

THE EMERGENCE OF THE INVISIBLE ORPHAN IN GARIFUNA SOCIETY:
PARENTAL DEATH, HOUSEHOLD SURVIVAL AND ADAPTIVE CHILD REARING
STRATEGIES IN A CHANGING CULTURE

By

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To my mother, Patsy Feanny, whose expressions of love are limitless, immeasurable,
and deeply appreciated

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CRIN	Child Rights Information Network
ECLAC	Economic Commission for Latin America and the Caribbean
FBO	Faith-Based Organization
HIV	Human Immunodeficiency Virus
HVC	Highly Vulnerable Children
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PAHO	Pan-American Health Organization
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
SOS-CV	SOS Children's Villages
STC	Save the Children
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UN-CRC	United Nation's Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
USG	United States Government
WHO	World Health Organization

LIST OF DEFINITIONS

Adult-Orphan	A person (over eighteen years of age) who was orphaned before his or her eighteenth birthday. For the purposes of this paper, the term refers specifically to people whose mothers, or both parents, are deceased.
Community	A group of people who live in the same area and under the same laws or governance.
Dependency Theory	An international system that fosters the perpetuation of dominant/dependent relationships, where the rich (core) nations and peoples benefit at the expense of the poor (periphery).
Diaspora	The dispersion of a body of people who are living outside their traditional homeland.
Fatherless-Youth	Children whose fathers are deceased, but whose mothers are still alive. This is a sub-set of “single-orphans” as defined by the United Nations and other child development organizations. However, for the purposes of this report, this group is not considered among the orphans profiled.
Garifuna	A person (or people) of mixed African and Amerindian (Arawak-Carib) ancestry— formerly referred to as Caribs and Black Caribs— with ancestral populations along the Caribbean coast of Central America from Belize in the north, and southward to Nicaragua.
Garinagu	The plural of Garifuna. However, since “Garifuna” is a term widely used to refer to the people, the language and the culture, the words Garifuna, Garifunas (in plural) and Garinagu are often used interchangeably.
Matrifocal	Literally, “mother-focused” domestic systems that find females at the center of family relations and the de facto heads-of-household due to the temporary, or permanent, absence of fathers.
Orphan	A child (0-17 years of age) whose biological mother, or both parents, is deceased. For the purposes of this study, the term orphan specifically applies to a child (0-17 years old) deprived by death of his or her primary care-giving biological parent (mother) or both parents, based on the cultural customs and practices.
Out-migration	Leaving one’s home community to settle elsewhere—either within one’s native country or in another nation state. In this paper the word is used interchangeably with emigration.

Peri-Urban	Areas located near large towns or cities, either on the peripheries or borders.
Remittances	Transfers of money (usually surplus income) earned by foreign workers that are sent to their home country.
Semi-Urban	Communities that are neither rural nor urban, and whose populations are dependent upon access to an urban center. A satellite town with political and economic relationship to a larger city, where the majority of the residents are involved in the non-farm economy and need to depart their community to access opportunities or infrastructure that are only available in the larger cities.
Structural Violence	A term that refers to the methodical manner in which a dominant system inhibits people from accessing their basic needs, or realizing their full potential.
Town	A settlement that is larger than a village but smaller than a city and can include both rural and urban characteristics and infrastructure.
Transitioning Culture	A cultural population that is in the process of undergoing significant modifications in its way of life, and that maintains many of its traditional customs while simultaneously incorporating new practices.
Transmigration	Crossing a border from one country to another, or leaving one's home country and migrating to another.
Village	A settlement in a rural area—that includes a collection of small groups of houses that are treated as a unit—where all inhabitants know one another and share similar cultural beliefs and practices. These settlements are typically defined as being larger than a hamlet and smaller than a town.

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Volumes of research attest to the fact that economic dependency, and other forms of “structural violence,” have taken their toll on societies, especially in developing countries. The fallout of these processes now contributes to the vulnerability of billions of people around the globe. Among the most vulnerable populations are orphaned children. Experts estimate a global population of 163 million orphans, and counting. Yet, little is known about who these children are or about their lived experiences, in their households and societies, after the death of their parents.

This dissertation explores the world of the “invisible” orphan, and the impact of protracted out-migration and other social and economic stressors, on the lives of orphans and their families in Garifuna communities. By using the household as the unit of analysis, and by incorporating the feedback from children and other stakeholders, I examine the causes and consequences of orphaning in six Garifuna settlements in Honduras and Belize.

Findings demonstrate that profound structural changes are occurring within families due to out-migration, especially of women. Protracted migratory practices have led to

fragmented family units, and impacted where, how, and with whom, orphans are raised. Consequently, orphaned siblings are separated with regularity, and older orphans are a group in dire need of targeted assistance. As for the causes of orphaning, results show that HIV/AIDS is not the primary cause of maternal deaths. Other factors, such as cancers and strokes, contribute greatly to female mortality.

Data also revealed that although the majority of households were found to be “Adaptive,” which means that they possess relatively stable material resources, they were heavily dependent on remittances and other external assistance. For the care of orphans, many households have shifted from traditional, planned approaches, to reactive emergency fostering methods. Despite laudable coping strategies, I found that orphans often face their problems without access to psychological counseling. However, although the reciprocal relationships within families were severely strained, they were not severed, especially in the rural areas. This indicates that with the proper supports, many caregiver households may be able to mitigate some of the damage from years of migration.

CHAPTER 1 INTRODUCTION

Part of our plan... has to be, how we prevent more orphans in the first place. [Barack Obama 2008]¹

Background: The Global Orphan Phenomenon

Millions of orphans and other vulnerable children exist in the world today. Their growing populations are among the casualties of armed conflicts, ecological events, economic shocks, pandemic diseases, and other global crises. Despite international efforts, the numbers of orphans and vulnerable children (OVCs) continue to increase throughout already threatened societies (2009:86). Many of the poorest, and least prepared, developing countries are home to significant numbers of orphans, and other un-protected, or under-protected youth. For example, in Latin America, where the fieldwork for this report was conducted, about 9.4 million orphans reside (UNICEF 2008a). It is a number that is higher than the national populations of both of the countries included in this study. Moreover, Honduras² (with about 8 million people) and Belize³ (with less than 315 thousand people) boast very youthful, poor, and highly vulnerable citizens.⁴

Numerous reports point to the fact that, globally, the numbers of orphans have reached crisis proportions. In 2008, a UNICEF assessment on the “State of the World’s

1 Full transcript of the Saddleback Presidential Candidates Forum, August 2008 is available at: <http://transcripts.cnn.com/TRANSCRIPTS/0808/16/se.02.html>.

² Visit <https://www.cia.gov/library/publications/the-world-factbook/geos/ho.html>, to access the complete CIA report:, 2010, The World Factbook: Honduras. CIA.gov,

³ Visit <https://www.cia.gov/library/publications/the-world-factbook/geos/bh.html#top>, to access the complete CIA report:, 2010, The World Factbook: Belize. CIA.gov,

⁴ Ibid.

Children”⁵ estimated about 145 million orphans worldwide. By the end of 2009, a comprehensive publication by USAID, submitted by the U.S. Government’s Special Advisor for Orphans and Vulnerable Children, increased the figure to 163 million orphans⁶ (USAID 2009).⁷ The USG report also referred to hundreds of millions of Highly Vulnerable Children (HVCs) “whose safety, wellbeing, growth and development are at significant risk due to inadequate care, protection or access to essential services” (USAID 2009:11). Within this larger group of HVCs worldwide, orphans are included as among the most vulnerable members of their societies. Yet, throughout history, and in the present day, few populations have been as misunderstood, or arguably as “invisible”, as orphans (UNICEF 2005c).

As compelling as the statistics may be, development experts concede that the cumulative global estimates of OVCs and HVCs are conservative at best, because it is impossible to quantify the children who may live in locations, or in populations, beyond the scope of national or global studies (Subbarao and Coury 2004; UNICEF and International Social Service 2004). A more troubling statistic may relate to the tens of millions of undocumented youth (UNICEF 2005c). In his research about the “hidden lives” of children in Latin America and the Caribbean, Green (1998:4-5) found that “poor children are the least understood [and] the most hidden of all”. Those excluded and “invisible” members of society include street children, the homeless, children in war zones, undocumented

5 Visit http://www.unicef.org/sowc06/pdfs/sowc06_fullreport.pdf to access an electronic copy of the UNICEF report: 2005, State of the World's Children: Excluded and Invisible. United Nations.

⁶ Orphan figures were estimated based on compiled global statistics from United Nations agencies, the United States Government (USG) and its partners.

⁷ Visit <http://www.usaid.gov/press/congressional/2009/pl109-95arIII.pdf> to access an electronic copy of the USG report: 2009, U.S. Government and Partners: Working Together on a Comprehensive, Coordinated and Effective Response to Highly Vulnerable Children. USAID.

migrants, children in exploitative labor, refugees, children in rural indigenous communities, and other minors who often fall below the radars of governmental and relief organizations (UNICEF 2005c; UNICEF and International Social Service 2004). As the UN reported in 2005:

At the extremes, children can become invisible, in effect disappearing from view within their families, communities and societies and to governments, donors, civil society, the media and even other children. (UNICEF 2005c:35)

My concern about the “invisibility” of vulnerable children began during my career as an international journalist. For years, I was immersed in reports about the growth of disadvantaged populations, amidst declining social, economic, and environmental conditions. With striking regularity, each new catastrophe seemed to arise without warning, last without end, and place innumerable children at risk, including orphans. Over time, I discerned that, regardless of the catalyst, the key determinant of whether each “event” became an “emergency” was based on the ability of people to respond effectively to the emerging conditions. What I observed in the aftermath of each crisis, was the influence of poverty and political powerlessness on curtailing human capacity.

The Scope of this Study

Presently, countless orphaned children who live in marginalized, and often remote, locations remain largely undetected, and either under-assisted or unassisted. These under-researched populations include the Garifuna orphans of Central America. They are the focus of this investigation. It is not my intent, in this study to suggest that any observed destabilizations occurring in Garifuna society, or the challenges faced by Garifuna orphans, are exclusive to their populations. They are not. Empirical evidence shows that similar patterns of inequitable conditions, migration, cultural instability and medical

emergencies exist throughout other populations of racial and ethnic groups in the Americas and internationally. In Latin America, the effects of economic and political pressures are considered among the foundational catalysts that influenced the migratory practices and community instability among the Garifuna, and other groups (Bolland 2005; Cárdenas, et al. 2009; England 2006; Foxen 2007; Gonzalez 1969; Kerns 1989; Reichman 2006; Smith 2001).

However, to facilitate a focused analysis, I use the Garifuna culture as a case for investigating the impact of structural inequality and development-induced cultural changes, on the stability of kinship networks, and the resulting effects on orphans. This dissertation provides an assessment of the experiences of orphans in rural and semi-urban Garifuna communities in Honduras and Belize. As populations continue to transition from rural-to-urban areas, and from traditional subsistence and trade practices to more wage-based economies, I examine the resulting implications on the capacities of Garifuna families to rear and protect orphaned children.

Therefore, this study was structured to uncover the traditional, as well as the modern approaches to orphan-care in Garifuna culture. I present analysis that helps to explain many of the underlying reasons for, and results of, those changes. I also explore whether the current strategies for orphan-care satisfy children's long-term developmental needs, or if the breakdowns in family structures now require outside interventions.

However, while innumerable Garifuna orphans have been sent to live with family in the United States, and other countries, I did not expand my investigation into those areas. Instead, I focused on understanding the effects of observed cultural transformations on the families and communities that were left behind. Moreover, instead of viewing particular

sub-sets of the orphan population, such as orphans affected or infected by HIV/AIDS, or children orphaned due to accidents or natural events, this research considers Garifuna orphans as a combined group. The group includes all children (0-17 years old) and adults (over eighteen years old) whose mothers or both parents died from any cause before his or her eighteenth birthday.

Some historical depth is provided to clarify the socio-political and economic climates that contributed to the deterioration of communal and intra-familial relations among the Garifuna, and other Afro-descendant peoples. Since no research has been published about orphans in Garifuna culture, this investigation of traditional versus adaptive practices for the care of these children is not meant to suggest that the former approaches were necessarily the best methods. Instead, I argue that reverence for traditional customs does not preclude cultural or systemic adaptations whenever warranted. Therefore, a dynamic, rather than a static, view of the people and their methods for child rearing is presented, recognizing the complexity and influences of societal dispersion, differing community locations, household organization, family dynamics and individual decision making.

Additionally, although I acknowledge the difficulties that many orphans may encounter after the death of their parent(s), I have resisted the urge to characterize them as victims in need of saving. Rather, by documenting the lives of the children, I give voice to a population that was previously silenced by their circumstances. This report presents the stories of Garifuna orphans, often in their own words, and submits their unique views about the consequences of cultural changes on their daily lives. Chronicling the experiences of orphans uncovered various layers of human drama. Throughout this investigation, dozens of children shared the depths of their challenges, their aspirations,

and their fears. Many of their stories were heart-wrenching, and difficult to describe. The study illustrates the demands and supports encountered by orphans as they attempted to re-establish their lives in new households after the deaths of their parents, and in their societies as adults. Older orphans readily identified many of the obstacles that they believed may hinder their abilities to gain independence, especially as they aspired to obtain educational opportunities and careers beyond their native communities.

Despite their life challenges, however, the time-honed coping abilities of orphans were clearly evidenced by the levels of maturity, cooperation, and ambition displayed by children as young as eight years old. Contrasted against their often tumultuous socio-economic background is the indomitable will of the Garifuna people to survive in the face of practically insurmountable odds. Although one would have expected that, in the light of their multi-layered struggles, these orphans and their families would have succumbed to the pressures, they have not. Instead of exemplifying the down-trodden victims that are often the subjects of most research in poor, developing countries, families continue to adapt and persevere despite the challenges. This is not to suggest that their communities have not been impacted. They have, significantly. But many of the people retain their spirits of resistance and display their unwillingness to watch their families and culture disintegrate without a fight.

To tell their stories effectively, Chapter two begins by broadly examining the global theoretical frameworks of “structural violence” and “dependency”. These two destructive monoliths provide fertile conditions for the development of system-driven disparities. A brief outline of the history of inter-American relations demonstrates how rampant material and economic insufficiencies and conflicts throughout the region have lead to out-

migration and other destabilizing conditions for communities and families. Within these systems, many traditional cultural networks employed by now-marginalized populations, have begun to weaken under the demands of socio-economic and political pressures. Over time, the exposure of families to increased risks ultimately contributes to the further creation of orphans and other vulnerable children. These systemic ills also limit the capacities of societies to respond to their needs. A presentation of the relevant literature places many of these complex events in context as I illustrate the obstacles confronted by communities and the importance of kinship relations to sustaining the capacities of families.

Chapter two continues by presenting the research questions that guided this study. I explore the main factors that contribute to parental death among the Garifuna, and the long-term impacts of their loss on families and children. As the featured subjects of this report, orphans had to be clearly delineated as a sub-group of the various categories of vulnerable children. Therefore, Chapter two answers one of the main research questions, by addressing the conflicting definitions of the term “orphan” as used in the development of international policies, and in practice. After experiencing difficulties in the field trying to locate orphans, in this chapter, I review the culturally-specific criteria I employed to identify my target group. The chapter closes with a discussion of the Garifuna people and the criteria I employed in selecting the culture as the focus of this study. The section includes insights into Garifuna cultural traditions, especially as they relate to the care of children.

Recognizing the scale of international labor out-migration throughout the Americas, and within Garifuna society, this dissertation dedicates Chapter three to discussing the effects of migratory processes on cultures in the Americas, and on the people who remain

in their home settlements. To gain a holistic view of those issues, I assess many of the root causes of Central American-U.S. migration, and describe the cumulative effect of economic, social and medical pressures on the Garifuna people, and on other populations throughout the region. With specific focus on the migratory practices of the Garifuna, I discuss the historic, versus the current trends, and the changing roles of women in response to increasing demands and declining support.

My analysis also demonstrates the destructive impact of HIV/AIDS on communities in the region. Similar to patterns exhibited across the African continent in response to the AIDS crisis, this chapter demonstrates how family disarticulation in Garifuna society propels intra-household and community-wide shifts in the rearing of orphans. However, notwithstanding the preponderance of reports that link HIV/AIDS as a major problem affecting cultures worldwide, this dissertation ventures respectfully into this discussion, recognizing the heightened stigma and discrimination already endured by populations associated with the disease. By looking into this topic, my desire is to better understand the contribution of AIDS to parental deaths, and its effect on the lives of Garifuna orphans.

In Chapter four, I outline the Data Gathering and Analytical Methods I employed throughout Phases one and two of this research. In this section, I review the key objectives, and provide the strategies I used, to accomplish the goals of this study. I also explain the reasons for selecting Participatory Action Research (PAR) and Ethnographic methods, while conducting my fieldwork with children in their households and communities. Since this study focused on the household as the unit of analysis, I explain the three Assessment models that I employed for this research (i.e., a Household Stability Assessment, an Orphan Care Assessment, and an Orphan Access Assessment). I

conclude with a discussion of the Cyclical Communication Strategies and Feedback Mechanisms that I used, which encouraged dialogue among the study participants, the stakeholders, and me throughout the research process.

Chapter five describes my rural and semi-urban field sites, and includes a photo diary that helps to exemplify the infrastructures and general characteristics of the communities. These are the environments within which families interact and orphans are raised. Here, I offer my observations of the homesteads, labor practices, and infrastructures in the settlements. The data I present shows the extent of the modifications in Garifuna lifestyles, which have altered the inter-relational dynamics within families, among extended kin, and across Garifuna society. For comparative information, I refer readers to the work of Gonzalez (1969; 1988; 1997), J. Palacio (1991; 2005b; 2007), and Kerns (1989), whose research provides historical context about Garifuna households, families, and societal organization.

Chapter six outlines the data and findings of this study. I begin by presenting a detailed profile of the participants whose interviews were foundational to this investigation. The results from my Assessments offer vital insights that form the basis of my later analysis and discussion. This chapter also includes several substantiating quotes from orphans and stakeholders that provide conclusive evidence about the impact of adaptive practices on Garifuna culture, and on orphans. Subsequent to outlining the results of this research, Chapter seven presents a summary of the findings. A later analysis also helps to illuminate the household and individual-level impacts of regional and international events.

In Chapter eight, I lay out a comprehensive discussion that proposes the applicability of this research to informing policies at the international, national and grassroots levels.

With a broad focus on the topic of orphans and vulnerable children, I believe that the design and results of this study are applicable to understanding the experience of any child who remains marginalized, poor and parent-less. I propose that global responsiveness to the needs of orphans and other vulnerable youth is desperately needed, whether they live in native communities in Latin America, or in other societies where similar transitions are in progress.

In Chapter nine I present an overview of the study along with my final conclusions. The assessment is followed by a list of proposed recommendations that focus on assisting orphans within, and beyond, Garifuna society. Finally, I hope that this dissertation will contribute to the further identification and support of vulnerable children throughout Garifuna communities, and other cultures that are experiencing the fallouts from major societal crises. I also trust that by making orphans more “visible,” their voices will continue to be heard as nations improve their response to their needs, and ultimately establish approaches to stem the growth of their populations.

CHAPTER 2 THE CULTURAL CONTEXT OF ORPHANHOOD: GLOBAL ISSUES, LOCAL IMPACTS

Theoretical Framework

Although there are no accurate or comprehensive statistics on the prevalence of orphans throughout every society, the literature suggests that the majority resides in the developing world (Barnett and Whiteside 2006; Bicago, et al. 2002; Foster, et al. 2005; Green 1998; Guest 2001; Monasch and Boerma 2004; Siaens, et al. 2003; USAID 2009). Although orphans are recognized as a group at great risk of abandonment, neglect and abuse, millions remain “invisible” and unprotected (Barnett and Whiteside 2006; Foster 2000; Foster, et al. 2005; Fujimura, et al. 2005; Green 1998; Sieder 2002; USAID 2009; Whetten, et al. 2009). Tens of millions of these children, who live in the shadows of colonialism and capitalism, currently exist in extreme poverty (USAID 2009). Their situations are made worse due to rampant pandemic diseases and to the global recession which further limits their access to critical aid (Barnett and Whiteside 2006; Monasch and Boerma 2004; Subbarao and Coury 2004; UNICEF 2002; 2004; 2005c; 2006; UNICEF, et al. 2004; USAID 2009). What unites many of their stories are the loss of their parent(s), the precarious conditions of their societies, and their experiences of disadvantage amidst global development (Cardoso and Faletto 1979; Edelman and Haugerud 2005; Escobar 1995; Farmer 2005; Gunder-Frank 1969; Hammill 2005; UNICEF, et al. 2004; World Bank 2003). In an effort to explain the underlying reasons for their vulnerability, social scientists point to pervasive systemic disparities, including poverty, dependency, and other types of “structural violence”, that have impacted societies in the Americas and worldwide (Chambers 1983; Chambers 1997; Farmer 2005; Hammill 2005; Klasen and Nowak-

Lehmann 2009; Nyambedha, et al. 2001; Sen 1999; 2000; Smith 2001; World Bank 2003; Zolberg 2001).

The Destructive Legacy of “Structural Violence”

The identification of global and national phenomena, that render people powerless to control their own fates, is central to the work of several social scientists (Cardoso and Faletto 1979; Chambers 1983; 1997; Escobar 1995; Farmer 2005; Freire 1996; Klasen and Nowak-Lehmann 2009; Sen 1999; 2000). One notable example, in defining the oppressive use of power, Farmer (1992; 2005) systematically presents the individual experiences of Haitians victimized by poverty and rampant underdevelopment. Bearing witness to the depths of human suffering through his work, Farmer determined that people were often left defenseless long before they encountered the events that ultimately caused their demise. Using case studies of several Haitians to illustrate his point, he asserted that “they were. . .from the outset, victims of structural violence” (Farmer 2005:40). Sen (1999:3-4) shares this view that “despite unprecedented increases in overall opulence, the contemporary world denies elementary freedoms to vast numbers—perhaps even the majority—of people.” Lund and Dearling (2009:771) also state that there is good evidence to confirm that “the developmental harm of poverty is largely preventable.”

Certainly, children are also made vulnerable due to the consequences of socio-political and economic disparities that impact their families and communities. Worldwide, the inequitable conditions contribute to the creation, and suffering, of increasing orphan populations. According to Weisner (2009:43), globally, “as cities grow, poverty persists, wars and conflicts ravage communities and health is threatened.” In the Pathologies of Power, Farmer argues against what he observed as malevolent systemic conditions that

give rise to, and perpetuate, deep insecurities. Embracing Galtung's (1969) concept of "structural violence," Farmer wrote:

I use this term as a broad rubric that includes a host of offenses against human dignity [including] extreme and relative poverty, social inequalities ranging from racism to gender inequality, and the more spectacular forms of violence that are uncontestedly human rights abuses. (Farmer 2005:8)

Undeniably, the destructive forces that curtail the freedoms of disadvantaged peoples, and restrict their access to even the most basic resources, did not happen by chance—but by design. Structural violence is the outcome of discriminatory policies, perpetuated within oppressive systems, which prove to constrict the access of the majority in favor of the minority (Farmer 2005; Sen 1999; 2000). According to Farmer:

Human rights violations are not accidents; they are not random in distribution or effect. Rights violations are, rather, symptoms of deeper pathologies of power and are linked intimately to the social conditions that so often determine who will suffer abuse and who will be shielded from them. (Farmer 2005:7)

Half a decade after Farmer's publication, the devastating outcomes that ensue, when defenseless people and destructive events collide, were again evidenced by the unnecessary death toll that resulted from the earthquakes in Port-au-Prince in January 2010. Decades of inequitable economic policies saddled the country with debt, producing a weakened infrastructure that left the population in imminent danger, and impotent to respond to crisis events. Over the years, numerous international scientists and journalists decried that the substandard infrastructure and endemic vulnerability created the scene for impending disaster (Barley 2010; Bogdanich and Nordberg 2006; Borenstein 2010; Diamond 2005; Farmer 1992; 2005; Kilkenny 2010). Indeed, it was only a matter of time

before the untimely loss of an estimated 300,000 lives occurred in Haiti⁸. As the debris cloud dispersed, one growing reality was that the earthquake also created thousands of new orphans.

Farmer's analysis of the assault on the poor due to "structural violence," provides a strong basis for comparison with other marginalized groups. His work demonstrates how systemic inequities produce and perpetuate harmful societal conditions that take on numerous forms. At the extremes, the cycles of poverty and orphaning are closely intertwined. I argue that the downward spirals of paucity and powerlessness relentlessly reproduce adverse conditions that necessitate continuous crisis decision-making. Those destructive environments also initiate complex humanitarian emergencies that continue to generate more and more orphans. Unfortunately, in the midst of a global "orphan crisis," numerous societies remain helpless to mitigate the erosive conditions under which they are forced to live.

Of course, the existence of poverty, vulnerability and structural violence is not exclusive to the developing world. Nor is the perpetuation of marginalized populations only a crisis in developing countries. These problems are international phenomena, and expanding populations of children around the world are at risk. Even in the United States, arguably the most developed nation in the world, "in 2006, 17.4% of children were estimated to be poor, or about one in six children" (Lund and Dearling 2009:769). In his review of the discriminatory processes that leave millions of American children in poverty, Stern contends that:

⁸ Official figures as reported by the Haitian government. For more information see: 2010. Haiti. <http://topics.nytimes.com/top/news/international/countriesandterritories/haiti/index.html>.

Child poverty in the United States is not about family breakdown. . .it is a story about public policy failure, the decision of [the] government and citizens, [who] direct a blind eye toward the economic plight of the nation's most vulnerable members. (Stern 2009:769)

In households already vulnerable, the legacy of socio-economic, medical and environmental pressures often results in increasingly weakened “communal support networks [that] are less and less able to cope” (Barnett and Whiteside 2006:202). Without assistance, residents of distressed communities, especially women, children, the elderly and the disabled, suffer from resource deficits that, over time, alter how they are cared for, and by whom (Aliber and Walker 2006:709; Nyambedha, et al. 2001; Oleke, et al. 2005; Subbarao and Coury 2004:26). The reactive (crisis-driven), rather than planned, methods are also characterized by increased shifts to more alternative, and non-traditional strategies for the rearing of orphans.

Young people who grow up in disadvantaged conditions often require material and psychosocial supports that are unobtainable from their households or communities. Despite the best intentions, families already struggling for economic survival lack the resources to provide for the added requirements of orphaned children without extra-household assistance from their private support network, or a public service agency (Abebe and Aase 2007; Barnett and Whiteside 2006; Foster, et al. 2005; Hunter 1990; Nyambedha, et al. 2001; Oleke, et al. 2005). In countless areas, orphan populations continue to grow at a time when families are dispersed, kinship networks are weakened, communities are overtaxed, and social services are lacking. For children in these environments, there is no relief from the often-harsh realities they endure after the loss of one or both parents (Abebe and Aase 2007; Barnett and Whiteside 2006; Foster, et al. 2005; Grosshandler-Smith 1995; Guest 2001; Nyambedha, et al. 2001; UNICEF 2005c).

Globally, numerous indigenous and Afro-descendant populations are in the process of undergoing significant modifications in their ways of life, as they attempt to maintain many of their traditional customs while simultaneously incorporating new adaptive practices. Within Garifuna enclaves, the lack of economic and political power contributes greatly to their vulnerability, by stimulating mass exoduses of people in search of opportunities for upward mobility. As this human outflow continues, which I term as a form of “voluntary--forced migration,” traditional networks struggle to meet the needs of families and their dependents. As I was to find, the trend is also a direct contributor to the increase in pandemic medical crises, and consequently, to the growth of their orphan population.

Heather Paul, the CEO of SOS Children’s Villages (among the largest orphan support organizations in the world) noted that “forecasts for the next decade indicate that there will be many millions more orphaned and abandoned children due to extreme poverty, HIV/AIDS, and likely more natural disasters” (Washington Post 2005). In a later conversation Paul also stated that, “without support, the majority of these children [who] live in poverty face growing environmental and health-related challenges.” In the next section I explain how a history of dependency in developing countries has played a role in the problems confronting peoples in the Americas and other regions.

Dependency: In Theory and In Practice

At its core, dependency theory is grounded in Marxist ideology. Essentially, according to Ferraro (1996), “Marxist theories explain the reason why imperialism occurs, dependency theory explains the consequences of imperialism.” Gunder-Frank (1969; 1991) characterized the theory as an international system that fosters the perpetuation of dominant/dependent relationships between the rich (core) and the poor (periphery). Other supporters of the dependency and under-development worldview concluded that the risks

posed by systemic vulnerabilities lay the groundwork for understanding the history of poverty and power relations in Latin America (Cardoso and Faletto 1979; Escobar 1995; Foxen 2007; Hammill 2005; Klasen and Nowak-Lehmann 2009; Reichman 2006; World Bank 2003). The inequalities that are observed within marginalized societies in the Americas are each microcosms of social and economic processes of dominance and dependence occurring worldwide.

In the 1960s, dependency theory emerged as a reaction to the legacy of capitalist expansion (and modernization) that fostered inequitable economic relationships between Western powers and developing nations (Cardoso and Faletto 1979; Edelman and Haugerud 2005; Moore and Sanders 2006). The modernization concept of development emerged after World War II as the United States attempted to prevent the spread of communist and socialist doctrines in Asia, Africa and Latin America (Escobar 1995; Klasen and Nowak-Lehmann 2009; Reichman 2006; Sen 1999; Smith 2001; Zolberg 2001). The idea espoused moving “backward” regional societies along a unilinear path (from “traditional” to “modern”) that had proven to be a successful model for Western nation building (Cardoso and Faletto 1979; Edelman and Haugerud 2005; Moore and Sanders 2006). Between the late 1940s and early 1970s, economic policy planners designed projects with goals to “develop” the region towards increased industrialization while transforming their cultures and societies in the process (Cardoso and Faletto 1979; Edelman and Haugerud 2005; Moore and Sanders 2006).

However, the modernization model was structured, at its “core,” to modernize the West, at the expense of other nations and their populations. The transformations that occurred left developing countries as peripheral suppliers of cheap labor and primary

commodities, and core Western powers in control of industrial production and distribution (Cardoso and Faletto 1979; Escobar 1995). Since Latin nations exported raw materials and imported more expensive manufactured goods, over time, the unequal balance of trade left them destitute and dependent (Cardoso and Faletto 1979; Escobar 1995). Lack of capital led to economic stagnation and the birth of the debt crisis. Structural adjustment policies imposed by the International Monetary Fund (IMF) and World Bank further deepened the social divide (Edelman and Haugerud 2005; Escobar 1995). Essentially, structural adjustment “sought to reduce the state role in the economy, and called for a reduction in state expenditures on social services such as education and healthcare . . . [along with] labor market deregulation” (Edelman and Haugerud 2005:7).

The Effects of Socio-economic Transformations in the Americas and the Links to Migration

The impacts of system-driven inequality and poverty in the developing world are well documented; as is the expanding gap between the rich and poor in Latin America (Cardoso and Faletto 1979; Escobar 1995; Farmer 2005; Foxen 2007; Frankema 2009; Hammill 2005; Klasen and Nowak-Lehmann 2009; Reichman 2006; Sen 1999; Woodward 1999; World Bank 2003). Throughout the past century, the economies of countries in the Americas have been intricately tied to the United States and other Western powers. Presently, for example, the U.S. remains the primary trading partner with Honduras and Belize; and, export revenues constitute substantial portions of their GDPs (CIA.gov 2010a; CIA.gov 2010b). As a result of this economic interdependence, steady transformations in U.S. foreign policy agendas have heavily influenced the rate of developmental progress of southern nations and their peoples. Throughout Central America, the U.S. development agendas have resulted in under-development that continues to present day. As Hammill

found in his report on “Income Inequality in Central America and the Caribbean” published by the Economic Commission for Latin America and the Caribbean (ECLAC):

Between 1990 and 2002, Central America, the Dominican Republic and Mexico all experienced low and volatile growth . . . [and] Honduras and Nicaragua experienced negligible growth . . . well below those expected of developing countries. (Hammill 2005:26)

It is no secret that, across Latin America, inequitable international policies have negatively affected the stability of national economies. Structural reforms to deregulate markets, privatize industries, and curtail spending on public programs, have increased the social divide (Escobar 1995; Green 1998; Hammill 2005; Woodward 1999). As the literature shows, the “free market” economy has been extremely costly for significant populations of men, women and children. Green’s (1998:146) research on “underdeveloping children” in Latin America concluded that the costs of structural adjustments were borne primarily by “the most vulnerable sections of society” and caused irrevocable harm to children in the region.

Local elites and private interests have profited considerably in the processes of market adjustments. However, as centralized (dominant) powers emerged within several countries, marginalized (dominated) communities became increasingly excluded (Cardoso and Faletto 1979; Chambers 1983; 1997; Edelman and Haugerud 2005; Escobar 1995; Foxen 2007; Hammill 2005; Smith 2001; Woodward 1999; World Bank 2003). Despite rhetoric to the contrary, the “distribution of wealth” failed to benefit the majority of citizens.

As Hammill notes:

Latin America has the highest levels of income inequality of any region in the world . . . [and] Central Latin America . . . suffers from some of the lowest levels of social development with high poverty rates, high intransigent social inequality and a majority of the populations in each country living in conditions of social exclusion and vulnerability. (Hammill 2005:9)

In Honduras, one of the poorest nations in the Western hemisphere, the poverty rate stands at nearly 60 percent, and over a third of their citizens are either unemployed or underemployed (CIA.gov 2010b; Hammill 2005; Reichman 2006). The country is 90% Mestizo (literally “mixed blood” though typically of Amerindian and European ancestry) (CIA.gov 2010b). The remainder of the population incorporates several other ethnic groups including Amerindians (7%), “black” peoples of mixed African descent such as Afro-Caribbeans, Garifuna and Miskitos (2%), and “white” peoples chiefly of European origin (1%) (CIA.gov 2010b). Honduras’ service and agriculture sectors employ the majority of workers (39.2% and 39.8% respectively), while industrial jobs account for nearly 21 percent of the labor force (CIA.gov 2010b). Eighteen percent (18%) of the population lives below the international poverty line on less than \$1.25 per day. Based on the most recent statistics, fifty two percent (52%) of the population live in rural areas and 48% is urban (UNICEF.org 2010b).

In Belize, over a third (33.5%) of the population lives below the poverty line (CIA.gov 2010a). Like Honduras, Belize has a mix of ethnic groups. Census figures compiled in 2000 by the Belizean government shows that almost three quarters of their population is Mestizo or Creole (a combination of European and Black descent). Those groups constitute 48.7% and 24.9% of the population respectively (Statistical Institute of Belize 2008). The rest of the population consists largely of ethnic minorities including Mayans (10.6%), Garifuna (6.1%), Mennonites (3.6%), East Indians (3%), Chinese (0.7%), and “others” (2.1%) (CIA.gov 2010a; Statistical Institute of Belize 2008). The opposite of Honduras, their rural population comprises 48%, while 52% is urban (UNICEF.org 2010a). The country’s economy relies heavily on tourism, which employs over 70 percent of the

nation's labor force, most in low-wage service jobs. The agricultural industry employs over 10 percent of the labor force, and almost 17 percent work in the industrial sector. About 10 percent of the population lives in "chronic poverty," which is characterized by their inability to afford even their basic food needs. Like Honduras, the majority of the disadvantage is concentrated in rural areas and underserved in urban centers (CIA.gov 2010a; Gonzalez 2007).

A major factor that contributes to income inequality is the limited access to education, which directly influences one's employment options. UNICEF statistics indicate that, in Latin America, while 93% of children attend primary school, only 66% of "children of secondary school age [actually] attend secondary school" (UNICEF 2007:15).

Comparisons of global and regional data indicate that the lowest levels of secondary school enrollment are in the poorer households in rural areas (UNICEF 2007:15).

Regionally, "extended and composite families are more likely to have over 50% with primary or less education" (Hammill 2005:34). Moreover, Hammill also states:

When considering each factor alone, it is clear that educational factors, urban or rural distribution, and employment in the informal and agricultural sectors are most important determinants for the level of inequality in each country . . . Educational, regional and labor market factors [are shown] to be the most important differences in explaining income inequality for individuals. (Hammill 2005:37, 46-47)

For those at the bottom, among the most severely affected have been ethnic minorities (Foxen 2007; Green 1998; Hammill 2005; Klasen and Nowak-Lehmann 2009; Matthei and Smith 2008; Reichman 2006; Smith 2001). Decades of restricted access to financial, educational, and material resources have led to diminished capacity and social vulnerability across societies and within indigenous enclaves (Cardoso and Faletto 1979; Escobar 1995; Frankema 2009; Hammill 2005; World Bank 2003). The authors of a report

by the World Bank on “Poverty and Policy” in the region describe their deepening concerns about the lack of empowerment evident among indigenous populations. They assert:

One topic which deserves additional work is the relationship between indigenous populations and poverty. In many LAC [Latin American] countries, poverty is more prevalent among the indigenous population than among the non-indigenous population . . . Controlling for other variables, being indigenous increases the probability of being poor. (World Bank 2003:122)

The genesis of the conflicts that ensued for decades in El Salvador, Guatemala and Nicaragua were due, in part, to frustrations born from unbearably unjust authoritarian systems that were supported by U.S. interests (Klasen and Nowak-Lehmann 2009; Smith 2001; Woodward 1999). I do not have time to elaborate here on the many revolutionary and counter-revolutionary conflicts that raged throughout Central America from the 1960s to the 1990s. However, the links between socio-economic under-development and conflicts as contributors to increased migration across societies are clear (England 2006; Smith 2001). The influence of the U.S’ anti-communism foreign policy agenda perpetuated decades of violence in the region, which caused massive internal displacements and refugee outflows to neighboring countries and to the United States (Smith 2001:134).

Although Honduras did not suffer the extent of civil conflicts seen in other states, England (2006:55) notes that “it was affected by the political and economic destabilization of the region.” Notwithstanding the regional violence, the main catalysts for out-migration among Hondurans, especially in more recent decades, were economic inequity, downturns in the job market, and fallouts from devastating environmental events—most notably, Hurricane Mitch in October 1998. Honduras’ economy experienced major losses

due to the hurricane, especially in the highly productive agriculture and manufacturing sectors (Krause 1998; World Bank 2000). In the years after Mitch, further economic and environmental assaults left the country's major exports struggling to rebound. Declines in the prices of coffee and other produce saw revenues plummet. A large segment of the already underserved population lost their jobs, necessitating increased migration to find work. New migrants tapped into already established networks in the north where they found sanctuary and employment. Consequently, as England describes:

The picture that is drawn of immigrant Hispanics in general, and Honduran Garifuna specifically in the 1980s and 1990s, is a population of the working poor who tried to stay employed but whose incomes were declining . . . Although before Hurricane Mitch the number of Hondurans migrating to the United States had been eclipsed by migrants from the war-torn countries of El Salvador, Guatemala, and Nicaragua, after 1998 there was a notable increase in the number of Hondurans entering the United States. (England 2006:54, 57-58)

For other Central Americans, underemployment also remained high as gradual shifts from agriculture towards the service sectors drastically changed employment patterns and pushed people to migrate farther, and for longer periods, in search of opportunities (England 2006; Hammill 2005; Smith 2001). Moreover, within indigenous enclaves, encroachment on lands by plantation owners, government sales of lands to foreigners, forcible removal from traditional territories, along with restrictions on legal titles, limited the abilities of communities to accommodate growing populations who wished to remain, or others who may have wanted to return (Chénier, et al. 1999; England 2006; Foxen 2007; Noe 2001; The Inspection Panel 2006). Near the end of the last century dramatic economic shifts coupled with unbridled debt, unjust land distribution and tenure policies, social unrest, and natural disasters, among other concerns, triggered an increase in regional and south-north migration that is still evident today (England 2006; Foxen 2007;

Green 1998; Klasen and Nowak-Lehmann 2009; Reichman 2006; Smith 2001). In Smith's assessment of Central American and Caribbean migration he concluded:

U.S. foreign policy helped cause migration and contributed to the creation of the current inter-American migration system . . . [due to] high population pressures, an unequal distribution of land organized on a plantation model . . . and repressive, often US backed governments that defended this order. (Smith 2001:130)

Regionally, economic migrants now exceed political refugees, and national economies as well as families have become dependent on the inflows of remittances for survival (Aguinas 2006; Cantor 2005; England 2006; Foxen 2007; Gonzalez 1988; Matthei and Smith 2008; Palacio 1991; Smith 2001). Statistics from the Inter-American Development Bank (IADB) on "Remittances to Central America as a Percentage of GDP" in 2005 demonstrated:

In all but three Central American countries, remittances are equivalent to at least 10 percent of GDP, suggesting a heavy dependence on remittances as an engine of economic activity. Figures from Nicaragua [17.8%], El Salvador [16.1%], and Honduras [15.1%] are particularly high . . . Belize's remittance flows [were 6.8%]. (Aguinas 2006)

Instead of creating environments that discourage population outflows, Smith (2001:134) found that countries are supporting the process and "deepening relations with their emigrant populations," largely for political and economic gain. As transmigration becomes the "new normal" for traditional societies, I question how the impacts are changing cultures in the process— including their abilities to care for orphaned children. For most native groups, that question remains unanswered. What is known is that the global evolutions have produced complex cultural shifts that have weakened societal cohesion, increased the spread of diseases and other ailments, and limited people's capacity to respond effectively to the needs of vulnerable groups. I discuss the specifics of Garifuna migratory practices and societal changes later in Chapter three.

Relevant Literature, Gaps and Guiding Themes

Despite the overwhelming surge in the global orphan population, so far, no accurate estimates exist about the numbers of orphans worldwide, or the main causes and consequences of orphaning within many cultures. One of the reasons for the dilemma is that there are no universally accepted criteria to determine who exactly is an orphan. This makes the body of literature on “orphan populations” somewhat difficult to correlate, since the research may have focused on a mixture of biological, social or economic factors in determining their target groups. However, recent developmental research into the cumulative population of orphans and other vulnerable children helps to shed some light on the extent of the global orphan crisis (UNICEF, et al. 2004; USAID 2009).

The 2009 USAID Congressional report to which I referred in Chapter one, estimated a worldwide population of 163 million “child orphans” (COs) who they defined as children (0-17 years old) who have lost their mothers, fathers, or both parents (USAID 2009). The U.S. government’s calculations of orphans encompass 55.3 million “maternal orphans” (MOs) children 0-17 whose mothers have died due to any cause; plus 126 million “paternal orphans” (POs) children 0-17 whose fathers have died due to any cause; minus, 18.3 million “double orphans” (DOs) children 0-17, both of whose parents have died due to any cause (USAID 2009:9). The formula employed in the USAID report (2009:73) to calculate the global orphan populations are outlined as follows:

$$55,300,000 \text{ “MOs”} + 126,000,000 \text{ “POs”} - 18,300,000 \text{ “DOs”} = 163,000,000 \text{ “COs”}$$

Along with the orphan estimates, the report also presented the most up-to-date and comprehensive information about the requirements of larger categories of OVCs worldwide (USAID 2009). In this effort, the document provided a conservative global

assessment of several sub-populations of other “highly vulnerable children” (HVCs) who are disadvantaged due to poverty, and other concomitant “factors that threaten their physical and emotional wellbeing” (USAID 2009:65). Those groups encompass a cumulative 428 million children who are estimated to live in “extreme poverty” (aged 0-14 in developing countries who live on less than \$1.25 per day) and “ultra poverty” (aged 0-14 in developing countries who live on less than \$0.50 per day) (USAID 2009:9).

Their figures of HVCs include 218 million who are engaged in some form of child labor, 150 million girls who have experienced sexual abuse, 2 million children who live in institutional care, and 1.8 million children who are involved in prostitution and pornography (USAID 2009:9-10). The total also incorporates millions of other children who live with disabilities, and face major food insecurities, substandard medical care, abuse and other threats to their survival (USAID 2009:9, 65-72). The numbers of orphans and other HVCs that fall into several categories of vulnerability are staggering, and substantial enough to be worthy of international attention and action. According to the report’s authors:

The magnitude of the orphans and vulnerable children crisis remains deeply distressing, and the situation for children is likely worsening due to the global economic crisis. (USAID 2009:7)

A program development expert with USAID also stated his concerns that:

The world is ill-prepared to respond to the needs of over 400 million OVCs who are not being educated effectively, and who are living in increasingly vulnerable conditions.

In countries throughout Africa, the Americas and Asia, significant portions of their populations are under 14 years of age (CIA.gov 2010b). In Honduras and Belize, the percentages of children under 14 are 37.4% and 37.3% respectively. A significant number of those children are orphans who live in poverty. Honduran national statistics estimated that, in 2007, there were 17,000 orphans (0-17 years of age) (UNICEF.org 2010b). In

Belize, the estimate of children orphaned due to all causes was 5,500 in 2007 (UNICEF.org 2010a). Given the troubling statistics, for countries facing dire population and economic challenges, the internal unrest created by increasing numbers of disenfranchised youth is all but guaranteed to increase without decisive intervention.

As for the causes of orphaning, the vast body of research into the impacts of the HIV/AIDS pandemic in some countries may imply that the scope of the global orphan population is uniquely attributable to the disease. It is not. Certainly, in select countries, the traditional causes of orphanhood including poverty, political upheavals, and armed conflict, have been replaced by AIDS. Nevertheless, for the majority of nations, AIDS is just one of many factors that are responsible for the escalation in the numbers of orphans (UNICEF 2005c; UNICEF and UNAIDS 2006; UNICEF, et al. 2004; UNICEF, et al. 2009; USAID 2009). Notwithstanding the fact that the causes and consequences of orphaning within a society may vary widely, the majority of studies about orphanhood, especially in the African Diaspora, focus largely on HIV/AIDS (Abebe and Aase 2007; Aspaas 1999; Barnett and Whiteside 2006; Bicago, et al. 2002; Case, et al. 2004; Foster, et al. 2005; Guest 2001; Subbarao and Coury 2004; UNICEF 2002; UNICEF and UNAIDS 2006; UNICEF, et al. 2009; WHO 2005a; WHO 2005b). Although AIDS is clearly a major contributor to orphaning worldwide, of the more than 163 million documented orphans, only a relative minority (17.5 million) had “lost one or both parents due to AIDS” (UNICEF, et al. 2009:52; USAID 2009:9). The vast majority of children were not orphaned due to the disease. A 2007 study of Ethiopian orphans also found that “70 percent...are non-AIDS orphans.” (Abebe and Aase 2007:2059). Their findings were similar to results of my

research in Garifuna communities where only 28.8 percent of the maternal deaths are due to HIV/AIDS (see Chapter six).

Additionally, the few published studies available about orphans revealed that much of the past research either concentrated narrowly on specific categories of orphans and other vulnerable children, such as children of war, children affected by the AIDS virus, children in institutional care, and on orphanages and adoption; or, they expanded to broad discussions of the psychological, bio-medical and socio-economic effects of parental loss on children (Barnett and Whiteside 2006; Coombe 2004; Foster, et al. 2005; Henderson 2006; Monasch and Boerma 2004; Siaens, et al. 2003; Stansbury and Sierra 2004; Turner 2005). Many publications also broadened their use of the term “orphan” to include children in a variety of vulnerable circumstances, and did not necessarily focus on children whose biological mothers or fathers are deceased. Those children fell into the categories of “functional orphans” or “social orphans.” They included children who were abandoned or neglected by their parents, such as children of divorce, children in abject poverty, or children whose parents had abdicated their parental roles or lost their parental rights (Csaky 2009; UNICEF, et al. 2004; USAID 2009).

Although development reports indicate that the majority of orphans reside in Asia, the literature available about these children is scant (UNICEF 2002; UNICEF, et al. 2004). A dearth of data exists about the multiple causes of orphaning within global societies, or about the disparate factors that may have contributed to parental death. Information about the systems of orphan-care in indigenous and Afro-descendant cultures in the Americas, or in other regions worldwide, is also lacking.

Research into systems of childcare in Garifuna culture also proved limited. Although seminal work by J. Palacio (1991; 2005b; 2007), Kerns (1989), and Gonzalez (1969; 1988) provide detailed descriptions of kinship and family organization, marriage, and household construction in Garifuna societies, there are few references to the roles of children, and only brief mention about parental death. I do not suggest that the omission of orphans was an oversight in previous research, but rather, that the concept of “orphans” did not exist in Garifuna societies at the time of their studies.

More recent works by Buszin, et al. (2009), Matthei and Smith (2008), England (2006) and, Stansbury and Sierra (2004) discuss the impacts of disease and migration on Garifuna family networks. However, none of their studies refer to the resulting effects on the raising of orphaned children. Even articles by Cohen (2006) and Jackson (2002) that presented the “sad and alarming” effects of the generalized AIDS epidemic on Garifuna settlements throughout Central America, barely reference the capacity of households to respond to the crisis, and failed to mention the care of children left orphaned (or otherwise parentless) as a result.

Consequently, I was not facing a research “gap,” but a vast chasm that I had to bridge in order to conduct my dissertation study. During my literature review I discovered that among the predominant sources for orphan research were unpublished works commissioned by global development groups and children’s organizations, along with investigative reports from the broadcast and print media. Although the work provided vital background data, the majority of those features were not peer-reviewed, and few were published in social science or other scholarly journals.

Therefore, to bridge this research gap, the social and demographic transformations occurring in select populations in Africa and the Americas was considered in framing my work (Abebe and Aase 2007; Aspaas 1999; Cárdenas, et al. 2009; Ellis-Brown 2005; England 2006; Monasch and Boerma 2004; Stansbury and Sierra 2004; Thorlindsson and Bernburg 2009). Fortunately, a few studies of community capacity, household stability, and orphan care provided sufficient analysis for comparison with Garifuna culture (Barnett and Whiteside 2006; Bicago, et al. 2002; Coombe 2004; Farmer 1992; 2005; Foster, et al. 2005; Guest 2001; Henderson 2006; Rutter 1972; Stansbury and Sierra 2004; Tolfree 1995; UNICEF 2004; 2005c; 2008a). In several articles, the systemic influences that predicated major deteriorations in family capacity, point to poverty-induced economic migration and urbanization as among the root causes (Abebe and Aase 2007; Aspaas 1999; Foxen 2007; Gonzalez 1988; Guest 2001; Monasch and Boerma 2004; Palacio 2005b; Palacio M. 2002; Stansbury and Sierra 2004). Recognizing the existence of innumerable fractured families amidst modernization in Central America, I established my research plan to investigate the shifting approaches to orphan-care among the Garifuna.

Dominant themes included:

- The transition from temporary to permanent migratory patterns among family members;
- The growth of women-headed households and female out-migration;
- The rapid rise of orphan populations due to disease and other medical and social factors;
- Community instability leading to a weakening of kinship networks and family capacity; and,
- The shift from planned to “crisis fostering” of orphans that was also prevalent in many cultures (Abebe and Aase 2007; Aliber and Walker 2006; Aspaas 1999; Barnett and Whiteside 2006; Nyambedha, et al. 2003; Oleke, et al. 2005).

Additional issues broached in those reports focused my attention on the needs to:

- Define the word orphan from a culturally-appropriate perspective;
- Identify the primary reasons for parental death; and,
- Assess the overall societal impact of labor migration and poverty on kinship ties, as well as the resulting effect on the support of orphaned children (Abebe and Aase 2007; Guest 2001; Oleke, et al. 2005).

In their report on AIDS deaths and increased orphan populations in Kenya, Nyambedha and his colleagues (2001; 2003) established a basis that I was able to utilize for making striking parallels to some of the current transformations occurring within Garifuna culture. Ethnographic and quantitative studies conducted among the Luo people of Kenya and Uganda, and in other communal Afro-indigenous enclaves throughout Zambia, Malawi, Ethiopia, and across the continent, revealed that an increasing number of traditional cultures are showing signs of erosion (Abebe and Aase 2007; Aliber and Walker 2006; Aspaas 1999; Atwine, et al. 2005; Barnett and Whiteside 2006; Coombe 2004; Foster, et al. 2005; Guest 2001; Nyambedha, et al. 2001; 2003; Oleke, et al. 2005). The parallels with Garifuna communities are significant (indigenous, poor and marginalized people from the African Diaspora) and make past research on other traditional, African peoples important case studies for analyzing the impending cultural changes, and resulting effects, within Garifuna communities.

In Honduras and Belize, reports from government and university-led initiatives that focused on stemming the spread of HIV/AIDS in Garifuna communities provided substantive insights into many of the root causes for transmission (Buszin, et al. 2009; Honduras 1998; Sabin, et al. 2008; Stansbury and Sierra 2004; UNICEF 2005b; WHO 2005a; WHO 2005b). Although, none of the researchers focused their inquiries on specifically assessing the cumulative impacts of the disease on orphans, some reports

demonstrated the limited capacities of local and national support-systems to address their needs (Catzim 2008; UNICEF 2005a; UNICEF 2005b). However, I found no current studies that investigated the expansive orphan condition, which included the limitations faced by Garifuna children who are orphaned by AIDS, and especially those whose parents had succumbed to factors unrelated to the disease.

The Essential Roles of Kinship and the Family

The family unit is the key to survival within many cultures worldwide. As Foster (2005) notes, in Garifuna culture “consanguineal relations, especially those of matrilineal kinship are of special importance for Garinagu.” As noted above, one of the significant factors affecting orphan care in Garifuna societies is the erosion of family and kinship networks.

Throughout the past century, as the body of anthropological inquiry expanded to include diverse societies around the globe, the concept of kinship became widely recognized as a foundational discipline in the field of social science. Indeed, kinship systems are socio-political mechanisms used to unite individuals as a “family,” and provide its members with the resources required to adapt to changing circumstances over time (Ferraro 2008; Miller and Wood 2006; Nanda and Warms 2007). However, the magnitude of current medical and socio-economic crises makes one wonder whether the ties that bound traditional cultures together are strong enough to withstand the onslaught of modern emergencies. Have people's ways of configuring their families within traditional kinship systems become fractured concepts in today's splintered societies? Moreover, how do their new realities affect the millions of orphaned and abandoned children in crisis hotspots around the world?

The prevailing view within modern anthropology recognizes that social organization does exist, in large part, to provide groups with the flexibility required to maintain cohesion, to adapt more effectively to shifting circumstances, and to mitigate threats from outside forces. In times of peace and conflict, such kinship systems act as a shelter from the proverbial storm. Some organization may take the form of familial or fictive kinship. Since blood and marriage are integral components of kinship, clearly biology plays a role; however, biology is not always the major determinant of how people inter-relate within kinship groups, or in how they are classified. In fictive kinship (as in the case of a godparent or an adoptive parent), relationships are based primarily on ritual rites, or legal rights, that can expand beyond one's blood relations (Ferraro 2008; Miller and Wood 2006; Nanda and Warms 2007). Essentially, within kinship networks, people organize into explicitly defined roles, each imbued with its share of responsibilities and privileges within families, and to other members of the larger group (Ferraro 2008; Miller and Wood 2006; Nanda and Warms 2007).

Social Organizations and “Relative Terms”

Kinship systems are generally defined as relationships by common ancestry, one's blood relations (consanguineal) or by marriage (affinal). Depending on the society, one's functional ties to the members of each group varies along biologically- and culturally-prescribed processes. For instance, the biological “father” (genitor) and “mother” (genetrix) may differ from the functional “parent;” as in matrilineal societies that pay casual respect to the genetic father and differentially assigns the “fatherhood” role to the mother's brother (Nanda and Warms 2007:236). Similarly, the term “mother” could refer to a variety of people who are not one's biological mother.

For decades, social scientists like H.R. Radcliffe-Brown, Bronislaw Malinowski, Emile Durkheim and Claude Levi-Strauss, espoused their notions about the physical, mental, spiritual (symbolic) and social reasons why people organize and relate as they do. Throughout the field, major points of dissention involved the influence of biology on cultural organization, as well as how best to classify and interpret available data. Although most experts recognized the importance of biology as an important “natural” component of kinship, they strongly disagreed about its impact on determining cultural variation.

As cited in Barnard and Spencer (2005:311), Good asserts that kinship is more of a social rather than biological relationship, and that socially-defined roles often supersede genetic ties. Thus, within many global cultures, biology is not the “key” determinant factor in how societies are constructed, or in how people inter-relate. According to Nanda and Warms (2007), social interactions and expectations related to interactive behavior, respect, titles and various material components differ greatly based on organization. They also argue that cultural rules often eclipse biological links to one’s parents, siblings and other blood relations. For those people, blood is not thicker than kinship. Indeed, modern science confounds this issue further when one considers factors like surrogate births, adoption, and same-sex parenting. For those groups and their notions of “family” and “kin,” biology need not apply.

When considering the parental roles of men, in their debates about kinship, both Needham (1960) and Barnes (1961) went to great lengths to elaborate on the complex dilemma of paternity and descent which was complicated by this kaleidoscope of kin relations. As Needham wrote:

Biology is one matter and descent is quite another, of a different order. They will usually be concordant to some degree, but the defining character of descent systems is social. (Needham 1960:97)

Barnes (1961) went a step farther by making a distinction between types of physical paternity, or the pater (the man who assumes the social role of “father” in raising a child) as opposed to the genitor (the presumed biological sperm contributor). In Barnes’ assertion, the social role of the father is more important than who impregnated the woman. With specific insights into the roles of fathers or male inter-relations within Garifuna families, as Kerns (1989:124) points out, “there is usually little focus on Garifuna men in the literature on interactions among relatives.” Indeed, I found only minor references to the contributions of Garifuna men as husbands, or as fathers in the rearing of their children. Discussions centered mostly around their migratory work practices, or their contributing labor or finances to the domestic household. Citing the case of absent fathers, Gargallo (2005:146) mentioned that women “are under constant pressure to provide for their families, which is obviously caused by paternal irresponsibility.”

Earlier work by Kerns (1989) and Gonzalez (1969; 1988) spoke of trends in Garifuna culture that saw men (and fathers) as irregular members of their households. They noted that although “Western-style” legal marriages were rare—which I also observed—common-law unions were abundant. In those cases, men in the households contributed financially to raising the children in residence, whether they were their biological children or not (Gonzalez 1988; Kerns 1989). As Kerns asserts:

Most children grow up in households with a man in residence, although he is not necessarily their natural father or present on a daily basis. (Kerns 1989:119)

However, in the cases where the mother has died, the role of the biological father or other male contributor in the child's life is not available in the literature. I share my observations about male participation in the raising of orphans in Chapter six.

It Takes a Village: Kinship and Extended Families in Crisis

Erikson's research on the impacts on kin and community relations during processes of crisis and recovery parallels the emergency conditions now faced by numerous societies worldwide. He argues that:

Disasters sometimes have the potential for destroying the sense of communality that holds people together, for killing the spirit of neighborliness and kinship that is so important a part of their world.⁹ (Erikson 1985:xvi)

As overwhelming case studies attest, for the most at-risk populations, the real "disaster" occurs as families attempt to confront unexpected crises that test the resilience of even the most stalwart kinship networks (Abebe and Aase 2007; Foster 2000; Foster, et al. 2005; Nyambedha, et al. 2001; Shkilnyk 1985). The triggering events are merely catalysts to a domino effect that begins with the loss of the familiar underpinnings of one's physical location, meager possessions and supportive relations.

Of course, I recognize that one event did not cause the current global orphan problem. For many traditional societies facing AIDS¹⁰, development-induced displacement¹¹, and other assaults from man and nature, these events compound already

9 For entire quote from K. Erikson see, Foreword, in A. Shkilnyk, *A Poison Stronger Than Love: The Destruction of an Ojibwa Community*. New Haven: Yale, 1985. (p. xvi).

10 According to Dr. Paul Zeitz of the Global AIDS Alliance (2004), "currently, AIDS creates a new orphan every 14 seconds."

11 According to the UN, "at the end of 2004, roughly 48 percent of all refugees worldwide were children" (UNICEF, 2005, p. 38).

vulnerable conditions, especially for poor communities¹². In locales where kin ties establish inter-generational cohesion and continuity, and where individual resources are simply insufficient to meet daily needs, interdependence is the only means of survival. Within close-knit communities, shared talents and experience reflect in their divisions of labor that allows for the collective benefit of individual efforts. Therefore, although under “normal” circumstances socio-economic necessity may force major familial adjustments, community and kinship supports would ensure that all members received the required resources and care to mitigate the survival challenges. Despite decades of divergent situational viewpoints, one thing is certain. The vast body of research provides undeniable evidence that a society's inter-relational structure is broadly defined and culturally relative. After analysis of the component aspects of kinship, it is clear that, much like the human body, the multiple cells that sustain these organisms are inextricably linked and mutually dependent.

In Matrifocal cultures, as are the Garifuna, the built-in flexibility to external forces exists within one's collective network. At times, depending on the nature of the crisis, divisions of labor and responsibilities could extend to the widest reaches of one's kinship support system, including help from godparents and other fictive kin for purposes of child rearing and dependent care (Abebe and Aase 2007; Foster 2000; Monasch and Boerma 2004; Nyambedha, et al. 2001; 2003; Oleke, et al. 2005; UNICEF and UNAIDS 2006). Detached from the group, each family becomes virtually impotent to control its fate. This is especially evident in households that now consist primarily of single women and children.

12 The UN reports the existence of economically-induced cultural shifts – occurring in Latin American, African, Asian (and other societies) – where mostly poor orphaned and/or abandoned children are "placed in marginal positions within other families...to exploit [their] labor both within and outside the home" (UNICEF, 2005, pp. 43 & 50).

Their conditions are akin to trying to run without legs. Without assistance, it is difficult to provide for one's family or to move forward successfully.

As noted in a report by the International Women's Rights Action Watch (IWRAP 2003)¹³, in Honduras, limited public service programs necessitate reliance on private arrangements by the majority of the population. The conditions for women and children among the Garifuna, and in other cultures, have drastically deteriorated due the erosion of valuable kinship and communal networks (Abebe and Aase 2007; Foster 2000; Foster, et al. 2005; Gonzalez 1988; Kerns 1989; Palacio 1991; 2005b; World Bank 2003). Indeed, both women and men rely heavily on informal networks to maintain their horticultural and fishing lifestyles in the villages. Networks are also vital in their abilities to access employment, advanced education and other opportunities in the urban areas, which have virtually evaporated amidst consistent environmental and economic upheavals in their home countries. Despite the vast dependence on intra-familial support systems especially within traditional societies, according to Hammill, among the countries included in his study of Central America and the Caribbean:

The Dominican Republic, Guatemala and Honduras experienced the largest decreases in the proportion of extended families [and, today] . . . extended families are generally over-represented in the bottom 20% of per capita incomes. (Hammill 2005:29)

Once set in motion, the conspiracy of factors that spur declines in the capacities of kinship networks, render families incapable of providing for even their most basic human needs. At a time when most households are financially strained and headed by women who are often unable to help themselves, let alone each other, the needs of orphaned

13 To view entire IWRAP report (2003) see, Honduras Country Profile at <http://iwrpaw.igc.org/publications/countries/cescrhonduras.htm>

children may now expand beyond a family's capacity to assist. Peter Ciego, the curator of the Gulisi Garifuna Museum in Belize confirms that the expanding burden on families to support orphans may pose great difficulties.

The extended family was—and is—so important. [But] there is so much need now. Many families have their own problems to deal with. So, I don't know how able they will be to reach beyond their own families to help other people's children. I don't know if people have the means, or the ability, to reach beyond that.

It is a similar deterioration as Erikson (1985:xvi) describes, of the development-induced displacement suffered by the Ojibwa of Grassy Narrows, wherein "they...lost both the physical and spiritual health that comes from being in communion with kinsmen and neighbors who can be counted on to care."¹⁴ The result, now mirrored in traditional societies across continents worldwide, is that "marriages break up, friendships dissolve, the bonds of kinship weaken, and, at the outer edges of human despair, parents lose the ability to care for their own children,"¹⁵ let alone other people's children (Erikson 1985:xviii). As kinship ties start to disintegrate, the breakdowns in the structure of family and society are most readily apparent by a sharp rise in violence¹⁶, infectious disease, malnutrition, orphans¹⁷, and abandoned children (and other dependents).

For example, in Honduras, over a decade after Hurricane Mitch, violent crimes and illness are epidemic, and the country now houses one of the fastest growing AIDS-infected populations in Latin America. Child welfare agencies report an increase in the numbers of

14 See Erikson (p. xvi). Foreword in Anastasia M. Shkilnyk (1985), *A Poison Stronger Than Love: The Destruction of an Ojibwa Community*. New Haven: Yale University Press.

15 Ibid. (p. xviii).

16 Violence includes domestic disputes, gang activity, internal armed conflict and regional warfare.

17 According to a 2005 UNICEF report on the State of the World's Children, globally there were over 143 million 'declared' orphans in 2003, and estimates hovered in the "tens of millions" for "undocumented orphans" and abandoned children (pp. 39-41).

orphans and street children throughout urban and rural areas.¹⁸ According to one anthropologist whom I consulted for this report, "violence against children, whether perpetrated by adults or by each other, has become "routine."¹⁹ My source attributed the increased hostility to public frustrations, due to a lack of access to the education, social supports or economic opportunities that would equip vulnerable populations to thrive in their societies.²⁰

As this report shows, many orphans and their families are currently unprepared to meet household and personal needs without external assistance from their kin and larger communities. Unfortunately, the wide-scale displacement that seems to accompany an increasing number of crisis situations now proves to either strain, or entirely sever, critical communal networks; and there is no end in sight. Recognizing the deplorable state of global affairs, social scientists and relief organizations now acknowledge a gradual disintegration of support networks throughout communities on most every continent. The resulting abandonment and orphaning of tens of millions of children is but a symptom of larger societal disruptions that point to the critical need for increased cultural understanding and assistance. In light of current global conditions, as sustained threats overwhelm traditional support systems throughout Africa, the Middle East, Latin America, and even in the West, poverty-induced institutional care for children, the elderly, and the disabled, may continue to replace the nurtures of kinship (Csaky 2009; Leinaweaver 2009; Subbarao and Coury 2004).

18 Personal communication with SOS Children's Villages, Honduras (November 10, 2006).

19 Personal communication with an Anthropologist at East Michigan University, about post-Mitch resettlement and child vulnerability in Central America (November 3, 2006).

20 Ibid.

Perhaps further kinship studies will aspire to unite the most plausible theories and then impart these insights to practitioners within various disciplines. Hopefully, a better understanding of kinship dynamics will result in more practical and comprehensive solutions to global events. Indeed understanding the structures and functions of other societies is imperative to ensuring that development efforts are relevant to the communities they target. In addition, recognizing the complex fabric that weave “alien” peoples together would most certainly guarantee that international aid would go farther in accomplishing the goals of alleviating the trauma of catastrophic events, and averting the further destruction of communities and disarticulation of families.

Research Purpose and Questions

The purpose of this research is to understand the lived experiences of orphans in Garifuna culture, and to gauge how cultural transformations, due to external pressures, are impacting the internal stabilities of families and communities. This project was guided by several comprehensive questions that examined the orphan phenomenon, from structurally-, culturally-, and individually-relevant perspectives. The principal questions this dissertation aspires to answer are: 1) How has the legacy of out-migration altered the capacity of Garinagu families and influenced their decisions and methods for raising orphans; and, 2) What are the major challenges that orphans face in their societies as they grow up? All subsequent research questions below supply the required background to determine if, how, and why, the patterns for orphan-care within Garifuna society have changed over time.

- 1) Is the term orphan as defined by global processes compatible with the definition utilized regionally (within Honduras and Belize) and as compared to the local level within households? What are the conflicts to the establishment of a universal definition for the term?

- 2) What are the principal causes of parental death in Garifuna communities; and, are the major causes of orphaning perceived to be similar at the regional (Central America) and national levels (Honduras and Belize) compared to perceptions at the household level (within families)?
- 3) How has parental loss influenced household stability in Garifuna culture over time and place?
- 4) Do the majority of households share similar, or vastly different, approaches to the rearing of orphans across families and communities in Honduras and Belize?
- 5) Do Garifuna orphans enjoy the same levels of access to available goods, services and supports as non-orphans in their communities?
- 6) Does the global HIV/AIDS crisis pose any unique challenges for Garifuna orphans, or do their experiences parallel those of other children whose parent(s) died from other causes?

Conflicting Definitions of Orphans in Politics and Policy

Presently, there are no uniform criteria to define who is an orphan. The inconsistency among policy makers and researchers muddies the ability for agencies to effectively target the children they are charged to assist. Accepted ages for childhood and adulthood vary across agency and cultural lines. In addition, the current definition being employed by the United Nations and its partners does not appear to translate successfully across societies.

Today, there are as many conflicts as agreements about what criteria to incorporate in the design and implementation of international policies targeting orphans. The confusion arises largely because there is no global consensus about whether to focus specifically on children who are parentless based on biological or social factors. The debate also centers on conflicting cultural views, and on historic kinship practices, that recognize the roles of consanguineal family members (aunts, uncles and grandparents) and external relations, such as fictive kin (godparents, adoptive parents) as participants in the rearing of a child.

The positive trend, in recent years, sees social scientists now consulting with communities to define the word in accordance with local perceptions, as the most effective

method to correctly identify the subject of their studies (Abebe and Aase 2007; Guest 2001; Harber 1998; Nyambedha, et al. 2003). As Guest (2001:63) asserts, Non-governmental organizations “can’t just march into a community with their facts and figures and progressive ideas.” I share that view. Indeed, universal acceptance implies universal input, and that can only be achieved through open dialogue with local governments, populations and especially the children themselves.

Along with the definition, the context and usage of the word orphan has changed across time and space. The word continues to evolve in present day. The term orphan is both a biological and a social construct imbued with legal, cultural and religious connotations (Foster, et al. 2005). Abebe and Aase (2007) proposed that the condition of orphanhood is both socially and culturally distinct. In their view, since the phenomenon “never remains the same either historically or geographically...and with the onset of HIV/AIDS [the notion of who is an orphan] has been made problematic” (Abebe and Aase 2007:2065). Much of the current confusion about how to employ the word orphan has arisen because of the rapid growth of parentless children due to natural and man-made crises, the differing national and local priorities in response to parentless children, and the culturally-relative perceptions of who is, or is not, “orphaned.”

From the Greek word *orphanos* (ὄρφανός), an orphan is described as a child whose biological parents are dead or absent, and unavailable to provide care. Merriam-Webster (2004:510) defines orphan as “a child deprived by death of one or [usually] both parents.” American Heritage (1997:964) broadens its definition to include: “(1) a child whose parents are dead; (2) a child who has been deprived of parental care and has not been adopted; or, (3) one that lacks support, supervision, or care.” UNICEF and its global development

partners currently define orphan as: (1) a child under eighteen years of age whose mother, father or both parents have died from any cause; (2) a child who has lost one parent (single orphan); or, (3) a child who has lost both parents (double orphan)” (UNICEF 2006). Although the current definition employed by UNICEF considers children less than eighteen years of age, much of previous research focused only on children 0-15 years old. Unfortunately, this conflict affects the ability to seamlessly compare data across time, since previous definitions did not include children up to 17 years of age (UNICEF 2008a).

In numerous studies, the definition of orphan includes children whose mothers or both parents are deceased, or whose whereabouts are unknown, while others focus on children who have lost either parent (single orphan) or on those who have lost both (double orphan) (Case, et al. 2004; Guarcello, et al. 2004; Guest 2001; Nyambedha, et al. 2003). Some researchers elected to define the term based on local perceptions and kinship rules (Abebe and Aase 2007; Nyambedha, et al. 2003). For example, “in patrilineal groups when a child’s father dies, the child is effectively a ‘double orphan’ because the mother is sent away or leaves to remarry elsewhere” (Barnett and Whiteside 2006:214).²¹

The issues are complex, but need to be addressed rapidly, as countries continue to be inundated with parentless children. The confusion over the term, and the associated responsibilities it engenders, has proved difficult. In one example, to facilitate the growing international adoptions process under United States immigration law, an orphan is classified broadly as: (1) a child, (2) under sixteen years of age at the time a petition is filed on his or her behalf, (3a) who does not have parents due to the death or disappearance of,

²¹ The central role of mothers in Garifuna culture, and the other criteria utilized to identify the orphans included as the Target Group for this study, are outlined later in this chapter in the section entitled “Garifuna Orphans: Defining the Target Population.”

(3b) abandonment or desertion by, or (3c) separation or loss from, both parents [double orphan]; or, (4) whose sole or surviving parent is incapable of providing proper childcare, and has irrevocably released the child, in writing, for emigration and adoption (U.S. Citizenship and Immigration Services 2010). This detailed list of criteria is intended to encompass a broad cross-section of the orphan population, based on biological, social and legal factors. However, clearly, those “international” adoption criteria for orphans are specific to the immigration laws of the United States. Undoubtedly, without uniform domestic or global criteria about orphanhood, agencies and organizations may utilize vastly differing standards in their dealings with orphans.

On August 1, 2008 UNICEF announced a need to “revisit the use of the term ‘orphan’ and how it is applied” (UNICEF 2008b). Their statement was noteworthy when one recognizes that their definition of orphan as “a child who has lost one or both parents” remains the standard used by hundreds of their global partners. For millions of children, that designation directly influences how each child is perceived and potentially supported. The term also targets the implementation of programs that impact children’s daily lives, and may direct certain provisions to those included within the “orphan” designation to the exclusion of other needy children in the society. In my view, the UNICEF definition is a biologically-based and legal use of the term that is meant to prescribe specific policy directives for the identification of a particular group. However, their definition does not incorporate the culturally-relative meaning of the word that may be prescribed within a non-Western society, nor does it take into consideration that many traditional cultures may not have a definition for orphan at all.

For example, children in Garifuna culture were perceived to be orphaned due to family abandonment (social) and not parental death (biological). Children who had lost their biological parents were believed to have other kinfolk to assume the parental responsibilities. However, as traditional cultural practices continue to erode under external pressures, this is changing. Perhaps, for the first time, many traditional societies, like the Garifuna, are confronting the new existence of orphans, even by their own cultural standards. By this, I refer to children whose biological parent(s) are deceased who, although they may find refuge in the homes of community members or in institutions, may also face abandonment or neglect by their families and kinfolk. I provide more insights into the specific concepts of orphaning in Garifuna culture later in Chapter seven.

Is a Universal Definition for “Orphan” Possible?

As nations struggle to cope with their respective populations of orphans, the definition is frequently adjusted to accommodate the objectives of policy makers and practitioners (Abebe and Aase 2007; Barnett and Whiteside 2006; Guest 2001; Subbarao and Coury 2004). Indeed, a term such as “AIDS orphan” that was employed widely, is now being rejected out of concern that the label may prove to stigmatize children and lead to their neglect (Guest 2001; Subbarao and Coury 2004). The term “AIDS orphan” also did not differentiate between children orphaned by AIDS, and biologically orphaned children with AIDS.²²

Given the disparate conditions throughout regional societies, agencies alleged that the working definition of orphan, and restrictive funding guidelines, blocked their ability to help other children whose needs may be equal to, or exceed, those of biological orphans

²² Research findings about the impact of HIV/AIDS on parental death, and its effect on Garifuna families and orphans are presented in Chapters six.

(Foster, et al. 2005). In response, the terms “OVCs” (orphans and other vulnerable children), “CABA” (children affected by AIDS), “HVCs” (highly vulnerable children) and “CEDCs” (children in especially difficult circumstances) were developed to allow more flexibility in the field (Foster, et al. 2005; Guest 2001; Subbarao and Coury 2004; USAID 2009).

Other agencies had the opposite problem. One childcare organization Francoix-Xavier Bagnoud (FXB), a Swiss-American Foundation, reported that based on the volume of children reflected in the current definition, it was unable to help all the orphans in Luweero, Africa. In response, the staff devised their own system to decide who qualifies for assistance (Guest 2001). In their plan, they organized a “parish orphan committee” which developed lists of needy orphans; and, in joint meetings “with local leaders and FXB staff . . . they [decided] together who should receive help” (Guest 2001:98) .

International disagreements over the age of an orphan also lead to policy and statistical conflicts (Barnett and Whiteside 2006; Subbarao and Coury 2004). In the past, the United Nations’ definition of an orphan was a child (0-15) who has lost his mother or both parents. Over time, the organization adjusted the age limit to eighteen years which, as I mentioned before, makes it difficult to compare data across time. In establishing its population of orphans, the Government of Malawi defined its target group as “children with mother or both parents missing.” According to Barnett and Whiteside (2006:213), by updating the definition to comprise “any child under 15 missing either one or both parents [the government] increased the official number of orphans, and at the same time identified a wider range of children in need.”

Certainly, there are no simple fixes for this dilemma. But, despite the difficulties, establishing the factors that determine orphanhood and the types of support that will be made available to orphans (within a range of ages) is imperative, as the numbers of orphans and other vulnerable children continue to increase. According to Francoix-Xavier Bagnoud (FXB) “a consensus on definitions is urgently needed and must be the responsibility of leading organizations, such as UNAIDS and UNICEF” (Foster, et al. 2005:248). Others believe that agencies must also investigate local definitions of orphanhood (Harber 1998). Where there is agreement is that uniformity is required in the structure and proper use of the term (Barnett and Whiteside 2006; Foster, et al. 2005; Guest 2001). However, is uniformity in the definition and application of the term orphan across cultures and societies a realistic goal?

As discussed earlier, UNICEF has aggressively pursued a redefinition of orphan in recent months. This suggests that the organization believes that a universal standard is not only possible, but vital. The difficulty in developing this all-encompassing definition is that any overarching term for orphan has to incorporate the requirements of international, state and local communities. The term also needs to be exportable across cultures when employed in broad policy contexts. The destabilizations occurring across global societies continue to generate overwhelming populations of “parentless” and highly vulnerable children. Among them are millions of orphans. I should note here that the category of “parentless child” is a broader and more encapsulating term. A child may become parentless for a variety of biological, social and legal reasons. However, although some parentless children may indeed be orphaned, a parentless child may not necessarily be an orphan.

Notwithstanding the evolving conditions that affect which children are truly orphaned, even within specific cultures, I propose that a universal definition of the term “orphan” is required. Additionally, some overarching criteria must be established that serve to target specific populations of children who are biologically and socially “orphaned.” I contend that a major source for the conflict in identifying orphans versus non-orphans across societies is that the term “orphan” is over-used to include a combination of biological and social criteria. Therefore, the term is misunderstood. Indeed, the death of a biological parent, the physical abandonment by a biological parent, and the functional life experience of the child in relationship to other fictive (non-biological parents or guardians) are employed to varying degrees across societies to establish who is an orphan. In my view, each of those scenarios identifies differing groups of vulnerable children who are both orphans and non-orphans. Therefore, other terms besides “orphan” must be developed to classify children based on their specific circumstances.

For instance, if a child’s parent(s) are alive, and he or she is being cared for in a home outside parental care (with a guardian or in an institution), the child is a “Fostered Parentless Child” (FPC). If a child is abandoned by his or her biological parent(s) and has no designated guardian to provide full-time care, the child may be classified as an “Abandoned Parentless Child” (APC). If a child’s parents are alive, or their whereabouts are unknown, and the child is also homeless and living on the streets, he or she would be a “Homeless and Parentless Child” (HPC). If a child’s parent(s) are dead, and he or she is homeless or living on the street, the child would be a “Homeless Orphan” (HO). If a child is adopted and his or her fictive parent dies, then the child would be an “Orphaned Adoptee” (OA). From my examples I clearly contend that the only children that should be classified

as “orphans” are children whose biological mothers and/or fathers are deceased. All other children should be classified under different categories of “parentless children” that enable their effective identification across societies. Therefore, in development practice, even within societies that have no term for “orphan” at all, or which combine biological and social criteria in their concepts of orphanhood, the population would still be able to understand the criteria attached to each target group.

Another issue for debate is whether the age of 15 or 17 years should be a key standard employed to determine the official cut-off point for who is a “child” within a society. Indeed, should those ages be used exclusively to determine who is an orphan, or which orphans are eligible for support? Here, I suggest that although the cut-off point for societal recognition of who is a child may be 15 or 17 years old, age should not be the pivotal (or absolute) factor in determining orphanhood. Rather, the biological and social absence of the primary care giving parent must be considered along with the age of the child. I also argue that once a child is orphaned before the age of eighteen, certain services and supports (like education scholarships, housing, and food programs) that may be available to assist orphaned children should remain accessible to those individuals. Focusing exclusively on the current age of an orphan (who is now over eighteen) as opposed to considering the age at which the child lost his or her parent, may prove to underestimate the number of orphans in a society. Indeed, just because individuals have increased in age from seventeen to eighteen years old, if they were orphaned before their eighteenth birthday, they may still be incapable of providing for their needs. This is the case especially in societies where private kinship networks are either strained, or unavailable, and where public assistance is limited. Therefore, I posit that even after an

orphan matures from the stage of “child” into “young adult,” his or her access to assistance should be based fundamentally (but not exclusively) on the availability of social service programs and financial need. In fact, throughout this research, I spoke with several older Garifuna orphans (over eighteen years old) who faced unique challenges to accessing the educational and social supports that they needed to enable them to achieve successful adult lives as productive members of their societies. I provide a more in-depth discussion of the challenges faced by young adult orphans in Chapter seven.

For practitioners in the field, and for policy makers alike, establishing working definitions to identify truly “orphaned” versus other vulnerable children across cultures is desperately needed. Certainly, universal acceptance of any established criteria will require respectful consultation among stakeholders within specific cultures. Assembling input from governments, organizations, communities, and individual children is necessary to form a consensus, and to ensure that the term “orphan” is understood. Input from children is especially important because, as I discovered during my research in Garifuna communities, the inter-generational differences between the perceptions of many adults and children have produced vastly different views of who is an orphan. Many adult Garifuna still cling to notions of the “fictive parent” being able and willing to assume the care of children with deceased parents when, in practice, they may no longer exist across all kin groups.

Garifuna Orphans: Defining the Target Population

At the onset of the research process, identifying and locating my target population of orphans proved challenging. Narrowing the focus of my research was critical and required the development of a specific definition of who exactly I was looking for. Similar to the dilemma faced by other social scientists in the field, it was clear that to overcome this

problem necessitated a thorough understanding of the culturally specific perspective within which the terms “child” and “orphan” are defined (by the Garifuna) juxtaposed against any definitions employed by social development agencies at the domestic and international levels. Indeed, the ideas of childhood and orphanhood are not fixed across societies.

Hardman’s (1973) study on the anthropology of childhood asserts that there is no universal concept of childhood, based on the results of cross-cultural and comparative analysis (James and Prout 1997). Similarly, considerations of cultural, as well as temporal, factors were required to accurately establish my research population and to determine which children would be included in this study. In my view, as Garifuna culture adapts to changing realities orphans, as a sub-population, is an emergent concept that has prompted inter-generational conflicts between older and younger members. Indeed, as I was to find, there was no universal concept of orphanhood, or of childhood.

Based on one-on-one interviews and group discussions with adult residents and parentless children from Garifuna communities in Honduras, and later in Belize, I identified conflicting perceptions of whom the term orphan represented. Extensive reviews of the available literature also revealed major conflicts in the use of the term. This is an issue that I discussed in detail earlier in this chapter.

Indeed, published research suggests that for Afro-native cultures, like the Garifuna, the loss of a biological parent did not automatically mean that a child was an orphan. From their culturally-relative view, the death of the mother, or both parents, did not automatically render a child orphaned. However, at the level of the state, and based upon definitions related to the welfare of the child, the death of parents, at least by Western standards, carried an implicit definition of an orphaned child.

Anthropologists like Gonzalez (1969; 1988) and J. Palacio (1991; 2005b) have documented major transformations in Garifuna family organization and cultural practices. Yet, within my research communities, despite obvious cultural changes, the prevailing beliefs of the majority of adults were that the traditional systems of childcare were still intact. According to the adults, there were no orphans living among them. However, the children with whom I spoke had different points of view. They recognized the presence of orphans, and some even identified themselves, and others they knew, as living proof that orphans indeed existed. I realized that the cultural and inter-generational conflicts in how to define the word orphan presented me with three dilemmas that I needed to resolve in order to establish my target group.

First, I considered the role of the biological parent(s) and the societal recognition of who is the parent with primary responsibility for providing childcare. According to Ava Pennill, a Director in Belize's Ministry of Human Development, "our definition of orphan is the mother is dead, based on our culture here." A rural health nurse and caregiver in Belize also stated:

I think a child is orphaned when they are left without a mother. In Belizean Garifuna society, the man hardly plays a role most of the time, except financial help. Very few [men] are dedicated to their families.

In my review of the scant literature available that described the specific cultural patterns for childcare among the Garifuna (Black Caribs), Kerns noted that:

Women bear ultimate responsibility for their children...On a daily basis, women must see that their children are adequately fed and clothed. They are also responsible for care when their children fall ill...Women show lifelong, active concern about their children's health and general wellbeing. (Kerns 1989:108)

For confirmation of the principal roles of mothers in modern child rearing, I also solicited input from key sources from the Garifuna community in Honduras, Guatemala,

Belize, New York and California. Given the matrifocality of Garifuna families, and based on the recognition that the mother is the primary provider of childcare, I determined that the role of the biological mother is more significant in child rearing than the child's father.

Therefore, maternal death would most impact the quality of nurturing afforded to a child.

Second, I needed to understand who exactly was a "child" as recognized by the Garifuna, based on the legal standards of the countries within which I intended to conduct my research, and the established criteria employed by global development organizations. Kerns' (1989:94-103) classification of the Garinagu "life stages" of development—from pre-birth through "afterlife"—includes her distinction that the range from birth to puberty includes, infancy (birth to 1 year), childhood (1-12 years), and adolescence (12-16 years). As Kerns (1989:94) notes, "the transition from one life stage to another occurs gradually and hinges on physical changes and social criteria rather than absolute age." Indeed, the legal "age of consent" differs from country-to-country (15 in Honduras, and 16 in Belize) and, at times, the classification of who is a "minor" differs from the legal distinction. Given the conflicting age ranges, in order to establish consistency in the identification of my target group, I consulted with key informants from the Garifuna community who overwhelmingly supported the use of eighteen as the transitional age from child to young-adult. I also relied on the international standard outlined in Article 1 of the United Nation's Convention on the Rights of the Child (1989)²³ which stipulates that "a child means every human being below the age of eighteen years." This is the same standard that is currently employed by global children's organizations that classify children 0-17 years old as minors.

²³ The Convention on the Rights of the Child was adopted by the United Nations on November 20, 1989, and ratified by all member countries of the United Nations, except for Somalia and the United States.

Third, I investigated the culturally-relative idea of who the term “orphan” represents. Notwithstanding the fact that many cultures from the African Diaspora do not use the term, I determined that the issue within Garifuna society was not that the people did not know what the word meant. Indeed most did. According to “The People’s Garifuna Dictionary,” the Garifuna word for orphan (*méteñu*), is defined as a “state of being without living parents” (Cayetano 2005:67). Another Garifuna dictionary “Hererun Wagüchagu” defines the word orphan as a “person whose parents have died” (Sabio, et al. 2005:83). However, in my conversations with adults, the word clearly held pejorative connotations that cast a negative shadow on them and their families, and suggested issues of child neglect or abandonment.

In Garifuna culture the idea of child abandonment takes on heightened significance. According to Kerns (1989:108) “while most human faults and errors are merely bad or unfortunate, child neglect, like parental assault or neglect, is one of the few singled out as ‘sins’.” During the course of my study, I surmised that I needed to determine if the care of Garifuna children after the deaths of their mothers (or both parents) still conformed to traditional practices, and if not, if the current approaches now render some children truly “orphaned” based on the Garifuna perceptions of the word (i.e., a child who is abandoned, neglected, or otherwise unsupported by family or kinfolk).

The results of those three assessments facilitated my determination that, in researching Garifuna culture, orphanhood should be based on the biological loss of one’s mother, or both parents. I argue that the death of the primary care-giving parent and the culturally-recognized definition of who is a child are the seminal criteria that affect the quality of childcare, and therefore, also determine whether or not a child is officially

orphaned. Also, based on the cultural practices within Garifuna society, I argue that biological maternal orphans are among the most vulnerable of the vulnerable groups after the loss of their major care-giving parent (mothers). Consequently, for the purposes of this study, orphans are defined as a children (under eighteen years of age) whose mothers, or both parents, are deceased. Additionally, since my interviews also included older orphans, I separated the category to reflect those who were child-orphans (under age eighteen) from the adult-orphans (who were over eighteen years old, but who were orphaned before their eighteenth birthday).

For all other children, I propose the use of the term “parentless,” to include those who were abandoned or neglected by their living biological parent(s), and orphaned children from outside the Garifuna culture. Thus, in this research, parentless children were viewed as a separate category from my focus group. This separation provides clarity in later discussions since parentless children, and other children in my study sites, are assessed in comparison to my target population. In the Orphan Access Assessment outlined in Chapter six, I sought to determine if the lived experiences of Garifuna orphans differed greatly from their peers—including other parentless children.

Garifuna Culture: Selection Criteria

I selected the Garifuna for this research, based on their rich traditional foundations and their African and Amerindian heritage, and because their communities display the full range of cultural change under the influence of socio-economic, medical and political upheaval (Gonzalez 1988; Kerns 1989; Palacio 1991; 2005b). Theirs is a culture that still attempts to embrace many traditional customs and practices (see Figure 2-1). Yet the evolution of their communities has left many families vulnerable, stressed and fragmented

from the pressures of global market forces and other destructive influences (Balboni and Palacio 2007; Gonzalez 1988; 1997; Palacio 1991; 2005b; Palacio M. 2002).



Figure 2-1. Garifuna boys dance jonkonnu at the National Garifuna Council convention in Belize, March 7, 2009

Indisputably, the transition from temporary to semi-permanent, or permanent, out-migration is wide ranging and profound. Over centuries, issues of poverty and disenfranchisement have fueled a long legacy of systemic shocks, followed by reintegration, of the Garifuna people as they learned to adjust and adapt over time. In the past, despite all the economic, environmental, physical, and socio-political challenges, ancestral Garifuna societies were always able to rebound by remaining cohesive against the onslaught. Even in the face of disease and marginalization, the solid networks of support enabled generations of families to respond effectively to the needs of the most defenseless members of their society—including orphans. However, their newest enemies, such as global market forces and medical crises, have begun to prove deleterious to those traditional foundations. As a stakeholder in Belize recalls:

We were a depressed people, so we wanted to, we needed to, make money to mechanize. You can't maintain land without machinery, or so we began to think. So we got caught up in debt . . . but once you get dependent on the money, you can't get away from it. So, our traditions started to suffer.

Similar to populations in the Americas and other Afro-descendant cultures, research shows that as out-migration disrupted the cohesion of family structures, the process gave rise to new diseases as people returned (Buszin, et al. 2009; Guest 2001; Sabin, et al. 2008; Stansbury and Sierra 2004). For instance, in assessing the factors that played a role in the spread of AIDS in Africa, Guest (2001:2) includes poverty and migrant labor among the contributors. As Guest asserts:

Too many . . . men have to travel far from home to seek work . . . Such displacement destabilizes sexual relationships and helps spread the virus. (Guest 2001:5)

In Latin America, the links between migration and disease prevalence are also regional concerns, with national and local consequences. A public health official in Belize expressed her concern that HIV/AIDS, and other illnesses, are growing national problems that are largely unaddressed.

In the rural areas, we are seeing an increase in HIV/AIDS cases in the Maya communities . . . What is happening now is that the Maya men are leaving their villages to work and they are bringing the disease back. We also see an increase in hypertension because they are not planting as much, they eat more processed foods, have more high-stress lives, and less family support. So, the Garifuna are further along in the process, but now the Maya are coming closer and closer behind.

While specifically addressing the impact of migration on the spread of HIV/AIDS in the communities, she goes on to state:

The numbers of HIV cases are still going up. Just in this month, I alone have tested two new people who are positive—nineteen year old girls. One used to live here, went to work in one of the resort islands, and came back with HIV. So, she brought it back home . . . It's mostly been the younger parents that are being affected with HIV, from late teens to mid thirties. We have a few who are older, but not much.

Unfortunately, the cultural shocks brought about by migration are occurring alongside debilitating ailments that strike at the center of families who are largely unprepared. Often, the diseases target the strongest and most viable members of each group. With insufficient access to effective medical care, many of those affected either become incapacitated and unable to work, or die leaving orphaned children behind in already weakened environments.

As Garifuna communities continue to adjust to the new stressors, I sought to understand how orphans were enduring the effects of transitioning cultural systems. The findings outlined in this study are designed to enable a big-picture perspective of the experiences of Garifuna orphans and their communities. To provide needed context, a discussion of the impacts of migration on Garifuna families is presented in the next chapter.

CHAPTER 3 THE HISTORY AND EFFECTS OF GARIFUNA OUT-MIGRATION

Ethnographers still focus on the Garifuna in rural communities, when in reality large numbers have relocated to urban areas within the past thirty years. (Palacio 2005a:15)

Background: Migratory Practices of the Garifuna People

The Garifuna (also known as the "Garinagu" or "Black Caribs") have a unique cultural heritage that originated on the Caribbean island of St. Vincent. Since their exile by the British on the Honduran island of Roatan in 1797, the people have dispersed across several countries in the Americas, from Belize in the north, through Guatemala, Honduras and as far south as Nicaragua. Descended from African and Amerindian heritage, the very lifeblood of Garifuna culture is grounded in a cooperative spirit that has sustained their language and cultural traditions for generations. Although the Garifuna are most clearly bonded by a common heritage, their culture is by no means homogeneous or static. Each settlement contains distinct nuances that affect the individual life-experiences of its members.

To date, no accurate and comprehensive census data is available for all Garifuna populations in the Americas, or worldwide. Broad inaccuracies exist in the current demographic estimates. Possible explanations include the facts that census counts are often unavailable for many rural villages, and constant coming-and-going of people due to steady migration makes establishing accurate numbers difficult to near-impossible. In her explanation of the difficulty with population counts Gonzalez (1988:178) found that, "because so many people leave without the proper papers, those who stay behind in the towns and villages are edgy about such inquiries." In his analysis of the statistical discrepancies found in Honduras, Ruiz (2008:36) contends that "the national statistics

become an official instrument for the exclusion and deletion of the Garifuna people from the official and national demographic.” Moreover, on a global level, Garifuna who migrate to other countries may elect to self-identify under different racial or ethnic classifications, such as “African American” or “Hispanic” in the United States (England 2006).

The inconsistency in population estimates is also exemplified in a 2001 census by the Honduran government (Instituto Nacional de Estadística 2001) that reported a total of 49,952 Garifuna in the country (Anderson 2007). Their estimate conflicts with figures issued by Jackson (2002) who described that “some 100,000 Garifuna populate the northern coastal departments of Honduras, making them the country's largest minority.” In Belize, the Abstract of Statistics estimates the national population in 2007 at 311,500, with the Garifuna constituting about 6%, or approximately 18,600 people (Statistical Institute of Belize 2008). Palacio (2005c:46) estimated that the Central American population was “more than 200,000” in the 1990s. Cantor (2005) assessed the Garifuna population in the United States at between 100,000 to 500,000 people. Despite the substantial discrepancies one thing is certain; the Garifuna population is large and widely dispersed.

For centuries, the Garifuna perfected the art of cultural and physical adaptation to various environments, from the beaches of Central America, to the concrete jungles of New York, Los Angeles, London and other major cities (Buszin, et al. 2009; Cantor 2005; England 2006; Gonzalez 1969; 1988; Matthei and Smith 2008; Palacio 2005b; Palacio M. 2002). What makes the Garifuna story unique is that despite their strong cultural adherence to their language, traditional lifestyle, and customs, most families held simultaneous connections to the cities and the global community (England 2006; Gonzalez 1988; Palacio 1991; 2005b). As Gonzalez notes:

The Caribs savored their independence and their distinctive cultural patterns . . . at the same time, they were comfortable visiting and working in the white world. (Gonzalez 1997:205)

Indeed, it is common for Garifuna households in Central America to have one, or more family members living in other cities or countries (England 2006). Their culture is as connected to the “global village” as its residents are a part of their rural villages or home towns. J. Palacio offers his assessment of the Garifuna people’s aptitude at orienting themselves across many geographical landscapes.

Contextual multiplicity is appropriate for the Garifuna, since extensive traveling, settling, and moving again have been historical characteristics associated with them. (Palacio 2005b:106)

The Garifuna have always thrived in a dual-economy based, in part, on subsistence farming, fishing and trade in the rural settlements, and on the cash derived from wage labor. As history shows, Garifuna men routinely departed in search of economic opportunities in the merchant marines, in logging camps, on fishing boats, or agricultural plantations, while the women remained home to maintain the household, work the fields, and raise the children (England 2006; Gargallo 2005; Gonzalez 1988; Kerns 1989; Palacio 2005b). Given the limited employment options available in most rural enclaves, out-migration has been a necessary part of life for the Garifuna and other marginalized peoples. Most modern Garifuna have learned to survive, by embracing the knowledge that one must be able to live successfully in many worlds. According to J. Palacio:

The Garifuna struggle for cultural survival takes place within different cultural spaces, and often simultaneously . . . The first is one of their home villages . . . The second is urban areas . . . [and] the third is the global level. (Palacio 2005b:105)

Although relatively poor by Western standards, the ability of the rural populations to farm and fish guaranteed a stable diet. Land tenure patterns and divisions of labor in

remote settlements reflected the Garifuna's communal system of cultural organization which enabled the society to adapt to changing conditions (Atwine, et al. 2005; England 2006; Foster 2005; Gargallo 2005; Gonzalez 1969; 1988; Kerns 1989; Matthei and Smith 2008; Palacio 2005b). At the village level, their societies thrived due to their reciprocal inter-relations, and the redistribution and trade of available resources. Also, although people were devoid of access to major medical care their local healers were able to treat common ailments and birth their children without external assistance (Cohen 1982). Due to their African ancestry, which provided "relative immunity to tropical diseases [like malaria], their populations grew amidst conditions that had wiped out [other] indigenous populations" (Gonzalez 1997:205). Therefore historically, despite facing multiple challenges to their survival, families were able to persevere.

Studies by England (2006), J. Palacio (2005b), Kerns (1989), Gonzalez (1988), and the results of my fieldwork, confirm that throughout the Garifuna's history of migration, traditional networks enabled numerous working parents to foster their children with kinfolk in their home communities. Indeed, it was common practice for parents to leave children with kin while they explored distant economic opportunities. Orphans were also afforded care within the extended family safety net.

What all the above examples clearly show is that, for over 200 years, the Garifuna have maintained the "ability to acquire and then transform the 'new' into the 'traditional' . . . making it their own" (Gonzalez 1997:205). Bolland (2005:17) also noted that although, in the midst of migration, the Garifuna could not "afford to isolate themselves in small ethnic enclaves," they were able to "maintain their distinctive identities by flexibly incorporating elements of their changed environments into their traditions." Therefore, recognizing the

culture's historic success in surmounting numerous external challenges, the difficulties of many family's internal mechanisms to adapt in the face of current crises is poignant. Given the observed transformations occurring at the core of Garifuna society, and with the numbers of orphans on the rise, an important question to ask is what collusion of socio-economic factors precipitated familial and cultural struggles to respond effectively to their needs? Essentially, what changed? Indeed, at what pivotal point did the "new" begin to transform the "traditional" in Garifuna society?

Economic Under-Development and Societal Vulnerability

What the evidence shows is that, for generations, the lives of marginalized populations, including the Garifuna, have been manipulated by many systems beyond their control, and largely without their awareness. Those processes have determined where they lived, how they interacted with one another, their patterns of employment, and ultimately, the health of their people. Several reactive choices among Garifuna families, especially in recent decades, clearly reflect a lack of agency in decision-making on multiple levels. The results of their adaptive practices illustrate an established trend among marginalized populations who are forced to respond quickly to system-wide conditions. Indeed, the decision of a family member to migrate in the first place is partly in reaction to the lack of employment and education opportunities within his or her community or home country. Indeed, the current crises befalling Garifuna communities stem, in part, from their migratory patterns, and their immersion in the external market system often at the lowest economic levels (Cantor 2005; England 2006; Gonzalez 1988; Matthei and Smith 2008; Palacio 2005b). Similar to other native populations, the dearth of economic opportunities closer to their settlements, compelled people to migrate out (England 2006; Foxen 2007; Green 1998; Smith 2001). Over time, the perpetuation of long-term out-migration and

under-development has affected the capacities of many families to respond effectively to newly emerging socio-economic and medical crises.

Although Boserup (1970:178) described some common “transitional shifts” as indicative of a society “moving from a primitive to a more advanced stage of economic evolution,” my personal observations working in Garifuna settlements suggest that the shift from subsistence and trade activities (which they largely controlled) to employment in modern industries (outside their control) has disrupted their abilities to maintain many of the core principles and practices inherent in Garifuna culture. In my view, as they have remained in those reactionary, adaptive modes, the process has continued to yield newly evolved social stressors. This indicates that, their current conditions stem, in large part, from the unjust systems that govern their lives and influence their cultural cohesion. In England’s discussion of the effects of Garifuna migration on “Superando o Disintegrando” (progress or disintegration) for Garifuna communities, she shares that:

‘Traditional’ Garifuna culture was characterized by poverty and isolation and migration has brought individuals and the village into modernity . . . [However] ‘traditional’ Garifuna culture was based on a self-sufficient local economy of cultivation and fishing within the bounded moral community of the village . . . This has been ruptured . . . by the increasing connection to and dependence on the U.S. labor market and a transnational culture of consumption as opposed to production. (England 2006:151)

As Gonzalez (1969:44) notes, “in many cases...Caribs have become full-time residents of the towns, and in the process have changed their entire pattern of living.” As the migratory patterns of family members shifted from cyclical (those who depart home communities temporarily to work and then return) to unidirectional (those who depart home communities permanently to settle in other areas), their approaches to how they reared their offspring also had to change. Today, the history of migration, and reintegration after long absences, has produced differing versions of “Garifuna culture” even in the rural

areas. A Garifuna educator who returned to his village in Honduras after years in the United States shared his observations of the cultural adjustments that have occurred among his people.

There are two kinds of Garifuna cultures now. There are those who were born in the village and left to go to the cities after sixth grade, some after ninth grade. So, they met their relatives, made friends, and kept ties to the village. Then there are others who were born in the city and grew up there. So they don't have ties to the culture. They don't even speak the language. [They] don't have the same culture or values . . . I mean, they are 'colored', but their culture is Ladino . . . For me, I think the older people left to make money and return home. But the younger kids get swept up in the larger culture . . . Opportunities for a better life [are] obtained often at the expense of community closeness.

In his review of changing household structures among populations across Central America, Hammill concluded:

The gains from increased labor market participation appear to trade-off against the losses in traditional forms of household structure . . . and to the broader cultural structure. (Hammill 2005:20)

For the Garifuna, cultural adjustments led to issues of family abandonment as several men who immigrated (sometimes illegally) for work did not, or could not, return. Out of economic necessity, some chose to stay in other cities or countries to retain their employment and send money back home, while others assumed new families and elected to ignore their former responsibilities. England (2006:86) also found that the U.S. government's requirement of legal marriage to justify sponsorship impacted the reunification of families; although, among younger transnational migrants "legal marriage has become more common." Based upon my conversations with families I was also told that several men simply could not afford the costs of traveling home, except on special occasions. This has resulted in an increase in single-parent households, with fatherless families as the norm (Gonzalez 1969; 1988; Kerns 1989; Palacio 2005b). Unfortunately,

as I discuss in the following section, for many single mothers, the economic strain from a dearth of male support has propelled their own extended migrations, while leaving their children in the long-term care of relatives. The current condition of Garifuna communities reveals a society in transition, the results of which are brought about by their being forced to participate in a market system that has taken its toll over time. Foxen also speaks about the “changes in family and gender relations” among the K’iche’ Maya, amidst their post-war migratory process from Guatemala to the United States over the past two decades:

The impact on K’iche’ family relations can be highly paradoxical and wrought with problems. On the one hand, the transmigrant process is dependent on the family bonds of cooperation . . . On the other hand, the distance, uncertainty, lengthy separations, and the expectations related to remittances can lead to increased mistrust, fragmentation, and a disintegration of family bonds. (Foxen 2007:136-137)

As Escobar (1995:205) shared in his discussion of traditional Afro-Columbian societies, “the worst for these [types of] communities would be to opt for conventional development.” However, growing evidence suggests that significant populations of native peoples are already entwined in the vortex of the global economic mechanisms. With so many poor households relying on remittances from family working in regional cities, or in global centers, the cultures may now be unable to extricate themselves from the development machine (England 2006; Foxen 2007; Woodward 1999; World Bank 2003). Indeed, the current crises exhibited within traditional cultures worldwide may indicate global economic under-development at its most destructive, as indigenous societies continue their deleterious shifts from stationary to migratory processes, communal to individual ownership, reciprocal to retentive practices, and limited to “all-purpose” money.

I postulate that the pivotal shift for Garifuna societies occurred when, instead of viewing external wage labor as “the means” by which to preserve their traditional lifestyles,

many began to regard external opportunities as “the end” in itself. Despite the higher wage earning potential and other noted benefits of migration, for most Garifuna, the rural-to-urban transition is never truly complete. For the majority, the legacy of out-migration has proved to usher in difficult lifestyles in the urban areas, where they work hard for low wages to send money back “home” (England 2006). Yet, several of my informants in Central America still viewed migration as their only option to escape the cycle of poverty. As England observed, “many do not see those abroad as living on the ‘periphery’ of the ‘core’” (England 2006:136). Those who leave their natal communities usually return when they: (1) are unemployed; (2) become ill and need care; (3) visit during special occasions; or, (4) are ready to develop businesses or build retirement homes. Despite dreams of “returning home” however, many never return.

Out-migration and its Effect on Garifuna Female-Headed Households

In their struggles against poverty, the initial transformation of the rural Garifuna household left women juggling their responsibilities in an effort to maintain their homes and families, without the daily input of their men. Within the communities I observed, the protracted legacy of colonization and capitalism has translated to an increase in economic hardship for the women and children who have remained in the settlements. Shiva argues that when horticultural societies have been colonized:

Men . . . [start to] participate in life-destroying activities or have had to migrate. The women meanwhile usually continue to be linked to life and nature through their role as providers of sustenance, food and water. (Shiva 1997:62)

Deere et al. (1997) point to the impact of economic crises on marginalized women and families, that often results in growing hunger, reduced health, and a marked shift in living and consumption patterns. For Garifuna women, a combination of socioeconomic

pressures proved to increase the numbers of females who have jumped into the migration stream. At this point, no one is certain about the extent of the effects of female transmigration on the systemic foundations within Garifuna communities. Research by Gonzalez (1988), Kerns (1989), and England (2006) confirm that women have been involved in migratory flows for decades, although at much lower levels than men.

However, since Garifuna societies are matriarchal and matrifocal the effects of protracted female outflows on their culture may be significant (England 2006; Gonzalez 1988; Kerns 1989). With migration, although men provided financial support to their families, they were not the social anchors in the household. That role was held by women. Mothers assumed the primary responsibility for running the home, tending the family farm, and providing childcare. While younger women shouldered the household responsibilities, and as many joined in the migratory out-flows, the matriarch (usually the maternal grandmother) provided children with stability (England 2006). Even in the event of parental death, and despite historic fosterage patterns that temporarily separated siblings into the homes of local family members or kinfolk, children enjoyed the security provided by the matriarch who was the central figure. Roy Cayetano, an educator and former president of the National Garifuna Council in Belize, says that in the past:

Everything revolved around the grandmother or some older 'mother figure' who commanded respect. The family depended on the mother who was respected for her wisdom. Her opinions were valued. The entire family revolved around the grandmother. It was not unusual for grandmothers to help to raise the children, even when the parents were still alive.

As a researcher, I believe that once one identifies the categorical "heart" of a culture (in this case, it is the women) one can then begin to glean why disruptions in the availability or capacity of those "social anchors" may precipitate conditions that cause cultures to drift away from traditional underpinnings. Beyond their reproductive roles in the

biological preservation of the population, Garifuna women also hold vital “productive roles” in cultural preservation. With female migration, along with the physical loss of central members of family units, many cultural traditions and practices are also being jeopardized. Historically, according to Gonzalez (1997:205) the women, “preserved and nurtured the ancient religious ceremonies and rituals...[while the men, who often labored outside their villages]...continued to adapt their behavior to whatever the job required.” Research on Garifuna family organization points to the powerful, and pivotal, roles that women hold in their families and communities (Gargallo 2005; Gonzalez 1969; 1988; Kerns 1989; Palacio 1991; 2005b).

Among Garifuna villagers, and on a more limited scale in the towns, the redistribution of available resources was common. For female heads-of-household, their reciprocal inter-relations provided vital safety-nets, despite the constant absence of their men (England 2006; Gonzalez 1988; Kerns 1989). To a certain degree, this practice, in its most skeletal form, still exists today. From my observations, although the vestiges of these relationships still endure, the current global economic condition, along with other crises, further weakens the capacities of women, and female-headed households (Buszin, et al. 2009; Matthei and Smith 2008). Also, for a people used to physically supporting one another to sustain all levels of family and communal life, I contend that the constant out-migration of women, strikes at the foundation of Garifuna culture. Although remittances may provide families with financial support, the absence of physical support may require more purchasing, and less production, of foods and other household goods.

Within native societies, it did indeed “take a village” to raise their children, and support their women, while the men labored outside the community. Beyond the daily

requirements, family networks remained critical links in emergency situations. Those relationships were built for times such as these. In fact, several relief agencies noted that throughout rural areas, community-based reciprocal networks often share the collective responsibility for the housing, feeding and dependent care necessary to withstand major crises (Barnett and Whiteside 2006; Foster 2000; Subbarao and Coury 2004; UNICEF 2005c). As Blumberg (1995) suggests, since female-headed households have increased vulnerability to the vicissitudes of larger systemic structures, they are critically dependent on community and kinship networks for their health and survival.

After speaking with dozens of Garifuna women and men, over the course of 10 months, I found that they are just beginning to realize that many of the kinship networks on which they depend are no longer stable. They were also beginning to recognize that many “orphans” now existed in their communities, as several parentless children now resided outside the care of their families. I use the analogy of lobsters boiling in a progressively heated pot of water, where the changes are so gradual that they are often indiscernible. Therefore, what I see in Garifuna society today is the culmination of centuries of a people’s adaptive responses to continuous crises, and on multiple levels, that have begun to rupture the communal structures on which they stand.

As a cultural group, the Garifuna (Black Caribs) have successfully overcome slavery, genocide, exile, alienation, economic stagnation, dispersion, discrimination, migration, racism, marginalization, disease and now, global economic and intra-household instability. Functionally, from whatever perspective one views the Garifuna condition, these people have been in a literal fight for their lives for centuries. Indeed, the birth of Garifuna culture occurred due to the merging of two peoples, African and Amerindian (Arawak-Carib) in an

alliance for survival (Foster 2005; Gargallo 2005; Gonzalez 1988; Kerns 1989; Palacio 2005b). However, after generations of adaptive processes have dispersed, weakened, or killed many of their most viable members, their populations are confronting new socio-cultural realities. The constant tearing apart of their communal fabric now leaves many chasms through which women and other vulnerable groups continue to fall. Mr. Ciego said that he recognized the cultural changes as they occurred over time, and says that the effects on females and their dependents are significant:

Single women have always been the heads of household. The men would work away, but the women would stay home and raise the kids. When the Western culture began to challenge the traditional culture, things began to deteriorate. As home life suffered, the kids—including orphaned kids—also suffered.

Unfortunately, for the most vulnerable Garifuna (including poor, single, females, from rural areas), gender and economic equality often remain beyond their reach. The jobs available to many women who out-migrate (i.e., domestic help, resort cook, teacher, nurse, bank clerk, government worker, etc.) pay a fraction of the salaries earned by men (England 2006). The low wages do not offset the costs of purchasing, rather than growing, one's food, or sustaining one's own living expenses while also trying to send remittances home. England's study on migration among the Garifuna supports this view. She argues that:

The sexual division of labor in the patriarchal Central American labor market means that women do not have the same earning potential as men. Many women prefer to stay in Garifuna villages where they can get by with the help of female kin, sporadic contributions from the father(s) of their children, and cultivation. (England 2006:75)

Despite the difficulties finding lucrative employment opportunities females, many of them single mothers, continue to migrate. During this study, I spoke with several women in

the communities who recalled seeing their children only twice a year “at holidays.” Juanita, who worked as a resort cook on one of Belize’s barrier islands shared her concerns.

Every time I leave my children, and I have to go on the small boat I get scared I don’t see my children again. Sometime the sea is rough, and we fear we not going to make it over. But, I have to go work. A me one [it is me alone] to take care of my children. If I don’t work, we don’t live.

That participant made it clear that, although her ex-husband was alive, he only sent money “occasionally to help out . . . but that is not enough, and he has other children with women.” She worried about what would happen to her children if she were injured or killed at sea, and said that she is grateful to have a job “so close to home.” Since increasing numbers of households have no male contributor, other women will continue to migrate for longer durations, unless they too are provided with employment opportunities “close to home.” In addition to jobs, health, and family stability, many Garifuna females are also facing the fallout of a legacy of discrimination over land, and other resources.

Moore asserts that:

Race, ethnicity, class [and] religion . . . all affect the ways in which women enter into relations with the state . . . and work together to reinforce and reproduce dominant ideologies. (Moore 1988:130)

These realities are especially true for Garinagu women who, for centuries, have labored within two dominant cultures, at the traditional village level, and within the broader national systems under which they live—with mixed results (Gargallo 2005; Gonzalez 1988; 1997; Kerns 1989; Palacio 2005b). For many cultures, these kinds of external pressures often prove to “change the geopolitical context in which local and kin-based power structures operate” (Moore 1988:131). As reports on Africa and Latin America demonstrate, these cultural changes are now in process across societies with few answers about what will happen to women, and their dependents, in the long run (Blumberg 1995;

Deere, et al. 1997; Foxen 2007; Green 1998; Hammill 2005; Shiva 1997:66; UNICEF 2006; World Bank 2003).

In rural Honduras, unlike villagers in Belize, few families have established titles to land, and their internal economies are facing their greatest challenges at a time when the communities are at their weakest. Perhaps one approach to understanding where the Garifuna will proceed in the future begins by looking at what worked for them in the past. Evidence supports the empowerment and stability of women to successfully fulfill their roles as the mothers, household-heads, caregivers, healthcare workers, teachers, and central cores of their families and communities. Research findings confirm that female capacity building translates to positive outcomes in national health and stability as reflected by increased family planning, educational attainment and child welfare standards. Furthermore, overwhelming empirical evidence from other cultures suggests clearly, that the most effective method to help orphans and vulnerable children succeed is to strengthen the capacity and health of families, and of women (Abebe and Aase 2007; Aliber and Walker 2006; Aspaas 1999; Foster 2000; Foster, et al. 2005; Green 1998; Monasch and Boerma 2004; Nyambedha, et al. 2001; 2003; Oleke, et al. 2005; Pfeiffer, et al. 2001; Stansbury and Sierra 2004; Subbarao and Coury 2004; UNICEF 2004; UNICEF 2005b; USAID 2009).

Therefore, given the present global economic condition, any initiatives to establish effective long-term development for orphans, the expanding elderly populations, and other dependent groups must also consider securing the stability of women, especially as their other networks of support continue to diminish. The following Case Study describes one woman's challenges working abroad and the impact on her family in her home village.

Case Study: Yolanda's Story of Migration and Mothering From Afar

Yolanda (as I will call her) is a young mother of four small children. She lives in a remote Garifuna settlement in Honduras. Her children's father left to work outside the village over three years ago, and except for sporadic visits, he seldom communicates with his family and stopped sending back remittances. Yolanda feels that he met another woman but, after a casual comment, she stops talking for a moment then changes the subject. She did not want to talk about why she thinks that he left his family behind. For three years, Yolanda has worked outside the village as a hotel maid as part of the tourism industry in Belize. When she leaves her village for three to four months at a time, she leaves her children in her mother's care. Yolanda says that she works outside the village because she has no choice. She says that she sends back money, clothes, shoes and other gifts regularly, but she feels it is not enough. "My babies need me," she says, "when I leave it's hard." She speaks broken English and says that knowing another language, especially English, has given her opportunities to work in Belize and earn money that she could not make in Honduras. "I want to give my children the same chances [to find work outside the village], so I have to leave. But, I have a plan to send them to get more school in La Cieba when they leave school here [in the village] . . . I don't want them to have to work as hard as me."

Yolanda's sentiment is shared by many of the women with whom I spoke in Honduras, and later, in Belize. Words like "opportunity" (what they wished for their children) and "sacrifice" (in their long separations from their children) permeated our talks. I asked Yolanda if she had made any permanent arrangements for the care of her children if she died unexpectedly for any reason. She paused for a while, clearly unsure of how to respond to the question, and then said "my ma and my sisters will care for my kids." That was the belief of many women with whom I spoke, who felt that their kinfolk were capable, and willing, to foster their children if they died. But, the impact of economic out-migration on family stability and resilience is profound.

Yolanda's mother is in her late 50's, lives in a small house, relies on subsistence farming to provide staple foods for her family, and depends heavily on money sent by her daughter for the care of her grand-children. In the event of Yolanda's untimely death, the

real probability exists that her children will be split up, and sent to live with whatever family members have the desire, and the financial ability, to provide for their care. Although Yolanda's mother may wish to keep all the children together, current practices within the village suggest that she may not be able to fulfill that desire. Yet, none of the women who shared their stories with me had made any type of will, or had even discussed any permanent arrangements with family for the care of their children in the event of orphaning. Unfortunately, women like Yolanda have limited options but to continue to depend heavily on the availability of family support systems to foster their children. However for many women, these networks may no longer exist at sufficient capacities to foster their children together in the same households, communities or even countries.

Schmalzbauer (2004) describes the separation of transnational families, and the dilemma faced by women who are forced to "mother from afar." In her research, she found that the impact of economic globalization has "radically altered" the form and function of Honduran transnational families. In her view:

Transnationalism is a response to structural inequalities that make it impossible for families to sustain themselves in their countries of origin. It is a means of optimizing security by maintaining a resource base in two places, and by diversifying family income by tapping into two labor markets. (Schmalzbauer 2004:1319).

For Garifuna women like Yolanda, shouldering an increasing financial burden for her household and childcare precipitated their decisions to migrate. However, as more females depart their home communities, the care of children and orphans will continue to change. Another critical factor to impact family stability, and orphan care, in recent years is the destructive effect of HIV/AIDS.

Trends in Community Responses to AIDS and Orphaning in African and Afro-Descendant Populations: Possible Implications for the Garifuna

Around the globe, the HIV/AIDS pandemic continues to devastate families, communities and entire nations with no end in sight. Of the more than 33 million people living with HIV, 2.5 million are under age 15 (UNAIDS 2007). The most heavily affected area is sub-Saharan Africa with 67% of the population living with the disease (UNAIDS 2008). Global trends also indicate that HIV/AIDS is now a “generalized” epidemic in parts of Asia, Africa and Latin America and the Caribbean, which means that more than one percent of those regional populations is now HIV-positive (UNAIDS 2007). According to a U.S. Congressional Report on the impact of HIV/AIDS in the Caribbean and Central America:

The countries with the highest prevalence or infection rates are Belize, the Bahamas, Guyana, Haiti, and Trinidad and Tobago, with rates between 2% and 4%; and Barbados, the Dominican Republic, Honduras, Jamaica, and Suriname, with rates between 1% and 2%. (Sullivan 2008:2)

In several nations throughout the Americas, including the countries investigated in this study, one of the principal factors contributing to community disarticulation is the rise in HIV/AIDS. Over 1.6 million people in Latin America and 230,000 in the Caribbean were “estimated to be living with HIV” in 2007 (Sullivan 2008:CRS-1). A more recent publication by the Kaiser Family Foundation reported that “AIDS is one of the Caribbean’s leading causes of death among those aged 25–44,” and that young people, especially young women, continue to be at disproportionate risk (Kaiser Family Foundation 2009:1). The implications for the stability of societies are extreme, and many communities across the Diaspora are already showing marked destabilizations due to the disease (Abebe and Aase 2007; Foster 2000; Foster, et al. 2005:17; Guest 2001; Monasch and Boerma 2004; Nyambedha, et al. 2003; Oleke, et al. 2005).

Evidence is mounting that several traditional Afro-descendant communities are in trouble (Aliber and Walker 2006; Farmer 2005; Foster 2000; Foster, et al. 2005; Kaiser Family Foundation 2009; Monasch and Boerma 2004; Nyambedha, et al. 2001; Oleke, et al. 2005; Stansbury and Sierra 2004; Sullivan 2008; UNICEF and UNAIDS 2006). The changes are readily observed at the household level, with a rise in female- and child-headed households, and increasing female out-migration (Abebe and Aase 2007; Aspaas 1999; Foster 2000; Foster, et al. 2005; Guest 2001). For the Garifuna, although male transnational migration is not a new phenomenon, the added pressures left by economic shortfalls, HIV/AIDS, and other burdens have prompted large contingents of women to also out-migrate to earn a living (Schmalzbauer 2004). This process leaves an even heavier burden on households to care for orphaned and non-orphaned youth. While traditional systems for orphan care remain intact for more well-to-do families, growing numbers of child-orphans from poorer families now find themselves in the homes of distant kin, or in other non-traditional care arrangements (Abebe and Aase 2007; Aliber and Walker 2006; Aspaas 1999; Barnett and Whiteside 2006; Foster, et al. 2005; Nyambedha, et al. 2001; Oleke, et al. 2005). Also, for many orphans, as extended families, and especially as women, no longer reside within close proximity, siblings may become as dispersed as the distant locations of their kinfolk.

Other observed changes documented across the Diaspora include inter-generational conflicts and intra-household instability, property appropriation by family members that erodes the inheritance rights of orphans, along with escalating alcohol and drug abuse, teenage pregnancy, and increased violence (Aliber and Walker 2006; Ellis-Brown 2005; Guest 2001; Palacio M. 2002; Subbarao and Coury 2004). Several studies also suggest

that the increase in HIV/AIDS that results in the loss of the major breadwinners or other productive adults, has left countless families struggling to access adequate food, medical care, housing and other critical resources (Aspaas 1999; Foster, et al. 2005; Monasch and Boerma 2004; Nyambedha, et al. 2001; UNICEF 2005a; UNICEF 2005b). Unfortunately, the extensive research on the socio-cultural disintegration of many African and Afro-descendant societies in the face of desperate socio-economic conditions may foretell a disturbing trend on the horizon for Garifuna communities in Central America without mitigative intervention.

In many African and Afro-Caribbean cultures the impact of the disease is becoming increasingly apparent as countless communities are now strained, leaving many with limited options for support (Abebe and Aase 2007; Foster 2000; Foster, et al. 2005; Guest 2001; Kaiser Family Foundation 2009; Nyambedha, et al. 2003; Oleke, et al. 2005). The effects are vast and multi-generational. Although "members of the extended family usually assume responsibility for orphaned children when both parents have died or when the surviving parent is unable to look after [their] children," for many families, AIDS has proven to decrease or eliminate their capacities to respond (Foster, et al. 2005:17). Despite their weakened capacity, as Guest (2001:10) notes, "in some African countries, [the family] remains the only safety net for orphans. The state often has no money to offer alternatives."

In Uganda, Zimbabwe and throughout Sub-Saharan Africa, the overwhelming numbers of orphaned children have led some aunts and uncles, the traditional first-choice as alternate caregivers, to refuse to foster children. Their decisions were based largely on their inability to assume the additional financial burden, and their reluctance to impact their

own children's welfare (Barnett and Whiteside 2006; Foster, et al. 2005; Subbarao and Coury 2004). Studies of rural communities in Africa also hint at other aspects of how the disease may articulate throughout traditional communities in the Americas.

For example, Nyambedha (2001; 2003) and his colleagues found clear markers that indicated a seismic shift in the Luo community's capacity to effectively respond to current social stressors. Results showed that households fostering orphaned children obtained limited support from community-based groups, and faced marked disadvantages in their ability to "afford school fees . . . food, [medical care] and clothing" for orphaned children (Nyambedha, et al. 2003:83). Nyambedha's research and other studies paint disturbing pictures of societal collapse in action, as they all suggest that HIV/AIDS is threatening several indigenous populations with extinction (Abebe and Aase 2007; Aliber and Walker 2006; Aspaas 1999; Nyambedha, et al. 2001; 2003; Stansbury and Sierra 2004). Allen (1997:197) also notes in her analysis of the impact of AIDS on Caribbean women, and primarily within the more productive and reproductive 25-35 age group, that, "AIDS [has begun to] upset the balance between fertility and mortality, with unforeseen long-term consequences for population dynamics."

The legacy of HIV/AIDS has proven to "disrupt social roles, rights and obligations," and affected families often endure major deficiencies to their health and livelihoods as they assume greater responsibility for their own care without sufficient support (Barnett and Whiteside 2006; Guest 2001; Subbarao and Coury 2004). Reports on AIDS deaths in Kenya, and an analysis of the impact of orphanhood in 40 countries in Sub-Saharan Africa, provide a basis for comparison to the current crisis occurring across populations in Latin America and the Caribbean (Monasch and Boerma 2004; Nyambedha, et al. 2003).

Studies also reveal trends that highlight possible areas of intervention with the Garifuna in Honduras and Belize (Aliber and Walker 2006; Aspaas 1999; Monasch and Boerma 2004; Nyambedha, et al. 2003; Oleke, et al. 2005; Pfeiffer, et al. 2001; Stansbury and Sierra 2004).

The Reality of HIV/AIDS in Honduras and Belize and the Effects on the Garifuna

UNAIDS (2006) and WHO (2005a; 2005b) assert that among the most pressing problems for the Garifuna remain their struggle to control the scourge of HIV/AIDS. In striking parallel to Farmer's (1992; 2005) work in Haiti, recent studies suggest that the Garifuna are a population at disproportionate risk for HIV infection (Buszin, et al. 2009; Jackson 2002; Sabin, et al. 2008; Stansbury and Sierra 2004). In Honduras and Belize, home to the largest populations of Garinagu in Central America, the disease is recognized as a "generalized epidemic" with prevalence rates of "1.5% in Honduras and 2.5% in Belize" (Buszin, et al. 2009; Sabin, et al. 2008; UNAIDS/WHO 2006:54; WHO 2005a; WHO 2005b). The effect of the disease on Garifuna communities is acute. According to an article published by the Pan American Health Organization, in Honduras:

The cumulative rate of AIDS cases among these descendants of Africans and Amerindians is nearly 15 times the national rate; [and currently], more than 8 percent of adult Garifuna test positive for HIV, four times higher than the national average. (Jackson 2002)

A study by Stansbury and Sierra (2004:458) found that "prevalence estimates for the Garifuna [in Honduras] have ranged from 6.8%-8.0%." Their figures are lower than the estimated 8%-14% published by UNAIDS/WHO (2006) that sourced their data to a report from the Honduran Health Secretary in 1998. In comparison with national data, recent statistics for Honduras and Belize compiled by UNICEF, estimate the national HIV prevalence rates among all people aged 15-49 at 0.7% and 2.1% for each respective

country (UNICEF.org 2010a; UNICEF.org 2010b). UNICEF data also showed that the number of people (of all ages) living with HIV in 2007 ranged from a low of 18,000 to a high of 44,000 in Honduras and, a low of 2,200 to a high of 5,300 in Belize (UNICEF.org 2010a; UNICEF.org 2010b).

The concern about the effects of HIV/AIDS on Central American communities is not limited to Honduras. Belize has surpassed Honduras as the country with “the highest per capita HIV prevalence rate in Central America,” as outlined in Belize’s National Policy on HIV (Catzim 2008; Sullivan 2008; UNAIDS 2006). In fact, as USAID reports, throughout the Central American region the consequences of this disease on the lives of orphaned children are overwhelming.

HIV/AIDS has orphaned an estimated 73,000 children in Central America. As parents die, the effects on children cannot be overstated. Many children orphaned by HIV/AIDS lose their childhood and are forced by circumstances to become producers of income and food or caregivers for sick family members. They suffer their own health problems related to increased poverty and inadequate nutrition, education, housing, clothing, and basic care and affection. (USAID 2010)

Recognizing the size of the orphan population in Central America and in light of the estimated AIDS prevalence rates among the Garifuna, I aimed in this study to determine the significance of HIV/AIDS in the extent of their orphan population. Responses from a majority of my informants reflected their concerns that HIV/AIDS is a growing, and silent, problem in their communities. Given the discrimination encountered by those who are known to be infected or affected by the disease, the climate may force many into hiding. Although national and grassroots programs for HIV/AIDS education, testing, and treatment are available in Honduras and Belize, few take advantage of the services. A UNICEF assessment of children and HIV/AIDS in five Central American countries found that:

Women from remote areas have difficulty accessing services, and . . . people are reluctant to access these specialized, AIDS specific, institutions for fear that they will be subject to stigma. (UNICEF 2005b)

In both countries, Garifuna and other community leaders worried that the numbers infected were increasing as people unknowingly infected their partners. It is a pattern many feared would contribute to an increase in numbers of orphans. As one rural health worker in Belize asserted:

There is an 11.3% prevalence rate of HIV/AIDS in [this district]. There are a lot of children that will be orphaned if this continues, and it does not look like it will slow down anytime soon, since some people don't take the disease seriously. Most reports lump everyone together, but the Pan American Social Marketing Organization did a report that breaks down the Garifuna numbers with regards to AIDS, and they are high.

Similarly, a stakeholder from the Ministry of Human Development in Belize stated that nationwide:

We have a huge problem with HIV/AIDS here, and there is an even greater problem with stigma and discrimination. The system won't serve people confidentially, so people shy away from testing and treatment. So, the full numbers of AIDS cases is unknown and the spread continues. So, the numbers of orphans will continue to go up.

In Inebesi and Siene villages in Honduras, the locals insisted that for years, the problem of HIV/AIDS had been contained within a few pueblos to the fortuitous exclusion of others. However, since Garifuna populations are highly migratory, travel between villages increase the risks of spreading the disease to even the most remote enclaves. By all accounts, this is a problem that requires swift and decisive intervention if there is any hope of mitigating the continued growth of cases throughout native communities. In the next chapter, I describe the methods I employed to investigate the causes and the consequences of orphaning in Garifuna society.

CHAPTER 4 DATA GATHERING AND ANALYTICAL METHODS

This dissertation is a mixed methods study that was undertaken in two phases. Phase one involved a two month pre-dissertation project in Honduras (June and July 2007). That research provided the insights and data required to complete Phase two, which comprised eight additional months of fieldwork in Honduras and Belize (November 2008 through July 2009).

The key objectives of this research were:

- 1) To listen to, and to understand the experiences of orphans in Garifuna culture
- 2) To request the direct input from community members, families and the orphans themselves about what each child would need in order to achieve successful independent lives as young adults.
- 3) To inform government agencies, international organizations, academic institutions and local community leaders that are focused on protecting OVCs about the scope of the problem, and to provide them with the information needed to help the most at-risk children, their families and the broader society.

To accomplish those goals, and to structure and guide the investigative process, my study employed an inductive method using Participatory Action Research (PAR) and Ethnography (Bernard 1998; Chambers 1997; Cheek 2002; Guba and Lincoln 2005). Additionally, to advance understanding about the predominant issues facing orphans in Garifuna society, I focused my study on child-orphans, (under eighteen years of age whose mothers, or both parents, were deceased) and adult-orphans (over eighteen years of age whose mothers, or both parents, died before their eighteenth birthday). I contend that a full understanding of this unfamiliar topic required a progressive, “multiple methods” approach that incorporated traditional and focused ethnographic interviews, participant and non-participant observation, along with descriptive statistical analysis, and national demographic data, as required, to quantify and validate the qualitative results (Bernard

1998; Creswell and Clark 2007; Denzin and Lincoln 2005; Patton 2002; Richards and Morse 2006). This combined approach began with an emic focused inquiry, using the first-hand accounts of stakeholders and the orphans themselves (Agar 1980; Bernard 1998; Denzin and Lincoln 2005; Patton 2002; Richards and Morse 2006; Spradley 1980).

Recognizing the logistical complexity of this investigation, and given the limited existing data with which to pre-establish any definite hypotheses, I structured this project in an exploratory design. Essentially, ethnography provided an effective tool for discovering hidden aspects of the culture (Bernard 1998). Hardman's (1973) paradigm on childhood study recognizes ethnography as "a particularly useful method in the study of childhood" (James and Prout 1997). Using ethnographic methods to compile case histories and other qualitative data facilitated my examination of the protracted effects of cultural change on the lives of orphaned Garifuna children. The methodology also allowed orphans to speak directly about their lived experiences, and to participate as active agents, rather than as passive bystanders, in data collection (Hardman 1973). Throughout all phases of research, ethnographic techniques produced new knowledge about the experiences of Garifuna orphans and allowed for the development of semi-structured interview guides, assessment criteria, and other templates required to conduct my fieldwork. This method also facilitated the collection of focused contextual and broader historic data, through open-ended individual, and group-based, conversations with several key informants in the community.

With a strong history of use in Latin America, the PAR method was uniquely suited to accomplishing the objectives of this project. The method allowed for the development of a cooperative investigation with the target group (orphans) and community under study

(Chambers 1997; Richards and Morse 2006). PAR is a proven applied, collaborative approach to socio-cultural, community-based inquiry, which focuses on knowledge production for the purpose of identifying priorities and plans for future action. The method involves the establishment of long-term partnerships to detect and address issues of shared interests or concerns. The techniques used in the PAR process are also designed to adapt to changing situations in the field. The act of collaboration, where the researched often act as researchers, and the scientist, at least temporarily, becomes the student, allows for the extraction of new insights into complex issues that would otherwise remain buried. As the study developed, I relied heavily on “rural people’s knowledge” which provided opportunities for understanding the cultural processes at work in my selected communities (Chambers 1983; 1997). This research aspired to do more than merely assemble new data, but sought to make the information accessible and practicable.

Using the PAR model and ethnographic methods, this project combined dozens of life histories to generate a multi-leveled understanding of the “orphan condition.” The study also provides a broad analysis about how this culture is adapting to the changes that have occurred at the local and national levels over time, and how this has influenced each family’s approach to the rearing of orphans. Moreover, from the onset, the methodological plan of this dissertation was, and continues to be, “service oriented.” By this, I mean that my approach to the design and execution of this research was grounded in the missions and methods of Applied Anthropology—to solve pressing societal problems. Initial consultations with stakeholders at the local and state levels revealed that limited information about the numbers and conditions of orphans country-wide significantly hampered their abilities to assist the children or their families effectively. It is hoped that

this study will produce socially-relevant and useable data, for the purpose of building household capacities and providing direction to the stakeholders charged with the protection and care of orphans (Bernard 1998:693).

Study Site Locations: Countries and Communities



Figure 4-1. Distribution of Garifuna Settlement Territory throughout Central America with Selected Study Sites Indicated. Map created by Author.

For the first and second phases, fieldwork was carried out in several rural and semi-urban Garifuna communities along the Atlantic corridor of northern Honduras and southern Belize. The names of the communities, and the identities of most participants, have been replaced with pseudonyms for the purposes of this dissertation. The selection of each settlement, as indicated in Figure 4-1, was not random. Criteria included a community's

size, population density, its location (both coastal and inland), and the availability of some form of transportation to access, and maneuver within, the most remote areas. Also important was ensuring that each community contained rich concentrations of Garifuna orphans and stakeholders who were willing to participate in the study.

Each site depicts distinct Garifuna communities that are undergoing great social and cultural adjustments. Also, based on the fairly compact sizes of these communities and the shared population characteristics, initial research determined that these sites were accessible to me, and perfectly suited to:

- Identify the numbers and the needs of orphans;
- Document the impact of emigration on local households and families;
- Assess the effects of cultural change on the care of orphans;
- Establish dialogue and partnerships among key stakeholders;
- Determine the levels of access available for orphans to the resources and supports they need;
- Develop subsequent interventions based on research findings; and,
- Implement community-focused programs with the collaborative participation of the populations and stakeholders at the local and national levels.

In Honduras, the semi-urban settlement of Agua Azul was selected based on its history as a Garifuna enclave dating back to the people's banishment from St. Vincent, and their arrival in Honduras in 1797. Additionally, the villages of Inebesi and Siene were chosen due to their rural locations, their recognition as ancestral Garinagu settlements, and the people's simultaneous reliance on wage labor, while maintaining their horticultural and fishing traditions. Within each community, the ethnic constitutions of the current populations are primarily, if not exclusively, Garifuna. At the onset of my initial study in the summer of 2007, I originally maintained a narrow focus as I documented the systems of

care for orphans who lived in rural Honduran villages. During the research process, I was led to question whether it was sufficient to evaluate the experiences of “Garifuna orphans” by focusing on a few remote villages in one country.

Several findings from my first study precipitated my decision to expand this research to include Belize. My initial observations in Inebesi and Siene villages revealed that orphan siblings were cared for in multiple households, making it difficult to locate intact families of orphans in the communities. In Inebesi village, where I conducted a door-to-door population assessment, it was problematic to find any orphans at all. With a resident population of over 550 people, I located only six orphans who had lost their mothers or both parents. When I inquired about the low numbers, I was told that several of the younger orphans were sent to live with family outside the community who offered to foster them, and possessed the financial ability to provide for their care.

Older orphans, over eighteen years of age, were especially difficult to locate. Although many were initially raised in the villages, once they graduated from the local educational systems, most chose to migrate to larger cities and towns. Those with family connections and financial support went in search of higher education or job opportunities that were not available inside their natal communities.

Although the Honduran cities of La Ceiba, San Pedro Sula and Tegucigalpa were identified as the current homes of several young-adult-orphans, I determined that financial and logistical constraints would prohibit my ability to conduct research effectively in those areas. Also, the lack of physical or electronic mail services, or regular telephone access from the villages, prevented many family members from contacting the orphans who had departed the settlements. Several informants admitted that they had no idea where the

orphans ended up. After weeks of effort, I concluded that the distance, time, and travel costs made seeking out additional orphans in Honduran cities unfeasible.

Furthermore, for many Honduran families, the outside world sounded like the “promised land” where opportunities abounded and dreams were made. As I continued to speak to local residents, I learned that some orphans were sent to Belize. Those orphans—and the children sent to live in the United States and other countries—were seen as the fortunate ones. The decision to split up orphaned siblings was seemingly “for their own good.” To establish whether the beliefs of family members were valid, I decided to expand my research to Belize.

In Belize, I also selected two villages (Echuni and Wayunagu) and one semi-urban site (Pantaú). All three settlements were located in Belize’s Stann Creek District. Characteristic of the majority of Garifuna settlements, two of the selected sites are located on the coast. However, Wayunagu village’s inland location provided a unique perspective on Garifuna household practices. The settlement was “developed as a government relocation project after the coastal village of Seine Bight suffered hurricane damage in 1961”(Kerns 1989; Noe 2001). Although it was described to me as being a “traditional Garifuna village,” the local economy is not based on fishing, or do most families rely on farming to supply their major dietary needs.

Gaining Access to Communities in Honduras and Belize

My field research in Honduras and Belize encompassed 10 months, during 2007 through 2009. Prior to my departure for each phase of fieldwork (Phase 1: Summer 2007, and Phase 2: Fall 2008 to Summer 2009), I obtained Institutional Review Board (IRB) approval and designed some preliminary interview guides to organize the investigative process. I also consulted with several researchers who had worked in Central America,

and who had conducted studies into Garifuna culture in the region. On the advice of one of my professors, I made an important connection with a Director at the Honduran Ministry's Office of Indigenous Education (Nacional de PROEIMCA-Honduras Educando Desde y para la Interculturalidad) in Tegucigalpa. That relationship provided me with entry into the Garifuna communities throughout Honduras, since the Director—who is Garifuna—expressed interest in my research topic and immediately offered his support. The Director also recruited a local Garifuna college student who participated as my principal Research Assistant, bi-lingual Translator (Garifuna/Spanish) and field guide for the duration of my initial project in Honduras in 2007, and my follow-up study in 2009.

Including a Garifuna student on my research team greatly facilitated my fieldwork in Honduras as he understood the terrain, knew the rural communities, and provided me with immediate acceptance into the remote settlements. Because my Research Assistant was an educator who was familiar with the culture, knew the people, and was fluent in Garifuna and Spanish, I felt the children would become comfortable more quickly and display more natural behaviors with him. The plan was to have him interact with the adults and children directly while I observed their activities. In exchange for his help, I offered him the opportunity to learn field research techniques while providing him with the mentorship he required to develop his bachelor's thesis. In addition to a full-time Research Assistant, I also worked with a local translator from one of the villages, who assisted with transcribing my field interviews from Garifuna and Spanish into English. Both of my Research Assistants were native Garifuna who received their college educations in Cuba and the United States, and who had returned to Honduras to live and work in support of their people. I also established critical connections with UNICEF-Honduras and with

international organizations such as SOS Children's Villages and Friends of the Orphans who had officers in the field who worked directly with orphans and vulnerable children.

In Belize, although I was able to conduct research without the need for field assistants or translators, I obtained access to my study sites with the help of key contacts in the Garifuna community. Fortunately, my informants in Honduras provided me with direct introductions to the Garifuna leadership in Belize who were aware of my research, and offered their participation. Prior to my arrival, I connected with a respected local teacher who was a well-known member of the community. Living with Miss Ann (as I will refer to her) provided a home-base from which I could reach out to other community leaders. An introduction by Miss Ann to the directors of the National Garifuna Council in Belize allowed me to quickly begin my fieldwork from the onset of my arrival. Other key contacts included a noted Garifuna radio personality and officer at the Ministry of Education who traveled with me to several villages. I was also fortunate to have the support of a distinguished Garifuna anthropologist who provided insight into Garifuna family organization and about the modifications in response to childcare occurring throughout the culture. Those connections facilitated my access to all segments of Garifuna society in Belize, and fostered connections throughout the country at the local and national levels while I conducted my research.

Initial Study in Honduras: Phase One (2007)

Vast omissions in the literature made it difficult to determine exactly what issues I would confront in the field, and prompted my decision to conduct a pilot study in six Garifuna communities in Honduras during the summer of 2007. At the onset of my pre-dissertation research, I went into the field with several misconceptions that I modified throughout the investigative process. For instance, I assumed initially that "orphans" would

be an easy group to locate. As I explained in Chapter two, they were not. The word “orphan” was not even a part of the common vernacular. I also believed that as a Jamaican woman of color, cultural similarities would enable a smooth adaptation to their communities, and thus make fieldwork “easy” to accomplish. Again, although I felt welcome in the settlements, I also realized quickly that I needed to modify my approach to not become “so familiar” as to jeopardize my objectivity in the collection, and later analysis, of my data.

The research employed a progressive methodology that began with informal conversations with area residents to identify the orphans and other key stakeholders in the area. With the help of my Research Assistant and Translator, my team conducted background interviews with several orphans (under eighteen years old) about their experiences within the village after the loss of their mothers, or both parents. Fieldwork also included conversations with local elders, NGOs, government officials, and other sources that were familiar with the research population. Those narratives helped to establish a descriptive timeline to explain the systemic processes at work once a child is orphaned in his or her society, as well as the obstacles they faced when trying to access the supports they needed for their successful development in the long-term.

Analysis of initial interviews was used to identify the paramount concerns of Garifuna orphans, including their perceptions of risk and family, and the quality of their care once they became orphaned. The project sought to determine if the orphans possessed any unidentified obstacles to their effective psychosocial adjustment, as an effect of parental loss. This study also sought to lay the groundwork to establish if orphans confronted any

major hindrances to their accessing the resources necessary for their successful transitions into adulthood, when compared to other children in their communities.

For a representative analysis of a traditional Garifuna settlement, I selected Inebesi, a small rural village, as my initial study site. The community is located on the Atlantic coast near the Miskito territory. The village's compact size, secluded location, concentration of Garifuna people, and traditional subsistence practices provided a perfect starting point. Since there were no available statistics on population size, or the locations of households caring for orphans, I began by conducting the first door-to-door demographic census ever performed in the community. The process aimed to quantify the total residents, the children (under the age of eighteen), the numbers of orphans, and the cumulative numbers of children enrolled in the two local schools (from kindergarten through grade nine).

I also initiated institutional mapping of the village (and the surrounding area) to assess what services and resources were available to the residents. This included an evaluation of their access to suitable housing, food, potable water, healthcare and other necessary resources. The study also attempted to quantify the actual numbers of children that fit my official classification of "Garifuna orphans". During this phase, I also sought to determine if any children in the villages were abandoned, thereby relegating them to the status of "street child," or "unaccompanied minor."

Additionally, I selected that rural community as the site to perform educational exercises designed to engage children individually and in group settings, in order to view their levels of social adjustment including literacy, language-skills (Garifuna, Spanish and English), confidence, creativity, decision-making, and teamwork. Because this was my first visit to a Garifuna settlement, I also wanted to elicit shared trust and comfort between my

research team and the local population. Groups of students (in grades two through nine) participated in select exercises, including co-ed football matches and coloring and writing activities. Since these exercises were conducted primarily in Garifuna language, I maintained an observational role, while one of my Research Assistants implemented each activity and provided an evaluation of student performance. Each project was designed to allow me to observe how orphans interacted with one another, and with their peers, when they were required to organize themselves and share limited materials.

As the pilot study developed, and as I analyzed the results of each exercise, old ideas disappeared and new questions emerged. Throughout this process, several blind alleys necessitated rapid in-field methodological adjustments and made regular consultations with my informants a priority. At the conclusion of all exercises, an evaluation of student performance was completed by one of my Research Assistants. That paper was incorporated into a comprehensive assessment of the impacts of economic disparities, out-migration, and the growing infiltration of HIV/AIDS and other socio-cultural changes on the care of orphans in select communities. As a gesture of good-faith, a follow-up report was submitted to the Honduran Ministry of Education's Office of Indigenous Education in order to provide initial insights about the experiences of orphans in the community, and to gain support for continued fieldwork throughout the dissertation process. In addition to the Ministry, the pilot study involved coordination with humanitarian organizations, community-based groups (schools, churches), and select orphans (and other parentless children) who collectively ensured their participation and assistance for future research. Based on the insights and evidence I gleaned from Phase One, I developed my plan for Phase Two of my fieldwork.

Sample and Sampling Techniques in Belize and Honduras: Phase Two (2008-2009)

I arrived in Belize in the fall of 2008 and began Phase two of my fieldwork in a district with a high concentration of Garifuna people. During this Phase, some of the sampling techniques that I developed in 2007 were modified, as needed, to fulfill the research requirements within my new study sites. In one major adjustment, I redesigned the spreadsheet and techniques that I employed to identify the Garifuna orphans in the semi-urban communities. Since the towns in Belize (and in Honduras) contained mixed ethnic populations, I needed to differentiate my target group from other populations of orphans and other parentless children. To combat this problem, and to help me to assemble more accurate data, I developed a census grid to identify “Students with Deceased Parents” categorized by ethnicity, gender, age, and grade level. From there, I could decide which children were old enough to be interviewed, and I could also gather data from a blend of male and female Garifuna orphans.

Within days of my arrival I was prepared to conduct my study. To locate my target group, I held conversations with the school principals to obtain their permissions for me to speak with the teachers. In my meetings with the teachers, I described the purpose of my study and also received their support for me to proceed. Once they had informed the families and caregivers about my research, I was allowed to work on school premises and to speak with the students directly. Schools in the villages ranged from kindergarten to sixth or ninth grade. Educational institutions in the towns offered instruction through Junior College in Belize and ninth grade in Honduras. After deciding on my sampling approach, I selected participants in the schools based on specific characteristics—a Garifuna male or

female, whose biological mother or both biological parents had died from any cause, while the child was under eighteen years of age.

During my initial conversations with the educators, I noted their limited recollections of which children had deceased parents. My preliminary counts of orphans, based on their feedback, were extremely low. Instead of relying on their recollections, or on inaccurate school records, I was allowed to conduct class-by-class polls of all children in the schools. The discrepancies between the figures first reported by the principals, and those I obtained using my spreadsheets and my class counts method, proved substantial. Based on student feedback, I identified all the children who indicated that their mother, father, or both parents were deceased. Interviews were conducted with select child-orphans (between 8 and 17 years old) and young adult-orphans (over eighteen years old) who fit the criteria of my target group.

To locate orphans outside the school system, I consulted with key informants to determine how I would sample other groups. Since the field sites made controlled sampling extremely difficult, I focused on nominated (snowball) sampling, rather than random sampling (Richards and Morse 2006). In addition to guidance from teachers and students, I identified households caring for orphans with help from local clergy, social service directors, and public health officials who were familiar with the families. The characteristics of the child- and adult-orphans I located in the community included those who were too ill or too young to attend school, those who had aged-out of the educational system, and those who had dropped out of school for other reasons. Despite extensive canvassing in the communities I located very few adult-orphans. Interviews with household-heads revealed that many young adults who had aged out of the local school

system and were unable to go on to college, routinely departed their home settlements in hopes of finding work or other opportunities.

Participant Sample in Honduras and Belize (Village and Semi-Urban Sites)

My study population of Garifuna orphans in Honduras and Belize included child-orphans and adult-orphans. I also spoke with a small sample of fatherless children in both countries to gauge if their extended family networks provided vastly different levels of care and access than the children who had lost their mothers. This sample needs to be expanded for future research. Additionally, interviews with caregivers and other stakeholders were obtained within in the four villages and two semi-urban sites, as well as with members of the larger society at the local and national levels.

For my Household Stability Assessment (HSA), I evaluated households that were providing shelter and care for all the participating orphans. The sample for my Orphan Access Assessment (OAA) included the results of interviews conducted with orphans and stakeholders in both countries. An Orphan Care Assessment (OCA) was also conducted to establish and analyze the living arrangements of orphans in each community.

Data Collection and Classification

Data collection incorporated several ethnographic methods, including extensive participant observation in the schools and with families, along with non-participant observation in rural and semi-urban field sites. With the help of two trained, multi-lingual Research Assistants in Honduras, I created three interview guides (Appendices 4-6 below) with open and closed questions for use in all my study communities for the duration of my fieldwork. To increase mutual comfort and establish trust with the orphans, the Children and Young-Adult guides used in Honduras were translated into Spanish, which allowed me to ask questions directly. Although the Stakeholder guide was not translated, my

Research Assistants provided direct Garifuna/Spanish/English translations (as required) for all interviews in Honduras.

I focused on the household as the unit of analysis and utilized a modified version of Abebe and Aase's "Typologies of Extended Families" model (discussed below) to assess the coping capacity of each unit. Additional fieldwork involved individual interviews detailing the lifestyles and life cycles of orphans and their guardians. To provide insights into the cultural changes occurring in each study site, I held focus-group discussions with local businesses owners, women's organizations, and older Garifuna men and women who had previously out-migrated and returned to their home communities to retire. I also implemented various group activities with orphans to gauge their perceptions of family, and their levels of integration into their households and communities.

In several research sites I lived in, or alongside, the homes of single-mothers who were fostering orphans or other vulnerable children. Using this approach, I obtained first-hand insights about the daily interactions within these types of households. During my home visits, I spoke with orphans and their guardians in order to assess the effectiveness of childcare and the ability of each family to provide for the needs of their dependents. Additional conversations with key informants provided context about the shifting cultural responses to the care of orphans, the coping mechanisms employed by households and children, and the current socio-economic climate in which these families exist.

To validate the results of my interviews and assessments with orphans and their guardians, I conducted several informal and spontaneous meetings with a broad cross-section of stakeholders within, and outside, Garifuna society. Participants included local residents, religious clergy, Garifuna spiritualists (buyei), educators, public health workers,

social service groups, local officials, national Ministry experts and international child development workers. Each informant was advised about the purpose of the interviews, and I obtained verbal and written consent from each participant. I also developed codes and pseudonyms to protect the identities of specific informants.

Although I brought a video camera and voice recorder to each individual and group meeting, the expressed discomfort by a majority of my informants prevented the recording of interviews. The lack of informed consent for video or audio recordings necessitated my keeping a detailed computerized interview journal as well as hand-written field diaries. I also extended the time dedicated to each interview by one to three hours, which allowed sufficient time to effectively document informant responses. Additional field equipment employed during my study included photographic and video cameras to compile a visual diary of my field locations and select study subjects, as permitted.

Models Developed for Fieldwork: #1 Household Stability Assessment (HSA)

Using an adapted version of Abebe and Aase's "Typologies for Extended Families" model (2007) that they utilized in their analysis of orphan care in Ethiopia, I designed a Household Stability Assessment (HSA) to gauge the capacities of households that were raising orphaned children in Honduras and Belize. In refining my approach, I also considered the differences in the definitions of "employment" within a village as opposed to a semi-urban setting. This assessment of household stability, therefore, provides meaningful insight into the ability of each unit as it strives to care effectively for all resident members.

To complete each HSA, I conducted home visits with the women and men who were providing for the orphans. In cases where a guardian was unavailable, I completed the HSA with the help of the orphan(s) residing in the household, a member of their kin group,

or a knowledgeable community resident. While borrowing from the operational classification system presented by Abebe and Aase (2007), the HSA gathered information from each household to determine whether each unit was “Capable”, “Adaptive”, “Transient” or “Rupturing” in its capacity to meet required economic and intra-familial obligations. The essential criteria I used to assess each level of stability are further defined as follows: (1) “*Capable*” = the best case scenario, where the household possesses viable material and social capabilities even with no outside remittances; 2) “*Adaptive*” = where the household has relatively stable possessions and the head of household is employed; 3) “*Transient*” = where the household lives in relative poverty with declining living conditions, and there is no principal adult breadwinner and the family relies on remittances from family, or on other external support; and, (4) “*Rupturing*” = where the middle generation dies, leaving the household in financial hardship with no external support. To complete each assessment, each interviewee was asked how the relations among social and economic factors influenced their household’s level of stability. From this process I sought to establish:

- The number of household residents and who they are;
- The number of children living in the household who are under eighteen years old;
- The number of orphans under eighteen years living in the home;
- The number of orphans over eighteen years in the home;
- If the orphans had siblings living in different locations (and if so, why);
- Who was the head of household;
- If the household head worked for money and the type of job held;
- Who was the person responsible for paying the household expenses;
- If the household had other financial support (either from kin or outside sources);
- Who was the person primarily responsible to care for the children in the home;
- If the head of household owned, or rented, the home; and,
- If the head of household owned, or leased, the land.

Models Developed for Fieldwork: #2 Orphan Care Assessment (OCA)

This assessment template focused on identifying the cultural approaches to orphan-care. Methods to establish my list of eight possible Orphan-Care Approaches (OCA) included individual and group discussions with child- and adult-orphans, caregivers, local women's organizations, educators and other community residents, along with participant and non-participant observation. Several stakeholders shared stories about the living arrangements of orphans within their families and communities, some of whom resided in major cities and other areas not included in my study. Therefore, the following categories outline the lived experiences of Garifuna orphans based on direct observation, and upon the accounts of stakeholders either within, or outside, specific families caring for orphans.

The OCA categories highlight four "traditional" childcare options employed by Garifuna families, as well as four historically "non-traditional" (alternative) methods that have developed over time. By using the term "traditional," this report includes approaches to childcare that were formerly employed as temporary or limited-use options, but which have become permanent arrangements in response to mounting social, economic and medical pressures. The "non-traditional" categories reflect several culturally-inappropriate and emerging "crisis" responses to orphan care. For this dissertation, I employed the OCA to assess the living arrangements for each of the orphans, using the following eight classifications.

- Sanguine Kin (A) "Traditional" (Best Scenario): Orphan lives with dead mother's sister or brother, with all siblings fostered in one household
- Sanguine Kin (B) "Traditional" (Modified Approach): Orphan lives with dead mother's (or father's) sister or brother, with siblings separated into many households

- Extended Family “Traditional” (Formerly a temporary or limited use arrangement): Orphan lives with grandparent(s) or older sibling(s), with some siblings fostered together, although in most instances, siblings are separated
- Fictive Kin “Traditional” (Formerly in limited use or employed on rare occasions): Orphan lives with godparents, family friends or others in the community. Siblings may or may not be separated based on the number of children, and the financial and social capacity of the caregiver to provide for their needs as an in-tact sibling unit
- Surviving Parent (Father) “Non-Traditional”: Orphan(s) live with father who is either a single-parent or remarried. Siblings may or may not be separated
- Child-Orphan-Headed Household “Non-Traditional”: Child orphan(s) responsible, either wholly or largely, for his or her daily provisions. Siblings may or may not be separated
- Institutional Care or Orphanage “Non-Traditional”: Orphan lives in a group-home-based arrangement. Siblings may or may not be separated, but the numbers of siblings, their ages, genders and legal status (as a ward of the state for example) may influence their placements within specific facilities
- Street Children “Non-Traditional” (Worst Case Scenario): Orphan has no “official” home, and provides for his or her daily provisions without the regular support of family or kin. Siblings most likely separated

Models Developed for Fieldwork: #3 Orphan Access Assessment (OAA)

During my pilot study in Honduras, I also developed an Orphan Access Assessment (OAA) model with the help of key sources from the Garifuna villages. The categories, that stakeholders determined were the supports a Garifuna child would need to access in order to develop successfully into young adulthood, expanded from a list of 13 to 21 variables after conversations with my informants. I finalized the questionnaire in 2008. Throughout the duration of my fieldwork, I used the model to establish orphan children’s access to 21 select resources and services when compared to other children in their communities. The categories outlined in the OAA provide a comparative outline of orphan’s access to:

- Housing;
- Food;

- Safe Water and Sanitation;
- Clothes;
- Shoes;
- Education (includes seven categories, from access to traditional education in Garifuna language and customs, to standard education access to pre-school, primary school, secondary school, high school, junior college, university and vocational programs);
- Medical Care (includes seven categories, from access to traditional healers, conventional doctors and facilities, disease prevention and physical health materials, dental services, optical care, and psychiatric counseling); and,
- Spiritual Teaching (includes two categories to assess access to traditional spiritual practices as well as other religious teaching).

Analytical Methods

The process of data analysis was performed throughout the duration of Phases one and two. Examination of Phase one data proved foundational for the design and execution of the second research phase. Using Microsoft Word along with Excel spreadsheets, initial analytical methods included transcribing and organizing all qualitative data to establish codes and identify significant themes (Bernard and Ryan 2003). I used content analysis to discover consistencies and establish patterns of association across all field notes and interviews. Analysis of informant interviews led to the creation of a Division of Labor table (for men, women and children in rural villages), graphs and figures assessing Garifuna approaches to orphan care, and an evaluation of children's access to required services and supports. Also, the results of the demographic census conducted in Inebesi allowed me to plan effectively for the selection of my subsequent research sites.

Ethnographic information was mined to gather socio-demographic statistics for two geographical subsets (rural and semi-urban settlements). I also employed descriptive statistics to facilitate quantitative inquiry in order to summarize, and cross-check, my

qualitative evidence. I used Excel software to develop spreadsheets, and to organize and calculate all data for secondary levels of analysis. Tests of each data set consisted of univariate analysis to measure variable frequency, distribution, dispersion, and central tendency.

Frequency distribution tables and charts were used to visually depict the data results from the Household Stability Assessment (HSA), Orphan Care-Approaches (OCA), and Orphan Access Assessment (OAA) models. Other visual methods of analysis included the use of my photographic diary, and the development of figures and graphs to describe the “Garifuna Orphan Care Networks” currently employed to provide for orphaned children.

Cyclical Communications Strategies and Feedback Mechanisms

The process of Participatory Action Research (PAR) necessitates effective lines of communication between the scientist and all stakeholders. Cyclical Communication strategies facilitated this process by establishing continuous feedback between my informants and me. The mechanism also allowed for periodic fact-checking throughout all phases of research, along with the incorporation of new knowledge as it became available. During the course of my fieldwork, several participants expressed deep interest in my research, and their consistent feedback proved integral to the study’s success. Open dialogue that solicited the free input, and outflow, of information expanded the degree of trust among all participants, while generating opportunities to raise local and national awareness about this research.

In Honduras, I employed a fairly direct approach to communication and feedback. I conducted several one-on-one and small group meetings with community residents and government officials to share mutual knowledge and to discuss local concerns. The dialogue heightened awareness about the existence of orphans in local communities, and

after a few weeks, families began to approach me to talk about the problems they were facing with trying to care for the orphans in their households. I provided all participants with my contact information to enable unrestricted feedback. Also, at the request of several villagers and townspeople, I held periodic public lectures about my research, and allowed them to share their input during my on-site fieldwork.

In Belize, the communications mechanisms were more expansive. I delivered several institution-wide lectures to educators and students at the local high schools and the junior college. Initial presentations outlined the purpose and plan of my study and allowed residents to ask questions and become better informed about the scope of the orphan problem in Belize. Residents were also invited, and many volunteered, to participate in the study. Feedback from audience members also produced vital leads about the locations of orphans in the community. News of each talk drew growing numbers of interested participants, who expressed their commitment to helping me to conduct the study. Since my return to the U.S., I have received updates from several orphans, grassroots agencies, and other stakeholders in Honduras and Belize.

CHAPTER 5 GARIFUNA LIFESTYLES WITHIN VILLAGES AND TOWNS: A BALANCING ACT BETWEEN THE TRADITIONAL AND MODERN

As an outsider, entering a Garifuna community may seem like a journey into another world. Access to some of the more remote communities necessitates traversing unkempt and very isolated dirt roads. Many settlements extend miles beyond established transportation systems. Based on initial observations, the remote locations may suggest that these populations are cut off from the outside world. However, casual impressions would be deceptive. In the process of population dispersal and growth, throughout the Americas and worldwide, the Garifuna have become adept at combining their traditional techniques with modern methods and technologies. Even in the most remote countryside, families with the access and financial means readily embrace the use of products that ease the burden of maintaining their households. Clear evidence of this cultural and economic duality is demonstrated by the existing layouts and infrastructures of their villages and semi-urban settlements. On closer inspection, remnants of the old culture exist side-by-side with clear signs of the intrusion from the outside world. As the following sections demonstrate, for Garifuna people, life is an exercise in extremes from rural to urban, primitive to modern, poor to affluent, and everywhere in between.

The Village Lifestyle

Garifuna villages in Honduras and Belize share many common characteristics. For example, in both countries, each of the rural sites contained predominantly Garifuna populations, who lived in relative isolation with limited access to public services. Roads into the countryside remain largely unpaved, making transportation to-and-from many rural areas extremely difficult.

In the Honduran villages of Inebesi and Siene, the population lives in relatively remote enclaves throughout the northern coastal regions. The isolation has allowed the people to maintain a measure of seclusion from outside societal influences. Indeed, much of their traditional language and culture remains very distinct from most other Hondurans. That is not to say that their pueblos are entirely insulated from the benefits, and drawbacks, of associating with the “global village.” On the contrary, Western influences abound. But despite the outside intrusion, villagers still manage to maintain distinct ways of life. Garifuna is still the primary language used in daily interactions, although the people are also fluent in Spanish. A few residents who have worked in other countries also speak rudimentary English, as do children who were taught the language in school.

On arrival into the villages in both countries, one is struck by the activity of the people as they attend to their daily duties. As I traveled throughout the rural areas, the busyness of the locals was an interesting juxtaposition against the overall calmness of the communities. The residents were very friendly, and often waved to each other and extended greetings like “buiti binafi” (good morning), “buiti rabanweyu” (good afternoon) or “buiti guñoun” (good evening) as people walked by. Laughter was often in the air, and there was a general ease in how people interacted with one another.

Traditional family homesteads were typically built in groups of three structures, with the living quarters, kitchen, and out-house latrine located in close proximity. Family units were primarily female-headed (often by an older woman or younger mother with children). A majority of the households had no major wage-earning breadwinner, although some women sold baked goods or other products to supplement the household income. Family sizes differed widely but, as I discuss later in this chapter, the poorer households caring for

orphans that were classified as either “Rupturing” or “Transient,” averaged five residents in both Honduras and Belize. Some housed as many as ten or more people, with both orphaned and non-orphaned children under eighteen years old comprising the majority of the family members.

As I was to experience, personal space and privacy were at a minimum in the villages. People often stopped by each other’s homes without any warning, and visited for long periods without feeling rushed. It was also common to see large extended families living together in small houses.

My assessment of the households found that families lived in a mix of extended family compounds (comprised of a single parent, or both parents, their children and grandparents), or in nuclear units (comprised of either a female-headed or two-parent household with children). The majority of the larger communities consist of a network of direct or extended kinfolk related by blood or marriage, along with a wider circle of relationships with friends whose blood connections are distant or unknown.

Historically, as it is today, villagers engage primarily in horticulture and fishing, with some family members migrating back-and-forth to locations outside their communities for employment. An exception to the fishing economy was found in Wayunagu village in Belize which is located inland, and quite a distance from the coast. The village’s location prevented many men from participating regularly in fishing, although I was told that some made occasional treks to the coast in order to fish. More prevalent in Honduras than Belize, families still preserve their subsistence agricultural practices, by growing much of the food required to meet household needs in small family farms located close to the main settlements (Figure 5-1 A and B). In rural Belize, farming is steadily becoming more of a

recreational, than a required, practice. Even in households that grow subsistence-level crops, a considerable amount of food was purchased from local vendors at the outskirts of the villages, or from towns that were easily accessible by bus. This indicates that Belizean villagers held a greater reliance on the money-market, rather than the subsistence, economy.



Figure 5-1. Examples of subsistence horticulture in Honduras. A) Family farm with coconuts and cassava adjacent to the household. B) Example of a family's cassava farm located a 20-minute walk from their village.

Purchasing manufactured goods and other supplies was more difficult for villagers in Honduras, due to their remote locations. Locals relied on deliveries from Ladino vendors, who traveled into their communities to sell their products and to trade. On regular intervals each week, I observed vendors driving into Inebesi and Siene with supplies, and converting their vehicles into taxi services on outbound trips. As the photos in Figure 5-2 A through C show, both vendors and visitors traveling to-and-from the villages drive up the treacherous coastline, using specially outfitted 4x4 pickup trucks. At times when the tides are too high to traverse safely, drivers pay local men with makeshift ferries to pull their vehicles across deep water flowing from crested rivers and lakes towards the ocean.



Figure 5-2. Examples of the difficulties faced by locals driving to-and-from rural Honduran settlements. A) With no road access to many rural areas, a vendor drives along the coastline to deliver supplies to remote communities. B) Villagers hitch a ride to town on the back of a pickup. C) A make-shift barge pulls a pickup across a flooded beach.

Throughout the rainy season, and at other times when the beaches are impassable by truck, the transportation options are limited to canoes or motor boats that shuttle locals through interior river passages or on the open ocean (Figure 5-3 A and B). Most residents do not have access to private transportation, and many rely on horses to travel between villages or into town (Figure 5-4 A). Some households now own bicycles or motorized bikes. However, those options are expensive and take years of savings for families to afford. For domestic tasks, including collecting firewood, farming, and to accomplish other



A



B

Figure 5-3. A) Woman rows canoe down river. B) Motorboat journey to a very rural Garifuna settlement in Honduras.

household activities, most people simply walk. Figure 5-4 B shows Garifuna men walking along the roadside in Inebesi, transporting large fire logs and farming tools with the assistance of their horse.



A



B

Figure 5-4. A) A man rides his horse between villages in Honduras. B) Men transporting freshly-cut firewood with the assistance of a horse.

Village Households and Community Infrastructure

House construction varied slightly between Garifuna villages in Honduras and Belize. In both countries, although some homes have more modern conveniences—like indoor plumbing and propane cooking stoves—for many residents, in-home tap water and conventional bathroom and kitchen facilities are sparse. In most houses, potable water is

not piped directly inside, although villagers have ready access to water stations, or hand-pumped wells that provide clean drinking water within the communities.

For the average resident, homes were constructed largely using some form of wood (Figure 5-5 A and C). For wealthier households, concrete expanded into wider use after severe storms, like Hurricanes Fifi and Mitch, hit Garifuna communities hard in recent decades. With increased remittances during the boon economic years of the West in the 1990's and into the millennium, the choice building material became concrete as money flowed into rural areas (Figure 5-5 B and D). Even in the most remote countryside settlements, I found many structures that were built either entirely with concrete blocks, or with a combination of cement at the lower level and wood at the top.



Figure 5-5. Examples of community housing and construction styles in Honduran and Belizean villages. A) Family compound in Honduras, built from *Yagua* (a hardwood palm) and other woods with thatch and zinc roofs. B) A modern concrete block home under construction in a Honduran village. C) A homestead in a Belizean village, with wood construction and thatched and zinc roofing. D) Modern concrete village houses in Belize.

During my visits to even the most distant Garifuna villages, I found that families with higher income lived in more solid structures that were built from cement, or a combination of concrete and wood. Those houses were owned primarily by those who obtained remittances, worked outside the community, or who ran small businesses. The homes of the poorest residents stood in stark contrast to the homes of the most affluent.

As more families enjoy the fruits of out-migrated labor, community networks have become less stable as unequal distributions of wealth tug at the threads of the societal fabric. My Research Assistants and I discussed our astonishment that, no matter how remote the village, homes with indoor plumbing, gas stoves, satellite dishes, and other modern conveniences were located alongside households that still utilized outdoor hand-driven water pumps and pit latrines.

In Belize, the development of a growing tourist economy in Garifuna communities and the expansion of permanent expatriate populations have significantly altered the landscapes of formerly traditional settlements. While the infusion of tourists has produced more economic stability and employment opportunities, many locals argue that their communities are developing at the expense of their traditional cultural identity. For example, a growing portion of the local population now works in wage-labor in the tourism, education, or other sectors. Few still participate in subsistence, or supplemental, farming or fishing. Some bemoan the increased economic stratification among local households, and the major alterations in the racial and ethnic demographics that now challenge the concept of the “Garifuna village.”

In those sites, large concrete houses built by new foreign residents, and returning Garifuna retirees, feature more modern appointments and infrastructure. Golf carts, SUVs

and speed boats owned by expatriate families conspicuously display levels of affluence beyond the reach of most locals. In those expanding communities, the majority of businesses are not Garifuna owned and sell products that are prohibitively expensive for residents to afford. Some foreign-owned villas and resorts have begun to restrict locals from accessing portions of the beachfront. As many sources confirm, those settlements have quickly evolved from being exclusive Garifuna enclaves, into mixed tourist communities, with potentially devastating impacts to the traditional culture. Indeed, a passing comment by a long-time resident indicated that he fears the Garifuna one day becoming “strangers in their own back yard.”

In Honduras, the rate of change is slower in the most secluded villages. In relative isolation, the communities remain almost 100% Garifuna which reflects their societal practices and construction styles. Although family members who live in those areas also migrate for seasonal work, most return home regularly. The lack of a steady income from agriculture, tourism or other industries requires the populations to largely fend for themselves.

In those areas, the houses of many poorer families are still built with hardwoods, like Yagua, which are readily available on adjacent farmlands. Those houses also have distinct thatched roofs, although some have begun to install corrugated metals and zinc roofs which are more durable. Other structures on the home-sites of less affluent families are built using wattle and daub (*clay*) that is affixed to a building formed of wood, reeds and other materials (Figure 5-6 A and B). A similar technique using adobe blocks is also employed to build their traditional wood-fired stoves and ovens.



A
Figure 5-6. A) Traditional kitchen houses at a family compound in a Honduran village, constructed with adobe bricks and a thatched roof, and wood with a zinc roof. B) Another traditional kitchen house built from adobe blocks with a wood and zinc roof. B

In my other assessments of village infrastructure, I found several churches of various denominations including Catholic, Anglican, Methodist, and other faiths all practiced within the communities. Church attendees consisted mostly of mature women and children, although a few men were also seen in the pews. Public electrical services were non-existent in most rural areas. However, families with more disposable income used private gas-powered generators or solar panels to supply a few hours of electricity after sunset. Regardless of the size of the rural communities, family-owned stores and guest lodges were found in all villages. Schools, from Kindergarten to either sixth or ninth grades depending on the size of the settlement, provided free education to all children who lived in the area.

Telephones and other forms of communication have been expanding throughout the rural communities at an alarming rate. I was astonished to observe that from 2007 (during the Pilot study) to my return to Inebesi and Siene in 2009, villagers in Honduras had evolved from using central “phone houses” (Hondutels) to individual cellular phones. In Belize, cellular phones were also widely used, although I saw a public phone available on

the roadside in Echuni village. For several rural households in both countries, the use of satellite dishes had greatly expanded, and residents proudly shared their excitement at being able to access the internet. In Honduras, I was told that communication with family and friends via electronic mail filled a vital gap since there was no evidence of any postal service when I worked in the villages in 2007 or 2009.

Entertainment consisted primarily of small, family-run restaurants, and bars which played a large selection of reggae music and modern punta-rock in Garifuna language. Women's clubs and community/cultural centers (which were only used on one occasion while I conducted my research) featured residents of all ages enjoying traditional punta dances and songs.

Divisions of Labor: An Example within a “Typical” Garifuna Village

In the remote Honduran villages, my observations of the divisions of labor were similar to many of the historic patterns described by Gonzalez (1988), J. Palacio (1991; 2005b), and Kerns (1989). Table 5.1 below illustrates the importance of women's work in provisioning the household, and in external labor functions. Their duties included carrying out “reproductive as well as productive activities to maintain the household,” along with participation “in extra-household and community events and decisions” (Spring 2000:4). The sections also outline the vital roles held by men in their households and communities, as well as in the participation of male villagers in larger labor force. The table helps to exemplify the reasons why major destabilizations may occur community-wide when—due to absence, illness, or death—either the female or male residents are physically unable to contribute to the maintenance of their households and settlements.

Historical descriptions of the Garifuna people connote a sense of solidarity operating throughout the culture. According to many of the locals, team-work is important to Garifuna

life. Moberg (2005:91) also notes the “absence of hierarchy” among their ancestral Island Caribs. Although both males and females took part in working the agricultural fields, with few exceptions, the men were seen fishing, hunting, carving boats and building homes, while the women worked in their houses, cooked, cleaned, collected firewood, and took care of the children.

Men and older male children worked in teams on construction projects, tending to livestock, or while fishing (to increase the potential size of their catch). Men also cleared land together, (or with the help of females), and prepared soil for planting. Both adults and older children worked together to maintain the gardens and animals. Larger livestock, such as cows and horses, were cared for primarily by men and boys, while women and girls looked after smaller animals like pigs, chickens and other domestic pets. Indeed, women and girls held central roles in running the households and in the care of all dependents.

Processing cassava was a family affair. The long and arduous task involved many hours of work over several days to convert the root into the round flat bread. Men, women and children from extended family groups shared the labor to harvest, peel, wash and grind the cassava in a covered outdoor building called an *ereba* (Figure 5-8 A through D).

Table 5-1. Garifuna Divisions of Labor by Gender Rural Villages (2007-2009)

	Females	Males
Agriculture (includes farming and fishing for subsistence and domestic market)	<ol style="list-style-type: none"> 1) Principally focused on subsistence agriculture for the home and sale to the domestic clientele. 1b) Cultivate crops (till soil, plant, weed, harvest, transport produce for local processing, and sell from home-based market stands. 1c) Grow mainly ground provisions or “root crops” like yucca, yam, plantain, and other subsistence foods including orange, mango, and coconut, as well as a variety of medicinal plants like lemon grass and aloe. 2) Carry-out most farming tasks but – when available – they often rely on male family members and friends to perform more difficult household tasks. 3) Often utilize reciprocal “swap labor” from both male and female family and friends to weed, harvest and process crops. 4) Perform post-harvest crop production of main food staples such as: (a) yucca roots (converted to edible cassava flour for bread; and, (b) coconut (used to make semi-sweet coconut bread (<i>pan de coco</i>)). 	<ol style="list-style-type: none"> 1) Directly involved in all phases of domestic farming (clear and till land, dig holes, plant crops, weed, and plume dead leaves). 2) Participate in direct harvesting, and post-harvest food production of cassava alongside women (harvest and transport crops, clean and process produce). 3) Net Fish or dive for shellfish such as lobster and conch (catch, clean, and process fish, including salting and drying for future use). 4) Hunt (catch, clean and process turtle, and other small game), and produce meat for household use and sale (slaughter chicken, pig, goat, and other domestic animals). 5) Sell excess goods in local market and home-based bodegas. 6) Construct dugout canoes (cut trees, strip bark to dry wood, carve boat), and maintain motorboats. 7) Weave and repair fishing nets. 8) Often call on reciprocal “swap labor” to help with bush clearing and soil preparation.
Non-Agricultural Labor in Villages (includes local wage-labor)	<ol style="list-style-type: none"> 1) Owners and operators of local bodegas (stores). 2) Owners and operators of local/family-run hotels. 3) Some involved in washing clothes, cooking and other domestic support for other local villagers. 4) Several hired as teachers in local villages. 5) Assist in the birthing of children (often in the absence of other medical personnel). 6) Own and oversee chicken coops to produce eggs and meat for local market. 6b) Maintain small animals (pigs, chickens, cats, dogs). 7) Gather and transport firewood for cooking. 8) Groups of women assigned to cook, transport and serve lunch and mid-day snacks to school children. 9) Artistic construction of traditional mahogany and stone graters (<i>egi</i>), woven squeezers (<i>ruguma</i>) used in cassava production, as well as feathered masks, shell “sound makers”, and costumes for processional rites (i.e., the <i>wanaragua</i> celebrations). 	<ol style="list-style-type: none"> 1) Construct and maintain houses, churches, schools, medical clinics, animal pens/coops and other infrastructure. 2) Local mechanics (for maintenance of generators, community electric graters for cassava production, water pumps and small appliances). 3) Owners and operators of local bodegas (stores) 3b) Often employed as local wage laborers to assist in serving customers in local shops, restaurants and hotels. 4) Several hired as teachers and/or education directors. 5) Local medical caregivers (i.e., ‘doctor’ and ‘dentist’) dispense basic medications, provide ‘first aid’ care, pull teeth, and treat other minor medical conditions. 6) Often recruited to fell trees, chop wood and collect lumber for cooking, construction and other functions. 7) Artistic painting and construction (<i>artisanea</i>) of traditional drums, cabinets and other furniture for domestic use, along with masks and costumes for ritual celebrations. 8) Feed, water and herd cows, horses and other large animals.

Table 5-1. Continued

	Females	Males
Wage Labor in regional and international markets	<ol style="list-style-type: none"> 1) Limited consistent involvement in regional or international export market. 2) Some depart home for intermittent periods to sell coconut and casaba bread, as well as a variety of excess produce (including plantains, bananas, mangoes, oranges) to adjoining villages or in the port cities. 3) A growing number involved as wage laborers in regional and international tourism in Central America, the Caribbean and the United States (cooks, domestic help, clerks). 4) Several work as teachers, nurses and in other educational and healthcare roles. 5) Many employed in the national service sector and as professionals in government agencies and local businesses. 	<ol style="list-style-type: none"> 1) Heavily involved as wage laborers on plantations (including banana and sugar cane) with goods cultivated for export or for sale on the regional market. 1b) Agricultural activities include labor to clear land, prepare soil, dig holes for planting, apply pesticides, “deflower” plants to encourage growth, “plume” dead leaves, “sleeve” banana bunches with plastic bags, pack and/or bundle harvested crops, and carry packed/bundled crops from plots to the roads, transport produce to export or to factory for secondary production. 2) Work in logging camps for domestic use and export markets. 3) Many work on fishing boats and tourist ships that travel throughout the Americas and worldwide. 4) Several work as educators across regional school districts. 5) Some also work in the national service sector and as professionals in government agencies and local businesses.
Other Domestic Responsibilities	<ol style="list-style-type: none"> 1) Principally responsible for childcare, cooking, household maintenance, washing clothes, and other domestic tasks. 2) Many assume care-giving role for orphaned children in the event of maternal death among family members, friends, or community residents. 	<ol style="list-style-type: none"> 1) Often work alongside women to maintain the physical integrity of the home. 2) Will assume childcare responsibilities in the absence of an adult female in the home who departs intermittently for wage labor in other cities and countries. 3) Some also assume care of orphaned children in the event of maternal death.
Land Tenure and Control	<ol style="list-style-type: none"> 1) Although most land is communally owned – and “official” government authorized land titles remain rare – women have control over household plots and over the cultivation of crops in their fields (i.e., determine planting and labor patterns). 2) Some men have obtained official titles to their village land with purchases less common in female-headed households than homes headed by males. 2b) Males own and/or control more land than female holdings and maintain control over their planting and labor patterns. 3) Most lands involved in mixed-use functions as homesteads, bodegas (stores), hotels, and small animal pens are often located in the same general area, while croplands are within a mile or two from the home sites. 4) Families typically own and maintain livestock along with crop production. 	

Table 5-1. Continued

	Females	Males
Control of Income	Maintain control over the production and income derived from the sale of food crops throughout the local communities.	Maintain control over their income from any domestic or export-level crop production.
Children (Household Contributions)	<ol style="list-style-type: none"> 1) Both male and female children involved in farming and other household activities. 1b) Time on farm devoted to bush clearing, digging holes for planting crops, weeding, harvesting, transporting and processing crops. 1c) For older male children, household help ranges from assisting in the construction of homes and other local buildings (mix cement, paint, fetch supplies, clean sites), to fishing, hunting small game, and working in the fields. 2) Older female children also help with preparing meals, cleaning, washing clothes, cooking, and other household tasks while their parent(s) and family work in the fields. 3) Children of various ages hired to “chapiar” (cut grass by hand with machetes), run errands, and tend small animals. 4) Some older teenagers assume roles as heads-of-household as they remain in the village and tend to younger siblings while parents pursue wage labor in the cities. 	

Results based on Author’s fieldwork 2007-2009, and from discussions of Garifuna labor patterns and lifestyle presented by J. Palacio (1991, 2005), Gargallo (2005), Gonzalez (1969, 1988, 1997) and Kerns (1989).



Figure 5-8. Cassava harvesting and processing. A) Extended family of men, women and children working together to peel cassava. B) Young man washing cassava. C) Women grinding cassava. D) Ground cassava readied for squeezing and drying.

Once the roots were finely ground, women loaded the wet paste into a long, woven, snakelike strainer (*ruguma*) that was hung from the rafters to be drained overnight (Figure 5-9 A). The next day, the clumps of dried cassava flour were then sifted through a large woven sieve (*hibice*) in preparation for baking on the round wood-fired oven (*comal*) (Figure 5-9 B through E). The finished product is stacked and covered for household use, or for sale to other local residents



Figure 5-9. Cassava processing and food preparation. A) Woman loading ground cassava into a ruguma (a traditional snake-like basket used to squeeze and dry cassava). B) Woman sifting dried cassava flour in a woven sieve (*hibice*). C) Baking cassava bread on a *comal* (a wood-fired hearth). D) Woman flipping over trimmed cassava bread by hand. E) Baked cassava bread cut in half and stacked on a wood tray.

Men of all ages in the villages, and a few in the towns, participated in daily fishing as their main sources of income. Even before daybreak, men gathered their fishing gear and

prepared their boats for the day's activities. They set out to sea at first-light equipped with buckets and coolers to preserve their catch during their long hot day. By late in the afternoon, men were seen walking back on shore with their nets and buckets of fish in hand, selling their fresh catch to local families, and repairing torn nets for the next day at sea (Figure 5-10 A through D).



Figure 5-10. Examples of fishing activities in Honduras and Belize. A) Fisherman returning home with his catch. B) Vendors selling fresh fish by the shoreline in a Belizean town. C) Boy cleaning shellfish for sale. D) Man repairing fishing net in a Honduran village.

Throughout the day, men were also observed clearing the land, tilling their fields in preparation for planting crops, and chopping grass and firewood with axes and machetes

(Figure 5-11 A through C). Women also took part in tilling the soil, planting seeds and tubers, and weeding crops (Figure 5-11 D). For women, their domestic routines in the households often began after they returned from working hours in the fields.



Figure 5-11. Subsistence horticulture and yard work in Garifuna communities. A) Man clearing and tilling his family's field. B) Man cutting grass with a machete. C) Man chopping firewood for cooking. D) Woman planting crops.

As early as 4:00 in the morning, well ahead of the punishing midday sun, I was often awakened to the voices of multi-generational groups of women heading to the fields to tend to their crops. Women often shared in the labor required to complete their household duties. Together, women washed clothes, farmed crops, cooked and baked, and cared for children. With few exceptions, cooking for the households was performed almost exclusively by the women (Figure 5-12 A and B).



Figure 5-12. A) Young girl cooking on a traditional wood-fired stove. B) Woman frying plantains on a wood hearth.

My recent assessments of households caring for orphans showed that female-heads of homes either assumed many of the tasks formerly held by men, or sought out the assistance of male kin (and older children) to perform more difficult jobs (like clearing fields and preparing land for planting, or for transporting produce from the fields for processing). Undeniably, the responsibilities of Garifuna women have expanded considerably in recent years. Unfortunately, their duties are increasing at a time when socio-cultural changes have constricted their networks of support.

The Semi-Urban Towns

Unlike the villages where the residents are primarily Garifuna, the semi-urban towns were characterized by mixed ethnic groups. With an estimated population of around 2,000 people, the seaside town of Agua Azul in Honduras is largely Garifuna, although groups of English-speaking Creoles are also found in the area. In Belize, the majority of the townspeople in Pantaú are also Garifuna. However, with a population of over 11,000, the area is also home to several cultural groups including Creoles, Asians and Mennonites, as well as vendors from India, the Mayan communities, and the Middle East who live in nearby enclaves within the district (Statistical Institute of Belize 2008).

Generally, the towns in both countries shared several characteristics. For example, the settlements were accessible by paved roads off main highways, and public transportation was available between the towns and bigger urban centers. The economies were largely non-agrarian, with the majority of the residents involved in some form of wage labor as teachers, as service staff in the tourism industry, or in public and private establishments within, and beyond, the communities.

In Honduras, the public services and the economic options were somewhat limited in Agua Azul. With no major retail shops, utility companies or other industrial enterprises, people traveled outside the town regularly to work, pay bills, and conduct other business. Instead of farming, families purchased the bulk of their food. Only a scant minority still maintained small stands of fruit trees and other crops for household consumption. The community featured a small central supermarket, several bars, and lodging establishments. Local schools provided free education from kindergarten through ninth grade. Other infrastructure included a neighborhood clinic, churches, and an internet café. Small family-run shops sold everything from produce and packaged goods, to local arts and crafts. Although private vehicles were not available to most families, several residents owned cars or small vans with the help of family remittances, higher-paying jobs, or with savings amassed after years working overseas.

The majority of houses in Agua Azul were constructed from concrete block, wood, or other durable materials. Similar to the villages, after Hurricane Mitch and other storms devastated Honduras, families who could afford to upgrade their homes in Agua Azul rebuilt with concrete. As I observed, families had largely abandoned the traditional *Yagua* or adobe structures of the past (Figure 5-13 A and B). Unlike the family compounds

observed in the villages, most houses were single-family dwellings of one or two levels, with water tanks and ready access to potable water. Newer homes featured indoor plumbing for bathrooms, kitchens and laundry facilities. For others, latrines, showers and washing basins were conveniently located in small buildings in close proximity to the main living quarters. For the townspeople, public electricity powered modern conveniences like televisions and stereos, which could be heard playing country and reggae music as one walked through the community. A few young people were seen with iPods, computers and cellular phones that, as I was told, were gifts from family working abroad.



Figure 5-13. A) Single-family concrete dwelling in Honduras. B) Houses along the main road.

The town of Pantaú in Belize was considerably larger than Agua Azul, and possessed a wider range of infrastructure and economic opportunities. The large central outdoor market remained abuzz from dawn to dusk. Merchants traveled into the town from across Belize, to sell fresh produce, meats, fish and an array of manufactured items. Around the market, dozens of male and female vendors set up makeshift stalls to sell cooked food, used clothes, school supplies and other goods (Figure 5-14).



Figure 5-14. Female street vendors selling used clothes and other items on the roadside

The community featured one main business district on the central roadway. The area boasted three national and multi-national banks, a regional bus station for long-distance transit, a fire station, a large furniture outlet, several supermarkets, a pharmacy, and other shops, restaurants, hotels and clothing stores (Figure 5-15). Despite the community's small size, several district and national governmental agencies and utility companies are also located near the town center. Eighteen schools offer instruction to students district-wide, from kindergarten through high school. The one Junior College in the area offers two-year degrees and professional certificates in business, education, tourism and other fields. Most of the educational institutions are privately run by churches of the Methodist, Catholic, Anglican and Seventh Day Adventist faiths.



Figure 5-15. Main business district in the Belizean town.

At the edge of town, a Garifuna heritage museum and school offer visitors an opportunity to hear about Garifuna history and to view a collection of traditional household artifacts. An adjacent community medical center provides treatment facilities to respond to minor traumas and other emergencies. Industrial businesses located within, or near, the town include a major beverage distributor, several agricultural operations, a citrus processing plant, a wood furniture manufacturer, and an international petrol and auto-service station. Although several economic opportunities exist in the area, the community is still suffering from a scant supply of high-paying jobs, especially for laborers who are younger and less skilled. The shortfall of available employment forces people to leave the community in droves each morning by bus en route to the cities for work.

Widening Social and Economic Disparities in Garifuna Communities

Locals lamented that in recent years, the fenced-in houses of more prosperous residents have begun to dot the formerly “communal” Garifuna landscape. In the villages, modern homes now sit alongside thatched huts, and motorbikes are replacing horses as a growing option in transportation. In the towns, the contrast between the more and less affluent residents is very apparent. Several multi-story and modern, concrete buildings overlooked ramshackle wooden homesteads devoid of electricity or indoor plumbing (Figure 5-16).



Figure 5-16. Homes in the Belizean town demonstrating the growing stratification of the society.

As observed throughout countries, the “inequalities generated by capitalism have a specific gender dimension,” favoring males; a trend that supports Beneria’s position about

the disparities that result from increased privatization (Beneria 1997:328). Meurs (1997:333) uses the term “decollectivization” to refer to the “transformation currently taking place in [these] former centrally planned [economies, that is] accompanied by rising inequality.” Although women working outside their communities also sent money back to support their households, in both rural and urban areas, most of the owners of the businesses and larger homes were men who labored outside the economic confines of their communities. Since the majority of the households caring for orphans are female-headed, and relatively poor, I questioned whether the access of orphans to higher standards of housing, education, and other necessities was significantly different than for other groups. I discuss the findings of the Orphan Access Assessment in greater depth in Chapter six.

The growing economic disparities have begun to exact extreme social consequences within communities and families. In villages and town settlements, I observed that the widening gap between the “haves” and “have-nots” has produced some friction. According to Mr. Ciego:

There never used to be fences. Everyone shared everything. Now, we go to the [United] States to work. . . but, when we come back, we are a changed people, and we put up fences. People are paranoid to protect their stuff. They now sleep behind fences when we used to sleep with our doors open.

Neighbors no longer share their goods or time as freely as in the past. My sources admit that the modern lifestyle demands that they focus more on their own children and families, with limited time or resources to give to others in their community. Roy Cayetano also described the changes to his people’s behavior towards one another in recent years:

We have become more urbanized. Even though [communities like these] were considered ‘town’ in the past, the lifestyle was essentially rural. The traditional principles of ‘I for you and you for me’ were maintained while we

were more agrarian. We have now shifted to a wage economy, and we are dependent on the dollar, and it is more expensive to be generous today.

Educator and author, Fabian Cayetano also spoke of major cultural changes that now find families separated, and children and the elderly in increased risk of abandonment.

The western influence promotes the individual over the community, and that is conflicting in the culture. The community is now challenged and eroded, but with individualism as the alternative, that does not work within our communal beliefs and practices. Our communal lifestyle centers around the extended family, the *dügü*, the ancestors, the grandparents . . . Now, the idea of people dropping off the grandmother at the old folk's home, and dropping off children at orphanages is seen as ungrateful and sad. We look down on that. But, it's happening. The question is, why?

As Garifuna families adapt to the effects of global conditions on their local communities, the growing emphasis on the “nuclear family”—versus the “communal family”—may prove to decrease the health and viability of communities, households, and individuals in the process. Indeed, the current social trend sees the steady erosion of reciprocal exchanges of goods and labor in the towns, and more recently, even in the rural areas. According to Roy Cayetano:

In the past, without refrigeration, giving was ‘saving’ because of the reciprocal relationship. You were assured that you would be taken care of as you take care of others. Now, everything we have is bought. So, as it applies to orphans, or older people, or non-relatives, the dependence on the wage economy is messing us up.

Despite the glaring evidence of the cultural changes in process, many Garifuna villagers and townspeople are still working to maintain their cultural traditions and inter-relational practices as best they can. The following chapter reveals the extent of the societal changes and demonstrates how families and orphans are coping in the process. The results show clearly how prolonged adaptive responses to socio-economic pressures

have affected how Garifuna families interrelate, and how orphans are currently nurtured and protected as they grow up.

CHAPTER 6 RESEARCH FINDINGS

Introduction

This chapter provides the most comprehensive evidence available about the lived experiences of Garifuna orphans in Central America. Although I collected extensive data in the field, I did not attempt to include every aspect of my findings. That will take a body of work to complete. Instead, I concentrated on what I believed were the most important factors to understand what led to the orphaning of Garifuna children, and to illustrate the challenges of their situation.

Throughout the research process, I invited the orphans to speak openly about their experiences after the deaths of their parents. In this chapter, the voices of the orphans are heard, as they shared their hardships, goals, dreams, and other aspects of their lives. Their statements, and those of other stakeholders, provide clear pictures of who Garifuna orphans are, the coping strategies they employ, and their short- and long-term needs as they mature into adults. Due to the relatively small sample size of orphans in this study, I include feedback from stakeholders across the society, along with comparative national statistics (as required), to cross-check and validate my findings. Using the results from my interviews and assessments, I answer the remaining research questions. To establish the basis for my analysis, I also:

- 1) Assessed the causes of parental death (maternal and paternal) among child-orphans who had lost both parents, and, compared the causes of maternal death among child orphans and adult orphans to demonstrate the changes over time;
- 2) Calculated the numbers of orphans who had the same two parents as their siblings, the total siblings of each orphan interviewed, and the numbers of orphans who are separated from one or more siblings;

- 3) Analyzed the results of the Household Stability Assessment (HSA) and organized the data based on the four Typologies to assess the competence of each household caring for orphans;
- 4) Categorized—based on the results of the Orphan Care Assessment (OCA)—the multiple approaches to the rearing of orphans after parental death; and, assessed comparative changes in orphan-care methods over time, using data from adult-orphans versus child-orphans;
- 5) Identified whether the mother’s or father’s family was the major participant in the raising of orphans; and,
- 6) Enumerated the results of my Orphan Access Assessment (OAA) to evaluate similarities and differences in the access of orphans, versus other youth, to vital resources and services.

In the next section, I begin by describing the informants whom I interviewed. Their responses are the foundations upon which this dissertation is based.

Participant Profiles

For this research, I interviewed a total of (n=80) Garifuna orphans (children and adults who had lost their mothers, or both parents, while they were below eighteen years of age). Among the participants, in Honduras, I conducted private conversations with 28 total orphans; including, 26 child-orphans under eighteen years of age, and 2 adult-orphans who are currently over eighteen years old, but whose parent died before their eighteenth birthday. In Belize I interviewed 52 total orphans; including, 37 child-orphans and 15 adult-orphans.

Of the (n=80) total orphan participants, I selected 10 “key informants” for in-depth ethnographic interviews. A portion of the data derived from those discussions were used as “case studies” of orphans whose life stories represent similar experiences and challenges of other children in their communities. Although I do not present all the case studies intact, I have inserted substantiating quotes from those (and other) orphans to give voice to the issues of greatest concern to this target group.

To confirm the insights derived from my conversations with the orphans, I also interviewed a total of (n=61) stakeholders; 23 in Honduras, and 38 in Belize. As I discussed in Chapter four, these contributors included the local clergy, Garifuna spiritualists, district officials, educators, medical professionals, grassroots organizations, national government officers, international NGOs, as well as the caregivers of orphans and other vulnerable children.

Of the total (n=71) households raising orphans, I conducted Household Stability Assessments (HSA) in 15 village and 9 semi-urban households in Honduras, and 5 village and 42 semi-urban households in Belize. The selection of households was not random. Since the available populations of orphans varied between the villages and towns, the assessments of household stability were determined by the available pool of orphans, and their guardians, in each community. Due to time constraints, comparative HSA data on other houses not caring for orphans in the selected communities were not obtained.

Each interview was conducted confidentially, either in the orphan's places of residence, at school, or at work. As I interpreted my data in the field, I used those interviews to fact-check my findings, and to hone my methods, as required, to enhance the quality of the data collected. Those discussions also led me to identify an additional sub-population of potentially "vulnerable" children that was previously not included in this study. Based on their requests to have their voices heard, I held conversations with (n=14) "fatherless youth" (children under age eighteen whose fathers were deceased, but whose mothers were alive). Those participants included 3 females in Honduras, and 5 males and 6 females in Belize. Although funding and time prohibited any in-depth research into the lives of "fatherless-youth", I assembled some preliminary data about this population to

determine if the insights warranted consideration for further study. Therefore, until a broader study of “fatherless youth” is conducted, the data from their interviews are included exclusively to provide background to this discussion. Thus, the 14 fatherless youth are counted among the other “stakeholders” for a combined total of (n=75).

Contributors to Garifuna Orphanhood: Main Causes of Maternal and Paternal Death

Certainly, there are valid concerns about the rates, and continued spread, of HIV/AIDS throughout Garifuna populations. However, in the population sampled, as Table 6-1 demonstrates, although the disease is one of the principal factors responsible for maternal death (28.8%), the cumulative majority of women (over 71%) were reported to have died due to other causes. Various forms of cancer (23.8%), strokes (8.8%), homicides (7.5%) and vehicle accidents (5%) also contributed substantially to orphaning among the populations under study. Within the category of “other causes,” 5 percent of orphans stated that their mothers either died in childbirth, from Multiple Sclerosis (MS), a burst appendix, or succumbed to pneumonia. The remaining one fifth (20%) of mothers died from “unknown” causes. As a point of comparison with national data, Belize’s Maternal and Child Health Unit reported that, from 2004-2006, “the leading causes of death for women 15-49” were AIDS, transportation accidents, unspecified cancers, homicide and purposeful injury, and liver cirrhosis (Catzim 2008:40). I could not locate any comparative national data on the leading causes of maternal deaths for Honduras.

To assess any “Changes in the Patterns of Mortality among Garifuna Women Over Time,” Table 6-2 separates the responses among the 63 child-orphans (8-17 years of age) and 17 adult-orphans (18-48 years old). Given the statistically small sample of adult orphans, I include this assessment primarily to determine if any major changes have

occurred in the patterns of maternal death in past years, versus today. Findings indicate that the percentage of reported maternal deaths due to AIDS is almost double among child-orphans (31.7%) versus adult orphans (17.6%).

Table 6-1. Reported Causes of Maternal Death: Mortality among Garifuna Women in Honduras (n=28) and Belize (n=52)

Causes of Death	Honduras (#) %	Belize (#) %	Totals (#) %
AIDS	(10) 35.7%	(13) 25.0%	(23) 28.8%
Cancer	(5) 17.8%	(14) 26.9%	(19) 23.8%
Stroke	(0) 0.0%	(7) 13.5%	(7) 8.8%
Heart Attack	(1) 3.6%	(0) 0.0%	(1) 1.3%
Murder/Homicide	(3) 10.7%	(3) 5.8%	(6) 7.5%
Vehicle Accidents	(0) 0.0%	(4) 7.7%	(4) 5.0%
Other Causes	(1) 3.6%	(3) 5.8%	(4) 5.0%
Unknown	(8) 28.6%	(8) 15.4%	(16) 20.0%
Total (#) %*	(28) 100%	(52) 100%	(80) 100%

* Column totals rounded to 100%. Results based on Author's fieldwork 2007-2009. Cumulative figures based on responses from (n=80) total participants of child-orphans (n=63) and adult-orphans (n=17) in Honduras and Belize.

Table 6-2. Reported Causes of Maternal Death: Changes in the Patterns of Mortality among Garifuna Women Over Time

Causes of Death	Adult-Orphans (#) %	Child-Orphans (#) %
AIDS	(3) 17.6%	(20) 31.7%
Cancer	(4) 23.5%	(15) 23.8%
Stroke	(1) 5.9%	(6) 9.5%
Heart Attack	(1) 5.9%	(0) 0.0%
Murder/ Homicide	(0) 0.0%	(6) 9.5%
Vehicle Accidents	(3) 17.6%	(1) 1.6%
Other Causes	(3) 17.6%	(1) 1.6%
Unknown	(2) 11.8%	(14) 22.2%
Total (#) %*	(17) 100%	(63) 100%

* Column totals rounded to 100%. Results based on Author's fieldwork 2007-2009. Cumulative figures based on responses from (n=63) child-orphans and (n=17) adult-orphans.

Among child-orphans homicide is responsible for almost ten percent of maternal deaths (9.5%) compared to zero for adult-orphans. The percentage of "Unknown" causes of death has increased nearly two-fold from 11.8% among adult-orphans to 22.2% among child-orphans. Other significant findings include the following:

- Reported deaths due to various cancers are similar between child-orphans (23.8%) and adult-orphans (23.5%); and,
- Vehicle accidents were responsible for almost eighteen percent (17.6%) of maternal deaths among adult-orphans, versus less than two percent (1.6%) among child-orphans.

Among all the data, the results show that AIDS, violence, and strokes have contributed to an increase in the percentage of maternal deaths over time; while, the rate of deaths due to heart attacks and vehicle accidents have declined. With regard to HIV/AIDS, this temporal change was expected, as the disease has spread throughout the region, and worldwide, in recent decades. As far as the homicide rate, findings by M. Palacio (2002) and England (2006) provide some possible explanations. Both authors described the increased risks that have resulted from the deportation of gang members from the U.S. into Garifuna communities, and the rise in drug trafficking through remote areas across the region. One of my informants (who I will refer to as Olivia) also confirmed the growing prevalence of gang and drug activity that, she says, was mostly concentrated in the urban areas, but is spilling over into peripheral communities.

We also have quite a few deportees from the U.S. who come back and are influencing our youth here. Probably in the 1980s we started to see gangs start to form here. But the low government control of the organized groups makes it difficult. We do have some Crypts and Bloods here because you see the rags in their back pockets. It is worse in Belize City, but it's getting pretty bad here too.

Orphans and fatherless youth in both countries reported that (n=9) of their parent(s) died as a result of being "poisoned" (3 mothers, and 2 fathers), "shot" (2 fathers), or "murdered" under other suspicious circumstances (2 mothers). However, I seriously caution readers not to jump to any conclusions until more research verifies if the parental homicides were attributable in any way to gang activity or drug trafficking.

Regarding the causes of paternal deaths, unfortunately, comprehensive statistics are unavailable. Some orphans (n=18) did not know their fathers, and had no knowledge of where their fathers were or about their mortality. Others had fathers who were still alive, although their mothers were deceased (n=31).

However, Table 6-3 reflects the responses of the “double orphans” interviewed (n=31). This figure includes (n=25) children and (n=6) adults whose mothers and fathers were both deceased, and whose parents died before their eighteenth birthdays. What the table shows is that the main cause of paternal deaths was AIDS (45.2%), with more than half (56.3%) of fathers in Honduras and a third (33.3%) in Belize reported to have succumbed to the disease. Homicide (9.7%) and liver disease (6.5%) were also responsible for a significant percentage of paternal deaths. Additionally, cumulative results for almost a third of fathers (29%), indicated that the reasons for their deaths were “Unknown.” Regrettably, insufficient data was available for adult “double-orphans” to perform an analysis to determine if any major changes in the causes of deaths among fathers had occurred over time.

Table 6-3. Reported Causes of Paternal Death: Mortality among Garifuna Men in Honduras (n=16) and Belize (n=15)

	Honduras (#) %	Belize (#) %	Totals (#) %
AIDS	(9) 56.3%	(5) 33.3%	(14) 45.2%
Stroke	(0) 0.0%	(1) 6.7%	(1) 3.2%
Heart Attack	(0) 0.0%	(1) 6.7%	(1) 3.2%
Murder/Homicide	(2) 12.5%	(1) 6.7%	(3) 9.7%
Liver Disease	(0) 0.0%	(2) 13.3%	(2) 6.5%
Other Causes	(0) 0.0%	(1) 6.7%	(1) 3.2%
Unknown	(5) 31.3%	(4) 26.7%	(9) 29.0%
TOTAL (#) %*	(16) 100%	(15) 100%	(31) 100%

* Column totals rounded to 100%. Results based on Author's fieldwork 2007-2009. Cumulative totals based on responses from (n=31) “double-orphan” participants including (n=25) child-orphans and (n=6) adult-orphans.

Household Stability Assessment (HSA)

In their study of the impact of AIDS on families caring for orphans, Abebe and Aase's (2007) "Typologies of Extended Families" describes, what they term as, a "fluid continuum" that reflects varying dimensions of care available in each household condition. Using a modified version of their methodology, Table 6-4 presents the results of my Household Stability Assessment (HSA) compiled in the four villages and two towns under study. The data outlines the financial capacities of the 24 households in Honduras and 47 households in Belize that are currently providing care to orphans.

Table 6-4. Household Stability Assessment (HSA): Caregivers Fostering Garifuna Orphans in Honduras (n=24) and Belize (n=47)

TOTAL HOUSEHOLDS	DEGREES OF STABILITY			
	"Capable" [Stable] (Best)	"Adaptive" [Relative Stability]	"Transient" [Relative Poverty]	"Rupturing" [Chronic Poverty] (Worst)
Honduras Villages (15)	0	6	6	3
Honduras Town (09)	1	4	4	0
Belize Villages (5)	1	2	1	1
Belize Town (42)	15	17	6	4
Total (#) %*	(17) 23.9%	(29) 40.8%	(17) 23.9%	(8) 11.3%

*Column totals rounded to 100%. Modified version of Abebe and Aase's "Typologies of Extended Families" assessment model (2007:5-8); and, Author's assessments of interview responses from (n=71) total households in Honduras (n=24) and Belize (n=47) from 2007 to 2009.

The four Typologies outlined below reflect the ability of each household to respond to the needs of all people living in the home, including the orphans in their care.

Households fell under one of the four general categories:

- **"Rupturing"** – the worst case scenario, when the middle-generation dies, increasing economic hardship. Primarily the very old and very young cohabitate without any outside support

- **“Transient”** – the household lives in “relative poverty” amidst declining living conditions and with no principal adult breadwinner (typically female-, child-, or grandparent-headed)
- **“Adaptive”** – the household maintains relatively stable possession of its household resources and livelihood assets (typically male-headed and/or aided by outside remittances)
- **“Capable”** – the best condition, wherein the household possesses viable material and social capacities even without external support

“Adaptive” Households

As the data in Table 6-4 shows, a cumulative majority of the caregiver households in both countries (40.8%) are among the “Adaptive” group. These households enjoyed some measure of socio-economic stability, although they relied heavily on outside financial support to maintain their standards of living. Adaptive households ranged in size from one, to as many as fifteen people. The one-person residence belonged to a 17-year-old orphan who chose to live alone after the death of his mother. The 15-member household (which was the largest unit assessed) consisted of a family compound with two homes and one major breadwinner—a father who worked as a mechanic. Other larger households in the Adaptive category stated that they obtained (and often relied upon) outside financial help, from family members or from public service agencies, to provide for the orphans in their custody.

“Capable” Households

Overall, less than a quarter of households (23.9%) were considered “Capable” which reflected high levels of financial stability. As Table 6-4 shows, almost all households in the Belizean town enjoyed superior standards of living compared to their counterparts in Honduras. In addition to the majority having at least one, but sometimes several, wage-earning adults in the home, many of these families also received a combination of outside

supports from surviving fathers, other kinfolk, or from the government. In addition to those funds, some of the retirees also contributed their pensions to the household budget. Several of the careers enjoyed by the heads-of-household in this group included plant operators, restaurant owners, teachers, and government workers. Family sizes varied widely from two to nine residents. Contrary to my previous assumptions, I found that the majority of the “Capable” households were female-headed, although some benefitted from financial contributions of men who resided in, and outside the home. There were zero “Capable” households found in the Honduran villages and only one in the town. The one “Capable” household in Agua Azul had an employed male wage earner who owned his home, land and other assets. Additionally, in Belize, with the exception of one household that was located on “family-owned” land, all of those guardians owned their homes, land, and other tangible property (furniture, equipment, etc.), while a few also owned vehicles, livestock and other assets.

“Transient” Households

Similar to the “Capable” group, about a quarter of households (23.9%) fell under the “Transient” category. In the majority of those households grandparents and aunts were the primary caregivers for orphans. At the time this data was collected, none of those guardians were employed in full-time, wage-earning careers, although a few indicated that they were retired professionals who depended on their pensions to maintain their homes. Other caregivers relied on farming and fishing, and on the informal sector to sell surplus crops, used goods, raffle tickets and other products. Although some households reported that they received remittances or other forms of outside assistance, they also stated that the help was intermittent, and usually came in the form of “gifts” once or twice each year. Household sizes ranged from 3 to 10 people, although the family units in the villages

tended to be larger than in the towns. Of the “Transient” households in both countries, the majority of guardians who owned their homes and land lived in the towns. The one exception was a female caregiver who owned her land in Wayunagu village in Belize. All of the rural households in Honduras were on communal land.

“Rupturing”: Households

At the worst end of the spectrum, 11.3 percent of households were identified as “Rupturing.” In these homes, which are primarily headed by older grandmothers or other women, there was no major breadwinner in a full-time, wage-earning career. Many of the caregivers reported that they did “odd jobs” like cutting wood, selling cooked food in roadside stalls, and cleaning houses or washing clothes in the neighborhood. Some cultivated family farms or fished to supply food for the table. Others said that they relied on the kindness of their kinfolk to help to feed and provide other necessities for their dependents. Of this group, none of the households received remittances or any other form of external financial support. In the Belizean town, although several caregivers reported that they bought or inherited their properties, the small wooden houses that I visited were seriously decayed. The dangerous conditions of some “Rupturing” households included collapsing front steps, rotten floors, leaning walls and other problems that residents had no resources to rectify. The remaining caregivers rented their properties, and in Honduras, they lived on communal land.

Comparison of Household Stability by Country and Community Location

To gauge differences in the capacities of households by country and across communities (villages versus towns), I conducted a comparative assessment of all sample households in Honduras (n=24) and Belize (n=47). An assessment of household stability based on their locations revealed the following:

Honduras Villages (n=15): Combined results from all households in the two villages (Inebesi and Siene) showed that 20 percent of the households were “Rupturing, 40 percent were “Transient,” and 40 percent were “Adaptive”. Zero were considered “Capable.”

Honduras Town (n=9): Results from all households in Agua Azul showed that zero were “Rupturing”, 44.4 percent were “Transient,” 44.4 percent were “Adaptive,” and 11.1 percent were “Capable.”

Belize Villages (n=5): Combined results from all households in the two villages (Echuni and Wayunagu) showed that 20 percent were “Rupturing”, 20 percent were “Transient”, 40 percent were “Adaptive,” and 20 percent were “Capable.”

Belize Town (n=42): Results from all households in Pantaú showed that 9.5 percent were “Rupturing,” 14.3 percent were “Transient,” 40.5 percent were “Adaptive,” and 35.7 percent were “Capable.”

These results indicate that households in the towns, in both countries, had higher levels of stability than in the villages. Findings also show that overall, households in Belize were more stable, and benefited from superior access to material resources from kin and public assistance programs, than those in Honduras. For instance, over 75 percent of the households in the Belizean town were either “Adaptive” or “Capable,” as well as over 60 percent in the villages. Whereas, while over half of the households in the Honduran town were also “Adaptive” or “Capable,” over 60 percent in the villages were classified as either “Transient” or “Rupturing.”

Orphan Care Assessment (OCA): Family Approaches to the Rearing of Orphans

Figure 6-1 illustrates the available safety nets for Garifuna orphans that are employed throughout their extended kinship networks and into the larger society. The

graphic reflects the traditional and alternate approaches to the rearing of orphans as families adjust to increased economic and social pressures. The figure also demonstrates the stages of care alternatives within the network. A more in-depth discussion of how each “net” is currently employed, along with the percentages of orphans who are cared for within each arrangement, is presented below in Table 6-5. In this analysis, I acknowledge that some orphans, who now reside in the cities, may have fallen outside family care, and may face risks that are not documented in this report. However, until further research establishes the conditions of those children, this report only includes the findings identified during the course of this study.

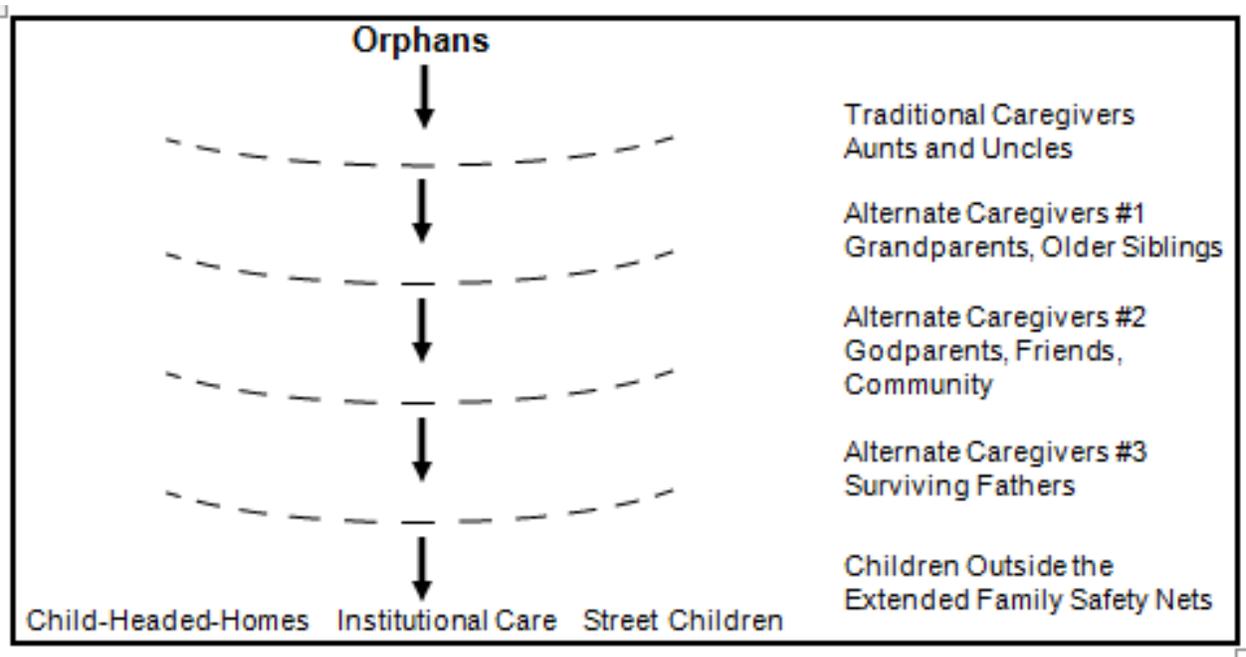


Figure 6-1. Garifuna Orphan Care Networks. Expanded version of Foster’s model of the “Extended Family Safety Net in Africa” (Foster, 2000).

Table 6-5 outlines the eight options for orphan care that were identified or observed during my fieldwork. The data reveal that the extended family remains the primary custodians for orphans. At a cumulative 38 percent (57% in Honduras and 26.9% in Belize) the primary custodians for orphans are their maternal or paternal grandparent(s),

along with aunts or older siblings who may also co-reside in several of the homes. In those households, the majority of the heads-of-household were older, single, and un- or under-employed, women.

Since large numbers of orphaned siblings were not fostered together in one household, the table separates those living with their aunts and uncles into two categories (“Sanguine Kin” A and B) based on observed modifications in the fostering arrangement. As the table shows, although both groups of orphans lived with aunts or uncles, the 23 percent who comprised the “Sanguine Kin” (B) group, were separated, either temporarily or permanently, from one or more of their siblings.

Additionally, 16 percent of orphans lived with non-sanguine (or fictive) kin. Of this group, the primary guardian was either a godparent, a friend of the deceased mother, or a member of the community (i.e., a local teacher or nurse) who was not related to the child. One orphan I met in Honduras during my initial study in 2007 found refuge living in a small back-house with the parents of his friend. He had lost both of his parents, had no siblings, and had no family available to foster him. Although he had no blood-ties to the family with whom he resided, his caregiver expressed that “we Garifuna don’t leave our children alone,” and that she and her husband considered the orphan to be a part of their “family” after maintaining a long-term relationship with his biological mother. (See Case Study of Leon below).

Father-headed-households comprised 10 percent of the orphan-care arrangements. Although, throughout the communities, the majority of fathers were either absent or intermittently involved in the lives of orphans, in a strongly matrifocal culture, the fact that 10 percent of fathers had assumed full financial and social responsibility for the rearing of

Table 6-5. Orphan-Care Assessment (OCA): Cumulative Results from Honduras and Belize

Current Approaches	"Traditional" Permanent Care Method	Honduras (#) %	Belize (#) %	Total (#) %
1 "Sanguine Kin" (A) [Aunt and/or Uncle]	Yes (Historically Ideal) All siblings together	(2) 7.0%	(7) 13.5%	(9) 11.0%
2 "Sanguine Kin" (B) [Aunt and/or Uncle]	Yes (Modified Approach) Some siblings separated	(6) 21.0%	(12) 23.1%	(18) 23.0%
3 "Extended Family" [Grandparent or Older Sibling(s)]	Yes (Formerly in Limited Use as a Permanent Arrangement) Most siblings separated	(16) 57.0%	(14) 26.9%	(30) 38.0%
4 "Non-Sanguine/Fictive Kin" [Godparent, Family Friend, Community Member]	Yes (Very Rare. Previously used for Temporary Child Fostering) Most siblings separated	(1) 4.0%	(12) 23.1%	(13) 16.0%
5 "Surviving Biological Parent" [Fathers]	No (Increasingly Employed Care Approach) Some siblings separated	(2) 7.0%	(6) 11.5%	(8) 10.0%
6 "Child-Orphan-Headed Household"	No (Currently in Limited Use) Most siblings separated	(1) 4.0%	(0) 0.0%	(1) 1.0%
7 "Institution/Orphanage"	No (Currently in Limited Use) Most siblings separated	(0) 0.0%	(1) 1.9%	(1) 1.0%
8 "Street/Abandoned Child"	No No data available on sibling separations	(0) 0.0%	(0) 0.0%	(0) 0.0%
Total (#) %*		(28)100%	(52)100%	(80)100%

* Column totals rounded to 100%. Results based on Author's fieldwork 2007-2009. Cumulative totals based on responses from 80 orphan participants in Honduras (n=28) and Belize (n=52).

their children after maternal death is a noteworthy, and positive, condition. That finding suggests that more research into the role of the modern Garifuna father is certainly warranted. Finally, only 1 percent of the households were headed by child-orphan; and, an additional 1 percent lived in an institutional facility.

For further clarification on family participation in the rearing of Garifuna orphans, I found that almost three-quarters (71.4%) of orphans in Honduras and nearly half (46.2%) in Belize were cared for by their mother's family (grandparents, aunts or uncles). Of all the orphans, 10.7 percent in Honduras and 28.8 percent in Belize reported that they were raised by their father's family (primarily grandparents).

A comparative temporal assessment between the orphan-care methods afforded to adult-orphans (18-48 years of age) versus child-orphans (8-17 years of age), in Honduras and Belize, revealed some interesting insights. As Table 6-6 demonstrates, the percentage of orphans being raised in the "historically ideal" traditional method (in households with maternal aunts and uncles with all siblings together) has declined slightly over time (from 11.8% to 11.1%). The percentage being raised in the "modified approach" (in households with maternal aunts and uncles with some siblings separated) has declined dramatically (from 35.1% among adult-orphans to 19% among child-orphans). Today, the role of the "extended family," largely maternal or paternal grandparents and older siblings, has increased about ten percent, from (29.4%) among adult-orphans, to (39.7%) among child-orphans. Another noteworthy finding is that the percentage of orphans being raised by "non-sanguine, fictive kin" has more than tripled, from 5.9 percent among adult-orphans, to 19 percent among child-orphans. Moreover, the percentage of fathers participating in orphan-care has actually decreased slightly over time, from 11.8 percent

who participated in raising orphans in the past, to 9.5 percent currently raising child-orphans. Other adjustments in orphan-care include a slight increase in child-headed households (1.6 percent among child-orphans versus zero percent of adult-orphans), and a slight decrease in orphans in institutional care (5.9 percent among adult-orphans versus zero percent of child-orphans). No orphans were found to be homeless or living on the streets in any of the communities.

Again, with this data, I caution readers that until a wider sample of adult-orphans are interviewed; no concrete conclusions can be determined. Indeed, informants throughout Honduras and Belize spoke of siblings and other family members living in orphanages and other public institutions “in the city.” Since this study did not expand data collection to include Garifuna in the cities, the insights derived from this data on trends among child-headed households and the numbers in institutional care are inconclusive. The comparison among older and younger orphans in this section does suggest that several important changes have occurred. This is evidenced especially within the “kin-support networks,” as sibling separations among orphans have increased, even for children who live with maternal caregivers. The changes are also reflected by the increased percentages of orphans who live permanently with grandparents or older siblings. Findings also suggest that a growing percentage of orphans have fallen outside the traditional “kin-support” system. This is demonstrated by the fact that fictive kin and other guardians throughout the communities have increased their roles as permanent caregivers of Garifuna orphans.

Table 6-6. Orphan Care Assessment (OCA): Comparative Results of Changes in Orphan-Care Methods Over Time Between Adult-Orphans (n=17) and Child-Orphans (n=63)

Current Approaches	“Traditional” Permanent Care Method	Adult Orphans (#) %	Child Orphans (#) %	Total (#) %
1 “Sanguine Kin” (A) [Aunt and/or Uncle]	Yes (Historically Ideal) All siblings together	(2) 11.8%	(7) 11.1%	(9) 11.0%
2 “Sanguine Kin” (B) [Aunt and/or Uncle]	Yes (Modified Approach) Some siblings separated	(6) 35.1%	(12) 19.0%	(18) 23.0%
3 “Extended Family” [Grandparent or Older Sibling(s)]	Yes (Formerly in Limited Use as a Permanent Arrangement) Most siblings separated	(5) 29.4%	(25) 39.7%	(30) 38.0%
4 “Non-Sanguine/Fictive Kin” [Godparent, Family Friend, Community Member]	Yes (Very Rare. Previously used for Temporary Child Fostering) Most siblings separated	(1) 5.9%	(12) 19.0%	(13) 16.0%
5 “Surviving Biological Parent” [Fathers]	No (Increasingly Employed Care Approach) Some siblings separated	(2) 11.8%	(6) 9.5%	(8) 10.0%
6 “Child-Orphan-Headed Household”	No (Currently in Limited Use) Most siblings separated	(0) 0.0%	(1) 1.6%	(1) 1.0%
7 “Institution/Orphanage”	No (Currently in Limited Use) Most siblings separated	(1) 5.9%	(0) 0.0%	(1) 1.0%
8 “Street/Abandoned Child”	No No data available on sibling separations	(0) 0.0%	(0) 0.0%	(0) 0.0%
Total (#) %*		(17) 100%	(63) 100%	(80)100%

* Column totals rounded to 100%. Results based on Author’s fieldwork 2007-2009. Cumulative totals based on responses from (n=80) orphan participants in Honduras and Belize, including (n=17) adult-orphans and (n=63) child-orphans.

Orphan Access Assessment (OAA)

Results of data related to children's level of access to select resources and supports in Garifuna communities are delineated in Table 6-7. The results are an average of interview responses from orphans, their caregivers, community residents, and other stakeholders. Informants were asked to assess the levels of access provided to Garifuna orphans, compared to other (non-orphaned) children in the communities. The assessments were based on a scale that evaluated children's levels of access from "Excellent" (4.0) to "No Access" (1.0). A complete explanation of the assessment scale is outlined below, and all interviewees provided their appraisals based on the specific ranges described in the scale.

- **Excellent Access = 4.0** (the resource or service is readily available to all children at levels that provide effectively for—and often exceed—their basic needs);
- **Good Access = 3.0** (the resource or service is available to children at levels that provide adequately for their basic needs);
- **Some Access = 2.0** (the resource or service is available at levels that are limited, and are often lacking in sufficient amounts to meet basic requirements); and,
- **No Access = 1.0** (the resource or service is not available).

Housing

Averaged results revealed that, in both countries, orphans have slightly lower access to adequate housing than other children in their communities. The findings in Table 6-7 show that orphans are provided with "Some to Good" access to shelter (at 2.6 in Honduras and 3.0 in Belize) although the housing arrangements for several orphans were below the levels of comfort experienced by their peers who generally obtained "Good" access (3.4) to adequate housing. As several families expanded unexpectedly to accommodate new members into their homes, I observed that some less affluent

caregivers were limited in their capacities to provide shelter beyond the orphan's basic needs. For example, some orphans spoke of "crowded" households with "no privacy," of doing "homework by candlelight," and at times, of having to "share a bed" with other family members. Other children stated that even in households where non-orphaned children had private quarters, they shared a room with one, or more, people. However, it bears noting that despite the hardships, all orphans were provided with a place to live, either within, or outside, their kinship networks. Also, with only one exception, where a young boy was removed from the home of his abusive father, those who lived with their surviving fathers expressed feeling "lucky" and "happy" to live with their parent.

Food

Availability of sufficient amounts of food posed difficulty for a few orphans. Overall, the range of "Some" to nearly "Good" access (2.8 in Honduras and 2.9 in Belize) was at comparable levels with other children in their communities who also had above "Good" access to food (3.6 in Honduras and 3.1 in Belize). I noted that many orphans relied on school feeding programs to provide their main meal for the day. Some also stated that they routinely shared food with friends at school, and frequented the homes of people outside their households to access more food. While the majority spoke of getting "enough food" to eat, they also said that most meals provided by their caregivers were not the kinds of foods they liked. Foods on their *preferred* lists included hamburgers, bottled drinks, chips, cookies, and other packaged goods that, some guardians acknowledged, were just too expensive to provide to the children on a daily basis.

Safe Water and Sanitation

Within this category, the average assessment range of 3.0 to 3.7 for all children indicates that both orphans and non-orphans had "Good" to nearly "Excellent" access to

Table 6-7. Orphan Access Assessment (OAA): Cumulative Results from Honduras and Belize

Resources and Services	Honduras Orphans	Honduras (Other Children)	Belize Orphans	Belize (Other Children)
GENERAL ASSISTANCE				
1 Housing/Shelter	2.6	3.4	3.0	3.4
2 Food	2.8	3.6	2.9	3.1
3 Safe Water & Sanitation	3.0	3.7	3.3	3.5
4 Clothes	2.4	3.5	2.9	3.3
5 Shoes	2.1	2.8	2.6	3.1
EDUCATION				
6 Traditional/Cultural	2.9	3.3	2.5	2.8
7 Kindergarten	3.7	3.7	2.8	3.2
8 Primary	3.8	3.8	3.4	3.4
9 Secondary (High School)	3.6	3.8	2.8	2.9
10 Tertiary (Junior College)	2.1	2.4	2.3	2.4
11 University	1.5	1.6	2.2	2.2
12 Vocational Ed.	1.8	2.3	2.5	2.7
MEDICAL CARE				
13 Traditional Healer	2.5	2.5	2.7	2.8
14 Major Medical (Doctors & Hospitals)	2.4	3.0	2.9	3.1
15 Physical Health Maintenance & Disease Prevention	2.8	3.2	3.0	2.9
16 Dental Care (Traditional)*	--	--	--	--
17 Dental Care (Conventional)	1.9	2.4	2.3	2.4
18 Optical Care	1.6	2.3	2.7	2.9
19 Psychological Counseling	1.0	1.0	2.2	2.4
SPIRITUAL TEACHING				
20 Traditional Rites & Rituals	2.5	2.7	2.5	3.0
21 Church/Orthodox Religions	3.5	3.9	3.3	3.3

Results based on Author's fieldwork 2007-2009. *Insufficient data was available about the current practice of "Traditional Dental Care" in the majority of Garifuna communities, and therefore the results were omitted from this report.

potable water and adequate sanitation. Homes without indoor plumbing were still able to obtain water, either from wells, rain catchment systems, water tanks, or other sources. Sanitation facilities varied from outdoor latrines, and external bathhouses with flushable toilets, to "modern" indoor bathroom facilities depending on the relative affluence of

each family. Regardless of the remoteness of the village, I noted no human waste at all in any Garifuna community, and only the occasional waste from domestic and farm animals that was left where it fell to degrade naturally. One issue I observed that raised concern were the piles of garbage strewn throughout all the settlements. With increased use of manufactured products in non-biodegradable packaging, those who do not bury or burn their trash leave the paper, plastic, aluminum and Styrofoam containers, along with batteries, glass and other debris, scattered beside homes and on the beaches. I acknowledge that since I did not conduct soil and water tests, it was impossible to gauge the impacts of that garbage on the environment or the people in the communities. However, in the rural settlements where families cultivate small gardens adjacent to their houses, and pump water from underground wells, ground contamination from leaching waste-products pose possible risks that justify more in-depth studies.

Clothes and Shoes

As Table 6-7 outlines, orphans in both countries had “Some” access to clothing required for daily wear and for school, although at substandard levels in comparison to non-orphans who had “Good” access overall. Adequate shoes were especially difficult for orphans who only had “Some” access to footwear, compared to “Some” to “Good” access by their peers. I noted that providing new shoes for growing children was difficult for many families, whether they were raising orphans or not. The major difference between the accesses of the two groups of children was that orphans stated that they routinely wore hand-me-down items that were outgrown by other children in the household, or secondhand, “outdated” outfits, bought from local vendors. A shortage of money for uniforms and shoes for school was the biggest concern expressed by orphans and their

guardians. Some children showed me their faded, thread-bare uniforms and torn shoes with holes from “walking far” each day to attend school. In the villages, several children (both orphaned and non-orphaned) wore flip-flops, or they went to school with bare feet. In those communities, even if the children did not have the appropriate clothes and shoes, they were not prohibited from attending school. In the towns, schools maintained a stricter dress code, and I observed children receiving “demerits” and detention for “dress violations,” such as wearing tennis shoes instead of black loafers. Both orphans and other children in detention spoke of their discomfort at looking “different” from their peers. In my consultations with school principals they stated that if they are aware of the student’s situation, they are willing to work with families to ensure that children are not penalized academically because of their disadvantage.

Education

In the development of the “Education” category, I worked with stakeholders to determine the types, and levels, of education that were required for a Garifuna child to succeed in their culture, and in their larger societies. Respondents spoke about children’s need to be exposed to their history, and to the time-honored skills that fostered the adaptive success of the Garifuna for generations. My assessment shows that orphans, in both countries, were provided with “Some” to nearly “Good” access to traditional education, which involved learning the Garifuna language and cultural practices. Caregivers insisted that children who were being raised in predominantly Garifuna communities have opportunities to learn about their heritage, to embrace their rituals, and to speak the language if they so desired. They also stressed that exposing orphans to the culture was the responsibility of each family.

With regard to conventional “Westernized” education, all children had “Good-to-Excellent” access to public institutions from Kindergarten through Primary school. Institutions within all the settlements provided education to either the sixth or ninth grade levels, depending on the community. The only exception was the town in Belize which offered instruction from Kindergarten through Junior College. Unfortunately, as Table 6-7 illustrates, entry to Tertiary and other advanced education poses difficulty for all Garifuna youth in both countries, regardless of their status as orphans or non-orphans. Access to the highest levels of academic and vocational training is slightly lower in Honduras than it is in Belize. Overall, the range from “No, to Some” access reflects the hardship confronted by many youths in realizing their academic goals. The shortfall was especially problematic for older orphans who expressed their distress that the curtailed access to higher education will significantly limit their abilities to secure “good pay” and “steady” jobs in the public and private sectors.

Medical Care

Access to adequate medical care was difficult at all levels of Garifuna society. Table 6-7 reveals that both orphans and non-orphans faced similar limitations; however, overall access was slightly lower for orphans than for other children in their communities. At the most basic levels, families in the Honduran settlements received “Some” access to services at local clinics that operated largely with the assistance of Cuban doctors. At equal levels, all children were afforded “Some” access to treatment from traditional healers who resided within, or near, their communities. As I was to experience, traditional remedies for physical ailments involved drinking herbal teas, and using salves made from local plants to treat internal and external ailments. Dental interventions in the villages were limited to pulling teeth, rinsing the mouth with warm salt water, and taking palliative

medicines to relieve pain. Both orphans and other children had “Some” access to optical and major dental care outside their communities. However again, access was slightly lower for orphans than for their peers.

For major medical interventions, hospitals and other emergency facilities were located in cities several hours away from the most remote settlements. As a result, unless a health crisis arose, the transportation hassles and high costs prohibited several orphans from seeking treatment in the cities. Informants reported that orphans were provided with “Some” access to major medical care compared to the “Good” access afforded to non-orphans. I propose that the reduced access for orphans resulted in-part from the financial constraints of many caregivers who were raising orphans in addition to their own children. In poorer households, the access of all members may be equally restricted, while families with fewer dependents, or higher income, have greater access to treatment. However more research is required to determine to what extent this is the case. Although some women stated that they gave birth with the help of local midwives, none of the orphans in Honduras had mothers who died in childbirth, compared to four orphans in Belize.

In the Belizean town, access to free (or reduced-rate) services was available to villagers and townspeople at the one medical center in the district. Orphans with Social Security or other public assistance received “Some” access to health care, optical testing, minor dental interventions, and obstetric and gynecological (OBGYN) care at the facility. However, some informants decried the limited availability of services, and insufficient training of some medical professionals. As one public health official stated:

With regard to their getting ‘good care,’ I say that 60 percent get good care, and the others become statistics.

“Some” to “Good” access to instruction in physical health maintenance and disease prevention was available to children in all study sites. At local clinics and medical centers, voluntary HIV/AIDS screening, condoms, and other preventative supports were readily available to all youth under eighteen (with the permissions of their guardians) and to all adults. Since the prevalence rates of HIV are highest in Belize and Honduras, among all nations in Central America, both countries have policies to provide antiretroviral therapy to anyone in need. However, relative few people took advantage of the services and supplies due to the lack of confidentiality, and fear of stigma and ostracization.

Mental health counseling was also lacking overall. In Honduras I found “No” access to facilities or trained counselors in any of the communities. In Belize, “Some” access was available through counselors on staff in one village high school, and in the two high schools in the town. However, all counselors acknowledged that attending to the psychological needs of orphans was beyond their scope of expertise. A public health nurse on staff in the town’s medical center confirmed that children with Social Security benefits, or on other public assistance programs, were able to access counseling services at their facility, for free, or reduced cost. However again, the quality of specialized mental health professionals was severely lacking.

Spiritual Teaching

Garifuna sources within all communities, as well as other informants familiar with the culture, emphasized that awareness of Garifuna spiritual traditions was vital for orphans to understand “where they come from” and “who they are.” In the view of one *buyei* (a Garinagu priest-healer) in Belize, Garifuna children need to be exposed to the ceremonies and rituals that are central to the culture. These include the *dügü* (a placatory rite of the dead celebrated with the sharing of food, dancing, and chanting), and other ceremonies

that show reverence for their ancestors. Since many of the rituals are organized by, or practiced within families, orphans had “Some” access to traditional spiritual instruction, versus other children, who had “Some” to “Good” access.

However, access to orthodox religions was available to all children at “Good” to nearly “Excellent” levels in the settlements. I noted a mix of churches from the Catholic and Protestant faiths, and other local faith-based support groups in some communities. Local clergy with whom I spoke in Belize said that they regularly offered “spiritual counseling” to orphans and other vulnerable residents. They also stated that they aspired to provide more “practical” support to orphans and their families. According to church leaders, when money was available, they offered scholarships to at-risk orphans to help them stay in school. In their views, beyond the social benefits to be derived from membership in a “church family,” they also insisted that the orphans with whom they were associated had increased their “coping skills,” senses of “comfort,” feelings of “belonging,” and access to socioeconomic supports.

Other Consequences of Orphaning on Garifuna Children: Their Lived Experiences in Their Own Words

“I am an orphan”: Garifuna Children’s Perspectives of Orphanhood and Sibling Separations

As I presented earlier in this chapter, a majority of orphans (57 percent in Honduras and 65 percent in Belize) stated that they are currently separated from one or more of their siblings. Comparative assessments of the living situations of adult-orphans versus child-orphans also show that the separations of children, even after parental death, are increasingly common, and are in many cases permanent. The effects of those conditions on the emotional wellbeing of the children, and on their perceptions of being orphaned, may be more profound than adults recognize. Of the child informants who considered

themselves “orphans” or “without a family,” many spoke candidly about their experiences after their parents died.

In Belize, Ynez, a fifteen year old girl who was separated from two of her siblings and lived with her deceased mother’s friends, expressed the reasons why she was an “orphan.”

I feel like an orphan sometimes because I am away from my sister and brother. . I don’t know, it’s just that I feel like I don’t have nothing, and no one.

Gitana, a thirteen year old girl from Belize who lived with her father’s friend, spoke about the reasons why she felt orphaned.

I feel like an orphan when people are bad to me and I miss my ma. Children who don’t have parents don’t get treated good and don’t live good. . .I was with my pa before, and I will go back when he builds his home. . .I did not want to live with anyone else.

According to Carmen, a nineteen year old adult-orphan in Belize who lost both her parents:

[I have] three brothers and one sister. The older ones work and live on their own. The baby went to live with my aunt while my dad took care of me until he died in January. I don’t think any of them [my older siblings] can afford me. I feel alone here.

Roxanna, a sixteen year old girl in Honduras also said:

My parents died ten years ago. I have seven sisters and brothers, older and younger. Four are here [in this village]. I live with my older sister, and my other sisters live with my grandparents. I feel like I am an orphan with a family.

The importance of the bond between Garifuna siblings is documented extensively throughout the literature of leading scholars. In her discussion of family relationships within Black Carib society, Gonzalez wrote:

The most enduring relationships are, first, that between mother and child and, second, that between siblings . . . It is noted that there is an extremely

strong affective bond between mothers and children . . . which lasts throughout life. There also appears to be a strong tie between brothers and sisters. (Gonzalez 1969:68, 111)

Mertz's later study of Garifuna male students, also found that:

The single most important relationship for growing boys was with their older siblings, especially brothers, but sisters as well. (Mertz 1977:20-21)

Additionally, in her analysis of the important relationship dynamic between Garifuna children and their siblings, Kerns asserts that:

Siblings have a lifelong obligation to share and to help each other financially whenever necessary...Growing together...strengthens ties between the most distantly related as well as between siblings. (Kerns 1989:112)

The current transformations that continue to rupture sibling relationships, especially after parental death, may yield significant psychosocial consequences for orphans in later years. For orphans, the death of their parent(s), coupled with disconnection from their siblings, may produce a "dual-loss" that translates into feelings of social isolation, and therefore orphanhood. Some children expressed their doubts of ever being reunited. The following responses encapsulate the emotions of several orphans who faced long-term, or permanent, separations from their siblings. Raeka, a fifteen year old orphan in Belize spoke about the loss of her siblings.

There are five of us, four girls and one boy. Because we [my two sisters and I] are a little older, my younger sister and brother are with my grandmother [in Honduras]. She doesn't have any money to take us. I don't see them. I haven't seen them in five years. . .We can't find them.

In Honduras, Isidro, an eleven year old whose parents died from AIDS, told me that the loss of his siblings has been difficult. He was especially concerned about his youngest brother who was ill, and who he had not seen for some time. His aunt stated that the family was forced to "divide up" the children after his parents died, since no single household could afford to keep all the siblings together. As Isidro shared:

I have a sister and four brothers, [but] I don't know where they are. I haven't seen my brothers for four years.

Esteban, an eighteen year old orphan in Belize spoke about this long-term separation from his siblings.

We all have the same mother and different fathers. Since my mother died, about three years ago, I haven't seen my little sisters. They live with their grandmother on their father's side. I never see them.

Elisa, a twelve year old orphan from Belize who lived with an aunt who she described as "abusive," stated that she was both "an orphan" and "without a family." She explained how, since her mother died she had been "kept apart" from her sister, and has not been able to either speak with her regularly or to see her, although she live less than an hour away. As Elisa shared:

Sometimes I feel like an orphan. Sometimes I feel lonely. I have two sisters. The youngest one is in [another village]. I've only seen her one time. I want to see her. She lives with my mother's friend. She told us [my siblings and me] that she would bring her to see us, but she don't.

Similar sentiments of loss were expressed by children who now reside with non-traditional caregivers (i.e., family friend, community member, etc.). Others who were forced to live on their own, or whose siblings resided in an institution also spoke of feeling orphaned. As Diego, a twelve year old orphan in Honduras explained:

I am an orphan. [I have] five brothers and sisters, but I only see one. The others live with a Catholic orphanage.

After hearing feedback from the children, I ascertained that any combination of the experiences they described may have influenced their perceptions of "orphanhood." Indeed, many orphans asked for assistance to reestablish contact with their brothers and sisters. I believe that with heightened public awareness, and the expansion of

communication technologies throughout Garifuna communities, theirs is a request that may be possible to fulfill.

“I don’t trust anyone to help me”: Vulnerability to Physical, Sexual and/or Emotional Abuse

Throughout this investigation, although the majority of orphans stated that they felt “safe” in their households, several child and adult-orphans, who ranged in age from 8 to 48 years old, reported incidences of mental, physical or sexual abuse at some time in their lives. The experiences that were described occurred at the hands of family and non-family members, and took place within, and outside, their households.

Vittorio, a ten year old orphan in Agua Azul said he feared for his life after being repeatedly harassed by older bullies in his community. He stated that his late mother left him with his father’s family when he was born, and that “she went away with another man.” He also shared that his father left to work in the United States “years ago” and that “he can’t come back to Belize.” He was adamant that he did not trust anyone in the community to help him, and insisted that although adults routinely saw the bullying in process, so far, no one had intervened. He goes on to say:

I am afraid people might kill me. It is dangerous here. People have threatened me and held me by my neck . . . at times they call me names, and want to hit me. I need more protection.

Tierra, a nine year old orphan in Siene village described her abuse at the hands of her cousins.

My cousins treated me bad. They yelled at me and beat me all the time. . . I didn’t tell anyone. I didn’t trust anyone to help me. I was two when my mom died.

Santos, an eight year old boy in Belize also spoke about experiencing physical violence at the hands of his alcoholic father after his mother died.

Dad used to abuse me, treat me bad. . . He didn't care about me. He beat me a lot. I wish my mom was still alive.

Cumulatively, over forty percent (43.8%) of the orphans spoke of experiencing some form of physical, emotional or sexual abuse in the past. Among child-orphans, reports of abuse were much lower in Honduras (28.6%) than in Belize (48.6%). The sample of adult-orphans in Honduras was too small to provide conclusive comparisons with those in Belize. Additionally, a lack of trust in adults was a recurring sentiment among abuse victims, even among orphans who admitted to receiving "good care" in their households. Both child- and adult-orphans who recounted their abuse spoke candidly about their inability to tell anyone for fear that they would not be supported. This is an issue I discuss in further depth in the section on psychological support below. In the Belizean town, Ruth, a forty-eight year old adult-orphan shared her experiences living with an abusive aunt after the death of her mother:

My mom died when I was thirteen. I went to live with my mom's sister. My aunt kept me as a slave in the house. I became a mom to my siblings. We didn't get enough love. We would go to bed sometimes without food. She treated her children differently. They'd eat, but we wouldn't. We would work, but they didn't work. When my mom got sick, everything got harder.

In Belize, interviews with social service providers responsible for the care of children in protective custody characterized various forms of abuse as "national epidemics." Those officials spoke of domestic violence, rape and incest as among the various forms of physical or emotional abuse affecting children country-wide. They also made it clear that this was not just a problem for the Garifuna, but in all cultures. A major concern for one public official in Belize was that much of the abuse that occurs in the homes or communities goes unreported.

Sexual exploitation is a problem that takes on different methodologies depending on the culture. I have seen examples with Creoles...with

Hispanics. . . with the Maya. . .and the Garifuna. It is really hard to track the kids who are being exploited within the home because people tend to keep those things secret. It usually does not come out until something major goes wrong, like the girl gets pregnant . . . or the child gets seriously hurt. But, most of the abuse goes under the radar.

A Garifuna woman, who pulled me aside at the end of a group discussion in Belize, shared her distress about what she saw as a silent crisis of sexual abuse.

You need to look more into the incest problem. When I lived in [one of the villages], it was a huge, huge problem. Now, it is a national epidemic. But there are legal interventions now. It is a major problem here and could be an issue for orphaned kids who end up with . . . people who touch them.

Another Garifuna informant in Belize also voiced his concerns. He spoke about the scope of the problem from what, he states, were his personal observations. As he spoke, he affirmed the statements made by others in the community.

There are people who perpetuate slavery under the guise of fosterage . . . They have sex with the children and use school as the 'reward' for sex. It is rampant in the Spanish culture. . . and now in the Garifuna culture. Everyone is doing it. I never thought that it would be in our culture, but it is rampant . . . I see it. There is no barrier. There is no taboo.

Additionally, orphans who were infected or affected by AIDS described episodes of neglect after, and sometimes even before, the death of their parent(s). Some discussed various forms of mistreatment by their guardians or emotional abuse from members of their communities. Others spoke of stigma from being infected with HIV/AIDS or having one or both parents identified with the disease. Daisy, a twenty-six year old adult-orphan in Belize whose mother succumbed to AIDS, describes her experiences in her community.

I was seventeen when my mom died. Mom died of AIDS. Because of the stigma and discrimination that my mother experienced, I am still seeing stigma and discrimination. It affected me negatively to see the treatment my mother got from the medical staff. Even some of my mother's friends pulled away.

Raeka, who lost both parents to AIDS and lives with her mother's friend in Belize, explained:

I've had HIV since birth, so people make me feel orphaned because that's how they relate to me. I am an orphan because I don't get the same level of love from other people that you get from your parents.

“We need help”: Silenced without Psychological Support

Several orphans reported that they “desperately needed” trusted confidants with whom they could speak about personal problems. Even in households where children stated that they received the material support they needed, I was struck by how many orphans wrestled with emotional withdrawal and expressed their inabilities to trust adults. Several sought supportive confidants with whom they could feel comfortable expressing their emotions or asking for help. As Felipa, a twelve year old girl in Honduras shared, “I need lots of things, like people to talk to who I can trust.”

Juan, an eighteen year old in Belize who lost both his parents and dreamed of owning his own agricultural business one day, expressed his unmet need for confidants. He shared:

I have no one to tell anything to. I need more people to talk to.

Wilma, a fifteen year old girl in Belize spoke about some of the unresolved issues that made her feel “unsupported.

We need help . . . sometimes with school problems and home problems. I need help and the adults don't listen. People like to talk 'bout people, so I don't talk to nobody. Nobody . . . no one to confide in. I don't feel close to anyone.

Carlos, a fourteen year old who lives with an elderly grandmother in Honduras, also described his feelings of isolation.

I don't feel close to anyone . . . an orphan with no family. Sometimes [children] call me names. No one helps me. Every day at school it happens,

and the teachers don't help me even though they hear it. I want them to help me. . .Most [adults] are good, but some are not good to me. They ignore me and sometimes, they tell me my mom is dead

Jose, a sixteen year old orphan in Belize said that although he wished to confide in his father, or in another trusted adult, he found some adults "unreliable."

I don't talk to anybody because people like to talk about your business. I want to trust more, but it's hard. If I had someone to talk to, I would.

Lourdes, a thirteen year old orphan in Belize, spoke candidly about how the deaths of her mother, several family members and friends, along with the long-term separation from her younger siblings, made her "afraid." Yet, although she said that she had "a lot of family" she still felt that she had no adult with whom she could speak about her concerns.

I need more support and more people to talk to about my mom passing. But, my auntie don't have no patience . . . They rail up a lot [adults get upset] when you do something. So, I don't talk 'bout my problems.

Beyond issues of trust, orphans talked about their experiences with "deep depression" and feeling an unshakable sense of loss from the death of their parent(s). Without any prompting, orphans readily discussed problems they faced with being apart from their siblings and with adjusting to new households where they were placed, often without their consultation. Children also contrasted the "good" lives they shared with their parents, versus the reduced attention and care they currently receive from their caregivers. Amato, a soft-spoken and mature seventeen year old boy in Belize recounted how the sudden deaths of his parent's had destabilized his life.

My parents died just four years ago. It was a perfect life. That's why when they died, I felt so devastated. Both of them died from AIDS. She [my mom] had a blood transfusion, but the blood was infected. I fell into a state of depression. I saw a psychiatrist for six months. I wish I had more people to support me. Love . . . (he pauses to sigh) . . . sometimes I don't think I have enough. You can never have enough love.

Lola, a fourteen year old girl from a Belizean village, also discussed the impact of the deaths of her mother and four siblings in recent years.

When my ma was alive, it was a happy home. My brothers and sisters were close. We are still close, but some a we no [some of us do not] see each other much. I see my sister . . . but not a lot, even though she is only one hour away. The last time I saw my pa was last year August. We are not close. I don't really get enough support. I don't feel I have a family. I feel unloved sometimes. People treat me bad a lot, and I feel my aunt and uncle don't believe me.

Several orphans spoke about needing more "support" from their families and communities, while others expressed deep "fears" about losing their current guardians, or becoming ill themselves. The following responses from the orphans highlight their pleas for emotional and physical security. Maria, a fifteen year old orphan in Belize, recalled the stress of losing her mother' when she was two years old, and of not feeling close to her father who works away in the city. She says her mother was buried in a distant village, and since her father's mother, with whom she lives, is unemployed, she can only provide her with shelter and other basic needs. Consequentially, she has never seen her mother's grave. Except for one brother who lives in the same household, she feels cut off from her siblings. Her greatest fear, she said, is to lose her only support system, her grandmother.

When my grandfather died, I got scared. I am afraid my grandmother will pass before I grow up . . . Sometimes, I dream about my mom, and I miss her . . . I sometimes wish I died with my mother.

Carlos, in Honduras, also spoke about his fears.

I am scared to get in an accident and there is no one to help me, or get help for me. I don't feel safe since my mother died. I feel my life is incomplete

Raeka, also shared how the deaths of her mother and several family members had heightened her fears that she would be left alone.

I am afraid when people get hurt. First, I lost my mom, then my dad, then my grandpa and my aunt. So I felt that all the people I love were dying. So, that scared me.

Liani, a thirteen year old girl in Belize, also shared her experience facing the death of her former guardian.

The lady, who took care of us after my ma died, also died. I saw her die . . . I want to get big so I can take care of myself.

Orphans of all ages spoke about the challenges of living in financial hardship, and their inability to take care of themselves. Financial insecurity and fear of the unknown permeated many of our discussions. However, while I expected, and received, several requests for financial help, when I asked participants “what orphans needed most” after the loss of their parent(s), the overwhelming response was that they need “love” and “support.” I share the examples below of two orphans from different generations of Garifuna society, who expressed similar experiences of feeling under-loved and unsupported. They also stated their hopes that by raising awareness of this issue, other orphans would not have to suffer the same fates that they endured. As Ruth explained:

I needed love. I didn't get that from anyone, anyone! I used to cry a lot. I am too tired to cry anymore. Maybe if I wasn't strong, I would be on the street. I needed a guardian to lead me, to give me love. Kids need that. Orphans need that. . . After my mom died, at 13 years . . . I didn't have support. I needed support.

Juan, in Belize, also stated that although he received financial support from his family who lived in the U.S., he needed more emotional support.

I didn't get enough love. It was hard. It's still hard. Orphans need more support from their families, and respect . . . If I had the chance to talk to my community, I'd tell them that because we have the same blood, that we need their love as a community.

Of course, in addition to “love” and “support,” orphans also require more tangible assistance to meet even their most basic needs. A child development expert at USAID

warned that the international crisis of orphans and other vulnerable children is likely to increase, and at a time when economies are receding, environments are deteriorating, and the base of available resources is contracting. He also expressed his concerns about the future for orphans and other highly vulnerable children, in light of the global economic downturn.

The really scary part is in the upcoming years. The challenge is no longer just about AIDS. As pressing as that issue is, the life issues and vulnerabilities facing those kids are that much more basic needs are not being met. The economic turmoil that we are in is seriously affecting African countries and other nations around the globe. When there is a precipitous drop in the value of a country's main exports (like copper in Zambia), the countries have no resources to invest in their society.

Stakeholders throughout Honduras and Belize expressed the need for more psychological counseling for orphans and other vulnerable children in their communities. Carla Thompson, a school principal in the Belizean town, shared her view that psychological services for orphans is vital. She also noted that families raising orphans need guidance to help them provide the best possible care. Unfortunately, for the majority of orphans and caregivers, psychological services remain out of reach in all communities.

Counselors are available in high schools for free, but the services need to be offered to every child that loses a parent. Kids need a confidant to speak with who they can trust. That is lacking . . . [Families] who are raising these kids also need someone to help . . . [to] know how to balance emotionally between how to discipline the kids and still make them feel loved . . . and to trust the relationship.

“I am tired of moving around”: Lack of Stability and the Revolving Doors to “Home”

Another major issue communicated by orphans and stakeholders is the lack of stability in children's living arrangements. After parental death, an orphan's "home" and caregiver may change multiple times as he or she matures, and as circumstances change.

In her findings, Gonzalez speaks about the periodic movements of Garifuna children throughout the homes of relatives as they grow up.

Starting in early childhood . . . most Garifuna shuttle among houses belonging to other people . . . Garifuna tend to live out their lives . . . as individuals who become attached to, then detached from various other persons and/or households for varying periods of time. (Gonzalez 1988:156)

However, although the custom of Garifuna children moving around is not new, the reasons for their movements differ, and the effects of those practices on children after parental death are substantial. Today, the shuttling of orphans through a number of households occurs as guardians migrate, become ill, or die, or as financial pressures and other domestic issues affect a caregiver's ability to continue raising the child. As one of my sources from the clergy in Belize explained:

A typical Garifuna child has hundreds of relatives, but who he or she ends up with is a crapshoot. There are no guarantees that they will end up in a good situation . . . At the moment, it's a lottery who the kids will end up with. Some end up being placed in good situations and end up doing well. But most of them don't. There just are no resources. One of the things we do with orphans . . . if [their mother's] are going to die . . . we try to see what provisions are made with the kids, so they are not batted around from place to place, and so they end up in a safe environment.

A local educator in Belize (who I will call Miss Sanchez) shared her observations of orphans in her community whose "lives and routines" are disrupted by their constant movement.

Kids often get moved around when they get orphaned . . . First, they'll be with an aunt. Then they go to a grandmother. Then, if she dies, they end up with another family member. The younger they are when their mother dies, they may end up in a more stable arrangement than the older ones, because the more well-to-do family or kin want them, the babies. But, the older ones are up for grabs . . . One child I know ended up in an orphanage. That never used to be.

Orphans in Belize and Honduras also described their experiences of having to move from one unstable living situation to another— including private arrangements and public institutions. Lola, in Belize, shared her feelings of instability after moving continuously throughout her life. As she said:

We moved around to the children's home even before my ma died, because my ma had AIDS and my pa drank a lot. So they [child protective services] took us away. We were in childcare at one time, and my aunt moved me from there. But [after a while]. . . I went to another children's home after they [the authorities] said that my uncle molested me. The girls went to live with my granny who got money from the government . . . but that was not enough money, so we ended up getting spilt up. We moved around a lot. So, my living situation is not quite stable, and I am tired of moving around.

Diana, another fourteen year old girl who lived in a Honduran village, explained how, after the deaths of her parents, she and her siblings moved among several households.

She recalled:

I lived here [in the village] with my grandmother, but her house was old and my grandmother moved. I moved with my sister, and I don't want to move again.

Ernesto, a thirteen year old orphan from Belize, also shared:

When I was small, we had to move, but it got better. I have been here two months now. I was living with my auntie before that, my father's sister. The lady I live with now, she is my sister's godmother. . . I want my family back.

Twelve year old Elisa, in Belize, goes on to state:

I am scared I will get taken away. I was living with my mother's sister, and then I was sent to live with my dad's sister. But she may go away to the states to live. She said she would come back in two years, but I don't think that she will. She said I could stay with my next aunt if she left . . . she does not know that I am scared. I don't want to tell her because she will worry.

Notwithstanding the possible instability in an orphan's living situation, one extremely positive finding was that I did not locate any orphans living on the streets. The lack of Garifuna street-children in my study sites indicates that, whether or not families are willing

or available to foster orphans, other members in the community and wider public and private facilities are providing them with shelter—although granted, the circumstances may not be ideal. One orphan who has found “homes” through the revolving doors of multiple caregivers was Leon:

Case Study: A Home and Help for Leon

I first met Leon (as I will call him) in June 2007, while visiting a community school in a small Honduran town. He was a tall, good looking and affable young man, with a maturity that defied his tender age. At seventeen, he had experienced more trials and pain than most children will face in a lifetime. When Leon was ten years old, he suffered a mild stroke. At the time of our meeting he had been fighting a kidney infection for about a year and had fought previous bouts of tuberculosis (TB). A few years ago, both his parents died of AIDS, “leaving him to fend for himself,” as one of his teachers loudly interjected. His parents were young when they died, and they left no assets. Leon, was “on his own”, said his teacher. He had no siblings. The only family he had were two uncles (his mother’s brothers), but both lived and worked in the cities. Although he lived for short periods with his uncles over the years, neither assumed the responsibility of raising him full-time. But with the support of his community, Leon was not homeless. I visited his tiny cabin in the back of his friend’s home. He showed me his meager possessions stacked neatly on a shelf near his bed. During my visit, his caregiver (his friend’s mother) expressed her deep affection for him. “He is a good boy,” she stated. “We don’t have much, but we are happy to give him what we can.” Leon spoke of needing “help” and of being “scared” about his future. As I was leaving, he pulled me aside. He showed me a stack of school papers that he had written, along with his report cards. He pointed out that his grades were “A’s” and “B’s”. He said he wanted to be a lawyer one day, and spoke of his fear that once he graduated from the local school, he would be unable to access higher education, or to secure a stable home. As it turned out, he had no reason to worry. When I re-visited the community in 2009, Leon had relocated to another town, where he lived with a new guardian and was attending high school. He said that with the help of his teachers and other caring supporters, he was trying hard to achieve his goals although he was unsure of where he would live next. At the time of this writing, Leon now lives with one of his uncles (his teacher called to report). I am sure that this is not the last move that Leon will make, but I suspect that the Garifuna people will continue to ensure that he is never homeless.

“I hope I can finish school”: Young-Adult Orphans and their Challenges to Independence

In both countries, although most of the guardians with whom I spoke had the best of intentions to help orphans to receive “good care” and to achieve their independence, higher education remained beyond the reach of the majority of children. For young-adult orphans, opportunities to attend college or vocational programs are rare, and prohibitively costly, even for children who have excellent academic records. Several older orphans shared their frustrations that their dreams for academic and employment opportunities may never become a reality. Adrian, a sixteen year old orphan in a Honduran village, spoke about her dreams for the future:

I want to study to be a secretary and work with computers. I graduated ninth grade last year. I got high marks. I want to study in [the city] and live with my aunt, but there is no money. I need all my books, notebooks, uniforms, everything.

Amato, in Belize, also expressed his desire to continue his education.

I hope I can finish school. I want to get a Masters or Ph.D. in the States and become a forensic doctor. Then I want to return to Belize and help the police identify bodies and solve crimes. I’d try to move to the States if I can get a scholarship.

Karena, an eighteen year old in Belize, whose mother and father are both deceased, said that she needed help to continue her studies. She spoke about her desire to have a career that will allow her to remain in her community. She states:

I wish to be a teacher—primary school and higher. I want to be by myself and not have to depend on anyone . . . I want to finish my education and help teach kids in my community . . . We need education and someone to help us become independent. My granny only works two days a week because she is older, and our family needs support.

Findings indicate that despite the existence of several programs that could assist older orphans with scholarships for college tuition and supplies, most of the orphans and

their families are either unaware of the programs, or they were ill-equipped to connect with those services. Many stated that although they needed help, they did not know who to contact for social services, or they felt intimidated by the process of completing the required documents. Even orphans who had records of good grades through secondary or high school were forced to stop their educations early due to lack of counseling and assistance with finding scholarships for them to matriculate to an advanced institution.

Given the difficult road to higher education faced by many young-adult orphans, some have managed to find alternatives to formal institutional training. Apprenticeships with established trades-people within families and communities have provided opportunities for orphans to learn skills that can lead to future careers. The sentiments of the orphans, who have found professional mentors, stand in stark contrast to other youth who continue to feel trapped by their circumstances. As their responses show, access to alternate opportunities to make a living was essential to their wellbeing, and boosted their confidence that they could achieve independence in adulthood. Wallace, a seventeen year old orphan who lived alone in his deceased mother's home in a Honduran village, felt that with the support of his family he has the access to the training he needs to develop a career as a carpenter.

My grandfather works with wood [here in my village] and will teach me the trade. I want to go to trade school. I tried to live in the city for one year, but I did not like it so I came home.

Esteban, said that his decision to contact a local business allowed him to learn a trade that will equip him to achieve "a stable life." He states:

I do mechanic work part time. I just went and talked to the owner and asked him for a job. I want a stable life, to look after myself, and to help others. My mother did not leave anything, and I see my dad, but he is not a good example. I see myself working a good job and helping myself. If I could not take care of myself, I'd be scared.

Paulo, a seventeen year old boy in Belize felt confident that, with the help of his father, he will be able to own a business and remain in his community. As he shared:

My dad is an electrician. He is training me. I am good at it. I want to finish school, to get the best education and be the best electrician.

Stateless Orphaned Children

An additional population which raised concern was stateless orphans, some whom I encountered during my fieldwork. Of this group, the six stateless orphans with whom I spoke in Belize were all born in Honduras. Orphans who are sent across international borders, and whose legal immigration status remains unresolved, are among the most vulnerable children in the communities. More than other groups, stateless orphaned children, and especially those who live outside the care of their families, may face even greater long-term risks than other orphans. According to the Child Rights Information Network (CRIN):

Among the more than 15 million stateless persons around the world, stateless children are among the most vulnerable of all . . . The consequences of statelessness among children are numerous and severe. . . Key consequences of statelessness for children include greater likelihood of growing up in extreme poverty, restricted freedom of movement, arbitrary deportations, social exclusion, and in some cases greater vulnerability to trafficking and exploitation. (Child Rights Information Network 2010)

Devoid of the basic human rights afforded to citizens, children who experience abuse in these circumstances may be reluctant to seek help for fear of being deported. Although none of the stateless orphans in Belize spoke of being abused, they all said that they had lost contact with siblings who remained with family in Honduras. All were ineligible for social, medical, educational, and other public assistance, and the two oldest children were concerned that they would be barred from attending high school without the proper legal documents. As I confirmed, their fears were correct.

Restricted Access of Orphans to Parental Land and Assets

Although several orphans stated that their mothers and fathers left nothing for them to inherit when they died, others shared that any available assets were “taken” from them after parental death. Manuel, an eighteen year old orphan, lived with his older brother in the Belizean town. He says that none of his siblings received any of his mother’s assets which has prevented him from returning to his village.

My mother left land with my uncle, but he sold it, so I don’t have a way to go back to the village. I would love to go back. It was sold to someone outside the family. To take over what the parents left behind . . . why leave the kids to feel abandoned and lonely?

Raeka, also added that she and her siblings have seen none of the death benefits that their caregiver received.

Social Security gives the family \$2,000 for each child for the death of each parent. So, each one of us should get \$4,000 for our care. But my brother, who lives with my granny, got none of that. She tek it [she took it]!

Although I don’t have complete data on the extent of property appropriations by the families of orphaned children, of the 80 orphans interviewed in both countries, only one (in Honduras) resided on the property of his deceased mother, and his was a child-headed household. I also observed that communal lands and homes previously owned by deceased parents were occupied by family members, or distributed to others in their community. According to Mr. Ramos, an educator in Inebesi village in Honduras:

The land is communal land . . . Orphans have rights to their land, but once they leave . . . they may lose their cropland to someone else. For some children, the family may put a fence around the land to protect it. For others no.

Mr. Fuentes, a school principal in Belize also stated:

[It is] very rare that parental assets are left to the kids. Family take the assets most of the time . . . Very rare the kids get anything. Plus there’s rarely any inheritance. People don’t die these days and leave anything to

dem pickney [their children]. You can't inherit nothing if your parents don't have nothing.

For parents who die leaving meager assets, land appropriation or an orphan's restricted access to his or her inheritance may leave some young-adult orphans with limited options to remain in, or return to, their home communities. As my sources explained, the decisions to sell or use parental assets usually occur as families struggle to finance the long-term care of the children. Of course, it is unclear whether or not this justification explains the use of parental assets throughout all families. However, since the resources of many families who are raising orphans are limited, the redistribution of parental assets may be unavoidable. The fact remains however, that few orphans will have the financial ability to establish stable adult lives without external support. More research into this process is needed to gauge to what degree withheld inheritances impact the lives of orphaned youth in Garifuna society, and whether similar practices are occurring within other groups in the region.

CHAPTER 7 SUMMARY OF FINDINGS AND ANALYSIS

Introduction: Addressing my Assumptions

At the onset of this investigation, I set out to understand the causes and consequences of orphaning in Garifuna societies, with specific inquiry into the effects of the phenomenon on the orphans themselves. My assessments were the first steps in the process towards helping orphans, their guardians, and other stakeholders to establish and implement workable plans for action. The previous sections have outlined the extent of the problem. The next step is to analyze what we have learned from the data. I began with some initial assumptions that I sought to either prove, or disprove.

First, I thought that, similar to other Afro-descendant and native cultures, migration for employment was a major factor that influenced the cohesion and capacity of Garifuna families. I also assumed that migratory processes would have lead to changes in cultural methods for rearing orphaned children. I found that migration has indeed impacted the cohesion of several communities and influenced cultural approaches to orphan-care. Participant responses and regional data confirm that, over time, social and economic pressures have sustained the movements of people from rural to urban locations, and from intra-national to transnational destinations. These migratory patterns have also included shifts from temporary to permanent outflows. As this study has shown, the economic benefits of migration (in terms of remittance in-flows to communities) have been offset significantly by the sociocultural costs of population dispersal. Over time, these trends have necessitated continuous adjustments within Garifuna culture about how, where, and with whom, orphaned are raised. Data on other societies within the region, and

internationally, show that due to socioeconomic, medical, or environmental stressors similar modifications in orphan-care approaches have occurred.

Notwithstanding my reviews of the literature on other Afro-descendant cultures, my second assumption was that biological “orphans” would be a recognized group in Garifuna communities—they were not. Contrary to my hypothesis, I found that the majority of adults in Garifuna culture did not use the word “orphan,” nor did they recognize children whose parents were deceased as “orphans.” After much frustration, when I realized that the word was associated with child abandonment or neglect, and not parental death, I modified my approach from asking for “orphans”, to asking for “children whose mothers, or both parents, had died.” This adjustment enabled adults to readily understand who I was looking for, and to begin to assist me in identifying my target population. I provide a complete analysis about this issue in the section on “No orphans here?” below.

Third, based on previous research about AIDS in Central America, and the high prevalence rates in Belize and Honduras, I had assumed that the disease would be the main reason for maternal mortality in my study sites—it was not. Cumulatively, cancers, strokes, homicide, and other known and unknown factors, were responsible for the majority maternal deaths. Additionally, although AIDS was clearly a major factor in the deaths of fathers, homicides, strokes, and other known and unknown factors were also deeply impacting the male population. Notwithstanding the impact of the other factors, however, the numbers of parental deaths due to AIDS, and its increasing prevalence as a contributor to maternal mortality over time, is worrisome. Unfortunately, concerns about social stigma and discrimination continue to affect the levels of testing and treatment. Therefore, data about the actual numbers of children orphaned due to AIDS across

societies is limited, and the population of “potential orphans” from parents already ill from the disease remains unknown. However, I argue that even if all the “unknown” cases of maternal mortality were factored among the group reported to have died from AIDS, the majority of deaths that have contributed to the orphan population would still be due to factors other than AIDS. A regional UNICEF (2005b) assessment supports this finding. Their report states that “children will still be orphaned due to accidents, violence and illness, but within the foreseeable future AIDS should not be high on the list of causative factors—at least in Latin America” (UNICEF 2005b:20) Therefore, notwithstanding the significant impact of HIV/AIDS on the Garifuna and other regional populations, I emphasize the critical importance of expanding research and interventions to assist wider populations of youth who are orphaned due to other causes.

My fourth assumption was that the public perceptions of what led to parental deaths (and therefore orphaning) among the Garifuna, would be similar at the regional, national, and local levels—they were not. At the national levels, the perceptions of stakeholders in public health and social welfare programs were that AIDS was “at the top” of the list of causes for parental death among the Garifuna. Their views were influenced, in part, by their suspicions that sizeable segments of the population were refusing to be tested due to fears of stigma. Given the depths of concern reflected in regional and national reports, I had assumed that local populations would have displayed commensurate “alarm” at the scale reflected in the published studies. I found that, communities were indeed concerned about the disease, and that education, testing and treatment are available to varying degrees throughout communities in both countries. However, households that were experiencing the deaths perceived AIDS as one of many crises that are affecting their

families and societies. In fact, while I was conducting fieldwork in Belize, caregivers pointed to the deaths of several parents that occurred during my time in the settlements as proof that strokes, alcoholism, diabetes, and other “stress related” ailments were as concerning for them as AIDS in the creation of orphans.

Fifth, I assumed that children whose parents died from AIDS would face unique challenges compared to children whose parents died from other causes—they have. Undoubtedly AIDS has had a significant psychological impact on the lives of the orphans who lost their parent(s) due to the disease, compared to children whose parent(s) died from other causes. Beyond the loss their mothers or both parents to AIDS, fear of stigma had prevented the majority for wanting to speak openly about the impact of their loss. Despite those concerns, a few orphans had elected to share their stories privately with family members and friends, and publicly with their communities. However, the majority had not, and continued to suffer in silence. The notable psychological pressures on orphans who lost their parents due to AIDS heightens the necessity for counseling services for children who are affected by, or infected with, the disease. Their situation also warrants expanding public awareness programs to mitigate an environment of stigma and discrimination that fosters conditions that may lead to increased orphan populations.

Finally, contrary to my previous assumption that fathers were entirely absent as primary caretakers for orphaned children, I found that several had assumed that function at similar rates “traditionally” (11.8%) as in present day (9.5%), though with a slight decline. Again, the comparative sample of adult-orphans needs to be expanded to permit more in-depth analysis; however, if further reductions occur in paternal care-giving, children who lose their mothers, may be less likely to find refuge in the households of their

surviving parent. Conversely, if the population of orphans expands substantially, and if fathers reverse current trends and begin to increase their roles as resident caretakers for orphans, their need for external social supports may also grow. Future research in this area is definitely needed as the construction of Garifuna families rearing orphans continues to evolve.

Assessments of Additional Results

The following section provides an overview of the additional results of this study, along with my assessments of the findings. They include:

Household Stability: In both countries, and across all Garifuna settlements, the majority of households caring for orphans are female-headed and “Adaptive.” This means that although families are under intense pressures (as breadwinners and caregivers), those with the highest capacities are recipients of remittances, or they obtain other assistance from their kinfolk or the larger society. Unfortunately, since the “Adaptive” households are so heavily reliant on outside assistance to sustain their standards of living, any major disruptions in income may reduce their capacities substantially. Additionally, about a quarter of household were found to be “Capable” with viable material and social capacities. Those households tended to either have full-time wage-earners as the heads of household, or had access to other sources of income. Several of the “Capable” households were either male-headed, or had male contributors to the household budget. Comparative assessments between villages and towns in Honduras and Belize showed that Belizean households had a higher capacity overall, than those in Honduras. Also, in Honduras, the majority of the households identified as “Transient” or “Rupturing” were located in the villages. Those households had caregivers with less wage-earning capacity, limited-to-no financial support from kin or their communities, and few tangible assets.

Many of those homes were headed by older grandparents or single women, including aunts and adult siblings of younger orphans. However, across all communities in both countries, the fact that relatively few households are “Rupturing” suggests clearly that despite overwhelming odds, the Garifuna support networks, although fractured, are not destroyed.

Orphan-Care: Women, and especially maternal kin, assumed the bulk of the care and responsibility for orphans. To a lesser degree, several fathers and paternal kin also participated in orphan care. However, the fact that so many orphans are now being separated from their siblings, and that others are being raised outside of the care of their families and kinfolk, are noteworthy developments. The shifting patterns lend support to my previous assumption that “crisis fostering” is indeed occurring. Some of the methods currently employed are recent developments in response to emerging conditions. However, although a growing number of families are stressed beyond their capacities to foster in-tact groups of orphaned siblings, the fact that the children are not homeless speaks volumes about the determination of the Garifuna people to protect their own. Below, I include further analysis to explain why so many orphans are being separated after parental death.

Orphan Access: The access of many orphans to most resources was only slightly lower than for other children. Their access to traditional teaching depended largely on the practices within individual families. Access to primary and secondary education was similar to other children; however, higher educational opportunities, although difficult for all groups, were lower for older orphans than other youth. Similar to all other children, orphans were availed of instruction in physical health care and disease prevention.

Churches and religious instruction were also widely available to all children in their communities. Access to optical and dental care proved difficult for all children. Psychological counseling was largely inaccessible except to a few children in Belize. Overall, my analysis is that the access of orphans to resources and services were not drastically different compared to other children in their communities. Certainly there are some orphans, especially those who live in “Transient” or “Rupturing” households, who may have more deficiencies than their peers. For those orphans who are identified as being at high-risk, or in grave need for specific supports, targeted assistance may be required.

Children’s Perceptions of Orphanhood: About half of the children described themselves as “orphans.” Garifuna children’s perceptions of orphanhood depended on a combination of biological and social factors. Since Garifuna cultural traditions assigned the roles of orphan-care to the family, the belief of my adult informants was that the practice was still in process. As I discussed in the section on Orphan Care, to a large extent I found that it still is. Most orphans are indeed in the care of their immediate and extended kin networks. However, the methods for how orphans are being raised are changing, and consequently, so are children’s perceptions of “orphanhood”.

Abuse: Over forty percent (43.8%) of child and adult-orphans shared their experiences of physical, emotional or sexual abuse at some point in their lives. Some also stated that their distrust of adults compelled them to keep the abuses quiet. Government officials and other stakeholders in Belize confirmed that domestic abuse and sexual violence (rape and incest) are “national epidemics” affecting all ethnic groups. Certainly, these are not problems that are exclusive to the Garifuna, although this study focused on

the experiences of orphans in their culture. In Honduras, although private discussions with stakeholders supported children's claims of physical abuse, I received no national confirmation that the problems were as widespread in that country. There was also no data to indicate that abuse was more prevalent among orphans than non-orphans. Although legal protections are said to exist in both nations, whether those laws are being properly enforced to protect orphans facing abuse is debatable. This is a concern, especially for children who live in remote areas beyond the recognition of authorities. Based on this research, it is apparent that additional investigations are needed to determine how many orphans are affected and the levels of risks they face, so that appropriate interventions are developed to address their needs.

Psychological Help: The lack of mental health counseling for orphans is a major problem in both countries, and in all study sites. Although orphans shared their desires for guidance, and for someone with whom to speak about their losses and concerns, currently the majority had no available options for psychological help. I view this as a major issue that needs to be addressed at the community levels. For many children, the perceived inability to confide in adults, and the lack of counselors to address their stated issues, may prove problematic for some orphans in later years. This is not to suggest that the orphans are "ticking time-bombs" for violence, drug use, gang activity and other dysfunctions notorious in other societies. However, effective counseling would enable the identification of "early-warning signs," and the formulation of plans to address children's concerns before they become crises. The majority of orphans were eager to speak and comfortable sharing their life stories. These actions indicate that they are looking for outlets to communicate and obtain guidance.

Instability in Living Arrangements: Findings show that the constant relocations of several orphans have affected their senses of belonging, and heightened their fears of abandonment. Instabilities in their housing arrangements after, and sometimes before, parental death, have prevented some orphans from feeling secure in their households. Although the use of institutional care was rare among my sample population, concerned stakeholders spoke of children who were in orphanages in the cities. According to one of my informants, “the idea of Garifuna children living in orphanages is a new concept that began just a few years ago.” This practice suggests the beginning of new adaptive strategies that differ drastically from Garifuna cultural traditions, and may reflect the depth of cultural change.

Older Orphans: As orphans mature, findings suggest that their challenges may increase as they strive to reach their full potential. Results revealed that their access to advanced levels of education and vocational training was restricted by the financial incapacity of many families. However, a few older orphans who faced impediments to formal education, had organized informal apprenticeships with local trades-people and on-the-job training in businesses. I see this as a testament to the coping mechanisms imbedded in the Garifuna culture, which prompted those orphans to overcome their problems by adapting to survive. I believe that expanding the availability of informal training opportunities, and internships in local and national businesses may assist older orphans to establish the skills required to build future careers. Without alternative options to gain marketable experience, orphans who are unable to establish homesteads in their home communities, may also encounter impediments moving forward successfully in the urban centers.

Stateless Orphans: Although I only identified six orphans whose immigration status was unresolved, I suspect that there may be many others. Given the complexity of their situation, I argue that their levels of vulnerability may be more dire than for other children. The reduced access, and potentially increased risks that they may encounter as they mature, are worthy of serious attention. By assisting these children to gain legal asylum in their adopted countries while they are still minors, would facilitate the provision of supportive services that are available to other orphans. Legal status would also provide them with the freedom necessary to unite with siblings and other family left behind in their home countries. Although this study did not focus on stateless orphans, knowledge of their existence heightens the urgency for further research to assess the actual numbers, and conditions, of these undocumented children.

Restricted Access to Parental Assets: Several orphans, especially older youth, spoke about the appropriation of parental assets by their caregivers. In this research I could not ascertain whether the loss of access to parental assets (i.e., land) may hinder the ability of any orphans to establish households in their native communities once they mature. I will not speculate. However, additional research is required to determine the underlying reasons for those decisions, as well as the impact on the lives of orphans.

No Orphans Here?: The Rise of the “Garifuna Orphan” as an Emergent Population

Within societies around the world, orphaned children remain a virtually “invisible” group. The reasons for this phenomenon vary widely. Given the difficulty I initially encountered with finding my target population during my fieldwork, I endeavored to understand what the term “orphan” actually meant within Garifuna culture. To seek guidance, I began by looking into similar phenomena within other cultures. In Roscoe’s

(1965) research on the Baganda of Uganda, he found that the people believed that no orphans existed in their society, regardless of whether or not a child's parent(s) had died. For instance, in addition to the biological father, the father's brothers were also considered to be fathers to all children in the family. Foster's assessment of extended families in African cultures also indicates that:

Traditionally, there [was] no such thing as an orphan in Africa, since orphan children were taken in...even though a family did not have sufficient resources to care for existing members. (Foster 2000:56)

My research within Garifuna culture also found that the traditional responsibilities of members within their kinship networks, provided for the care of orphans and other parentless children. As Mrs. Selina, a Garifuna educator in Honduras' Ministry of Education maintained:

Garifuna children are part of a larger family even if their parents die. Family takes care of them.

During my initial discussions with adults in the Honduran villages, all denied the existence of orphans. Although the Garifuna have a defined term for orphan (*méteñu*), the perception of who are actually "orphaned" varies from even their prescribed definition (which is based on the death of a child's biological parents). "No hay huérfanos aquí" (*there are no orphans here*) was the prevailing sentiment, especially among older residents. My interviews also revealed some inter-generational conflicts with the use of the term as I spoke with adults versus children in the communities. Despite the insistence among adult Garifuna that "there are no orphans here," several of the children interviewed who had lost one or both parents, stated that they were "orphans". But why?

Some possible explanations for this inter-generational conflict may be based on the traditional kinship structure as it relates to the care of children with deceased parents.

Historically, in the event of maternal death the children were fostered together as a group, as long as the sister(s) or the mother of the deceased still lived in the village, or in nearby communities. Also, as I discussed in Chapter three, the “matriarch” (the maternal grandmother) was also an active participant in the lives of children. Despite historic fosterage processes that saw children moved throughout the homes of their kinfolk, the location of the matriarch was “home base” where everyone returned and kept in contact. Thus, before, and even after maternal death, children were afforded a sense of stability. However, notwithstanding the process of separating siblings while their mothers were alive, children were traditionally fostered together, or in close proximity, in the event of maternal death. According to Mr. Blanco, a resident in the Honduran town of Agua Azul, unless it was completely unavoidable, family members would make it a priority to keep all the children together.

Well, in the past, the nearest family, usually the dead mother's sister would take care of them, and they would all stay together unless there was no choice. The Garifuna have big families then, so family size was never the problem. Family values were more important, but not today.

Mr. Ramos, a local businessman in a Honduran village added:

Today, for girl orphans, the sister of the dead mother will usually take them and help them go to school. Many girls go to the city with family, and often siblings are separated with boys going to one family and girls to another.

What is clear therefore is that in Garifuna culture, the adult concept of the term suggested that “orphaning” would only result within families that have fallen short of their responsibilities. One of my goals was to find out if this was occurring. I began by assessing the reasons why so many of my young informants perceived themselves as “orphans.”

Similar to the general adult population, I found that the concepts of orphanhood among child-orphans were not based solely on the death(s) of their biological parent(s). As

I outline below, several social and emotional factors also played a role. However, when I asked all children to define the word “orphan,” most included parental death in their definitions. In fact, in a major deviation from the views of other adults, over half (52.9%) of the adult-orphans interviewed described themselves as “orphans”, and stated that losing their mothers at a young age had impacted their lives negatively. Additionally, although “fatherless youth” were not the focus of this study, I found it noteworthy that less than fifteen percent of children whose father’s alone were deceased expressed feelings of being “orphaned,” compared to around half of child-orphans who had lost their mothers or both parents.

Among the sample group of child-orphans, their views of orphaning were based on several factors beyond parental death. Among their stated issues were: (1) separation from siblings after parental death; (2) permanent fostering outside kinship networks; (3) the lack of care without love and guidance; (4) no one to help support them; (5) feelings of loneliness; (6) having no trusted confidants with whom they could speak about their problems; and, (7) enduring abuse or neglect by members of their households. Several of the children’s views were also echoed by adult-orphans. Henderson (2006:307) research suggests that a child’s perception of orphanhood may have “more to do with destitution, alienation and a lack of belongingness” than the loss of the biological parents. From the responses of the orphans versus other residents in their communities, it is clear that a definite gulf exists between the awareness of the two groups about the lived experiences of children with deceased parents. The responses from the children provide strong evidence that the emergence of truly “orphaned” children in Garifuna society is a reality that has, so far, escaped the recognition of many residents.

Given the various reasons described by participants about why they felt orphaned, I also investigated some of the possible reasons why others stated that they did not share those views. This assessment is based on the cumulative responses of child-orphaned and adult-orphaned who stated that they did not feel orphaned (51.25%). I analyzed their interviews to identify any observed differences in their life histories and statements to spot some common themes. The findings showed that again, a combination of biological and social factors may have helped to lessen feelings of orphanhood among some of my informants. General themes included the following:

- **Having contact with their surviving parent**—This was important to several maternal orphans, whether they saw their fathers regularly or not.
- **Maintaining close contact with siblings**—Again, even if orphans were physically separated into different households the ability to communicate with their siblings was important.
- **Experiencing quality in their levels of care**—Orphans who resided with family members, extended kin or community members who, they said, treated them well, tended to state that they had a “family” regardless of the blood relationship to the caregiver.
- **Having a trusted confidant**—The ability to communicate openly with a family member, guardian, or adult friend who provided guidance, was very important to several orphans.

What is evident from this analysis is that although the word “orphan” must be viewed in biological terms to keep the definition consistent across societies; the concepts of “orphaning” are both biological and social. In this case, the general Garifuna population recognize orphaning in “social” terms, rather than biological. However, the orphans themselves, even the adult-orphaned who experienced the deaths of their mothers, or both parents at an early age, conceptualize their loss in both biological and social terms. With regard to policy, as I discussed in Chapter two, the effective identification of specific groups of “vulnerable” children is vital. This is necessary, especially in complex

emergencies where interventions need to address differing vulnerabilities, and target specified populations (or collective groups) of beneficiaries. Also vital are the needs to: (1) educate communities about the existence of orphans and the size of the “orphan” population (biological); (2) determine the culturally-relative concept of the parent whose loss most significantly impacts the nurturing of the “child” (sociocultural); and, (3) recognize and respond to the children’s experiences of “orphanhood” amidst cultural change (biological and social).

Examining the Factors that Contribute to Sibling Separations

The responses from orphans in the previous section confirm that their perceptions of “orphanhood” are influenced significantly by the dislocation from their siblings after parental death. This is a pivotal issue which begs the question—why are so many orphans being separated? Unquestionably, long-distance migration and the fragmentation of family units have caused major disruptions in how orphans are housed and nurtured. However, in addition to out-migration, my findings point to other factors that may influence a family’s decision to place orphaned siblings into different households.

First, as Table 7-1 shows, of the 80 orphans interviewed, 42.5 percent had 5 or more siblings, 30 percent had 3 or 4 siblings, and 22.5 percent had 1 or 2 siblings. Very few orphans (5 percent) were the only child. With a few notable exceptions, the households surveyed did not possess the financial capacity to provide effectively for entire groups of orphaned siblings. So, large family sizes, coupled with limited resources, definitely influenced family decisions in their approaches to fostering orphans.

Second, multiple parental deaths in one family may be overwhelming the existing kinship networks. Some of the orphans who participated in this study lived in the same community, or in the same household, with cousins who had also lost their parents. In a

Table 7-1. Sibling Totals for Garifuna Orphans

# of Siblings	Countries		
	Honduras (#)%	Belize (#)%	Total (#)%
0	(2)7.0	(2)4.0	(4)5.0
1-2	(7)25.0	(11)21.0	(18)22.5
3-4	(7)25.0	(17)33.0	(24)30.0
5 or more	(12)43.0	(22)42.0	(34)42.5
Total (#) %	(28)100%	(52)100%	(80)100%

* Column totals rounded to 100%. Results based on Author's fieldwork 2007-2009. Cumulative totals based on responses from 80 orphan participants in Honduras (n=28) and Belize (n=52).

few households that relied heavily on external support to meet their basic needs, orphaned first-cousins were being cared for by their maternal aunts, an elderly grandparent, an older sibling, or a family friend. Here again, the deaths of multiple wage-earning adults within one family may produce weakened and overburdened support systems. This may necessitate the separation of siblings among several households within, and outside, their communities.

Third, a high percentage of orphans did not share the same two biological parents. In Honduras, 68 percent of orphans and 58 percent in Belize have the same mothers and fathers. The remaining orphans have one or more siblings from an external parental relationship. Among those children, after maternal death, I found some orphans in the care of their biological fathers, or living with paternal kin, to the exclusion of their siblings.

Fourth, the deaths of mothers versus fathers, may contribute to the decisions to separate siblings. Although the numbers of "fatherless youth" was a relatively small sample, of the 14 children interviewed, 57 percent were living with their biological mothers and siblings after the deaths of their fathers, versus the 10 percent of maternal orphans who resided with their biological fathers. Also, fatherless youth who were separated from one or more siblings stated that those siblings were either adults who lived on their own, or

they were from outside paternal relationships and lived with their own mothers or maternal relations. This suggests that children who lose their mothers are more likely to be separated from their siblings than children whose fathers alone are deceased.

Finally, results showed that a majority of adult siblings (over eighteen years of age) had migrated outside their home communities, and away from their siblings, to work or attend school. In those cases, periodic and extended separations from younger siblings were common, especially when adult siblings lived in distant cities, or in other countries. However, many older siblings continued to maintain intermittent connections to their brothers and sisters throughout the holidays, at funerals, or during other reunions. Permanent separations between older and younger siblings occurred frequently among orphans who did not share the same mothers, and those who were fostered in different cities or countries.

Ultimately, as a result of migration, large networks of extended families are no longer in the same physical locations. Therefore, the residences of orphaned siblings have become as distant as the increasingly vast expanses between the locations of their kinfolk. Decisions to separate siblings from each other, or to remove them from the familiar environment of their home communities, may rob those who have already lost their parent(s) of the remaining stability that they could obtain from their networks of kin and friends.

Concluding Analysis

The reasons for migratory practices among the Garifuna, and the resulting cultural impacts, mirror trends documented within other regional and global societies. Population flows from rural to urban areas and across transnational borders, reflect longstanding strategies employed by marginalized people in their fight to overcome deepening poverty

and powerlessness. In Latin America, the effects of inequitable economic policies and unstable sociopolitical and environmental conditions created population movements of millions throughout the region, and northward to the United States. Gunder-Frank (1969) argued in his assessment of under-development in Brazil, that the power of the market economy and capitalistic expansion compelled systemic inequalities to arise in Latin America. Those changes, he contends, led to major modifications in subsistence economies. In addition to the unequal relations between Latin American nations and Western powers, his idea of “internal colonialism” also saw elite populations and urban zones benefiting at the expense of disenfranchised cultures and rural areas. The Garifuna people are among those who suffered deepening disparities due to public policy failures in their home countries. The perpetuation of under-development amidst changes in regional economic systems, have necessitated increased shifts to longer periods of out-migration that continue to produce notable cultural adjustments. As native people continue their migratory trends, opportunities for a “better life” have produced new concerns about community stability and cultural cohesion. Questions also loom about the effects of migration as a factor in parental death, and orphaning, and of cultural changes on the processes for nurturing and protecting orphaned children.

Within the Garifuna communities under study, the consequences of migration were evident at the household levels, not only in the semi-urban towns (where *non*-traditional adaptive strategies were expected) but also in the villages. For the poorest families, access to appropriate social services and other life-sustaining resources was limited. To meet their needs, those families are forced to rely on what was left of their communal

networks. Thus, Garifuna women's roles had simultaneously increased as their networks of support had constricted.

Presently, several households are challenged, as women are torn between their desires to raise their families themselves, and being forced to migrate for work. Even though most caregivers continue to supply orphans with the basic supports, economic constraints force many to limit the money and time spent on each orphan's educational and other personal needs. Those factors, coupled with the restricted access to counseling and advanced training, leave many orphans struggling to cope—including a growing cadre of young-adult orphans.

However, in as much as communal relationships have diluted substantively due to migration, immediate and extended family remain the first lines of support for orphans. At this point, though men and women continue to migrate from the villages, family members who remain in the settlements attempt to coexist in an atmosphere of cooperation and teamwork. In the towns, families are forced to be more self-reliant, or to seek help from sources within, and beyond, their communities.

Unquestionably, it is impossible to cover all aspects of these complex issues in one dissertation. However, what I trust that readers take from this study is the extent of the impacts of parental loss, amidst cultural adjustments, on the social and mental wellbeing of orphaned children. By including their voices, there is no need to speculate about what the effects of orphaning are on their lives. The orphans have communicated clearly about their individual experiences. They have also expressed their challenges in the hopes of being understood and assisted to transcend their obstacles. Findings signify that a majority of the orphans shared similar challenges, regardless of the locations or sizes of their

communities. Any significant differences were influenced greatly by the depth, and especially the quality of care provided by each child's kin and community. Indeed, the indications are that both family and community support matter a great deal to the health and wellbeing of orphaned and other parentless children. Mrs. Sanchez, shares this view:

It depends on the family. All the kids are cared for well if they have a good family. If they come from a dysfunctional family, then all the kids do poorly in that family . . . I think it is the community's job to take care of those kids since they are the ones that feel the hardship.

As I have shown in this study, for those without effective support systems, the loss of their parent(s) leaves many orphans educationally and economically deprived, others emotionally isolated or physically abused, and some in socially destructive environments. Unfortunately, despite the availability of assistance through public and private institutions, many orphans and families who may qualify for social services fail to access those resources. Lack of knowledge among caregivers about the comprehensive needs of the orphans, or about the existing supports available at the local and national levels, perpetuates the disconnections between families and assistive resources. Therefore, on an immediate level, informing caregivers about the available programs that are in place to help them will expand their access to vital services, which may reduce, or reverse, some of the migratory trends. It is not certain however, whether those supports alone will be enough to stem population outflows, without other increases in social and economic stability.

Frankly, as long as inequitable policies continue, migration of disenfranchised people will also continue. For millions of transnational migrants, including the Garifuna, the trends reflect that although some families who achieve success may strengthen economically from migratory processes, the larger society weakens culturally as their communal

objectives are slowly invaded by individualism. Also, as native groups disperse, diminishing populations struggle against encroachment onto traditional homelands from foreigners and local elites. Currently, public officials in the Americas may be of the opinion that there are fewer drawbacks, than incentives (economically and politically) to allowing the out-migratory processes to continue. Undeniably the probability of further social unrest does exist, as does the growth of other medical and social stressors, not the least of which is an increase in vulnerable children. However, history will tell whether those concerns are sufficient incentives to prompt the development of more equitable policies that keep people at home.

For the sending nations, any major declines in population pressures and resource requirements would mean less competition in the job market and less money required for social programming. Also, the more people that leave their native countries, the more money that is sent back (in the form of remittances) which for many countries, accounts for high percentages of national GDPs. Also, as Smith (2001) argued, larger migrant populations abroad, especially within the U.S., may increase the political influence of home countries as migrants become citizens and lobby for more equitable trade policies. As populations continue to constrict, there are also less incentives for governments to protect the land rights of native peoples. So, what does this mean for the long-term viability of traditional cultures? At this point, no one is certain. But, if native peoples continue to increase their reliance on the moneyed economy—and on migration—the ultimate “costs” of “modernization” may be the disarticulation of the “traditional society,” and further risks to their most vulnerable members—including orphaned children.

Research Limitations

Throughout the research process I encountered several significant limitations that impacted the scope of this investigation. Those difficulties included the following:

- **Scant Data Availability:** No statistical or demographic records were available about orphans in Garifuna communities. Neither was I able to locate any previous institutional assessments about the structures of modern settlements. The deficiency of preexisting data limited the scope of this research. Additionally, finite time and resources did not permit me to generate more extensive statistics about wider, and potentially more vulnerable sub-populations of orphans (i.e., young-adult orphans, stateless orphans, fatherless youth).
- **Language:** During phases one and two of fieldwork, the language barrier proved difficult in the most remote villages in Honduras. Although my research assistants were Garifuna, and included two multi-lingual field guides and translators (Garifuna/Spanish/English), I felt limited by the inability to speak to the orphans directly, and in their native language. In addition, during my pilot study, since my field assistants were men, problems initially arose with interviewing female orphans who, I discovered, required a greater amount of privacy than the males, before they felt comfortable sharing personal issues. I felt somewhat limited by my inability to pose sensitive questions to females in the presence of male interpreters. On my return visit to Honduras, I worked with a female translator, which resolved this issue.
- **Transportation throughout the Remote Locations:** Lack of public transportation to most communities often necessitated the use of rented 4x4 trucks in order to negotiate the difficult terrain. The extremely remote locations of many villages (especially in Honduras) and unpaved or non-existing roads, often restricted vehicular access. Therefore, some areas either remained off-limits entirely, or logistics prevented my returning to collect additional data. I have determined that, for any follow-up studies, accessing the more remote communities efficiently will require arranging for the use of a truck (and/or boat) for extended periods.
- **Privacy and Confidentiality:** Community residents in all study sites showed extremely high interest in this research. Therefore, at times it was difficult to maintain privacy during the interviewing process. Often, groups of people would gather by the windows and doors and attempt to overhear the conversations. Due to privacy concerns, I modified my techniques by periodically changing the locations of interviews, and conducting them at times when the majority of adults were working and children were in school.
- **Security:** Due to the tense financial and political climates, conflicts over indigenous lands, and clandestine drug trafficking throughout remote areas, traveling through Honduras and Belize required careful maneuvering. Being robbed during the course of my fieldwork in Belize City reflected the extent of the

predatory element in the urban areas. At times, security concerns made data collection difficult. The June 2009 coup in Honduras also prevented my returning to collect important demographic reports, statistics, maps, and other data that I had requested from government and private institutions. This data would have enabled me to form a better understanding about specific populations of orphans in Honduras and to gain additional information about ongoing support programs for orphans, or about any that were in development.

- **Problems with Sustained and Long-term Feedback:** Maintaining continued feedback has been difficult, especially with stakeholders at the local levels. As Dr. Nyambedha shared regarding his experiences in Kenya, “I am Lou. These are my people, and I have a difficult time maintaining contact even though I am here. It is extremely difficult to create lasting change, unless a researcher makes a commitment to work with the people face-to-face.” To stimulate continued feedback, I included my contact information and invited sustained input from orphans and stakeholders throughout both countries. Although many of the participants continue to provide periodic updates about their communities, I have not been able to maintain consistent feedback. Communication difficulties, especially in the villages, make it impossible to maintain regular dialogue, and it is clear that implementing any sustainable interventions will necessitate partnering with researchers on the ground who are able to maintain direct contact with the populations long-term.

CHAPTER 8 DISCUSSION

Global Initiatives: Critical Responses to Assist Orphans and other Vulnerable Children (OVCs)

Recognizing the complexity and scope of the global orphan crisis, creative solutions are required. Farmer (2005:78) observed that despite the scale of the problem, many governments still have “no policy for dealing with orphans.” Years after Farmer’s publication, a child development official with Save the Children acknowledged that new approaches are needed to address the growing orphan population. She emphatically shared that:

Children who are separated or orphaned are a concern. . . We need new guidelines for how to help provide for these kids. (Personal communication May 20, 2010)

Fortunately, positive trends in response to the growing crisis of orphans and other highly vulnerable children are that many national leaders are beginning to listen. This is exemplified by evolutions in global and domestic policies that strive to contribute, both directly and indirectly, to the healthy development of orphans and other vulnerable children. Currently, some successful interventions are being developed and tested at the grassroots and national levels. Several of the most promising programming initiatives are occurring at “ground-zero” in heavily affected nations, as governments, communities and families attempt to respond to these latest population emergencies ((UNICEF, et al. 2004; USAID 2009).

Recent policy and program initiatives in developing countries reflect that, for them, necessity has become the mother of invention. In states throughout Africa, like Kenya, Zambia and Malawi, the extent of the orphan crisis is of such profound proportions, that they are among the countries at the forefront in the development of workable interventions.

Globally, government policy makers and practitioners among all segments of society, now partner readily with the private sector, grassroots organizations and international development agencies. Their collaborations are focused on producing a clear picture of the global condition for highly vulnerable children, and creating appropriate responses to meet the societal and economic needs of their societies. In countries with high populations of OVCs, some interventions—including many financed by the U.S and other international partners—focus directly on increasing investment in data collection, project development, and in enhancements to social welfare services (such as academic scholarships, medical assistance, and food distribution programs) (Catzim 2008; UNICEF 2005b; USAID 2009; WHO 2005a; WHO 2005b). Other projects seek to improve the access of children and their families to available public and private supports from government agencies, NGOs, Faith-Based Organizations (FBOs) and even from the larger kin and community networks (Catzim 2008; UNICEF 2005b; USAID 2009).

For example, to assist children affected by the HIV/AIDS crisis, Namibia instituted a National Plan of Action for OVCs that includes the establishment of an Orphans and Vulnerable Children Permanent Task Force (Namibian Ministry of Gender Equality and Child Welfare 2008). In collaboration with the Zambian government, military, and international NGOs, the country continues to install counselors to provide shelter, food and other social services in communities with large populations of orphans and vulnerable children (Project Concern International 2009). Other nations are also working to provide orphans and other at-risk children with the psychological support and practical guidance they need to develop effective coping strategies after parental loss or abandonment. Those developments are certainly steps in the right direction and, if successful, provide

new “best practices” that can be used to guide the work of international and domestic stakeholders. On any given day, an internet search of the word “orphan” reveals increasing news accounts, and scientific research, on the topic.

The stories exemplify a growing trend, both in the existence of large numbers of orphaned and vulnerable children (OVCs), and the deepening concern among global leaders of the impending societal crisis that is yet to unfold. In recognition of the explosive volume of vulnerable youth worldwide, U.S. Public Law 109-95 (PL 109-95) was created in 2005, to provide Assistance for Orphans and other Vulnerable Children in Developing Countries (USAID 2009). The Law, and the \$1.86 billion in assistance to developing countries, demonstrated the U.S. Government’s concern about the global OVC crisis, and commitment to understanding and addressing the issues directly.

Currently, there is awareness at the highest levels of the U.S., and international governments, that OVCs are a population that can no longer remain ignored or unaided. Through the coordinated efforts of seven U.S. government agencies,²⁴ the nation committed to assist 113 countries to increase their levels of response to their OVC crises (USAID 2009:4). A major condition in the allotment of these funds was that the participating countries agree to:

Directly help children in crisis...protect children from crisis by addressing the causes of their vulnerability...strengthen family, community and government capacity to identify and respond to their most vulnerable children, and conduct research and evaluation to identify the most effective interventions to care for and protect children. (USAID 2009:7)

²⁴ The U.S. government agencies partners that are focused on addressing the needs of orphans and other highly vulnerable children include: USAID, the State Department, the Department of Health and Human Services, the Peace Corps, and the Departments of Labor, Agriculture, and Defense.

By providing comprehensive statistics and insights, the USG report forebodes that the complexity of the current global condition will either compel the human race to collectively contribute to a positive outcome for tens of millions of vulnerable children, or societies should prepare to withstand the international impacts of massive populations of under-educated, ill-equipped, and vulnerable adults. Moreover, there is growing recognition that the unprecedented and overwhelming extent of the OVC population is at a scale that demands the development of new “best practices.” Presently, nations around the world are confronting challenges at a magnitude that most have never faced before.

Undoubtedly, new problems require novel solutions. However, whether countries rise to overcome their crises will depend on their willingness to innovate. These new methods must embrace the participation of citizens at all levels of society. It will also require that “core” nations release the economic strangleholds on “peripheral” countries that render them powerless to help their own people. Indisputably, these globalized and market-driven systems are pathological, powerful, and difficult to change. Indeed, these are the very systems that have ushered in much of the problems that have destabilized families—including those caring for orphans. Certainly, decisive measures have to be taken to ensure that international and national initiatives translate effectively to helping families and orphans on the ground, at the local levels.

National and Local Level Interventions to Assist Orphans and other Vulnerable Children (OVCs) in Belize and Honduras

In an effort to address the needs of orphans who live in Honduras and Belize, I anticipated finding national “plans of action” that ensured the provision of social services and other required supports. As I discovered, although specific programs are in place that target specific groups of orphans, there are no comprehensive efforts to address the

needs of their general orphan populations. In fact, from my observations, the majority of assistance programs originated from international and domestic NGOs and faith based organizations. Government initiatives were administrated largely in partnerships with NGOs, although programs like Social Security were government-run. However, any goals of supplying effective assistance to orphans would entail effective coordination among the multi-sectoral institutions that are poised to address each orphan's short- and long-term needs. In consultation with stakeholders within national and local agencies, I identified a few targeted initiatives that may provide immediate assistance to Garifuna orphans and other at-risk youth. Although additional research is needed to document all the available programs of support for OVCs, some examples include:

Fostering: Informal arrangements to provide residential care for orphans are available within Garifuna communities throughout Central America, and among larger kinship networks in the United States. For children who fall outside kin and community support systems, private orphan facilities administrated by NGOs and faith-based organizations (i.e., Nuestros Pequeños Hermanos, SOS Children's Villages, Orphanage Emmanuel) are located in both countries, along with government-run institutions for orphans and other vulnerable children.²⁵ For the Garifuna, however, institutional options are considered a last resort for orphan care.

Food: Throughout Garifuna communities, residents routinely provided meals to orphaned children from poorer households. Informal school feeding programs are available to children in Garifuna villages. In the towns, formal school lunch programs are

²⁵ The Institute of Childhood and Family (IHNFA) in Honduras, and the Ministry of Human Development in Belize, oversee children's and family services, including providing institutional shelter to orphaned and abandoned children, as warranted.

provided to children from all ethnic groups who are registered as being in financial hardship.

Education: Currently, schools in Garifuna communities provide access to basic education for all children. Educators in both countries also spoke of providing private grants for tuition, uniforms and supplies to several orphans based on academic merit, and each child's level of financial hardship. In Belize's Stann Creek District, a local literacy program run by the Progressive Organization for Women in Action (POWA) provides tutoring services to children with the help of volunteers. Also, according to Ava Pennill in the Ministry of Human Development, public assistance for education is accessible to youth (including orphans) who are registered with social service programs.

Educational assistance up to university [is available] for kids who are wards of the state. Even if we don't have a 'Care Order' for an orphan or vulnerable child, depending on their family situation, we still have a wide variety of assistance available. We are reaching out to county high schools and they identify the most vulnerable of the vulnerable. If they [the children] made it to high school, they have already overcome a lot to get there. So, we give them educational assistance [in the forms of] fees, shoes, supplies, food, etcetera, to get them through school.

Social Services: In Belize, children who are registered with Social Security, and who qualify for financial assistance, may be eligible for stipends to assist caregivers in providing for their care. I located no similar national program in Honduras. However, more research is needed to identify if any public or private services exist.

Medical and Social Support for Orphans Affected by HIV/AIDS: Multi-sectoral programs to address the prevention, testing and treatment of children affected by, or infected with, HIV/AIDS are available through public health agencies and non-governmental organizations in both countries. However, access to the services comes with the risks of possible public disclosure of private information. Thus, inadequate assurance

of confidentiality may keep many families who are raising orphans from participating in the programs.

General Medical Services: Orphans and other children who are registered with social services in Belize are granted access to medical and optical services through the local health centers. In Honduras, clinics within—or in reach of—the communities provide basic medical care to all residents. According to stakeholders, optical testing and eyeglasses are available through mobile clinics that visit the communities once or twice a year.

The Contributions of this Study to Orphaned Children

Undoubtedly, Anthropologists hold leading roles, along with other social scientists, in documenting the “changes in family structure of marginalized or under-documented groups”(Fiske 2008:114). These under-researched populations include tens of millions of orphans, and other youth, who often face extreme vulnerabilities, beyond the views of their societies. I believe that Anthropologists are uniquely qualified to conduct research among these groups, and to contribute extensive knowledge about the causes and consequences of orphaning in under-documented populations. Our work can ensure that decisions made, based on what is perceived to be in the child’s “best interest,” do not conflict with reality when viewed scientifically to reveal the outcome of those choices. I am confident that this research fills in preexisting gaps, and provides answers to some pressing questions about the lived experiences of orphans. Throughout the process of fieldwork, I also began to glean that the study was yielding some positive outcomes for orphaned Garifuna youth in their communities. The contributions of this research to orphaned children included:

- **Defining “orphans” as a target group:** Locating orphans in their communities is a critical first-step in being able to assist them. Cross-cultural variations in the concept of “orphanhood” present complex problems when trying to identify one’s

target group. In this research, conflicting perceptions among the different generations of residents regarding the existence of “orphans” in Garifuna culture, challenged me to develop criteria that identified the specifics of my target population from biologically-, culturally- and socially-relevant perspectives. My definition destigmatized the word by focusing on the death(s) of the parent(s), and the age of the child, instead of on the culturally-negative concept of the word which implied negligence of the family in providing appropriate care. Those critical adjustments enabled clear communication between the Garifuna people and myself and, in time, facilitated their ability to identify additional “orphans” in their communities.

- **Giving orphans opportunities to speak and be heard:** The orphans with whom I spoke were very clear about their reasons for participating in this study. The overwhelming response was that if their families and communities were aware of their needs, they would help them and give them more support. Some indicated that this was the first time they were asked about how losing their mothers, or both parents, impacted them. Without outlets for psychological counseling, and especially for those orphans who felt distrust or stigma speaking to adults in the community, the ability to speak and be heard was an important contributor to their peace of mind. This was especially evident with orphans who were infected or affected by AIDS, who embraced the opportunity to speak about losing their parent(s) to the disease, and about their experiences
- **Raising awareness locally and nationally:** For the first time in Belize and Honduras Garifuna orphans, and those in other ethnic groups, became a visible population, within their communities and to national agencies. Through participating in this research, educators in the communities heightened their awareness about the numbers of orphaned children in their schools and larger societies. I also observed that the class-by-class counts helped teachers to be more cognizant of the orphans in their classrooms, and to offer increased assistance to students who faced financial and emotional challenges. This study also stimulated the participation of local counselors and public health providers, who expressed their commitments to consult with orphans and, whenever possible, to help them to address major educational, medical, and emotional needs. Feedback from Belize’s Ministry of Human Development also indicates that they are working to provide “conditional cash transfers” to additional households caring for orphans, as well as to other “vulnerable groups.”
- **Including family participation:** Guardians in all six communities expressed deep interest in this research, and cooperated fully with interviews, observations and household visits whenever they were requested. Households that were identified with significant financial short-falls were willing to accept help if it meant that more opportunities would be provided to the orphans. In some instances, family members who had migrated to other cities or countries called me to express their desire to know the results of the study, in an effort to improve their responses to the needs of the orphans in their care.

- **Identifying other groups of orphans and parentless children:** Although this research focused on interviewing Garifuna orphans, the class-by-class surveys also allowed me to identify orphans from other ethnic groups, and other populations of parentless and vulnerable children (i.e., fatherless youth, stateless orphans, etc.) throughout the communities.

The Contributions of this Study to Applied Advocacy Research

The benefits of social research in influencing social reform are certain. Indeed, no effective and sustainable socio-cultural interventions are possible without informed decision-making. Establishing interventions that are targeted to the needs of specific populations is essential. Policy makers and development practitioners must also ensure that the proposed measures are culturally relevant, and prioritized to address current crises, and that they establish solid foundations upon which to build towards lasting change. Applied advocacy research provides many of the tools that can be used to construct those new foundations. The objective is to develop “real-world” solutions, to solve “real-world” problems, in view of “real-world” contexts.

For this study, Participatory Action Research and Ethnography were undoubtedly the best methods for accomplishing my objectives. One principal aim was to work directly with communities and families to uncover the crux of their circumstances and concerns. At the same time, I also worked towards educating the larger societies about the existence and requirements of the Garifuna, and wider, orphan populations. The ability to collaborate with multiple levels of society, and to speak directly with orphans, enabled me to obtain a comprehensive picture of the many factors which influence their lived experiences. The techniques also enabled me to identify the potential supports available to orphans from the household, local community, national, and international arenas. One of the lessons that I quickly learned was that raising public awareness about the current populations of orphans and bringing the topic and the children out of the shadows, was foundational to all

proposed interventions. I feel confident that expanding the visibility of orphans within their communities will increase their chances of being protected and assisted in the long-term.

During my fieldwork, I observed several national, public service initiatives to raise awareness about select orphan populations (such as children suffering incest and domestic abuse, and children infected or affected by AIDS). Each campaign resulted from successful collaborations across the public and private sectors including government agencies, businesses, the academic and development communities, grassroots organizations, and the media. This signifies that if issues are critical enough, people will collaborate effectively. Given the extent of the orphan populations, a priority public service initiative should involve raising awareness about these growing, and vulnerable groups.

Before I left Belize, I was invited to give a presentation at a “community action” meeting organized by development officials at UNICEF. The three-hour workshop allowed me to share some of my preliminary results, and provide several recommendations to facilitate the creation of “Action Plans” to address the immediate needs of orphans at the local levels. I was encouraged by the composition of the audience and their expressed interest. The group consisted of a UNICEF Manager and Adolescent Development Officer, school principals, public health workers, leaders from the National Garifuna Council, representatives from the Ministry of Human Development, the Ministry of Education, the Progressive Organization for Women in Action (POWA), the Mayor’s office, the Town Council, a radio journalist from the national media, and even orphans and their guardians who participated in my study. At the conclusion of the meeting, I was asked to provide a follow-up report to assist educators and other stakeholders with some guiding recommendations for how to move forward. That conference was subsequently broadcast

on radio programs across Belize and heightened awareness about the situation for orphans and other vulnerable children (OVCs) country-wide.

Upon the completion of my field research, I extracted select data and compiled preliminary Status Reports, which I submitted to key stakeholders in Honduras and Belize. The results of my pre-dissertation study on the condition of orphans in rural Garifuna communities were submitted to Honduras' Office of Indigenous Education in Fall 2007. In 2010, I presented reports to Belize's Ministry of Human Development and to local educators that included recommendations to help them identify and assist the neediest orphans in the Stann Creek District, to access any available sources of support.

The Contributions of this Study to Influencing Domestic and International Policy

The associations between orphaning and poverty are clear. The majority of orphans live in societies where the needs often exceed available material and human resources. Although governments may now recognize the scope of their orphan populations, financial deficits force many to rely on the international community to provide vital social services. Given the global economic crisis, policy makers are beginning to recognize that they will need to rethink their use of Band-Aid approaches to address gaping wounds. Indeed, major paradigm shifts are needed in countries where orphaned and other disadvantaged youth constitute significant percentages of their populations.

At this juncture, some important questions to ask are: 1) will development funds remain at the organizational levels once they are disbursed to countries, or will they be distributed effectively to the people who are in need; and, 2) who is ultimately responsible for ensuring that the programs that are developed at the local levels are effectively constructed and implemented? Clearly, the answers to both those questions are "it

depends.” Whether proposed initiatives accomplish assigned objectives “depends” on the success of multiple tiers of decision-making—and action—at international, domestic and grassroots levels. The objective is not just to fund programs, but to monitor them so that funded initiatives actually accomplish their stated goals. As we have seen from the reports on Haiti and Katrina “relief,” the majority of the money never “trickled-down” to the designated beneficiaries. Therefore, greater vigilance is required so that such discriminatory policies will be modified at appropriate levels to ensure sustained capacity-building for marginalized families. Indeed, to do otherwise would be criminal.

With respect to Garifuna orphans, supporting the stability and cohesion of households that are caring for orphans is paramount. For the majority of families, this can only be accomplished with coordinated and consistent access to critical material and financial resources. However, the success of any intervention would involve assembling the required data on which government agencies and supporting organizations can prioritize, fund, and execute appropriate strategies. In this effort, increasing segments of the policy and research communities have begun to solicit the input of a wider array of stakeholders throughout multiple segments of society, including the OVCs themselves. A Senior Researcher and expert on OVCs at UNICEF shared his view of the importance of this development in constructing effective policies:

We have to listen to the people. We need to do more youth-assessment to better understand the OVC issue from their perspective. I want us to talk to people in their communities to understand their needs.

In my view “we,” as a global society, also need to understand, and effectively address, the OVC crisis with a new dialogue with governments, the private sector, communities and proposed beneficiaries. People across nations must commit to working together respectfully, if we have any hope of proposing workable solutions that help each

partner group to address the current needs of OVCs, and to stem the growth of their populations. In the development of effective interventions, imperative questions for international donors to ask are:

- What is the condition of a particular country's infrastructure at the national and local levels?
- Are sufficient mechanisms available to efficiently provide required services to the neediest orphans, and other at-risk children?
- Are programs in place to effectively match beneficiary groups with the services that are available to them?

Based on the answers to those questions, researchers and policy makers will be able to determine whether current national infrastructures need to be strengthened and prepared to carry out the required functions. Data will also help to determine how best to train local professionals (educators, medical workers, counselors, and others) so that they are equipped to identify, and respond effectively to, the disparate needs of OVCs. By sharing new knowledge, this study contributes to the effort of influencing domestic and international policies in several ways:

- By speaking directly with the orphans, the study provides empirical evidence about the multiple impacts of parental death on the children themselves, and about the pressures on households. Those findings provide critical insights about the specific gaps in current orphan-care arrangements, and can be used by governments and NGOs to construct targeted programs to address those shortfalls (i.e., education, medical care, psychological counseling, etc.).
- By consulting with other social scientists who have been working towards similar goals, solutions can be developed that increase the probability of quickly eliminating "blind alleys" and sharing "best practice" strategies for how to create sustainable programs.
- By raising awareness about the causes of parental death, new national initiatives may be constructed to tackle many of the root factors that lead to orphaning in the first place.

- By using proven Participatory Action Research and Ethnographic methods, the design of this study is applicable for use in researching orphans in other ethnic and social environments.
- By consulting with international and domestic stakeholders at all levels of society, and by incorporating their expressed concerns, the study was developed, from the onset, to provide information for the creation of interventions to assist orphans, at the community and national levels.
- By defining the word “orphan” based on culturally-specific criteria, my work adds to the body of research that demonstrates the need for sensitivity in conducting research with this formerly “invisible,” and newly emerging population.

Additionally, since many of the problems orphans face are poverty related, older orphans need to be placed on the priority list for international and national interventions. Without a doubt, the needs of older orphans will increase significantly as they pursue opportunities to provide for themselves in adulthood. Given the gravity of the situation, what older orphans cannot afford is the construction of interventions, such as training programs, that are incongruent with the capacities of local infrastructures, or with national priorities. Infrastructural investments must be targeted to effectively train OVCs, and to provide them with the life skills and psychosocial counseling they need to become contributing members of their societies. Policy makers must ensure that current systems are able to successfully absorb the young-adult orphans so that, once educated, they are able to locate gainful employment, and socio-economic stability. Furthermore, older orphans may be the perfect group to be trained to fulfill some existing service deficits required by younger orphans, including peer counseling, academic tutoring, public health assistance, and other supports. The likelihood exists that, if effectively constructed, training programs such as these may garner the support of donors and governments, as well as academic institutions that are poised to spearhead these initiatives. With hundreds of millions of orphaned and other vulnerable youth worldwide, increasing the capacities of

orphans may be tied ultimately to supporting national economic growth and by extension, international security.

CHAPTER 9 CONCLUSION AND RECOMMENDATIONS

Conclusion

Suppression of local cultures, women, identities, and histories, these regimes of representation are originary sites of violence . . . Development has been linked to an economy of production and desire, but also of closure, difference, and violence. (Escobar 1995:214)

In Central America, disparities between wealthy and poor countries, and between elite and poor groups within nations, continue to perpetuate negative effects on disenfranchised peoples. The legacy of dominant/dependent systems has taken a tremendous toll on traditional kinship networks, and altered practices for how families within native cultures interrelate. As research focuses its lens to reveal the consequences of unjust policies on “peripheral” societies, one finds that among the most “invisible” and vulnerable populations are orphaned and other parent-less children. Currently, millions of children are forced to reconstruct their lives after losing their parent(s) to natural and man-made events. In recent times, scientists, statesmen, and policy makers around the globe have become acutely aware that the population of orphans has reached “crisis” levels.

This dissertation focused attention on the impacts of parental loss on Garifuna children, and the coping mechanisms employed by orphans and their families as they adapted to complex crises. By combining the results of my discussions with orphans and other stakeholders in Garifuna society, with insights about trends in other regional and global cultures, I have tried to construct a cohesive picture that facilitates a generalized understanding of their situation. What the evidence shows is that the reasons for orphaning are diverse, as are the needs of orphans across societies and cultures. Therefore, blanket solutions cannot address the specificities faced by disparate cultures that are challenged with protecting and raising orphans.

Substantial literature has made it clear that top-down, imposed programming does not work. To understand and address pressing societal issues requires the support of proposed beneficiaries, to meet their specific objectives. Incorporating the views of the orphans themselves would also help to assure that programs are structured to be congruent with cultural practices and priority needs. A critical balance in the development of immediate and long-term interventions is to increase capacity, while limiting dependency. The objective is not to develop perennial crutches on which societies can lean. Rather, the goals must be to strengthen the current foundations on which households depend, and to structure capacity-building opportunities which assist poverty-stricken populations to rise.

In recent years, significant advances have been made to expand the collection of data about orphans, especially in under-researched communities. Unfortunately, given the scale of the global orphan populations, the volume of studies continues to pale in comparison to the need. Moreover, initiating research is merely a first-step in this complex process of assessing the conditions of orphans, and translating proposals into effective policies and programs takes time. Of critical importance is the demand for actionable insights about the socio-economic and psychological challenges faced by orphans, especially as they mature into young adults.

Based on my research with Garifuna orphans, it became clear that the most vital component in restoring normalcy into children's lives is assuring that they remain in close contact with their family members, especially their siblings and any surviving parent. The goal essentially, to help orphans to not feel "orphaned." For several orphans, their concepts of orphanhood arose from feelings of isolation, abandonment and concomitant

social, as well as biological factors. Very rarely did they emphasize material possessions when defining their hierarchy of needs. The younger orphans were largely satisfied with the basic supports that would enable them to survive and attend school; while, the older orphans expressed a strong desire to access higher education and become professionals. However, the prevailing sentiment among all age groups was the need for stability, love, respect and a sense of family.

In fact, reports from child development experts support the belief that increasing the stability of families and communities are among the most important methods to ensure the success of any interventions on behalf of vulnerable children. Raising awareness is also important. Uncovering “hidden” populations of orphans and heightening their visibility in their societies becomes a critical step towards ensuring elevated levels of care and protection. Minimizing the compound effects of parental death on orphans will also require sustained commitments from scientists and stakeholders, to uncover the complex factors that affect the coping capacities of children and their households, and to address them.

The international and domestic initiatives outlined above are major steps in the right direction. However, it is imperative that the commitments to research and financing, at the very minimum, remain at the levels required to assure that interventions are sustainable, once they are put in place. A chief concern should be to effectively address the complex socio-political, economic and ecological issues that are at the root of the global orphan crisis. To produce meaningful and lasting change, governments would need to aspire beyond tackling child vulnerabilities as they arise. Instead, they should strive towards developing solutions that prevent the threats that lead to orphaning, and which put children and families at risk in the first place. If the current trends continue, the distinct possibility

exists that even the most ambitious programs could be quickly overwhelmed by escalating needs. As far as one can tell, amending the inequitable systems that created the current crises is paramount if societies have any hope of averting the massive societal costs of orphaning.

Indisputably, all organizations are forced to establish parameters under which they operate, along with criteria to determine the eligibility of select beneficiaries. Hence, programs that are designed to assist different populations of “vulnerable children,” must agree upon precise working definitions for the groups they endeavor to help. I have argued that defining the word “orphan” should remain consistently biological (i.e., parental death), with specified age-ranges (0-17 years) to avoid the hazards of data incongruity in research and policy. I have also shown how, when working within disparate cultures, synergizing the criteria that determine a group’s concept of orphanhood, with defined sub-categories of vulnerable children based on their specific circumstances, would facilitate a more precise understanding and identification of target populations, including orphans. Moreover, when employing the word “orphan” across cultures, I have discussed the importance of identifying the biological parent with primary responsibility for childcare. In the case of the Garifuna, and in other matrifocal (mother focused) cultures, it is the mother who is the “heart” of the household. Therefore, maternal deaths most critically influences the nurturing process for orphaned Garifuna children. Hence, in broad fieldwork contexts, researchers and practitioners must identify and understand the biological and social factors that determine how the word orphan is employed.

Recognizing the severity of the situation for Garifuna orphans and their families, the next question to ask is, how do we move forward? Indeed, what does one do with all this information? Clearly, my goal as an Applied Cultural Anthropologist is to facilitate the movement of this data from research, into action, and on multiple levels. This process involves stimulating continued dialogue among stakeholders, including the caregivers, to ensure that orphans remain visible, and therefore increase the probability that their specific needs can be identified and addressed. I trust that this study, and the corresponding recommendations, will provide the Garifuna people and national agencies with some of the new knowledge required to begin to attend to these concerns.

Recommendations

“No intervention or program, no matter how well intended and implemented, will have strong impacts if it cannot be sustained by the community and become part of the lives of the family.” (Weisner 2009)²⁶

The following recommendations were drafted to assist stakeholders to address the identified—and unmet— needs of Garifuna families, orphans and other vulnerable youth. In view of the findings of this research, I divided the list to include several immediate and long-term strategies. The proposed initiatives considered the locations of the people (urban and rural), the existing infrastructures of the communities, resource availability (financial, human, and environmental), and the cultural practices of the residents. I also considered the governmental and non-governmental programs that are in place to support orphans and other vulnerable children. Consequently, I propose that the following recommendations are achievable, sustainable, and potentially exportable

²⁶ Weisner, Thomas S. 2009 Childhood and Adolescence in African Societies and Cultures. *In* The Child: An Encyclopedic Companion. T.R. Bidell, A.C. Dailey, S.D. Dixon, P.J. Miller, and J. Modell, eds. Chicago: The University of Chicago Press.

to other communities that are confronting similar circumstances. They include the following:

Short-term Programming and Objectives:

- Assist Garifuna orphans to not feel “orphaned” by: (1) assisting siblings who are separated regionally and internationally, to reestablish communication with each other; (2) increasing the access of orphaned children to the available counselors in the schools and medical centers; (3) fostering dialogue with guardians so that they are aware of the needs of the orphans in their care; (4) maintaining or restoring communication with surviving parents and family members whenever possible; and, (5) assisting orphans to connect with established public and private programs that are already in place to provide financial and social support.
- Conduct additional research to obtain evidence-based statistics on the extent of the local and national orphan populations. This will require initiating further group discussions with local partners and communities to develop a shared understanding of criteria to identify populations of biological orphans, along with other groups of parentless and “socially orphaned” children.
- Establish mechanisms to increase communication between policymakers and beneficiaries (orphans and caregivers) in order to identify and address critical requirements.
- Institute policies to increase the level of coordination across local and national agencies to reduce duplication of services and hopefully eliminate wasted financial, physical, and human resources.
- Create “institutional maps” in all the study sites that establish the types of existing supports for orphans at the local and national levels. The “maps” would also identify the jurisdictions of the various national government agencies, local institutions, and non-governmental organizations (NGOs) that function to support orphans in their resident communities nationwide. This list of partners would help to coordinate supportive programming, by describing the major responsibilities of each institution and by identifying the main contact people within each group.
- Develop policies that strengthen grassroots programs that are already working effectively to assist orphans and other at-risk populations, and help agencies to increase their strength and scope to meet the needs of wider groups of beneficiaries. This may include expanding any current tutoring or mentorship programs to help academically at-risk students to increase their performance in school. The programs could also be extended to other members of the community—especially women—to assist them with completing their educations, and to increase their skills and employment options. In exchange for broadening their reach, grassroots programs may benefit greatly from additional donor funding that supports their abilities to become more financially independent while

strengthening their missions to serve their communities. Local organizations could also be assisted in their efforts to develop business-based approaches that may help them to become more economically self-sufficient. This could include assisting groups 1) to write grants for foundation or government support, 2) to effectively solicit corporate sponsorship for their programs, and/or 3) to establish projects that generate other types of income.

Long-term Programming and Objectives:

- Execute follow-up studies that continue to generate new perspectives about the conditions of orphans on the ground, in order to develop and tailor programs as required. Also, employ the findings of empirical data to establish effective “action-plans” that incorporate the insights gained from empirical data.
- Develop and implementing sustainable interventions in collaboration with international child development NGOs, and national and local stakeholders (including families and children).
- Institute mechanisms within educational institutions and with the support of grassroots NGOs that help to identify newly orphaned children, and to monitor existing populations within communities. This may be accomplished by working with school principals and directors to assist them in updating their “registration forms” so that orphans and other vulnerable children in select regions are identified, and can be monitored. These confidential documents would ask questions that determine which children have lost one or both parents to death, and also solicit information about the living-situations of each child. Household information would establish how many adults and children live in their home, identify the heads of the household, and determine what public or private benefits the child currently receives (if any). Based on the results, any child who is identified as being in special hardship would be directed to local counselors who can help each child (and his or her guardians) to document what their current living situations are, and forward the important information to the relevant agencies and organizations to help meet those needs.
- Coordinate more effectively across all levels of the national educational systems to help orphans who maintain stellar grades to obtain scholarships to high schools, local colleges and vocational institutions.
- Foster partnerships with local and multi-national businesses to support capacity-building projects for older orphans and other vulnerable children (including offering internships and jobs to students and recent graduates).
- Establish a *Children’s Advocate Case Worker* (CACW) in a regionally-appropriate location, who will act as a liaison among all “key partners” (both public and private). The predominant role of the CACW would involve helping children and their families to maneuver through the process of seeking and obtaining any available public and/or private assistance. The CACW would also facilitate the

collection and transfer of important data about the numbers and needs of orphans (and other highly vulnerable children) in their local areas and network with the relevant partners to help children with critical needs to access the resources they require to move forward.

Additionally, to enhance the success of the CACW, the national Ministries (or other appropriate national agencies) would be called upon to provide administrative support in the coordination of relevant data between the governmental and private partners that are charged with providing assistance to orphaned and other vulnerable youth. Recognizing that the proposed CACW position is yet to be established, if there are Social Workers, Child Advocates, or other professionals already in-place that perform similar roles within government agencies or non-governmental groups, this report suggests that the prescribed duties of the CACW be directed to those organizations for consideration.

- Physically reunite orphans that have been separated from their siblings for extended periods. This will require establishing regional and international connections among key partners who have data about specific orphan populations in their respective areas.
- Help families, especially women, to obtain economic opportunities that reduce the distance and time spent apart from their households. Programs would need to focus on increasing the capacities of caregivers with demonstrated economic needs to learn marketable job-skills of value to local businesses.
- Address inequitable national land tenure and ownership policies that affect the stability of indigenous communities. Eliminating encroachment on territorial lands is one mechanism that may reduce internal conflict and reduce the need of rural populations to migrate to urban areas.
- Coordinate the efforts of key partners to facilitate cyclical communication and feedback about vital data, along with collaborative responses to the needs of orphans and other beneficiaries.
- Conduct periodic Monitoring and Evaluation (M&E) studies that review the successes and limitations of the efforts to help orphans and other vulnerable children in locations where intervention programs are established. These reports would enable all participants to learn from mistakes, to modify any approaches that are not working, and to establish a list of “best practices” that can be exported in the development and implementation of future projects.

Major stakeholders and “key partners” in Honduras and Belize

The major stakeholders and “key partners” that are poised to contribute assistance to orphans are outlined below:

- **Families and Caregivers** (e.g., Household-level support from direct and extended kin);
- **The Local Community** (e.g., Area-level support from the residents of villages, and towns);
- **Local Educators** (i.e., Principals/Directors, Teachers, Counselors, School Staff);
- **Local Government Officials** (i.e., Village Leadership, Members of Town Councils and Mayor’s Offices);
- **Local NGOs and Grassroots Organizations** (i.e., OFRINEH-Honduras, National Garifuna Council-Belize, Progressive Organization for Women in Action-Belize, Hosanna House-Belize);
- **Religious Clergy and Garifuna Spiritual Leaders** (Across all denominations who maintain direct—and often culturally-specific—relationships with communities at the local and national levels);
- **Medical Providers and Public Health Officials** (i.e., Local and National levels);
- **National Government Agencies** (i.e., Ministries of Education, Human Development, Social Security administrations, etc.);
- **International NGOs** (i.e., UNICEF, Save the Children, SOS Children’s Villages, Friends of the Orphans, etc.)
- **Business Leaders** (i.e., Local and national businesses and international corporations);
- **The Media** (i.e., Local, National & International journalists who can raise awareness about—and maintain focused attention on—the numbers and needs of orphans and other vulnerable children wherever they exist).

**APPENDIX A
INFORMED CONSENT PRE-INTERVIEW SCRIPT (ICPS)**

****IMPORTANT NOTE #1:** This form will be used for pre-interview approval from **ALL** participating groups including: 1) Unaccompanied "Street" Children of various ages (under NO parental or other supervision); 2) "Orphans/Unaccompanied" Children (in Institutional/Agency or Family care); as well as, 3) NGOs, Honduran Government Officials and other "stakeholders".

****IMPORTANT NOTE #2:** This ICPS will be read for **ALL** participants (as needed or requested).

Project Title: "No Child Left Behind?: Investigating the Long-Term Potential for the Effective Psycho-Social Adjustment of Orphaned and Unaccompanied Children in Honduras."

Researcher: Camille Feanny, Ph.D. Student, University of Florida, Anthropology Department

Good Morning/Afternoon.

My name is Camille Feanny and I am a doctoral student in the University of Florida's Anthropology Department. I am in the process of gathering background information for my dissertation research focused on the long-term impacts to the societal adjustment of orphaned and abandoned children, and I am conducting this interview to learn more about the successes and rehabilitative limitations faced by this vulnerable population.

The results of this interview will be used to supplement other research data about the physical risks and psycho-social effects on orphaned and abandoned children. I would like to ask for your assistance by responding to a few questions. The interview will take approximately 20 minutes, and there is no compensation for participating.

To minimize any possible risks, please be aware that during the interview your voice will not be recorded (unless I am given permission to do so), and you may refuse to answer any of the questions at any time during our discussion. If you prefer, your name, title and/or exact location will be kept completely confidential, but the results of the interview will be available for access by my supervising professors, and possibly by others in the academic community.

Please also be aware that I will be taking notes during our conversation and, as we proceed, I will periodically read back some of your answers to ensure accuracy. If you choose to participate in this study, the benefits include renewed insight about: 1) the long-term effects of abandonment on children; 2) the forms of assistance required to improve their survival and societal adjustment; 3) the systems currently employed to care for "orphaned/unaccompanied" children; 4) community-based views about abandoned children; as well as, 5) the progress made, limitations faced, and specific lessons learned about this issue.

Once the dissertation is written, I would be happy to forward you a copy. I can be reached either by email at camille.feanny@gmail.com, or directly by cell phone at 678-570-5329. If you have any additional questions about this paper, please feel free to call my Supervisors, Dr. Elizabeth Guillette (352) 392-2253 and/or Dr. Allan Burns (352) 392-2230; or the UF Institutional Review Board at 352-392-0433.

Do I have your permission to proceed with this interview?

Volunteer Approval [Print Name and Title OR Initials]Date

Volunteer Approval [Signature OR Initials]

Researcher (Camille Feanny, Ph.D. Student)Date and Time

APPENDIX B
INTERVIEW GUIDE (CHILD ORPHAN)

Interview Date: _____ **Location:** _____

Background Stats:

Coded ID:

Project Title: Afro-Indigenous “Orphans” in Central America: Parental Death and Survival Strategies in Garifuna Communities in Honduras and Belize

Researcher/PI: Camille Feanny, Ph.D. Candidate, University of Florida, Anthropology Department

1a. What is your nick name OR what do people call you? What do your friends call you?

Como te llamas o por cual nombre te conocen tus amigos?

1b. How old are you? _____

Cuantos años tienes?

1c. Where does your mom’s and dad’s family live?

Dónde viven la familia de tu mamá y papá?

1d. What languages do you speak (English, Spanish, Patois, Creole, other language)?

Que lenguajes puedes hablar (Inglés, Español, Criollo o idioma)?

1e. _____ Do you have many friends? Where?

Tiene muchos amigos? Donde?

2a1. _____ Do you feel that you have a family? Who is part of your family?

Te sientes que tienes una familia? Quien es parte de tu familia?

2a2. _____ Do you ever feel like you are independent? Why?

Te sientes que eres independiente? Por que?

2a3. _____ Do you ever feel like an orphan? Why?

Te sientes que eres un huérfano? Por que?

2a4. When someone mentions the word “orphan” what does that word mean to you?

¿Cuándo alguien menciona la palabra “huérfano” qué significa aquella palabra por ti?

2b. _____ Do you have brothers or sisters? How many? _____ Where are they?

¿Tu tienes hermanos o hermanas? ¿Cuántos tiene? De donde está?

2c. _____ Do you remember where you lived when your mother and/or father was alive? What do you remember about it?

Tu recuerdas a donde vivías antes? Donde? Que recuerdas de ese lugar?

2d. _____ Do you know why your mother (or both your parents) died?

Tu conoces como tu madre (or los dos de tu padres) se murió?

3a. Where do you live now – (with kin/family, in an institution, with a gang, alone on the streets)?

Dónde vives ahora – (con parientes / familia, in una institución, con una pandilla, o solamente en la calle?)

3a2.If you live with your family – is this your mother’s family or your father’s family?

¿Si usted vive con su familia – es la familia de esta su madre o la familia de su padre?

3a3.If you do not live with your family – why not?

¿Si usted no vive con su familia – por qué no?

3b.Do you have a room of your own (Where do you sleep)?

Tiene una cuarto solo? Dónde tu duermes normalmente?

3c.What is it like to live there?

Que es lo que te gusta donde vives?

3d.How long have you been living there?

Cuanto tiempo tienes viviendo allí?

4a.How do you get food to eat – (family/kin, church, strangers, theft)?

Como tu obtienes alimento para comer – (parientes, iglesia, desconocidos / extranjeros, o robada)?

4b.What kinds of foods do you like?

Que tipo alimento a usted le gusta?

4c1._____ Do you get enough of the foods you like to eat every day? (re: Selection)

Tu obtienes bastante alimento de el tipo te gusta para comer todo los dias?

4c2._____ In general, do you get enough food to eat every day? (re: Quantity)

Generalmente, tu obtienes bastante alimento para comer todo los dias?

4d.What did you eat today?

Que tipo de comida tienes hoy?

5a.If you had a problem, who would you talk to about it?

Si tu tienes un problema, con quien usted habla?

5b.Who do you turn to if you need something (clothes, school supplies, etc.)?

Con quien tu hablas cuando neciecitias algo?

5c._____ Do you feel you have enough people who support you?

Tu piensas que hay personas que te pueden apoyar?

6a.Who is the closest person to you?

Quien es la persona que le brinda cariño a usted?

6b.How often do you see them?

Con que frecuencia tu la ves?

6c.When will you be going to see them again?

Cuando es tu próxima visita a verla?

7a._____ Who taught you how to read and/or write?

Que persona te enseñó a leer y/o escribir?

7b._____ Have you ever read a whole book?

Tu puedes leer todo un libro?

7c._____ Do you remember the last thing that you read?

Recuerdas el titulo que leíste?

7d. _____ Do you like to read?

Te gusta leer?

7e. _____ Do you have enough books to read?

Tiene suficiente libros para leer?

8a. _____ Do you go to school right now? Where?

Tu vas al esquela ahora?

8b. What are your favorite things to study?

Que es lo que te gusta estudiar?

8b2. Are there any classes that you are having problems with? Who do you know that can help you?

Tiene problemas con classes particular? Quien conoce a ayudarte?

8c. How often do you go?

Cuanto tiempo tu llevas?

8d. When was the last time you went?

Hace cuanto tiempo atendiste la escuela?

8e. If you are not in school, can you explain why you don't go?

Si no atender escuela, porque no fuiste?

9a. _____ Have you ever gone to the doctor?

Tu has visitado un doctora?

9b. What kind of doctor did you go to? _____ What was wrong?

Que tipo de doctor? Para que?

9c. When you are in pain, when you feel sick, what do you do?

Cuando te duele, cuando estas enfermo, que tu haces?

9d. When was the last time you felt sick?

Cuando fue le ultima ves que te enfermaste?

9e. How do you feel today?

Como te sientes hoy?

10a. If you could wish for anything, what would it be?

Si es posible para tu obtener cualquier cosa, que tu anhelas tener? (una familia, una educación, cual)?

10b. What do you dream about for your future?

Que tu sueñas por su futuro?

10c. What do you want most right now?

Que es lo que tu quieres mas ahora mismo?

11a. What do you like to do for fun?

Que es lo que te gusta para bromear?

11b. When was the last time you felt that you did something fun?

Cuando fue le ultima ves tu participantes en una diversión?

12a. _____ Have you ever worked for money? If yes, where do you work?

Tu trabajas? Si verdad, donde tu trabajas?

12b.If yes, at what age were you when you started to work?

Que año comenzaste el trabajo?

13a._____ Even if you do not work, do you get the things you need?

Si tu no trabajas, es posible para tu consigues lo que tu necesitas?

13b._____ Is there anything you have done for money that you did not like? What?

Tu haces cual quier cosa para obtener dinero a un que no te gusta ese trabajo? Que?

14a._____ Do you feel safe?

Tu te sientes protegido?

14b._____ Do you feel you can take good care of yourself?

Tu te sientes capas de conseguir algo bueno que te gusta para ti mismo?

14c._____ Do you ever feel scared? Why?

Tu te sientes asustado? Por que?

14d._____ Do you feel you have someone to protect you and keep you safe? Who?

Tu te sientes que tu tienes una persona para tu protección? Quien?

15a.What do you want to be when you grow up (career goals)?

Que tu quieres ser cuando crezcas?

15b._____ Do you think you will be able to do that?

Tu piensas que es posible obtener esa profesión?

15c._____ Is there anyone you know who can help you to do that? Who?

Tu conoces una persona para ayudarte con esa profesión? Quien?

16. _____ When you deal with other children, are they good or bad to you? How so?

Cuando tu interactuaras con otros niños, es bueno o es malo contigo? Explica por favor.

17. _____ When you deal with adults, are they good or bad to you? How so?

Cuando tu interactuaras con los adultos, es bueno o es malo contigo? Explica por favor.

18a.What grade are you in now?

Que grado tu tiene in escuela?

18b.Where will you go to finish your education?

Donde vas para completar su educacion?

19. _____ Are you good in school?

Tu estas bien in su escuela?

20. _____ Do you have what you need for school?

Tu tenias que tu necesitas para su estudias?

Researcher's Notes and Impressions:

APPENDIX C
INTERVIEW GUIDE (ADULT ORPHAN)

Interview Date: _____ **Location:** _____

Background Stats:

Coded ID:

Project Title: Afro-Indigenous “Orphans” in Central America: Parental Death and Survival Strategies in Garifuna Communities in Honduras and Belize

Researcher/PI: Camille Feanny, Ph.D. Candidate, University of Florida, Anthropology Department

❖ **Background Data:**

1a. What is your nick name OR what do people call you? What do your friends call you?

Como te llamas o por cual nombre te conocen tus amigos?

1b. How old are you?

Cuantos anos tienes?

1c. Where does your mom’s and dad’s family live?

Dónde viven la familia de tu mama y papa?

1d. What languages do you speak (English, Spanish, Patois, Creole, Garifuna, other language)?

Que lenguajes puedes hablar (Ingles, Español, Criollo, Garifuna, otra idioma)?

1e. _____ Do you have many friends? Where?

Tiene muchos amigos? Donde?

❖ **Household, Interpersonal Relationships & Kinship:**

2a1. How do you describe yourself – (as an orphan, “independent”, with a family)?

Usted mismo puede describir (huérfano, independiente, con familia)?

2a2. When someone mentions the word “orphan” what does that word mean to you?

¿Cuándo alguien menciona la palabra “huérfano” qué significa aquella palabra por ti?

2b. _____ Do you have any brothers or sisters? How many?

¿Tu tienes mas hermanos y hermanas? ¿Cuantos tiene?

2c. _____ Do you remember where you lived when your mother and/or father was alive? What do you remember about it?

Tu recuerdas a donde vivías antes? Donde? Que recuerdas de ese lugar?

2d. _____ Do you know why your mother (or both your parents) died? (Many kids told death due to black magic not AIDS)**

Tu conoces como tu madre (or los dos de tu padres) se murio?

3a1. Where do you live now? _____ Why do you live there?

Dónde vives ahora? Porque tu vives aquí?

3a2.If you live with your family – is this your mother’s family or your father’s family?

¿Si usted vive con su familia – es la familia de esta su madre o la familia de su padre?

3a3.If you do not live with your family – why not?

¿Si usted no vive con su familia – por qué no?

3b.Where do you sleep (in a room alone or with others)?

Dónde tu duermes normalmente (en un cuarto solo or con otros)?

3c.What is it like to live there?

Que es lo que te gusta donde vives?

3d.How long have you been living there?

Cuanto tiempo tienes viviendo allí?

4a.How do you get food to eat – (family/kin, church, strangers, theft)?

Como tu obtienes alimento para comer – (parientes, iglesia, desconocidos / extranjeros, o robada)?

4b.What kinds of foods do you like?

Que tipo alimento a usted le gusta?

4c1._____ Do you get enough of the foods you like to eat every day? (re: Selection)

Tu obtienes bastante alimento de el tipo te gusta para comer todo los dias?

4c2._____ In general, do you get enough food to eat every day? (re: Quantity)

Generalmente, tu obtienes bastante alimento para comer todo los dias?

4d.What did you have to eat today?

Que tipo de comida tienes hoy?

5a.If you had a problem, who would you talk to about it?

Si tu tienes un problema, con quien usted habla?

5b.Who do you turn to if you need something?

Con quien tu hablas cuando neciecitias algo?

5c._____ Do you feel you have enough people who support you?

Tu piensas que hay personas que te pueden apoyar?

6a1.Who is the closest person to you?

Quien es la persona que le brinda cariño a usted?

6a2.How often do you see them?

Con que frecuencia tu la ves?

6a3.When will you be going to see them again?

Cuando es tu próxima visita a verla?

❖ **Education:**

7a._____ Who taught you how to read and/or write?

Que persona te enseñó a leer y/o escribir?

7b._____ Have you ever read a whole book?

Tu puedes leer todo un libro?

7c. _____ Do you remember the last thing that you read?

Recuerdas el título que leíste?

7d. _____ Do you like to read?

Te gusta leer?

8a. _____ Do you go to school right now (university or vocational school)? Where?

Tu vas al escuela ahora (universidad o escuela profesional)? Donde?

8b1. What are you studying?

¿Qué estás estudiando?

8b2. How often do you go? When was the last time you went?

Cuanto tiempo tu llevas? Hace cuanto tiempo atendiste la escuela?

8b3. If not, can you explain why you don't go to school?

¿Porque no fuiste a la escuela?

8c. _____ Do you want to go?

Tu quieres ir?

8d1. Who helps (or helped) you to pay for your to get your education?

¿Quién ayuda a (o ayudó a) un pago para su para obtener su educación?

8d2. If not in higher education, what prevented you from getting the education you wanted?

¿Lo que les impidió obtener la educación que quería?

8d3. Do you think that your race, or your being Garifuna (or indigenous) helped or prevented you from getting the education you wanted? Why?

¿Cree usted que su raza, o el hecho de ser garifuna (o indígenas) o ayuda les impidió obtener la educación que querías?

❖ Access to Medical Services:

9a. _____ Have you ever gone to the doctor?

¿Alguna vez has ido al médico?

9b. What kind of doctor did you go to? _____ What was wrong?

Que tipo de doctor? ¿Qué fue mal?

9c. When you are in pain, when you feel sick, what do you do?

Cuando te duele, cuando estas enfermo, que tu haces?

9d. When was the last time you felt sick?

Cuando fue le ultima ves que te enfermaste?

9e. How do you feel today?

Como te sientes hoy?

❖ Dreams and Diversions:

10a. If you could wish for anything, what would it be?

Si usted puede desear para nada, ¿qué sería? (una familia, una educación, cual)?

10b. What do you dream about for your future (general goals and desires)?

Que tu sueñas por su futuro?

10c. What do you want most right now?

Que es lo que tu quieres mas ahora mismo?

11a. What do you like to do for fun?

Que es lo que te gusta para bromear?

11b. When was the last time you felt that you did something fun? _____ What did you do?

Cuando fue le ultima ves tu participantes en una diversion? Que tipo de diversion?

❖ **Employment:**

12a. _____ Have you ever worked for money? If yes, where do you work?

Tu trabajas? Si verdad, donde tu trabajas?

12b. What age were you when you started to work?

¿Qué edad tenía usted cuando empezó a trabajar?

12c. _____ Do you like to work? Why/Why not?

¿Te gusta trabajar?

12d. With your work, are you doing what you wanted to do when you were growing up?

Con su trabajo, estás haciendo lo que quería hacer cuando se crecen?

12e. If not, what prevented you from getting the job you wanted?

¿Qué les impidió conseguir el trabajo que querías?

12f. Do you think that your race, or your being Garifuna (or indigenous) helped or prevented you from getting the job you wanted? Why?

¿Cree usted que su raza, o el hecho de ser garifuna (o indígenas) o ayudado a les impidió conseguir el trabajo que querías?

12g. Who helped you to get your job?

¿Quién le ayudó a conseguir su trabajo?

13a. _____ Even if you do not work, do you get the things you need?

Si tu no trabajas, es posible para tu consigues lo que tu necesitas?

13b. _____ Is there anything you have done for money that you did not like? What?

Tu haces cual quier cosa para obtener dinero a un que no te gusta ese trabajo? Que?

❖ **Land and Property Rights:**

13c1. Why are you not living in your family's community? Do you want to return someday?

¿Por qué no viven en su familia de la aldea? ¿Quieres volver algún día?

13c2. Do you have access to your parents property, farmland, or house in the community or village?

¿Tiene usted acceso a la propiedad de sus padres, tierras de cultivo, o casa en la Vila?

13c3. If so, how did you get the land? Did your family hold it for you after your parent's died?

¿Cómo conseguir la tierra? ¿Su familia lo guardará hasta que usted después de que su padre murió?

13c4. If not, why not? Do you know who is living on that land now?

¿Por qué no? ¿Usted sabe quién está viviendo en la tierra que ahora?

❖ **Safety and Security:**

14a. _____ Do you feel safe? If not, why?

Tu te sientes protegido? Si no, por que?

14b. _____ Do you feel you can take good care of yourself?

Tu te sientes capaz de conseguir algo bueno que te gusta para ti mismo?

14c. _____ Do you ever feel scared? Why?

¿Alguna vez siente miedo? ¿Por qué?

14d. _____ What are you frightened of the most?

¿Qué estás asustado de los más?

14e. _____ Do you feel you have someone to protect you and keep you safe? Who?

¿Se siente usted tiene a alguien para protegerlo a usted ya mantener a salvo? Quien?

15a. _____ When you deal with other Garifuna people, have they been nice to you?

Cuando tu interactuaras con otros personas Garifuna, es bueno o es malo contigo?

15b. _____ When you deal with other people who are not Garifuna, have they been nice to you?

Al tratar con otras personas que no son garifunas, han sido agradable para tí?

❖ **Future Goals and Wrap-Up:**

16a1. What do you want to do in the future (career goals)?

¿Qué quieres hacer en el futuro?

16a2. _____ Do you think you will be able to do that? How?

¿Crees que será capaz de hacer eso? ¿Cómo?

16b. _____ Is there anyone you know who can help you to do that? Who?

¿Hay alguien que sabe quién te puede ayudar a hacer eso? ¿Quién?

17a. Is there anything you need right now that you do not have? What is it?

¿Hay algo que usted necesita ahora que no tiene? ¿Qué es esto?

17b. _____ Do you feel like you need more support to be successful in your life? What kind of support?

¿Se siente como que necesita más apoyo para tener éxito en tu vida?

18a1. Is there anything you felt that you needed while you were growing up that you did not receive?

¿Hay algo que usted considera que usted necesita mientras estaban creciendo hasta que usted no recibió?

18a2. Do you think that made a difference in where you are today?

¿Cree usted que hizo una diferencia en dónde usted está hoy?

18b1. What do you think that children need the most after the loss of their parents?

¿Qué piensa usted que los niños necesitan la mayoría después de la pérdida de sus padres?

18b2. Did you receive that? From whom?

¿Recibió usted que? De quién?

19. If you could speak directly to Garifuna people about what you needed most after your parents died, what would you say?

Si usted puede hablar directamente a su pueblo garifuna sobre lo que necesita la mayoría de los padres después de su muerte, lo que le dices a ellos?

20. Is there anything that I did not ask you that you want me to know?
¿Hay algo que yo no pido que me quieren saber?

Researcher's Notes and Impressions:

3b. _____ Are there any child-headed households in your community? How many do you know about?

3c. What is the age of the oldest child/children in the households you know about?

3d. _____ Do the orphans/children you care for have children of their own? If yes, how many?

3e. At what age did she become pregnant OR did he become a parent? _____

4a. If a child loses his/her parents in your community, how would you rate their access to:

Scale: 4 (Excellent); 3 (Good); 2 (Some); 1 (No Access)

1. Housing: 12. Vocational Training:
2. Food: 13. Medical Care (Traditional = Native Healer):
3. Safe Water/Sanitation: 14. Medical Care (Physician/MD and Pharmaceuticals):
4. Clothing: 15. Physical Health Training and Disease Prevention:
5. Shoes: 16. Dental Care (Local Dental Interventions):
6. Schooling (Traditional = Cultural Knowledge): 17. Dental Care (Dentistry and Surgical Interventions):
7. Schooling (Preschool = Kindergarten): 18. Optical Care:
8. Schooling (Primary = Infant 1 to Standard 6): 19. Psychological Counseling:
9. Schooling (Secondary = 1st to 4th Form): 20. Spiritual Teaching (Traditional):
10. Schooling (Tertiary = 6th Form Jr. College): 21. Spiritual Teaching (Organized Religion):
11. Schooling (Higher Ed. = University)

4b. What about the other children in the community who have their parents, how would you rate their access to:

Scale: 4 (Excellent); 3 (Good); 2 (Some); 1 (No Access)

1. Housing: 12. Vocational Training:
2. Food: 13. Medical Care (Traditional = Native Healer):
3. Safe Water/Sanitation: 14. Medical Care (Physician/MD and Pharmaceuticals):
4. Clothing: 15. Physical Health Training and Disease Prevention:
5. Shoes: 16. Dental Care (Local Dental Interventions):
6. Schooling (Traditional = Cultural Knowledge): 17. Dental Care (Dentistry and Surgical Interventions):
7. Schooling (Preschool = Kindergarten): 18. Optical Care:
8. Schooling (Primary = Infant 1 to Standard 6): 19. Psychological Counseling:
9. Schooling (Secondary = 1st to 4th Form): 20. Spiritual Teaching (Traditional):
10. Schooling (Tertiary = 6th Form Jr. College): 21. Spiritual Teaching (Organized Religion):
11. Schooling (Higher Ed. = University)

4c. _____ Do all children in your community have access to education (or just some kids)?

4d. What would you say are the TOP 3 greatest needs of orphaned and/or unaccompanied children?

1. Housing: 12. Vocational Training:
2. Food: 13. Medical Care (Traditional = Native Healer):
3. Safe Water/Sanitation: 14. Medical Care (Physician/MD and Pharmaceuticals):
4. Clothing: 15. Physical Health Training and Disease Prevention:
5. Shoes: 16. Dental Care (Local Dental Interventions):
6. Schooling (Traditional = Cultural Knowledge): 17. Dental Care (Dentistry and Surgical Interventions):
7. Schooling (Preschool = Kindergarten): 18. Optical Care:
8. Schooling (Primary = Infant 1 to Standard 6): 19. Psychological Counseling:
9. Schooling (Secondary = 1st to 4th Form): 20. Spiritual Teaching (Traditional):
10. Schooling (Tertiary = 6th Form Jr. College): 21. Spiritual Teaching (Organized Religion):
11. Schooling (Higher Ed. = University)

5. With regard to the orphaned/unaccompanied child/children you help, how would you describe his/her/their health?

- 1Excellent (No illness in over 1 year)
- 2Very Good (Mild illness in under 1 year)
- 3Good (Mild illness in under 6 months)
- 4Fair (Currently recovering from recent mild to severe illness)
- 5Poor (Currently suffering from severe to chronic illness)

6. With regard to the child/children you help, what type of illness did they suffer from most recently?

**Indicate if Mild, Moderate or Severe

Cold/Fever [] Ear Infection [] Diarrhea []

Malaria [] Sprain [] Broken Bone [] HIV/AIDS [] Surgery [] What type of surgery? _____

Other illness [] What type of illness? _____

6b. What is the most common illness suffered by the child/children you care for?

7. With regard to the orphaned/unaccompanied children in your community (who you don't take care of) how would you describe their overall health?

- 1Excellent (No illness in over 1 year)
- 2Very Good (Mild illness in under 1 year)
- 3Good (Mild illness in under 6 months)
- 4Fair (Currently recovering from recent mild to severe illness)
- 5Poor (Currently suffering from severe to chronic illness)

8. What criteria do you use to decide what child/children you help?

9. _____ Is there a minimum or maximum age limit to the kids you help? What is it?

10. _____ Does gender matter to the kids that you help?

11. _____ Does any agency monitor the kids in your care? Which one(s)?

11b. _____ Is there any follow-up with the children once they leave your care? By whom?

11c. If so, what are the main findings with regard to their health_____, work____, and adjustment into society?

12a. _____ Do you know if the child/children in your care have a family?

12b. _____ Do you attempt to contact and/or involve the family? Why/Why Not?

12c. _____ Does the "family" have to officially sever their rights to the child/children for you to render help?

13a. _____ If a family is too poor to care for a child, do you offer alternate support to keep kids with their family?

13b. What type of supports do you offer?

14. _____ Once a child is in your care, are families still welcomed/encouraged to visit? If not, why?

15. _____ Are there children you do not help? Which ones don't you help and why?

16. Are children able to be adopted out from your community/facility? _

17. _____ Does a child have any input in their care? If not, why?

18. _____ Do you coordinate with other agencies/churches for the children you help? Who?
19. Do any of the children you care for have a job outside this home and/or facility?
20. How old is this child?
21. If under 16, why do they work instead of attending school?
22. Do families in this community own their land (with titles) or is land communally owned?
23. What happens to parental land once they die?
24. What is the process of inheritance; does land (or other parental provisions) go to the surviving orphan(s)?
25. In your view, do children who grow up without their parents have the same access to school, land, and other resources as children who are raised by their parents? Why or why not?
26. _____ Do you know any orphans who are now adults?
27. If so, do you know where they are now and what they are doing?
28. Do most orphans leave their local community or do they stay? Why or why not?

Researcher's Notes and Impressions:

APPENDIX E
"THE ORPHAN" POEM

The Orphan

By Muhammad al Maghut

Oh! The dream, the dream!
My sturdy gilded wagon
Has broken down
Its wheels have scattered like gypsies everywhere.
One night I dream of spring
And when I woke
Flowers had covered my pillow.
I dreamt once of the sea
And in the morning
My bed was full of shells and fins of fishes
But when I dreamt of freedom
Spears were surrounding my neck
Like the morning halo.
From now on you will not find me
In ports or among trains
But there ... in public libraries
Falling asleep over the maps of the world
(As the orphan sleeps on the pavement)
Where my lips touch more than one river
And my tears stream
From continent to continent.

In the poem "The Orphan," *Muhammad al Maghut*, describes an orphan who dreams of finding freedom through literacy and travel. "*The Orphan*," translated by *May Jayyusi and John Heath-Stubbs*, from *Modern Arabic Poetry: An Anthology*, edited by *Salma Khadra Jayyusi*. Copyright © 1987 by Columbia University Press.

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BIOGRAPHICAL SKETCH

Camille Feanny is a dedicated social scientist and consultant with extensive experience in the media and academic industries. She obtained her Ph.D. in Applied Cultural Anthropology from the University of Florida, where her dissertation investigated the socio-economic implications of the orphan crisis in the Americas. Her research in Afro-native communities in Honduras and Belize, explored the impacts of migration-induced cultural changes on the capacity of households to rear and protect orphans, and to support their long-term development. Her significant exposure to a spectrum of global emergencies as a journalist propelled her deep concern for often-overlooked, yet deeply vulnerable, populations.

Dr. Feanny served as the global Environment Producer with CNN's Science and Technology division for over nine years, before assuming an Editorial role for network shows and special programs with CNN Guest Bookings. She was a principal producer on CNN's Military Desk during the wars in Afghanistan and Iraq, and took lead roles in the network's coverage of several globally-significant issues including the Asian tsunami tragedy, the September 11th attacks, the aftermath of Hurricane Katrina and the restoration of Iraq's marshes. Her published works have reached an international audience, and include multi-media productions, as well as featured print reports in academic journals, on CNN.com, network newswires, and other media.

By blending her anthropological and journalistic expertise, Dr. Feanny hopes to raise awareness about the plight of orphans and other vulnerable groups, by educating society directly via professional and academic lectures, and through the print and broadcast media. Her ultimate goals are to assist in the development of sustainable national programs, to influence public policies, and to increase social action to a level that improves

the capacity of at-risk youth populations in the Americas and worldwide. A Jamaican national with citizenship in the United States, Dr. Feanny's background includes extensive travel and cultural exposure that sensitized her to the needs of diverse populations around the globe.

In addition to her Ph.D. in Anthropology from the University of Florida, Dr. Feanny holds masters degrees in Marine Affairs and Policy and in International Studies from the University of Miami, and is a graduate of Florida International University with a bachelor's degree in Environmental Studies. She also obtained a post-graduate Diploma in International Development and Humanitarian Assistance (IDHA) from Fordham University.

Her professional successes include an Emmy Nomination, two Genesis Awards, a DuPont Award Commendation, and numerous other awards, grants and fellowships with institutes throughout the U.S. and abroad. She has also participated as a judge for professional awards including the News and Documentary Emmy Awards (NATAS).

She is actively involved in a variety of community development programs, and has served on the boards of organizations including the Metcalf Institute for Marine and Environmental Reporting at the University of Rhode Island. Dr. Feanny's affiliations include memberships in the American Anthropological Association, the Society for Applied Anthropologists, the Royal Anthropological Institute, and other professional organizations.