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FOCUSING ON CAREGIVERS: THE EXPERIENCES OF WOMEN CAREGIVERS CARING FOR ORPHANS AND VULNERABLE CHILDREN AT CROSSROADS CHILD AND YOUTH CARE CENTER, MATATIELE

BY

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June 2019

DECLARATION

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Glory to God, because I could not have done this myself but, by HIS mercy and grace.

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ABSTRACT

The concept of caregiving is at the centre of current political, social, cultural and economic debates globally. Under capitalism, care and caregiving are socially necessary and integral to reproduction and production but is increasingly devalued. There is lack or absence of adequate labour protection for caregivers, whether in relation to their voluntary or in non-wage labour activities. This study focuses on women caregivers' experiences and challenges in caring for orphans and vulnerable children (OVC) and at the same time providing care to their own families and households. The study probes about the types of support available and the support caregivers deem necessary and important in their roles. The study draws on ethics of care theory that reflects the caregivers' experience, why women end up in the caregiving field and why caregiving is considered as a public good, a labour of love, and how care is provided ethically. The theory also shows the relationship between patriarchy, socio-economic status and gender roles in South Africa influences understandings and valuing of paid versus unpaid care work. Use of the case study approach assisted to allow for an in-depth understanding of the caregiving in a specific context. A sample of ten caregivers working both day and night shift at Crossroads Child and Youth Care Centre (CYCC) participated in face to face in-depth interviews. Thematic content analysis technique was used to report key findings. The study shows that caregivers require support in terms of policy reframing. The participants explained, for example, that in the NPO sector, the policies did not adequately support their labour demands and the time required to provide OVCs with comprehensive care. Stipends and pension benefits are not comparable and fair. Capacity building to enhance their job, life skills, and interventions to address social problems are needed. It is recommended that caregivers should be part of policy forums to establish their needs. It is also recommended that since legislation and contracts are usually in English translations are required and perhaps workshops on how to understand the contracts. Caring for the caregivers is equally important and beneficial.

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BCPG	British Columbia Psychogeriatric Association
CEDC	Children in Especially Difficult circumstances
CYCC	Child and Youth Care Centre
CIVIDEP	Civil Initiatives for Development and Peace
CYCW	Child and Youth Care Worker
DSD	Department of Social Development
DPSA	Department of Public Service Administration
ECD	Early Childhood Development
FET	Further Education and Training Community Education
HIV	Human Immunodeficiency Virus
ICYCEC	International Child and Youth Care Education Consortium
ILO	International Labour Organization
ILC	International Labour Conference
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
NGO	Non-Governmental Organization
NPO	Non-Profit Organization
OVC	Orphans and Vulnerable Children
OVC	Orphans and Vulnerable Children & Youth
OSD	Occupation Specific Dispensation
RPL	Recognition of Prior Learning
PFMA	Public finance Management Act
SASA	South African Social Security Agency
SACSSP	South African Council of Social Service Professionals
SADC	South African Development Community
SETA	Skills Education Training Authorities
TUS	Time Use Surveys
UNIAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations International Children's Emergency Fund
UN	United Nations

USA	United States of America
WHO	World Health Organization
WE-Care	Economic Empowerment and Care

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CHAPTER ONE: INTRODUCTION AND BACKGROUND

1. Introduction

The study focuses on caregivers; in particular, the experiences of women caregivers caring for orphans and vulnerable children (OVC) at Crossroads Child and Youth Care Centre (CYCC). The study provides an understanding of caregiving by women, the role and the context of care within the communities. In this chapter, the background of the research is provided and the problem statement. It also provides the rationale of the study and its aim, objectives, and research questions. It will also include the structure and outline of the entire dissertation.

1.1. Background and Problem Statement

Crossroads Child and Youth Care Center (CYCC) was established in 2000, as a project under Child Welfare South Africa, a Non-Governmental Organisation (NGO). Child Welfare saw a need for a centre to render social services to the vulnerable youth and children of the Matatiele and Cedarville communities of the Eastern Cape Province. According to the 2016 Community Survey Provincial Report, Matatiele had a total population of 219 447. This population constituted 41% of Alfred Nzo district's total population. The community survey showed high incidents of HIV/AIDS amongst children, child abuse, and child abandonment, and this necessitated provisions for alternative care for the children and youth living under such circumstances.

Crossroads CYCC is situated in the semi-rural town of Matatiele, which is in the province of Eastern Cape, one of the poorest provinces in South Africa (Oishaya Sen Nag, 2018). The centre admits children from 0-3 years of age and the children grow up in the centre if there is no possibility of reunification, foster care or adoption. The women caregivers spend most of their time supporting children in the institution and at the same time, they also offer similar support to their children and families when they return home. The caregiver's practice both paid and unpaid work as well as formal and informal caregiving.

Crossroads CYCC: is a small "village" within Matatiele comprising nine houses each with three bedrooms, a kitchen, lounge and a dining room. There are two caregivers allocated to one house, which is home to eight children. There are at most sixty or more children living in the children's home, comfortably, safely and in a stable environment. Two of the houses are used for children who require care and protection needs. There is a public playground, library, hall, "clinic" and a pre-school. The intake includes orphaned and

vulnerable babies and children ranging from newborn to three years old' (Elizabeth Whittle – founder and chairperson; 2010).

The caregiving work done in Crossroads CYCC is distinct from other services it facilitates women's participation in paid work, and it affects family dynamics in such a way that caregivers spend more time doing the caregiving work at Crossroads than in their homes. The caregiving work also has the likelihood to provide children with traditional gender models to nurture their growth and social development (Tom, 1992). The caregivers use day-to-day settings such as feeding and bathing the children and daily life events to promote the social ability and healthy development of the children in the institution. The caregivers spend most of their time supporting children in the institution and at the same time, they also offer similar support to their children and families when they return home. However, there is limited knowledge and acknowledgement on the experiences of caregivers in the workplace. There is a limited focus on them and their needs, a form of support they require and care they may need, and a valuation of their voices, experiences and concerns.

The study examines the concept of care as a practiced activity that relates to family analysis, the labour market, the economy and welfare state analysis under capitalism (Leira, 2006). This study is due to the academic debate about the concept of care and caring thriving. It takes a step further by focusing on a single aspect that is, the experiences of women caregivers, to strengthen findings on research that has been conducted on caregiving, to interlink forces that are at play in the caregiving sphere. Hearing about the experiences of women, caregivers may shed some light on the difficulties they encounter and the appropriate support they may require to counter their working environment and the environment induced psychological trauma and stress. The study will provide space for caregivers to talk about their challenges and their coping strategies, what informed their choices of this occupation, the specific needs of the center they are employed at and the needs of the community, and experiences and challenges of providing care to orphans and vulnerable children, as well as their own families.

1.2. Study Rationale

UNAIDS (2017) statistics indicate that in 2016, South Africa had 270000 (240 00-29000) new HIV infections and 110 000 (8800-140 000) AIDS-related deaths. There were 7100000 (6400 00-7800 000) people living with HIV in 2016. An estimated 12 00(9600

-22 00) children were newly infected with HIV. The orphans and vulnerable children (OVC) are then exposed so circumstances that may seriously harm their mental, physical, economical, psychological and social well-being (Thurman et al., 2009). Most caregivers are women, and do this is in conjunction with the role of caregiving in their own families. There is need; therefore, for a study to be conducted to find, identify and understand the experiences of women caregivers who are taking care of children who are orphaned and vulnerable some due to the pandemic of HIV and AIDS.

Generally, the world over, the paid caregivers have different working shifts, so that they can go back home to their families (Maybud, 2015). In their families, they do unpaid work, and in the institution where paid work is done, the care is provided as the fabric of society and integral to social development (UNRISD, 2007). While caregivers report high levels of job satisfaction, the position is a demanding one (Bickford, 2005). The women work long hours under excessive stress and are subject to many challenges. Exploring their experiences helps to understand and know the positive and negative elements surrounding the lives of caregivers. The study will help to raise awareness on the identified elements as a call for effective measures to reduce negative aspects while fostering the positive elements to increase the well-being of the caregivers (Ngai & Cheung, 2009).Previous research into caregiving has merely quantified the understanding of caregiving, especially the complicated relationship forged between the caregiver's well-being and that of the child (Keith, 1995). The inclusion of positive elements of caregiving allows the research to consider a positive focus (Linley & Joseph, 2007). Thus, the study provides a balanced and holistic understanding of the caregiver's experience. It also provides the ability to understand why caregivers have chosen this career path and whether they had any knowledge about caregiving before joining the caregiving work.

Research into formal caregiving and the care economy may highlight elements, or certain expected behaviours of caregivers when providing care that may not have been of concern within the context of informal family relationships. The most prominent distinction between formal and informal family caregivers is the relationship and the principles surrounding that relationship they have with their care receivers, especially those relating to the professional sphere. Formal caregivers are meant to abide by ethical principles that dictate the prevention of emotional attachment between themselves and the child concerned. However, the attachment is often inevitable because of the context in which the relationship is fostered (Clark, 2001). The researcher's exposure to the child and youth

care centre and experience working with caregivers prior to this study inspired the idea to conduct a more in-depth research on the experiences, rewards and challenges of caregivers in their work with orphans and vulnerable children. The researcher was influenced to broadly examine through research the experiences of the caregivers, the context and circumstances they work and live in. The research seeks to help, protect and guide policies on caregivers. It seeks to unpack the contextual experiences of the caregivers under study to provide effective and working solutions to the challenges they are experiencing working at the centre.

Most public policies internationally in countries like Canada and the United Kingdom have been developed for caregivers, and they are developed without considering the needs of caregivers (MacCourt & Krawczyk: 2012). The contribution of caregivers to care work has been mostly devalued, overlooked, and undermined. Often these policies have negative effects that are unintentional on caregivers and their families, leading to increasing the burden on caregivers, the care recipients and their health. Programs, policies, and services intended for caregivers need to have components of excellent communication; preferably, they will also have to include tools and resources for caregivers to improve their communication with care receivers, in this instance children in the CYCC. In developing policies and programs, stating that caregivers are inclusive means asking: Are caregivers and their organisations participants in developing the policies and programs that affect them, and if so, are the policies being put in place and amended in accordance to their needs and to support them in their roles.

1.3. Study aims and objectives

The study aims to examine and understand the experiences of caregivers working with children at Crossroads Child and Youth Care Center. These include caregivers' challenges and coping strategies, what informed their choices of occupation, at the specific needs of the centre they are employed at, the community they live in and experiences and challenges of providing care to orphans and vulnerable children. The intention is to identify areas of support that can be offered to caregivers. This study seeks to expand the concept and vocabulary of care while avoiding being too generic or too partial. Previous studies by academics have concentrated on qualifying the role of the family or informal caregiver with insufficient research into holistic experiences of the caregiving and how support can be offered to caregivers. The study also looks at how caregivers differentiate

between formal and informal caregiving and what knowledge caregivers have about caregiving before they became caregivers. This is highly significant to be able to understand the different aspects within the systemic means of functioning for caregivers and the orphaned and vulnerable children's that they take care of, thus understanding the interplay between the individual and the other spheres of influence that have reciprocal effects upon one another.

1.3.1. Research Questions

The following questions guide the research project

- Why did caregivers choose this occupation?
- What knowledge and background did caregivers have prior to caregiving about their occupation?
- What opportunities does caregiving provide the caregivers?
- What are the challenges of caregiving and what coping strategies do caregivers adapt and develop?
- What is the caregiver's experience of working at Crossroads CYCC and in the community?
- What support do the caregivers believe can be provided to them in their roles?

1.3.2. Research Objectives

- To understand why caregivers chose this occupation of caregiving.
- To determine the knowledge and background, caregivers had prior to working as caregivers about caregiving.
- To find out the opportunities caregiving occupation has as a career.
- To identify and examine caregiver's challenges and coping strategies.
- To recognize the experiences of caregivers working at Crossroads CYCC.
- To find out the support that caregivers need with regard to their role.

1.4. The Structure of the Dissertation

Chapter One provides the outline of the experiences of caregivers as well a broad understanding of the research and the rationale for the research conducted. It also provides the aims underlying the research conducted and definitions of some of the terminology used in the research. It also shows the questions and objectives that will be answered by this research. In this way, chapter one provides an understanding of the foundational aspects which the research was built on.

Chapter Two consists of the literature review, which considers challenges when caring for orphans and vulnerable children and the youth. It also focuses on Caring and caregiving, the difference between formal and informal caregiving, along with paid or unpaid work. The experiences of caregiving and legalisation in South Africa. The sociological dimensions, the triple exploitation of women and constructionism and gender roles. The chapter also looks into feminisation of poverty, dependency ratios and highlights the gaps in the literature.

Chapter Three is the theoretical framework of the research. The chapter looks into the ethics of care theory and how it links to caregiving.

Chapter Four presents the study site, population and sampling method. The section explores the nature of the qualitative investigation and the specific method by which the research is analysed. The chapter also discusses the trustworthiness and credibility of the research, the limitations of the study. This chapter also provides an overview of the ethical considerations for the research conducted, the participants' rights and the ethical considerations specific to the research and the organisation.

Chapter Five presents the analysis of the research and research results. The analysis will be based on themes derived from the objectives of this study.

Chapter Six will focus on discussions and interpretation of findings based on the study problem and objectives, conclusion and recommendations.

1.5. Concluding Remarks

The chapter gave a brief orientation of the research study. It detailed the background, problem statement, the study objectives and questions and presented the structure of the

dissertation. The next chapter will present the literature review, which will give present different views from previous studies on caregiving and the experiences of caregivers.

CHAPTER TWO: LITERATURE REVIEW and CONCEPTUAL FRAMEWORK

"*We live in a world; in which we need to share responsibility. It's easy to say it's not my child, not my responsibility, not my community, not my problem. Then there are those who see the need and respond. I consider those people my heroes."* Fred Rogers- Spoken in 1994, quoted in his obituary in the Pittsburgh Post –Gazette

2. Introduction

This chapter provides a detailed discussion of the reviewed literature and the conceptual framework by the study to answer the research questions. It identifies the key concepts that are used in this study. These concepts include: orphans and vulnerable children and the youth (OVC); caring and paid caregiving; care economy; and the child and youth care work. The chapter explores the sociological dimensions of care, caring and caregiving the gendered and racial dimensions along with cultural expectations, the concepts like mothering and gender, poverty linking to gender and caregiving, and race with caregiving. More so, the chapter unpacks the challenges of caring and the responsibilities. It will then outline the policy framework in regards to care, caregiving, and caregivers in Developed and Developing Countries, in South Africa and at Provincial level.

2.1 Key Concepts

The key concepts are ideas and terms that are vital to the main points of the text. The main key concepts emphasised on in this research are orphans and vulnerable children, caring and caregiving, care economy and child and youth care work. Understanding these concepts is vital to capture the detailed and contextual experiences of women caregivers.

2.1.1 Orphans and Vulnerable Children and the Youth

When reviewing the literature, it is necessary that meanings attached to key concepts differ; for instance, the word orphan. This is even though the word is defined according to the global AID agencies, such as USAID, UNAIDS and UNICEF. The different definitions of the term 'orphan' make it complex to draw parallels across time and space, and also make it difficult to compile data, but most difficult to identify and prioritise children considered to need care and protection (Bray, 2003).

The main reason for the variation in defining the term comes from shifting limits of the word orphan conceptualised by global developmental agencies. For instance, UNAIDS

(2004) in the context of AIDS, defines an orphan as a child under the age of fifteen years who has lost his/her mother. This definition based on global assumptions focused only on the chronological age of the child and on the biological status of the parents (Abebe, 2005). This definition is problematic, in most contexts children remain underage and are considered as minors deserving care of parental or guardian care until the age of eighteen as it is stated in the United Nations Conventions on the Rights of the Child and in the South African Constitution. Children do not simply stop to have financial, social and emotional support reaching a pre-determined age of fifteen. As a result of such criticism, the emphasis on 'orphan' has since been re-defined to include children under the age of eighteen who have lost either one parent (the mother or the father) or both parents (UNAIDS, 2004). While these terms allow for sufficient formulation of statistical data and present a more accurate presentation of orphan rates, they are western based and only take awareness of the biological dimensions of the orphanhood while failing to acknowledge local level culturally.

The social construction of orphanhood and the notions of 'dependency' and 'care' as the absence of a caregiver, acute poverty and economic marginality are often important markers in local definitions of who orphans are (Abebe, 2005). Abebe points out that, among Xhosa speaking people in South Africa, the word *inkedama* includes the verbal root *kedama*, which means 'to be cast away, deserted, orphaned, or become downcast'. In local cultural view, the term 'orphan' is only applicable to a child who has no parent and no alternative caregiver. Jackson (2002: 278) argues that "in most African cultures the term 'orphan' has little meaning, as parents' brothers and sisters are also considered to be mothers and fathers rather than the western concept of uncles and aunts". Jackson (2002) concludes that in most African families a child is not considered an orphan if his or her parental siblings (or other significant caregivers) are alive and could care for him or her.

Moreover, Foster (2003) emphasises that children in dire circumstances regardless of whether parents are deceased or not, are referred to as orphans. The usage of the all-inclusive biological concept of 'orphan' therefore simplifies the situation in the South African context, prevents the experiences of many children poorly affected by the pandemic at the local level and is considered to be a grave insult to those who are providing the child with care. There is also the term of being orphaned in the social sense which refers to a child who has both parents, but they are unable to care for him or her and does not have

extended family in place to provide care and provide for the child's needs. Regardless of whether being an orphan is biological or social construction in academic literature, there is a tendency to place children within this category in an astonishing amount of social stigma attached to it. Stein (2003) also emphasises that such allows for stigma in life to be replicated in research. The word 'orphan' remains a contentious and stigmatising construct in the social sciences and, it cannot be overlooked.

The word 'vulnerability' is a broader logical concept in this study. Foster and Williamson (2000:11) note that, it includes children who are affected "indirectly when their close or extended family, their community and, more broadly, the structures and services which exist for their benefit are strained by the consequences of the HIV/AIDS pandemic". On the local level, vulnerability may be experienced when a household considers others affected by the pandemic, placing it in a risky position socially, economically and emotionally, or when a parent moves out of a household to care for the sick relative, resulting in irregular interaction with the biological children. The concept of 'vulnerability' can be used interchangeably with 'children in especially difficult circumstances' (CEDC). Such concepts address the imbalances in much of the literature, demonstrate the difficulty of affected children, whether orphaned or not and allow researchers to focus on the damaging impact of HIV/AIDS at the most basic level of society, the household and child and youth care centres.

2.1.2 Caring and Paid Caregiving

Caring as a concept is understood differently depending upon the society and context in which the rudiments of the definition are emphasised over others (Leira, 1994). Caring should not only be conceptualised as specific to the familial sphere, but also in relation to the formal caregiver (Leira, 1994). Caring is a combination of feelings and actions that "provide responsively for an individual's personal needs or well-being, in a face-to-face relationship" (Cancian and Oliker, 2002: 2). Stone (2000) explains how professional caregivers often talk to children and show them real love but are frustrated by bureaucratic requirements in that they have to remain professional and adhere to the rules that come with their work when caring. The caregivers need to show concern and care for the children and at the same time not to be motivated by money. Caring work could be considered as attending to the mental, emotional, and physical to the needs of another giving full commitment to the nurturance, healing and growth of the person receiving care (Davies,

1995). The conceptualisation of caregiving as work is often problematic as these two understandings of caring, and work, are inseparable for caregivers (Leira, 1994). The central tenets, by which work is usually defined, are related to economic activity, production and capitalism, and do not apply to the understanding and context of caregiving (Leira, 1994). Thus, caregiving as a form of 'work'or economic practice often has inherent contradictions. It should also be considered that caring within the definition of work, is conceived as obligatory, in that the responsibilities have to be carried out as work commitments and priorities.

Moreover, it could be argued that the formal caregiver chooses to pursue this career and, in that sense, takes on a different motive and ultimately a different conceptualisation of caring and the process of caregiving. Leira (1994) highlights that caring is the attainment of skills through informal means. However, when caregiving is conceptualised as work, it no longer relies on the simplistic and innate characteristics of caring alone, but formal skills are required.

2.1.3 The Care Economy

The care economy is growing as the demand for childcare and care is rapidly increasing. However, care work and caregiving across the world remains characterised by a void of benefits and exposure to physical, mental and emotional well-being. Finding solutions to care work is a major challenge as the increasing number of women enter the workforce, they also have to at the same time fulfil their responsibilities of childbearing, nurturing and raising children. Care work is usually found in many different settings and across formal and informal economies. Care is provided in the public and private sector, long term and other areas which may be compromising to the care economy (ILO, 2009).

Caregivers working in the CYCC and NPO sector are doing most of the work that overlap with paid and unpaid care work. It is essential to note that most caregivers do the care work every day in their homes, communities and work places. However, their work mostly goes unnoticed due to lack of public service and unwillingness of governments to extend their financial budget to offer competitive wages to unpaid or underpaid women caregivers.

2.1.4 Child and Youth Care Work

The main role of caregivers in child and youth care centre is to provide care and support to the children in the centre. Responsibilities and tasks usually include monitoring the daily routine also facilitating and participating in social, recreational, and educational activities;

and discipline when needed. Child and youth care work is expected to provide the basic needs and protection to children that are from are maltreatment, neglect, abuse and are from poverty-stricken backgrounds (Modlin, 2018). Furthermore, there are child and youth care centres that carry out the work of caregiving for these children and these institutions provide care work in a more multifaceted manner and the boundaries between them are sometimes not clear or static. For instance, the state often subsidies and regulates, and sometimes creates provision through markets and Non-Profit Organisation (NPO). It is evident that the NPO sector role is increasingly important in the delivery of both care and welfare in a varied range of national context (Patel, 2009). However, the NPO sector in South Africa in the post-apartheid era still faces many challenges as some foreign donor funding was redirected to the government after 1994. NPO's are losing much staff to government salaries, which are much higher, while subsidies for NPO's are not increasing (Patel, 2009). Ideally, these tasks occur within the context of positive relationships between caregivers and children.

One of the awareness of children's rights in South Africa was due to the HIV /AIDS pandemic because of critical challenges that threaten the developmental made since the year 1994 (Skweiya, 2005). The problem is the increasing number of orphans and vulnerable children, mainly due to the high rate of deaths among parents because of the HIV/AIDS pandemic. The child and youth care work play a vital role because most of the children are then admitted into institutions as a place of safety.

The interaction from the multiple different spheres of influence is important in conceptualising child and youth care work holistically and understanding the elements unique to the South African context. The South African context encompasses an understanding of the contextual influences, and how the caregiver may, in turn, influence the environment of the children. South Africa has been faced with endemic proportions of foster care cases, and even more for placing of children who are orphaned and vulnerable in child and youth care centres which are increasing exponentially because of the burgeoning AIDS epidemic (Demmer, 2007). This has had an increased effect upon the rural and disadvantaged communities (White & Morton, 2005) but is not restricted to such. The AIDS epidemic is often further aggravated by poverty (White & Morton, 2005).

Furthermore, there is a division about the presence of formal caregiving institutions in rural versus urban settings (Clark *et al.,* 2007). In many disadvantaged areas in South Africa, child and youth care centres are limited, under-resourced and often overburdened. It is these factors that have a secondary effect upon the need for formal caregiving in institutions, especially community-based child and youth care centres. Poverty then furthers the problem in which children raised to be dependent on creating a vicious cycle (Uys, 2003).

2.2 Sociological and Economic Dimensions to Care, Caring and Caregiving

The topic of care work or caregiving is at the centre of studies into the interplay between gender, work, and family. In the past decade, feminist scholars have produced a burgeoning literature on care work and the care economy. Industrialised and developing nations face profound "care deficits" in meeting the needs of children, the sick, and the elderly (McDonald, 2004). Failure for society to provide solutions to support the reconciliation of dual roles of caregiving responsibilities can lead to negative outcomes. Feminist theory's search for a theoretically consistent explanation of women's subordination has raised awareness of the need to study women's experiences, and the replicated the dualisms of patriarchal structures. Women often bear an unequal share of all family responsibilities, including caregiving for children and other family members and lack the opportunity to get some decent work.

The 2002 International Labour Conference (ILC) consensus on informality outlined that most African women chose part-time work or even settled for vulnerable and informal economic activities. This allows some flexibility to manage both work and family well. Hence, most women across the continent make sacrifices that cost them their social and economic benefits because of gender inequalities that are entrenched in the society. The women's place in the labour market is undermined, and unequal sharing of family responsibilities continues. The household income is reduced and may be insufficient to meet basic family needs, such as food, nutrition, health care and education, especially in societies already affected by a high incidence of vulnerability and poverty. As a result, children are deprived of opportunities for quality learning and care (Budlender, 2015). Studies note that the majority of paid and unpaid staff in Non- Profit Organizations (NPO's) are women (Budlender, 2009). Therefore, despite the significant contribution of

women in the field of caregiving, their recognition is close to non-significant. Thus, the core gender issue is that the well-being of children and caregiving is a gendered concept in South Africa because women caregivers are the ones who bear the responsibility to provide care for South African children (Budlender, 2009).

2.2.1 Gendered and Racial Dimensions

Structures associated with caregiving are affected by gender and race (Martin, 2000). The following ideas inform a gendered analysis of care. Gender is socially constructed. It is based on acquired notions of what is expected by society, and the responsibility for men and women in society. Amongst others also includes the provision of care to older persons, children, families, people with chronic illness and people with physical and mental disabilities. Most of the time care is provided by women in household, Non- Profit Organisation's (NPO), Faith-Based Organisation's (FBO) and participants in informal community-based organisations by and large consider the work of caregiving appropriate for women to provide care services in their communities. Gender divisions are consequently reinforced within NPO's with the burden of care mostly falling to women (Patel et al., 2007). The gendered nature of caregiving work in NPO's sector and CYCC has been largely unrecognised. One might note that it does not differentiate itself from the trend of unequal gender relations and power inequalities between men and women in the society and public and private spaces. The Non-Profit Organization Act 71 of 1997 has created enabling legislation and taxation policies to support the sector. NPO's hire equivalent of 645 316 full-time employees (Swilling & Russel, 2002), which is greater than the number of employees in many major sectors of the economy (Swilling and Russell in Patel, 2002). In this NPO sector, more women are volunteering or working, and they spend 2.2 hours per month compared to 1.7 hours per month and the majority of women in the sector doing the work are African women (Everatt and Solanki, 2005).

Caregiving can be understood as a role that develops within families and is influenced by relationships, culture, and values. Families are the unit of socialisation and that is where culture is practiced and gender roles are shaped through everyday interaction. Families are creating a culture in which women identify more with caregiving therefore; it requires them to do most of the caregiving work (Martin, 2000). One could predict that men and women will likely have different perceptions of what constitutes a caregiving role. In contradictory research findings, Roschell (1997) emphasised the importance of examining

the interaction of race and gender as it influences family exchange and caregiving. Women identify with the caregiving role among African cultures, as many cultures believe that women should be the ones providing caregiving, it is conceivable that gender may vary by race. With white men being more agreeable, assuming the caregiving work more than black men because of the way black men are socialized culturally. In addition to the direct influence of race and gender, the objective work is assumed to intervene between the caregivers situation. Culturally defined norms, values, and roles have been identified as major determinants of the caregiving experience, and are likely to affect how caregiving is perceived (Becker, Beyene, Newsom & Mayen, 2003).

Work by women under capitalism is considered as paid work, women also work at home for social reproduction, unpaid work, and that is mostly swept under the carpet. It is not surprising that economics and class go hand in hand with sexism. While in economics, Marxists recognize that sexism is a force that is nothing more than a tool employed by the capitalists to maintain profits (Turshen, 2007). Therefore, the whole division of work by gender and its enormous value for capital and men. This is meant to benefit only a few. Women's triple exploitation and many roles are done from home, in the community, their workplace, and all these places is inseparable in women's lives. Together the three sets of activities bring forth stress, and poor health. Women's combined experiences of sexism, racism, and class prejudice accumulate over a lifetime. The multiple responsibilities in the three environments increase women's workloads and the time they must allocate to fulfil their commitments. This shows that women work more hours every day more than men (Turshen, 2007).

2.2.2 Socio-Cultural expectations and Socialisation

Culture is an important part of every society. It shapes 'the way things are done' and our understanding of why things are done in that way, in stating that, it means gender is shaped by culture. Gender identities and gender relations are critical aspects of culture because they shape the way daily life is lived in the family, but also in the wider community and the workplace. In most societies, there are clear patterns of women's work and men's work, both in the household and in the wider community. Cultural change occurs as communities and households respond to social, political and economic shifts associated with globalisation, as countries become more developed and westernisation takes place, culture also changes. Women are more involved in the caregiving role, as compared to

men, they do more tasks, spend more hours in providing care, and have a higher level of responsibility in the caregiving role. Further, men tend to provide care at a distance and normally become a caregiver when there is no adult girl child available, meaning that men do the caregiving at option, but women are obliged to do the caregiving work.

It is argued that the roles of men in the family are linked to masculinity. Studies from the developed countries on masculinity have revealed five important conclusions that masculinity is not a biological as much as a social construct subject to change, and many representations; that masculinity is not fixed, it is relational and constantly shifting attribute in relation to the feminine. That masculinity is interconnection and tension with other sources of social difference and is both lived and imagined desires; "and that masculinity is not only socially constructed and reconstructed, it is spatially grounded" (Asiyanbola, 2005). This leads to adult sons in the situations of providing care by default rather than for cultural reasons. There are various reasons that culture justifies caregiving especially for women and these are;

I give care because:

> *It is my duty to provide care to dependent family members. It is important to be an example for the children in the family. I was taught by my parents to take care of elderly and dependent family members. My religious and spiritual beliefs influence me to provide care. By giving care to elderly dependent family members, I am giving back what has been given to me. It strengthens the bonds between them and me. I was raised to believe care should be provided in the family. It is what my people have always done. I feel as though I am being useful and making a family contribution. My family expects me to provide care. (*Respondents in a study by Androsen et al., 2005)

Cultural framework for women is developed through incorporation of one's experience, their interaction and thoughts. This is along with the norms and expectations perceived as being held by other group members. Due to different cultural settings, people can simultaneously be part of a certain cultural group and hold different cultural beliefs of the group they are in (Anderson and Gibson, 2002). The importance of culture with African women in providing care to family members and the effect of cultural beliefs most women caregivers are socialized as family plays an important role in the perpetuation of cultural

values and beliefs through generations. Caregiving is viewed as something women have to do and are expected to do culturally and socially. Women are the ones who do house chores. They clean, cook, and take care of the household. They also help in the planting and harvesting of food crops. They were primarily responsible for the bearing and rearing of children from birth on; men were only called upon to assist when extraordinary discipline was considered necessary, especially for the boys (Asiyanbola, 2005).

2.2.3Mothering and Gender in caregiving

Mothering involves identities and practices, which are racialised, classed and gendered. The experience and practices involved in mothering are inevitable and are based on gender. Mothering is a women's activity and requires individuals to re-orientate their identities, their sense of being women and their relationship to other women, particularly their mothers (Woodward, 1997). For one to become a mother requires an individual to bring up children, oversee their well-being, education and also involves motherly instincts. The encounter is shaped by both materials in the form of resources available and the nature of placed and local interactions. Most women caregivers, which are black, and lower class are themselves mothers and are requested to play a role of mothering to their biological children and offer the same support to the children in the child and youth care centre.

Mothering in a capitalist, and patrichial society is not a value-neutral process. Women are expected to mother children and nurture them, and mostly is the way women are socialised that leads them. The manner in which a mother reacts to the sexual differences of the children and the prevailing patriarchal definitions of gender makes mothers raise their children according to gender expectations. The unconscious emotional response by the mother to the sex of her child is equally relevant to societies. Mothers raise and prepare children according to their gender. Specific gender definitions differ, however, reflecting the character and the rules of the respective culture. The caregiving is done in a child, and youth care centres also continue to lead the women caregivers into passing their cultural and social norm to the children within the centre, girls are taught to behave like mothers. Hence, they play with dolls and mimic being mothers and boys play with cars to be like fathers.

2.2.4. Ageism with Caring and Caregiving

Ageism, age and ageing have gradually become interesting given the demographic trend towards ageing working populations in many western countries. Concerns about prejudices and attitude on practices and policies concerning ageing and older workers about income later in life are pertinent are issues important for both workers and the organisations that employ them. (Wilkinson and Ferraro, 2002). Age is of relevance in labor force, selection, recruitment and retaining, and performance appraisals, as well as in training and career development (Perry and Parlamis, 2006). Ageism refers to negative stereotyping and discrimination based on age, mainly, but not always, older age. Ageism includes both implicit and explicit thoughts, feelings and behaviours that are based on biases and myths concerning people of older age. Caregiving in Crossroads CYCC is mostly done by more seasoned women who fall in the category of 40 to 60 years of age.

It is common knowledge that those who provide care are often women, and in many cases, older women who are left with their grandchildren (Schatz, 2007). As reported elsewhere, 60% of AIDS orphans in South Africa live with grandparents (Apt: 2012). Most of South African HIV caregivers in one study were female (68%); of these, 23% were over age 60 (Steinberg et al.: 2002). HIV is the major reason for older persons' increasing caregiving work. However, unemployment among those who fall within the working labour, migration, single, childbearing, and traditions of fostering also contribute to older persons' care burdens (Nkhasi, 2013). While there is increasing caregiving among older persons' and the growing HIV prevalence and chronic disease rates among those aged 50-plus are leaving more caregivers also needing caregiving (Negin, 2012). The complexity of the situation in South and Eastern Africa demands attention to caring for both elders and children with consideration as to how current caregiving shapes on past foster care for children and older persons care practices, and how these differ by gender, urban-rural demarcation, region, and so on (Sagner, 2001).

Caregiving is derived from a social constructionist perspective that emphasises the social processes by which people develop their social reality and knowledge about that reality in an ongoing way in interaction with others (Young and Collin, 2004). Most of the caregiving in many African homes is done by older women (grandmothers) while the mothers go to work the children remain at home with their grandmothers. Caregiving for the elders in most African cultures is seen as valuable, as the elderly are considered

important members of society, they are respected and valued for their wisdom, in that way caring for them is not perceived as a burden. Southern African women are caring for both their children and caring for their grandchildren. Most articles on caregiving in HIV-endemic contexts focus either on caregiving for orphans or caregiving for HIV-positive individuals and are not sensitive to the possibility of a double care burden. Gender plays an important role in older age careers and kin relationships, grandfather and grandmothers play a role of passing wisdom of how to be a man or woman to their sons and daughters (Calasanti, 2010). The patriarchal systems in Southern Africa, in each context, we must account for how gender shapes older persons' experiences of caregiving, how gender impacts their notions of self, and how gendered norms help explain irregular behaviour (Oppong, 2006). Gender identity, built over a lifetime and shaped by local norms and values, affects how older persons understand themselves and what roles they believe they can and should play as they age. Learned gender norms (masculinities and femininities) shape older persons' perceptions and definitions of caregiving, their likelihood of engaging in specific types of caregiving and the impacts of caregiving on their well-being (Calasanti, 2010).

2.2.5. Paid work versus Unpaid Obligatory work

Caregivers within child and youth care centres usually represent multidisciplinary occupations and have diverse roles within the specific context of caregiving (Clarke, 2001). Caregivers needs and means of relating are numerous and diverse in nature (Stengard, 2002), and also influenced by the nature of the relationship established between the child and caregiver (Baronet et al., 2003). This creates a major distinction between informal family caregivers and formal caregivers. In the last two decades gender activism in South Africa has taken serious steps to gain formal equality in the broader labour market; women's equal participation in the paid work has not yet been achieved, particularly among black women who are the ones doing the caregiving job. To expand on this, women have become increasingly differentiated along socio-economic lines (Mabilo, 2018). Affirmative action policies in South Africa has opened up opportunities for women to enter the labour force and this was previously not accessed by them, the opportunities are more accessible and beneficial to white woman who hold better education qualifications which places them in management positions (Casale and Posel, 2002). The same authors found that African women tended to be employed in low or unskilled, poorly paying jobs.

Feminist scholars have argued that how society views the issue of care will result in the attainment of gender equality, pointing out that unpaid care work is a major determinant of gender inequality (Folbre, 2008; Alfers, 2006; Kabeer, 2012). This is largely due to the notion that women's disproportionate burden of unpaid care work limits their progress, rights, and opportunities in all aspects of life. In addition to this, a lack of access to basic services such as sanitation, electricity, water, and transport can increase the physical work and time of caring (Malibo, 2018). A gendered social norm that views unpaid care work as a women's privilege implies that women spend their daily lives meeting the expectations of fulfilling productive and reproductive roles. As women take on the "double burden" (that is productive and reproductive work), time becomes a limited resource, as the time they use to fulfil care responsibilities could be spent developing their educational skills or engaging in market-related activities (Folbre, 2006: 185).

There is a need for scholarly interest in formal caregiving because women engage a high quantity of paid alongside unpaid care work. How well a society rewards and recognizes care work impacts gender inequality and women's empowerment. Hence there is a high turnover rate of caregivers because of low or no remuneration, and as a result, when caregivers get paid work, they leave. The turnover, specifically of women caregivers is considered to be due to the fact that is expected of them to do caregiving for their own families and to contribute also to community care (Patel, 2009). But gender arrangements from socialization and how gender is constructed also affect how care is provided; increasing women's employment means that more of the care of children is provided by paid workers rather than unpaid female family members (Sayer et al.,2004). Often formal caregivers remain in the caregiving role, thus being confined to the notion of helping others and not being able to be in need of help themselves. There is an excess of research into the effect of caregiving on well-being within the sphere of family caregivers, yet little research into the formal caregiver (Herbert, Arnold and Schulz, 2007). The 2013 United Nations Rapporteur's report acknowledged unpaid care as a barrier to women's and girls' access to a variety of human rights, specifically, the right to education and training, as girls are frequently leave school to do unpaid care work or have less time to study or socialise because they practise more care responsibilities. Women's right to work is also affected by the unpaid care work burden that makes it difficult for them to join the work force, limits them to doing unpaid work more, leading to lower salaries and prevents

opportunities for progression. The women's' rights at work, are inclusive of working conditions and, such as the right to minimum wage, equal pay for equal work, safe working conditions, leave and public holidays with pay. The right to social security, as women's employment courses, leave them with less access to social insurance**.** The right to health, as women and girls are overburdened with care at the expense of their own physical and mental health. The right to enjoy the benefits of scientific progress, such as water and sanitation, infrastructure and technology, including electricity and domestic appliances, particularly in deprived and rural areas. The right to participate, as caregivers are isolated in the private sphere, they are unable to participate in educational, political, cultural and social life.

Work is beneficial to society, or it would not be done. But some scholars argue that both paid and unpaid care work has enormous social benefits than other kinds of work. Economists define public goods like those that have been paid for from which it is impossible to exclude people who do not pay. Capitalist benefit from unpaid labour which is mostly done by women and not men, even reliable neoclassical economists recognize that, in the case of public goods, because the social return is greater than the private return, markets will have a shortage. This social benefit is at the core of the public good framework. The children in the child and youth care centre are those who need to be cared for, and the work is paid by the state, the caregivers providing the work are mothers to the own children also providing care and hence the caregiving work is considered that of goodwill to society and that beneficial in capitalist societies.

Care work, either paid or unpaid, often includes investment in the capabilities of recipients. The issue is not only how care instils cognitive skills that increase earnings, but more broadly that receiving care also helps receivers which are the children, develop skills, values, and habits that benefit themselves and others (England and Folbre, 2000). Care also helps receivers develop capabilities for employment market success as well as for healthy relationships as a parent, friend, or spouse. Care contributes to the intellectual, physical, and emotional capabilities of children who are orphans and vulnerable. These capabilities contribute to children's' own development and happiness. The benefits that accumulate to the direct receivers of care also benefit indirect receivers. The direct beneficiaries of care are the student who is taught, the patient of the nurse or doctor, the client of the therapist, and the child cared for by a parent or a formal caregiver.

2.2.6. Poverty, Social Class and Caregiving

Women are still part of the majority of the world's poorest even after global commitment to gender equality in the Millennium Development Goals. This suggests that there is sufficient to approach the problem of gendered poverty merely as one of development. Instead, attention is increasingly turning to the role of human rights law in addressing this issue. However, poverty has not traditionally been regarded as a human rights issue; but instead as a misfortune, or even as the fault of those living in poverty, whether due to their unemployment, misjudgment or lack of skill. Even in countries where formal equality before the law has been achieved, women continue to be segregated into low wages jobs and to predominate in hazardous employment and the informal sector. Therefore, to address these issues, it is necessary to recognize the extent to which women's access to economic resources, including paid work, property, and capital for entrepreneurial activities, is a result of structural gender inequalities (Fredman, 2015).

The division of unpaid labour is gendered and is seen as a struggle as within households and across societies and is also a class-based. Research on the allocation of unpaid work within households finds that women's bargaining power rises with earnings. As a result, women with higher earnings spend significantly less time on doing unpaid work in the household, like caregivers do reduction in the total number of domestic works. Hours spent on work for middle and upper-class women reflect a shift paid by domestic labour, as women with more resources transfer housework chores to low wage earning women, reducing the need for intra-household bargaining between more privileged women and their partners middle and upper-class cultural schema endorse highly involved parenting, motivating more privileged women to adjust their careers to uphold expectations of intensive mothering (Newman, 2014). In contrast, women earning lower wages are more likely to face social sanctions when they do not maintain their employment as they raise their children (William et al., 2013).

In the workplace, occupational and cultural conditions for women also vary by social class. Gender plays a major role in women's employment when they are in the minority within a working environment. Low earning women tend to work in occupations with high female representation, but they do not reap career benefits from the presence of the same gender or sex peers such as caregivers working in NPO's. Work schedules are

disproportionately concentrated in low earning jobs, imposing family, social, and health-related penalties on women in the lower class. Lower class jobs push both women and men away from prescribed gender roles as they conform to the restricted options that result from low incomes and low timetable control in their jobs. Working in a low paying job, occupations associated with women, and family struggles, may decrease women's gender-based identification and increase class-based identification (England, 2010).

Gender continues to shape women's experience of poverty in several ways. Foremost among them is the fact that women remain primarily responsible for childcare, elder-care and homework. At the same time, they are increasingly required to contribute to the income of the household through paid work. This has serious implications for women. Constraints on time and mobility mean that their opportunities in the job market are often limited. Women's market work is, therefore, disproportionately concentrated in part-time and precarious work. This has been exacerbated in recent years. With the growing movement towards "flexibility of labour markets throughout the world, many firms are increasingly making use of subcontracted women home workers at very low wages to replace core full-time workers. Women also predominate in the informal sector (Fredman, 2015).

The approach to eradicating poverty in South Africa is comprehensive, seeking to address both the financial aspects of poverty whilst also attending to its multidimensionality and individuals' basic needs. The analysis of the programmatic work carried out by selected government departments namely; the Departments of Social Development DSD, Education, Health, Trade and Industry, and Labour suggests that there is evidence of some tools within departments aimed at alleviating poverty, culminating in a variety of schemes and programs across departments, resulting in programs putting mainly women as a priority. Anti-Poverty Strategy is mainly embedded from gendered perspective. However, the departments are not close to being equal their poverty reduction approach are not similar. There is difference between National, Provincial and District levels. A shift in an understanding about poverty is evident within departments: there is a move from a material asset approach that focuses on agency and capabilities toward one addressing social services. A significant strategy for poverty alleviation appears to be social grants notably those provided by the Department of Social Development along with South African Social Security SASA. However, evidence shows that, given the

multidimensionality of poverty, such grants are also used to cover health care and school necessities, leaving very little for recipients to ensure basic survival. An important impediment to access appears to be the availability of Bar-Coded Identity Documents. The cluster system, aimed at coordinating efforts between and among various departments, and ensuring a poverty eradication is applied to all aspects of strategic planning, while necessary, has not succeeded (Moletsane et al., 2010).

The feminisation of caregiving work and its association with poverty level has been a characteristic of most caregivers in the developing world (WHO: 2002). Due to culture and socialisation the profession has not had the adequate presence of men. Because men are masculine as well as better capable with economic resources than women, they could be important human resources to offload their female counterparts in the task of caregiving. Otherwise, with the current caregiving in Africa being predominantly in the hands of women, especially the relatively elderly ones, effective implementation of the caregiving goals of giving those living with the virus a good life continues to present a difficult task for women to overcome. This has increased the environment of poverty in the caregiving field (Khan'ethe, 2013).

2.3 Challenges of Caring and Caregiving

The ways in which care is experienced reflects on our gender age, ethnicity, health and social status, and will be influenced by our values and beliefs about families and relationships, and hence by our location and the era we live in. (Bowlby et al., 2010). Caregivers often have a fundamental responsibility of emotional management, regarding any emotional responses they may have in relation to the children and the circumstances that surround the children's well-being (Karabanow, 1999). Ultimately by taking on the role of the caregiver, the individual puts themselves in a role in which their needs are secondary to those of the person or child they are caring for (Leira, 1994), but their role also needs to be located within the greater context (Davies, 1995). This is particularly important in consideration of the interaction between different factors within the environment and the reciprocal effects they have on each other.

The individual caregivers also have many roles within the caregiving scope. This variety of roles may result in increased negative experiences and consequently have implications the way the caring relationship is perceived and understood (Kim, Baker, Spillers, and

Wellisch, 2006), as well as present several different ways in which to get into caregiving. This is particularly relevant as to the individual construction of the interaction between the caregiver, and the child has an essential role in caregiver strain and motivation these operate as factors which enable better caregiver and child care outcomes (Zweibel & Lydens, 1990).

Caregiving places a vast amount of stress onto an individual, the stress creates a position whereby the caregiver's health, both physically and psychologically, may be compromised. (Rowe, 2003). Extensive stress can influence role in the physical and mental well-being of caregivers. Vitaliano et al. (2003), identifies two pathways by which chronic stress can impact caregiver's mental well-being and health. The first pathway suggests that chronic stress leads to psychosocial, distress and increases in stress hormones. While the second pathway links chronic stress to risky health behaviours such substance abuse, poor nutrition, inactive lifestyle that are often associated with mental and physical health problems. Caregivers also face challenges in providing care for children in centres. In later feminist analyses on child care, this argument becomes more multifaceted. Child and youth care centres and services, feminists argue, even where they are available, do not adequately meet the needs of women caregivers. In particular, sick children and very young children may have needs which are not properly met by child and youth care centres. Finding care for children in the evenings, at night, and part-time (especially in centres) is more difficult than finding care for children during the standard work week (Lero, Goelman, Pence, Brockman & Nuttall, 1992). Recently, more analysts have recognized the importance of care that respects and nurtures children's cultural heritage. As these unmet needs became more widely recognized, employers and governments were pressured to recognize employed caregiver needs and circumstances. From this grew demands for better child care for flexible days for taking care of sick children, for flexible schedules which accommodate children's school schedules, for maternity and childcare leaves, and for the employer and government-sponsored childcare.

One of the challenges of caregivers is economical; caregivers are the lowest paid people in the helping profession. One might assume that it is probably because most caregivers are recruited from the community, mostly with a matric or grade twelve qualification and no other skills. They are paid in accordance to the nature of the NPO's for instance, child

and youth care centres were paid R2046 in the Eastern Cape Province for the financial year of 2018/2019, it has increased to R3500 in the financial year 2019/2020 and the beneficiaries are orphans and vulnerable children. The challenge is due to the lack of sufficient funding for the institutions and the department. This puts on the pressure on their finances as they have their own families to provide for and they need the same money to be able to transport themselves to work, all of this leads to stress and burnout.

2.3.1. Burnout and Burden due to caregiving

Caregivers face many challenges when caring for children, whether being formal or informal caregivers. It is important to clarify that there can be healthy levels of stress that may allow the caregiver to operate more efficiently and provide motivation for their work. But excessively prominent levels of stress can be damaging, and this form of caregiver stress has been related to several physiological symptoms and disorders, and the leading one is depression (Tsai & Jirovec, 2005). The caregivers may also feel inadequate, especially when they fail to fulfil their roles as wives and mothers because of the strain brought by the demanding job of being the caregivers at work and at home. They also get emotionally involved with the children as it is inevitable to them given that they are parents themselves and getting overprotective of their own children and end up failing to raise responsible and independent children.

Caregiver burden can also be considered as strain, which can be referred to as "physical, social and or financial reactions that can be experienced in giving care" (Nijboer *et al.,* 1998). Caregiving as it may come as a financial burden whereby the caregivers have to support their children and families, but because of low salaries they earn they find themselves in positions whereby they cannot take care of their families which in turn results to more pressure. They end up putting themselves in debt and having many loans to cover for the financial needs, and they also find it difficult to budget with the low income they receive. Burden and distress can also be manifested in physiological means, often presenting with depressive symptoms of depression (Given *et al.*, 2005) Burden can include several components, negative or positive depending on its ability to negatively or positively influence the caregiver's experience. It can have a positive effect, such as prevention against burden for example support, or a negative effect, which are usually those components precipitating the negative consequences of burden (Reinhard & Horwitz, 1995).

2.3.2. Social and Health Benefits of caregiving

Although caregiving can be stressful and have diverse negative physical, mental, and health consequences, evidence suggests that the role of a family caregiver can also result in health benefits for some. According to Wight et al. (1998), caregiving can be a fulfilling and life-improving experience, thus creating a positive impact on caregiver's health. Evidence suggests that some individuals derive benefits from their role as caregiver, including improved mental health, increased closeness and bonding to their loved ones, and a sense of satisfaction related to fulfilling this important duty (Beach et al., 2000; Kramer, 1997). In addition, research indicates that caregivers who continue to fulfil social roles outside their duty as caregivers are reported to show better health (Wight et al., 1998). Although numerous efforts have been made to understand both the negative and positive consequences of caregiving on health, significant limitations in the literature make it difficult to draw the exact hypotheses regarding the physical health effects of caregiving (Dew et al., 1998). Particularly the concern has been the variety of methodological weaknesses that are present in the literature of caregiving. According to Schulz et al., (1997), problems occur in the sampling strategy for many caregiver studies because caregiver subjects are often recruited from support groups, health and social service agencies, or through solicitation of those experiencing burdens of caregiving. These studies, which use samples of individuals who are already aware of their distress, may not produce results that are represent of the greater caregiver community. Others, including Beach et al. (2000), proposes that another problem with data from caregiving studies is that caregivers are often treated as a similar group, rather than recognising that caregivers face different levels of intensity of caregiving.

2.4 International Policy Landscape

Majority of public policies have been developed without consideration of the needs and support caregivers require in their role. However, programs, policies and services that value and support caregivers and their role can make caregivers do their work efficiently and reduce their potential risk. The contribution of caregivers to the labour market has been undermined, overlooked, and under-valued. Moreover, these policies have unintentional negative effects on caregivers and their families, potentially increasing the burden on themselves, those they care for and the health care system. If caregivers need for health and social services is not included in the policy formulation to support their role the important social and economic contribution they make will be jeopardized.

2.4.1. Policies in Developed Countries

The shifting construction of families globally has influenced care policy agendas. Extended families are not commonly interested in assisting with caregiving for children who are orphaned and vulnerable regardless of social norms which continue to recognize two parent, and male headed household, one-third of all southern households are now headed by women (Htun and Weldon, 2014). Sometimes the result of an epidemic illness like HIV/AIDS and sometimes the result of migrant employment, women in developing countries are increasingly likely to head their own households. With less adults in households, care needs have increased, and in some instances, shifted across generations.

The inclusion of women into the labour market on the provision of care policies cannot be overstated particularly into the formal labour market. While participation rates extremely differ by country and have actually declined over the past two decades in Asia, where women work outside the home, they need supportive care policies to help them balance their work and family responsibilities. This has assisted the request for better labour market policies, such as maternity leave for childcare, especially in urban areas. These has resulted in policies that have typical focus on improving economic and are child-centred, such policies include breastfeeding policy, rather than on women themselves, women's work fundamentally driving change, all this happens in Mexico's Estancias.

Feminist's movements have aided to advance some care related programs. They have been critical to the expansion of developmental and educational programs which are programming in a number of countries including Brazil and Chile and have also worked to integrate care concerns into some social protection policies such as India's Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) (Htun and Weldon, 2014). Indeed, on a global basis, Htun and Weldon's (2014: 61) the analysis feedback found that there is a surprisingly strong relationship between women's organising and child care policy' which they attribute to the fact that childcare policies fundamentally challenge gender roles in that they conceive the possibility that children do not require maternal care. Interestingly, they found no relationship between women's organising and maternity policies. Htun and Weldon (2014), suggest to the latter predating the former. Labour unions have also championed care working both to protect the rights of domestic workers and to promote the provision of early childhood care and education.

The NGOs role in pushing care onto the development program has also been significant. For instance, Action Aid's participation in working with women has helped them measure their time inputs and led to interactions with policymakers to demand better access to time-saving infrastructure and children's programs. Civil Initiatives for Development and Peace (Cividep) India has also come up with increased numbers, by working to highlight the gaps between care policy and reality and to quantify Indian factory workers' need for childcare (Ferus-Comelo, 2012). Oxfam's Women's Economic Empowerment and Care (WE-Care) programme have conducted two research surveys in five different countries focusing on identifying problematic care work and interventions that could alleviate the problems (Samman et al., 2016).

The majority of Canadian jurisdictions do not asses, acknowledge, or address caregivers needs and their needs are not addressed by social services or health and most of the time service providers lack evidence-informed tools and resources to assist caregivers. Programs, policies and services that value and support caregivers and their role can promote caregivers' well-being and reduce the potential risks to these most valuable individuals (MacCourt, and Krawczyk :2012). However, the Canadian government sponsorship has given support to the British Columbia Psychogeriatric Association (BCPGA) and funded it. The vision is to support older adults with or the ones who are more at risk with mental health problems, their health providers and caregivers, to achieve the quality of life and quality care through clinical practice, education, advocacy, research and education. This has made Canada to develop a Policy Lens suitable for all the needs of caregivers to offer them support in their role.

This Policy lens is a framework for examining services, policies and programs from the perspective of caregivers. Government, organisational, program and service delivery policies can be analysed for their potential effects whether negative or positive on caregivers. The Policy Lens can be used to evaluate existing programs and policies that have direct effects on caregivers (e.g., Caregiver Tax Credit, Caregiver Support Interventions) or indirectly (e.g., home care policies and programs for seniors).

The Policy Lens is a series of questions intended to increase awareness on caregivers' needs and the support they require, identifying to facilitate any unintended negative effects of policies on caregivers, and promote the inclusion of the caregivers, both as stakeholders in care and in the development, implementation and evaluation of policies and programs that affect them. In countries like the USA, there are NPO's that work

towards the support of caregivers through Policy. The current research shows a positive return on investment for policies that allow caregivers to balance their jobs with their caregiving responsibilities. The biggest change over the previous five years in the USA is the growing realisation that time and flexibility are what working caregivers' value most of all. Moreover, more employers are recognizing that flexible work arrangement and paid leave for elder caregiving can serve as powerful recruiting and retention levers and not just for women, who typically carry more of the caregiving work (React, 2017).

However, all these policies are not directed specifically to caregivers that are working with orphans and vulnerable children. There is still a need to provide support for caregivers in child and youth care centres as they carry the burden of doing multiple work at home and their place of employment. Most caregivers find themselves dealing with problems beyond their coping capabilities in terms of burden and knowledge. Possibly it's time that caregiving is improved by putting in place day care centres to give the caregivers an opportunity to get care relief (Daily News, 2002). Unfortunately, that change has not happened. However, it would also be important for caregivers not to over work in order to avoid stress and burnout. This will assist in sustaining their health and well-being. It is necessary that the program under which a caregiver is working helps to assess her coping capability professionally. This kind of policies are a need in both needed both in developing and developed countries.

2.4.2. Policies in Developing Countries

When policies are formulated, they reflect on countries different conditions. This is because the conditions in developing countries are different from those in Developed countries, policies are developed on the basis of epidemiology, resources available, values and culture, migration, the strength of paid and unpaid care, and stage of development of social systems. Most policies in developing countries have gradually been put into place for caregiving, there are township child and youth care centres, village posts in rural areas (WHO, 2003). While the central government has established policies governing the financing and operation of all child and youth care centres, it grants considerable autonomy to the latter three to raise funds and manage their own operations, in line with market-oriented reforms in the general economy. Even its own facilities are expected to raise a substantial portion of their own revenues (WHO & Jianping Hu, 1999). The ILO reports that there are over 53 million domestic workers across the world, and 83% of them are women. The caregiving role enables other women to enter the labour force, allowing

them to reconcile work and family responsibilities (Maybud, 2015). Thus, caregivers' working contributes to economic growth dual-income families become more common. However, caregiving work is situated at the low end of the care economy, due to generally low-wages, few benefits and little protection. In part, this results from exclusion of caregivers in the formation of policies even from labour and employment rights in many countries, which effectively legitimizes discrimination of a female-dominated class of workers as most caregiving is done by women.

2.5. The South African Policy Framework

Just like in many countries, childcare provision in South Africa has been labelled quantitatively using data collected in the Time Use Surveys (TUS). Time Use Surveys has been conducted twice in the year 2000 and 2010 respectively. Both surveys show that women spend considerably more time on childcare than men (Hatch & Posel, 2018). The increasing of unemployment, capital intensification and levels of inequality in South Africa, the intra-gendered inequality that is also witnessed in the post-apartheid landscape could potentially delay attaining inclusive gender interventions. According to Folbre (2008: 379), globalisation has meant that increased income inequality among women also tends to weaken the support for the kinds of policies that emphasize the commitments to care for others. This is the fact that highly skilled women who enter managerial and professional jobs are equipped to and can afford the unpaid family leave guaranteed to some workers by law. While women's participation in the informal economy is widely documented in South Africa, and the group of women remain excluded from policy formulation and processes. Chen *et al*. (2006) state that local and national governments rarely consult all relevant stakeholders during policy formulation stages. Instead, consultation usually involves organised labour and formal business interests, which may in turn overlook the feminine perspective of caregivers. This has been the case for women in South Africa's informal economy, which implies that women's needs specifically which include business and skill training, as well as the reduction of unequal domestic and childcare burdens, are not likely to be taken into consideration in policy formulation and processes.

The South African democratic government has called on all sectors of society to revisit policies and approaches to demonstrate a commitment to the transformation and change towards a truly democratic society. The endorsement of a development policy for social well-being in the form of the White Paper for Social Welfare (RSA, 1997) which was a

response to the call and includes a social welfare system that is participatory, appropriate and equipped in meeting the needs of all caregivers including South Africans (Patel, 2005).The premises and the cornerstone for all legislation and policy in the South African democracy are rooted in the Bill of Rights of the South African Consitution, Act 108 of 1996, which protects the all people in the country, and their rights, affirming the democratic values of human dignity, freedom and equality (Lombard, 2008). The policy and legislative framework of the country has shaped a conducive climate for the Department to achieve its mission, with regard to the equitable distribution of resources. The role that the NPO sector has played a very critical role in service provision and acknowledgement. Most NPOs have also made major transformation in line with the current realities of the country. However, the requirements for transformation remain a major challenge for the government. The policy'sintention is to facilitate the achievement and priorities of the Department of Social Development through a developmental service for the poor and vulnerable groups such as those affected, and infected with HIV/ AIDS and those with special needs such as older persons, the youth children with disabilities, those who are orphaned and vulnerable, victims of violence and abuse.

Caregivers living in poverty-stricken situations are with face a wide range of challenges that affect their ability to be effective caregivers in their role and to promote good child development outcomes. These challenges include, material deprivation, low educational skills, physical and mental ill health, being deprived access to employment and services, domestic violence and abuse (Katz et al., 2007). South African caregivers face intersecting epidemics of HIV, under nutrition, and abuse compounded by chronic diseases and poor access to basic services and education.

In many other countries including South Africa, functions and roles that are essentially linked in the everyday lives of caregivers, are in fact, split across government departments. For instance, social grants are managed by the Department of Social Development, while much other support or clinical services are driven by the Department of Health. The result may be a closed service provision and costly task replication resulting in missed opportunities to deliver vital services. In a financially constrained system, improving inter-sectoral coordination is vital, particularly as support for caregiver's cuts across numerous systems such as Health, Social Development and Education (Tomlinson, 2013).

There are issues that are significant to understanding the development and role of caregivers in South Africa. The first is the emphasis in transformational policy on services to be delivered to South Africans who have been disadvantaged. The caregivers mainly reside in rural areas, in informal settlements and in live in poverty. According to the Social Service Professions Act of 1998, the purpose of the SACSSP is to "protect and promote the interests of the professions in respect of which professional boards have been registered or are to be established" and "to enhance the prestige, status, integrity and dignity of the professions" (section 3). The SACSSP and the professional boards are required to support a profession by regulating who can practice the profession; determining and enforcing professional codes of conduct, and regulating training and education. The SACSSP should also provide a forum where different social service professions can interact. The Department of Public Service Administration (DPSA) implements and develops a compensation policy for public sector workers, including social service professions; each sector has an Occupation Specific Dispensation (OSD). The OSDs regulate the terms and conditions of service and institute clear job and pay categories based on skills, qualifications and career history. The OSD for CYCWs only applies to institutions developing child care services. However, the rate is low in the sector, indicating that CYCWs are motivated by reasons other than rewards. According to the International Child and Youth Care Education Consortium (ICYEC) professional child and youth care practice focuses on the infant, child, adolescent, and both normal and special needs, within the context of the family, the community and the life span. The developmental-ecological perspective emphises the interaction between persons and the physical and social environments, including cultural and political settings. Child and youth care practice is inclusive of skills in assessing client and program needs, designing and implementing programs and planned environments, integrating developmental, preventative and therapeutic requirements into the life-space, contributing to the development of knowledge and practice, and participating in systems intervention through direct care, supervision, administration, teaching, consultation, advocacy and research" (International Curriculum, 2001: 4).

According to the changed policies of child and youth care, employees who work in child and youth care residential settings must work within the children's rights framework but also in a team context in rendering services to the service users. The major arguments for the value of teamwork are reported to be improved service delivery and outcome for service users, and the continuity of services. Working in teams also contributes to the

team member's greater ability to adapt to changed circumstances and enhanced service delivery as a result of the input from external service providers. Team members then have improved wellbeing as well as creativity, and fun is increased within the team context. Improved service delivery and outcomes for service users are important. This is especially true for children as various policy documents stress the fact that their best interests of the children.

Caregivers who work in CYCC are expected to change their focus from working individually to working together as a team; from just concentrating on the institution specific mandate to concentrating on the institution as a system; and moving away from categorisation to focusing on integration. A monitoring system containing norms and standards for the delivery of services within the institutional level team is for the most part, not in place. This leads to a number of staff members not making any contribution within the team, and therefore, leading to poor service delivery.

The Strategic Framework and Program of Action on the Comprehensive Care and Support for OVCY (2008-2015) promotes the complete fulfilment of all basic needs of children and youth within the South African Development Community (SADC). It calls for public investment in children, especially in terms of early childhood development (ECD), in order to efficiently prevent social problems when children become adults. SADC countries committed to the following objectives when they agreed to this Framework (SADC: 2008). The main goals are to do the following; to facilitate the establishment of a conducive and supportive policy and legislative environment to reduce deprivation and vulnerability facing; to enhance capacities of SADC Member States in planning, developing and implementing complete policies and programs on OVCY; to improve cross learning, sharing and scale-up of best practices on OVCY in SADC and ensure evidence-based and responsive policies and programs on OVCY in the SADC region; and to facilitate the availability of financial, technical and human resources to respond efficiently to OVCY in the SADC region.

Policy at all levels, emphasizes developing communities and takes services to where the needs are. The policy for the transformation of the child and youth care system is critical and guides the caregiving practice. Other supporting policy documents include the children's Act 38 of 2005. However, the field of child and youth care in South Africa is still faces the struggle of advocacy, and the challenge of providing an immediate response to such a desperate need. While policy promotes the services of child and youth care

workers in the child and youth care centres, there is no connected provision made for salaries for child care workers on the staff of the Government Departments.

This further contributes to the difficulties of funding community caregivers even in innovative outreach programmes from residential facilities. At the same time, there is a view that only caregivers with degrees or diplomas should service the field as caregivers. The reality is that there are not sufficient caregivers in South Africa with these qualifications (Thumbadoo, 2005). Caregivers are the least paid in their departments regardless of the policies that are put in place to support and protect them. There is currently no reliable database of all working caregivers in child and youth care centres. However, the report from SACSSP shows that the council has registered 2.674 caregivers to vote in the election of members to the professional board, and 1532 of the caregivers are working for the provincial Departments of Social Development (Jamison, 2013:7).

2.5.1. Provincial Policy Framework in South Africa

The child and youth care centres in the Eastern Cape are characterised by the lack of human resources capacity, lack of proper governance a huge burden of cases and a lack of proper recording, accountability and continuation of services. Finances remain the biggest challenge in sustaining these organisations. The funders are diminishing due to the contemporary macroeconomic challenges. The Department of Social Development as the main funder has developed the policies on how to best run the CYCC. The organisations are urged by the Department of Social Development (DSD) to develop the policies, but they get very little help in developing those policies. Those policies are Human Resource Policy that includes recruiting, induction on the job training, job descriptions, development of work plans and standard frameworks, job evaluation and interval reviews of performance. Contracting (nature of the job). Disciplinary policies, Grievance policies, leave policies, exit management policy etc. are either not there, inadequate, blurred and misunderstood. Policies on financial management: The DSD has the Public Finance Management Act (PFMA) that enforce an efficient and effective utilisation of the public funds and resources.

The Department of Social Development in the Eastern Cape policy book has a wellness policy that is catered for its employees in recognising employee principles and values. These include Accessibility, that employees should have reasonable access to decentralised services, and rehabilitation. There should be confidentiality, voluntarism, fair and equitable practice, openness and transparency, sensitivity, timely intervention,

independence and co-responsibility, a balanced approach and have existing procedures and agreements. The main purpose of this policy is to create an environment and organizational culture that support healthy lifestyles choices for employees and give support to managers, employees and their immediate families in managing wellness challenges (DSD, Eastern Cape Policy Handbook: 2015). All these policies are put into place but merely into practice, especially for caregivers that are under NPO's, and the department is the custodian of the caregivers through the NPO's and pays the subsidy for the caregivers, but fail to offer the required support to caregivers.

The White Paper for Social Welfare (1997) obligates the Department of Social Development to the change of social services by implementing a developmental approach that emphasises the interdependence between economic and social development. Such transformation should, amongst others, address race, class, gender and spatial imbalances. The legislative framework like policy, regulations and the white papers are there and provide the direction on how the matters related to NPO administration should be handled. Women's entry and contribution to development has been invisible to social planners and policymakers and is rarely reported in social development studies. Women are mainly the key-providers of unacknowledged social care to the physically, and the mentally disabled, the elderly and the young. Additionally, to their roles in the family, women contribute voluntary time to social and development programmes in communities. (Ministry of Social Development, 1996: 51).

When reflecting on these statements, it is noticed that they are rather more linked to a communication moral vocabulary than to norms of gender equality. It is argued, women should be supported in their caregiving roles without the gender divisions in care being questioned in the light of gender justice or promoting caregiving as an aspect of the quality of lives (Bozalek, 1999).

2.6. Research Gap

There is a gap that exist in the research of caregivers. The existing policies are not clearly linked with the experiences that represent the implementation of those policies. There are several assumptions that one might make when it comes to policy implementation pertaining to caregivers. Some of these assumptions might include that policies are not equally accessible and understood by all the staff members (caregivers). This is because most caregivers are not well-educated with limited literacy and are not as skilled as their senior counterparts and yet the policy and contract documents are written in English while

caregivers use and speak in Nguni languages. The caregiving job is regarded as low-level and underpaid, but the quality of its contribution to the society and development of the country is undermined since, most research studies on care giving are old and often neglected by researchers. Therefore, this study, provides a contextual research understanding which helps to unpack a case study experience of caregivers at the CYCC. This provides a detailed and close contact information that is considered to be new since it harnesses the contextual experiences. The caregivers as the personnel that provide the primary intervention are not properly equipped with skills to handle the children in CYCC, dealing with vulnerable children, sometimes they struggle to maintain objectivity and would sometimes divulge the child's information unaware of the consequences of their indiscretions towards themselves, their associates and the organisation. There is still a struggle in the implementation and formulation of policies in the Eastern Cape Province in regards to caregivers and child and youth care centres.

2.7. Summary of Chapter

This chapter presented the key concepts such as orphans and vulnerable children, caring and caregiving, and child and youth care work. The chapter also unpacked the dimension of care and caregiving sociologically looking into care as a gendered concept and the racial dimensions when it comes to caregiving also socio-cultural expectations of care. Mothering and gender that shows why women are subjected to the caregiving role even how older women viewed in the workplace and hoe caregiving fall on them with due to being affected by HIV/AIDS pandemic since grandmother are the one who is caring for children, but they also need the care. The chapter also unpacked the dynamics of paid and unpaid work in capitalist societies, and how class, and gender are affected by caregiving, including the economy.

The chapter also showed challenges faced by caregivers and also the benefits of caregiving. The literature also looked into the policies and in accordance with the legal framework of how policies of care are constructed and if they do have a positive impact on the lives of caregivers.

CHAPTER THREE: ETHICS OF CARE THEORY

3. Introduction

The ethics of care theory is utilised in this study to help reflect the experiences of women caregivers in their working with orphans and vulnerable children. The use of this theory is critical in this study to understand women end up in the caregiving field. This chapter presents an understanding of ethics of care by firstly, exploring the difference between moral and ethics in caregiving, and then discuss caregiving as a moral act. It will also show why caregiving is a public good. There-after, caregiving as a labour of love, and gender dimensions of labour of love. The chapter also looks into ethics of care and patriarchy and then the economic status of South Africa and caregiving. The difference between paid care and unpaid care, and the application of how the state, welfare, and community are linked in terms of caregiving. Lastly, the chapter will present summary of all the discussed arguments.

3.1 Ethics of Care

The ethics of care originates from the feminist writings that define approaches to ethics in personal relationships and emotional commitment, based on acting rather than dependence on principles and rules (Tadd, 1998:367). From the 1980s moving forward, the ethics of care has been strongly linked with psychologist Carol Gilligan's work. The phrase was termed after a study that she conducted on how little girls look at ethics. Gilligan found that in relation to boys, the moral development of girls tended to come from sympathy instead of being justice based. From the study, Gilligan proposed that ethics should be focused on relationships instead of emphasizing independence and rules. Her theory focused more on our connections with each other as human beings and situations being context dependent. With interest in normal perspectives expanding everywhere from the outlines of egalitarian families and places of work, to the moral responsibilities of parents and people, to the ethical evaluations of governmental and foreign policies. The ethics of care theory offers hope for rethinking in more productive ways we suppose to live our lives (Held, 2006). The ethics of care has a potential of being based true worldwide experience of caregiving. Whether care is provided in an informal or formal way, and this study care is provided by caregivers in a formal way in the child and youth care centre, and they also provide the same care in their families' informally. The theory further states that every human being has been cared for from birth or would not be alive; this shows the importance of caregiving and how it is a need for everyone.

In order to understand the values involved in caregiving, and how its standards reject violence and control, the ethics of care theory makes it possible (Held, 2006).

The ethics of care theory recognizes that humans have been dependent for many years in their growing lives, and the moral claim of those dependent on us for care is a need and that there are highly important moral aspects in developing the relationships of caring, which enable human beings to live and progress. Moralities are built on the image of the independent, rational individual overlook and the reality of human dependence and the morality for which it calls. The ethics of care looks to the central concern of human life and defines the moral values involved. It refuses to relegate care to a realm ‘‘outside morality”. How caring for others should be reconciled with the claims of, for example, justice is an issue that needs to be addressed. But the ethics of care theory starts with the moral claims of others, for example, caring for one’s child, whose claims can be compelling regardless of universal principles (Held, 2006). This is mostly applicable to caregivers who perform their job in a CYCC where they care for children and the youth who are vulnerable, orphaned, abused and neglected, they have to have a moral view into their job, and are expected to care for the children ethically, there are policies and guidelines that guide them to do their work, but to be a caregiver demands that you do it in a way that will develop the child holistically and be able to bring forth change into a child’s life. Not only are caregivers working and providing this moral act at the centre, but the caregiving role also extends in their natural environment, their neighbourhood, with their relatives’ children, but with also their families. Therefore, this theory of ethics of care will be suitable to reflect the women caregiver’s experiences in terms of caring for orphans and vulnerable children, and how they also manage to offer care to their families.

Firstly, the central focus of the ethics of care theory is on the compelling moral salience of attending to the needs of the particular others who we take responsibility for such in this study, caregivers caring for orphans and vulnerable children that are in child and youth care centres. The ethics of care stresses the moral force of the responsibility to respond to the needs of those that are dependent. The ethics of care attends to this central concern of human life and defines the moral values involved in caregiving. The theory refuses to relegate care to a realm outside morality. How caring for others should be reconciled with the claims of, for instance, universal justice is an issue that needs to be addressed (Held, 2006). But the ethics of care starts with the moral claims of others, for example, a woman meets a person crying, but she does not know her, but she will hug

her, to show caring, this shows ethical caring. The ethics of care is sometimes seen as a potential moral theory to be substituted for "such dominant moral theories as Kantian ethics, utilitarianism, or Aristotelian virtue ethics. It is sometimes seen as a form of virtue ethics. It is almost always developed as emphasizing neglected moral considerations of at least as much importance as the considerations central to moralities of justice and rights or of utility and preference satisfaction" (Held, 2006).

Secondly, the ethics of care process of trying to understand what morality would recommend and what is morally best for us to do and who to be, the ethics of care values emotion and does not reject it (Held, 2006). Bearing in mind that not all emotion but in contrast with the central rationalist approaches, emotions of empathy, sympathy, sensitivity, and responsiveness are seen as the kind of moral emotions that need to be regularly shown or used to maintain reason for morality demands (Baier, 1993). Even anger may be a component of the moral indignation that should be felt when people are not treated in the right way, and it may contribute to an appropriate interpretation of what is morally wrong, however this does not say negative or wrong emotions can be guided to moral feelings, but from care perspective moral inquires that depend on reason and entirely rationality. The ethics of care theory, in contrast, does appreciate the emotions and relational capabilities that allow morally concerned people in actual relational contexts to understand what would be best. Since even the helpful emotions can often become mislead or worse when excessive empathy with others leads to a wrongful degree of self-denial or when caring concern crosses over into controlling domination, we need an ethics of care, not just care itself. The various aspects and expressions of care and caring relations need moral scrutiny and to be evaluated, not just observed and described.

Thirdly, the ethics of care theory rejects the view of the leading moral theories that the more abstract the reasoning the better because, the more likely to avoid bias and chance, the more nearly to achieve neutrality. The ethics of care respects rather than removes itself from the claims of others who we share actual relationships with. It calls into question the universal and abstract rules of the dominant theories. When the others consider such actual relations as between a parent and child, if they say anything about them at all, they may see them as allowing them a preference that a person may have. Or they may recognize a universal obligation for all parents to care for their children, or even women to do the caregiving, but they do not permit actual relations ever to take priority over the requirements of neutrality. To most advocates of the ethics of care, the compelling moral

claim of the particular other may be valid even when it conflicts with the requirement usually made by moral theories that moral judgments be universal, and this is of fundamental moral importance (Held, 2006). Hence the potential conflict between care and justice, friendship and impartiality, loyalty and universality. To others, however, there need be no conflict if universal judgments come to incorporate the norms of care appropriately previously disregarded.

There is a relationship between the actual care work and the ethical or moral orientation of people. Hughes et al. (2005), argues that care as an activity and a culture leads to its feminised status and demotion of caregivers. That is, women are feminine, and their feminity puts them in a place of being placed are natural caregivers as opposed to men. A similar argument is presented by Winch (2006: 6) who states that caregivers are 'produced by an interplay of political structures and ethical attitudes and practices' which is based on a caregiver's morality and discourse of caring. Paoletti (2002: 815) adds to state that the method places care as part of the social and moral order, which is produced and reproduced through ordinary dialog. She furthermore argues that the vulnerable condition of caregivers needs to be clarified by the moral context and its gendered nature.

The ethics of care theory is used in this study to be able to understand the experiences of woman caregivers, and why women end up providing care, whether they provide care because it a natural process or they provide care ethically, thus the difference between the way care is provided formally or informally leading to the dynamics of paid care or unpaid care or because of the way in which society views caregiving. Women's experiences of caregiving may be due to the way they view caregiving as an ethnic or a natural process.

3.2 Differences Between Morals and Ethics in Caregiving

Morality and moral refer to an individual's understanding of what is good and right, whereas ethics refers to self-chosen morality, what the individual is conscious of and is committed to. Ethics is a reflected, systematic conceptualization of the good, often presented as a moral philosophical theory (Airaksinen, 1990.) More specifically, ethics is defined as "a systematic attempt to understand moral concepts, such as right, wrong, permissible, ought, good, and evil to establish principles and rules of right behaviour and to identify, which virtues and values contribute to a life worth living" (Tong, 1998: 261). The concept of moral reasoning refers to cognitive processes in moral activity, which is then used interchangeably with moral judgment. Moral reasoning can be divided into care and justice reasoning. Within this study, moral development refers to the development of

moral reasoning for caregivers when they perform their duties of caregiving in the CYCC. That caregivers feel some sense of moral when taking care of orphans and vulnerable children. The ethics of care and the ethics of justice are broader concepts than care and justice, development or reasoning and will be further explained in the chapter, and they also imply to other conceptualizations of care and justice, such as studying and practising care and justice in moral thought. Therefore, it is essential to understand caregiving as a moral act, public good and a labour of love.

3.3 Caregiving as a Moral Act

When care is provided it instils cognitive skills that increase earnings as caregivers working in the institution are providing care for an income, but more importantly that receiving care also assists care receivers develop values, habits, and skills that benefit themselves and others included (England and Folbre, 2000). Caregiving work done in institution contributes to the intellectual, physical, and emotional capabilities of the children in the centre. These capabilities contribute to receivers' own and others' development and happiness (England, 2005).

The construction of a moral surrounding the notion of love is often feminized and highly gendered and must be understood is such a way that it is characterized not by gender but by theme feminization (Weicht, 2008). Other authors like Virginia Held in her book *"Ethics of Care"* approach have revealed that society's view of morality and ethical values is usually based upon gendered diversity which also led to variances in the values attached to certain modes of morality. In this context, Held, (1990) notes the historical difference between reason and emotions in the history of philosophy and ethics, which caused, in her opinion, caregiving to be a gendered concept of morality. This notion of morality is also expressed in the construction of care in opposition to reason, rationality and economic transaction. Thus, the care relationship is one based on neutrality, virtues, attachments, and emotions rather than reasoning (Weicht, 2008). This applies mainly in families, caregiving in families is a natural as family members are expected to have that love and care for one another, mothers are expected to be cares, and they are also socialized in that way, even not only mothers or women the entire family is expected to look out for one another hence the saying "blood is thicker than water".

The South African context encompasses an understanding of the contextual influences, and how the caregiver may, in turn, influence the environment whenever caregiving is done. This brings the concept of Ethics of care theory to light, thus caregiving being

viewed as being moral to society. The concept of care has the benefit of not losing sight of the work involved in caring for people and of not putting itself to the interpretation of morality as ideal but impractical to which advocates of the ethics of care, which shows that caregiving is both practice and value (Held, 2006). Caregiving influences moral salience of meeting and attending the needs of the people for whom we take responsibility for. Providing care for another person's child may well and defensibly be at the leading of a person's moral concerns. The women who are caregivers, caring for orphans and vulnerable children, are providing love and nurturing them as their own because it is morally right to say so, even an African proverb states that "It takes a village to raise a child".

3.3.1 Caregiving as a Public Good

Caregiving is being created as one of the benchmarks of a decent society; those who are part in the provision and the arrangement of care face a specific moral assembly (Weitch, 2008). Economists describe public goods as those that have aids from which it is impossible to ignore people who don't pay. Even dependable neoclassical economists identify that, in the case of public goods, because the social return is better than the private return, markets will run at a shortage, and thus there is an argument for state provision. For example, education, and also caregiving done in CYCC's. Caregiving work is beneficial, or it would not be done. But some scholars have argued that both unpaid and paid caregiving has more indirect social benefits than other kinds of work. Lately, gender scholars have noted that all care work, paid and unpaid, may create public goods. Folbre (1995) argues that having and raising children benefits people in society other than the children themselves. England et al. (2002), made a similar argument about paid care work, that it is beneficial in societies, and it is at the core of the public-good framework.

The caregiving functions of teaching, discipline and reading and providing for children along with healthcare are much certain to be beneficial to societies, which is the work done by caregivers at Crossroads CYCC. When it is understood, the public-good framework whether paid or unpaid, care work creates wordy social benefit beyond its immediate beneficiaries. The low salaries of caregiving work can also be seen as indirect evidence that care produces public goods. In the previous chapter, the amount of subsidy given to the caregivers working in CYCC in the province of the Eastern Cape amounted to R2045 per month, for the financial year of 2018/2019, which is a very low wage that argues that caregiving work less rewarded than we would expect because it is association

with women. Informal caregivers are, constructed as the role models of society. This is because they are heroes who keep this society together, the notion of community and community values are addressed in various contexts by them. Community therefore, also needs to be seen as an idea and as a concept, and the term does not only refer to the demarcation or cultural entity. A community is constructed to bring compassion, support and mutual affection (Weitch, 2008). Another possible explanation for the wage disadvantage in caregiving work is the public-good aspect of the work. The standard economic argument is that public goods will be underprovide by markets because there is no way to capture the benefits (England, 2005).

3.4 Caring as a Labour of Love

Caregiving and love go hand in hand. Caregiving demands one to be emotionally involved. Caregiving is an activity surrounding both instrumental tasks and affective relations. Despite the classic distinction between these two modes of behaviour, caregivers are expected to provide love as well as labour (Oliker, 2000). The social pressures for women to provide unpaid care, self-exploitation and economic insecurity to which unpaid caregivers mother's and wives are frequently exposed. As Elson (2005:2) mentions, the fact that much "unpaid care work is done for love, does not mean that caregivers always love doing it". From the perspective of receivers of care, family care can bring a humiliating sense of being dependent and a burden, as some disability rights activists have argued; when caregivers are paid for the care they provide, the recipients can experience some relief from this humiliating dependence (Williams, 2001).

Caregiving combines actions and feelings that provide responsively for an individual's personal needs or well-being in a face-to-face relationship and interaction. Folbre has defined caring labour as work that provides services based on sustained personal interaction and is motivated by concern about the care receiver's welfare (Folbre, 1995, Folbre and Weisskopf, 1998). Stone (2000) states how professional caregivers often want to talk to care receivers and show them real love but are frustrated by officialrequirements and it makes it difficult for them. The understanding in this discussion is that the dead that care receivers (children) will be better off if the person giving to them shows more concern about them, than be strictly be motivated by money. This is because if the caregiver sees the work as a burden compared with other jobs, the employer will be subjected to pay higher salaries. In this view, if the caregiver finds satisfaction in helping people, this will

allow employers to fill the jobs with lower salaries than in comparable jobs without the helping.

This is the economists' common claim is that care is paid less due to devaluation. Since neither the marginal worker nor employers' processes of devaluation are observed, research conducted cannot differentiate between the two views. In this neoclassical view, there is no policy problem with the low wages of caregiving; if women do not find the basic rewards to make up for the low salaries, they will look for other employment opportunities. If they cannot find other types of jobs because of hiring discrimination, then economists see that as the problem policy should address than only pay care work (England, 2005).

The labour-intensive nature of care and the challenges in improving the productivity of care work in the nonprofit sector are dealt with in a different of ways, depending on the characteristics of the organization. In many 'voluntary' based organizations and institutions, the labour costs are absorbed, in part at least, by frontline caregivers who may, for a variety of reasons, perform the work for less pay or even volunteer. The attraction to cash-strapped governments of partnering with these organizations for the provision of care is understandable as the subsidies that governments give are often a fraction of the full cost of care that these organizations provide, Crossroads as an NGO solely depends on government subsidy and other private donors (Ravazi, 2007).

There are limitations to how much care providers can absorb the costs without negative implications for the quality of care that is offered, especially as partnership with governments and international donors tends to change the character of such organizations with adverse implications for the voluntary spirit that once underpinned their work. Non-profit organizations at the more formal end of the spectrum tend to receive funds from a variety of funders to keep them running and to pay the workers their salaries and maintain the institution. Those at the more informal end of the spectrum may rely on their staff's commitment and motivation, but instability in this sector never ends (Himmelweit, 2005).

3.4.1 Gendered Dimensions of Labour of Love

The division of labour of love is gendered. The experiences of women doing caregiving are shaped by the gender roles and the love they have for the children they care for. Women use their emotions when doing caregiving work more than men (Erickson, 2005:344). One of the characteristics that goes along with the labour of love is that it must be received. However, there is a perception that women appreciate and use their emotions

when doing the caregiving work and that men are different and have different expectations or experiences of emotional labour, possibly that women value love, or that their experience of love is more positive. There are some slight differences in the kinds of positive emotions engendered by being the recipient of labour of love by men and women. There is also a way in which men benefit from women's emotion labour in the household, however, women also do more emotion labour for people outside of their household, in this study women provide love to children that are orphaned and vulnerable and they also provide the same care and love to their own children, somehow men benefit from that, as some of the children are fatherless not that their fathers are dead, but they do not want to take responsibility for the children. It is unsurprising that women are expected to do most of the caring work.

In a study by Paoletti (2002), that focused on the care of older persons with a disability, it was discovered that caring is only expected from female relatives, and there are no male relatives then the male relatives (Eriksson and Nermo, 2009:344). Women are the ones who take the load of caring for the needs of other family members, even where structural impediments such as unequal or gendered paid leave have been removed. This is an indication of the strange ideological hold of gendered patterns. Taking care of one's own household and family members' needs may be a labour of love, but it can also be a labour of hard work and sorrow. Although unpaid caregiving work is embedded in feelings of obligation and commitment to others' well-being, is also rooted in patriarchal structures that interact with the rest of the economy in ways that need to scrutiny. The male-breadwinner/female-caregiver representation perpetuates a gendering ideology that misrepresents and limits human potential and narrows the range of experiences of being and doing for men and women. If we are to make further progress towards gender equality, we have to address the fact that "it is neither normal nor natural for women to be performing most of the unpaid labour (Antonopoulos, 2009)".

Liberal Feminist perspectives fight for the recognition of women's differences, views it is important for women to assert their individuality in response to the social and cultural patriarchal norms, practices, and categories that dominate the construction of women's gender identity. Femininity constructs women as cares, contributing to the constraints by which women are pressed into accepting the sexual division of labour. The ethic of care theory compliments caring but does not take into consideration how the burdens of caring are contributing to the exploitation of women, and of the minority groups whose members

perform much of the low paid work in affluent households, in daycare centers, hospitals, nursing homes, and CYCC's (Held, 2006). Care providers operating within markets frequently attempt to keep wages low or to increase the hours of work for the same wage by using "submissive" labour. Women from rural areas, immigrants, and marginalized communities, are often recruited for such work, with disadvantaged racial and ethnic groups often overrepresented as main caregivers (Nakano Glenn, 1992 in Twigg, 2000).

According to traditional gender ideologies about the family, men fulfil their roles through breadwinning and women through nurturing, homemaker, and parenting (Beer, 1990). However, Marxist feminists made a similar but narrower point (Held, 2005). They argued that women were among those exploited by capitalists because their caretaking of their husbands and children made the current and next generation of workers more productive. Therefore, in making profits, capitalists extract surplus value from homemakers as well as from paid workers. Those suggesting the broader public good framework for caregivers do not necessarily subscribe to the Marxist labour theory of value. They see the indirect beneficiaries of care to be all of us, not merely capitalist employers. If children are given love and taught patience and trustworthiness turn out to be better spouses when they grow up, their spouses benefit. If they are better parents, their children also benefit.

3.4.2 Ethics of Care and Patriarchy

Women have been represented as inferior to men due to male-dominated views in the field of ethics. Hence, defining men as custodians of what is right or wrong. Women in the Developed countries have advocated for their place in society resulting in developing 'the ethics of care', while women in Africa are still battling to find their feet (Mangena, 2005). Women in South Africa moral point of view are not heard and it may take long for it to be noticed due to the ideas of patriarchy which are masked. Women in Africa are still subjected to many challenges as they have to uphold value. These facts have led to an examination of the history and development of ethics such that when feminists trace this history from Socrates to Niccolo Machiavelli, they see it as favouring towards men. They argue that traditional moral philosophy has been a largely been male dominant and reflects the interest of men, more that of women experiences (Mangena, 2005). In other words, "because men's experiences have often involved market transactions, their moral theories have concentrated on promise-keeping, property rights, contracts and fairness (Mangena, 2005)". Many scholars have turned to women's experiences with caregiving, whether in

childcare, friendships, or work for concrete demonstrations of feminist ethics. They view the willingness to nurture and a ready capacity for emotional involvement as essential to a human moral stance in a world full with inequality and alienation. They also argue that those values can be expressed in ways that are liberating to women. It is also noted that the thinking that arises from women's traditional experience with childcare can be transformed into a liberating political and ethical significance (Scaltas, 1992).

For Gilligan, women represent the important moral characteristic of care, and theirs is the one that strengthens relationships and solves problems without resorting to the binding authority of conventions. The basic moral orientation for women is caring for others taking care of others holistically, not only being concerned with humanity, in general, and taking care of their needs and being sensitive to the needs of others leading to women to attend to voices other than their own and to include in their judgment (Mangena, 2005). Caregiving is guided by an ethic of care, which is arguably the most radical in the sense of going to the roots of the liberation movement in human history. It might be argued that, feminism in not only limited to gender and hierarchy, it is not a women's issue or a battle between man and women but it is the movement to free democracy from patriarchy.

Upon her successful development of ethics of care Gilligan also challenged the conceptual framework of patriarchy and set an example that expands our notion on the democracy and ethics. This framework was destined to overturn the hierarchical, gender model that had, for the longest time, conceptualised the meaning and functions of masculinity and femininity. In Gilligan's book named *Different Voice*, she challenged Kohlberg's theory of moral development, stating that the patriarchy had deliberately set out to ignore the voice of women and to establish parameters that made people keep mum about their inner feelings because they did not correspond to what is right according to patriarchal society. Through studying and analysing feelings and thoughts of girls she discovered the value of providing care. This value she puts in her book that it should be important as justice, unfortunately it did not happen as she wished as, because it was developed privately where woman were protagonists.

Democracy is founded on equality, but the patriarchal model excluded love between equals, and relationships became hostile, hypocritical and harsh. Gilligan argues that "If the ethics of care remains under threat, it is because patriarchy is refusing to give up its position of power" because society continues to be patriarchal. She insists on the need to make the requirements of care universal. Her perspective has never been an essentialist

that women and men fill certain roles because of they were born to be male or female but this is something she has to continue to stress in order to prevent others from misunderstanding her. Caregiving is not a women's issue but rather a question of human interests. Indeed, given that we all have capabilities to reason and to have empathy towards other fellow humans we should never take for granted the importance of empathy (Camps, 2013).

3.5 Economic Status and Caregiving in South Africa

South Africa is classified as a lower-middle-class society. Despite this, the rate of human development performance has decreased as a result of the HIV/AIDS pandemic, resulting in low levels of economic growth (Patel, 2009). Besides caregiving, women generally hold more household duties and responsibilities, further contributing to their state of poverty (Makiwane and Berry, 2013). Social assistance to the underprivileged populations has grown as grants and pensions have become available. Institutional care for children, people with disabilities, and the elderly have reduced since the change towards developing social welfare saw a significant increase among caregivers' responsibilities (Lund, 2010). South Africa presents with high levels of poverty and income inequality among populations that contribute to its decline in human development. Poor income and opportunities affect the overall quality of life and personal development, including poor health, and limited education, as well as an increase in violence (Makiwane and Berry, 2013).

South Africa society is still surrounded by some harsh realities such as power, racial, and gender inequalities despite being 25 years post-Apartheid state. Statistics in South Africa (Stats SA, 2017) reveal that inequality and poverty continue to affect the family structure within homes due to high rates of unemployment (Makiwane and Berry, 2013). The lack of income within a family results in poverty, and despite numerous attempts, many South Africans remain unemployed, leading to a direct impact on the family structure (Makiwane and Berry, 2013). The 2000 Time Use Survey suggested that South African men spend increased time on social, cultural, and learning activities while South African women complete the household and care related tasks (Budlender, Chobokoane, and Mpetsheni, 2001).

Women are categorized into the caregiving role with fewer opportunities for socio-economic growth and employment (Makiwane and Berry, 2013). As many females of low socioeconomic status still have limited opportunities and choices available to them, they

seem to turn to their cultural and gender-influenced skills to secure working opportunities in order to earn an income. Many of the participants in this study grew up with family members being cared for within their home, or they themselves had cared for a loved one who had fallen ill or was left in their care by their own parent.

Gender roles influence work and income opportunities, ultimately affecting levels of poverty among females within the country. A strong link is found between gender and socio-economic status as among all raceswomen earn 71% of men's income potential. However, gender is not the only influential factor as African women earn 85% of African men's income and only 71% of white women's income (Makiwane and Berry, 2013). This may provide an explanation as to why the caregivers within this study expressed fear of losing their employment to other caregivers and why domestic workers were fearful towards the caregivers. It also may provide an explanation as to why caregivers chose to remain silent to employers when and if they became injured at work, or when they were asked to complete a task that they had no or limited experience in. While "caring labour" (Razavi and Staab, 2010) and care work may be classified as vocational work, the income burden which falls within the burden of poverty and poor opportunities seems to affect female employed caregivers in South Africa negatively.

3.5.1 Paid and Unpaid work

Household work which includes cooking, cleaning, and taking care of children and the elderly is fundamental to economic growth, as well as the household and societal welfare. Such activities are required to ensure good health for household members. Child care is needed to secure the future supply of labour for production and economic growth. Without these activities, economic growth cannot be sustained. However, it is essential to note that household members who engage in these activities receive no payment this kind of work is called unpaid work (Amporfu et al., 2018). Scholars agree that most of this kind of work is done by women (Bianchi, 2000; Craig, 2006). Therefore, one can argue that the majority of housework is closely related to gender, with females doing and spending more time on the work, than males. Women who provide care in CYCC often go home after work to their families to do the unpaid work. These studies are similar to the various research focused on housework, in that they conclude that women's specialization in housework impedes their ability to attain higher education and earn high wages from paid work. What has not received much attention in the literature, is the market valuation of

housework as well as paid work and the disaggregation of housework production and consumption according to the age of household members. Such an approach allows for the comparison of paid and unpaid work, as well as the financial vulnerability of males and females. This approach is also able to show the importance of household production and hence the importance of women's contribution and the need for policies to enhance women's wellbeing in society (Amporfu et al., 2018).

The paid care sector often evolves alongside the unpaid care sector. While paid work mainly involves economic activity paid labour force attachment, it accounts for the gender gap in housework sharing. In many countries, paid caregiving work is highly associated with females, as well low wages and status that comes with it, compared to other forms of labour, training and skill. Ethnicity and race are also influencers in marking occupational hierarchies, with disadvantaged ethnic and racial groups often over-represented as main caregivers. Most women caregivers are black women who come from disadvantaged backgrounds and falling into domestic or caregiving work is their main source of survival. Traditionally caregiving work is women's responsibility even when considering the intersection of unpaid care work and paid care work, one should recognize that without any support of the caregivers to their families also bring burden to them.

Caregiving, paid or unpaid often includes investment in the abilities of care receivers, which in this study is the children in the CYCC. There is a need for an observation which results in a somewhat separation between work and care, and it is vital for two reasons: firstly, a traditional difference between the sphere of work, income, success, a career in contrast to the domestic sphere of care, responsibility and emotions can be noticed. Secondly, the self-sacrifice of caregivers is described as a decision which is not always conscious to their own career, job and work satisfaction. While the caregiving is often identified with values such as reason and justice, the latter equates with conceptions of nature and natural emotions (Hughes et al., 2005: 265); also Held, 1999 states that due to a neutrality between the two spheres of paid and unpaid work, the difference appears normal and essential. This also reinforces a split between the public realm in which women are expected to do the caregiving work in the household, in which the natural and biological children are born, and men are seen as providers, and this is traditionally identified with gender differences.

Nevertheless, rather than seeing it fully in the context of particular, personal experiences, child and youth care centres need to be understood as a concept. The concept of 'child and youth care centres' stands for an institutionalised, professionalised and de-personalised form of living, it is made to be an example of honorable living, loving and relational caregiving (Weitcht, 2008). Above that, the broad construction of CYCC's already points to a general ideological aversion against professionalisation and institutionalisation. This can be found in the context of CYCC's but also in the description of different caregivers who fall under different categories such as family, care service, migrant and others whose roles and identities are also constructed. An ideal caregiver should not have any distinctions of tasks within the work environment since all their work is considered to be fulfilling their role of caregiving. Therefore, the identity of a caregiver is simply being a caregiver. In other jobs, someone is caring if he or she is there and involved, for instance, Social Workers, Nurses and Doctors. The general distinction between loving care and economic transactions appears to be more important for the overall moral consensus on which care is based.

New policies have introduced new forms of care and work relationships with different types of emotional attachment (Ungerson, 2005). While the idea that different methods of funding and organisation can lead to different types and levels of emotional attachment and can eventually change the 'care relationship as a whole' (2005: 189) there can be a different dimension to the analysis. Ungerson's study is based on policy evaluation in combination with caregiver's self-identification. However, the difficulties informal caregivers face, are due to a discursive emphasis on the specific attachment which can be characterised by responsibilities, duties and particular expected behaviour, in opposition to formal work. And here often family relationships are emphasised in contrast or opposition to institutionalised living. The moral affection is also constructed as being based on reciprocity over generations, and the children owe their parents a natural duty and responsibility. The above-mentioned reciprocity, however, should not be misunderstood as resembling an economic exchange; rather, the 'natural' relation and affection between people favour an ideal of care given as a 'priceless gift'. And the notion of a gift involves an idea contrary to payment and financial exchange.

3.6 The Welfare Triangle

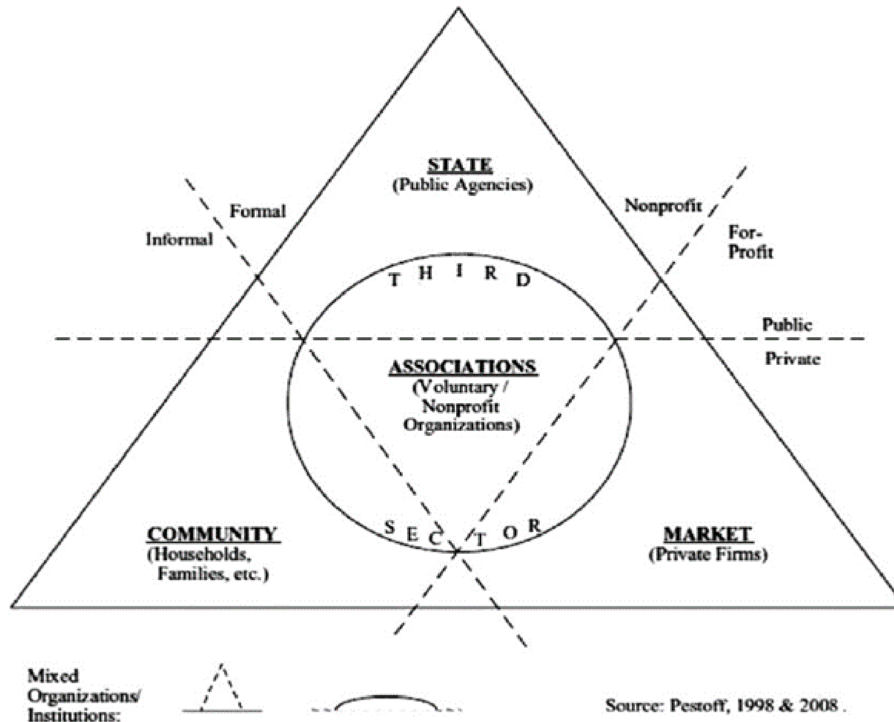

Figure 1: The Welfare Triangle. **Source:** Pestoff (1998) and (2008). Journal of Balkan and Near Eastern Studies (2017:6)

South Africa has experienced major changes in the past 20 years. The transition to a democratic state in the 1990s was one of the transformations it came with a significant shift in the racial and gendered politics of the country. National and international interest and support for the long-awaited democratization was accompanied by the arrival of development aid, and the growing number of NGOs. Sociologist of work and family explore how resource distributions, social networks, and non-familial institutions influence patterns and institutions of gendered care. The effects can split cultural structures, diversify and alter them, or de-institutionalize them (Oliker, 2011). In the neoliberal policy, context care is arranged to occur in the private sphere of the family and is predominantly depends upon the unpaid work of women who are looked out of secure paid work at the same time (Daly, 2013).

The government is not just a provider of welfare, but also a significant decision maker about the responsibilities to be assumed by the market and community. Some would even argue that what the state does not take on is left to markets, families and communities (Jenson and Saint Martin, 2003:81). When the Department of Social Development, is not adequately financed to provide for the needs of all people then other institutions are requested to assist in order to fill the gap. In poorer countries, private small-scale and

largely unregulated provision has come to play an important role in institutions care because of under-investment in public services (Mackintosh and Koivusal, 2005). The "welfare triangle" whereby society's entire welfare package syndicates contributions from "the welfare state proper, markets like labour markets and families. Typologies are always challenging, and some forms of provision may be overlooked, as in the case of 'voluntary' care work that is paid or family care provided by parents while on paid leave. Moreover, market provision is rarely pure, as the state often subsidizes and regulates market providers. The state as a central actor in the field can provide time right such as leave, whether direct or indirect direct transfers for caring such as and tax reductions, cash benefits and social rights attached to caregiving like individual pension rights or the partial inclusion in other social security schemes such as old age grant (Leitner, 2003).

There are important institutional differences across these various points of the triangle, the overlaps. Indeed, paid forms of care by nannies, caregivers in institutions and domestic caregivers have been argued, and continue to be basic source of income and employment for women in many developing countries. Formal caregiving may be quite modest in many developing countries, young children; those are CYCC are mainly cared for by women because of household, kinship and family relations. However, with the rise in women's labour force participation in many countries, the intense demand for care in contexts marked by high HIV/AIDS prevalence and the emphasis on the need to capitalize in issues of care are slowly emerging on the public agenda.

In the South African region and other countries, there is increasing advocacy by orphans and vulnerable children those who are infected and affected by HIV/AIDS pandemic, other activists for greater public responsibility for the provision of drugs and treatment including of caregiving. The burden of caregivers is on women, many argue, is preventing their ability to seek extra income through employment as they spend most of their time doing the caregiving work. This increases the risk of economic employment for women puts them in a position of vulnerability and social exclusion while also depriving of income. (Urdang, 2006). In some countries, governments are looking into alternative forms of caregiving for example, through home-based care, which is playing a vital role as a supplement to the unpaid work, kinship, family members, the community and other alternative service.

3.7 Summary of the Chapter

The chapter highlighted ethics of care and its origins, showed care as a moral act and care as a public good. It showed how the ethics of care theory helps in explaining the experiences of women in caregiving, working with orphans and vulnerable children. It is noted that the experiences of women caregivers may be shaped by the ethics and morale. The chapter unpacked a logical understanding of how caregiving mostly falls on women and the difference between ethical and moral caring. The chapter showed how care is viewed as a labour of love, and the gender dimensions of caring as a labour of love. There is an understanding that caregiving is gendered and manipulated by patriarchy; thus, the chapter showed the ethics of care theory and patriarchy. The economic status of South Africa and its role in caregiving was also discussed. The chapter helped in bringing clarity on the concept of unpaid and paid work how it affects the role of women in caregiving. The use if the ethic of care theory is important in this study. It helps understand the how the state, welfare and communities influence caregiving. The next chapter will explore the methodology, which was used in conducting this research.

CHAPTER FOUR: METHODS AND METHODOLOGY

4 Introduction

Research is a methodological process, which is conducted through scientific procedures or patterns to help bring meaning and interpretations of particular issues of concern. According to Hutchinson, as quoted in Brynard and Hanekom (2006: 3) "research is a scientific investigation and study undertaken to establish facts and thus reach new conclusions. It can be distinguished from other human activities by its methodical nature." The methodology allows for research to take place in practical form to test prepositions. Kothari (2004:7) "explains that a research methodology is a systematic way to solve the research problem. It may be understood as a science of studying how research is done scientifically".

This chapter examines the process or method taken or used by the researcher to evaluate the experiences of women caregivers caring for orphans and vulnerable children. The researcher describes how the qualitative research approach and methodology were employed to assist in understanding the experiences of women caregivers in caring for orphans and vulnerable children. The chapter also presents the research design, data collection methods and analysis tools used in completing the requirements of the study.

4.2 Case Study and Study Location

The research study was conducted in the province of the Eastern Cape, in the Alfred Nzo district municipality. In the semi-rural area town of Matatiele, (see Figure 1 below). This study is situated within the framework of a case study. The term "case study" according to Brynard and Hanekom (2006: 193 - 194), "pertains to the fact that a limited number of units of analysis are studied intensely. The units of analysis include individuals, groups and institutions". During an investigation on a group or institution, field work is often used, conducting the investigation on the spot under the natural setting. Case study research is said to allow for an in-depth review of new or unclear phenomena whilst retaining the holistic and meaningful characteristics of real-life events and circumstances of the specific case.

The case selected for this study is Crossroads Child and Youth Care Center from which interviews regarding experiences of women caregivers, caring for orphans and vulnerable children. As this NGO receives funding from international, national and private sources, a comparative analysis will be allowed, which will facilitate an understanding of the

nature of caregiving work done there. Each NGO has a unique governance structure, which will allow for an analysis highlighting possible similarities or differences from other NGO's.

Figure 1: Matatiele Map. **Source:** AlgoaFM (2018).

4.3 Research Approach

All research is based on some fundamental philosophical expectations about what constitutes valid research and which research method is appropriate for the development of knowledge in a given study. There are three main research approaches, which include qualitative, quantitative and mixed-methods that are used to conduct and evaluate any research. Qualitative research focuses on social inquiry that results in the generation of textual information and data, while qualitative research seeks to generate numerical data. Mixed-methods research seeks to produce both textual and numerical findings. This study made use of qualitative research approach. It utilised qualitative research instruments which include conducting in-depth interviews to explore the experiences of women caregivers at Crossroads Child and Youth Care Centre (CYCC) in Matatiele.

4.3.1 Qualitative Research Approach

The qualitative approach was used in this research to explore the research questions identified. The approach links with the research question as it subscribes to the notion that meaning and understanding can emerge from life experiences (Cresswell, 2009). The

research aims to explore the experiences of women caregivers working with orphans and vulnerable children at CYCC, Matatiele.

The qualitative approach allowed the researcher to explore the research question in depth, allowing for deep experiences and perceptions to emerge. In the child and youth care field, the most crucial knowledge about an encounter between caregivers and their jobs comes from an exploration of the experiences of caregivers which is done best using qualitative instruments. This approach awarded the researcher the opportunity to collect data in a way that is intimate, close, and humanly, and these are the important characteristics of qualitative research methodology (Garfat, 1998:155).

The qualitative approach also aims to expose the voices of the research participants (caregivers) on the context of their reality, and actions taken to make meaning of this reality (Fossey et al., 2002:717). "Africa is grounded in an oral tradition (Rukuni, 2007:154), and stories and storytelling are common traditional methods of sharing experiences (Rukuni, 2007:156)". Stories are used as a medium of communication to retrieve the inner personal experiences of the participants, therefore it appropriates this study to directly hear the stories of caregivers.

4.3.2 Research Paradigm

The epistemology doctrine underpinning this research is interpretive paradigm. Interpretive researchers believe that reality consists of people's subjective experiences of the external world; thus, they may adopt an inter-subjective epistemology and the belief that reality is socially constructed. This paradigm assisted the researcher in providing a detailed qualitative interpretation of caregivers in the unique context of the South African community on child and youth care centre. The experiences of women caregivers and the caregiving job are often associated with women as caring individuals and the untiring nature of patience to deal with children as their societal norm. Willis (1995) states that interpretivists are those who believe there is no single correct route or particular method to knowledge. However, (Walshman, 1993) emphasises that in the interpretive tradition, there are no 'incorrect' or 'correct' theories. Instead, they should be judged according to how 'interesting' they are to the researcher as well as those involved in the same areas. They attempt to derive their constructs from the field by a form of interest.

Gephart (1999) argues that interpretivists assume that knowledge and meaning are acts of interpretation. Hence there is no objective knowledge which is independent of thinking,

reasoning humans. Myers (2009) argues that the premise of interpretive researchers is that access to reality, whether given or socially constructed through social constructions such as language, consciousness and shared meanings. Interpretive paradigm is used in this study to determine how the experiences of women caregivers are socially constructed. Also underpinned by observation and interpretation, thus to observe and to collect information about their experiences and daily events with the caregiving work, while interpreting and making meaning of that information by drawing inferences or by judging the match between the information and some abstract pattern (Aikenhead, 1997). This method is used to understand phenomena through the meanings that people assign to them (Deetz, 1996). Reeves and Hedberg (2003:32) note that the "interpretivist" paradigm stresses the need to put analysis in context hence, thematic content analysis was used to analyse this research. The interpretive paradigm is concerned with understanding the world as it is from the subjective experiences of individuals. They use meaning versus measurement-oriented methodologies, such as interviewing or participant observation, that rely on a subjective relationship between the researchers.

Given that this is a qualitative research using an interpretivist research paradigm, the next section presents the research design used in framing and presenting the ideas of the study.

4.4 Research Design

The research approach determines the plan, strategy or design deployed by the researcher to conduct research (Neuman, 2011). Ploeg (1999) notes that qualitative research design should explore, describe and explain the research problem being studied. Fouché (2005) highlights that a qualitative research design does not usually provide the researcher with a step-by-step plan or a fixed recipe to follow. However, a research design does provide a framework and structure for the implementation of the research. A good research design is clearly defined, with coherence between research questions and methods (Ritchie and Lewis, 2005). The relationship between study design, theory and data collection is iterative as each should inform, and be informed by the others. The research design used in this study is exploratory and descriptive research designs.

Exploratory Research Design

An exploratory research design is useful when there is a need to examine an issue or phenomenon that is not understood to develop initial ideas about it (Neuman, 2011). It allowed the researcher to achieve new insight and helped in formulating the research

questions of the study (Palys, 1992). The research focused on many problems that require further understanding and information. There has been wide research on the caregiving work. However, there is limited research that focused on the holistic experiences of women caregivers from a sociological point of view, especially in dealing with orphans and vulnerable children with diverse cultural backgrounds and needs.

Descriptive Research Design

A descriptive research design or strategy of inquiry allows the researcher to describe a person, situation or group (Palys, 1992). Moreover, reports on the background of a situation documenting a causal process (Neuman, 2011). It helped the researcher to provide detailed descriptions of women experiences in caregiving, those working in a CYCC. In this study, the research questions were answered by caregivers describing their experiences and encounters with working with orphans and vulnerable children at CYCC. The actual responses (words) from the research participants paint a descriptive picture of individuals and joint experiences.

Neuman (2011) notes that the meaning of social action, event or statement depends greatly on the context in which it occurs, as social contexts provide meaning and social significance to these events. He further states that social contexts include time contexts, spatial contexts, emotional contexts and socio-cultural contexts. These are relevant to this research since it is not just when and where experiences have occurred that is important, but also the feelings of the research participants regarding how something occurs, as well as the meaning of the social and cultural context that is significant. In this research, it was critical to understand the contextual experiences of caregivers. Therefore, descriptive design was of much importance to help paint a clear picture of the experiences.

The understanding of descriptive approach allowed the researcher to logically review the process of structuring the analysis of data. Instead of structuring the data analysis around the tasks undertaken in the daily life events, as initially intended, the data was structured around the themes and characteristics of a child and youth care approach that emerged. The researcher integrated the tasks that had emerged within the themes and characteristics of a child and youth care approach. This restructuring allowed for the exposure of the data more richly and effectively by means of a research design which was explorative, descriptive and contextual in nature.

4.5 Population, Sampling and Sampling techniques

According to Strydom (2005) sampling is taking a proportion of a population or universe and considering it representative of the population and our universe. The population refers to the individuals in the universe who possess specific characteristics (Strydom, 2005). The target population for this study was all the 21 women caregivers who work at CYCC. This allowed the different researcher to gather opinions from different women in terms of their age group, marital status, ethnicity, and the number of children they take care of (work and home) with different needs. The caregivers are all women and aged 40 to 65 years old at the time of the research. The caregivers selected come from an isiXhosa and Sesotho cultural background. Their formalities, traditions and language are from the isiXhosa and Sesotho culture. The researcher did not require and language support because she could speak and write both languages. The questions were written in English, but the researcher translated them for the participants to understand fully.

4.5.1 Sampling method

The sampling method used for this research is purposive sampling. According to Sarantakos (2005) purposive sampling is the sampling method that groups participants according to the pre-selected criteria. The researcher purposively sampled the caregivers at CYCC to be interviewed for this study. The researcher used purposive sampling because she wanted to interview those that have worked for more than 5 years at the centre. The researcher also sampled participants from the working shifts that are used at the centre. Only 10 participants were interviewed. 5 from the morning shift and 5 from night shift. The study was conducted from Monday to Friday in February 2018.

4.5.2 Recruitment Strategy of Participants

The manager at the CYCC provided a platform for announcing the coming of a researcher. The information regarding the study was sent in beforehand deliberately by the researcher to the management of the CYCC to inform the caregivers. This served in the interest of the participants just before data collection to have a discussion of the study. The aim was to inform the participants about the study and to receive their opinions and also for them to get clarification. This helped prevent a misunderstanding during the interview sessions.

4.6 Data Collection Tools and Field Work

The data was collected from at Crossroads CYCC. Data collection is the precise, systematic gathering of information relevant to the research problems, using methods such

as interviews, participant observation, focus group observation, focus group discussion and case histories, (Babbie and Mouton, 2001). Opdenakker (2006) defines an interview as structured or unstructured verbal communication between the researcher and the participants, in which information is presented to the researcher and was used in this study. Interviews have diverse types, mainly the individual interviews and focus group interviews. Individual interviews have two diverse types, mainly the basic individual interview and in-depth individual interview.

In this study, interviews were used for many reasons. An interview has the advantage, in that the interviewer has a lot of possibilities to create a good interview ambience. Interviews can take advantage of social cues; such as voice, intonation, body language of the interviewee and this can give the interviewer a lot of extra information that can be added to the verbal answer of the interviewee on a question. Interviews can be tape recorded, of course, with the permission of the interviewee. Using a tape recorder has the advantage that the interview report is more accurate than writing out notes (Opdenakker, 2006)

In-depth face to face interview, is an open interview method of data collection that allows respondents to speak for themselves and it was directed in this study while collecting data whereby there was close conversation with caregivers at Crossroads child and youth care Centre. All interviews were tape-recorded while collecting data for this study. The interviews were in a conversation form, each interview took 30 minutes to 1 hour, and interview questions were open-ended with some probing. Sesotho and isiXhosa language were used in order to interview respondents, and it was later translated into English for this research.

4.7 Data Analysis

The data was analysed using the thematic content analysis technique. This technique is used for making inferences by objectively and systematically identifying specific characteristics of messages in a set of texts. There are two categories of content analysis, namely thematic and relational analysis. Thematic analysis was used in this study as an independent qualitative descriptive approach understood as "a method for identifying, analysing and reporting patterns (themes) within data" (Clarke, 2006). Thematic analysis establishes the existence and frequency of concepts most presented by words or phrases in the text (Mouton, 2001).

Palmquist (1993) in (Babbie and Mouton, 2001) indicates various steps of undertaking conceptual analysis being deciding on the level of analysis. Deciding how many concepts to code for. Deciding whether to code for existence or frequency of concept. Deciding how to distinguish among concepts, developing rules for the coding of texts. Deciding what to do with irrelevant information, coding for texts and analyzing the results. All these steps were used while analyzing data in this study.

4.8 Trustworthy and Credibility

Qualitative researchers apply methods such as credibility, transferability, dependability, and confirm the ability to establish trustworthiness. Credibility is applied by qualitative researchers to establish trustworthiness by examining the data, data analysis, and conclusions to see if the study is correct and accurate. In this study trustworthiness and credibility were applied in order to establish accurate results, the study was based on four key concepts, namely, consistency, applicability, true value, neutrality and credibility to demonstrate that a true picture is being presented to ensure the research strategy actually measures what is intended. To ensure confidence in the research findings that it is truthful and the usage of appropriate, well-recognised research methods is the main step to promoting credibility. For qualitative researchers, credibility is a method that includes researchers doing activities that increase probability and trustworthiness, and this study aimed at truthfully representing the experiences of women caregivers caring for OVC's in CYCC's. The following are procedures qualitative researchers can apply to increase credibility in qualitative studies: Prolonged engagement, building a rapport with the respondents, persistent observation, triangulation, peer debriefing, negative case analysis, referential adequacy and members check. These steps helped the researcher in collecting data and analysing it and clearly. In contrast to the qualitative researcher's credibility methods, quantitative researchers also use internal validity methods to establish trustworthiness. Quantitative researchers evaluate trustworthiness by how well the threats to internal validity have been measured and the validity of the instruments used in a study.

4.9 Ethical Consideration

Ethical issues are used out of the interaction of people, other beings and the environment, especially where there is potential for, or are, a conflict of interests. In many cases, ethical choices involve trade-off or compromise between the interests and rights of different parties. (Babbie and Mouton, 2001). In this study, the following ethical principles, safety,

volunteerism, anonymity and confidentiality and informed consent were taken into consideration. The researcher ensured that the research is trustworthy by constructing a model to be applied in qualitative studies, which involves four key constructs, namely truth value, applicability, consistency and neutrality and credibility (Guba, 1991). The model helped the researcher to ensure that the research strategy actually measures what is intended. Ensuring a degree of confidence in the research findings that it is truthful, and the adoption of appropriate well-recognised research methods is core to promoting credibility.

According to Blanche, Durrheim and Painter (2006) confidentiality is an understanding by the researcher to protect the anonymity of research participant, no information that the participant divulges is made public or available to others. Personal information that is shared by female caregivers which is not relevant to this was not shared with anyone else and the parts were left out in transcribing the data. Anonymity in research does not record the identifying details of the participant on any research records. The participant is thus not identifiable or traceable after the research. Participants should not be forced into participating in research if they do not want to they should do it voluntarily. Participants should give permission agreeing to participate in research without them being forced to participate and in that there is informed consent. Caregivers working at Crossroads child and youth care Centre were only studied when they granted permission to be studied.

The proposed study incorporated the Ethical principles of the declaration of Helsinki (Grove, Burns & Gray, and 2013:160). The human rights of participants will be protected, such as:

- Participants will not be forced to participate in the research study.
- Participants will have a right to privacy.
- And will be allowed to exit the study if they feel uncomfortable.
- Participation in the study will only occur following the signed informed consent and the participant must show understanding of the information in order to show competence to decide to participate in the study.
- Authorization for the study was obtained from the Board of Ethics of the University of KwaZulu-Natal prior to conducting the research study. Authorization was obtained from Crossroads child and youth care centre before the study commenced.

4.10 Limitations to the Study

The limitation of this study is that the interviews gathered a lot of information which took much time to transcribe and process. Among all caregivers, it was common that when they read the title of the study, some asked what the topic meant with the word ‘experiences. Some assumed the word meant their work experience or their personal experiences of being caregivers. The study only made use of the authorities in terms of gatekeeper role, but they were not part of the interview process of which they could have added their perspective of their role as employers of caregivers.

4.11 Summary of Chapter

The chapter shows the application of the qualitative research process, demonstrating the fit of the methodology and design for the research. It also explained the way data was obtained and the reasons supporting the choice of methods. It provided an understanding of the framework in which the research was conducted. It also provides an overview of the ethical implications and the safeguards in relation to the participants within the research. The chapter to follow provides the results from the thematic content analysis discussed above.

CHAPTER FIVE: DATA INTERPRETATION AND ANALYSIS

5 Introduction

This chapter deals with the analysis and the interpretation of data. The analysis is based on the identified recurring themes that occurred from the interviews. These themes were formed on the basis of the information and knowledge obtained through the participants in the interviews. The results present these themes in relation to the experiences of women caregivers caring for orphans and vulnerable children at CYCC. This chapter will first present the data findings. Secondly, it discusses the findings through recurring themes which hold very central to the data findings. Thirdly, the chapter will analyse the data findings linking to themes and lastly, the summary of the chapter.

5.2 Recurring Themes

Merriam-Webster Dictionary defines the word caregiver as “a person who gives help and protection to someone whether an old person”, child, or someone who is sick, and also caregiving is defined as a person who provides direct care (Merriam-Webster: 2014). Caregiving can take many forms and can be classified into paid and unpaid, formal or informal. However, the boundaries separating the differences can be unclear (Williams and Crooks: 2008). Terms like a carer, assistant and caregiver have been found within various studies referring to the same concept, in this study caregivers are women who provide care for children in child and youth care centres, who also provide care to their families. Data findings show new elements that are not documented in previous studies and strengthen the literature and theory of this study. The caregivers resolute the literature on the sociological dimensions of caregiving, and the Ethics of care theory on how caregivers view their role. In turn, it strengthens the literature by unpacking the discussed topics.

After data collection and interviews were conducted themes derived that also strengthen the literature and the ethics of care theory, these where the themes that were found on the table below:

Table 1: Questions and themes

Reason for Caregiving	**Love**
Knowledge and Experience	Confidence with work Acquiring knowledge Paid and unpaid work Expectations from work Income
Challenges	High workload Difficulties in confiding. Timeoff Low wages
Coping strategies	Report or talk to someone Public Good Being Responsible
Support for Caregivers	Appreciation Wellness and Capacity Building Better Salaries

The caregivers were asked questions, and when they responded, the above themes were derived. The discussion of how the themes are connected will be detailed after the presentation of findings. Thereafter, the data is summarised through a comprehensive analysis.

Biographical Data For Caregivers

Table 2 below is the biographical data of the caregivers. It shows the caregivers age, marital status, and their educational qualification. This helps to understand the backgrounds that shape their experiences. All the caregivers interviewed are black African women, who are not well-educated. They are mature women who have been in the caregiving field for more than five years. The caregiving field has had a profound impact on the livelihoods of the caregivers and their families by reducing women's dependence on men. However, it has not reduced the burden of caregiving on women as they do the unpaid caregiving in households and it still presents challenges for women although it can be fulfilling work.

Table 2: Biographical data of caregivers

Caregivers	Age	Educational Qualification	Marital Status
Caregiver 1	41	Grade 11	Divorced
Caregiver 2	56	Standard 8 (grade 10)	Single
Caregiver 3	42	Standard 9 (Grade11)	Customary Marriage
Caregiver 4	53	Grade 11	Married
Caregiver 5	48	Standard 7 (grade 9)	Divorced
Caregiver 6	56	Standard 5 (grade 7)	Married
Caregiver 7	58	Standard 7 (grade 9)	Married
Caregiver 8	44	Standard 9 (grade 11)	Single
Caregiver 9	52	Standard 7 (grade 9)	Customary marriage
Caregiver 10	60	Form1 (grade 8)	Single

5.3 Reason for Caregiving as Love

Table 3 below shows the caregivers biographical data; it also includes the reason why caregivers chose the caregiving field. Most of the caregivers have been doing the caregiving work for a long time. This may be because of scars employment opportunities since most caregivers are not educated, and from the lower class. The backgrounds of these women capture the views of Makiwane and Berry (2013) who state that South Africa has a high level of poverty and income inequality among populations which contributes to its decline in human development. New data released by StatsSA (2018), indicate that the level of poverty in South Africa has increased. The latest Poverty Trends in South Africa report shows that, despite the decline in poverty between the years 2006 and 2011, poverty levels in South Africa went up in the year 2015. Over half of South Africans rose in 2015. According to the Quarterly Labour Force Survey released by Statistics South

Africa, the official unemployment rate has risen since the year 2000. In the last ten years, it increased from 23.2% during the first quarter of 2008 to 27.2% for the second quarter of 2018. The increasing unemployment rate which excludes job searching was higher and increased from 30.9% in the year 2008 to a higher percentage of 32.2% in 2018. During this period of time, both these rates were higher amongst women more than men. This shows that the rate of unemployment amongst women was 29.5% in the second quarter of 2018 compared with 25.3% amongst men. According to the expanded definition, the rate of unemployment amongst women was 7.5 percent higher than of males. Poor income and opportunities affect overall quality of life and personal development including poor health, and limited education, as well as an increase in violence, while both males and females present with high levels of unemployment, females present with greater unemployment rates, in general females, people from rural areas, those living in the Eastern Cape and those who are illiterate are the main victims in the ongoing struggle against poverty. These may some of the reasons why caregivers stay in the role for a long time; another reason for caregivers to do this work was because of the love they have for children.

Table 3: Caregivers and reason for caregiving

Caregivers	**Years as a caregiver in the CYCC**	**Reason for being a caregiver**
Caregiver 1	10	Love for children
Caregiver 2	7	Love for children
Caregiver 3	8	Love for children
Caregiver 4	9	It's a gift. Children love me
Caregiver 5	6	I was looking for a job
Caregiver 6	12	I had to love children when I realised, I would work with them
Caregiver 7	11	Love
Caregiver 8	9	I feel for children who are OVC's
Caregiver 9	10	I love children
Caregiver 10	15	It just happened; I was looking for a job.

When doing interviews with caregivers and asking caregivers the reason for doing the caregiving job, they mentioned all reasons they could offer , but their main reason was

that they had love for children, they explained that caregiving goes hand in hand with love, that their job requires them to have love first and foremost, then compassion and understanding, but they emphasised that love is the main reason one becomes a caregiver, the above biographical table shows that caregivers reason is love.

Caregiver 1

"*Children, mmh I really love children, but God never gave me, He only gave me one child. Hence, I take care of children, even my neighbours' children. To nurture, guide them and even discipline them, when I got a job here, I was happy to arrive in a place where I can work with children.*"

Caregiver 3

"*I'm a person who loves children a lot, even before I started working here as a caregiver, I had opened up my own crèche in my house to take care of other people's children, I just did not know before I worked here that one can be paid to be a caregiver."*

Caregiver 4

"I think it's a gift, children love me, I think children can sense the kind of person you are inside, if you love them, they love you back, even if I discipline children being at work or at home they always come back to me, I just that I love children, I even worked at a pre-school before and I was also working at a daycare"

Caregiver 6

"I was looking for a job, when I got this job I found out that I had to take care of children, I was happy with it, I don't have a problem with children and I can relate to children easily, this job requires one to have love for children you cannot be a caregiver and not have love for children"

Caregiving is encompassing of affective relations and instrumental tasks. Regardless of the classic distinction between these two approaches of behaviour, caregivers are supposed to provide love and labour. Cancian and Oliker (2000:2) define caring as a combination of feelings and actions that "provide responsively for an individual's personal needs or well-being, in a face-to-face relationship". Folbre has stated that caring labour is work that provides services based on personal interaction and is motivated by concern about the people care is given to, their welfare in this study the love of children is the basic reason for working as cares. According to table3, the reason for most caregivers to

work as caregivers was to provide love, care and nurture the children they are required to show their emotions to the children.

But caregivers may feel attachment for care recipients when doing their job, this may in turn make their work difficult to withhold the way they feel, in order to demand more increased remuneration for the work they do. In jobs requiring care, individuals may become more caring. It makes sense that caregivers working with orphans and vulnerable children become attached to the children they see every day, just like nurses empathize with their patients, and teachers worry about their pupils and students. These emotional bonds put caregivers in a vulnerable position, as it may discourage them from demanding higher wages or changes in working conditions that might have adverse effects on children.

Caregiver 8 emphasized that she ends up being more attached to the children she cares for even when she is or on the leaving home she thinks about them;

"I love working with orphans, and vulnerable children make me feel like I am making a change, the children here can really touch your heart to the point of missing them when you get home, or you're on leave, you wonder, eyy how my babies at work are."

Therefore, this shows how caregiving can sometimes be founded in love; the caregiving job to most caregivers seems like a job that needs a person to have love. Caregiving and labour of love phenomenon do not only apply to paid work, but also to between mothers, fathers, and the state. Although maternal and paternal love may come naturally, they are undoubtedly cultivated by the experience of providing care to one's child.

Caregiver 10 said she feels that this job is normal for mothers to do as it allows her to play the role mother to the children in the centre she said

"I am a mother, and the children here need a mother's touch to grow up."

If this is true, then gendered practices that assign child care to a mother means that mothers will develop greater caring for their children than the males. In matters of welfare reform discussed in chapter 3, one can identify mothers as prisoners of love, caregivers mentioned that they are required to offer the same love they use to nurture their families to children at the centre. Caregivers are required to provide care for the children in the centre and their children and family holistically because they also come from caring and loving families (England, 2005).

Caregiver 4

"I come from a loving family, in fact, a different family I was raised by my father, I got all the love from my father, I lost my mother when I was a year old, my father used to carry me on his back he loved and nurtured me, until he remarried, and my stepmother stepped in and took care of me."

The caregiving job not only requires love it actually demands one to have and show love, but the caregiver also needs to clearly have a different mind and emotional set when doing the caregiving job. As it is defined, emotional labour is the act of displaying the appropriate emotion. However, Hochschild's definition of the emotional labour focuses on "behaviour rather than on the presumed emotions underlying behaviour" (Ashforth and Humphrey, 1993:90) because they see it as a possibility to imitate to rules without the caregiver having to manage her feelings (Ashforth and Humphrey, 1993:90). The caregiving job focus what is required at work for the caregiver, rather than how the caregiver is feeling. (Hochschild, 1983), which leads caregivers to display rules which are generally a function of societal norms, occupational norms, and organisational norms. One caregiver said

Caregiver 10

"I did not know there was a job like this one, I was just looking for a job, I ended up here, I was told to come up here by the founder of this place when I went to her askingfor a job, she told me to go to come to this place I was all new to me, when I arrived I was told that I would work with children, I had to give the children the love, I had to love children because they are going to be my source of income".

This further emphasises that for such type of emotional labour, the salary that comes with the caregiving job is a reward, the caregivers get paid for the emotional work they do. Hochschild: 1983 also states that the caregivers "induce or suppress feelings in order to sustain the outward countenance that produces the proper state of mind in others" (1983 Cited in Murphy and McClure, 2007:7). The labour of love is defined as having different characteristics that are analysed on different dimensions. It needs for one to have personal contact, outside or within the organisation using face and voice interaction with the care receivers (Zapf, 2002; Steinberg and Figart, 1999). Emotional labour also requires "a worker to produce an emotional state in another person while at the same time managing one's own emotions" (Steinberg and Figart, 1999:13). Initially, Hochschild (1983)

pointed to "facial and bodily cues" that was observable and more research revealed that even other behaviour shape effort taken by a person, this also included the tone of the voice and eye contact (Wharton and Erickson, 1993). Emotional expression is required to follow certain rules, that is, one should display rules of the organisation or institution they are employed at (Grandey and Brauburger, 2002; Humphrey, 2000; Zapf, 2002). This proves to be true when it comes to working as a caregiver on most of the caregivers said that they are required to behave in a certain manner when they enter the premises their work requires one to be present and be able to feel even when the caregiver is experiencing her own emotional stress they need to channel their emotions towards the children they care for and provide love,

Caregiver 9

"*When one enters into this centre, your required to leave all the problems you have, whether personal or at home you have to leave them, and concentrate on the job your about to start one is required to tell themselves that I'm here for the children, I have to take care of the children and love them***".**

This implies that the caregivers display emotions that are not truly felt by them in this is called surface acting, whereby a person does not display their true emotions to meet work rule or what is expected of them socially (Lambardo, 2003). However, surface acting does not mean that the caregivers do not experience any emotion but instead, a display emotion that is not felt at the time. This causes a discrepancy between felt and displayed emotion. But this does not mean that the caregivers do not feel at all they may naturally feel she is expected to express without having to fake the emotion as per Hochschild (1983) thesis. Though emotional labour can create benefits for the organisations and the children including the state and the individual such as self-efficacy and task effectiveness, it can also and most probably, have negative consequences on both physical and mental health of the caregivers. The positive consequences are that the caregivers will feel good about the caregiving job they do, that is providing the care and love to children who are orphans and vulnerable. And this also makes caregivers fell like they are fulfilling social expectations, their emotional labour makes interactions more predictable and avoids embarrassing interpersonal problems that might otherwise disrupt interactions with children and with employers or colleagues, and this brings positive emotions in the long run.

However, the labour of love or emotional labour, as mentioned before, can bring forth negative consequences such as emotional dissonance, burnout, and emotional exhaustion. Emotional labour can become "dysfunctional for the caregiver resulting in the dissonance between felt emotions, and displayed emotions are experienced" (Lewig and Dollard, 2003:268). This discrepancy between felt and display emotion is termed as emotional dissonance Hochschild's (1983) "interest in emotional labour derived from what she argues as pernicious effects of both surface acting and deep acting on the labourer". Because displaying emotions that one does not feel, causes a sense of strain, resulting in what Hochschild (1983) termed as "emotive dissonance or cognitive dissonance". Hochschild (1983:90) defined emotional dissonance as "maintaining a difference between feeling and feigning." This difference is common because even though display rules regulate "expressive behaviour, they cannot regulate expressive experience". According to Ashforth and Humphrey (1993:96), emotional dissonance may cause the individual to feel 'false and hypocritical. In due course, this dissonance could lead to "personal and work-related maladjustment such as low self-esteem, depression, cynicism, and alienation from work" (Lewig and Dollard, 2003). This is some of the challenges of being a caregiver and working in an environment that requires a person to feel. This is what one caregiver said,

Caregiver 8

"You come to work you have your own stresses, but as soon as you come into the premises of this centre you have to change the feelings, treat the children in a right way and love them, and work well with your colleagues because you want to work in harmony with other people, so you have to forget what you feel inside and work, this work requires you to be happy all the time".

Caregiver 5

"*This job requires one not to show of your stress. You're working with children and they sense negativity, most of the time when I get to work, and I have stress I talk to a colleague woman to woman, just to relieve my stress and to avoid depression, it gets tiring coming to work when you have stress at home and the boss expects you to come to work, and you also need to come because you need the little money to survive***"**

Caregiver 8 states that, as a woman one is required to be strong and to handle all the stresses even at work especially as a caregiver traditionally, emotional expression is

different in society and organisations as women tend to do different forms of emotional labour that (Erickson and Ritter, 2001). Women are generally thought to be more expressive than men (Brody and Hall, 1993). These kinds of situations show a clear example of how gender issues make a huge difference in occupations. With the use of display rules, the gendered dimension of emotional labour is to strengthen women as they are expected to do more emotional labour than men. Moreover, at the same time, it is clear that woman express more positive emotions toward others than man. The idea portrayed is that men are expected are masculine (tough), and women to be feminine (love and care). This demonstrate the gendered dimension of emotional labour, man and woman are expected different forms of emotional labours, so this led to more emotional dissonance, more emotional exhaustion, and more burnout. The gendered aspects of emotional labour can also affect job satisfaction; this shows that the caregiving requires caregivers to internalise and disciplined and control themselves accordingly on their daily basis when doing their work.

5.4 Knowledge and Experiences of caregiving

The knowledge of caregiving is perceived as the element providing the caregiver with the ability not only to manage the children in their care in the centre but also to manage the way they handle themselves in their roles. In that sense the caregiver has to provide care to children ethically, that is they are expected to know the right way of taking care of children, to be able to bath, nurture and make sure the children are developing according to their milestones. Even though some caregivers were introduced to the caregiving in the CYCC, they were already providing care to their children at home and also in their families and communities. Most of the knowledge and experiences of caregiving for women is shaped by culture and socialization, culturally in most African communities' women are expected to provide care to their children and other people's children, and it is a norm for women to provide care. Hence in capitalist societies caregiving ends up being undervalued and women being exploited in the sense that they provide care as a form of work, but in their homes, it is not compensated regardless them providing it in their workplaces especially for women caregivers working in institutions.

In this manner, it seems to provide the means for the caregiver to understand and deal with the situation without being overwhelmed in the process of doing their job. The knowledge the caregiver possesses operates as a personal resource that they are able to rely upon for support and at times a sense of relief (Kramer, 1993). Caregivers have to

use their knowledge as defense against the difficulties within caregiving, allowing for the succession of the individual's resources. Botes (in Baumann, 2008) considers knowledge to be of a much greater significance in countries such as South Africa, were reliance upon formal knowledge operates as a protective factor against elements such as exploitation indicated in the transcribed interviews below

5.4.1 Confidence with work

Caregiving is gender-based, women are socialized as cares and fall into the caregiving role easily. They familiarize with role whether they provide it at home or at work like the women caregivers below said that even if they were not employed as caregivers before. Women are familiar with the role of caregiving as they do it in their homes and in the communities, they come from leading to them being able to do the caregiving work easily. Women feel they are confident enough to do it as it is a natural thing for them to do even though there may be differences but ultimately the work requires them to provide care.

Caregiver

"I knew before I worked here about caregiving, and what caregivers do, as I have lots of experience with working with children, I used to help is small projects in my home town that worked with children, so when I got this job I already knew about this kind of work."

Caregiver 4

"Yes, I had an idea, that's how I got the job, I was working in a daycare, and a pre-school, so caregiving has been something I have been exposed to, and I understand what is required for one to be a caregiver, as you can see I also help with the pre-school in the centre."

Caregiver 9

"Yes, I had the knowledge, I knew that there is a home like this that takes care of children that are orphaned and vulnerable, so I got this job, and I knew what it means to be a caregiver, and training has also helped me."

Caregiver 2

"I did not know, but as a person I always wanted to help children, and wanted to volunteer in the home-based care, even those that went around in the communities helping, I wanted to be like them, I also helped people like my neighbours who were getting foster grant to

do all documents and stay with her children, and that is how I was exposed to this caregiving role and applied for this job."

Caregiver 6

"*Hai, I didn't know, but when I got this job I was happy and had to learn what is required of me to be a caregiver, I went through training while working here, so that helped me to understand my role as a caregiver better, it's very important to get training and knowledge because you learn patience, to be calm, protect and look at the needs of the child carefully"*

Caregiver 6 highlighted the importance of knowledge and having the skills of caregiving that informal caregivers are not privy to. In this manner, the belief in their abilities and the expectations associated with their formal knowledge provide a sense of security. Caregiver 2 suggests to formal caregiving as a constant in the caring of the children or recovery process for those who come from harsh conditions; it also highlights the belief on the other caregivers within the centre and the interrelation between the caregivers. This highlights the importance of interdependence and both the indirect and direct effects on it. This multidisciplinary approach may provide a further understanding of the distinction between formal and informal caregiving. This ability to be knowledgeable forms a crucial component of how the caregivers construct their identity and, in most circumstances, their status attached to that identity. Reputation within the caregiving job is based upon expertise and competency. Therefore, knowledge is a significant resource for the caregiver (Arber, 2007). Important within the perception of their identity as formal caregivers is their competence as caregivers.

However, there seems to be an interaction of esteem attached to the knowledge they possess, for caregiver 2 said "*I always wanted to help children, and wanted to volunteer in the home-based care, even those that went around in the communities helping, I wanted to be like them"*. This notion informs their abilities and professional identity. It expresses the application and emphasis of acquired caregiving knowledge within caregiving job. Thus, it provides an important understanding, with the creation of definite rights and wrongs within the job description of a caregiver emphasizing a sense of dependence upon training they get to perform their duties with the means of knowledge. This creates the perception that caregiving, is not restricted to a natural process, but rather that inherent within the system the caregiver acquires knowledge throughout the process, which is deemed vital and necessary as a formal caregiver.

This study also found out that, knowledge is illustrated as an important component within the caregiving work, without such their identity and role as a caregiver is useless. This links the relationship between the caregiver's knowledge and competence. The majority of the participants considered the most important aspect as a formal caregiver, as the knowledge that they possess. This knowledge is often constructed as the source that enables them to cope with and adequately care for the children.

Experiences of caregiving for women are shaped by a lot of things and reasons, the women working in the CYCC are providing care for children morally and ethically and are bound by a lot of reasons these are the themes that were picked up when asking women about their experiences in working with orphans and vulnerable children.

5.4.2 Acquiring knowledge

Caregivers found that working with children does not only help the children but that they also learn a lot from the experience of caregiving. The ethics of care theory recognizes that "human beings are dependent for many years of their lives, that the moral claim of those dependent on us for the care they need is pressing, and that there are highly important moral aspects in developing the relations of caring that enable human beings to live and progress". Caregivers are not only providing care to the children, but they are also learning. They are sometimes trained in varies aspects of such as first aid and life orientation.

Caregiver 2

*"I got a very good opportunity in this caregiving experience, I have learnt how to take care of an orphan, orphans can be difficult to raise, they need extra love, and most lack maternal and paternal love.***"**

Caregiver 5

"This work has not only taken from me, but it has also made realise that whatever I learn from this job I can give to other people, sometimes we go to training to improve the way we can take care of children, that is one experience you can give to the next person, I mean working with orphans makes me feel compassion and makes me love children more, I always wonder as parents, when you give birth you know children don't know anything, but their parents leave them, they come into the centre, and we raise and love them, I feel bad for them."

Caregiver 7

"After working here for a while, I think I can say I also learned, for instance at home I used to shout a lot, but after being a caregiver for a long time, I now sit down with my children and talk to them I don't shout, I have learnt that one must talk to children nicely make them understand, and even here at work I'm careful with the children I don't like to talk to them badly to avoid reminding them of where they come from, some come from very difficult situations, this working experience has changed me somehow."

Caregiver 1

"What I realised when I worked here, I realised some of the children come from families that are similar to mine. I learned that children come with different attitudes, but as a caregiver, you have to have to love them and understand them individually."

5.4.3 Paid and unpaid work

Most of the women universally are contributing to family work, and the characteristics of this type of work are that more women are found to be unpaid, contributing to family work. Caregivers at Crossroads CYCC have their families which they go to after their shifts have ended. And in their families, they also do the caregiving work they are not being paid for. The caregivers shared their experiences of doing unpaid work in their homes and doing the caregiving work in the CYCC.

Caregiver 1

"Yaahh I like this question, and it's something we do. At home you can be flexible, at home I even ask children to do the dishes when I'm tired, here at work I cannot do that their strict rules and regulations that I have to follow, and remember I am getting paid, so I strictly have to obey the rules, children here are not allowed to do dishes so I can't demand the help, while at home at times I ask my children to help me."

Caregiver 3

"At home no one pays me, but as I provide the care to my family, I want my children should get a better future, so I just take it as a natural thing, so I provide freely. At work, I follow strict rules, but the care I provide is the same I would provide for my own children so that the children in the centre can have a better future."

Caregiver 9

"Eyy when I get the money is small for the job I do, when I'm home the job I do here I apply here, I used to hit my children, but ever since I started working here I don't hit my children, I play the same discipline role at work and at home, I don't expect anything. I don't treat the children here different from the ones at home.

Caregiver 10

"Since my children are old enough, I'm don't do much at home, so here it's quite difficult you can't expect the children here to help you. So because I get paid, I do the job."

Caregiver 5

"It's so nice this one of getting paid because it also helps me with the children at home, yes there is a difference at home no one pays you, but at the same time, you expected to still provide for the children even though no one pays you. Here at work, it's nice you distress a bit from the problems at home while doing the caregiving."

Caregiver 6

When it comes to my children, my grandmother, or family members, I have to provide the caregiving it's my job as a mother, apart from getting paid I tell myself that I have to care for these orphaned children they need the same care as my own, because some did not get the care and love form their parents."

The caregivers above show similar but a bit different approach on how they handle the difference between paid and unpaid work they do, they all mention that they do provide the caregiving at home even though they do not get paid, some get help from their children, while others have to do it, but they do not mention that their husbands help with the labour at home, this shows that there is still a huge gender role gap within families. There are more women who are in underpaid and unprotected work around the world (Akintola, 2004). Regardless of their contributions to the economy, earnings to education are lower for women gender-based wage differentials still exist; market division of labour discrimination further exacerbate inequalities. Women are still subjected to gender inequalities in the division of labour between paid and unpaid work as it persists, with men spending more of their work time in remunerative employment and women performing most of the unpaid work.

Unpaid care work is usually based on feelings of obligations the caregivers feel like it is their role too because of the way women are socialized and their gender roles are put into

place, and this comes from patriarchal structures that interact with the rest of the economy in ways that need to gain more visibility. The males within the household are most of the time regarded at bread-winners, and the females as caregivers, however, the fact that women still bring food to the table and contribute to the financial needs of the family is not fair. This shows that even though women still provide the care at their homes it is viewed by classical economics as a low cost of labour that the state still gains from, as said by the caregivers they get paid at work for doing the same job they do at home, but without pay, and that shows that their work is not recognized by the state, but it is equally needed, this calls for more intervention to women performing work as normal or natural.

5.4.4 Expectations when one is a caregiver

The Children's Act No. 38 of 2005 "defines a child and youth care centre as any facility that provides residential care that includes a therapeutic program for more than six children outside of their family environment (sections 191(1) and (2))". A child and youth care centre are distinguished from other child care facilities by the provision of the developmental or therapeutic program or treatment. It means that a child and youth care centre is a home that not only receives and provides accommodation for children outside of their family environment but also provides a therapeutic or developmental program or treatment. The treatment and program are often provided by a social worker, but the main caregiving (that is, bathing, feeding, love and nurturing) of children is provided by the caregiver. The caregivers, when they do their caregiving role are required to adhere to policies and laws on what care to provide and how to provide the care. The CYCC on its own is also guided by law and needs to be registered, the registration is done in terms of sections 191(2) and (3), include homes that provide, the reception and temporary safe care of children pending their placement in alternative care by a Children's Court, there is a need for Early childhood development. The CYCC is required to provide reception and temporary safe care of children to protect them from abuse or neglect, sexually exploited children, trafficked, and emotional difficulties that children have faced. But mostly to provide care for the children, and that is the role that is played, caregivers.

When asked about what the things required from in their role this is what the caregivers said;

Caregiver 1

"I am not expected to come drunk, I should be neat, and I should dress appropriately. I should guard my words; I should not use vulgar language or any inappropriate language.

The centre does not allow anything from outside I am expected to follow the rules. For example, if a child is sick, you have to write in the book and report, or a child writes something on the wall, I have to wash that wall."

Caregiver 2

"As I am a caregiver, I am expected to be happy about my job, because this job requires a person to be happy so that you can work well with children, there is also a strict policy here at work, and you can't just do what you please you have to follow the rules."

Caregiver 3

"I have to leave my problems at home, and I have to come here to take care of children, love them, I'm not allowed to bring my problems, I'm expected to follow the rules here and only do what is required to use other places rule only the applied rules here."

Caregiver 6

"I'm expected to work wholeheartedly and hard. Work well with my colleagues, and cooperate, I'm supposed to follow strict rules, and do my job well.

Caregiver 7

"When I enter the gates, I am supposed to be ready to care, dedicate my work to the children, and be stress-free."

5.4.5 Source of Income

Not only has caregiving given the caregivers a learning experience but it has also given them the opportunity to provide for their families and to change their living conditions and to be able to have ideas of how to survive if the caregiving job ends.

Caregiver 8

"Working in this centre has brought food to the table for my family, my husband is not working I have to make sure my children eat and are in school, it's not easy being a woman.

Caregiver 3

"I have experienced a lot of things in this job, and I also learned this training they do help. I have gathered more from it. I think now I can even start my own crèche to make more income and stay at home to be near my family."

Caregiver 7

"With this caregiving job, I have managed to send my children to school with the salary I earn, even though it is small, it has been able to help to pay for bills."

Not only has the caregiving job brought food on the table but it also makes caregivers feel proud of the work they do, caregiver 9 also mentions that the work she does is a source of income for her family she is able to survive on the salary, unlike if she was working

Caregivers 9

"This job put food on my table even if the salary is small, and I am glad because who was going to give me this small money, others are not working at least I manage to provide for my family."

The above caregivers show some positive experiences of caregiving, but the caregiving job does not only bring positive outcomes; it also has its challenges, and most caregivers mentioned them. Several factors are considered to interplay with the caregiver's ability to manage the inherent challenges or negative experiences within child and youth care centres. Going back to chapter 2 where poverty and caregiving are linked to women, thus women are the ones who are left to provide for their families, gender is still shaping women's experience of poverty in several ways. Women remain responsible for child care, work at home, and elderly they are increasingly required to contribute to the income of the household through paid work. Caregivers are the lowest paid people in the helping profession. The care recruited from the community, mostly with a matric of grade twelve qualification and no other skills. They are paid in accordance to the nature of the NPO's and what the Department of Social Development is willing to pay as their stipend or salary. This puts on the pressure on their finances as they have their own families to provide for, and they need the same money to be able to transport themselves to work.

5.5 Challenges of Caregivers

A caregiver comes across a lot of challenges in their working environment. Their job demands a lot for caregivers is high workload is a challenge in particular, often has ripple effects on the caregiver's well-being. High workload operates as a primary stressor, placing the caregiver in a vulnerable position due to multitasking (Pearlin et al., 1997). High workload often incites high stress (Hawkins et al., 2007). Underlying this stress are often perceptions of inadequacy related to the difficulties in trying to manage during periods of high workload (Keidel, 2002). Situations of the high workload are often

aggravated further by the limited resources and caregivers available, as illustrated in the examples below:

5.5.1 High Workloads

Caregiver 10

"*You find that there are lots of children that one is taking care of, maybe 9 children in one house and there are babies, so they require lots of hands, but we are short-staffed you end up not being able to do the job correctly. It can be very stressful honestly because you don't want to get into trouble with the manager.*"

Caregiver 2

"Ehh with bad luck if I may say so, I had a baby die under my care, at some point I was working, and I realised one of the babies is not well, at that time I was taking care of 9 babies so this one baby had a temperature, I gave the baby a panado, I was doing night shift, so the baby was sleeping as time so I bathed all the other babies and fed them their bottle, so later I took the child to the sick room, when I got there I had already asked one of the caregivers to come help with the baby, when I got there one caregiver checked the baby and said something, I don't remember, but I woke up in hospital, the baby had died, and I was shocked that the baby died in my care, It was one of the most painful experiences I have come across. It's not easy doing this job at times, but we learn."

Caregiver 8

"*There's a lot of stress, a lot of challenges, especially challenges that you can't even know how to solve and to try to do many things at the same time. Like sometimes, I feel exhaustion because I do so many things at the same time. Somebody will call me to do this and that, sometimes you called to a meeting, to help in the Kitchen or help another caregiver, ooh you realise that five people are calling you, at the end of the day you say ooh burnout and I need to run away from this place."*

Caregiver 4

"There are lots of challenges, children need lots of attention, and require you as a caregiver to be able to give individual love, and attention in accordance to their own needs, and you may find that you're also human and they are lots of children to provide for."

Caregiver 7

"At some point at work it gets hectic, and you ultimately you are going to burst in tears, or shout at a child. Hmmm… because I think people react differently to different situations when we have stress. I think every caregiver experiences this, but it is how you deal with the stress that counts."

Caregivers described instances of high workload as the most stressful of the daily challenges in the caregiving job in CYCC. The caregiver's ability to cater to multiple children often results in the caregiver feeling a sense of loss of control and a sense of uncertainty. This is illustrated by, '*sometimes you don't do the job correctly'.* It is as though caregivers reach a point where it seems impossible to continue, hoping to avoid the stress, as illustrated by their *'I need to run away from this place'* or the feeling that they will ultimately lose control by *'bursting'* or reacting to the stress. The stress seems to place significant pressure on the caregivers. Caregiver 7 describes that *'you are going to burst into tears'*. This seems to indicate the severity associated with the stress that caregivers often go to extremes, in that, their caring is often reversed, feeling the burnout and pressure. The implications for the high workload are severe, and participants alluded to notions of burnout and an inability to manage, both the situations and also their own well-being and reactions to these stressors.

5.5.2 Difficulties in Confiding

The study found that most caregivers have difficulties in confiding information of the challenges they are experiencing. The caregivers had the following to say,

Caregiver 1

"Sometimes It's not nice at work, so much pressure, and sometimes you need somebody to talk to you know, just to talk to but it's not safe because everybody will know what you've been going through, you cannot trust everyone so what I do I turn God, because it's not easy to trust somebody you'll talk to somebody, and you'll hear it from another one, so the only refuge is God"

Caregiver 4

"Sometimes, when it gets heavy for me, and my working experience, I talk to my colleague, and she heals me with some comforting. But sometimes you don't know who to trust some will talk and report to the manager about how you feel so it better to struggle with stress the whole

Caregiver 7

Ya, some experiences are not easy here, and you just don't know who to talk to because we all get the same kind of stress."

These quoted words above of caregivers' show that caregivers clearly found a need to have someone to talk to but at the same time recognised that it is not an option as it may put them in trouble, it maybe due to lack of support that they think they lack in their work or not having a good relationship with their seniors. In many instances, the idea of confiding in someone or being able to share your difficulties is linked to the feelings of being ashamed of those experiences. This is indicated by the statement that individuals would 'take this thing to the manager and may make the caregiver look as if they are not competent in their work. While others felt that their colleagues were unable to help them through the experience, given that they were going through the same process, this may also indicate their concerns about placing additional burdens upon others.

5.4.3 Time Off

The caregiver's well-being is not restricted to the effects of the work environment. Caregivers often confront difficulties at home, which are exacerbated by their personal difficulties. It is important to recognise that the work environment more commonly provides a source of conflict for the caregivers (Scott and Brown, 2004). This is also further complicated by the role conflict that emerges, with significant demands being placed on the individual as a caregiver, in addition to the other spheres of their lives (Kulik, 2006). The interviews below illustrate some of the difficulties the participants meet on a daily basis.

Caregiver 4

"*Sometimes you get home after working at the centre, and you hear stories, there are problems children needing this, husband starting a fight, so challenges are everywhere, but one needs to be a woman and solve all her problems, I never get enough time to be at home with my family to be able to attend to their needs."*

Caregiver 2

"Being a single mother is not easy, after leaving the centre and getting home, then there is another stress, children want this and that, but you can't provide for all of it, so you also have to deal with those problems at work, and at home."

The caregivers show the difficulties of mothering at home and at work the dual duties, which is difficult to be working and being able to attend to the needs of their family.

Caregiver 6 talked about the amount of time they as caregivers spent at work, that it needs to be relooked into, they are working from 8 am to 5pm, and they use transport to get home, which means they don't spend time with their families, and that the transport can be costly to them, she and an idea of working 14 days in a month and spending the other 14 days at home, that will save them money and allow them to spend time with their families too. She said

"It will be good if we can get to work 14 days working day and night shift, then the other caregiver can come after those 14 days. It could save us money, and allow us to spend time with our families, we get very little time off, and by the time you take a leave you to realize that there is some much to do in your own household."

Caregiver 4

"I think my biggest challenge is the amount of day off's I get from my job, it is just too little time to spend with my family, I wish we were given at least two days leave to rest, as this job demands a lot."

Caregiver 4 states that the number of days offs they get at work is not enough for them to spend time with their loved ones some of the caregivers stay far from their families and when they do not get a chance to spend time with them often. This may be a challenge as they may feel like they are neglecting their own families and that even though they provide care for orphans and vulnerable children, their own children do not get the same love.

5.5.3 Low Wages

Caregivers also indicated that their biggest challenge is the money; they feel they are earning a salary they cannot survive on. There is a feeling among caregivers that the government is not doing enough to improve their income. Poor wages are, therefore, one of the major challenges that come with being a caregiver. One of the caregivers stated the following:

Caregiver 1

"*Yes I am happy to work here but, well I don't understand we are caring for these children, and the government knows about it, but why such a small salary, already I'm taking care of my family now I get here to earn almost nothing, number two I feel that we*

as caregivers are not treated fairly, when I'm working, and my child is looking for me, my child cannot come into the gate of this centre, I have to go out as if my child will steal or I can't be trusted, I feel we don't get equal treatment"

The above caregiver not only does she mention the salary but she also feels that she is not appreciated for the work she does, even one of them said her challenge is that she feels that her employer does not trust her, or even undermines her and her family members. The way in which they work it does not aloe them to have visitors, and they spend a lot of their time at work, and they feel like they are neglecting their families ,but even when their family members try to visit them they do not get the right to see them without being treated unfairly, Caregivers feel strongly about the lack of respect they receive within the institution and the difficulty in attaining recognition like caregiver one said: *I'm working, and my child is looking for me, my child cannot come into the gate of this centre*, *I have to go out as if my child will steal*, I can't *be trusted, I feel we don't get equal treatment*." she stated that their family members when they come by to see them are not allowed to enter premises, that made her feel like they are discriminated against hence she use the words. The above caregiver also mentioned that she feels that there is no equality in their job, that maybe some others are treated better than the others.

Caregiver 5

"Money remains one of my biggest challenge in this job, yes the job can drain a person, but now after payday and I have so many bills to pay so many mouths to feed it gets really difficult for me."

Caregiver 10

"I use transport to come to work, and I stay out of town, I stay in the rural areas, so I pay R24 per day return, and my salary is so small, so really it can be frustrating food, school things because I want my children to get a better education, and not be like me, so really this can be a challenge for me."

Caregiver 3

"With the little money we get, remember I'm going to retire, and I know I won't get pension money, even after serving the government for such a long time, because I work for an NGO, I'm told I won't get any money. It is not fair. I was once excluded from work because of a personal reason, I did not get a cent from here, but a friend of mine works

for the hospital, cleaning she is retired and gets a pension, and the old age grant at the same time, how does it work?"

The above three caregivers indicate also emphasise on the issue of the low income, pension, and they mention that they use transport to come to work. The caregivers feel that they are not actually being covered enough in their jobs, and this leads to stresses and burnout they fall under because of the challenges they face. Burnout, compassion fatigue and compassion satisfaction, low paying job they work in are considered to be more properly connected to contextual factors than individual stress (Killian: 2008).

5.6 Coping Strategies

When care is provided it instils cognitive skills that increase earnings as caregivers working in the institution are providing care for an income, but more broadly that receiving care also helps receivers develop values, habits, and skills that benefit themselves and others (England and Folbre: 2000). Caregiving work done in institution contributes to the intellectual, physical, and emotional capabilities of the children in the centre. These capabilities contribute to receivers' own and others' development and happiness (England: 2005).

5.6.1 Public Good

Caregivers feel that the work they do is important, they provide care to children that are in need of care and protection, children that have been abandoned and left without visible means of support, the orphaned and the vulnerable. When asked about how they felt about working with orphans and vulnerable children this is what they said;

Caregiver 10

"You see in other times when I see children abandoned and the abuse of children. It hurts me even to see a child hungry, so being a caregiver somehow, I am playing an important role in society."

Caregiver 8

"I am happy to be doing this job, I get touched by this job, and it gives me the opportunity to give love to children to who is really in need, who have been through a lot."

Caregiver 3

"When it comes to my work, I learnt that these children who are in terrible situations like the ones that I care for I have to do it as if the child is my own because at the end of the day, we are building the black generation."

Caregiver 1

"This job of mine gives me an opportunity to play a huge role in children's lives. I see it as a blessing for me to be placed here. I have one child, and I am taking care of my sister's children, so I come here to these poor children who need love, and I get to give them that sense of security."

Caregiver 5

"Ooh when I think the kind of children that come into the centre, some very neglected, and malnourished, I just bath them with love and hold them, children require that small thing of actually just giving them a hug and keeping them ok, they grow, and I feel my work as a caregiver has been done."

The caregivers view their role of caregiving as important in the lives of children that are orphaned and vulnerable. They feel the role they play is important in the community and in the lives of children. One caregiver mentioned that she feels the care she provides it is for the betterment of the future of the children in South Africa, she said: "*because at the end of the day we are building the black generation"*. This shows that the way caregivers view their work they view it as important in society and very beneficial. This shows where Held (2006) states that care work is both value and practice. She furthers states that the concept of care has an advantage of lending itself to the interpretation of morality, that is women fee their caregiving is a moral to society, and this is what ethics of care theory advocates for.

These above caregivers show how much it means for them to be playing the important role of caregiving for orphans and vulnerable children. The construction of "a moral around the notion of love and in contrast to work must be understood as highly feminised, in a sense in which it is characterised not by gender but by theme feminization" (Weicht:2008). Other authors of the ethics of care theory have shown that society's idea of morality and ethical values is traditionally founded upon gendered differentiation which also led to differences in the values attached to certain modes of morality. Most caregivers emphasised that they are mothers, and that is why they meant for this role.

Caregiver 2

"As a mother it is my role to raise a child, I am raising my own children, so to be in this job it has allowed me to build future women of tomorrow, I have had children that went out of the centre as ladies, some have finished school and are working, and are well-mannered children, really this caregiving is a good job, you need to be happy, and have a soft heart."

Caregiver 4

There is a lot I have learned from this experience, I have seen that children need you to take care of them as if there are your own, you even realise that children have different needs and you as a caregiver have to provide the care as a woman, or mother."

Caregiver 7

"I am a mother; therefore, this kind of work is meant for a person like me who has raised children and knows what it is to be a mother, a caregiver has to have those maternal instincts in order to be able to do her work accordingly and provide what is needed for these children here."

The above interviews show that women feel it is their duty to play the motherhood role into the lives of children in the CYCC, that is they feel it is their duty to provide maternal care and love to the children, and it comes naturally to them as they are mothers and women, and they are socially constructed to play the role of being a mother, and also making a difference in children's life these connections provide the caregiver with the ability to foster a sense of fulfilment in their role and be able to cope.

Caregiver 7 *"It is a joy for me to be doing this job, these orphans touch my heart, I feel when I become a mother to them, I am making a difference, and that makes me feel good."*

Caregiver 5

"When it's really tough, I console myself by saying I'm here for the children, and the work I do here will benefit the children, in order for a child to be someone in the future they have to take care of and raised properly by a parent. Sometimes when it is really bad at work, I comfort myself with the children, they make me smile."

Caregiving can be an enriching and life-enhancing experience, thereby creating a positive impact on caregiver health especially when there are positive comebacks, for instance **Caregiver 10 said**

"I have seen children grow up in front of me and become successful; some are married. This shows that the work I do has an impact on children's lives, I feel proud."

5.6.2 Talk to Someone

When a person is under a lot of stress they are often advised to talk to someone, like the idiom says "a problem shared a problem solved" caregivers stated that they talk to someone else when they feel the pressure or stressed, some mentioned that they talk to social workers, colleagues or even a family member for them to be able to cope with whatever problem they are facing.

Caregiver 6

"I think it's better if one reports to the Social Worker we are told to do so or talk to a colleague so that we can motivate each other or even report but eyy it can be tough, but the work I'm doing here is the most important thing."

Caregivers discussed their ability to utilise services outside of the centre, as well as their own internal resources, such as motivation. These illustrate positive coping strategies that endow the individual with the ability to continue. This also shows that even when it gets difficult, the caregivers try to view their job in a different way more than a burden. Often ineffective coping strategies make the individual more vulnerable to the negative implications of caregiving and stress. This often gives rise to a vicious cycle as it works as a temporary coping strategy, but also making the caregiver more vulnerable to the next stress. Other respondents utilise their family as a means to get relief, however, given the contextual implications families often illustrate the importance of the job as opposed to the individual caregiver's wellbeing

Caregiver 10

"I talk to my husband when I get home about the challenges, I face it, and he tries to comfort me and reminds me why I am working, for my children, and to also help the children in the centre."

There positive coping strategies that may also help the caregiver to cope as said by Wight et al. (1998), that while caregiving can be demanding and have a variety of negative

physical and mental health consequences, it is proven that the role of a family caregiver can also result in health benefits for some, as caregiver 10 mentioned that she is reminded by her husband that she is doing the job for her children, that is she is working to support her family.

5.6.3 Responsibility

Evidence suggests that some people reap benefits from their role as caregiver, including improved mental health, increased closeness to their loved one, and a sense of satisfaction and fulfillment when doing caregiving (Beach et al., 2000; Kramer, 1997). For instance, Caregiver **1** said;

"*In front of God's eyes I am doing a good job, and that helps me cope with my job, these poor children are abandoned and m I have the responsibility to be a parent to them, care for them, some come very neglected and you to clean them up nicely, bath them, take care of their health, when that grows up and develops well, it's a good feeling to see that the work I do changes a child's life, so that's how I comfort myself in this job*"

Caregiver 5

"Children are God's gift, it gives me pleasure to be responsible for them, and work within an environment that allows me to make a difference in their lives."

The ability to utilise meaning to connect with something greater than oneself allows the caregiver to make sense of their experiences (Breitbart, 2002). Being able to connect a caregiver's work with a greater sense of fulfilment or purpose has vast implications for the community and social meaning (Mirvis, 1997). In this manner, meaning operates as both a coping mechanism and an outcome (Breitbart, 2002). It can be considered an active coping strategy (Fillion *et al.,* 2009), and as a coping strategy, it allows individuals to determine the opportunity for growth and understanding (Breitbart, 2002).

5.7 Coping with Challenges at Home

Challenges caregivers face not only occurring at their workplace, but they also have challenges they face in their households, but they also have to keep the balance between the challenges they face at home and at work and develop a coping mechanism that will assist them in coping with work and home problems. Coping is defined as the mental and behavioural efforts made to master, tolerate, or reduce external and internal demands and conflicts among them (Gutenberg, 2002).

Caregiver 2

"At home, I have a traditional way of dealing with things, I go to my elders, I always chose an elder that can be honest with me, and I can trust, like my brother then he can give me proper advice".

Caregiver 4

*"I like to sit down and talk to my children if I have problems with them. If it is my husband, I talk to him privately without the children knowing, and if it is difficult, I ask my family members to intervene."***Caregiver 7**

"I pray, I ask God to help me because marriage is just like work, it needs one to commit so, I look onto God to help me with the challenges I face at home with my family."

The above interviews show that caregivers develop a coping mechanism so that they are able to handle the stress they come across at home to be able to do their job properly, they develop coping mechanism using their traditional ways, some resort to God, and some use communication to be able to avoid stress and burnout.

5.8 Support Caregivers Require

The well-being of caregivers holistically is the most important contributor to ensure children in the CYCC get proper care, that includes the care and survival of children, and the caregiver's wellbeing also creates conditions that enable children to meet their developmental milestones well. However, caregivers are living in conditions where they are prone to different challenges that affect their ability to be effective parents to their children, wives to their husbands and good caregivers to the children they take care of. One should note that, providing support to caregivers is essential, and to know the kind of support they require will assist in offering them the right kind of support so that they can perform their duty effectively.

Care work has been described as "invisible" as care workers are undervalued by care-recipients and communities, despite the essential role that they play (Razavi and Staab, 2010). "Caring for the caregivers" by acknowledging their needs and rights, began to receive recognition in the 1980s. The combination of working from love, responsibility as well as at times from a lack of choice, in the case of family caregivers, began to raise attention for numerous caregiving research studies (Keith, 2007). Even though there has been recognition for caregivers work most of the caregivers are living in poverty this may

affect their ability to be effective caregivers and to promote good child development outcomes, some of the challenges caregivers mentioned where low incomes, material deprivation, unemployment hence ending up in the caregiving field, mental and physical ill health and some domestic violence. Caregivers due to stress face challenges of HIV/AIDS, substance abuse and malnutrition. These are all due to poor access to basic services and educational opportunities. When asked about the kind of support they require caregivers stated that;

5.8.1 Appreciation

Other caregivers saw a need to be allowed to make decisions when providing care and use their maternal instincts and to be treated as equal and for their job to be recognized as important. Others mentioned the need for motivation to be given to them in terms of compliments when they have done a good thing, and to be allowed to share their opinions, their challenges and how the management of the centre can offer support and advice to them.

Caregiver 1

"The most important one is that caregivers must be given love and feel appreciated. Let us be allowed to be parents to these children; we must be allowed to be flexible not only be given strict instructions without considering our knowledge of caregiving."

Caregiver 4

"As we are caregivers need to be treated fairly yes, I know we make mistakes but we need to be addressed as well when you have made a mistake, it's difficult to be a caregiver, sometimes mistakes happen but we need to be addressed as adults, and we need to be considered as people.

Caregiver 6

"We need to be able to make a decision as mothers when taking care of these children; we need our superiors to know that we are capable of making our own decisions and that we won't harm children on purpose. We need a day where we can sit together have that time to share our problems, be able to get support in terms of our needs.

5.8.2 Wellness and Capacity Building

Caregivers are also in need of social support and protection. The Children's Act provides for a range of mandatory prevention and early intervention programs that advocate for

parenting skills, caregiver support and wellbeing, including access to basic necessities (Tomlison, 2013). Caregivers may need support to get social grants, identification documents, and access job creation programs, for example. Other areas of support include capacity-building to enhance job and life skills, and interventions to address domestic violence and other social problems. Other caregivers emphasised the importance of wellness in their job, as their job can be very demanding and cause a lot of stress it is very important for them to get time-out from work and councelling to be able to get proper support from a trained person who can help them to cope with the challenges they come across at work and at home.

Caregiver 2 *"You know what I like we should get encouraged, get a monthly meeting so that our challenges can be addressed, we need support from our employer to give us a platform to express our concerns all of us as caregivers."*

Caregiver 3

"Aai, sis! It's very difficult here at work we need new management, the people who are managing us don't seem to have the leadership skills we need a new hand to be able to bring new ideas of how to do things.

Caregiver 4

"I would also like to be given a compliment now and again if I did something right, it will motivate, not to be treated like I'm wrong all the time, because I do well at times."

Caregiver 9

"I hope we can get a break, give us a nice time, to be taken out so that we don't always get to think about the job, get to sit together and do activities that don't include work."

5.8.3 Better Salaries

The study found out that despite the tasking commitment required in doing the caregiving, the caregivers need better salaries.

Caregiver 5

"*All the support we can ever need is a much better salary that would be a great deal of support for us as caregivers. Other than that, I have all the support I need."*

And again, I wish our employer as known that we earn a small salary, to change the schedule and the days we come into work. Because we use a lot of money for transport

so if we could work 14 days without going home that is working double shifts then the other 14 days you know you spend with our families instead of working night and day shift. That would save us a lot of money instead of paying transport money every day.

Caregiver 1

*"The government must intervene with money we are paid low wages, we are taking care of orphaned and vulnerable that must count for something, we are also taking of our own children how are we supposed to provide in a small wag*e?"

Caregiver 7

"Money is all I feel we need, and that is all the support I need, more money."

Caregiver 8

"I think we get all the support we need, it's just the money is small, a higher wage will be better."

Caregiver 9

"A little bit of money and increase will help."

Caregiver 10

"Around Christmas, we should have a bit of a bonus to say thank you for the work I have done. So that I can be happy and make my family happy."

Caregiver 4

"Here at work when a person gets retrenched you don't get an incentive, there is no pension, even if I die, and at least I can know my family can get something."

Most caregivers stated that they require a salary increment in order to perform their duties without the worry of how they will feed their family. Another form of support that caregivers required was that the government should support them. They feel that the job they do is to take care of the future of South Africa, they are caring for children that are the future. They feel like the government is not supporting them enough in terms of wages and societal structures such as unions, they also need some work benefits, where they know they will get pension when they retire.

5.9 Discussions and Analysis

In the Literature it is stated that caregiving in order for caregiving to be understood it dependent on society and context which different principles are stressed over others, caregiving is not only provided in a family setting but also in a formal way, and that caregiving also requires feelings and actions (Leira, 1994). The findings in this study reveal that most caregivers provide caregiving as a form of love, that they use their emotions when providing the care to the children in the CYCC. It also shows the emotional burden that comes with caregiving and the caregivers having to adjust their feeling in order to fit into the caregiving role, for instance **caregiver 6** said when she found out that she was going to work with children she had to love them, she further states that the role of a caregiver is to love, that is caregivers are expected to provide love, and the caregivers in this study believe that the caregiving work they do is based on the basis of love.

However, it can be argued that caregiving places women in a position where they have to forge their feelings for the sake of working, because **caregiver 7** said "I had to love children when I realized that I would be working with them" she shows that because of needing the work she had to change her emotions and work towards being able to provide love when caring for children. This shows that caregiving is emotional labour; emotional labour can have positive help benefits for caregivers as well as negative health benefits. The positive emotions can increase task effectiveness, that is when the caregiver does their job with love the won't feel pressure and do it sincerely to a certain extent, and it avoids embarrassing interpersonal problems that may disrupt interaction with children, for instance shouting and using language that may harm the children (Ashforth and Humphrey, 1993). One other positive thing about emotional labour is that is can increase job satisfaction, as people may be viewed as sociable, pleasant and likeable by others (Mishra, 2006). The negative consequences of emotional labour are that when a person is forging their emotions, this may lead to them getting more stress and possibly burnout, and that may also affect their physical well-being.

The findings in this study also revealed that caregivers had knowledge of the caregiving informally before coming to work in the centre, and it made it easier for them to work, and align themselves with the work, caregivers found it to be easy to have the knowledge of what the work they do. Even a few caregivers who were started working without the knowledge of caregiving found it easy because of the maternal instincts, and the informal

caregiving role they play in their homes of taking care of their families. The caregivers also stated that they have learnt a lot form the caregiving experience and that they feel it has given them an opportunity to be able to share with others what they learn from the work they do, and also apply in their neighbourhoods and families.

The dynamics of paid and unpaid work were also one of the findings in this study. Most caregivers indicated that there is small difference between paid and unpaid work, because most of what they do at their paid work is what they do at home. However, they have more flexibility at home than at work, because sometimes their children help them. In the work environment they have to work with dedication since they get paid for it. However, the caregivers did not mention their husbands or partners, helping them with their roles in the house; there is still a huge gap in terms of gender equality. Women are still the ones expected to provide for the care, whether at home or at work, and only get paid for one. Women are still exploited in a capitalist society. Most women in the caregiving field are black and come for poor backgrounds; their economic status puts them in the place where they have to work under any conditions without being able to question their salaries, workload, and other challenges they face. Caregivers shared what is expected from them on a daily basis at work that they expected to behave and dress properly. Mostly they stated that they are expected to leave the stress they have behind when entering the premises, they are not allowed to bring their emotional baggage or whatever problem they experience in work, and they are expected to follow the rules and regulations when they come to work. This leads to them having challenges of confiding or explaining themselves when they have problems and being able to share.

Due to poor socio-economic status, caregivers not only view caregiving as providing care to children but as their source of income. They expressed that the work they do in the centre has given them an opportunity to be able to put food on their tables for their families. This reflects the socio-economic burdens these women are carrying. The majority of these women are single or divorced, hence they are the breadwinners responsible for supporting their children alone. For those that are married none of them mentioned their husbands paying bill, but said the salary they receive supports their families. It is important to note that, even with social grants put in place by the government women struggle to provide for their families.

Caregivers mentioned that they face many challenges and that their work may put them under the circumstance of high workloads, lack of time off and low wages. The policy

framework in South Africa is still a challenge. The reviewed literature indicated that the policies on caregiving are not inclusive of the women caregiver's views. Thus, they are formed in ignorant of the challenges faced by most of the women caregivers. Thus, there is a gap on the caregiving worker's policies in terms of grants, leave, maternity and paternity leave. The findings indicate that the caregivers do not have supportive policies that cater for their needs which includes salaries which have not increased in years and short-staffed making their work burden extremely difficult.

Caregivers mentioned that they feel a lack of appreciation when doing their work. They provide care to others daily and do not always seem to receive reciprocal care from their employers or from society. Despite many of the caregivers perceiving their relationships with children as close and family-like, the lack of voice, they are exploited and experience caregiving burden. While the caregiver is employed to care for children who come from dire circumstance, because of those circumstances the caregivers become vulnerable, they also need care and support need and does not always receive the care and support. The employed caregiver in this context is typically a black African female of low socio-economic status. These caregivers are often exposed to limited benefits, safety, and support. It can be seen that the caregivers who have limited resources and opportunities give of themselves to the children through their time, energy, love and support.

The caregivers mentioned that they feel if the policies that are created in government institutions of wellness and capacity building were allocated to them it will be of benefit and help them to cope with their work caregiver, that is if they could get a meeting once in a while and for their employer to give them the opportunity to express themselves they will find it very helpful in terms of them coping with work challenges and home challenges. Caregivers also need to be taken care of.

Findings reveal that caregivers usually look at their work as important to a society that helps them cope. One of the caregivers said she feels the government needs to look into their salaries. They feel the work they do is for the benefit of the country not only helping the children but raising future leaders. Some of the caregivers feel the work they do is important to the extent of calling it "Gods work". Therefore, they feel it is a calling that they were chosen to fulfil in the caregiving field. The caregiver often relates to the child or children as a close family member and often provides to the child beyond their duties and requirements. The study reveals that some caregivers worry about the children when they are on leave, and some do not go out to lunch when the child is sick they follow

through to see to it that the child receives all the care. Some even go to hospital choosing to spend time with the child off-duty without overtime payment as the relationship between caregiver and child is more frequently a true one.

5.10 Summary of the Chapter

This chapter's main focus was on the analysis of the women caregiver's experiences in caring for orphans and vulnerable children. The findings showed that the experiences of women are shaped by a lot of things, their love, and the way in which they feel caregiving comes naturally to them. The data findings also helped in synthesising the study in linking the caregiver's responses with the literature and the ethics of care theory and even validating the choice of the methodology in this study. The data findings also raised awareness of the support that caregivers need in their role to understand how far deep the challenges lie and what remedies can be proposed. The findings showed why caregiving is always said to be a gendered concept and why women fall for the caregiving role more than men. The chapter also showed the expectation of caregiving in NPO's and CYCC's. Many caregivers are not educated, and when policies are constructed they are created in a manner in which caregivers are not included as stakeholders, the findings also showed that the study of caregiving still far from reaching a position where the cost of women and caregiving is seldom discussed in a way that it is realistic for women. The concept of caring for caregiver is still a working process but not proactively worked on as women are still facing many challenges in their role of caregiving, in their homes, work and in the society, they reside in.

CHAPTER SIX: SUMMARY AND RECOMMENDATIONS

6 Introduction

Caregiving is not only a life-changing journey but it is also a role that bears challenges for those who take part in it. Caregivers can also reflect on the rewards of their role as it is integral to families, communities, institutions and the state. Caregivers who work with orphan and vulnerable children experience various social, physical, psychological and economic challenges. This chapter presents the summary and recommendations of this research.

6.1 Summary of the Study

Below is a brief summary of some of the findings in relation to the key research questions posed in this study.

- **Why did caregivers choose this occupation?**

The study findings show that caregivers chose the occupation of caregiving due to love for children, and experiences as mothers. They felt that they can play in the development and upbringing of the children. They also thought their role is important for both society and state.

- **What knowledge and background did caregivers have prior to caregiving about their occupation?**

  Some caregivers had the knowledge and background of caregiving as they practice it in their homes and communities, and this made their work easier and familiar. For those who did not have a caregiving background, their role as mothers enabled them to understand the needs of the job and provide the OVC's with the support they needed. The role of caregiving felt natural for them.

- **What opportunities does caregiving provide the caregivers?**

  The caregivers mentioned that caregiving gave them an opportunity to be more knowledgeable in their role, as some caregivers got training on life skills, and first aid. It also gave them knowledge on how to best care for children with special needs and those who are vulnerable. It also gave them the opportunity to pass on the knowledge they have to their communities and for some, it inspires them to open their own pre-schools.

- **What are the challenges of caregiving and what coping strategies do caregivers adapt and develop?**

  In terms of challenges that come with caregiving, the caregivers stated that the high workloads can make it difficult for them to be efficient in their work. The problem for caregivers is not being able to talk to their superiors as they fear to lose their job. Sometimes not knowing their rights as employees has an influence in them remaining silent. The caregivers also mentioned time as their biggest challenge as they do not get enough time to spend with their families. The support they mentioned they need is to address the issue of low paid wages. They are also forced to set aside their emotions and stress when they enter the premises of work and comply with the rules and regulation, they comply and provide care, and use love to be able to provide the care better thus leading to them accepting a low pay for their work. They also mentioned how it makes them feel good when providing care knowing is benefiting children and it a good thing to do. Also talking to another person can ease the burden.
- **What is the caregiver's experience of working at Crossroads CYCC and in the community?**

  Their experiences in caregiving showed that the more you have knowledge the better you will get at your work which leads to confidence with work. The confidence also made them be able to share their knowledge with other community members as some mentioned they also care about children in their communities. Moreover, they stated that they are paid to do caregiving at work, but not at home which makes them more flexible at home even though they still provide care.
- **What support do the caregivers believe can be provided to them in their roles?**

The support they require in their role which they mentioned is to feel appreciated, get better wages and because their work demands a lot form them getting better policies will assist them in doing their caregiving work more effectively. Moreover, have counselling resources available to them.

6.1.2 How the literature links to the study

The literature review shows how caregiving is viewed in the family structure, in the institutions such as hospital, elderly homes, and place of safety, hospital and child and youth care centres and by the state. The literature also explained the key concept such as orphans and vulnerable children, who they are and how society and sociology define an orphan including the law. The literature also conceptualised child and youth care work,

what the work it entails and how HIV/AIDS has affected the child and youth care work sphere that it overloaded because of the pandemic, children in CYCC's are affected and infected with HIV/AIDS, some are orphans because of the pandemic. The chapter also looked into how the state views the NPO sector and why the child and youth care centres play a significant role for the children and how the state plays a part in it. The literature also addressed different sociological dimensions of care and caregiving, looking into care and racial dimensions of care, that many black African-women are the ones exposed to the caregiving field and the triple exploitation of women in capitalist and patriachal society. The women who participated are African black women and come from disadvantaged backgrounds. Culture affects the way caregiving is given and done, and also shapes societies, in a sense that culturally, women are nurtures and cares men do not engage in caring as much as women do. Gender and race have always affected caregiving, in a way that gender is socially constructed and it puts women in positions whereby they are the ones that are falling into caregiving. In FBO's, NGO's and NPO's black women are the ones who mostly volunteer and are hired on a low wage to work in CYCC's especially in the placed were centres are situated in semi-rural, or rural for instance Crossroads CYCC which is in the Eastern Cape which is one of the poorest provinces in South Africa and also in the district of Alfred Nzo which constitutes of mostly rural places. The literature also looked into mothering and caregiving also putting the burden on the women because mothering in a patriarchal society is not seen as work but considered as a natural process, women bear the children and take care of them up until the next generation and the next one. Mothers take care of their children and have to also take care of their grandchildren, due to unemployment rates being high, migration and other socio-economic problems in the country. The issue of ageism and care in the literature shows how the older people carry the burden of caregiving of their grandchildren due to the HIV/AIDS pandemic. The literature also shows while older persons' caregiving is increasing, growing HIV prevalence, high blood pressure, diabetes, heart problems and arthritis are high rates among those aged 50-plus are leaving more caregivers in need of care themselves.

Paid and unpaid care work in the literature shows that there is still a gap in a capitalist and patriarchal society in regards to caregiving work. Caregiving work is done benefits society and family structure informally, but it is not paid for, the same women providing care informally are also doing caregiving work and the caregivers at Crossroads work at home and in the centre. While the literature shows that women participate in paid work, it also

shows that they are not equal to men, in terms of salaries and benefits. Women caregivers at Crossroads are not educated, and work they do is low paid, this may be because the women concentrate more on the unpaid work and do not get the opportunity to get educated, they come from poverty-stricken families and did not get the opportunity to get educated instead they were forced to take care of their siblings while the parents also looked for a way to generate income. The aim of this study is to acknowledge the experiences of women caregivers to examine their coping capabilities with paid and unpaid work. The findings of the study show that women in caregiving often do the same work at home and work, yet they are only paid for one. However, the nature of their work both at home and work advances the human development index of the country.

The literature also looked into how poverty can be gendered, that is, women, as said above, are still expected to provide for families (including extended family members) with their small salaries. Showing the failure of the Millennium Development Goals of combating poverty among women which is still a huge gap among South African women, even with the assistance from Social Development and the South African Social Security Agency (SASA) with the grants given to assist women one realizes that grandmothers have to share their old age grant with grandchildren, even with the child support grant that is allocated for women who are unemployed the grant is shared to support the whole family. The maintenance court and has tried to curb the burden on women by making men pay the support, but many men still shy away from the responsibility of providing care to their children.

The study shows the challenges women caregivers face in regard to their role. In the literature, women are subjected to many challenges in regards to their role those challenges affect the caregiver's health, physical and wellbeing, resulting in burnout and stress. The analysis chapter reflected that caregivers feel their work is the lowest paid, and the vast amount of work they do demands a lot from them. The work they do comes with high workloads and demands they should work overtime, but they did not mention that they do get rewarded for overtime, especially in NGO's where there are no benefits, such as medical aid and pension. Caregivers work for numerous years in the centre and when they retire they don't get pension many to survive after work, expect the UIF that is never enough for help them take care of themselves and their families, some have been in the caregiving work for so long and are only going to leave when they know they will be getting the old age grant. The caregivers also mentioned that there is a lack of appreciation

in the caregiving sector such that they feel underappreciated. The caregivers highlighted many challenges they experience but the conditions they work in do not show much concern to their welfare. Therefore, they feel it is better to just work in those conditions than to lose their source of income.

The findings of the study also indicate that government caregivers receive better payments than those in the non-profit sectors. The child and youth care centres receive a subsidy from the Department of Social Development to assist the NPO to do work then the department allocates a low salary that does not match the salary of the child care workers in the department. This puts most women in a position of providing care but also to experience burden due to the stress of not being able to provide for their families.

6.1.3 How the theory links to the study

This is when the ethics of care theory was suitable to show our care can be viewed in different settings as a moral act, and that care can be provided ethically. The ethics of care theory focus on the compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility for, thus it emphasises that women caregivers care because they feel a moral responsibility some even viewed caregiving as doing a greater job that is not only going to benefit the children only but the whole society. Providing care means women feel morally entitled to it. However, that does not mean caregivers do not require support. Even with feminist movement advocating for equality for women even with regards to care, putting policies of maternity and other women related policies, there is still a proactive intervention needed as women still face many challenges in the caregiving field getting the relevant support they may require doing their role.

6.1.4 How the research methods link to the study

The qualitative methods used in this study also worked to be suitable in providing a clear indication of the support that caregivers may require in their role as they mentioned during interviews and also mentioned that they feel like the government is not providing enough care and support to them, especially the caregivers in the NPO sector where the government only monitors the CYCC's but does not really see to the day to day of the caregivers, and does not allocate benefits to the caregivers that are found in the government or the public sector. Another thing that needs to be considered is that all the caregivers in the study were using the Sesotho and Xhosa Languages in the interviews and this assisted that they can better understand the questions asked and to be able to be

assertive when responding in a language they are comfortable with. However, most policies and contracts and legislation at their workplace is written in English, this causes a lot of misunderstanding, and lack of recognition of caregiver's illiteracy but still expecting them to work ethically and wholeheartedly. This really is an indication that the government should consider and show more interest in with regards to caregiving in the family setting and institutions.

6.2 Recommendations

Based on the findings of the study, the following recommendations are made to be able to make the experiences of caregivers working in CYCC's under NPO be beneficial for them and at the same time improve their working conditions. The government should take account in terms of policies derived for the caregivers as it is their mandate to enhance the livelihood and working conditions for all South African caregivers included.

6.1.1 Government on the subject of caregiving

There is a need for a comprehensive national policy regarding caregivers working in NPO's CYCC included; the policy must be inclusive of micro-policies that include recruitment, orientation, revised and standardized remuneration. The basic remuneration for caregivers should be considered as they work 8 hours in a day but are paid low wages and the work they do demand physical, emotional and mental strength from them. The aspect of language should be considered when formulating policies some caregivers are not literate and cannot completely comprehend the English language. The government needs to take the plight of caregivers seriously and recognize them as private parties in the development of NPO's in South Africa. There should be better coordination between the government, skills education training authorities SETA and further education and training FET Colleges and other training institutions to ensure that caregivers get a chance to be assessed for the recognition of prior learning RPL to be able to obtain a reliable and accredited qualification that would be benchmarked by DPSA to ensure that they are paid accordingly. The government should also do a more comprehensive survey on the challenges faced by caregivers in order to establish the support they may require, and also accredited training to open up more working opportunities for them.

6.1.2 The Non-Governmental Organisations role

The NPO's board members should lobby for caregivers and try to create capacity building and wellness for them, as they face a lot of trauma sometimes in their work and that leads to more stress and burn out, as most caregivers do not know how to offload their daily struggles with the work they do. Some form of a dialogue should be considered in order to hear the challenges caregivers face and whether the policies formulated are able to meet their basic needs for them to be effective in their roles. The caregivers in CYCC are taking care of children and they also have children of their own, their motherly instincts are always present when doing their work, they should be allowed to practice the skill, instead of always being subjected to rules and regulations and children need to be nurtured and raised in a way as to prepare them for the future.

6.3Areas for Further Research

This study shows that there is still a need for more scrutiny into the policy landscape for caregivers, as most of the policies put in place are meant to guide caregivers on how best to provide care, and not necessarily to assist them in their role of caregiving. This means that there is a need for more research into the caregiver's role in the NPO. Although the research conducted was innovative within the caregiving field, there were several components that may be beneficial for future research. For instance, a study on the comparison between male and female caregivers should be done to determine if the gendered differences will have an effect on caregivers' experiences. It could be beneficial to recommend that there is a need for more research into caregiving under capitalist society so that variables over periods of time can be obtained. This will make it easier for information regarding caregiving to be established as so as to understand the caregiving field holistically, and to understand the women and their burden of caregiving so that policies derived can be proactive rather than reactive for all women caregivers.

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APPENDICES

Appendix One: Informed consent form in English

Informed Consent Document

Dear Participant,

My name is Lerato Constance Moalosi, student number *215081095*. I am a Masters candidate studying at the University of KwaZulu-Natal, Howard College. The title of my research is: Focusing on caregivers: The experiences of women caregivers caring for orphaned and vulnerable children at Crossroads child and youth care. The aim of the study is to understand the experiences of caregivers, their challenges and coping strategies, the form of support they need, and to find out what informed their occupation choice.I am interested in interviewing you so as to share your experiences and observations on the subject matter.

Please note that:

- The information that you provide will be used for scholarly research only.
- Your participation is entirely voluntary. You have a choice to participate, not to participate or stop participating in the research. You will not be penalized for taking such an action.
- Your views in this interview will be presented anonymously. Neither your name nor identity will be disclosed in any form in the study.
- The interview will take about 1 hour.
- The record, as well as other items associated with the interview, will be held in a password-protected file accessible only to myself and my supervisor's. After a period of 5 years, in line with the rules of the university, it will be disposed of by shredding and burning.
- If you agree to participate, please sign the declaration attached to this statement (a separate sheet will be provided for signatures)

- If you are willing to be interviewed, please indicate (by ticking as applicable) whether or not you are willing to allow the interview to be recorded by the following equipment:

	willing	Not willing
Audio equipment		

I can be contacted at School of Social Sciences, University of KwaZulu-Natal, Howard

College Campus, and Durban. Email: 215081095@stu.ukzn.ac.za /liramoa@gmail.com.

Cell: 079 586 9244

My supervisor is Dr Sharmla Rama, who is located at the School of Social Sciences, Pietermaritzburg Campus. Contact details: email Ramas@ukzn.ac.za.

Phone number: 033 260 5188

The Humanities and Social Sciences Research Ethics Committee contact details are as follows: Ms. Phumelele Ximba, University of KwaZulu-Natal, Research Office, Email: ximbap@ukzn.ac.za, Phone number +27312603587.

Thank you for your contribution to this research.

DECLARATION

I………………………………………………………………………… *(Full names of participant*) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participate in the research project.

I understand that I am at liberty to withdraw from the project at anytime, should I so desire.I understand the intention of the research. I hereby agree to participate.

I consent / do not consent to have this interview recorded (if applicable)

SIGNATURE OF PARTICIPANT DATE

………………………………………………………………………………………

Appendix two: Informed consent Sesotho

Tokomane Ea Boitlamo Bo Totobetseng (*Informed consent document)*

Lebitso laka ke **Lerato Constance Moaloasi, 215081095**. Ke moithuti oa ***Masters*** Univesithing Ea KwaZulu-Natal, Howard College. Sehlooho sa lipatlisiso tsaka ke: ho lebisa tlhokomelo ho bahlokomeli: liphihlelo tsa basali ba hlokomelang bana ba likhutsana le ba tlokotsing setsing sa ***Crossroads Child and Youth Care***. Sepheo sa boithuto bona ke ho utloisisa liphihlelo tsa bahlokomeli, liphephetso tsa bona le mekhoa ea ho sebetsa ka katleho, mofuta oa ts'ehetso eo ba e hlokang, le ho fumana hore na keng e susumelitseng khetho ea bona ea mosebetsi. Ke na le thahasello ho buisana le uena e le ho arolelana liphihlelo tsa hau le litlahaloso ka taba ena.

Hlokomela hore:

- Lintlha tseo u fanang ka tsona litla sebelisoa bakeng sa lipatlisiso tsa boithuto feela.
- Ke khetho ea hau ho nka karolo mona. U na le bolokolohi ba ho nka karolo, ho emisa ho nka karolo kapa hona ho tlohela ho nka karolo. U keke ua fumanoa phoso ha u ka khetha e ngoe ea liqeto tsena.
- Maikutlo kapa litaba tsa litla hlahisoa empa re patile mong'a tsona. Lebitso la hau kapa boitsebiso ba hau ha bo na ho senoloa ka mokhoa leha e le ofe.
- Puisano ena e tla nka nako e ka bang hora e le 'ngoe.
- Tlaleho hammoho le lintho tse ling tse amanang le lipuisano li tla ts'oaroa ka faele e sirelelitsoeng ka polelo e fumanehang feela ho nna le baokameli ba ka. Ka mor'a lilemo tse hlano, ho latela tsamaiso le melao ea univesithi, e tla hlakoloa ka ho chesoa.
- Haeba o lumellana le ho kenya letsoho ka kopo, tekena phatlalatso e amanang le polelo ena (leqephe le fapaneng le tla fanoa bakeng sa ho tekena).
- Haeba u ikemiselitse ho nka karolo, ka kopo bonts'a (ka ho ts'oaea moo ho ts'oanelehang/ khonehang) ho sa tsotellehe hore na u ikemiselitse ho lumellana lipuisano tse hatisitsoeng ka tse ling tsa lithepa tse latelang :

	Kea dumela	Ha ke dumele

Khatiso e Mameloang		

Ke fumaneha: ***School of Social Sciences*** Univesithi ea Kwazulu-Natal*, Howard College Campus, Durban. Email* 215081095@stu.ukzn.ac.za / liramoa@gmail.com.

Cell: 079 586 9244; 073 203 3033

Mookameli oaka ke Dr. Sharmla Rama ea sebakeng sa***Schoo lof Social Sciences, Pietermaritzburg Campus.Contact details: email Ramas@ukzn.ac.za.***
P h o n e number: 033 260 5188

The Humanities and Social Sciences Research Ethics Committee contact details are as follows: Ms Phumelele Ximba,University of KwaZulu-Natal, Research Office, Email: ximbap@ukzn.ac.za, Phonenumber +27312603587.

Ke leboha ha u nkile karolo boithutong bona.

BOITLAMO

'Na………………………………………………………………………… *(mabitso a feletseng) ke itlama hore ke utloisisa ka botlalo seo tokomane ena e se ts;etseng le sebopeho sa boithuto bona ka hona ke itlama ho nka karolo ele ho fana ka lesedi holim'a boithuto bona*. Ke boetse kea utloisisa hore ke na le bolokolohi ba ho ikhula porojekeng ena nako eohle ha ke batla. Ke utloisisa sepheo sa porojeke kapa boithuto bona. Ka hona ke dumela ho nka karolo.
Kea dumela/ ha ke dumele hore lipuisano tsena li hatisoe(haeba ho khoneha)

Motekeno letsatsi

……………………………………………

……………………………………………………

Appendix three: Informed consent IsiXhosa

UMQULU WESIVUMELWANO

Mna ndingu Lerato Constance Moalosi. I nombolo yomfundi (215081095) ndenza isididanga se Masters kwi dyunivesithi yase KZN –Howard College ndenza uphando nzulu phantsi kwesihloko esithi ‘ukujongana ncakasana nabakhathaleli babantwana abazinkedama kunye nee mfuno zabo. Apha sijongana nee njongo zabo kwaye nendlela abasebenza ngayo kunye ne miceli-mingeni abathi bahlangabezane nayo kwaye nee ndlela abathi bakhawulelane nayo. Kungumdla wam ukwenza udliwano –ndlebe nawe ukufumanisa impendulo kulemiba ingasentla.

Qaphela:

Ulwazi olufumaneke kolu dliwano – ndlebe luzawusetyenziswa kwii mfuno zokuphuculwa kwe mfundo:

- Ukuthatah inxaxheba kwakho kungozinikela, kwaye ngo thando ,ayinasinyanzelo. Akho sigxeko uzawukusifumana ngokunga thathi nxaxheba
- Imbono zakho koludliwano –ndlebe azizudandalaziswa esidlangalaleni. Amagama akho awazu papashwa kwesi sifundo
- Udliwano ndlebe luyaku thatha iyure enye
- Zonke inkukacha zakho soze zidandalaziswe kwaye ziya kugcinwa zikhuselekile nge file enesikhuseli se password eyawukwaziwa ndim (Lerato) nabaphathi be candelo. Emva kweminyaka emi hlanu olushicelelo luya kutshatyalaliswa ngokwemithetho ye dyunivesithi , iya ku tshiswa okanye idatyulwe
- Xa uvuma ukuthatha inxaxheba uyacelwa ukuba u sayine isivulwano sentsebenziswano phakathi ko mbuzi nawe mphenduli. (kukho iphepha efakweleleywo)

- Ukuba uyavuma ukuthatha inxaxheba kolu dliwani- ndlebe , sicela ubonakalise ngoku sayina kwi bhokisi elandelayo

	Uyavuma	Awuvumi
Izixhobo ze lizwi (Audio Equipment)		

Ndifumaneka e School of Social Sciences, University of KwaZulu-Natal, Howard College Campus, Durban.Email:215081095@stu.ukzn.ac.za imeyili/liramoa@gmail.com.
Cell: 079 586 9244; 073 203 3033

Usuphavayiza wam ngu GqirhaDr. Sharmla Rama ofumaneka kuledilesi : School of Social Sciences, Pietermaritzburg Campus. Inkcukacha zomqhakamshelwano email Ramas@ukzn.ac.za.
Phone number: 033 260 5188
Inkcukacha zoqhaka mshelwano ze Humanities and Social Sciences Research Ethics Committee: Ms Phumelele Ximba, University of KwaZulu-Natal, Research Office, Email: ximbap@ukzn.ac.za, Phone number +27312603587.
Sibamba ngazibini ukuthatha inxaxheba koludliwano –ndlebe yolufundo –nzulu, enkosi.

ISIVUMELWANO

………………………………………………………………………………………………
…………………………… (amagama apheleleyo ne fani yomthathi nxaxheba.) ndiyaqinisisekisa ukuba ndiyayiqonda yonke into ebhalwe apha kulomqulu kwaye ndiayayiqonda imfuno yesi sifundo –nzulu . Ndithatha inxaxheba ndinga nyanzelwanga mntu, ndiyithatha ngokuzithandela.

Ndixelelwe ndiyaqonda ukuba ndine lungelo lokuphuma kule projekti nangaliphi na ixesha ngokuthanda kwam. Ndiyazibophelela ukuthatha inxaxheba.

Ndiyavuma /Andivumi (Khetha ibenye) ukwenza oludliwano-ndlebe

Isiginitsha umhla

……………………………… ………………

Appendix four: Interview schedule English

Interview Schedule

I am a Master's candidate at the University of Kwa-Zulu Natal, Howard College, in the |Social Science department doing a research project. My study is entitled, "Focusing on caregivers: The experiences of women caregivers caring for orphans and vulnerable children". I am interested in hearing about the experiences of women caregivers particularly those working with orphans and vulnerable children. The conversations we have will be recorded if you are comfortable with it. My special request is for you to spend an hour or more of your time with me to answer the following questions. Please understand that your participation is voluntary, that is, you are not forced to take part in the study if you do not want to and in addition your information will be kept confidential and will be used for academic purposes.

Interviewee's number__________

Biographic data

1. Age____________
2. Occupation_____________________
3. Marital Status__________________________
4. Educational Qualification____________________
5. Religious affiliation__________________________
6. Number of children________________________

Interview questions

7. Why did you choose to become this caregiver?
    - Did you have an idea of what caregiving is before you started to work in this center?
    - Tell me about your family
8. What opportunities does caregiving have?
9. How do you think you have benefited from this experience?

10. How do you feel about working with orphans and vulnerable children?
    -
    - Describe to me the ways in which working with OVC impacts on you and your life? Emotionally?
11. What are the challenges you face working with orphans and vulnerable children?
    - What does your work demand from you on a daily basis?
    - How do you handle the caregiving work that you do at home that is not paid labor from the one at the CYCC?
    - What is the toughest decision you've faced when doing caregiving for orphans and vulnerable children? And did you handle it?
12. How do you cope with the challenges you face at work?
    - How do you address the challenges you face at work

13. What kind of support do you think caregivers can be offered in order to do their role?
    - What kind of support do you think you can be offered to you after work and at work?

14. What are the things that are required from you when working in this center?
    - Does the center allow you to be flexible when doing your work?
    - Does the center have a strict policy when you do your work?
    - Is the any specified work way of doing your work?
    - Are you allowed to apply cultural practices when doing your work?
15. How do you think your caregiving duty has influenced the lives of the orphans and vulnerable children you take care of?

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Appendix five: Interview schedule Sesotho

Lenaneo la Lipuisano ***(interview schedule)***

Ke moithuti oa lengolo la ***Masters*** Univesithi ea Kwazulu Natal, (***Howard College***) ea ntseng a etsa boithuto ka tsela ea lipatlisiso (research) lefapheng la Botho, Mahlale le Phelisano (***social sciences***) ele ho ntshetsa lithuto tsaka pele. Sehlooho sa boithuto baka se re “ho tlisa tlhokomelo ho bahlokomeli: Maphelo a basali ba hlokomelang bana ba likhutsana le ba tlokotsing."

Thahasello eaka e ho liphihlelo tsa basali ba hlokomelang likhutsana le bana ba tlokotsing. Ela hloko hore sohle se re tla bua ka sona se tla hatisoa ha fela u phutholohile kapa u fane ka tumello e joalo. Kopo ea ka e khethehileng ke hore u qete nako ea hora ho araba lipotso tse latelang, ka kopo utloisisa hore karolo ea hau ke ea boithatelo, ke hore ha u qobelloe ho nka karolo ho arabeng lipotso tsena. Tlhahiso leseding ea hau holima lipotso tsena e tla bolokoa e le sephiri ‘me e tla sebelisoa bakeng sa boithuto.

Nomoro tsa mohala_________________________________

Litaba tsa Botho

- Lilemo
- Mosebetsi
- Maemo a lenyalo
- Maemo a thuto
- Bolumeli
- Palo ea bana

Lipotso

- Ke hobaneng u khethile hoba mohlokomeli?
- Na u na le maikutlo kapa leseli hore na bohlokomeli kapa ho hlokomela motho ke ntho e joalo pele u ka sebetsa setsing moo?
- Mpolelle ka lelapa la hau.

- Melemo ea bohlokomeli ke efeng ?
- U nahana u ruile molemo joang lefapheng le?
- U ikutloa joang ho sebetsa le likhutsana le bana ba tlokotsing?
- Hlalosa litsela tseo ho sebetsana le bana ba likhutsana le ba tlokotsing ho ameng bophelo ba hau. Ho u amme moeeng?
- Ke mathata afe ao u thulanang le ‘ona ha u sebetsa le bana ba likhutsana le ba tlokotsing?
- Mosebetsi oa hau o hloka eng ho uena letsatsi le leng le le leng?
- U sebetsa joang mosebetsing oa tlhokomelo oo u o etsang lapeng oo o sa lefelloeng mosebetsi ho o mongo a CYCC?
- Ke qeto efe e thata eo u kile ua tobana le eona ha u hlokomela bana ba likhutsana le ba tlokotsing ?u ile ua khona ho e sebetsa ?
- U sebetsana joang le mathata ao u thulanang le ona mosebetsing ?
- Ke ts’ehetso ea mofuta ofe eo u nahanang hore bahlokomeli ba ka e fuoang e le hore ba phethe karolo ea bona ka makhethe?
- Ke ts’ehetso ea mofuta ofe eo u nahanang ua e hloka ka mor’a mosebetsi le mosebetsing ?
- Ke lintho li fe tse lebeletsoeng ho uena ha u sebetsa setsing se ?
- Na setsi se u lamella hore u feto-fetohe ha u etsa mosebetsi oa hau ?
- Na setsi sena le leano le tiileng kapa le tsepameng ha u etsa mosebetsi oa hau ?
- Na hona le tsela kapa leano le totobetseng na u etse mosebetsi oa hau joang ?
- Na u lumelloa ho sebelisa mekhooa ea meetlo ha u etsa mosebetsi oa hau ?
- U nahana botataisi le boikarabello ba hau ho bana ba likhutsana le ba tlokotsing ho tlisitse phethoho e itseng maphelong a bona ?

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Appendix six: Interview Schedule IsiXhosa

INTSHAYELELO YODLIWANO-NDLEBE

Ndingumfundi we Sidanga se Masters kwi dyunivesiti yakwa Zulu Natal –e Howard College ndenza uphando nzulu kwi candelo lakwa Social Science. Uphando –Nzulu ndilwenza phantsi kwe sihloko esithi "ukuqwalaselwa kwaba khathaleli babantwana abazinkedama nabahlelekileyo. Ndinomdla wokuqonda iimeko abasebenza phantsi kwazo, kwaye abaphila phantsi kwazo , kwanee ndlela abaqhuba ngazo xa bekhathalela aba bantwana. Ingxoxo ingashicelelwa ngemvume yalo ubuzwayo. Kungandivuyisa ukuba ungandipha I yure enye kwixesha lakho ukuze sikwazi ukuba nalengxoxo. Le ngxoxo ayinasinyanzelo kwaye umntu uye azivumele ngokwakhe ukuthatha inxaxheba kolu dliwano-ndlebe. Yonke into edizwe yile ngxoxo iyakugcinwa iyimfihlo phakathi kwesi sibini, kwaye iyakusetyenziselwa iimfuno zophuhliso lweze mfundo kuphela.

Inombolo yomthathi-nxaxheba:

Iinkcukacha zobume

1. Iminyaka----------------------
2. Umsebenzi---------------------
3. Isimo somtshato------------------------------
4. Inqanaba lezemfundo-----------------------------
5. Inkonzo---
6. Inani labantwana--------------------------------

Imibuzo yodliwano-ndlebe

7. Kutheni ukhethe ukuba ngumkhathaleli wabantwana?

- Ubunalo ufifi lokuba yintoni ukhathalelo lwabantwana ngaphambi kukoza kusebenza kweli khaya?
- Ndixelele ngosapho lwakho

8. Ngawaphi amathuba akhona kukhathalelo lwabantwana?

9. ucinga ukuba ufumene ntoni kule nkqubo

10. Uziva njani ngokusebenza nabantwana abazinkedama kunye nabasemngciphekweni wohlukumezeka?

- Chaza indlela ukusebenza naba bantwana okuchaphazela ngayo wena kunye nobomi bakho? Ngokwase mphefumlweni?

11. Yeyiphi imiceli-mngeni ohlangabezana nayo ekusebenzeni nabantwana abazinkedama kunye nabasemngciphekweni wohlukumezeka?

- Zintoni ezilindeleke kuwe emsebenzini wakho imihla ngemihla?
- Umelana njani nomsebenzi wakho owenzayo ekhaya wokhathalelo usapho lwakho, kunye nalo uwuhlawulelwayo uwenzayo kweli khaya?
- Ngowuphi owona mceli-mngeni unzima ukhe wahlangabezana nawo ngelixa usenza umsebenzi wokhathalela abantwana abazinkedama kunye nabasemngciphekeni wokuhlukumezeka?

12. Uhlangabezana njani nemiceli-mngeni odibana nayo emsebenzini?

13. Ucinga yeyiphi inkxaso enganikwa abantu abakhathalela abantwana, engenza benze kakuhle umsebenzi wabo?

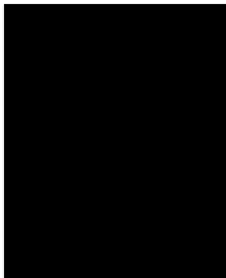
- Ucinga yeyiphi inkxaso ongayinikwa emsebenzini naxa umsebenzi sowuphumile?

14. Zeziphi izinto ezilindeleke kuwe xa usebenza kweli khaya?

- Ingaba eli khaya liyakuvumela ukuba usebenzise ulwazi lwakho xa usenza umsebenzi wakho?
- Ingaba eli khaya linayo na imigaqo/imithetho eluqilima xa usenza umsebenzi wakho?
- Ikhona na indlela elindelekileyo okanye ebhalwe phantsi yokwenza umsebenzi wakho?
- Uvumelekile na ukuba ufake izinto zenkcubeko xa usenza umsebenzi wakho?

15. Ucinga umsebenzi wakho njengo mkhathaleli, ubeneliphi ifuthe/igalelo ebomini babantwana bazinkedama kunye nabasemngciphekweni wohlukumezeko obahoyileyo?

Appendix seven: Ethical Clearance



Appendix eight: Gate Keeper Letter

28/06/2017

University of Kwa Zulu Natal (Howard College)
Durban
4041

TO WHOM IT MAY CONCERN

I hereby confirm that Ms. L.C. Moalosi – student number 215081095 - may conduct research at our Center. The research will involve caregivers only.

Her study revolves around bringing caregivers into focus. Specifically Caregivers working with orphans and vulnerable children.

We hereby approve that this research may be conducted.

Sincerely,

Mrs. EA Whittle (CHAIRPERSON)

C.W.S.A. MATATIELE
CROSSROAD CHILD & YOUTH CARE CENTRE
ASIBAVIKELE
NPO No: 002 - 157
PBO No: 930034702
VAT No: 4040184428