

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

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ABSTRACT

A big problem in Namibia is the issue of destitute orphans and vulnerable children (OVC), many of whose parents have died from HIV/AIDS related illnesses. This study sought to examine the information needs of OVC and their caregivers and their information seeking strategies in managing the OVC situation in Namibia. Both qualitative and quantitative survey research methods were employed. Questionnaires were posted to various service providers, while interviews were conducted with OVC and their caregivers. Focus group discussions were also used for caregivers and informants in order to collect data on the respondents' general attitudes, feelings, beliefs, experiences and reactions. The study took place in the rural Ohangwena region in January 2009 and urban Khomas region in April 2009. The preliminary findings indicated that there was a higher school dropout rate among rural OVC. Both rural and urban OVC expressed the need for financial assistance or grants, child care support, feeding schemes and health services as their top priorities. The rural OVC said they required information about school development fund exemptions, financial assistance or grants, health services, childcare support, and training opportunities. The urban OVC expressed the same priorities except for counselling, which was added to their list instead of training opportunities. Both the rural and urban OVC stated that they consulted relatives, teachers and friends for advice or information, thus indicating that interpersonal sources of information were the most important source of information. The study provided useful information for interventions and further research.

KEYWORDS

information needs, information seeking behaviour, orphans, vulnerable children, caregivers, service providers, Ohangwena, Khomas, Namibia

1 INTRODUCTION AND BACKGROUND

The impact of HIV/AIDS is devastating worldwide, particularly in developing countries. It is estimated by the Joint United Nations Programme on HIV/AIDS (UNAIDS 2013) that almost 60 million people have been infected with HIV and 1.6 million (UNAIDS 2013:1.4–1.9) have died of HIV-related causes in the global Aids epidemic. Approximately 35.3 million people (UNAIDS 2013:32.2–38.8) are living with HIV, with 3.4 million (UNAIDS 2013:3.1–3.7) new infections occurring annually. Further reports by UNAIDS reveal that sub-Saharan Africa accounts for two-thirds (67%) of people living with HIV. The epidemic in sub-Saharan Africa has orphaned more than 14 million children (UNAIDS 2009 online).

The Namibia 2010 Sentinel Survey showed that the prevalence rate had slightly increased to 18.8 per cent from 17.8 per cent in 2008 (MHSS 2010:12). Although the prevalence rate has marginally stabilised, the battle still continues. One of the major problems facing Namibia is the issue of destitute orphans and vulnerable children (OVC), most of whom have become destitute as an indirect result of HIV/AIDS. It is expected that if the current trend continues, Namibia will have at least 250 000 (10% of the Namibian population) orphans in the next 20 years, of which over three quarters will be children (NPC 2010:47; UNICEF 2006:5).

OVC are defined as children between 0 and 18 years who have lost one or both parents and/or whose primary caregiver has died, or who are in need of care and protection (MWACW 2004:1).

In most traditional African social environments, children belong to the extended family. This means that the extended family members are responsible for the children when their parents are either sick or deceased. However, the extended families can no longer cope with the burden of the pandemic, thus the government, with the help of other social agencies, has to carry the burden. OVC face a number of problems, notably, most of them are forced to head households and take care of their sick parent(s) and siblings. In most cases, they do not know where to get help when the need arises. Poverty prevents them from paying the school development fund and buying uniforms, books and other school supplies, and in some cases, they are exploited and ill-treated by their caregivers. Some caregivers misuse the social grants provided by the government, for orphans, for their own use (eg, alcohol). Girls are at a much higher risk of abuse, particularly sexual, at the hands of adult males in society. Other children are left in the hands of greedy family members who take immediate ownership of the properties/items left behind by deceased parents instead of offering support to the children. Many children are taken

care of by their grandparents who are often left with this enormous responsibility with a meagre pension or none at all. In most cases, the grandparents lack information on how to access government services that aim to assist OVC and their caregivers. A number of agencies provide different services to support OVC, but it seems the information does not reach the people in need; therefore, there is a gap or communication breakdown between the information provider and information consumer. Factual information is very important because it equips a person with the power to choose and to make informed decisions.

2 BRIEF LITERATURE REVIEW

Several models have been identified on information needs and information seeking behaviour in the last three decades. There are several well-known models, namely: Dervin (1986), Ellis (1989), Wilson (1981, 1997), Krikelas (1983, 1999) and Kulthau (1991) which provide a strong foundation for studying information needs and seeking behaviour and have relevance in the information seeking behaviour of OVC, their caregivers and service providers. As Jarvelin and Wilson (2003:3) point out, models help researchers to formulate hypotheses and theories by identifying the research problems at hand. The focus here will be on Wilson's (1996) Model of Information Behaviour (hereafter Wilson's model) which was considered most suitable for this study, as discussed below.

Wilson's (1996) model was developed over a considerable period of time, with the first version being published in 1981. The model describes the need for information and the limitations that may prevent the person from taking action to seek information, with an emphasis on the results of searching, that is, success or failure and the level to which the need is satisfied (Case 2002:128). According to Wilson (2005:31), the model consists of the information seeker; the system employed or intermediary which the person uses to search for information; and the information resources that might or could be used by the seeker to get the information. The model underscores the importance of the personal, social and environmental roles that stimulate the need for information. OVC and their caregivers find themselves in a situation where they need information. Due to factors, such as poverty, distance from one service provider to the next, and even hunger, it is difficult for OVC and their caregivers to effectively search for information.

2.1 INFORMATION NEEDS

According to Grunig (1989:209), information needs can typically be described as an inner motivational state. This inner state may include wanting, fearing, believing or expecting something (Liebnau & Backhouse 1990; Searle 1983). On the other hand, Kuhlthau (1993:340), Marchionini (1995:5), Shenton and Dixon (2003:220), and Walter (1994:113) define an information need as a requirement that drives people to search for information. Thus, an information need evolves from the awareness that something

is missing, which necessitates the search for information that might contribute to understanding or filling a knowledge gap (Ikoja-Odongo & Mostert, 2006:147; Marchionini 1995:5; Rowley & Hartley 2008:105; Shenton & Dixon 2003:220; Walter 1994:113).

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

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

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

1. subsistence requirements – include the provision of water, food and shelter for survival;
2. protection needs – psychosocial and safety support and basic health support;
3. affection – parental and family love and emotional affection, nurturing, intimate relationships with others, friendships and peer support;
4. participation – includes participation or taking part in home, school, community and church activities, and having friends;
5. understanding – the ability to develop the capacity for curiosity, intuition and critical thinking;
6. leisure – the opportunity to rest and relax;
7. creation – being productive and creative; having the ability and skills to create something;
8. identity – self-esteem; sense of belongingness and value that is placed on ourselves;

9. freedom – the right to choose and autonomy; and
10. transcendence – the belief that we are part of something bigger than ourselves and that the world extends beyond physical reality.

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

2.2 GROWTH STAGES OF CHILDREN

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

Ericson's Psychosocial Theory, as quoted in Louw and Edwards (1998:498), has divided human development into eight stages. For the current study, six out of the eight stages will be discussed as they are considered the most relevant. At each stage, an individual has to deal with different psychosocial crises. The first year of life and also the first stage is characterised by trust versus mistrust. At this stage, babies are entirely dependent on others for their needs. When their needs are met, they view their environment to be safe and trustworthy.

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

Stage three occurs at around the age of five, and is characterised by initiative versus guilt. Children start to socialise and explore their environment, and parents need to support them while being firm at the same time so that children can continue to explore but also learn to respect the rights of others.

Six years to puberty is the next stage, which is dominated by industry versus guilt. At this stage, children are curious and show an eagerness to learn. If children are successful and manage to learn, they are likely to develop feelings of efficiency, but if they fail, they may develop feelings of guilt.

Ericson terms the fifth stage 'Adolescence', which is characterised by identity versus isolation. Children feel unique, with their own identity and value system. When this development fails to take place, they may become insecure.

The sixth stage is early adulthood, signified by intimacy versus isolation. All the psychosocial crises are connected to children's needs as they develop into adulthood.

Young adults try to form relationships with other people. If the relationships fail, they may become insecure.

The last two stages are middle adulthood and late adulthood. These stages are characterised by growth versus stagnation and integrity versus despair, respectively.

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

2.3 HIERARCHY OF NEEDS

According to Maslow's Hierarchy of Needs (Mwamwenda 2004:238), some needs, particularly physiological needs, are basic to all human beings. This means that these needs must be satisfied before the higher needs can be felt and fulfilled. Physiological needs include: food, water, sleep, and shelter. For example, children need nutritious meals and they need good air circulation in classrooms (Mwamwenda 2004:238). Once the physiological need is fulfilled, an individual will need to satisfy the need in the next level, which is safety needs. Children need a safe environment, they fear being teased or bullied by their peers. For example, OVC fear being teased about their situation, so they need protection. The next need according to Maslow's hierarchy is belonging and love. Children need to be loved, regardless of their background. They need to have a sense of belonging and not be discriminated against. The next need is self-esteem. Children need to be treated with human dignity. If a child is struggling in class for example, he/she needs to be helped to achieve better results instead of being ridiculed. After these needs have been fulfilled or satisfied, children will be motivated to self-actualisation, that is, they will be motivated towards achieving their goals.

2.4 ORIGINS OF ORPHANHOOD

The phenomenon of orphaned children in Africa and their multiple needs is complex. The United Nations Children's Fund (UNICEF 2005:67) observes that children do not need to have HIV/AIDS to be devastated by it. When HIV/AIDS enters a household by infecting either one or both parents, the very fabric of a child's life falls apart. At the time the study was conducted, an estimated 1.8 million people in sub-Saharan Africa are infected with the virus. UNICEF (2013:81) also estimated that 21 600 000 children had lost either one or both parents to AIDS in 2012, and 16 900 000 of these children were from sub-Saharan Africa.

The National Planning Commission (NPC 2010:47) indicates that Namibia has more than 250 000 vulnerable children; 155 000 of these children are orphans, and 45 per

cent are believed to have become orphans because of AIDS. With the number of orphans rising, the number of child-headed households has also increased (Ruiz-Casares 2007:154; UNICEF 2005:4).

Elderly women are the primary caregivers of orphans in Namibia (Edwards-Jauch 2010:43; Mnubi-Mchombu, Ocholla & Mostert 2009). This means that they are responsible for all the needs of OVC, in most cases with meagre resources. If the caregivers are sick, stressed or poor, the well-being of the OVC who are dependent on them is directly affected. Rose and Clark-Alexander (1998) have suggested that more studies are required to identify the information needs of caregivers, particularly their coping strategies and methods to provide care and support. They noted that 80 per cent of their community used prayer as a coping mechanism (Rose & Clark-Alexander 1998:62).

In Namibia, the geographic distribution of orphans reflects the pattern of HIV/AIDS prevalence in the country. As Watsoni (cited in Edwards-Jauch 2010) reports, the regions with the highest orphan populations are Ohangwena, Oshikoto, Oshana, Omusati, Caprivi and Kavango. These regions account for 50 per cent of the Namibian population and also generate more than 50 per cent of the country's orphans (Edwards-Jauch 2010:37).

Several writers have observed that most OVC live with their extended families. However, there has been an increase in the number of: orphans in households headed by grandparents and older siblings; street children; households with orphans from two or more families; working children; and school drop-outs. Food insecurity and reduced access to health services are further clear indications that the extended family system is under strain (Foster & Williamson 2000; Masabane 2002:6; Ntosi 1997).

The physical and mental well-being of OVC depends on their caregivers. Kang'ethe (2010:194) defines two types of caregivers: the primary caregivers who include immediate family members; and community caregivers or volunteers who move from house to house.

It is very important for the primary caregivers to know where to access different services in order to assist OVC. Kang'ethe's (2010:197) study on caregivers in Botswana found that caregivers who were unaware of the different service providers were denied their right to make choices and use services that would help them. A number of researchers (Barnett & Whiteside 2006:227; Foster 2004:64) have suggested that the first line of support for vulnerable children is their family, including the extended family and distant relatives, while households that struggle to meet the needs of vulnerable children may be assisted by members of their community.

These informal safety nets are responsible for the care and support of the majority of vulnerable children in Southern Africa. Formal mechanisms, such as those provided by government and civil society, also provide services, especially for children living in situations of extreme vulnerability (Barnett & Whiteside 2006:227; Foster 2004:64).

2.5 SERVICE PROVIDERS IN NAMIBIA

Through the work of service providers who come into regular contact with OVC, such as social workers, community workers and health workers, these children manage to get some form of assistance.

Service providers play a very useful role in connecting children and caregivers to the relevant authorities; providing assistance on various aspects; and providing them with useful information. A study done in South Africa identified a number of methods showing how teachers can detect vulnerable learners in their schools and connect them to service providers for assistance. These included asking children to write essays about their personal experiences; introducing ‘post-boxes’ at school where children could anonymously post letters to teachers about anything they want the school to know; introducing ‘communication books’ for children to take home so that caregivers could communicate concerns about the child; using drawings and other forms of expression to find out more about the children’s experiences and how they coped; and holding regular meetings to provide information and support to children’s caregivers. During the later sessions, different service providers went to schools to talk to caregivers on how to get help (UCT Children’s Institute 2007:4)

Another study by the University of Cape Town (UCT) Children’s Institute (2006:6) found that many families in South Africa struggle to access government grants that aim to help poor families care for their children because they either do not know about them, lack the necessary documents, or cannot get to the welfare offices (UCT Children’s Institute 2006:8).

Barnett and Whiteside (2006:225, 235) note that grandparents often lack the energy to go to school and defend their wards, or at least enable them to get a fair hearing and treatment in cases involving insubordination to school authorities. Lack of information among elderly caregivers also prevents them from fully accessing the services tailored to help them and the children.

3 RESEARCH PROBLEM AND PURPOSE OF THE STUDY

The literature reviewed above reveals the seriousness of the HIV/AIDS pandemic in Namibia as one of its main outcomes is the large number of OVC who need care and proper upbringing. It is also clear that the traditional way of taking care of orphans, namely the extended family system, can no longer cope with the significant number of children in need of care. The country faces a major challenge in managing OVC to ensure that the children are taken care of. Attempts have been made to meet the OVC’s basic needs by various stakeholders in the provision of shelter, food, clothing and grants. As Father Bauer of Catholic Aids Action (2010:18) commented, children

affected by the HIV pandemic in Namibia have different needs for positive development and health. However, a gap that still exists is the provision of adequate information to both the OVC and their caregivers in Namibian society to empower and enable them to lead better their lives, given that access to information is not only a human right, but plays a critical role in decision making. Although there have been several studies done on several aspects of the OVC situation, no study has been done on the information needs and seeking behaviour of the OVC and their caregivers and how OVC satisfy their information needs at present in Namibia.

The current study, therefore, sought to address this gap by examining the information needs of OVC and their caregivers and the information seeking strategies of key stakeholders in managing the OVC situation in Namibia. The study focused on the following research questions: (1) What are the information needs of OVC and caregivers in Namibia? (2) What are the sources of information used by OVC and caregivers to address their needs? (3) How is information disseminated? (4) What are the challenges faced in information provision and how can they be solved?

4 METHODOLOGY

A variety of research approaches and methods are popular in information seeking studies, but they can largely be categorised under qualitative and quantitative research paradigms which are two approaches increasingly used together. In the current study, both quantitative and qualitative research methods were used. A survey method was applied through posting questionnaires to various service providers. The questionnaires were mailed with self-addressed stamped envelopes and a covering letter with instructions on how to complete the questionnaire. The service providers' questionnaire was divided into two main parts. Section one dealt with background data about the organisation: its location, contact details, and main activities. Section two dealt with information provision. Thirty self-administered questionnaires were sent to service providers: 12 to service providers in Ohangwena and 18 to the Khomas region. From the Ohangwena region, nine completed questionnaires were received, while ten were received from Khomas, thus a total of 19 service providers completed the questionnaires from both regions. Interviews were used for OVC and caregivers to supplement the questionnaires to target respondents who could not read or write. OVC and caregivers were interviewed separately. The OVC interview schedule was divided into two parts. Section one focused on demographic information while section two dealt with information needs and information seeking behaviour. The caregivers' interview schedule was also divided into two parts. As with the OVC, section one solicited demographic information and section two dealt with information needs and information seeking behaviour. Focus group discussions (FGD) were also used. Eleven groups of caregivers were interviewed: five groups of caregivers (29 participants) and three groups of key informants (16 participants) were interviewed in Ohangwena, and two groups

of caregivers (18 participants) and one group of key informants (3 participants) were interviewed in Khomas. Thus, the total number of participants in the FGDs amounted to 66. The key informants represented government departments, non-governmental organisations (NGOs), community-based organisations (CBOs), counsellors, teachers, traditional leaders, social workers, and faith-based organisations (FBOs).

The target population for the research under discussion was OVC, caregivers and service providers. OVC and caregivers living in Windhoek and Ohangwena were selected because Windhoek represents an urban setting while Ohangwena represents a rural setting. Ohangwena is the third poorest region in Namibia, with a Human Poverty Index (HPI) of 31 per cent after the regions of Caprivi and Omaheke, which have HPI ratings of 36 per cent and 32 per cent, respectively (*New Era* 2009). This is in contrast to the Khomas region where the majority of the population live in urban areas and depend on wages and salaries as their source of income. Khomas has 93 per cent of its people living in urban areas while 7 per cent live in rural areas. It has a total population of 250 262, of whom 123 613 are female and 126 648 are male. The main languages spoken are Oshiwambo, Afrikaans and Nama/Damara (Republic of Namibia 2007:5). We targeted OVC between the ages of 8–18 years, caregivers, and service providers in Namibia. Caregivers in this survey included individuals who were providing direct care to the OVC. These included grandparents, counsellors, traditional leaders, relatives, friends, neighbours, teachers and parents (single parents). Service providers included organisations, agencies, NGOs, CBOs, FBOs, government departments, international organisations and institutions.

According to Struwig and Stead (2001:109), obtaining information from a sample is often more practical and accurate than obtaining the same information from the entire population. The study was carried out in Namibia, which has a population of 1.8 million people. A purposive sample was used to select OVC who were 8–18 years, single and double orphans, girls and boys, and caregivers who were taking care of one or more OVC (grandparents, child-headed households, counsellors, traditional leaders, and teachers). It was impossible to list all the OVC and their caregivers and sample randomly from a list. Instead, social workers, traditional leaders, teachers and church leaders were used to identify a sample of respondents in Ohangwena and Windhoek for inclusion in the study. The snowball sampling technique was used to locate participants by asking respondents to identify individuals or groups with a special understanding of the topic being researched. The snowball technique was chosen because there was no master list from which to draw a sample, thus it was difficult to achieve probability sampling. Furthermore, some families that were taking care of AIDS orphans did not want to be exposed because of the stigma associated with the disease. As there was no authoritative list of service providers, the snowball technique was also used to choose the organisations/departments (government departments, NGOs, CBOs, FBOs and traditional leaders). The organisations/departments that were nominated were contacted telephonically and via email to find out whether they qualified for inclusion

in the study and if they would be willing to participate. The criteria for participation for organisations/departments included those that provided services like healthcare and nutrition (food provision/school feeding programmes; ARV therapy; referral services); educational support (providing school uniforms, school funds, fees exemptions, training skills); psychosocial and counselling support (after school programmes, kids clubs, counselling); financial support (bursaries, social assistance grant, supplies); legal protection (litigation/legal services); life skills (HIV/AIDS awareness) accommodation (places of safety/homes); spiritual support; material support (clothes/blankets); and other support like home-based care, income generating activities, or condom distribution. For the sampling size, this study used a sampling ratio of 2.8 per cent (473 OVC) for Ohangwena and around 3 per cent (198) for Khomas. The 2.8 per cent was thought to be adequate because of the difficulties in accessing OVC and caregivers due to the lack of an authoritative list of names which would have served as a sampling frame. The study included 655 respondents (368 OVC from Ohangwena and 198 Khomas), 70 caregivers (51 Ohangwena and 19 Khomas) and 19 service providers (9 from Ohangwena and 10 from Khomas). The figure for caregivers and service providers was determined through discussion with experts in the Ministry of Gender Equality and Child Welfare (MGE CW). A large number of the service providers were concentrated or based in Khomas, and a few of them had branches in Ohangwena. This was also observed in a research study by Badcock-Walters et al. (2008:5), who found that service providers are few and far between in rural areas. Thus, all service providers were included in the sample by sending the questionnaires to all those dealing with OVC and caregivers.

5 RESULTS AND DISCUSSION

The findings of the study are covered under sections 5.1 to 5.6.

5.1 INFORMATION NEEDS

Most of the OVC reported that they sometimes need more information to cope with the challenges in their daily lives in both Ohangwena (90%) and Khomas (84%). It was observed in the study that the older the children were, the more information they needed in both rural and urban areas. This may imply that service providers need to work hand in hand with children to address their information needs. According to Usdin (2003:131), effective measures to protect children include access to information and programmes at the right time to help them make the right decisions. Such information includes information about contraceptives, gender, HIV/AIDS and sex, which is very crucial in encouraging life-saving habits. One of the daily newspapers reported a story of a 17-year-old boy from Ohangwena who believed that people became infected with HIV from dogs. He decided to join a youth club (organised by Development Aid from People to People in Ohangwena) to find out the truth on the causes of HIV and how to

protect himself (Honcox 2010:6). This is a good example of how NGOs can work with the youth to provide information.

OVC in the rural areas need information on financial assistance or grants followed by school fees exemptions, child care support and feeding schemes. In urban areas, school fees exemptions were very important, followed by financial assistance or grants, child care, and feeding schemes. The data showed that both rural and urban children were faced with the same problems, with slight differences in their first choice. The same trend emerged in Okahandja where financial assistance, information on school development fund exemptions and child care support was considered important (Mnubi-Mchombu, Mostert & Ocholla 2009:42). Studies by Sasman in Namibia (2008:6) and De Witt (2007:77) point to how OVC go to school without stationery and toiletries, and how teachers have to assist them. They cannot afford to pay N\$100 for the school development fund. As a result of poverty, most OVC in urban and rural communities need more information on economic survival related issues such as financial support and school development fund exemptions. The data from the caregivers in Ohangwena, showed that feeding schemes topped the list, followed by information on transport to collect medication; information on how to register their grandchildren to get grants; and the availability of training opportunities. The respondents from Khomas had similar suggestions, citing information on feeding schemes as important.

Findings from the caregiver focus group discussions in both Ohangwena and Khomas identified educational support as one of their main priority areas. Caregivers in Namibia face a lot of economic hardship. Bronson et al. (2006:2) found that caregivers in Namibia were not able to pay for school fees and uniforms or to purchase food, and could not access health services due to high costs and other related problems. They also observed that 89 per cent of caregivers were relying on regular hand outs of cash and material goods.

According to the NPC (2003), the poverty level in the Ohangwena region was very high compared to the rest of the country. Edwards-Jauch (2010:31) also confirms that Caprivi and Ohangwena are the poorest regions in Namibia, with the highest level of AIDS-related deaths and a high orphan population.

Another issue raised by the caregivers in the FGDs was psychosocial or counselling support and discipline. Some caregivers did not know how to take care of OVC, especially with respect to psychosocial support and counselling skills. The emotional trauma that these children faced has also been raised by some writers.

Lack of adequate social workers makes it difficult for the caregivers to get assistance. According to Ikela (2010:4), Namibia is faced with an inadequate number of social workers to cater for the psychosocial needs of OVC. A study done in Botswana (Kang'ethe 2010:197) and South Africa (Moses & Meintje 2010:111) on caregivers suggests that many caregivers are poorly informed about the availability of service providers. Such information is crucial for them to seek assistance and make decisions.

The Namibian government policy on OVC recognises the need to protect and care for the children by providing them with health care, economic opportunities, basic needs and psychosocial support (MWACW 2004:4). Training caregivers can help to improve the quality of life of OVC. This is even more important when caregivers are either too young or too old to properly care for the orphaned children. Kumar, Aarti and Arabinda (2001:20) identify the following needs: basic knowledge of HIV; children's emotional needs and how to address them; health problems like symptoms and signs of medical problems; nutritional requirements; methods to combat stigma and discrimination directed at the child or family; how to access different services like grants, identification documents; and counselling. The last point raised by the focus group in Ohangwena was job opportunities. Caregivers felt that their children, especially those who finished or failed grades 10 and 12, needed to pursue job opportunities. It was mentioned in the FGD that some job announcements did not give sufficient time for the candidates to gather all the relevant documents.

In Khomas, caregivers in the focus group also identified educational support as a priority area, followed by information on how to establish small businesses. Most of the caregivers (56%) in Khomas were young women aged between 33 and 40. They were active and eager to establish small businesses in order to alleviate their poverty. As the NPCC (2007:5) reveals, Khomas is a fast growing region to which a number of people have migrated in search of better opportunities. The government alone cannot assist the caregivers. This calls for a combined effort from both the government and civil society. A study by Rosenberg, Hartwig and Merson (2008:51) on government-NGO collaboration and the sustainability of OVC in Southern Africa found that NGOs can assist by helping governments realise their missions of providing social grants to the targeted groups. In their study, one academic institution was funded to improve caregivers' ability to access grants and healthcare information.

Service providers in the study also suggested that the type of information that is useful in rural areas for OVC and caregivers includes information on where they could get additional food, how to apply for grants, and how to get birth certificates. A few service providers suggested that caregivers needed to know the procedures of how to get exempted from paying school development funds. In Khomas, service providers pointed out that information on how to apply for grants and birth certificates and how to get additional food was important. According to the service providers in the study, topics which are useful for OVC and caregivers include psychosocial support and the need to revise the policy regarding school development fund so that procedures should exempt caregivers. This partly illustrates the service providers' lack of information because the policy exempts OVC from paying school development fund. And lastly, it was suggested that information on how to acquire identity documents and how to take care of OVC is important. In Khomas, the service providers felt that the policy regarding school development fund exemptions procedures should be clarified for caregivers to understand.

The responses received from caregivers and service providers show some level of consistency. Information on feeding schemes, school development fund exemptions and grants all emerged, with food being higher in the rural research site of Ohangwena.

5.2 SOURCES OF INFORMATION

The information sources mostly used by OVC in Ohangwena were the radio, followed by friends, relatives and teachers. A few respondents cited newspapers as their source. In the Khomas region, the study found that the radio was also a popular source, followed by the television and friends or relatives. We noted that the radio continues to be a reliable source of information in rural and in urban areas. The television became the second source of information in urban areas. Julien (1999:38), Branch (2003:50) and Valenza (2006:21) all suggest that young people lack information seeking strategies because of a lack of awareness of different sources of information. These researchers found that too many sources confuse young information seekers. The data from the current study showed that most of the OVC (57% in Ohangwena) and (54% in Khomas) were 13–17 years of age. They were, therefore, still young and inexperienced, and perhaps did not know how to access different sources of information, apart from using the radio. The data from various focus groups indicated that traditional leaders, friends and councillors were mostly consulted. A few groups mentioned that they sometimes consulted teachers. However, there were also many respondents who had no one to consult, and thus seemed to be isolated when battling with the numerous challenges and problems of helping the OVC. A study by Wilson (2006:661) concluded that an information user can use various sources of information to satisfy his/her needs. The pattern in the study was, to some extent, in accordance with Wilson's observation. The data from the respondents suggests that in Ohangwena and Khomas, traditional or community leaders, friends or family members and councillors were among the most consulted people by caregivers.

The data on knowledge about organisations indicates that other sources were used to access information for identifying service providers in Ohangwena. The identified service providers included Red Cross volunteers, TCE volunteers, newspapers, regional councillors, church leaders and Child Line officials. In Khomas, friends/relatives/neighbours were the first source of information; second choice was the category of others (church leaders, volunteers, newspapers and a Minister with the relevant portfolio); and the radio was third. In urban and rural areas, the use of oral communication by OVC was very popular. This implied that the use of volunteers by service providers might help to create awareness about service providers. The findings from the study showed that the radio featured prominently as one reliable source used by caregivers to receive their information about organisations, followed by friends and relatives, and a few social workers. In the Khomas region, friends and relatives were the first priority (7; 37 %), followed by the radio (4; 21 %) and social workers, with a few opting for the community library. Caregivers in the urban area seemed to have more sources of

information compared to the rural areas, which was not surprising given the richer urban information environment.

In the FGDs, most participants revealed that friends/relatives/social workers/church leaders/teachers were their main sources of information, followed by radio/newspaper/television and regional councillors. In some cases, the respondents could not link the assistance they received to a specific organisation. The study found that for most respondents, it was important to get the services, regardless of who provided the service. This highlights the respondents' desperation in the face of poverty.

5.3 INFORMATION DISSEMINATION BY SERVICE PROVIDERS

The majority (70%) of the service providers in Ohangwena said that they used meetings or forums to create awareness about their services. This included community meetings, traditional authorities, churches, school meetings, workshops and home visits by their volunteers. Ten per cent of the respondents were each using printed materials; TV and radio; and posters and adverts. In Ohangwena, service providers used community forums to create awareness about their organisations, but most OVC and caregivers used the radio to receive information. This might be because it is cheaper to use community forums than radios. Most organisations operating in Ohangwena are NGOs and FBOs with tight budgets that limit their publicity services. The service providers need to learn skills on how to create awareness about their activities and services. In Khomas, the majority of the service providers stated that they used meetings and forums, similar to Ohangwena (40%), while 20 per cent used printed materials, TV and radio. A few respondents (13%) said that they used posters, adverts, drama, songs and OVC camps to create awareness about their services. The service providers in urban areas were more skilled in using multimedia to create awareness of their services. In contrast, OVC and caregivers in the study were using friends and relatives to get information. This suggests a mismatch between the service providers and the targeted groups.

The study results revealed that the most important information required by OVC in both urban and rural areas was similar. School fees exemption was the first priority and financial assistance and grants came second. The third choice was slightly different across the two regions: in Ohangwena, health services were third on the list, while in Khomas, child care or support came third. The fourth most important information required by Ohangwena's respondents was child support, while in Khomas, it was health services. The fifth choice for Ohangwena was training opportunities, while in Khomas, it was counselling. Most OVC in rural and urban areas are faced with poverty and cannot afford to pay the school development fund. Unfortunately, they are unaware that they can apply for an exemption. A few who know the procedures for applying for exemptions, however, have been refused permission by the head teachers or principals. The study found that some principals demand that caregivers pay for the school

development fund if they receive grants from the MGECW. The school development fund can, therefore, prevent a child from a poor household from accessing education (Hancox 2010:7).

The results obtained from the caregivers interviewed at Ohangwena indicated that the information they received was useful because it enabled them to register their children to get grants, food, blankets and clothes. A few respondents were able to get financial assistance, register with the Red Cross, obtain birth certificates, obtain information on how to handle their children, send their children to school, and get medical attention for their children. In Khomas, the respondents provided similar responses, citing information on how to handle their children, how to get birth certificates, and how to use the grants effectively. Some respondents managed to register their children with the MGECW to obtain grants, while a few obtained financial assistance. This shows the importance of information and of the resources and services in terms of the assistance they provide to caregivers.

5.4 CHALLENGES FACED BY OVC AND CAREGIVERS IN ACCESSING INFORMATION

In Ohangwena, most of the OVC stated that they did not experience problems when getting/searching for information. A small population of the sample (24%) admitted that they faced problems. In contrast, the respondents from Khomas stated that they encountered problems when getting information. The study findings thus showed that OVC in urban areas were facing more problems when accessing information than OVC in rural areas. This might be because the many service providers available, cause the children confusion. However, the FGD in Ohangwena indicated a number of problems, such as: radio announcements on job opportunities do not provide enough time for job seekers to obtain all the relevant documents in time; distance was also mentioned – it was difficult to get information from various service providers because of the distance between one agency and the next; and lack of relevant documents, such as birth and death certificates, which prevents the OVC and caregivers from accessing important information on grants from the MGECW.

It was reported in a local daily newspaper that only 26 per cent of births are registered in northern Namibia. Thus, a number of OVC do not have birth certificates that would help them to benefit from the very services targeted at them. According to the 2006 statistics, there were 250 000 OVC, with only 95 000 accessing child welfare grants (*New Era* 2010:3). A study by Cluver and Orkin (2009:1190) in South Africa also found that programmes aimed at reducing child hunger were not reaching all the targeted members due to a lack of birth and death certificates. The key informants in Ohangwena pointed out that the caregivers could not access information because they were illiterate. However, the data from the study showed that 44 per cent of the respondents had achieved grades 8–12, although there were 21 per cent with no formal education. In the

FGD, 14 per cent of the respondents said that they had never gone to school. This would partly explain why they could not access printed information and the high preference for oral sources of information.

The participants in Ohangwena also pointed out that the lack of representation of children in OVC forums denied them access to information. Most OVC in Ohangwena are taken care of by grandparents who are often too old to attend meetings, and in most cases depend on information given them by their grandchildren. In the Khomas region, the participants indicated various reasons that prevented them from accessing information including: alleged corruption and tribalism; language barriers; and hunger – ‘if you have empty stomach it is not easy to move around’ as one respondent said.

In the rural areas, distance was the main stumbling block. The introduction of mobile services, like the one introduced by the Ministry of Home Affairs to register and distribute identity documents, is very important. It might be a good idea for the government to build related offices nearby in order to reduce the movement of people seeking services. The participants in Khomas revealed quite plainly that some organisations are located too far from the community to access them or their information.

There is also the stigma attached to people who try to access services from NGOs dealing with OVC, particularly those who are HIV positive or associated with HIV positive family members. A study in Botswana found that because of the stigma and discrimination directed at HIV/AIDs caregivers, some of them were hiding their clients by taking them to service providers that were far away from their village (Kang’ethe 2010:198). Some caregivers are illiterate and have no access to radios or televisions, and depend on friends and family members. Although in the current study only 5 per cent of the respondents had no formal schooling, the majority (79%) had achieved grades 8–12. It can, therefore, be assumed that most of them can read and write. Lack of skilled social workers and limited resources by many NGOs prevented caregivers from providing information to the intended audience. As Ikela (2010:4) notes, there is a dire need for social workers to attend to the psychosocial needs of OVC in Namibia.

More than half of the respondents in Ohangwena indicated that distance and too much flood water during the rainy season prohibited them from disseminating information properly. The main problems were lack of transport and long distances from one area to the next, and the need to translate information into local languages. In the Khomas region, local languages and transport were also cited. Two further problems were that wrong information was passed on to the beneficiaries, and the poor coordination among service providers. Almost all NGOs depend on financial assistance from donors. If they do not have support, they cannot work effectively, for example, by using the radio to announce their programmes or translating material into different languages. Shaanika (2010) notes that a CBO, the Tutekula Children’s Organisation, is currently operating from an informal corrugated iron sheet structure which was handed to the children by one of the donors. At the time of the current study, the project was on the lookout for

additional funding to build a centre which would take care of 720 children in Omafufu, Ohangwena. This is a typical example of how NGOs are struggling to obtain funds to assist OVC.

5.5 SUGGESTIONS ON HOW TO IMPROVE INFORMATION FLOW

The respondents offered several suggestions on how to improve the flow of information. In Ohangwena, it was suggested that there should be improved networking between service providers for OVC and caregivers with the MGECW. This includes the establishment of a database of OVC that can be accessed by all service providers. Respondents also emphasised the issue of coordination, that is, knowing who provides which service and working together as a team at community and regional levels. This includes planning activities together in order to avoid duplication of efforts. Another suggestion was to provide traditional authorities and teachers with information on the availability of services because they deal with OVC on a daily basis.

In Khomas, the respondents suggested that information should be distributed in local languages. This means that all printed material targeting OVC and/or caregivers needs to be translated. All organisations working with OVC have to be registered with the MGECW so that they know each other. These caregivers need to receive training on how to work with OVC because some of them take care of OVC in order to earn money (as a business) and not out of love for the children. Some caregivers were said to take the children even if they did not know how to care for them, as long as they received the money for supporting the children. The respondents from Khomas also suggested that OVC forums must be active but under the leadership of people other than social workers, who are overloaded with responsibilities and at times are unavailable in some places. Awareness forums should also be used to allow community members to seek clarity and for organisations to understand the dynamics within the various communities. One respondent also suggested the need to register all OVC with disabilities in each constituency so that they can receive specific services. The National Federation of People with Disabilities in Namibia should also disseminate information concerning the special needs of OVC with disabilities.

The respondents also gave an example of some organisations like the Aids Care Trust which introduced its programme to the children during their school holidays in order to empower them with information. Lastly, the respondents suggested that more donors should be involved to support the capacity building of people who are working with OVC. They cited the need to sponsor social workers because Namibia lacks skilled workers to assist with psychosocial support.

6 CONCLUSION

The importance of information access and services has been well demonstrated in the current study as the majority of the OVC and caregivers admitted that the information that they received was very useful because they managed to secure different services. Access (eg, proximity to information sources) and the use of information by OVC and caregivers is, therefore, important. The popular sources of information, such as the radio and oral sources, should be promoted and supported, while other effective ways of information access and distribution, such as the use of mobile phones and associated technologies, are explored. One of the major shortfalls of information services in Africa is its relevance to the needs of those who are expected to benefit from it. Information provided should be relevant to the needs of the stakeholders and focus on areas of concern raised in the study, such as education/literacy of the stakeholders and poverty alleviation. The main problems identified in the study, such as the long distances the respondents had to travel to access services; lack of proper national documents/records on OVC, which prevented access to services; language barriers; dependence on donor funding and acute shortage of funds; should be addressed. It is thus recommended that: service providers use multiple sources and channels of information services; a national OVC and caregiver information strategy/policy be set up; and exploration and implementation of information seeking patterns that improve information access and use be increased. Also, the attitude of service providers in customer-care should be improved through training. The role of libraries also needs further investigation as libraries have the potential to provide/supplement the information services required.

NOTE

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