THE LIVED-EXPERIENCES OF ORPHANS IN CHILD-HEADED HOUSEHOLDS IN THE BRONKHORSTSPRUIT AREA: A PSYCHO-EDUCATIONAL APPROACH

by

GREGORY MASONDO

Mini-dissertation

submitted in partial fulfillment of the requirements for the degree of

MAGISTER EDUCATIONIS

in the

FACULTY OF EDUCATION

at the

UNIVERSITY OF JOHANNESBURG

Supervisor: Prof CPH Myburgh
Co-supervisor: Prof M Poggenpoel

Date: February 2006

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

ABSTRACT

Orphans living in child-headed households within underprivileged communities are amongst the most vulnerable children, and protection of their rights deserves to be the main focus of all individuals, governments and agencies dealing with such children. There is a need to stimulate broad-based discussion, heightened awareness of, and sensitivity to their plight, special needs and rights.

This study aims to explore and describe the lived experiences of orphans in child-headed households, and to establish guidelines and recommendations in order to assist these children to deal effectively with their situation, it also aims to stimulate interest amongst other role players within government, agencies and communities to assist in addressing the situation of these learners through meaningful intervention strategies.

The researcher has made use of a qualitative, phenomenological research design. All participants were residents of Bronkhorstspruit. Data were gathered through one-on-one in-depth interviews and analysed according to Tesch's method of open coding. Guba's model of trustworthiness was utilised, in conjunction with an independent coder, to establish validity and reliability of the data.

The research has revealed that child heads of families sacrifice their education and take up increased responsibilities to take care of their siblings. They take up adult responsibilities prematurely, and face challenges of fending for their siblings on a daily basis. The study has also revealed that these children face problems such as poverty, trauma, educational failure, psychological problems, lack of information and access to social welfare services and disruption of normal childhood and adolescence.

The results of the study led to the formulation of guidelines and recommendations which are hoped to heighten awareness and stimulate interest amongst role players to assist these vulnerable children.

OPSOMMING

Weeskinders wat in 'n samelewing met kindergesinshoofde en in minderbevoorregte samelewings leef is van die mees kwesbare kinders. Die beskerming van hulle regte behoort baie aandag te kry van alle individue, regerings en bemiddelaars wat met sulke kinders te make het. Daar is 'n behoefte om indiepte besprekinge te stimuleer, 'n verhoogtde bewustheid te bevorder en ann 'n sensitiwiteit van hierdie kinders se gesteldeheid, spesiale behoeftes en regte aan te moedig.

Hierdie studie beoog om die ondervindinge wat deur weeskinders met kindergesinshoofde beleef is te verken en te beskryf ten einde reglyne daar te stel on hierdie kinders te help om hulle situasie effektief te kan hanteer. Daar word beoog om ook belangstelling te stimuleer by ander rolspelers binne die regering, bemiddelaars en gemeenskappe om die situasie van hierdie leerders deur betekenisvolle intervensiestrategieë aan te spreek.

Die navorser het van 'n kwalitatiewe, fenomenologiese vanvorsingsontwerp gebruik gemaak. Al die deelnemers was inwoners van Bronkhorstspruit. Data is ingewin deur een-tot-een indiepte onderhoude en het ooreenkomstig Tesch se metode van oop kodering plaasgevind. Guba se model van vertrouenswaardigheid is in samewerking met 'n onafhanklike kodeerder gebruik om die geldigheid en betroubaarheid van die data te verseker.

Die navorsing het getoon dat kindergesinshoofde hulle onderwys opoffer en vermeerderde verantwoordelikheid op hulle skouers neem om vir hulle broers en susters te sorg. Hulle neem verantwoordelikhede wat vir volwassenes bedoel is voortydig op hulle skouers en staar uitdagings in die gesig om op 'n daaglikse basis hulle broers en susters te beskerm. Die studie het ook getoon dat hierdie kinders probleme soos die volgende ervaar: armoede, trauma, mislukking in die onderwys, psigologiese probleme, gebrek aan inligting en toegang tot sosiale welsynsdienste asook ontwrigting van 'n andersins normale kinderlewe en adolessensie.

Die resultate van hierdie studie het tot die formulering van riglyne gelei wat op sy beurt weer tot verhoogde bewustheid kan annleiding gee en belangstelling by rolspelers kan stimuleer om hierdie kinders te help.

CHAPTER 1:   OVERVIEW OF THE STUDY AND RATIONALE

1.1   BACKGROUND AND RATIONALE

Bronkhorstspruit is a small town and the inhabitants live in urban, sub-urban, township, informal settlements, farms and plots and rural areas. The previously disadvantaged schools draw learners mostly from underprivileged families. It has recently been discovered that a number of learners are orphans and some of them live alone without any care and support of an adult person.

Many of the children, especially the ones in rural areas, are not aware that they can apply for grants from the Department of Social Development (*Nelson Mandela Children's Fund Report,* 2001:7). The intervention of service providers like social workers is needed to alleviate their plight as they are not in a position to initiate the process without the assistance of an adult.

AIDS orphans are among the most vulnerable children and protection of their rights deserves to be the main focus of all individuals and agencies dealing with such children. Broad-based discussion, heightened awareness of, and sensitivity to the plight, special needs and rights of these children need to be stimulated and possible intervention strategies be sought (*Nelson Mandela Children's Fund Report*, 2001:7).

According to the *Nelson Mandela Children's Fund Report* (2001:12) on a study into the situation and special needs of children in child-headed households, "South Africa has the fastest growing rate of the HIV/AIDS epidemic in the world and that the number of children orphaned by AIDS is increasing at an alarming rate and this is becoming a serious social problem". The report also states that "absenteeism from school by learners is escalating, educators are frustrated by low levels of performance by their learners, personal hygiene amongst learners is becoming a problem and that the integrity, cohesion, capacity and efficacy of the extended family as a social support network is being undermined by factors such as social upheavals, poverty, unemployment and over-stretched resources".

Whereas issues relating to the social costs of HIV/AIDS and AIDS orphans are extensively documented, the *Nelson Mandela Children's Fund Report* (2001:12) states that little is known or understood about the situation of AIDS orphans and ordinary orphans living in child-headed households in South Africa. AIDS orphans living in sibling-headed households are an especially vulnerable group among orphans.

It is against this backdrop that an exploratory qualitative study was required to provide working knowledge and understanding of the pertinent issues around the special situation of orphans living in child-headed households as well as community extended family response, coping mechanisms in respect of the child-headed household reality. This is in order to provide input that will inform future intervention strategies and interdisciplinary or intersectoral collaboration to better serve the need of orphans and other vulnerable children.

According to the Convention on the Rights of the Child published in the "Education for Democracy", a publication of the Teacher Trust with the Human Rights Commission and the South African Democratic Teachers Union (Clacherty, 1999:20) "The condition of many of the world's children who live in poverty, who are uncared for (for example, in regard to nutrition, health and education), and who are exploited for their labour or in the sex trade, led to defenders of the children to act to protect their rights. This movement led, first of all, to the promotion of the Declaration of the Rights of the Child in 1958 (Clacherty, 1999:20). The activities in favour of children continued to emphasise the need for an agreement with legal force to protect children. This collective international effort resulted in the enactment of the Convention on the Rights of the Child (Clacherty, 1999:20). The countries which sign the convention are legally bound to enact the convention in the laws and practices of their country. By 1 January 1996, 182 countries had signed the convention on the Rights of the Child. South Africa ratified the convention in 1995 (Clacherty, 1999:20).

The rationale informing this study is enshrined in the United Nations Convention on the Rights and Welfare of the Child, adopted in July 1979 by the assembly of the Heads of States and Government of the Organisation of African Unity (OAU), and the Constitution of the Republic of South Africa (Act 108 of 1996), also forms, the basis of the rationale informing the study.

An example that can be cited is Principle 1 of the Convention on the Rights of the Child (Clacherty, 1999: 20), which states that "All children have the right to do what follows, no matter what their race, colour, sex, language, religion, political or other opinion, or where they were born or who they were born to". Principle 4 states furthermore that, "children have the right to special care and protection and to good food, housing and medical services".

The Constitution of the Republic of South Africa (Act 108 of 1996), South African Constitution 108 of 1996 further protects the right and health of children and ensures that:

- In matters affecting the child, the child's view be heard and given due weight in accordance with the age and maturity of the child.

- The child has the right to family or parental care or to appropriate alternative care when removed from the family environment.

- The child's best interests are considered paramount in every matter concerning the child.

It is against this backdrop that the study focuses on orphans living in child-headed households. These orphans are amongst the most vulnerable children and the protection of their rights deserves to be the main focus of all individuals and agencies dealing with these children. It is of no use to have good policies and legislation that are not implemented or due to logistical problems are not implementable. The future of our children cannot continue to be compromised.

Child-headed households are on the increase in Bronkhorstspruit, a small town which lies about fifty kilometers from Pretoria. The cause of the increase may be attributed to factors like AIDS which causes the death of parents. Single parent's children, when they die, have no one to look up to for care and support. High levels of unemployment, and the collapse of the extended family structure that used to be a primary support mechanism in African societies characterise Bronkhorstspruit.

A commonly expressed view in literature is that despite the deep-rooted nature of the extended family networks, the capacity of communities and households to cope has been undermined by the

growing number of AIDS orphans. Extended family structures that have remained resilient over years cannot therefore, be assumed to remain resilient in the face of overwhelming orphan numbers, shrinking numbers of potential caregivers and overstretched financial and other resources. Additionally the stigma of AIDS will certainly influence the response towards many affected children. Thus, many children are, or will be left outside the traditional social safety net.

Given the above scenario, the burden of care falls on the elderly, who themselves have limited resources and the young siblings assuming the role of household heads and caregivers. Figures for child-headed households are hard to come by, but they are certainly on a rapid increase.

The number of orphans in child-headed households can be expected to increase significantly along with the extended doubling of AIDS orphans in the next three to four years and the diminishing capacity of extended families to absorb these orphans. Educators are increasingly frustrated by lack of capacity and resources to support these learners that they face everyday.

Problems of orphans in child-headed households are inter alia:

Poverty, discrimination, stunting and hunger, lack of supervision and care, child labour, exploitation, educational failure, psychological problems, lack of adequate medical care, poor housing, early marriage, disruption of normal childhood and adolescence (*Nelson Mandela Children's Fund Report*, 2001:14).

Their needs include the following:

- Physical and material needs like food and food security, housing, clothing, bedding and health care;
- Intellectual needs like books, school fees, uniforms, shoes, trip funds and income generating skills; and
- Physical needs such as parenting as they feel ill equipped to provide proper parental guidance and discipline to their siblings.

Child-heads of households experience the need for parental attention, guidance, love and care, physical and social security, friends and (loss of friends, limited time to play). The other imperative is non-discrimination and legal protection (Nelson Mandela Children's Fund Report, 2001: 14).

1.2   PROBLEM STATEMENT – RESEARCH QUESTIONS

Orphans living in child-headed households are among the most vulnerable children and the protection of their rights deserves to be the main focus of all individuals and agencies dealing with these children.

There is a need to stimulate broad-based discussion heightened awareness of, and sensitivity to the plight, special needs and rights of this vulnerable group of children in Bronkhorstspruit, in particular, as the number of such children is rapidly increasing and very little is being done to assist them to cope in life. Educators at a school in Bronkhorstspruit discovered that two orphaned learners aged eleven and twelve were living alone and changing shifts to take care of their two-year old baby sister. This was affecting their normal schooling as they had surprisingly become very irregular at school. Their only parent had recently passed away and they wanted to hold on to the only property their mother had – a small Reconstruction and Development Programme (RDP) house with one old bed and beddings, a few kitchen utensils and a primus stove.

The orphaned learners in the school around Bronkhorstspruit have been experiencing barriers to learning due to a number of factors. According to ABT Associates Incorporated (2001:32) orphans and other children from households affected by HIV/AIDS are at high risk of being withdrawn from schooling and higher education due to household economic pressures and needs to care for sick family members or siblings. Many of those who remain in the system will also be less able to pay various fees or buy books and uniforms. Children will need support to cope with emotional trauma resulting from sickness and deaths in their households. Peers and educators exacerbate psychological trauma through stigmatization of infected or affected children. In addition many learners will be vulnerable to abuse and pressures to engage in sex work or other survival strategies.

According to Giese (2002:4) in her summary of education-related issues raised at the National Children's Forum on HIV/AIDS on 22-24 August 2001, most of the children who attended the forum were living in the care of someone other than their biological parents, including grandparents, aunts, uncles and older siblings. While for some, these careers were a source of love and support many other children spoke about being exploited and abused by them.

The problem to be researched can be formulated as follows:

- What are the lived experiences of orphans living in child-headed households?
- How can they be assisted to cope with the effect of their situation in order to facilitate their mental health?

1.3   RESEARCH OBJECTIVES

The study looks at the lived experiences, plight, special needs and rights of orphans living in child-headed households in Bronkhorstspruit.

The research objectives can be formulated as follows:

- to explore and describe the lived experiences of orphans living in child-headed households in Bronkhorstspruit; and
- to describe psycho-educational guidelines to assist the orphans to cope with the effect of their situation, in order to facilitate their mental health.

1.4   PARADIGMATIC PERSPECTIVE/ASSUMPTIONS

The word "*paradigm*" comes from the Greek. It means a model, theory, perception, assumption or a frame of reference (Birch, 1997:23). In a more general sense it is the way one sees the world, not in terms of one's visual sense of sight, but in terms of perceiving, understanding and interpreting. The researcher's paradigm is reflected in his assumptions that will be discussed in the next section.

1.4.1   **Metatheoretical assumptions**

Metatheoretical assumptions are not testable and deal with human beings and their societies (Botes, 1993:11). The "apartheid" legacy has left people destitute and poverty stricken. It destroyed families and caused others to be disjointed through migrant labour. The scourge of HIV/AIDS has resulted in the high number of adults dying, leaving behind orphans. AIDS has reduced the capacity of communities to support and care for children, changed the family structrure and care giving patterns where the burden of care falls on those who have the least capacity to provide parenting support and care for the affected children, for example the elderly and the young. Hence the disturbing scenarios of grandparents-headed households and adolescent child/sibling-headed households.

From an education perspective learners need help and guidance even though they cannot consciously determine the nature of it. The educator who knows the learners and studies their actions, can interpret the learners behaviour and render the assistance needed. The maturation of the learners is realised through the constant interaction between the educational help and independent self-determination (Vrey, 1990:4).

Education has as its concern the learners in totality who build up their own life-world within the framework of their abilities, limitations and expectations, which exist in their situations and cultures. However, even with the necessary abilities learners may not succeed because the explanations and guidance they needed were not forthcoming. According to Vrey (1990:80), learners' constitution of a meaningful life-world, essential to their self-actualisation, depends upon their internalisation of educational assistance, which will support their self-determination.

Within this study the researcher is concerned with the lived experiences of orphans in child-headed households and intends to determine their special needs and rights and establish ways in which they can be assisted to live a meaningful life.

1.4.2 **Theoretical assumptions**

Theoretical assumptions are testable and form part of the existing and acceptable theory of a discipline (Botes, 1993:12). This therefore suggests that the literature and the theoretical statement on which this statement is based has a bearing on the researcher's theoretical assumptions. The researcher will go to the field without any preconceived ideas utilising bracketing and intuiting. After the data have been analysed the results will be contextualised in literature by means of literature control.

1.4.3 **Methodological assumptions**

Methodology focuses on how knowledge is gained (Denzin & Lincoln, 1994:99). These assumptions have their origin from the science Philosophy. Botes (1993:12) further elucidates that the methodological assumptions concern researchers' views on the nature and structure of knowledge in their disciplines. It is the researcher's methodological assumptions that direct their research designs. The researcher supports a functional approach to research, that is, research is conducted to obtain knowledge to improve practice. Rigor of the research will be ensured by applying measures of trustworthiness.

This study will take a contextual, descriptive and explorative approach in a qualitative-based paradigm. One of the reasons for conducting qualitative research is that the study is exploratory, that is, the researcher seeks to listen to information and to build a picture based on ideas (Creswell, 1994:5).

A functional approach will be followed to conduct a research to improve practice. Measures to ensure trustworthiness will be applied. Post-modern principles of logic and justification will also be applied.

1.5   CONCEPT CLARIFICATION

Orphans: The Collins Cobuild English Language Dictionary (1987:1016) defines an orphan as a child whose parents are dead. UNAIDS defines orphans as children below the age of 15 who have lost either mother or both their mother and father (Whiteside & Sunter, 2000:80). However, for the purpose of this study orphans will refer to children from birth to the age of 19 who have lost both their parents.

Vulnerable: People who are vulnerable are weak and without protection, with the result that they are easily hurt physically or emotionally.

Caregivers: Caregivers are adult persons that are entrusted with the care of orphans and vulnerable children and making sure that the best interests of such children are promoted and upheld.

1.6   RESEARCH DESIGN AND METHOD

This section will give an overview of the research design and methods to be used in this particular research.

1.6.1 Research design

The research design consists of a qualitative, explorative, descriptive and contextual design (Creswell, 1994: 145). The researcher will make use of a phenomenological research design in order to understand and interpret the meaning that the orphans in child-headed households have given to their life experiences within their context (De Vos, 1998: 81). This will be discussed in greater detail in Chapter 2.

1.6.2   **Research method**

The research method is described by Kothari (1990:10) as a way of systematically solving a research problem.   It is therefore expected that the research method applied in this study will contribute towards its scientific nature and to the logic behind the choice of research methods and techniques. What follows is a discussion of the research method applicable to the study.

1.6.3   **Data collection**

To maximise the probability for the trustworthiness of the findings of the study, the triangulation or the multiple operationalism techniques will be used to collect data.   These techniques are defined as the use of various methods of data collection or the application of a variety of data collection methods, which complement each other on their respective shortcomings (Mouton & Marais, 1990:91).

In applying triangulation techniques in this study, the following data collection methods will be employed:

- The in-depth interviews with Non Governmental Organisations (NGO), health/welfare workers and members of child-headed households will be conducted with purposively selected participants from service providers like social workers, health workers, educators and caregivers.   Site visits – observational tours of the various sites to gain firsthand knowledge about the living conditions of the affected children will be done.

- In-depth phenomenological interviews will be conducted and audiotaped.   Observation will be done and field notes will also be taken.   Data will be analysed according to Tesch's (1990:142) open coding strategy.   An independent coder will be used to discuss the analysed data.

1.6.4 **Data analysis**

The researcher will keep a record of all data collected during the research. All the data obtained through tapes will be analyzed according to Tesh's (1990:142) open coding strategy. An independent coder will be used to discuss the analyzed data.

1.6.5 **Literature control**

A qualitative inquiry reviewing literature is an ongoing process that cannot be completed before the data collection and analysis. The Data often suggest the need to review previously unexamined literature of both substantive and theoretical nature (Glesne & Peshkin, 1992:18).

1.6.6 **Measures to ensure trustworthiness**

For the purpose of this study, Guba's model (Krefting, 1990:215) of trustworthiness of qualitative research will apply. The model is based on the identification of four aspects of trustworthiness that are relevant to qualitative studies, namely truth-value, applicability, consistency and neutrality. These strategies are important to researchers in designing ways for increasing rigor of their qualitative studies and also for the readers to use as a means of assessing the values of the findings of the research (Krefting, 1990:215). Lincoln and Guba (1985) suggest a procedure for enlisting an outsider to "audit" notes and subsequent analysis and interpretations. See Chapter Two for an in-depth discussion in this regard.

1.7 **ETHICAL MEASURES**

The researcher undertakes to respect the rights, needs, values and desires of the participants (De Vos, 1998: 23-35; Breakwell, Hammond & Fife-Schaw, 1997: 29). It is essential that the researcher is adequately trained in research methodology and has the necessary skills to conduct the research.

The researcher has received ethical clearance to conduct the study by the Academic Ethics Committee of the Faculty of Education and Nursing of the University of Johannesburg (the previously Rand Afrikaans University) who confirmed that the research proposal complies with the approved Ethical Standards of the University (see Appendix 7).

As the researcher is going to make use of human 'subjects' as participants, this will raise the issue of ethics. Therefore, ethical principles will serve as a basis for the researcher's development of ethical behaviour. This implies that the researcher must at all times show respect for the personal integrity of the participants. It is important that the researcher provides a clear contract for potential participants, so that they may be clear about the activities they engage in, prior to engaging in them (see Appendix 4).

With regard to the recording of sessions, where this is done for feedback and supervision purposes, participants should be informed of the wish to record the sessions before or during the sessions. The researcher should be honest about why the recordings are being made, who will have access to them, where they will be stored and how they will be used (see Appendix 4 and 6). Where there are limitations on confidentiality, participants have a right to this knowledge. Consent will be sought from the social worker responsible for the participants (see Appendix 1). Permission to conduct the research will also be sought from the chairperson of Governing Bodies of the schools where the participants are learners (see Appendix 3). Participants will participate on a voluntary basis and they will be informed of the benefits of their participation (see Appendix 4).

Ethical practice further requires that researchers possess the personal maturity, psychological knowledge, skills and experience to be effective in this role.

The following should apply to any research programme:

- The participant as a person (vulnerable children)
  Respect for the autonomy of the participants, whether patients or volunteers. This demands that the participants must be treated as unique human persons within the context of their community systems. Freedom of choice must be safeguarded.

- Human rights

  Respect for the basic rights of the individual as a human being as well as the rights of groups and communities.

- The ethic of justice, fairness and objectiveness

  Research should always respect the dignity of people involved and should never expose them to intentions and motives not directly attached to the research project, its methodology and objectives.

- Competence

  Researchers must be professionally and personally qualified. In all circumstances they must be accountable and act in a responsible manner. Professional standards should be upheld in accordance with academic training.

- Integrity

  Integrity should be promoted by being honest and fair. Researchers must be honest about their own limitations, competence, belief systems, values and needs.

- Sensitivity

  Sensitivity in research implies balancing scientific interest (the research) with general values and norms affecting the human dignity of the people involved.

- Confidentiality

  Confidentiality must be respected under all circumstances. Documentation should be safeguarded and viewed as strictly private in terms of the limits set by the research project.

- Demarcation of roles

  There should be mutual understanding of the roles and interests of investigators and participants in the research.

- Communication

  Clear and understandable verbal communication is required with factual data. Emotional and cultural values should be considered.

- Danger of objectification and fragmentation

  Special care must be taken not to treat a participant as a mere object. Research objectives are subordinate to the following principle to treat human beings with respect.

- Danger of direct and indirect coercion

  Direct or indirect coercion of people in the name of research must be avoided under all circumstances. Coercion may include the exploitation of vulnerable people; taking undue advantage of a participant, volunteer or any other person; or the misuse of the authority and influence of the research.

1.8   DIVISION OF CHAPTERS

CHAPTER ONE   *Overview of the study and rationale*

Chapter One consists of an entire overview of the mini-dissertation. The rationale and problem statement are explained in detail and the research questions and objectives are presented. The paradigmatic perspective for the study is described according to the metatheoretical, theoretical and methodological assumptions. A brief review of the research design and method as well as the ethical measures are incorporated into this chapter.

CHAPTER TWO   *Research design and method*

Chapter two presents a detailed description of the research method and design. It includes details of the measures to ensure trustworthiness, data collection and data analysis techniques. The sample group is additionally identified and the qualitative research process for this dissertation is explained.

CHAPTER THREE *Results and recontextualisation*

This chapter consists of a detailed description of the results of the study. An in-depth analysis according to Tesch's (De Vos, 1998:343-344) method of coding will be conducted and the results will be described, explored and interpreted. This includes an exploration of the lived experiences of orphans in child-headed households.   A literature control will be conducted in order to recontextualise the research results.

CHAPTER FOUR   *Guidelines and recommendations*

Chapter Four contains a discussion of the results within the context of the literature control. Recommendations and guidelines will be made according to the results of the study. Guidelines will be established in order to assist the elderly in coping with the effects of crime. The limitations and strengths of the study will also be discussed, including suggestions for future research.

1.9   SUMMARY

This chapter has dealt with the orientation regarding the main aim of the study. The research objectives and questions were concisely illustrated. The research method to be adopted in this study as well as the steps to be followed in conducting this research has been outlined. The chapter divisions have also been outlined. The next chapter will focus on the research design and method and will also refer back to ethical measures outlined in the chapter.

CHAPTER 2: RESEARCH DESIGN AND METHOD.

2.1 INTRODUCTION

This chapter outlines the research design and method that will be used within the research study. It will provide and in-depth discussion of the following issues: the role of the researcher, methods to ensure trustworthiness, data collection and analysis methods as well as reporting procedures.

2.2 RESEARCH DESIGN

The research design consists of a qualitative, explorative, descriptive and contextual strategy (Creswell, 1994:145).

2.2.1 Qualitative

The qualitative approach is used so that a holistic picture on orphans living in child-headed households can be obtained. Qualitative research is characterised by the fact that the researcher is trying to get to the heart and soul of the issue in order to understand it (Mouton & Marais 1990:175). Qualitative research seeks to understand a social phenomenon within its cultural, social and situational context without imposing pre-existing expectations upon the setting (Gubrium & Sanker, 1994:52; Mouton & Marais, 1990:204).

It rests upon the assumption that one can obtain extensive in-depth data from ordinary conversations with people (Gubrium & Sankar, 1994:7). The aim of this specific stance is to obtain information that facilitates the understanding of the meaning that the individuals have ascribed to their life-world (Gubrium & Sankar, 1994:9). It is a research process that aims to elicit data via interviews, participant observation, document analysis and focus groups (Gabrium & Sankar, 1994:8).

2.2.2 **Explorative**

The term implies that research is being done on a relatively unknown topic so that the topic can be explored and information gathered (Mouton & Marais, 1990:45). This information can be used for further research, to obtain insight and understanding and to formulate a hypothesis.

Qualitative research is concerned with discovering new literature and new insights into the research topic. A qualitative design is used if current literature indicates deficiencies in the area of interest (De Vos, 1998:336). The aims of explorative research are to identify and discover important variables and generate a hypothesis (Marshall & Rossman, 1989:78).

Human beings are constantly in the process of creating meaning. Meaning shapes the way people view others, the world and themselves. It provides a framework through which the world makes sense. Qualitative research aims to explore these constructions in order to view individual worlds through their eyes (Gubrium & Sankar, 1994:53).

The research design is based on inductive reasoning. Once the data have been generated, relationships and patterns are discovered through the close scrutiny of the data. The data are analysed and interpreted by means of inductive abstraction and generalisation (De Vos, 1998:336).

2.2.3 **Contextual**

Qualitative research seeks to represent the participant's frame of reference of context (Gubrium & Sankar, 1994:9). This research aims to explore and describe the experiences of orphans living in child-headed households in Bronkhorstspruit in order to stimulate sensitivity to their plight, special needs and rights. Furthermore, the research aims to establish psycho-educational guidelines to assist the orphans to cope with the effects of their situation in order to facilitate their mental health. These cases will be analysed by reconstructing the information and staying close to the subject and the participants (Mouton, 1996:169).

An essential construct of qualitative research is the concept of holism based on the Gestalt theory (Reber, 1985:301) where the whole is more than the sum of its parts. This denotes that the context is essential in order to understand the phenomenon under investigation. The researcher therefore aims to collect sufficient data about the subject and the context within which the participant operates (Mouton & Marais, 1990:204).

2.2.4 Descriptive

The research aims require an accurate and detailed description of the theme. Qualitative research aims to explore, describe and understand an individual's experiences and life-world through descriptive processes. The experience that has to be interpreted must be described in order to come to a better understanding of the experience. Obtaining insight and understanding is an interactual process: "…understating requires that one is able to enter, or take the point of view of another's experience" (Denzin, 1989:120).

The process consists of research aimed at eliciting the participants understanding of their worlds thorough in-depth exploration of their meanings, experiences and perceptions. It produces descriptive data in the participants own written or spoken words. It thus involves identifying the participants beliefs, values, attitudes and cognitive processes, which underlie the phenomenon (Creswell, 1994:145,162; Kvale, 1983:175; Marshall & Rossman, 1989:78). Due to the nature of the topic, the researcher needs to delve deep into perceptions, emotions and feelings of the participants in order to gain an understanding of how they describe their experience of being exposed to child-headed households (Strauss & Corbin, 1998:11).

The researcher will make use of a phenomenological research design in order to understand and interpret how human beings construct and give meaning to their experiences and everyday lives, within their contexts (De Vos, 1998:80; Denzin & Lincoln, 1994:205). The researcher aims to enter the participants' lived experiences. This is accomplished by analysing the conversations and by interacting with the participants (De Vos, 1998:80).

2.3   **RESEARCH METHOD**

The research will be conducted to explore and describe the lived experiences of orphans living in child-headed households in Bronkhorstspruit in order to stimulate sensitivity to their plight, special needs and rights.   These descriptions will in turn result in the establishment of psycho-educational guidelines to assist the orphans to cope with the effect of their situation in order to facilitate their mental health.

Data collection will be gathered by means of semi-structured phenomenological interviews, observations and field notes.   The aim of these methods is to investigate and describe the phenomenon as experienced by the participants.   The rationale for the use of this interviewing technique will be based on the characteristics of phenomenological psychology as prescribed by Giorgi (1986:6).

2.3.1   *Population and sample*

A population is a collection of objects, events or individuals having some common characteristics that the researcher is interested in studying (Mouton, 1996:34). In this study the population refers to orphans living in child-headed households in Bronkhorstspruit.

A purposive sampling method will be used to select orphans living in child-headed households to be interviewed.   Polit and Hungler (1991:40) suggest that the logic and power behind purposive selection should be information richness.   In this research the adequacy of the research will be attained when sufficient data have been collected so that saturation occurred and variation is both accounted for and understood.   Saturation means that themes and categories in the data become repetitive and redundant, such that no new information can be gleaned by further data collection (Polit & Hungler, 1991:43).

With regard to this research, the age group has been limited to youngsters between the ages of 13 and 19 as they may be able to take a decision on whether to allow the researcher to interview them or not. The participants will be purposefully selected (Creswell, 1994:148) so they can answer the research question which will help the researcher to explore and describe their lived experiences so that he can be able to describe psycho-educational guidelines to assist them cope with the effect of their situation, in order to facilitate their mental health.

Participants will be selected according to the following criteria:
- willing participation;
- informed consent;
- orphans living in child-headed households, aged between 13 and 19; and
- allowed to express themselves in any language they prefer.

Interviews will be conducted until the data are saturated as evidenced in repeating themes (Creswell, 1994:148).

Research entry will be sought through contact by means of a letter and the social worker in charge of the Sizanani Village in Bronkhorstspruit. Written and informed consent to access the participant orphans is required from the social worker at the Sizanani Village as well as from the chairpersons of Governing Bodies of schools where participants are learners. (*See Appendices 1, 2 and 3*).

Prospective participants will be invited to participate via a letter explaining the study as well as their ethical rights during the research process. Depending on the number of participants who respond, the study may be limited to include only those participants who best fit the aims of this study. Interviews will cease once data saturation has been reached.

2.3.2 *Role of the researcher*

The researcher is concerned with understanding, naturalistic observation and the subjective exploration of reality from the perspective of an insider (Creswell, 1994:147; De Vos 1998:243). This forms the basis of the researcher's role within the research process.

Unfortunately, the researcher does bring certain biases into the study. Due to the researcher's interaction with various orphans in child-headed households as well as the literature review conducted, certain biases are unintentionally brought into the study. These biases may shape the way in which the data are collected and understood. Additionally, it may influence the way the researcher interprets his own experiences within the study. Therefore, by being aware of these preconceptions and biases, the researcher actively intends to make every effort to ensure objectivity by bracketing all preconceptions or expectations during the research process (De Vos, 1998:337).

2.3.3 *Data gathering*

This entails the collection of data through various procedures. The researcher's role in all of this is to create an open environment (Poggenpoel, 1993:2) so that the participants can express themselves freely. Empathy and intuition will help to reconstruct the inherent significance of structures and the self-understanding of the individual (Mouton, 1996, 169). In-depth audiotaped interviews will be conducted with the participants. An in-depth interview aims to obtain rich, meaningful, subjective data viewed through the eyes of the participant (Gubrium & Sankar, 1994:123).

The aim of the interview is to introduce the central question on which the information is required and thereafter allow the interviewee to respond openly. These interviews will consist of open-ended questions (De Vos, 1998:299) in order to allow the participants to openly disclose their thoughts, feelings and perceptions regarding the topic. Open-ended questions elicit subjective, idiosyncratic responses from the participant (Gubrium & Sankar, 1994:125). It may be necessary to steer the participants towards the topic of discussion should they digress (Kvale, 1983: 174).

The interview allows the researcher to gain an "insiders" view into the way the participant views the world (De Vos, 1998:300; Mouton & Marais, 1990:212). The interview environment will consist of a closed, quiet room to provide privacy for the participant as well as to facilitate effective audiotaping.

The interviews will be based upon the following ethical principles according to De Vos, (1998: 305-308): respect and courtesy; accepting and understanding, confidentiality, integrity, individualism; empathy; relatedness or warmth; and honesty and sincerity.

All audiotapes and transcripts will be kept locked away and unauthorised access will be prohibited in order to maintain confidentiality and anonymity (De Vos, 1998:308).

It is also important that the following communication skills be applied, namely:

- reflecting understanding of the orphans' perceptions, experiences and feelings about being the heads of families;
- to be able to rephrase statements made by the orphans;
- to be able to summaries the context of the interview for the participant. This will enable me to check if my understanding of the experience is correct;
- to be able to request clarification when responses are vague, unclear or confusing; and
- to be able to request examples and descriptions (Poggenpoel, 1993:8).

The initial question that will be asked at the onset of the interview will be:

"How is it for you to be the head of the family?"

A pilot study is planned to identify possible obstacles in gathering data (Poggenpoel, 1993:2). If problems occur during the pilot study, the necessary adjustments will be made and interviewing will continue.

Questions following the main questions will be guided by the conversation and asked in order to obtain a clearer picture of the lived experience. Interviews will be concluded as themes become saturated as evidenced in repeating themes (Lincoln & Guba, 1985:202). The interview will be audiotaped and transcribed word for word. After data has been analyzed, a follow-up interview will be conducted. This will help to determine if results are a true reflection of the real experience of the orphaned head of the family. The typed out version together with the tape constitute the material used for the interpretation of meaning (Kvale, 1983:174). The second way of gathering information is by using field notes.

2.3.4   *Field notes*

Directly after each interview field notes will be made about the interview situation and the researcher's impression thereof.

According to De Vos (1998:304) researchers should always sit down immediately after an interview and jot down their impressions of the interview. These constitute a written account of the things that the researcher hears, sees, experiences and thinks in the course of collecting or reflecting on data in the research. These notes will help him to remember and explore the process of the interview.

Field and Morse (1994: 78-82) refer to some critical points to follow when writing notes to minimise loss of data. These include getting right to the task, not talking about the observation before it is recorded, finding a quiet time to complete the notes, sequencing events in the order they occurred, and letting the events and conversation flow from the mind into the paper field notes.

The researcher should include both empirical observation as well as interpretations, although the observations and interpretations should be kept distinct. Researchers should also write down their emotions, preconceptions, expectations and prejudices so that they can develop them in the final product (De Vos, 1998: 305).

Wilson (1989: 434-435) divided field notes into four categories, namely:

- observational notes which are descriptions of the events as experienced through watching and listening;

- theoretical notes which are purposeful attempts to derive meaning from the observational and reminders about methodological approaches that might be faithful;

- personal notes which are notes about one's own reactions, reflections and experiences; and

- methodological notes.

2.3.5 *Data analysis.*

The data to be analysed will come from transcribed interviews and field notes. Omery (1983:61) says that this data must be reported in the natural language of the event, as the information was obtained from a natural setting. Data are analysed so that specific information about the orphaned head of the family's experience can be obtained from all the information gathered.

Creswell (1994: 153) suggests several points that will guide the analysis of data:

- Data analysis will be conducted simultaneously with data collection, data interpretation and narrative report writing.
- To base the process on data "reduction" an interpretation on a large amount of information will be reduced to certain patterns, categories or themes which will then be interpreted.
- Information will be represented in matrices. The information will therefore be displayed in a spatial format that represents the information systematically.

Tesch's (Creswell, 1994: 154-155) descriptive analysis will be used. This is because all the information is reduced to themes and then interpreted, the final goal being a large consolidated picture. In other words the aim is to understand rather than to explain the orphan's experience as head of the family.

Tesch (Creswell, 1994: 154-155) provides eight steps to consider when analysing the data collection. These steps are used in this research study. These steps are the following:

- Transcripts will be read over to get a sense of the whole. Ideas that come to mind will be written down.
- The most interesting transcript will be read in order to try and find the underlying meaning of the orphaned head of the family's experience. Thoughts will be written in the margin.
- Once this procedure has been followed with all information; a list of topics will be made. Similar topics will be clustered together and arranged in major topics, unique topics and leftovers.

- Topics will be abbreviated as they are coded and written next to the appropriate segment in the text.

- The most descriptive wordings for topics will be turned into categories. Topics that relate to each other as they arise will be grouped together.

- Once a final decision is made an abbreviation will be allocated for each category, these codes will then be arranged alphabetically.

- Data material belonging to each category will be assembled and preliminary analysis performed.

- As the need arises, existing data will be recorded.

- The independent coder and researcher will have a consensus discussion.

2.3.6   *Literature Control*

A literature control is conducted to compare obtained results with results of other research projects to identify similarities, differences and the unique contribution of the research (Poggenpoel, 1993:3). According to De Vos (1998: 48) the purpose of a literature review is to establish what has been researched in respect of the topic under discussion. Literature can provide questions, initial concepts and ideas for theoretical sampling. It can also be used as a foundation for theory formation (Strauss & Corbin, 1998: 48-52).

In qualitative research it is not necessary to conduct an extensive literature review before the study takes place as it may direct the researcher into predefined categories or interpretations. Nevertheless it is important to have an overall idea of previous research to provide background knowledge on research that has been done on the topic. It is also important for the researcher to identify areas that have been under explored or neglected. In relation to the topic under investigation, the researcher has noted that extensive qualitative data on the orphan's experience as head of the family are limited (Strauss & Corbin, 1998: 48-52).

An in-depth literature control will be performed once the research has been conducted. The aim of this process is to compare the findings with previous research and relevant literature in order to identify similarities or differences (De Vos, 1998: 48).

2.3.7   *Findings of the research*

The results will be presented in a descriptive and narrative form (Creswell, 1994: 168). The results will be reported in a densely descriptive format to present a holistic picture of the lived experiences of the orphan participants who are heading their families. The findings reported would be a construction of the participant's lived experiences and the meaning they attach to them. This will allow readers to view the subjective life world, experiences and challenges of the participants through their eyes.

2.3.8   *Guidelines and recommendations*

The descriptions obtained from participants will allow the researcher to develop guidelines and recommendations in order to facilitate the mental health of orphans in child-headed households.

2.4   **MEASURES TO ENSURE TRUSTWORTHINESS**

In spite of the fact that qualitative research consists on representing reality rather than reproducing it, it may still be subjected to methods of empirical testing (Silverman, 1997: 201). Guba's model (De Vos, 1998: 331) of trustworthiness will be utilised in order to establish the validity and reliability of the research. The four criteria of trustworthiness are truth value, applicability, consistency and neutrality (Krefting, 1990: 214-222).

2.4.1   **Truth value (credibility)**

Truth-value reflects the confidence the researcher has in the truth of the findings, including the context in which the interview took place (Krefting, 1990: 205). Truth value will be obtained by ensuring credibility (De Vos, 1998: 331, Krefting, 1990: 215-216).

Various methods of data collection such as observation, in depth interviews, field notes and the reflexive diary, will be utilised. Member checking will allow for the validation and ratification of the categories identified, the conclusions made and the resultant interpretations to ensure their accuracy.

An ongoing dialogue regarding the interpretations of the participant's realities and meanings will ensure the truth value of the data. The participants will be involved in most phases of this study, from the design of the project to checking interpretations and conclusions.

2.4.2   Applicability (transferability)

As this research is of a qualitative nature, the orphaned child's lived experience as head of the family will be studied in its natural context. Each situation is unique so there is very little chance of generalising findings (Krefting, 1990: 216). Applicability is therefore the degree to which the results of this study can be applied in similar contexts on different participants (Lincoln & Guba, 1985: 290). The primary strategy to ensure transferability will be the provision of rich, thick, descriptions (De Vos, 1998: 331; Krefting, 1990: 216).

Krefting (1990:220) is of the opinion that transferability of the study is the responsibility of the person who wants to apply the finding of the study, rather than the researcher. However, to make transferability possible the researcher aims to provide a "dense" database. This will include background information about participants, criteria for selection as well as verbatim quotes from the interviews.

2.4.3   Consistency (dependability)

According to Mouton (1996: 144) consistency implies that using the same research design with a different group under a different set of circumstances will lead to the same observations. Guba (Lincoln & Guba, 1985: 316) points out that consistency is not possible without the application of dependability. Therefore dependability, which is the control measure for consistency will now be discussed.

In order to ensure dependability, the research methods of data collection, analysis and interpretations will be fully described in this report. A detailed description of the focus of the study, the researcher's role, the participant's position and basis for selection, and the context, from which the data will be collected, will be provided. An independent coder will be utilised to validate the interpretations made. External data analysts (the research supervisors) will recheck the categories

and interpretations to further ensure dependability. In addition to this, triangulation or multiple methods of data collection and analysis will be used (De Vos, 1998: 331; Krefting, 1990:216).

2.4.4 **Neutrality (confirmability)**

Neutrality is the exclusion of the researcher's own prejudices from the research procedures and results (Lincoln & Guba, 1985: 300). In other words it refers to the degree to which the findings are a function solely of the informants and conditions of the research and not of other biases, motivations and perspectives (Krefting, 1990: 216). Confirmation, that is the control measure to ensure neutrality, will now be discussed. Confirmability will be guaranteed through bracketing all preconceptions regarding the topic of research and entering the field with an open mind. Methods of triangulation and colleagues will additionally be used. A reflexive diary will moreover contribute to ensure confirmability. Researcher bias will be articulated in writing in the mini-dissertation under the headings, "Role of the researcher" (De Vos, 1998: 331; Krefting, 1990: 21-217). A literature control will be used to identify the similarities and uniqueness of the research (Creswell, 1994: 161).

2.5   **CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS**

The conclusions of this mini-dissertation will be presented following the data analysis. The data analysis will additionally indicate guidelines and recommendations in the area of study. Limitations will be discussed in Chapter four, after the research has been conducted. Chapter three includes a discussion of the lived experiences of orphans living in child-headed households.

CHAPTER 3   RESULTS AND RECONTEXTUALISATION

> *The beauty of life does not depend on how happy you are but on how happy others can be because of you.*
>
> *Anonymous*

3.1   INTRODUCTION

In this chapter, the results of the research are outlined and discussed. The results are presented according to the central theme and the categories and sub-categories that were identified during the data analysis process. The results of the results of the research have been presented with reference to the relevant literature.

3.2   ANALYSIS OF INTERVIEWS

Phenomenological in-depth interviews were conducted with eight orphans between the ages of thirteen and nineteen, who are heads of their families in Bronkhorstspruit. According to the guide for educators on HIV and AIDS: "Care and support of affected and infected learners," commissioned by the HIV/AIDS and STD Directorate, Department of Health as part of a primary and secondary school programme in South Africa, an orphan is defined as "a child under the age of 15 who has lost his or her mother", (Louw, Edwards & Orr, 2001:4). However, in this study the researcher deals with children who have lost both parents due to AIDS-related illnesses and other natural causes.

Data saturation was reached after the completion of eight phenomenological interviews of orphans living in child-headed households.   All the participants were asked the same central question:

"How is it for you to be the head of the family?"

All interviews were audiotaped and then later transcribed in conjunction with field notes and the researcher's reflective diary. The researcher obtained written consent letters from the social worker in charge of the orphaned participants, the School Governing Bodies of the schools where the participants attend school and from the participants themselves. The languages used were IsiZulu and Sepedi since these were the participants' first language.

The analysis of the phenomenological interviews, field notes and reflective diary was conducted in conjunction with an independent coder using Tesch's method of open coding (Creswell, 1994:154). The independent coder has a postgraduate qualification and is an expert in qualitative research. She has successfully done a qualitative research study herself and has acted as an independent coder for numerous other studies. A consensus was consequently reached. An example of the protocol is included in Appendix 6.

A literature control has been used to place the results within the context and to identify the similarities and the uniqueness of the results (Creswell, 1994:161). The results have been integrated into Erikson's (Erikson, 1990: 56-57; Hjelle & Ziegler, 1981: 117-118, 129-131) psychosocial theory of personality development.

3.3   DESCRIPTION OF THE SAMPLE

All participants were African (Black), Zulu and Sepedi-speaking Bronkhorstspruit residents, comprising five males and three females. Eight child-headed households situated around the township of Bronkhorstspruit were sampled.

Access to orphans' dwelling was obtained via the chairpersons of the School Governing Bodies of the schools where the participants were learners as well as from the social worker in charge of the participants' welfare. Permission to conduct interviews was also obtained from the participants themselves. All the participants were vulnerable teenagers from the ages of thirteen to nineteen, living in sibling-headed households.

3.4 ANALYSIS OF FIELD NOTES

The researcher kept various field notes during the study, documenting observational (participant observation), experiential (reflective diary), theoretical and methodological observations. His findings are detailed below.

3.4.1 Participant observation

Some participants seemed to be cool, calm, collected and composed. Some were sad and emotional. There were some who seemed to have accepted the realities of their situation and were ready to face the challenges of their lives head-on. Some seemed to have mixed feelings as the researcher could observe a smile followed by tears.

The researcher was warmly welcomed into the participants' homes. Some family members gathered around at a distance, rather anxiously and inquisitively, and seemingly eager to hear what the researcher had come to do or say.

Most of the participants were eager to be involved in the research process in order to assist the researcher as much as possible and wanted to know what was going to happen after the research was completed. The researcher's observation was that the participants were in need of help that would address their plight. Some of them were wearing tattered clothes and looked very hungry. Some of the participants pretended to be strong and brave, but the researcher could tell that inside they were afraid and that they were just putting up an act. Inside most of the houses/dwellings, the researcher could tell that the socio-economic conditions of the participants were appalling and not conducive to any pleasant livelihood. The furniture and other household contents were very old. Some participants hardly had any bedding, stoves, refrigerators or wardrobes.

3.4.2 **Reflective diary**

The researcher was touched and humbled by the experiences of the participants. He was particularly moved by the revelations of some of the participants on how they struggled daily to survive. Most of them have to live from hand-to-mouth and depend mostly on the generosity of neighbours and some family members.

The researcher experienced a sense of helplessness for being unable to assist the participants immediately. The researcher was however encouraged and inspired by the courage, enthusiasm and determination of some of the participants to hold onto what was left of their parents' belongings.

3.4.3 **Methodological observation**

During the interviews, the researcher was able to request for clarification when responses were vague, unclear and confusing. The researcher also asked a few leading or direct questions occasionally. He somehow became involved in a two-way discussion about the participants' experience.

3.5 **DISCUSSION OF THE RESULTS**

The lived-experiences of orphans in child-headed households in the Bronkhorstspruit area were categorised into a central theme, categories and sub-categories which are illustrated in Table 3 overleaf. The results will be discussed and interpreted in more detail and supported by verbatim quotations from the participants and substantiated by relevant literature. Quotations are given verbatim without correction and irrelevant phrases or sentences have been eliminated by the researcher and replaced with inverted commas where applicable. The interviews were conducted in IsiZulu and Sepedi (and English occasionally), and the IsiZulu and Sepedi versions were translated into English by the researcher. The researcher speaks both IsiZulu and Sepedi.

Table 3: <u>**Summary of the central theme, categories and sub-categories of the lived experiences of orphans living in child-headed households in Bronkhorstspruit**</u>

3.5.1 <u>**CENTRAL THEME:**</u>

Orphans in child-headed households, tell stories of <u>self-sacrifice,</u> <u>emotional turmoil</u>, <u>role changes</u>, and <u>taking increased</u> responsibility for the family. These experiences are lived to the backdrop of great need of <u>basic physical means</u>, <u>societal stigmatisation and marginalisation,</u> <u>rejection</u> by the family and <u>sexual exploitation</u>. <u>Formal and informal</u> <u>support</u> systems present in this community are experienced as supportive, though often sporadic and inadequate. These are the stories of orphans in child-headed families showing bravery and courage in difficult circumstances, who hold onto the legacy of the family, and are doing whatever it takes to take care of the young siblings.

CATEGORY	SUB-CATEGORY
1.1 Psychological response, challenges and changes experienced by the orphans of child-headed families.	1.1.1 <u>Self-sacrifice</u> through discontinuation of own education or experiencing difficulty in focusing on their own education when taking care of younger orphaned siblings. 1.1.2 <u>Emotional turmoil</u> experienced in response to taking care of physical and psychological needs of younger siblings: • Longing for the deceased parent • Helplessness and hopelessness • Frustration • Fear 1.1.3 <u>Future vision</u> driven by the need to "take care of" younger siblings.
1.2 <u>Role-change and taking increased responsibility</u> when taking care of other orphaned siblings within child-headed families.	1.2.1 Fulfilling the role of the <u>breadwinner/income provider</u> to the family. 1.2.2 Providing for the <u>physical daily child care</u> of younger siblings. 1.2.3 Providing <u>emotional support</u> to siblings who experience the loss of their deceased parent/s. 1.2.4 Providing <u>discipline and structure</u> within the home for younger siblings. 1.2.5 Taking control of the <u>decision-making process</u> in the orphaned child-headed family.
1.3 Orphans in child-headed families experience great <u>physical needs</u> related to the inability to obtain adequate financial means to fulfill in these needs.	1.3.1 Lack of <u>food</u>, <u>clothing</u>, <u>blankets</u> and <u>furniture.</u> 1.3.2 Inaccessible and unavailable health care services. 1.3.3 Lack of essential services such as <u>lights and running water</u>.
1.4 The role of the <u>external environment</u> of the orphans in child-headed families, affecting their experiences either empowering or disempowering (positive or negative).	1.4.1 Formal and informal <u>support systems</u> presently sporadically available to the orphans of child-headed families: • Government grants and social services; • Neighbours, family and helpful individuals; • Feeding schemes provided at schools; and • Ancestral belief system – "our ancestors are watching over us". 1.4.2 Disempowering community practices towards orphans in child-headed families: • Stigmatisation and marginalisation; • Rejection from the family; and sexual exploitation.

3.5.2 Central theme: Orphans in child-headed households tell stories of self-sacrifice, emotional turmoil, role changes, and taking increased responsibility for the family

Orphans in child-headed households often experience problems that seem insurmountable. These experiences are lived to the backdrop of great need of basic physical means, societal stigmatisation and marginalisation, rejection by the family and sexual exploitation.

Although many excellent programmes and projects for children exist, few have been thoroughly documented. It is also necessary for such projects to network and share with organisations involved in similar work to strengthen the collective response to the plight of the children affected by AIDS (Delaney, 2001: iv). According to the report on "*A study into the situation and special needs of children in child-headed households*", commissioned by the Nelson Mandela Children's Fund (2001: 14), the unique problems facing child-headed households include: poverty, discrimination, stunting and hunger, lack of supervision and care, child labour, early marriage, educational failure, poor housing, exploitation, psychological problems, lack of adequate medical care and disruption of normal childhood and adolescence.

These unique problems highlighted by this study are not different from those experienced by the orphans in child-headed families in Bronkhorstspruit. In addition to these problems, orphans in child-headed families also experience the frustration of misplacing or losing important personal documents like birth certificates, baptismal certificates, clinic cards and identity documents. They sacrifice their own education and their time to play and enjoy life like all other children, in order to take care of their siblings. Their roles change as they take increased responsibilities. They take up roles of parents with little or no experience of the adult world. They also dropout of school due to lack of funds for school fees, uniform, books and a variety of other school necessities.

The formal and informal support systems present within the community of Bronkhorstspruit are experienced as supportive, though limited and often sporadic and inadequate. These are the stories of orphans in child-headed families showing bravery and courage in difficult circumstances, who hold onto the legacy of the family, and are willing to do whatever it takes to take care of the young.

3.6   **CATEGORY 1:   PSYCHOLOGICAL RESPONSES**

This category deals with psychological responses of orphans living in child-headed households in terms of self-sacrifice, emotional turmoil and future vision.

3.6.1 **Psychological response, challenges and changes experienced by the orphans of child-headed families**

Orphans in child-headed households feel ill equipped to provide proper parental guidance and discipline to their siblings. Child heads of households feel the need for parental attention, guidance, love and care, physical an social security, friends and recreation. Some of their friends reject and marginalise them.   They have limited time to play due to increased workload and added responsibilities. Although some of them prefer to live in their own homes and take care of their siblings, they miss the support and care of their parents. Statements such as "I wish my parents were still alive" were uttered by some of the participants.

3.6.1.1. Self-sacrifice through discontinuation of own education or experiencing difficulty in focusing on their own education when taking care of younger orphaned siblings

The researcher found out that all the eight participants that were interviewed had dropped out of school in order to fend for their siblings or to ensure that those who were still at school continued with their schooling. They appeared to be very conscious of the value of education.

When one of the participants was asked if he would consider attending evening classes at the adult centre, he said, *"I'm not sure because there's so much to do at home. I must cook, wash and help with homework…, I'll try… I wish to go back to school. There's a lot to gain from schooling"*.

The death of parents has an adverse impact on the education of children in child-headed families. Loss of income emanating from the death of parents reduces the capacity to pay school fees, purchase uniforms, textbooks, transport cost to school and other school-related costs.

Children often dropout of school to care and nurse their siblings. Mabetoa (2002: 3-4) in her discussion document on 'Home/Community-based care and support for the conference on children, HIV and poverty in Southern Africa,' presented on 9 and 10 April 2002 at the Human Sciences Research Council Building in Pretoria states, "Orphaned children are at risk of dropping out of school due to continuous disruptions experienced when their parents fall ill and when they eventually die. The trauma experienced as a result of loss of parents, loss of income and security affects their performance at school and this results in repeated failure that often results in dropping out".

One of the participants said, *"I would have loved to continue with my studies and be a better somebody in future. I tried, but when you get home and there's nothing to eat, and you are the first-born child in the family… everybody looks up to you to do something. So I had to drop-out"*. Another participant remarked, *"When I go out to look for work, … piece jobs and when I go to ask for food from my aunt, they (siblings) eat up everything that's left. They don't think about tomorrow and I'm sacrificing for them. I can't even go to school"*. In this instance the participants remarked about how he had sacrifice his own education in order to take care of younger orphaned siblings. Orphans in child-headed households are able to sacrifice their own education because the task of taking care of the younger siblings is so cumbersome that it does not create opportunities for them to focus on their own education.

3.6.1.2 Emotional turmoil experienced in response to taking care of the physical and psychological needs of younger siblings include amongst other things: longing for deceased parent, and fear

The loss of parents leaves children shattered and emotionally affected. They sometimes long for the deceased parent. One participant admitted, *"I often think about my mother. Sometimes I read my diary I received from school because I've written everything about my mom in the diary … about her illness and about the time she died in June"*. One participant spoke passionately about his deceased parents and when asked whether he missed them, he replied, *"Yes, especially during Christmas times. They would go all out to buy us something for Christmas. But well, I've accepted that they are gone. Life must go on. Maybe we'll have a black Christmas this year"*. Another participant said, *"When they (two younger brothers) do wrong things they make me miss my mother. I wish she was still alive"*.

The researcher sensed a deep feeling of helplessness and hopelessness in the participants responses as a result of the absence of parents who used to give them love, care and support. One of the participants remarked, *"I envy the neighbours' children and my brother does too, but I console him and urge him not to be envious of other people's things because at least we're getting social grants, even though the money is not enough"*.

Another participant said, *"My little sister would sometimes wake up in the middle of the night and call out to our mother, and very often she would wake up crying. I would tuck her up in bed until she would fall asleep. The situation also affects me emotionally as I sometimes cry with my baby sister"*.

The memories of their deceased parents do not just fade away. Some of the participants experience these psychological effects for longer periods than others and some claim to be coping with the situation. When asked how it is for him to be the head of the family, one participant said, *"It's alright sometimes, but sometimes it's not alright, but sometimes it depends of the day as it unfolds. Sometimes things are okay and you find there's nothing wrong and that you feel like, as an older person in the family, you are able to do a lot of things"*.

The loss of parents produces intense feelings of vulnerability, loneliness, emptiness and a desire for a fulfilling life. A time comes in the lives of orphans in child-headed families that they wish their parents were still around. They feel life could have been much different had their parents still be alive. The death of parents forces young people to take increased adult responsibilities they are not ready for. According to Whiteside and Sunter (2000: 80), South Africa has a high proportion of children who are not continuously cared for by either parent, and very high rates of care by aunts and by grandmothers. It is clear that children's psychological distress begins with a parent's illness and they are left emotionally and physically vulnerable after the death of a parent.

The researcher found out that some neighbours sometimes help to look after the little children when the child-head goes out to look for a job and food. Such children do not grow up in a stable

environment with good values and morals. They sometimes develop multiple identities as they try to conform to the way of life of their neighbours, but get frustrated when they have to face the realities of their own context. One of the participants said, *"I wish my little brother could be like our neighbour's child, but I can't afford to dress him like our neighbour's child"*.

There is lack of parental guidance and support and often when the young ones engage in wrong doings like gambling and stealing, there is no adult person to reprimand them, and this often leaves the child head frustrated and helpless. The researcher discovered that the child heads of families sometimes experience fear of the unknown. They become paranoid and fear that something terrible might happen to them, especially when they are ill and have no money to go to a doctor. The child heads are not always confident with their parental roles. One of the participants said, "*I fear the worst might happen to my brothers one day, and I may not know how to help them or what to do*". These children experience a perpetual emotional turmoil.

According to Chirambo and Caesar (2003: 23), the increase in the number of vulnerable and orphaned children is said to create opportunities for an increase in opportunistic and social crime. Chirambo and Caesar (2003: 23) argue however, that it is not the status of being a particularly vulnerable orphan that increases children's vulnerability to opportunistic criminal activity but rather the social and economic conditions of being without parental guidance, control and role models to assist in forcing a democrating culture and social mores. They also argue that insufficient support and assistance to access services such as social welfare, education and health services compound their economic and socially vulnerable position within society and increase children's marginalisation within society.

Losing a parent or a family member can also be very traumatic. Louw, Edwards and Orr (2001: 25), argue that if an orphan is left to care for younger siblings or to act as head of the household in a situation where there are already severe financial constraints, this could have a devastating effect on a learner's development and quality of life.

One of the participants became emotional when he described how he had to bath his sick father and even carry him to the toilet as he could hardly walk unassisted. When asked how he felt about his

late father who was sick, one of the participants said (crying) ***"It killed me inside to see my father unable to do anything for himself. He was a strong man before his illness"***. Orphans have psychological needs due to the loss of for instance, parental affection and physical and social security. Often the normal grief process is exacerbated because they feel guilty that they could do nothing to save the parent. This could result in behavioural problems (Louw, Edwards and Orr, 2001:26).

Kelly (2002: 8), argues that trauma and psychological distress may arise from the experience of seeing a parent or other loved adult enduring remorseless suffering and dehumanising death, from anticipatory grid in the face of one's impending orphan status, from observing the physical deterioration of an educator or fellow-student, and from the repeated occasions for mourning and grieving in the school or community.

One participant expressed a feeling of guilt for not having been able to do anything for his sick parents. He said, ***"I feel terrible. They were sick and there was nothing I could do to help them"***. They develop a sense of guilt, hopelessness, sadness and grief, and in their state of helplessness, they feel rejected. They need some form of therapy that will assist in their healing process.

- **Emotions experienced when unable to provide in physical means for younger siblings**

    One of the participants remarked, ***"I feel bad because they all look up to me to do something. I feel helpless and frustrated when I'm in such a situation. I wish my mother was still alive. I cannot handle the situation. I feel helpless"***. Another participant said, ***"I feel bad because there is no food and the children look at me, and there is just nothing I can do"***.

- **Fear for own safety when living alone with little children**

    Orphans sometimes experience fear for their own safety. One of the participants said, ***"As a woman of my age, it is not safe to live alone with three little kids. It is not safe. When you hear strange noises at night, you don't know what to do. You get scared. Sometimes you hear knocks at the door. Maybe it is people who want kill you or rape or even steal from you"***.

- **Wanting to be independent from the family**

  Some of the orphans feel it is better to live independently of the extended family. One participant said, *"It is better if we stick together me and my brothers … we understand each other. They listen to me. We don't want to be a burden to other people. At least my mother left us a house. We will take care of it".* He also said, *"At least we don't live in the streets like homeless people… the hobos. We have a house … a home".*

3.6.1.3 Future vision driven by the need to "take care of" younger siblings

The roles of the heads in child-headed families change from time to time. This however, does not impede their personal future vision.

One of the participants remarked, *"One day we'll be okay. I want to continue with schooling and one day I'll find myself a good job as a traffic officer, so that I can be able to take care of my siblings. So that we can stay together at the same place. So that there can be a difference in our lives. That is my wish".*

Another participant said, *"I'll get a good job one day. I'll go back to school, at the night school and complete my matric. If I can be lucky, I'll go to technical school and do electronics".* Another one remarked that life would be better if he can get a job.

Their future vision is driven by the need to take care of their younger siblings. The researcher found out that most of the participants had hope in the future. They demonstrated a lot of courage and determination to take care of their siblings and whatever was left for them by their parents. They were prepared to raise their siblings in the property left for them by their parents and to take care of household assets.

3.7   CATEGORY 2:   ROLE CHANGES

3.7.1 Role changes and taking increased responsibilities when taking care of other orphaned siblings within child-headed families affect such orphans adversely in most cases

Orphans in child-headed families are affected by the fact that they have to assume adult responsibilities before they are ready to do so, or have to leave school earlier, enter the labour force earlier, marry earlier, are isolated from peers and are frequently sexually exploited (Louw, Edwards and Orr, 2001: 4).

3.7.1.1   Fulfilling the role of the breadwinner/income provider to the family

One of the participants indicated that he was looking for a job. When asked what he would do when he found himself a job, he said, ***"I'll be able to buy food and clothes and even furniture. I'll help my brothers with their school fees, uniform and money for their school trips. They also need to look like other children"***. He also said he will have enough money to take them to the doctor when they are sick.

Most heads of the families are keen to find jobs or even piece jobs in order to take care of their family needs. They are willing to do anything like washing cars, doing neighbours' laundry and many other chores to provide for their families.

3.7.1.2   Providing for the physical daily child care of younger siblings

At one of the homes the researcher found two brothers living with their little baby sister. When asked what happened to the little sister when they went to school, the participant replied, ***"We used to change shifts. My brother would stay with her like today, and I would go to school and the next day would be my turn to stay at home with her"***. He also said, ***"Before I go to school I must bath her"***. He further said, ***"When I come back from school at around five o'clock, I start to cook"***.

Another participant felt that being left with a small baby was a burden. When asked whether she would consider attending evening classes at the Adult Centre, one of the participants replied, *"I am not sure because there's so much to do at home. I must cook, wash and help with homework … eh … I'll see … I'll try"*. Another one said, *"I must help my brother with his homework, make sure that he goes to school in time, cook for him and do other things I never did before"*.

3.7.1.3 *Providing emotional support to siblings who experience the loss of deceased parent/s*

Child heads often experience serious challenges of providing emotional support to siblings who experience the loss of deceased parent. One of the participants said the following about her baby sister, *"She often wants to know where Mama is and I keep her busy with something until she forgets"*.

Another participant said about her baby sister, *"She is always calling Mama … Mama? She doesn't understand that Mama has passed away"*. Another participant said, *"I envy the neighbours' children and my brother does too, but I console him and urge him not to be envious of other people's things because at least we are getting social grants, even though the money is not enough, its better than nothing"*.

3.7.1.4 *Providing discipline and structure within the home for younger siblings*

The researcher discovered that when parents die, family structures collapse. However he found out that in most child-headed households, child heads of families do their best to keep the family together by instilling discipline within the home for younger siblings.

When asked how it is for her to be the head of the family, one participant said, *"It is difficult especially because I am a girl, and I live with little naughty boys, who don't listen to me sometimes. Sometimes when there is no food they steal from the neighbours. They steal all the time. At school they complain about their stealing. They fight other children … they steal from the local café. They are always in trouble and I have to solve all their problems"*. Another participant however said, *"I am very fortunate because they (siblings) are very disciplined. They listen to me"*.

After the death of parents some families get disorganised but most orphans who take the role of head of the household do whatever it takes to keep their families together.

3.7.1.5   ***Taking control of the decision-making process in the orphaned child-headed family***

The orphaned heads of the households are often faced with the situation where they have to take decisions on behalf of their siblings. This poses as a serious challenge but they manage the decision-making process very well. They also have to deal with the management of conflict, especially between siblings.

After the death of their parent one participant said, ***"I will remain with my family. It is my parents' home; we will remain in our family home. There is nothing we can do"***. When he was asked about his frustration he said, ***"I don't want us to be divided. I wish we could have everything we want and not run out of anything because once we run short of something, like say we've run out of grocery – we get divided because everyone goes out his or her way to look for food. We end up not communicating well because each one of us has to fend for himself/herself. I hate this division. We have to deal with, and manage conflicting situations at times. I have to work in order to take care of the needs of their siblings"***. One participant indicated, ***"I sometimes do domestic work … I do the ironing or my neighbours' laundry and they pay me or give me second-hand clothes"***. Another participant said, ***"I do piece-jobs. I work for people in their gardens, I wash their cars and they give me money and food"***.

3.8   **CATEGORY 3:   PHYSICAL NEEDS**

3.8.1   **Orphans in child-headed families experience great physical needs related to the inability to obtain adequate financial means to fulfill in these needs**

Louw, Edwards and Orr (2001: 25) argue that when a parent dies of AIDS the family will be faced with many economic problems. A family that is already struggling financially can be set back

considerably should one of the family members fall ill or die of AIDS, or when a sick member returns home or when an orphan is taken in. If an adult is ill or dies of AIDS, the family income will be severely affected.

Orphaned learners may face financial hardships and have difficulties with school fees, uniforms and books (Louw, Edwards and Orr, 2001: 25). Factors such as caring for a family member and funeral costs will cause extreme stress if the family resources are already stretched to the limit.

3.8.1.1   *Lack of food, clothing, blankets and furniture*

Priority needs from the point of view of the orphans themselves are basics such as food, clothing, blankets and furniture. According to the report by '*Nelson Mandela Children's Fund Report*' (2001: 26) many of the children are helpless and unable to think of ways of fending for themselves or coping with the uncertainty regarding where the next meal would come from. They (orphans) tend to look up to the child head "to make a plan", especially in respect of providing the meals – this put a great deal of pressure on the child heads. By and large, these children relied on the goodwill of neighbours to survive.

In a limited number of cases, child heads performed piece jobs (washing cars, polishing shoes) or sold vegetables in order to support their siblings. Some of the children made themselves available to run errands for sympathetic neighbours for payment in kind. Such payment was mainly in the form of food. Many went begging for food on a daily basis or were given food by the parents of the children with whom they played.

One of the participants said, when she was asked how she was earning her living, ***"Sometimes the aunt next door gives us something to eat. I also do other people's laundry and clean their houses and they give me money, sometimes even clothes and food. The granny next door also helps us. She sends me to the shop and I clean her house"***.

Food is their most immediate basic need. One participant indicated that her baby sister often cries. She said, ***"She sometimes cries when she is hungry and you find there is nothing to eat"***.   Another

participant said, *"We are suffering a lot. Most of the time we don't have food to eat. We only eat at school"*.   Another one said, *"Sometimes there is nothing to cook or to eat. We just sleep. At least they (siblings) eat at school.   There is a feeding scheme at school"*.

One of the participants also said, *"After my mother's death, the furniture shops repossessed some of the furniture because we could not pay. We don't have a fridge. It is gone. Sometimes we don't have food to eat, but at least my two brother get something to eat at school, and sometimes they also get clothes"*. He furthermore said, *"The school is very good to us. Sometimes they give us groceries and second-hand clothes"*. One of them said, *"I can't afford to pay for electricity. Every cent I get counts. I use it for food. I cannot even buy new clothes. But at least we sometimes get clothes from the school and the church"*.

Their other basic need is blankets. Some of the orphans utilise their social grants to purchase clothes, food and blankets. When asked what he does with the money he gets from the social grant one of the participants replied, *"We buy food, clothes and blankets. We get very cold in winter. We don't have enough blankets.   When it is very cold we suffer. We sleep in our clothes and we sometimes have to cover ourselves up with rags. Some of our relatives took our blankets, food and my late mother's clothes after the funeral.   We are left with nothing"*.

3.8.1.2   *Inaccessible and unavailable health care services*

Section 27 (1) (a) of the Constitution of the Republic of South Africa (1996) provides that everyone has the right to have access to health care services including reproductive health care.

According to Strode and Grant (2001: 48), the children and youth also have the right to be treated only with informed consent. They can exercise this right on their own, if they are old enough, or their parents and guardians can exercise it on their behalf. Difficulties however, arise in the situation of a child where there is no parent or guardian. The laws are quite confusing and complicated regarding who can consent in the case of a child where there is no parent or guardian. They may also be unrealistic – for instance requiring the consent of the Minister of Welfare may not be possible in reality.

One of the participants was clearly not aware that he could access health service centres like clinics for free. He indicated the following to the researcher: *"The grants are currently helping us at home, but when we are ill we cannot get help. But we drink some African herb called 'Umhlonyani'. We cook it in the port, and drink the water thereof. It is good for flu and coughing"*. Another participant wished he had a job so that he could take his brothers to the doctor when they were sick. He depended on the pills or medication they were offered by their neighbours when they were sick. When he was asked why he did not go to the local clinic he replied, *"At the clinic they only treat children who are accompanied by their parents. We don't even have cards. My mother used to take us to the clinic when we were sick. I have been looking for the clinic cards but I cannot find them. Some of the clinics are very far and sometimes when you get there you stand in long queues before you are attended to"*.

3.8.1.3   *Lack of essential services such as lights and running water*

According to Whiteside and Sunter (2000: 80), "Children who lose their fathers may lose financial resources". This is true with many child heads who struggle to make ends meet due to shortage of income to fulfill basic needs, including food and clothing.

One participant indicated, *"We do not have the lights. The municipality switched them off because we could not pay. But we are using candles. At least we have the water. We cook from a primus stove"*. The participant indicated that he uses every cent he gets on food. There is usually nothing left to pay for municipal services.

3.9   **CATEGORY 4:   EXTERNAL ENVIRONMENT**

3.9.1   **The role of the external environment of the orphans in child-headed families, affecting their experiences either empowering or disempowering (positive or negative) has an effect on their lives**

Models for care and support, using a multi-disciplinary approach, are often plagued by one or more of the following problems:

Services are duplicated because there is insufficient communication between the various departments and organisations. Aims and objectives are not set according to specific needs. Mistrust and antipathy exist between partners. They protect their own vested interests, especially if money is involved. Inconsistent or bad management is also a problem. Departments and organisations are understaffed and cannot keep up their involvement. Various groups who want to deliver a service overwhelm schools. Other problems are recruiting and maintaining commitment from volunteers, access to resources and insufficient funds to sustain the intervention. Basic services are suspended due to the lack of transport, stationery and telephone and fax facilities (Louw, Edwards and Orr, 2001: 99-100).

These models for care and support are aimed at assisting orphans but often they become barriers that disempower them.

3.9.1.1 *Formal and informal support systems presently sporadically available to the orphans of child-headed families*.

Support is sometimes available to orphans in child-headed households. The support systems are however irregular. These children get the support in a sporadic manner.

- **Government grants and social services**

  Some of the participants were receiving grants but some of them were not aware of mechanisms or support structures that were engaged in assisting vulnerable children in their respective areas. Some participants were neither aware of child care grants from the government or did not know how to access them. Sometimes they are discouraged by the red tape when applying for government grants. One participant said, ***"I don't know how to apply for a grant. The aunt next door advised me to get an identification document first, but I don't have a birth certificate. It is not easy to get an identity document if you don't have a birth certificate"***.

- **Social workers**

  One of the participants said, *"The social worker helped me to apply for an identity document.   She also helped my two little brothers to access grants"*.

- **Neighbours, family and helpful individuals**

  Some of the participants depend on the generosity of neighbours for food and clothes. One of the participants said, *"Our neighbours are very kind.   They often give my baby sister bread or soft porridge, and they also buy us some bread sometimes"*. Another participant said, *"Sometimes the aunt next door gives us something to eat"*.

- **Ancestral belief system**

  Some participants have a strong belief in their ancestors. One participant said, *"Life will be better one day.   Our ancestors are watching over us"*. Another one said, *"She (the deceased mother) said she would look after us. I am sure she is looking after us"*.

- **Individuals**

  "One of the participants referred to the help he receives from a local businessman: *"He is always helping us. He said if we were serious with our schoolwork he would help us. He is a very kind man.   He pays our school fees"*.

- **Feeding schemes provided at schools**

  Some children depend entirely on the feeding schemes provided at primary schools. One of the schools in the Zithobeni Township, Vezulwazi Primary School started a "soup at school" project. The school provides about 300 learners with an afternoon meal.

3.9.1.2   Disempowering community practices toward orphans in child-headed families

Orphans in child-headed households sometimes experience disempowering community practices like stigmatisation and marginalisation towards them. They are sometimes also experiencing rejection from their extended family members.

- **Stigmatisation and marginalisation**

    Orphans in child-headed families sometimes have to grapple with the stigma and discrimination often associated with AIDS. One of the participants remarked, ***"Our neighbours don't like us since our mother's death. They say she died of AIDS. Their children have also been told not to play with my little brother and my little sister"***.

    Another participant said, ***"We just minimise on our meals because neighbours used to help us but now they gossip about our state of affairs and this hurts us. People come and tell us. We don't know whether what they say to us is the truth or lies. So if we have problems, we try to solve them ourselves because neighbours don't treat us well. Other children at school discriminate against them"***. The participant also said, ***"If your uniform is not good other children laugh at you. They make you feel stupid and dirty. I don't have any friends like other children do"***.

- **Rejection from the family**

    According to the *Nelson Mandela Children's Fund Report* (2001: 20), extended family structures that have remained resilient over years cannot be assumed to remain resilient in the face of overwhelming orphan numbers, shrinking numbers of potential caregivers and overstretched financial and other resources.

    Other hurtful problems which cut very deeply relate to the social stigma attached to AIDS orphans and the resultant rejection and social isolation by friends and the broader community, including the extended family (*Nelson Mandela Children's Fund Report*, 2001: 20).

One participant was asked why his family did not live with their relatives and he replied, *"I don't think they want us. After my mother's funeral, they never visited us. They don't care about us"*. Another participant also indicated something similar. He said, *"After my mother's burial, my father came home with us but after a month he also passed away. After my father's funeral, my other relatives never visited us"*.

- **Exploitation: Sexual abuse**

Additional problems identified by the researcher relate to the children's vulnerability to physical and sexual abuse by neighbours and relatives.

One participant remarked that she would not live with her uncle because every time he visited her he wanted to touch her breast. She said, *"He wants to touch my breast. But I refuse. You see, that's why we can't stay with him. He's not right. He's supposed to take care of us but he does funny things"*. The uncle only stopped when the participant warned that he would report him to his wife and to the police. The uncle then stopped to provide them with groceries. The participant said. *"He stopped because I wouldn't allow him to touch me"*.

3.10 **CONCLUSION**

This chapter presented the results of the lived experiences of orphans in child-headed households in the Bronkhorstspruit area.

The central theme, categories and sub-categories were described detailing the participants' experiences after the loss of their parents. However, there were commonalties amongst the young people who are exposed to the hardships of taking up adult responsibilities at tender ages, when they still needed an opportunity to play and to do all other things that children of their age would normally do.

The findings of this study provide an in-depth description of the lived experiences of orphans in child-headed households and provide greater understanding and insight into the experience of the participants. The study details their self-sacrifice, emotional turmoil, role changes and their increased responsibilities, their needs and the problems they encounter. The study also provides understanding on the formal and informal support systems present within communities.

CHAPTER 4   GUIDELINES AND RECOMMENDATIONS

> *The world is not big enough to record human miseries.*
>
> *If all the mountains were books and if all the lakes were ink and if all*
>
> *the trees were pens, still they would not suffice to depict all the misery in the world*
>
> *Jaccob Boehane*

4.1   INTRODUCTION

This final chapter presents a description of the guidelines and recommendations for orphans living in child-headed households based upon the results of the study. The objectives at the start of the research were to explore and describe the lived experiences of orphans living in child-headed households in the Bronkhorstspruit area. The objectives were also to establish psycho-educational guidelines to assist the orphans to cope with the effects of the situation in order to facilitate their mental health. Therefore, guidelines have been formulated according to the central theme and the categories and sub-categories that were identified during the analysis of the results.

This chapter will additionally evaluate the study in terms of the strengths and weaknesses of the research and indicate suggested directions for future research. It is hoped that the findings of this research study will make a positive contribution to the lives of orphans living in child-headed households by stimulating sensitivity to their plight, special needs and rights and to harness some help for them from the government and other role players within the community.

The following section outlines various guidelines and recommendations that have been formulated to assist the orphans living in child-headed households in coping with the effects of their situation and in order to facilitate their mental health. These guidelines have been created based upon the results of the study and the central theme, and the categories and sub-categories that were identified.

4.1.1   **What can be done to assist orphans in child-headed households?**

Orphans in child-headed households are vulnerable and they need a variety of responses to address their plight. These responses are described hereunder.

4.1.1.1   Educational response

According to the *Nelson Mandela Children's Fund Report* (2001:38) on a study into the situation and special needs of children in child-headed households, there is evidence that the education system does not apply a uniform approach to the situation of orphans. Whereas some school authorities use their discretion to exempt orphans from such obligations as paying school fees, others seem to be impervious to the special circumstances of these vulnerable children. There is, therefore, an urgent need to engage the Department of Education in this regard.

A number of schools are not transparent about the exemption policy and orphans are often forced to pay school fees from the meagre government social grants they receive. The study has shown that some of the orphans drop out of school because of lack of financial support to meet the financial demands of the schools. The *Nelson Mandela Children's Fund Report* (2001: 25) indicates that AIDS orphans are more likely to drop out of school. According to the report, the child heads were in many instances compelled to leave school in order to fend for the siblings or to ensure that the siblings continue with their schooling.

One of the findings to emerge from this study is that all the participants showed a very strong inclination to want to continue with their schooling and would remain at school for as long as it was feasible to do so. They appeared to be far more conscious of the value of education to ensure a better future for them and would battle against all odds to remain at school.

A clear advocacy programme to ensure that orphans, especially those living in child-headed households, are taken care of must be driven forcefully by the Department of Education. Increased morbidity and mortality due to the HIV/AIDS epidemic in South Africa necessitates the examination of policies for the protection and support of school age children. Intersectoral collaboration is utmost important in dealing with issues of orphans in child-headed households.

Some of the orphans however stay away from school due to lack of parental guidance and encouragement, and some stay away due to the heavy domestic responsibilities they have to do before going to school. It would help a great deal if an adult person came to live with them in their home rather than for them to be removed to live with relatives.

Children are being held back, expelled, teased and discriminated against because they are unable to pay school fees. Free education should be accessible to children living in poverty. In addition to this, subsidised or free school uniforms, school shoes and stationery are needed for children who cannot afford to purchase them. The researcher discovered that some of the children were orphaned as a result of their parents dying from AIDS-related illnesses, and such children need care and support.

Kelly (2002: 85) argues that AIDS has become virtually unmanageable, and that one should not get anything similar happen with orphans. This is a special challenge at the moment not only for the Department of Education but also for universities, colleges of education and individual schools. Kelly (2002:85) suggests that collectively they must device an adequate educational response to ensure that in imaginative and creative ways children orphaned by HIV/AIDS, or vulnerable for any other reason, can be educated in a way that will help to compensate them for their human loss while preparing them for a full and satisfying human life. Kelly (2002:85) also lists a number of issues that the education sector needs to pay attention to as an attempt to address the intellectual needs of AIDS orphans and vulnerable children. Amongst the listed issues are the following:

- Ensuring that children of school-going age in communities seriously affected by HIV/AIDS have the opportunity and financial means to receive education of a good quality.

- Paying particular attention to the school and educational needs of girls who are frequently required to assume a disaproportionate share of responsibilities associated with caring for siblings and parents who are ill.

- Supporting community pre-school facilities and programmes with a view to giving older siblings the time and opportunity to attend school.

- Supporting community schools and other innovative forms of educational provision for orphaned and disadvantaged children.

- Making use of information and communication technologies, including interactive radio and other forms of distance education, with the twofold objective of bringing education out to children who are unable to come in to school and of providing some compensation for the AIDS-related loss of qualified educators.

4.1.1.2 *Family reunification programme and institutionalised care*

Dhlomo (2001: 53-54) suggests that the local government and Non Governmental Organizations (NGO's) should lead the process of reviving extended family units. She argues that in African cultural traditions it is seen as shameful and undignified to have children turn to strangers for help while parents' sisters and brothers become bystanders. These children need to be embraced within a family unit. Nieces and nephews should be able to find a home within families. Dhlomo (2001:53-54) acknowledges the fact that such an approach will be more feasible in rural than in urban settings. She argues that the culture of the family unit is part of African tradition, and that it is a matter of resuscitating this to suit urban settings.

This study has argued that the integrity, capacity and efficacy of the extended family as a social support network is being undermined by factors such as social upheavals, poverty and over-stretched resources. Dhlomo (2001:54) however suggests guidelines for a family reunification programme, which should be facilitated by local government. These, according to Dhlomo (2001:54), should include the provision of services, and should take into account local cultural, environmental, economic and political factors. This, she argues, must be done in partnership with the community, and the community must feel it owns the programme.

Given their experience and resources, Dhlomo (2001:54) suggests that NGO's should implement such programmes with local governments playing a monitoring role. According to Dhlomo, NGO's should be encouraged to submit proposals in a competitive way, and those who have a clear

programme should be given the responsibility. Central and provincial governments should play a supportive role and provide resources, including finance. The monitoring role of the local government should also be to ensure that orphans are not exploited by the Non Governmental Organizations (NGO's) and their extended families. Dhlomo (2001: 55) suggests that guidelines should remain flexible and fluid to allow changes that suit particular communities.

This study has revealed that some of the orphans would not prefer to live with their relatives, but to hold on to the assets left for them by their deceased parents, and to take care of one another in their own homes. Such children must not be forced out of their homes but should be encouraged to accept an adult relative to live with them, or to be monitored by a paid foster parent.

Crewe (2001: 13) argues that the capacity of families to cope with their problems should be strengthened. She suggests that community based responses should be stimulated and strengthened and that governments should protect the most vulnerable children. According to Crewe, one must build capacity for children to support themselves and create an enabling environment for the development of appropriate responses.

Crewe (2001: 13-16) argues that if there are no homes and no extended families – or if those extended families are too poor to take the children in – then the question of institutionalised care should be revisited. One should not rely on families or communities that are enormously fractured. According to Crewe, such children will be better off than being placed in overcrowded, emotionally and economically stretched family units. She argues that orphans would be in care that ensured security, warmth, love, affection and socialisation.

Michael (2001: 27-28) argues that a policy is needed. This policy should ensure that children are cared for within communities and wider family structures. Given the importance of good health, nutrition, and mental and cognitive development in childhood, Michael argues that government and urban institutions must provide quality services – including education, health, water and sanitation to orphaned and vulnerable children.

4.1.1.3 *Psychological response*

Children's mental health is an important, though neglected problem. Counseling at school is potentially critical for orphans living in child-headed households and other vulnerable children to ensure their adequate growth and development. The physical and mental health of such children needs to be prioritised. There should be strong functional integration of the roles of service providers at district level so that more can be achieved with available resources. Most importantly, political support is needed for intersectoral collaboration.

Orphans in child-headed households need emotional support, a sense of belonging, moral support and family discipline. They also need professional counseling. Some of them are very depressed because they are not getting parental love so they need a lot of love or someone to be there for them. They need parental guidance or some kind of adult presence. It would help if an adult would come to live with them in their home rather than for them to be removed and face the prospect of having to make adjustments in the new environment. Most of the participants preferred to live and take care of their own siblings in the homes left for them by their deceased parents.

According to Ayieko (1997: 10) the death of a father deprives children of male authority, a status symbol in many communities. However, the subsequent death of a mother further deprives the children of crucial emotional and mental security as well.

Peers and educators subject orphans to teasing and discrimination. This needs to be addressed through information and education. Children also need access to recourse if they feel discriminated against. The Human Rights Commission may be resourceful in assisting schools and communities with information and education pertaining to equality rights.

Schools can also play a meaningful role in giving care and support to orphans who are in distress. Care and support lies within the heart of each educator. By displaying a willingness to assist, even if it is only by giving emotional support, the educator can alleviate a lot of stress.

Labuschagne (1998:4) suggests the following guidelines for educators:

- Assure the children that one is available if they want to talk.
- Communicate in a sensitive way (establish a relationship of trust).
- Build a positive self-esteem by giving positive feedback honestly.
- Make opportunities for creative self-expression through art or drama.
- Initiate group activities for all the children. Infected and affected children are inclined to isolate themselves.
- Never tell the class the child's secret.
- Do not make the infected or affected child conspicuous by giving too much attention.
- Be fair and discipline if necessary.
- Make time in the afternoon to talk to the child.

There is a need for a more proactive and decisive government intervention that specifically targets orphans and other vulnerable children. The Department of Education needs to deploy psychologists and social workers at schools or alternatively have them work in clusters of schools to improve the efficiency of the social welfare system and offer more proactive service.

What this study has noted is that the children from child-headed families lack guidance as they have no one to give them a sense of direction. They do not have a role model at home so they adopt less desirable values. The stigma carried by these children is a big problem. The community isolates them and they respond by isolating themselves from the community. Parents discourage their children from playing with kids from child-headed families because they are believed to also have AIDS. One participant said, ***"Some children don't want to play or mix with us. They say we have AIDS"***.

Educators are already overloaded with other responsibilities like preparing lessons and activities, marking assignments and tests, extra-curricular activities, and are not always able to assist orphans and vulnerable children with counseling and guidance. This job of counseling can be best performed by professional people like psychologists and social workers, and their deployment to schools will enable educators to do what they have been trained to do – to teach.

According to Chirambo and Caesar (2003: 23) the circumstances of becoming orphans as a result of AIDS pose particular psychosocial challenges for children. They suffer multiple bereavement through the loss of one or both of their parents, siblings and extended family members and these losses are usually preceded by long periods of illnesses. Their experiences include disempowerment when witnessing the parent's physical deterioration, pain and death (especially if the child is also the caregiver). They also feel anxious that their source of livelihood and their ability to retain the family home after the parent's death is under threat.

*4.1.1.4   **Principles of home/community based care and support in relation to children***

According to Mabetoa (2002: 8), community based care ensures the provision of a continuum of care and normalisation of services for children who have become vulnerable due to HIV/AIDS. It ensures that children who are affected by or infected with HIV/AIDS have access to integrated services, which address their basic needs for food, shelter, education, health care, family or alternative care and protection from abuse and maltreatment.

The following basic rights of children must be protected: Mabetoa (2002: 9)

The best interest of the child should be the deciding factor in all decisions regarding the care of any child. Young people at risk (and their families) should have access to a range of differentiated services on a continuum of care. Children should, as far as possible, remain in their homes or communities of origin to avoid further trauma related to the loss of their parents. Family capacity building and access to a variety of appropriate resources and support should be of primary concern to service providers. All young persons should be provided with the opportunity to grow up in their own families and where this is proved to be not in the best interest of the children or not possible, to have a time-limited plan which works towards lifelong relationships in a family or community setting. Orphans must not be targeted in isolation from other vulnerable children. As in the case with all

vulnerable children and their families, they should be exposed to normal challenges, activities and opportunities, which promote participation and development. Services should be intersectoral and delivered by a multi-disciplinary team wherever appropriate. Programmes focusing on vulnerable children must ideally be linked to a specially formulated development programme for each child and their needs.

According to Dlamini (2004: 22) many children in need of care and protection often go unnoticed by the social security system. Those communities, which do not have regular access to social workers often, have little or no understanding of how to access social security grants or legal processes which may assist those children in need. The early identification of such children is therefore one of the most important responses by the government and the NGO's.

Dlamini (2004: 22) further argues that interventions to identify children in need of care should be community-based as they are best placed to know which households are affected and what sort of help would be appropriate.

4.1.1.5   *Ensure that government protects the most vulnerable children through the provision of essential services*

According to the *Nelson Mandela Children's Fund Report* (2001: 19), there appears to be a proliferation of individuals who claim to be NGO's dealing with children. Some also claim to be under their care and use these children to solicit financial support. These people commercialise the plight of vulnerable children – their objective being to exploit the situation of vulnerable children for financial gain.

The report also indicates that government is not seen to be particularly helpful in facilitating the provision of social welfare services (for example, **speeding up applications for grants**). Neither is government seen to be visible and proactive in collaboration with other role players and in communicating how social services can be accessed. Overall, social welfare services were considered to be difficult to access due to red tape (for example, **documentation requirements, verification of the status of applicants and would be beneficiaries**).

Many of the children were not aware that they could apply for grants. Those who were aware knew that they would require the intervention of a social worker to alleviate their plight. They, however, were not in a position to initiate this process without the assistance of an adult.

The following can be done to alleviate problems encountered by orphans living in child-headed households:

- Information campaigns aimed at increasing access and decreasing corruption. Information should be disseminated through the media, community forums, government and parastatal institutions and civil society structures like NGO's, unions, civic associations, street and ward committees.

- Build-in safety nets for people caring for infected/affected people through various options. Examples are the following:

  - Family support assistance for children over seven years of age.
  - Foster care grants for foster parents.
  - Ensure that government protects the most vulnerable children through the provision of essential services and infrastructures.
  - Access to government financial support services such as the child support grant.
  - Monitoring and evaluation services.

4.1.1.6   *Create an enabling environment for affected children and families*

In terms of South African law, children are regarded as having limited capacity to act on their own because of their age and vulnerability. Whilst this principle is gradually being undermined as there is a greater acceptance of the concept of child participation it continues to place children at a legal disadvantage.

According to the research report by Ann Strode Consulting CC and Nonkosi Development Services CC (2003: 20), children continue to need the assistance of an adult until they are 21 years of age.

This affects, amongst other things, the ability to:

- enter into contracts, for example, lease agreements or hire purchase arrangements;
- consent for medical treatment (children under the age of 14 need assistance in consenting to medical treatment and children under the age of 18 need a parent or guardian to consent to an operation on their behalf); and
- attend certain school functions or apply for school fee exemption.

Orphans in child-headed households are already taking increased adult responsibilities. Therefore, legislation pertaining to such children needs to be revised to accommodate those who, by virtue of their age, are unable to freely, and on their own access social services such as health care and welfare services, or enter into agreements and be able to apply for school fee exemption. Government needs to minimise its bureaucratic administration systems particularly for orphans and vulnerable children so that they can easily access social welfare services.

Orphans and vulnerable children need to be empowered through life skills programmes. Informal and alternative education options for older children need to be supported.

4.1.1.7 *Institutions, the community and the family*

Crewe (2001:13) argues that nobody disputes that the place for children is in the home. However, if there are no homes and no extended families – or if those extended families are too poor to take the children in – then one has to look very seriously at what one's romancing of the situation means. Crewe (2001:14) further argues that it is a romantic notion to think that families, and communities can deal with these children. This issue should be addressed and one should move away from the notion that there is an existing and intact extended family system. Many people, according to Crewe (2001:16), argue against institutionalised care on the basis of previous failures. The question Crewe (2001:16) asks is, "But why would they have to be more dreadful than the hunger and the overcrowding in the emotionally and economically stretched family units?". According to Crewe (2001:16-17) communal care could be assigned to a whole range of existing institutions, ensuring that

they are embedded within communities. The extended family could still hold the primary responsibility for the children, but the orphans should be in care that ensures security, warmth, love affection and socialisation.

The children could move between two homes in the community in which they are living, and the family to which they belong. In this way, they will be provided with a choice. Some of the findings of the study indicate that the orphans were socially and sexually exploited, and in some cases, even rejected by family members. In such cases orphans will have an option of staying within the confines of a safe environment within the established institution in the community. Institutions need to be established to socialise orphans. It does not matter whether such institutions are state institutions or whether they are in the form of some kind of collective institutionalised housing. What matters is that orphans are housed, fed, socialised and loved. The community can still be involved in such institutions. School buildings and boarding facilities that are no longer utilised can be used for the purpose of housing orphans. Some schools with small learner enrolment are being closed down and some are merged with bigger ones and the buildings stay empty and unutilised. Such structures can be ideal to house such orphans. These ideas do not contradict the ideas raised in paragraph 4.1.1.2. They merely compliment one another in cases where the other is not feasible.

According to Chirambo and Caesar (2003: 23), it is not the status of being a particularly vulnerable orphan that increases children's vulnerability to optimistic criminal activity but rather the social and economic conditions of being without parental guidance, control and role models to assist in fostering a democratic culture and social welfare, education and health services. This compounds their economic and socially vulnerable position within society and increases children's marginalisation within society.

4.2   EVALUATION OF THIS STUDY

The study evaluated the strengths gained and also suggested or recommend issues for further research focus. Recommendations on what could be done were also outlined.

4.2.1 **Strengths**

This study provided an in-depth description of what the lived experiences of orphans living in child-headed households in Bronkhorstspruit area. The study also provided certain possibilities on how these orphans can be assisted to cope with the effect of their situation in order to facilitate their mental health. The qualitative approach to the study facilitated a detailed investigation into the plight, special needs and rights of these orphans and vulnerable children. It also generated a number of guidelines and recommendations for intervention strategies to alleviate the plight of these children. The study furthermore facilitated a deeper understanding into their lived experiences and their way of life. It is hoped that this can assist national and provincial governments through their different departments, NGO's and the communities, local governments, therapists, educators and counselors in the effective assistance of orphans living in child-headed households.

4.2.2 **Limitations**

The research was conducted in Bronkhorstspruit only. The researcher did not include other race groups. Therefore the research findings are contextualised within the area where the research fieldwork was conducted; hence the results of the qualitative research are not value-free.

4.2.3 **Suggestions for future research**

It is suggested that further research focuses on the following issues:

- Resuscitating the extended family safety net through government intervention strategies.
- Compilation of statistics per urban/rural and provincial areas for planning purposes in respect of the number of orphans living in child-headed households.
- Institutionalised care and support through the use of school boarding facilities.

4.3   CONCLUSION

The study aims to look at what the lived experiences of orphans living in child-headed households in Bronkhorstspruit are, and how they can be assisted to cope with he effects of their situations in order to facilitate their mental health. Within the broader theoretical context of the research study an attempt has been made to understand and describe the experiences of child-heads assuming adult responsibilities, taking care of siblings and house chores, their emotional turmoil, self-sacrifice, role changes, their needs and their support systems.

AIDS THE MERCILESS KILLER

BY Gregg Masondo

You were unknown till yesterday
Your origin, still a mystery
Like a thief in the cloak of the night,
You came and pronounced your presence.
Like veld fire you flourished,
Spreading your tentacles to all,
Young and old, rich and poor,
Our best men with you do go.
You know not the colour of man.
You know not race, age or sex
Age is not, and will not concern you,
Who am I to challenge you?
Why do people not heed the call,
To refrain from exchanging blows with you?
Obviously you'll be crowned the champ.
Carelessly man goes on unprotected,
And when you hit, it hurts most.
Children untimely turned orphans,
Parents made widows and widowers.
Where do you come from merciless creature?
Our sons and daughters never given a chance
To enjoy the pleasures of life.
Who will tell the world to listen and be safe?

Who will change the minds of the Thomases?
Is this the genocide of man?
Or are we still waiting for the trumpet sound?
AIDS the merciless killer, feared by some, ignored by many.
A messenger of death turning man to nothing
We have seen your friends pneumonia and tuberculosis.
Yes, your friends Ebola and Cancer, all dreadful,
But you, the master, are mightier than all
Our bright men try to fight you,
yet you win friends everyday.
From pleasure you are contracted,
Ironically, pleasure turns to sorrow,
Men are reduced to babies.
The process is long and heart breaking,
And when the time comes, you give no warning.
Friends we have lost, who's next?
AIDS, the unfriendly merciless killer!
Some think you are a fake,
Pretending not to know your venom
When daily you summon some to heaven or to hell.
Soon they will realise,
That you are AIDS, the merciless killer!

BIBLIOGRAPHY

ABT Associates, Incorporated. (2000). *The impending catastrophe! A resource book on the emerging HIV/AIDS epidemic in South Africa. Prepared for love life Campaign* (www.lovelife.org.za).

Ayieko, M.A. (1997). *From single parents to child-headed households: The case of children orphaned by AIDS in Kisumu and Siaya Districts*. Available from:
http://www.undp.org/hiv/publications/study/english/sp7e.htm

Birch, J. (1997). *A development psychology*: London: Sage.

Botes, A. (1993). *The writing of a justifiable research proposal.* Johannesburg: Rand Afrikaans University.

Botes, A.C. (1993). *A model for research*. Johannesburg: Rand Afrikaans University.

Breakwell, G.M., Hammond, S. & Fife-Schaw, C. (Editors). (1997). Research methods in psychology. London: Sage.

Chirambo, K. & Caesar, M. (2003). *Aids and Governance in Southern Africa; emerging theories and perspectives*. Pretoria: IDASA.

Clacherty, G. (1999). *Education for democracy*. Scarborough: The Teacher Trust.

Constitution of the Republic of South Africa (Act 108 of 1996). Pretoria: Government Printers.

Creswell, J.W. (1994). *Research design. Qualitative and quantitative*. London. Sage.

Crewe, M. (2001). *Others will not save us. AIDS Orphans in Africa: Building an urban response.* Cape Town. Creda Communications.

Delaney, A. (2001). *The children in distress (CINDI) network: A critical reflection.* Durban: University of Natal.

Denzin, N.K (1989). *Interpretive interactionism.* London: Sage.

Denzin, N.K. & Lincoln, Y.S. (1994). *Handbook of qualitative research.* London: Sage.

Department of Education. (1996). *National Education Policy Act (Act 27 of 1996). National Policy on HIV/AIDS, for learners and educators in public schools, and students and educators in further education and training institutions.* Government Gazette No 20372. Pretoria: Government Printers.

Department of Education. (2002). *Conference on HIV/AIDS and the education sector together the education confliction against HIV/AIDS.* Pretoria: Department of Education.

Department of Social Development. (2000). *National guidelines for social services to children infected and affected by HIV/AIDS.* Pretoria: Department of Social Development.

De Vos, A.S. (1998). *Research at grass roots: A primer for the caring professions*. Pretoria: J.L. van Schaik.

Dhlomo, S. (2001). *HIV/AIDS orphans: Building an urban response to protect Africa's future.* Cape Town: Creda.

Dlamini, P.K. (2004). *A description selected interventions for the care of orphans and vulnerable children in Botswana, South Africa and Zimbabwe.* Cape Town: HSRC.

Doyle, M. (1966). *Psychology.* Columbia University Press.

Erickson, F. (1990). *Research in teaching and learning. Volume 2. Qualitative method.* New York: Macmillan.

Field, P.A. & Morse, J.M. (1994). *Nursing research. The application of qualitative approaches.* London: Chapman & Hall.

Gerdes, L.C., Ochse, R., Stander, D. & Van Ede, D. (1981). *The developing adult*. Pretoria: Butterworths.

Giese, S. (2002). *A summary of the education-related issues raised at the national children's forum on HIV/AIDS 22-24 August 2001, prepared for the minister of education's conference on HIV/AIDS and the education sector: "An education coalition against HIV/AIDS" 30 May to 1 June 2002.* Cape Town: University of Cape Town.

Giorgi, J.B. (1986). *Nursing theories. The base of professional practice*, 2nd edition. London: Prentice Hall.

Glesne, C. & Peshkin, (1992). *Becoming a qualitative researcher – an introduction.* New York: Longman.

Gubrium, J.F. & Sankar, A. (eds). (1994). *Qualitative methods in ageing research.* USA: Sage.

Hamber, B. & Lewis, S. (1997). *An overview of the consenquences of violence and trauma in South Africa-Centre for the study of violence and reconciliation.* Available from: http://www.csvr.org.za/papers/papptsd.htm. (accessed 05 November 2004).

Hjelle, L.A. & Ziegler, D.J. (1981). Personality theories: Basic assumptions, research and applications. Auckland: McGraw-Hill Book Company.

Hybels-Steer, M. (1995). *Aftermath: Survive and overcome trauma.* New York: Simon & Schuster.

Jordaan, W.J. & Jordaan, J.J. (1984). *Man in context*. South Africa. McGraw-Hill.

Kelly, M.J. (2002). *Defeating HIV/AIDS through education. Conference on HIV/AIDS and the education sector- together the education coalition against HIV/AIDS.* 1 June 2002. Gallagher Estates, Midrand: Department of Education.

Kothari, C.R. (1990). *Research methodology: Methods and techniques.* New Delhi: Wishwa Prakashan.

Krefting, L. (1990). Rigor in qualitative research: The assessment of trustworthiness. American Journal of Occupational Therapy, 45(3): 214-222.

Kvale, S. (1983). *The qualitative research interview:* a phenomenological and harmeneutical mode of understanding. Journal of Phenomenological Psychology, 14: 171-196.

Labuschagne, T. (1998). *A guide for the effective management of child sexual abuse. Hands off - say no to child abuse-alliance.* Johannesburg: Community Chest.

Lehmann – Hampt, C. (1982). *Concise Columbia Encyclopedia* (2nd edition). Columbia University Press: New York.

Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic inquiry.* London: Sage.

Louw, N. Edwards, D. & Orr, J. (2001). *HIV/AIDS: Care and support of affected and infected learners: A guide for educators.* Pretoria: Department of Health.

Mabetoa, M. (2002). *Discussion document on home/community-based care and support for the conference on children, HIV and poverty in Southern Africa on 9 and 10 April 2002, Human Science Research Council Building. Pretoria.* Unpublished Conference Presentation.

Maponya, F. (2005). *Cop pockets child support grants.* Sowetan, 23 March 2005: 4.

Marshall, C. & Rossman, G.B. (1989). *Designing qualitative research.* Newsburg Park: Sage.

Marshall, C. & Rossman, G.B. (1995). *Designing qualitative research* (2nd Edition). Newbury Park: Sage.

Melville, S. & Goddard, W.D. (1996) R*esearch methodology.* Kenwyn: Juta.

Merriam, S.B. (1991). *A case study research in education qualitative approach.* San Francisco: Jossey Bass.

Merriam, S.B. (1998). *Qualitative research and case study applications in education*. San Francisco: Josey Bass.

Michael, K. (2001). *Understanding the urban impact of HIV/AIDS – associated orphanhood. AIDS orphans in Africa – building an urban response.* Cape Town: Crede Communications.

Mouton, J. & Marais H.C. (1990). *Basic concepts in methodology of the social sciences.* Pretoria: HSRC.

Mouton, J. (1996). *Understanding social research.* Pretoria: J.L van Schaik.

Nelson Mandela Children's Fund Report: (2001). *Report on a study into the situation and special needs of children in child-headed households. Nelson Mandela Children's Fund: Johannesburg.*

Omery, A. (1983). *Phenomenology: A method for nursing research.* Advances in Nursing Science. 5 (2): 49-63.

Peräkylä, (1997). *Reliability and validity in research based on transcripts. In qualitative research: theory, method and practice.* (Edited by Silverman, D). London: Sage.

Poggenpoel, M. (1993). *Phenomenological: Research summary.* Johannesburg: Rand Afrikaans University. (Unpublished article)

Polit, F.D. & Hungler, B.P. (1991). *Nursing research. Principles and methods* (4th edition). Philadelphia: J.B. Lippincot.

Reber, A.S. (1985). *Penguine dictionary of psychology*. London: Penguin Books.

Rogers, D. (1979). *The adult years: An introduction to ageing.* New Jersey: Prentice Hall.

Rogers, D. (1979). *The psychology of adolescence*. New Jersey: Prentice Hall.

Silverman, D. (ed.) 1997. *Qualitative research: Theory, method and practice*. London: Sage.

Sinclair, J. (Ed.). (1987). *The Collins Cobuild English Language Dictionary*. London: Collins.

South African Schools Act (1996). *(Act 84 of 1996).* Pretoria: Government Printers.

Strauss, A. Corbin, J. (1990). *Basics of qualitative research, grounded therapy, procedures and techniques.* London: Sage.

Strauss, A. & Corbin, J, (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory.* London: Sage.

Strode, A. & Grant B.K., (2001). The rights of children and youth infected and affected by HIV/AIDS. Pretoria: Save the Children.

Strode, A. Consulting cc & Nonkosi Development Services cc (2003). *The nature and extent of problems facing child-headed households within the Thandanami Programme.* Available on: htt.www.fineprint.com.

Tesch, R. (1990). *Qualitative research: Analysis types and software tools.* New York: Palmer.

Vrey, J.D. (1990). *The self-actualising educand.* Pretoria: University of South Africa.

Waters, M. (2005). *Launches policy on care of AIDS orphans.* Pretoria News, 8 March 2005: 5.

Whiteside, A. & Sunter, C. (2000). *AIDS the challenge for South Africa.* Human & Rousseau. Tafelberg.

Wilson, H.S. (1989). *Research in nursing.* California: Addison-Wesley.

APPENDICES

APPENDIX 1:

LETTER TO THE SOCIAL WORKER IN CHARGE AT THE SIZANANI VILLAGE IN BRONKHORSTSPRUIT

P.O. Box 79212

Mamelodi East

0122

28 September 2004

The Social Worker in Charge

Mrs Sharon Theron

Sizanani Village

BRONKHORSTSPRUIT

1020

Dear Mrs Theron

REQUEST FOR ACCESS TO INTERVIEW ORPHANS IN CHILD-HEADED HOUSEHOLDS

I am currently studying towards my Masters Degree in the Psychology of Education in the Faculty of Education at the University of Johannesburg. As a requirement for the attainment of my degree, I am involved in a mini-dissertation, supervised by Professor CPH Myburgh and professor M Poggenpoel.

My research focuses on facilitating the mental health of orphans living in child-headed households in Bronkhorstspruit, from a psycho-educational perspective.

I hereby request authorisation to conduct this research within the jurisdiction of your department and to invite applicable orphaned children who are heading their families, and who are under your care and support to participate in this research.

The research will involve in-depth and audio taped interviews with the participants, lasting for approximately one hour. A debriefing session will additionally be held with the participants if required. Data will be transcribed and analysed in conjunction with an independent coder and research supervisors.

I undertake to respect the rights, needs, values and desires of the participants. In order to protect the participants' rights, the following safeguards will be employed:

- Informed written consent is required.

- Participants must be legally and psychologically competent to give consent.

- Participants will be informed of the objectives of the study, data collection devices and activities and its potential impact on their lives.

- Verbatim transcriptions, written interpretations and reports will be made available to the participants. Participants will be provided with feedback of the results of the study.

- Participation is voluntary and the participants may withdraw from the study at any time.

- The study will be completely anonymous and confidential and the appropriate measures will be undertaken to ensure these criteria are maintained at all times.

- Audiotapes will be stored in a locked cupboard and unauthorised access to these will be prohibited.

- Once the study has been completed, all the audiotapes will be destroyed.

The findings of this study will be used to formulate guidelines and recommendations for the facilitation of the mental health of orphans living in child-headed households.

Please indicate your response to allow access to orphaned children who are heading their families and who are under your care and support, by completing the attached consent form.

Thank you for your time.

Kind regards

Gregory Masondo STD, FDE, B.Ed (Educational Management)
Advanced Diploma in Labour Law
M.Ed Candidate: Researcher

Study leaders
Professor CPH Myburgh
Professor M Poggenpoel

APPENDIX 2:
CONSENT FORM FOR THE SOCIAL WORKER IN CHARGE OF THE SIZANANI VILLAGE IN BRONKHORSTSPRUIT

CONSENT FORM TO ALLOW THE RESEARCHER ACCESS TO ORPHANS LIVING IN CHILD-HEADED HOUSEHOLDS IN BRONKHORSTSPRUIT (ST. JOSEPH CARE AND SUPPORT TRUST AT SIZANANI VILLAGE)

I (Name in full) …………………………………………………………………… have read and fully understand the request letter to allow the researcher access to orphans living in child-headed households in Bronkhorstspruit.

Please choose option 1 or 2.

1.   **I accept and give my consent to allow the researcher access to orphans living in child-headed households in Bronkhorstspruit,** *with the consent of individuals participating.*

     Signature _____   **Date**_____

Please provide your contact details, should I need to clarify or confirm any issues with you.

Phone numbers: _____

Your Organisation / Institution / Department: …………………..…………………………………..…
…………………..……………………………………………………………………..…………..

The number of years you have been involved with your Organization/Institution/Department: ……..…….

<div align="center">OR</div>

2.   *I do not give my consent to allow the researcher access to Orphans living in child-headed households in Bronkhorstspruit.*

Please state your reasons why you do not want to participate.
…………………..……………………………………………………………………………………
…………………..……………………………………………………………………………………

Thank you for responding.

Yours sincerely

Gregory Masondo   STD, FDE, B.Ed (Hons) (Educational Management)
                      Advanced Diploma in Labour Law
                      M.Ed Candidate: Researcher

APPENDIX 3:

LETTER TO THE CHAIRPERSON OF THE SCHOOL GOVERNING BODY OF THE SCHOOL WHERE THE PARTICIPANT IS A LEARNER

The S.G.B. Chairperson

Vezulwazi Primary School

P.O. Box 1008

BRONKHORSPRUIT

1020

Dear Sir/Madam

REQUEST TO INTERVIEW SOME LEARNERS

I am currently studying towards my Masters Degree in the Psychology of Education in the Faculty of Education at the University of Johannesburg. As a requirement for the attainment of my degree, I am involved in a mini-dissertation, supervised by Professor CPH Myburgh and Professor M Poggenpoel.

My research focuses on facilitating the mental health of orphans living in child-headed households in Bronkhorstspruit, from a psycho-educational perspective.

I hereby request authorisation to conduct this research within the jurisdiction of your school and to invite applicable orphaned children who are heading their families, and who are within the school you are governing, to participate in this research.

The research will involve in-depth audiotaped interviews with the participants lasting for approximately one hour. A debriefing session will additionally be transcribed and analysed in conjunction with an independent coder and research supervisors.

I undertake to respect the rights, needs, values and desires of the participants. In order to protect the participants' rights, the following safeguards will be employed:

- Informed written consent is required.

- Participants must be legally and psychologically competent to give consent.

- Participants will be informed of the objectives of the study, data collection devices and activities and it's potential impact on their lives.

- Verbatim transcriptions, written interpretations and reports will be made available to the participants.

- Participants will be provided with feedback of the results of the study.

- Participation is voluntary and the participants may withdraw from the study at any time.

- The study is complete by anonymous and confidential and the appropriate reassures will be undertaken to ensure these criteria are maintained at all times.

- Audiotapes will be stored in a locked cupboard and unauthorised access to these will be prohibited.

- Once the study has been completed, all the audiotapes will be destroyed.

The findings of this study will be used to formulate guidelines and recommendations for the facilitation of the mental health of orphans living in child-headed households.

Please indicate your response to allow access to orphaned children who are heading their families and who are under your care and support, by completing the attached consent form.

Thank you for responding.

Yours sincerely

Gregory Masondo   **STD, FDE, B.Ed (Hons) (Educational Management)**
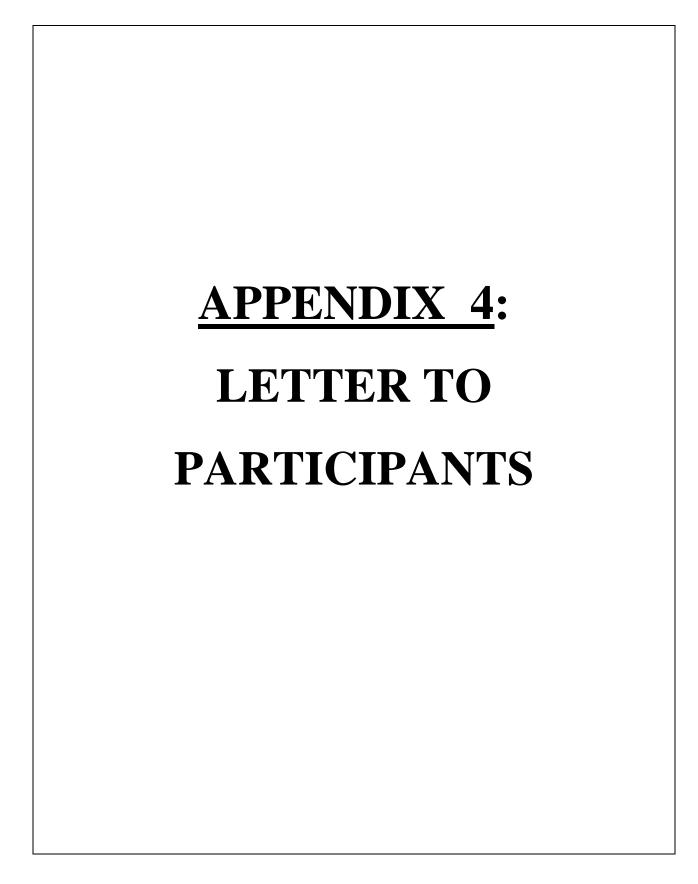   **Advanced Diploma in Labour Law**
               M.Ed Candidate: Researcher

Study leaders: **Proffessor CPH Myburgh**
               Proffessor M Poggenpoel

APPENDIX 4:

LETTER TO

PARTICIPANTS

P.O. Box 79212

MAMELODI EAST

0122

28 September 2004

Dear Participant

I am currently studying towards my Masters Degree in the Psychology of Education in the Department of Nursing and Education at the University of Johannesburg. As a requirement for the attainment of my degree, I am involved in a mini-dissertation, supervised by professor CPH Myburgh and Professor M Poggenpoel.

My research focuses on facilitating the mental health of orphans living in child-headed households in Bronkhorstspruit, from a psycho-educational perspective. I hereby request your participation in this research during the year 2004.

The research will involve in-depth audiotaped interviews lasting for approximately one hour. An additional session will be held if required, to allow you to explore your experiences of the interview and study as whole. Data will be transcribed and analysed in conjunction with an independent coder and research supervisors.

I undertake to respect your rights, needs, values and desires as the participant. In order to protect your rights, the following safeguards will be employed:

- Informed written consent is required.
- You must be legally and psychologically competent to give consent.
- You will be informed of the objectives of the study, data collection devices and activities.
- Verbatim transcriptions, written interpretations and reports will be made available. You will be provided with feedback of the results of the study.
- Participation is voluntary and you may withdraw from the study at any time.
- The study is completely anonymous and confidential and appropriate measures will be undertaken to ensure these criteria are maintained at all times.

- Audiotapes will be stored in a locked cupboard and unauthorised access to these will be prohibited. Once the study has been completed, all audiotapes will be destroyed.

It is important to note that it could be emotionally distressing to relive your trauma but all necessary measures will be taken to limit any distress that you may experience. Following the interview, you will have the option of a session to work through your experiences of the interview and study as a whole.

The findings of this study will be used to formulate guidelines and recommendations for the facilitation of the mental health of orphans living in child-headed households.

Please indicate your response to participating in the study by completing the attached consent form. An additional form has been attached for your consent to be audiotaped.

Thank you for your time.

Kind regards

Gregory Masondo   **STD, FDE, B. Ed (Hons) (Educational Management)**
Advances Diploma in Labour Law
M. Ed Candidate: Researcher

Study leaders: **Professor CPH Myburgh and**
Professor M Poggenpoel

APPENDIX 5:

CONSENT FORM FOR

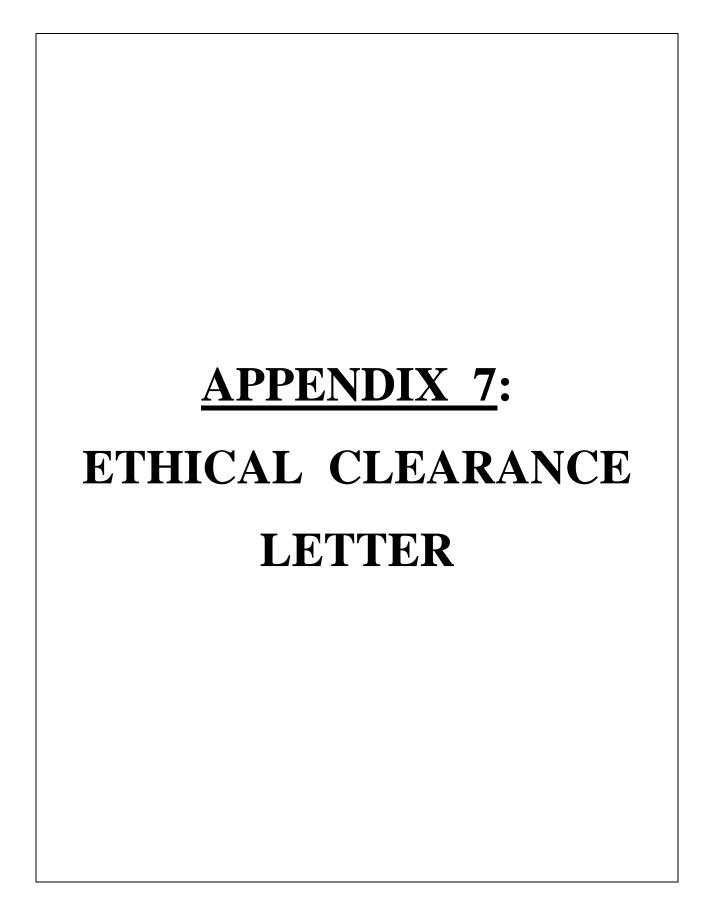# PARTICIPANTS

CONSENT FORM
TO PARTICIPATE IN THE RESEARCH

I (Name in full) _____ _____ have read and fully understand the request letter to participate in the research on facilitating the mental health of orphans living in child-headed households in Bronkhorstspruit from a psycho-educational perspective.

Although personal information will be required on this form, please be assured that your confidentiality and anonymity during the study will be maintained and that this form will be destroyed upon completion of the study.

Please choose option 1 or 2.

1. *I accept and give my consent to participate.*

    Signature_____   **Date**_____

    Please provide your contact details, should I need to clarify or confirm any issues with you.

    Phone numbers:_____

    Home address:_____ _____

    _____

<div align="center">OR</div>

2. *I do not give my consent to participate.*

    Signature_____ ____   **Date**_____

Please state your reasons why you do not want to participate.

……………………………………………………………………………………………………

……………………………………………………………………………………………………

Thank you for responding.

Kind regards

Gregory Masondo   **STD, FDE, B. Ed (Hons) (Educational Management)**

                         Advances Diploma in Labour Law

                         M.Ed Candidate: Researcher

APPENDIX 6:
CONCENT FORM FOR PARTICIPANTS TO BE AUDIOTAPED

CONSENT FORM

FOR THE INTERVIEW TO BE AUDIOTAPED

I (Name is full)_____have read and fully understand the request letter to participate in the research on facilitating the mental heath of orphans living in child-headed households from a psycho-educational perspective. I am aware that all interviews will be audiotaped and that all necessary measures will be taken to ensure confidentiality and anonymity

Although personal information will be required on this form, please be assured that your confidentiality and anonymity during the study will be maintained and that this form will be destroyed upon completion of this study.

Please choose option 1 or 2.

1.   I accept and give my consent to allow the interview to the audiotaped.
        Signature:_____   **Date:**_____

        Please provide your contact details, should I need to clarify or confirm any issues with you.
        Phone number:_____
        Home address:_____

2.   I do not give my consent or the interviews to be audiotaped.
        Signature:_____   **Date:**_____

Thank you for responding.

Kind regards

Gregory Masondo   STD, FDE, B.Ed (Educational Managemant)
                      Advanced Diploma in Labour Law
                      M.Ed Candidate – Researcher

APPENDIX 7:
ETHICAL CLEARANCE
LETTER

APPENDIX 8:

PROTOCOL FOR

INDEPENDENT CODER

FOR

DATA ANALYSIS

WORK PROTOCOL FOR THE INDEPENDENT CODER FOR THE DATA ANALYSIS

The following steps of Tesch's descriptive analysis of open coding (Creswell, 1994:154) were discussed with the independent coder, familiar with this process, for analysing the data of the phenomenological interview transcripts and field notes:

1.   To get a sense of the story line, read carefully through all the transcriptions (phenomenological interview) and field notes of each case individually.

2.   Select one document, the most interesting and shortest. Ask yourself, "What is this about?" Focus on the underlining meaning of the text and write down thoughts. Repeat this process with all data generated.

3.   Formulate a list of all themes, clustering similar topics together. Organise this list according to central themes, unique themes and leftover themes based on making comparisons and contrasts.

4.   Take this list and revisit data collected based on reduction of the total list of themes by grouping interrelated themes together, thus following a process of comparing and contrasting themes with each other and the whole.

5.   Find the most descriptive wording for each topic and turn them into categories and sub-categories.

6.   Utilise quotes or descriptions from different sources of evidence to justify emerging themes.

A consensual conversation was scheduled.

APPENDIX 9:

EXTRACT FROM A

SELECTED

INTERVIEW

TRANSCRIBED (UNSTRUCTURED) PHENOMENOLOGICAL INTERVIEW

RESEARCHER: Tell me, how is it for you to be the head of the family?

PARTICIPANT: Eh, it's alright sometimes, but sometimes it's not right, but sometimes it depends on the day as it unfolds. Sometimes things are okay and you find that there's nothing wrong and that you feel like, as an older person in the family, you are able to do a lot of things.

RESEARCHER: You say as the older person in the family you're sometimes able to do a lot of things. Can you tell me more about that?

PARTICIPANT: You see, at the beginning I didn't believe that my parents were dead, but I had to accept it later that what had happened, is a fact and that I couldn't change it. I just said to myself I will remain with my family. It is my parents' home. We will remain in our family home – there is nothing we can do.

REAEARCHER: Hmm… .

PARTICIPANT: This nearly caused a problem because some relatives wanted us to leave the house. We've got my mother's uncle in Extension 2. He wanted us to leave with him after the death of our mother. My father came home with us but after a month, he also passed away. After my father's funeral, my other relatives never visited us.

RESEARCHER: Hmm… .

PARTICIPANT: We went to Botshabelo in the Free State to bury my father and after the funeral, we came back to live at my parents home. We were four, my sister, my younger brother and my sister's child. We're busy in life. At least we are alive.

RESEARCHER: How is it now at home?

PARTICIPANT: Ah – at the moment it's not so bad. It's not okay but at least if you get a meal
                 before you go to bed, and you're able to wake up and eat, have a bath and
                 have something to wear, at least… .

RESEARCHER: Where do you get the food?

PARTICIPANT: My younger brother gets a grant of R500-00 for being an orphan. That's what
                 we use to buy food.

RESEARCHER: It that the only money you get?

PARTICIPANT: Yes, that's the only one. Even my sister's child, but we can't count that one
                 because it's for the child.

RESEARCHER: So your sister has a child?

PARTICIPANT: Yes, he's still young. He's about four years old.

RESEARCHER: So, are you managing well from the money you get?

PARTICIPANT: Yes, on food but when we buy clothes then we have a shortage of food. Food
                 is important. Clothes are not very important because at least we do have some.
                 Grocery is most important.

RESEARCHER: Is there still anything you wish to share with me?

PARTICIPANT: Ah.. I feel we're alright the way we are. We have not yet experienced any
                 serious problems.

RESEARCHER: Hmm… .

PARTICIPANT: I'm still attending school at the High School. The only problem I have is dealing with portfolios. I don't have anybody to help me at home when I encounter problems.

RESEARCHER: Would you like somebody to help you?

PARTICIPANT: Yes.

RESEARCHER: Earlier you mentioned that sometimes you have a shortage of food, especially when you have to buy clothes as well. So what do you do if you have food shortage?

PARTICIPANT: We just minimise on our meals because neighbours used to help us but now they gossip about our state of affairs, and this hurts us. People come and tell us. We don't know whether what they say to us is the truth or lies. So when we have problems, we try to solve them ourselves because neighbours don't treat us well.

RESEARCHER: So, you no longer go to neighbours?

PARTICIPANT: Yes.

RESEARCHER: You say neighbours don't treat you well.

PARTICIPANT: Yes, my nephew is alright because he's still small and doesn't understand what's going on. My younger brother sometimes seems to be worried a lot. Sometimes when we have wronged him, he cries and speaks about our parents. These are problems we encounter.

RESEARCHER: What does he say about your parents?

PARTICIPANT: Ah, things like when my sister wants to send him elsewhere, and he's still watching television, he would refuse. When he is reprimanded he would say things like: "You are treating me bad because I'm the youngest, I wish my parents were here". He would say we're abusing him because there's no adult person at home.

                 Another thing is that we buy our grocery on the first day of the month and sometimes we finish it by the middle of the month. We then go to my mother's uncle. He sometimes provides us with meals. We eat there.

RESEARCHER: He gives you food?

PARTICIPANT: Yes, we eat there, and then when we have bought groceries, he demands that we give him a share of the grocery.

RESEARCHER: So you give him part of the grocery?

PARTICIPANT: Yes, after buying groceries, we give him something. And then sometimes I think about my parents, especially my mother because my sister does not take care of important things in the house, like for instance my certificate. I lost my certificate but I don't know how because my sister has all the certificates in an envelope.

RESEARCHER: What certificate?

PARTICIPANT: My birth certificate. It's lost and I need it because I have to apply for identity book. I can't find it and she had it together with photocopies thereof. This makes me angry sometimes because I asked her to put them where Mama used to put them, but because of her carelessness, she has misplaced them. She has placed them elsewhere and now we can't find them. She just put things everywhere.

RESEARCHER: So you now have a problem of applying for your identity document without the certificate.

PARTICIPANT: Yes, I don't know how I'll be able to apply for my ID.

RESEARCHER: Because the certificate is needed?

PARTICIPANT: Yes and I feel frustrated?

RESEARCHER: Do you feel frustrated?

PARTICIPANT: Yes, and sometimes I wish we were already grown up. I wish I had my own room outside and that we continue living together and loving and protecting each other like when our parents were still alive. I don't want us to be divided. I wish we could have everything we want and not run out of anything because once we run short of something, like say we've run out of grocery – we get divided because everyone goes out his or her way to look for food. We end up not communicating well because each one of us has to fend for himself/herself. I hate this division because we have to stick together.

RESEARCHER: I can see it really hurts you.

PARTICIPANT: I feel bad if I cannot provide for them.

RESEARCHER: Is there anything else you wish to tell me?

PARTICIPANT: Not really. I just wish I could have already finished my schooling and be working in order to take care of my family.