS related deaths in 82.3% of the surveyed households. In almost 34% of the households, the caregivers of HIV/AIDS orphans were older people over 50 years old. Almost all households headed by older people (97.8%) had on average three school-going orphaned children living in the household.

KEYWORDS. Uganda, HIV/AIDS, orphaned children, education, care giving, older people

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INTRODUCTION

Over the past 20 years, Human Immunodeficiency Virus and Acquired Immunune Deficiency Syndrome (HIV/AIDS) has had a devastating effect on older people in sub-Saharan Africa. Older people's traditional roles have been reversed. In many of the HIV/AIDS affected families older people have become care givers to sick family members and orphaned and vulnerable grandchildren. The high death rate among young adults and the burden of sickness due to HIV/AIDS have placed heavy demands on the formal and informal coping mechanisms of affected communities. This growing burden of care and support has been placed on older people who are struggling to absorb the multiple impacts of HIV/AIDS on their families, households and communities (HelpAge, 2003).

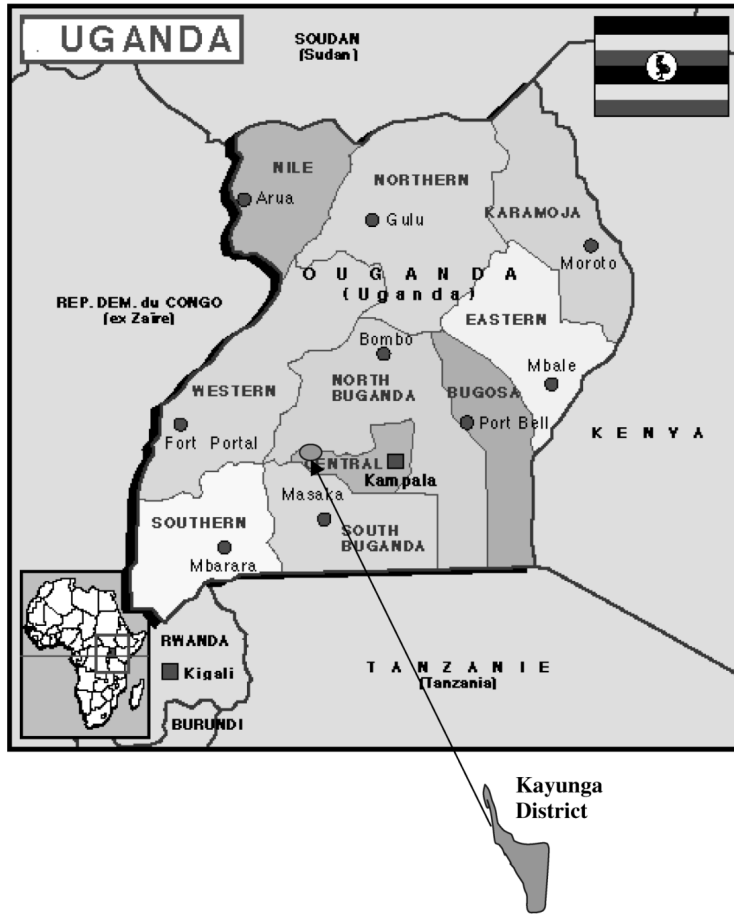
In Uganda, as in other countries in sub-Saharan Africa, older people are a vulnerable group due to a lifetime of hardship, malnutrition and poverty. Also because of their age, they suffer debilitating chronic diseases. The HIV/AIDS pandemic poses an additional burden on older people at the time when they may require support and expect to be looked after. They now have to take on the role of caring for others, which further compounds their vulnerability (Kimuna, 2000). Furthermore, older people's health is severely compromised not only because of exposure to infectious diseases through close contact with the sick household member but also due to the stress of taking on the responsibility for medical expenses, emotional support and providing for their grandchildren's education when their children die.

In this paper we examine the impact of HIV/AIDS on older people's households in Kayunga district. Kayunga district is one of the newly created districts and one of the poorest districts in the northwestern part of central Uganda (see Figure 1). The specific focus is on the number of school-going HIV/AIDS orphaned children who are under the care of older people and the burden of providing education expenses and other support to these children.

HIV/AIDS ORPHANED CHILDREN

By the end of 2001, 12 percent of children in Sub-Saharan Africa were orphans.[1] This is almost double the proportion of orphans in Asia (6.5%) and more than double that found in Latin America (5%). Much of the difference in numbers of orphans is attributed to HIV/AIDS

FIGURE 1. Map of Uganda Showing Kayunga District



(USAID, 2002). In Sub-Saharan Africa, the number of orphans has increased to 34 million over the last 2 decades. Of this, 11 million (32.3%) is due to HIV/AIDS related deaths. It is estimated by UNAIDS (2002) that by the year 2010, about 42 million (5.8%) of all children in Sub-Sahara Africa will be orphaned by AIDS. Again, of the estimated 42 million orphans, 20 million (47.6%) will have lost one or both parents due to AIDS.

Tragically, the number of orphans in sub-Saharan Africa will continue to rise in the years ahead due to the high proportion of sub-Saharan

African adults already living with HIV/AIDS and the continuing difficulties in expanding access to life-prolonging antiretroviral treatments (UNICEF, 2003). Statistics reveal that large population countries in sub-Saharan Africa are even more affected. For example in Nigeria, the percentage of orphans due to AIDS will increase from 8 percent to 40 percent (2.6 million). In Ethiopia the jump will be from 26 percent to more than 43 percent (2.2 million) and for the Democratic Republic of Congo, it will increase from 34 percent to 42 percent (1.4 million). The impact of HIV/AIDS will, however, also be felt acutely in countries with smaller population but with high HIV prevalence rates. These countries include Botswana, Lesotho, Malawi, Swaziland, Zambia, and Zimbabwe (UNAIDS/UNICEF/USAID, 2002).

The United Nations Children's Fund (UNICEF, 2003) has noted that it takes 10 years between HIV infection and death from AIDS. Therefore, today's prevalence rates will determine the pattern of orphaning for the next decade. In Uganda HIV prevalence peaked in the late 1980s at over 20 percent and then began to decline dramatically to an estimated 5 percent in 2001 (UMOH, 2003; UNAIDS, 2000; USAID, 2002). Furthermore, based on the steady drop in HIV prevalence among young pregnant women between the ages of 15 and 19 years, recent HIV infections appear to be on the decline in Uganda (UNAIDS/WHO, 2002). Although responses that involve and treat young people as a priority pay off, the positive trends do not normally offset the severity of the epidemic. Uganda continues to present proof that the epidemic can yield to human intervention, however, the number of orphans has continued to increase. This is because of an estimated 10-year-lag between HIV infection and death from AIDS. Furthermore, because HIV is sexually transmitted and is more likely to cause the death of both parents than most other conditions, the rate of the increase of AIDS orphans who have lost both parents will be disproportionately higher compared to the rate of increase of AIDS orphans who have lost a single parent (Monasch and Boerma, 2004). The implications are grave, because HIV/AIDS jeopardizes not only the orphans' rights and well-being but also the overall development prospects of their country (UNICEF, 2003).

ORPHANS AND THE RIGHT TO EDUCATION

According to the International Labor Organization (ILO, 2004), education is crucial to the creation and enhancement of human capital, essential for sustainable economic and social development. Because of

HIV/AIDS, human capital is at risk. In addition to students, HIV/AIDS affects staff at all levels, jeopardizing the quality of education and heightening the risk of illiteracy and children dropping out of school. The World Conference on Education for All that convened in 1990 in Jomtien, Thailand, established strategies to achieve education for all. Recent conferences have been devoted to education for all: In 2000, two conferences, the World Education Forum held in Dakar, Senegal, and the United Nations Millennium Summit, and also, in 2002 at the Special Session of the General Assembly on Children, the international community of nations explicitly recognized that education, especially primary schooling was critical for achieving social and demographic progress, sustained economic development and gender equity (HDR, 2003; ILO, 2004). Achieving universal primary education by 2025 and eliminating gender disparities in education are among the key objectives of the United Nations Millennium Declaration of 2000.

Orphaned children in households beset by illness and lack of food are severely affected. As their parents fall ill and die, family burdens shift to grandparents or older children. For many, neither money nor time is available for normal schooling to continue. The most common difficulty is to cover school fees, including expenses for materials and uniforms. As a result, the drop-out-of school rate for orphans is much higher than that of other children (UNAIDS/WHO, 2003). Although in the short term opting out of school may help with cash needs, in the long term, it entrenches the households' poverty and puts the children at greater risk of becoming infected with the HIV virus. According to UNICEF (2003), the most common unmet needs for orphans include education, food, medical care and clothes.

In Uganda, older people continue to assume the role of care giver and/or surrogate parent to the orphans. This is not a simple issue given the poverty situation and their deteriorating health conditions. The weight of responsibility is multiple and overwhelming, affecting all generations in the family, especially older people, to whom it is left to care for the orphaned grandchildren. In most cases, older people are left largely on their own in this important role (WHO, 2002). As noted earlier, this paper's aim is to assess the changing role of older people's households in Kayunga district in central Uganda as they struggle to provide education to HIV/AIDS orphaned children. Education is an expensive element in the costs of raising children. Not only are there often fees to be paid, but a range of other costs including uniforms, books and stationery. Older people have no reliable source of income to expend on the orphaned grandchild's education. Often they must make the unfor-

tunate choice of choosing which child to attend school and which will drop-out of school to help around the house.

OBJECTIVE

This paper examines the role played by older people in the provision of education to HIV/AIDS orphaned grandchildren in Kayunga district, central Uganda. The paper details older people's experiences as they struggle to provide education to their HIV/AIDS orphaned grandchildren.

METHOD

Data and Sample Design

The data used in this study were generated through field-based survey of 300 households from Kayunga district. Kayunga district is located in the northwestern part of central Uganda (Figure 1).

The survey was conducted by Makerere University after meeting all requirements of the Uganda National Council for science and Technology (UNCST) Research Ethics Committee. The households were randomly selected from six (6) randomly selected sub-counties in Kayunga district. The randomly selected sub-counties include Nazigo, Kagulumira, Busaana, Wabwoko, Baale and Kayunga. Using village mapping technique, we randomly selected 50 households from each of the six sub-counties, which yielded a total of 300 households. Focus groups and in-depth interviews were used to generate data.

Survey Data

The survey[2] was designed to collect data on household composition including income expenditure, number of grandchildren, number of HIV/AIDS orphaned grandchildren under the care of grandparents, number of grandchildren in school and household expenditure toward school fees and tuition and materials. The questionnaires were translated into the dominant language spoken in the research area, namely, *Luganda*. Because of the high illiteracy rate among the heads of households in the sample, interviews were open ended and the respondents were able to provide information "their own perceptions" of the impact

of HIV/AIDS and their experience of raising grandchildren. The interviewers included trained staff selected based on previous experience and fluency in the above language spoken in Kayunga. The interviews took place at the respondents' residences. Interviews were tape-recorded and transcribed. The transcriptions from the interviews were analyzed using WISCO software.

Focus Group Discussions (FGDs)

The FGDs took place in the local chiefs' centers (sometimes known as parish community centers). There were 12 focus group discussions, two from each of the six (6) sub-counties. There were eight people in 11 FGDs and six people in one FGD. The participants were selected to participate in the focus groups on perceptions about caring for HIV/AIDS orphans and the struggles of providing an education for them. The participant selection was based on set criteria: (a) they were heads of households, (b) they were aged 50 years or over and (c) they had school-going HIV/AIDS orphaned grandchildren under their care. The respondents consented to participation and having their voices taped. The respondents' names were not used for confidentiality purposes, instead they were assigned a name, "Mzee 1" etc. The sessions were audio taped and lasted one hour. The participants were given 10 to 15 minutes to answer questions on caring for HIV/AIDS orphaned grandchildren and providing them with an education.

The first question asked about the number of children ever born and the number of living children. The second question asked about HIV/AIDS-related deaths among their children. The interviewer also probed the respondents in the same 10 to 15 minutes interval the age of their child/children when they died and if the deaths were HIV/AIDS-related. The third question asked whether the respondents' children who had died of HIV/AIDS had children. The participants were probed for information on the number of HIV/AIDS orphaned grandchildren under their care and how many were of school-going age. The fourth question asked how much money the respondents pay for each orphaned grandchild's education. They were probed also for the category of school that their orphaned grandchildren attended, whether it was a private school or a public school. The fifth and last question asked the respondents how much money they paid for items on the itemized list from different categories of schools in the district. Respondents were asked in this same question to explain where they got the money to pay for the items

on the list and whether or not they got any type of financial support or assistance from elsewhere.

These questions were designed to get the respondents talking in general terms about the struggles of caring for HIV/AIDS orphans and providing for their education. Specific and detailed notes were taken during the sessions. The audio taped data were later reviewed to extract similarities and differences among respondents. Respondents' interactions, body language and emotional reactions to the questions were also critically evaluated. The method allows for specific and accurate data transcription and analysis. In addition, the FGD method was chosen to give community members the opportunity to tell their story about caring and providing education for HIV/AIDS orphaned grandchildren. By using FGDs, we were able to hear about participants experiences in their own voices, thus, gain group perspectives through their interaction.

RESULTS

We use descriptive statistics and verbatim excerpts including pictures from three households to paint a picture of the changing role of older persons' households in Kayunga district, central Uganda as they struggle to meet the needs of their HIV/AIDS orphaned grandchildren.

Descriptive Analysis

Overall, the response success rate was 93.3 percent. The success rate ranged from 88 percent to 100 percent as follows: Baale (88%), Kayunga (90%), Nazigo (92%), Busaana (94%), Kangulumira (96%), and Wabwoko (100%). Because our unit of analysis was the household, almost 34 percent of the surveyed households were headed by older people aged 50 years[3] and over. In addition, households headed by people in age group 30-49 years were slightly over 49 percent; fifteen percent of the households were headed by people in age group 20-29 years and two percent of the households were headed by people aged 19 years and below. Of the 93.3 percent households that were successfully surveyed 82.3 percent had experienced an HIV/AIDS related death. A breakdown of the sub-counties showed that in Wabwoko sub-country, almost 91 percent of the households had experienced an HIV/AIDS related death of a family member. In the other five sub-counties, the households that had experienced an AIDS related death were as follows: Busaana (89.4%), Nazigo (85%), Kayunga (82.2%), and Baale (81.3%).

Age groups most affected by HIV/AIDS-related deaths within households are as follows: age group 20-49 years (77.5%), age group 10-19 years (16.8%), age group 0-9 years (3.9%), and almost 2 percent of the older people aged 50 years and over had died from HIV/AIDS-related causes. Sadly, HIV/AIDS-related deaths are occurring in the age group that is economically active as well as the most active in reproduction (15-49). The loss of the breadwinner(s) leaves the household in a devastating situation. The family sinks deeper into poverty directly affecting other members of the family involved, especially children and older people.

Older People Headed Households

In all the six sub-counties of Kayunga district, almost every household surveyed had lost at least one family member to HIV/AIDS. Further analyses were done to find out the percent of households headed by older people aged 50 years and over that were taking care of HIV/AIDS orphans. We found that 34 percent of the households surveyed were headed by older people. On average, three school-going HIV/AIDS orphans were living in these households. The number of orphans in the care of grandparents ranged from one to eight children.

The heads of households were asked if the HIV/AIDS orphaned children within their households were of school going age and who was responsible for their tuition and school fees. Almost all households headed by older people (97.8%) indicated that all their orphaned grandchildren were of school-going age. Only 2.2 percent of the households did not have school-going grandchildren living in the household. The majority of the orphaned grandchildren were of primary school-going age (6-13 years old). In Uganda as in most sub-Saharan African countries older people live in poverty. Thus, the loss of their adult children to HIV/AIDS greatly impacts them because of their already precarious situation. As they take on the care management of their orphaned grandchildren, they also have to provide for their educational needs in all cases with no reliable source of income. The main worries expressed by older people taking care of orphaned grandchildren concerns the inability to provide food, clothing and especially schooling.

School-Going Orphans' Education

In Uganda, there is partial relief for all primary school-going children. This means that all children attending primary schools in Uganda

benefit from the Universal Primary Education (UPE) program. This partial relief provided by the government of Uganda through the Ministry of Education provides for tuition but not for other kinds of fees required from all children attending primary schools in Uganda. The required fees include building or development fund, equipment fees, transport and other required essentials such as school uniforms, books and supplies, lunches and other requirements determined by individual schools in the district. Table 1 presents one child's mean annual expenditure in Uganda Shillings (Ushs) on primary education.

Data presented in Table 1 are compiled from Uganda Bureau of Statistics and the Uganda Ministry of Education official documents. The figures show how much it takes to provide for one primary school-going child in Kayunga district, central Uganda. Table 1 also presents the mean annual expenditure for a primary school-going child in a government school (public school) and mean annual expenditure in a private school. Mandatory required fees in Table 1 that pupils are responsible for are development fund fees, parent, teachers' association (PTA) fees, examination fees and school uniforms. Pupils cannot be accepted in school without school uniforms, which in most cases is the main reason for children not being enrolled in schools. In addition, we compared the government statistics in Table 1 with the data collected from the older people headed households with primary school-going grandchildren.

Table 2 shows the mean annual expenditure that grandparents with school-going grandchildren in the household are responsible for in order for their grandchildren to attend school. These figures are similar in rural areas such as those in Kayunga district. Table 2 shows that a grandparent with one primary school-going grandchild has to come up with Uganda shillings 81,380.00 out of pocket under the UPE program. The household with eight primary school-going grandchildren has to come up with Uganda shillings 719,860.00 out of pocket. Older people headed households surveyed in the six sub-counties in Kayunga district are all in rural areas. The heads of these households are poor and themselves in need of support. They mostly relied on their adult children's support, now, with the HIV/AIDS-related death of their adult children they can hardly support themselves let alone adequately provide for their orphaned grandchildren. The cost of education for their grandchildren certainly imposes a heavy burden on these households. Furthermore, they also have to provide food and medical treatment for those grandchildren that are HIV/AIDS asymptomatic.

TABLE 1. Mean Annual Expenditure on a Primary-School Child Within Kayunga District, Central Uganda

Item	**Government Schools (amounts in Uganda Shillings–Ushs) per term***	**Private Schools (amounts in Ushs), per term**
Tuition	10,140.00	28,090.00
Development Fund	3,890.00	2,580.00
PTA	3,100.00	880.00
Exam Fees	2,460.00	4,160.00
Uniforms and Clothing	8,710.00	15,090.00
Books and Supplies	9,560.00	15,730.00
Transport	29,200.00	25,190.00
Food	14,610.00	18,770.00
Other	9,850.00	21,740.00
Total	91,520.00	132,230.00

*There are three terms in a year
Source: Uganda Bureau of Statistics (UBOS, 2002)

TABLE 2. Cost of Providing Primary Education to the Orphaned Children in a Household

Number of Orphans in a Household	**Cost of Educating Orphans per year* in Uganda Shillings (Ushs 1,859.00 = US$ 1)**	
	Government (UPE) Primary School	**Private (non-UPE) Primary School**
1	91,250.00	132,230.00
2	182,500.00	264,460.00
3	273,750.00	396,690.00
4	365,000.00	528,920.00
5	456,250.00	661,150.00
6	547,500.00	793,380.00
7	638,750.00	925,610.00
8	730,000.00	1,057,840.00

*There are three terms in a year

Perceived Experiences

Some of the anecdotal experiences in caring for grandchildren without any resources and the difficulties experienced including their fears about the future are expressed by three selected excerpts. Two of the cases gave permission for their pictures to be taken with their grandchildren. The pictures were taken by one of the authors.

Case 1

The Mzee, which means "old man" is a respectable term used by people in the research area and elsewhere in East Africa for older people. The "Mzee" is from Nakamiro village, one of the rural areas in Kayunga district, a widower, who lost his wife in May 2003. He was peeling cassava (manioc) for boiling, the only meal that his household will have for the day. He lost all his adult children to HIV/AIDS-related causes. All the children were daughters, who had not married the fathers of his grandchildren and thus, he did not know the fathers to his grandchildren. Two of his grandchildren are pictured with him. Talking about the difficulty of raising his grandchildren and providing for their education, the "Mzee" said, "I am an old man. My only luck is that I recently registered my grandchildren so they will support them in school (UPE pro-

CASE 1. Peeling Cassava (Manioc) with His Two Grandchildren

gram for partial support). I am worse off regardless of whatever they do. The children are not comfortable with this kind of support."

In addition, one of Mzee's grandchildren (not pictured), a 14-year-old boy, unhappy and teary said that his father and mother died when he was eight years old. "I cannot be happy when it is not my mummy looking after me. When mummy and daddy lived, I studied in a boarding school (private school). Whenever they (school administration) would tell mummy that I am not feeling okay she would rush to come and see me, but my grandfather is old, he has to gather energy first. I am not looking as healthy as I was when mummy and daddy were around."

The sentiments of the young boy exemplify the sentiments of all orphaned children. Orphaned children, especially those orphaned by HIV/AIDS are often treated differently when they migrate to the rural areas from the cities and enroll in new rural schools. They may find that the new school has a different curriculum. They may also feel isolated from other children because they speak a different language or they have not mastered the vernacular spoken by other children in the area. As noted, in households where resources are scarce, these children often have to go with only one meal a day, not adequately provided with clothing and most often relied upon by their grandparents to help around the house. Eventually they may drop-out-of school completely to engage in wage labor.

Case 2

The 57-year-old "Mzee" is pictured with nine of his 14 grandchildren that he lives with in his household. He is from Natetta village, one of the rural villages in Kayunga district. Four of his six adult children died of HIV/AIDS-related illness. The grandchildren are aged between five years and 16 years. Nine grandchildren attend school sporadically while he stays at home and looks after the younger ones. The "Mzee" states, "my sons died from AIDS. I have to stay with my grandchildren in this poverty. I nurture them, yet I also often fall sick. I am having a difficult task raising and educating my grandchildren. I cannot cope. There is old age, sickness, feeding and above all, school. It is a challenge. I have to look for school fees, yet at the same time I look for food."

The magnitude of the burden is manifest in these excerpts. The "Mzee" is poor and unable to provide for all his grandchildren. Although he has taken in 14 grandchildren, his main concern is how to adequately support them. Poverty is intergenerational. It can be bequeathed just as easily as wealth. Without schooling, the orphaned grandchildren's life chances are curtailed with no hope for a better future. Lifelong poverty will

CASE 2. 57-Year-Old Man Pictured with Nine of 14 Grandchildren

leave successive generations unable to help each other. The grandchildren will inherit poverty from their grandparents and bequeath poverty to their own children.

Case 3

This last excerpt is from a 62-year-old grandfather, who is also a widower. He lost his wife in 2003. He declined to take a picture, but was willing to talk about the difficulties he is experiencing since his wife died. He said, "Since my wife died, I cannot do any work because my grandchildren come home everyday at 1:00 p.m. expecting food. I am a subsistence farmer, but before this *siliimu* (a term that is mostly used by villagers in their discussions about HIV/AIDS) killing my children and leaving me with orphans, I could take some food for sale to meet our household needs. Now, I have to stay at home. There is no one to help me with the chores. I was never used to have to look for food, to cook, and take care of children when they get sick, clothe them, and provide for their education."

Although research frequently note that orphans are more likely to live in female headed households, and in households in which the head of the household is considerably older (Monasch and Boerma, 2004), households headed by older people in Kayunga district were more frequently headed by males. This is partly due to the patriarchal arrangement of communities in Kayunga district, where most households are

headed by males. In addition, because of the high prevalence of HIV/AIDS-related deaths among women, after the loss of a spouse, older men take on the roles that had been traditionally relegated to women. Like the older person in excerpt three, his wife died in 2003 and now he has to learn how to do chores that in most patriarchal African societies are relegated to women. In these societies men rely on women to cook, clean and fetch water and firewood. HIV/AIDS has not only devastated families, but also has changed the division of labor in most households affected by AIDS. Older men and women are equally taking on the role of care giver. The impact of HIV/AIDS affects all households and the older men's excerpts indeed help us understand that both female headed households and male headed households have dramatically been impacted. They are going through an upheaval that is indeed overwhelming. Nonetheless, they are trying their best to provide food and other needs and trying to see that their grandchildren get some education.

During the FGDs and from the in-depth interviews, these older people noted how HIV/AIDS epidemic has not only changed their roles from being provided for to providers, but has also traumatized them and caused psychological torture. All older people in the focus groups concurred that besides the burden of caring for their grandchildren, they are also at risk from contracting HIV/AIDS while caring for their adult children and grandchildren who are HIV-positive. In spite of the hardships, older people provide not only health care and support for the infected, but are also responsible for financial support, emotional and raising their orphaned grandchildren. In Kayunga district, older people reported that they lacked recognition and support so that they can sustain their changing roles.

DISCUSSION AND CONCLUSION

This study evidences that the role of older people in Kayunga district has dramatically changed. Instead of looking forward to being looked after by their adult children, older people have taken on the role of surrogate parents. At a time when these older people need care and support, they are the ones supporting their extended families, especially their HIV/AIDS orphaned grandchildren (both HIV-positive and HIV-negative). The burden is even worse for single headed households. Although our paper does not differentiate between gender, studies have noted the abysmal situation of older female headed households (see Ferreira et al., 2001 and HelpAge, 2003). Similarly in this paper, older male headed

household experiences are compounded by the division of labor in which they lack competency, such as cleaning, cooking, fetching water and firewood, etc.

In addition, the study revealed that the high percentages of HIV/AIDS-related deaths among young adults (20-49) in Kayunga district and also among family members outside the district contribute dramatically to the number of orphans in households. Thus, households that are headed by older people will continue to absorb school-going orphans. Because these households lack resources to provide education, these orphans may not have the opportunity to get an education, which will significantly affect a key target of the United Nations Education Scientific and Cultural Organization's (UNESCO) Education for All Initiative and the UN's Millennium Development Goal of eradicating illiteracy and gender inequality.

In Kayunga district, very few households headed by older people can afford to send their grandchildren to school. As noted earlier, older people are forced to make a choice of choosing one grandchild over another to attend school. In most cases, female children are often withdrawn from schools to help around the house or supplement household income. According to ILO (2004), de-schooling of children compounds their already precarious situation. When children are out of school, it is very difficult to reach them with HIV-prevention information. In addition, the report notes that de-schooling children also de-skills their entire generation. Thus, besides affecting individual children, HIV/AIDS impedes human capital formation and compromises sustainable development (ILO, 2004).

In conclusion, older peoples' households provide very special services. Older people must not be marginalized and forgotten. Interventions that are aimed at ensuring that young people survive should also be aimed at older people. In Kayunga district as elsewhere in Uganda, older people are the bastion holding together families. However, their capacity to support their families is overstretched due to lack of resources, breakdown of traditional support systems due to HIV/AIDS and chronic illness.

The loss of their adult children has orphaned older people in reverse. Their roles as surrogate parents and the burden that results from this role affect their well-being. However, their changing roles have not received much attention in policy discussions and program development. Projects that support orphans would succeed if project managers incorporated older people's ideas. Governments and non-governmental organizations need to recognize older people's roles and enhance those roles

through education and support, including opportunities to discuss fears and questions about HIV/AIDS so that older people can help educate their grandchildren about HIV/AIDS prevention.

Schemes that promote older people's social and economic security to sustain their new roles must be supported. These schemes are baby steps toward alleviating poverty. Formal support systems that promote health, education and poverty alleviation interventions would ensure the survival of the next generation in Uganda and elsewhere in sub-Saharan Africa.

LIMITATIONS OF THE RESEARCH

There were several limitations in the study. The primary limitation of the research is that the findings cannot be generalized to other older people's households in Uganda. Additionally, we used 50 years and over to select older peoples' households in Kayunga district to survey, where as the United Nations and the World Assembly on Aging have treated all persons aged 60 years and older as "old." Although the age of 60 or 65 is universally considered to be the standard measure for a person to be called "old," in sub-Saharan Africa, the total life expectancy at birth is 49 years and in Uganda it is 45 years (Population Reference Bureau, 2004). The use of the age of 50 years and over in Uganda is only a limitation in so far as comparing older people's households in Uganda to older people's households in other countries. Thus, our choice of 50 years and over is justifiable because in Uganda as elsewhere in sub-Saharan Africa, there is premature aging as a result of an unfavorable climate, malnutrition, tropical endemic diseases, infectious and parasitic diseases transmitted through water and psychological traumas associated with a rapidly changing society. Kimuna and Adamchak (1999) also used 50 years and over in their research on Kenya. They argued that the onset of early aging in the general population with regard to low standards of living and lack of general well-being coupled with societal construction of old age need to be considered in determining the age category of older people in sub-Saharan Africa.

Furthermore, the questionnaire was designed in a standard format that would be applied to different peoples. The standardized survey resulted in the insensitivity of the interview schedule to the specifics of the communities in Kayunga district. An interview schedule guided by the older people themselves and their cultural traditions would substan-

tially have increased our understanding. Nonetheless, the focus groups were helpful in minimizing this limitation.

Although this research fills the gap in providing evidence for policy development to enhance educational support for HIV/AIDS orphans, health and social services in older people's households, there is a need for more research in the above areas.

NOTES

1. Orphans are described here as children under the age of 15 years who have lost at least one parent. In addition, children who have lost both parents (mother and father) are sometimes described as double orphans.

2. The authors will be glad to provide the survey questionnaire if needed. However, questions that generated data used in this paper have been incorporated in the text.

3. We used age 50 and above to determine households headed by older people. This is because in sub-Saharan Africa, many people have a lifetime's exposure to health problems, suffering chronic illness and disability, without access to adequate health care facilities. People are functionally 'old' by the time they are in their late forties or fifties.

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