RESILIENCE AMONG ORPHANS AND VULNERABLE CHILDREN IN KWAZULU- NATAL SCHOOLS: TOWARDS A PSYCHOSOCIAL MODEL OF INTERVENTION

LINDOKUHLE OCTAVIA MAKHONZA

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SUPERVISOR PROF: D.R. NZIMA

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DECLARATION

I hereby declare that the work on "Resilience among Orphans and Vulnerable Children in KwaZulu-Natal schools: towards a psychosocial model of intervention" which is submitted to the University of Zululand in fulfilment of the academic requirement for the award of Doctor of Education is my work, both in conception and in execution. I also declare that the work has not been presented for the award of any degree at any other university. All the sources that I have used or quoted have been indicated and acknowledged both in the text and in the references

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Lindokuhle Octavia Makhonza Date

_____ _____

Prof. D.R.Nzima Date

Supervisor

DEDICATION

This work is dedicated to God Almighty, to my family, especially the memories of my late mother and father who would have been happy to be alive to witness this achievement.

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'I am humbled by Gods love'

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ABSTRACT

This study investigated the resilience among Orphans and Vulnerable Children (OVC) in KwaZulu-Natal schools. It identified OVC challenges and developed a psychosocial model of intervention. The Social Ecological Model was adopted as a framework for the study. The study adopted the mixed method research design. The population for the study was the OVC, caregivers and teachers from Kwazulu-Natal schools, specifically Amajuba and Zululand Districts. Random selection was done for OVC from mainstream schools. Purposive sampling method was used to select OVC from special schools, schools near the orphanage, home of safety and a Full Service school. The sample which participated during quantitative data collection consisted of 303 OVC from 12 to 20 years old who were selected from 7 school in Amajuba and Zululand Districts.The sample which participated in qualitative data collection consisted of 4 focus groups and those were 6 caregivers, 6 teachers and 12 OVC. OVC were selected from 303 OVC who filled the questionnaires and CYRM-28. This made a total of 24 participants for focus groups. The total of participants for the whole study was 315. Three instruments were used to collect data for this study, namely; the Child and Youth Resilience Scale-28 (CYRM-28), the self-constructed psychosocial questionnaire and the interview schedule. The CYRM-28 was used to measure the extent of OVC resilience with the self-constructed questionnaire. Both descriptive and inferential statistics were used to analyse data. Frequencies were created for descriptive data and the Chi-Square statistical technique was used to test the null hypothesis. Then the thematic content analysis was used to identify themes from the focus group interviews. The results of descriptive statistics indicated that 79% of all participants reported high availability of resources that enabled resilience. Fewer resources were reported for children who had experienced abuse, followed by those with disabilities and more resources were reported for orphans. The main challenges of OVC identified were lack of support from teachers and neighbours/ communities. Other challenges included maltreatment by caregiver, OVC behavioural problems, unavailability of documents for social grant applications. Child Headed Household was identified as lacking all resources. The findings of inferential statistics indicated that there is a significant relationship between the age, gender and custody of OVC and their availability of resources. OVC and caregivers encountered various problems which were risk factors for the resilience of OVC. Availability of resources to a majority of OVC who participated in the study was a protective factor.

Participants recommended that more resources which promote resilience of OVC be made available to communities, for examples, old age homes, and entrepreneurship skills, continuous counselling services for caregivers and OVC and recreational facilities for communities. Lastly, the psychosocial model of intervention was developed based on the literature and findings of the study.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ACRONYMS AND ABBREVIATIONS

AIDS: Acquired Immunodeficiency Syndrome

AIHW: Australian Institute of Health and Welfare

CWD: Children living with Disabilities

CHH: Child Headed Households

CYRM-28: Child and Youth Resilience Measure-28

CDG: Child Disability Grant

CG: Child Gauge

CSA: Constitution of South Africa

CSG: Child Support Grant

DEWP6: Department of Education White Paper 6

DoH: Department of Health

DSDSA: Department of Social Development South Africa

EC- Eastern Cape

FNB: First National Bank

FS: Free State Province

GHS: General Household Survey

HIV: Human Immunodeficiency Virus

IRP: International Resilience Project

KZN: KwaZulu-Natal:

LP: Limpopo Province

MDGSA: Millennium Development Goals, Republic of South Africa

MP: Mpumalanga Province:

NP: Northern Province

NYD: National Youth Desk

PTS: Post Traumatic Stress

SA: South Africa

SACG: South Africa Child Gauge

SADC: South African Development Community

SAHRC: South African Human Rights Commission

SASSA: South African Social Security Agency

SAPS: South African Police Services

SBST – School Based Support Team

SEM: Social Ecological Model

SPSS: Statistical Package of Social Sciences

StatsSA: Statistics South Africa

TB: Tuberculosis

UK: United Kingdom

UNCRPD: United Nations Convention on the Rights of Persons with Disabilities

UNFAO: United Nations Food and Agriculture Organization

WHO: World Health Organisation

UNAIDS United Nations Programme on HIV and AIDS

UNICEF: United Nations Children's' Fund

USDHHS: United States Department of Health and Human Services,

UNIZULU IR: University of Zululand Institutionary Repository

`CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction and Background

This chapter introduces this study by providing the research background, problem statement, aims of the study, significance of the study and concluding with how the thesis is organised.

It must be known that between 1990 and 2003, the sub-Saharan African population of children orphaned by AIDS increased from less than one million to more than 12 million (Salaam, 2005). A study by the United Nations Programme on HIV and AIDS - UNAIDS (2004) - estimates that in South Africa, out of a total of 17 million children under the age of 17 years, 13 percent or 2.2 million are living as orphans. In 2006, it was projected that by 2010 there would be 25 million orphans worldwide (Tindyebwa, Kayita, Musoke, Eley, Ndati, Coovadia, Bobart, Mbori-Ngacha, & Kieffer, 2006) with 2.3 million children orphaned by AIDS in South Africa by 2020 (Actuarial Society of South Africa, 2005). It is argued that about 1.2 million young children in South Africa lost their parents due to HIV/AIDS (UNAIDS, 2008). Additionally, UNAIDS (2010) highlighted that of the 1.9 million children orphaned by AIDS, one or both parents are deceased in South Africa. The recent report by Child Gauge indicated that in 2012, South Africa would have approximately 3.54 million orphans which is equivalent to 19% or 18.6 million children in the country (Mathews, Jamieson, Lake & Smith, 2014). Based on the above estimations, it can be concluded that the statistics of children who become orphans in South Africa is increasing in an alarming rate (Mathews et al, 2014).

Various national and international studies (Ellis, Dowrick & William, 2013; Kumar, 2012; Tagurum, Chirdan, Bello, Afolaranmi, Hassan, Iyayi & Doko, 2015) have confirmed challenges experienced by Orphans and Vulnerable Children (OVC). For example, Tagurum et al. (2015) reported that most OVC struggle with shelter and 18.3% of those who were part of their study were not at school. Another study by Kangethe and Makuyana (2014) which explored the possible damage experienced by OVC in institutions of care found that OVC present with cognitive development and behavior problems. Notably, it

was observed that lack of resources is a major challenge experienced by orphans (Kumar, 2012) and lack of appropriate social support (Ellis, Downick & William, 2013) is another challenge. Specifically, in South Africa, a study by Cluver, Orkin, Gardner and Boyen (2012) found an increase in depression and poor mental health to be the main challenges of orphanhood, while Tamasane and Head (2010) associated vulnerability of OVC with poverty. Experiences of Child Headed Households (CHH), who are mostly orphans, confirmed that they struggle with accessing basic survival resources (Mturi, 2012; Mturi, Sekudu & Kweka, 2012).

It can be asserted that Children Living with Disabilities (CWD) are considered as a category of vulnerable children. In that regard, Groce (2004) posits that globally, 180 million young people between the ages of 10-24 live with a physical, sensory, intellectual or mental health disability. Fleisch, Shindler and Perry (2010) found that 18% of CWD have a greater probability of being out of school. It is argued that CWD also struggle financially as their families have to deal with a lot of ill health (Stabile & Allin, 2012). In addition, a study by Potmesil and Pospisil (2013) also mentioned that hearing impairment in children brings stress. The last category of OVC in this study is children who have experienced abuse. Vogel (2012) opine that children who have experienced abuse usually manifest uncontrollable emotions of desperation and anxiety. As such, it is suggested that group therapy can play a pivotal role in their lives.

Having identified the OVC for the study, it was critical to investigate the effect of the custodian type and the availability of resources that enable resilience for OVC. Some researchers such as Adejuwon and Oki (2011) and Kangethe and Makuyana (2014) studied the institutionalisation of children. A family has also been identified as an important custodian for OVC support (Griefinger & Dick, 2011; Barrat, 2012). However, Tefera and Mulatie (2014) focused on the coping patterns and sources of resilience in OVC. Their study found that, most OVC faced family, school and community risk factors, and most of those who participated in their study were found to be less resilient. Nevertheless, some OVC who participated in the study were found resilient. In acknowledging the ability of individuals to bounce back, the current study explored the availability of resources that enables resilience of OVC, as it is believed that their

availability is a predictor of resilience. The study further identified challenges experienced by OVC which assisted in the development of a psychosocial model of intervention.

1.2 Problem statement

It is widely acknowledged that the number of children who are orphans is increasing on a daily basis (UNICEF, 2013; Mathews, Jamieson, Lake & Smith, 2014). It is also argued that these children experience mental health problems (Wild, Flisher & Robertson, 2011), and some of the orphans and vulnerable children stay alone without an adult caregiver (Phillips, 2011). Notably, most of these children living with disabilities are out of school (Fleisch et al., 2010). Furthermore, these children struggle to participate in sports and physical education, even though this is critical for child development (UNICEF, 2013). Again, Ellis, Dowick and William (2013) contended that orphans face a high risk of poor social support which increases their risk of not trusting adults. With the lives of OVC characterized by many challenges as confirmed by various research studies, it was important for this study to identify what could make these children survive.The fact that programmes driven by different institutions are available (UNICEF, 2013, 2014) and still children continue to struggle calls for further investigation on what could be the possible maintaining factors of vulnerability for the OVC.

Knowing that a child needs an adult as a provider, as stated in the Children's Act (2005), it is necessary to venture into the effect of custodian types in the resilience of OVC. Custodian types have been studied by various researchers (Maree, 2012; Mturi, 2012; Steyn, Van Wyk & Kitching, 2014) and recommendations have been made some of which the current study aims to implement. In this study is aware of the existing literature on protective factors for the resilience of these children (Theron & Theron, 2014; Theron, 2015) but still OVC continues to struggle. Family, teachers and neighbours are the important protective factors for OVC resilience, thus listening to their experiences would help in developing, promoting and strengthening resilience of OVC (Liebenberg & Ungar, 2014; Mavise, 2011). This is to further identify factors that can assist OVC to survive. Previous studies tended to use a less comprehensive description of OVC. The current study explored the availability of resources that enable resilience and identified challenges

of OVC in different categories which are: orphans, CWD and children who have experienced abuse. A model was developed which assisted OVC to cope.

This research study addressed the following research questions:

1.2.1 To what extent are resources that enable resilience available to OVC?

1.2.2 What challenges are experienced by OVC in different custodian types?

1.2.3 Is there any relationship between the availability of resources that enable resilience and characteristics of OVC such as age, gender and custodian type?

1.2.4 What psychosocial model of intervention can be developed to assist OVC?

1.3 Aim of the study

The main aim of the study was to critically assess the availability of resources that enables resilience to OVC. The study also aimed to identify challenges experienced by OVC and develop a psychosocial model of intervention.

1.4 Objectives of the study

The study formulated the following objectives:

1.4.1 To determine the extent of the availability of resources that enables resilience of orphans and vulnerable children (OVC).

1.4.2 To establish the challenges faced by OVC in different custodian types.

1.4.3 To establish whether there is a relationship between the availability of resources that enable resilience and OVC characteristics such as, age, gender and custodian type.

1.4.4 To propose a psychosocial model of intervention to assist OVC.

1.5 Significance and contribution to the body of knowledge

The importance of a study is normally judged by its contribution towards community development, furthering research and knowledge (Dlamini, 2016; Kwake, 2007). In that regard, this study is important to the researcher and community in many different ways.

For example, it has broadened the researcher's research skills; it has helped the researcher develop a psychosocial model of intervention hoped to assist OVC to be resilient. The model is also hoped to strengthen support systems for OVC, with additional focus placed on learners with disabilities whom many international organizations like UNICEF have identified as marginalized and discriminated. Instead of comparing orphans to non-orphans, this study investigated orphans and children living with disabilities and those children who have been maltreated. Whilst all children should attend school, reviewed literature confirmed that OVC have a high dropout rate. Therefore, this study hoped to come up with strategies for supporting OVC with the aim of promoting their resilience.

1.6. Scope and limitations of the study

The scope of a study informs how far the study was conducted. In other words, it shows the area, degree or latitude a study can cover. It can also be said that the scope is defined as the borders that are imposed on the research (Mugenda & Mugenda, 1999, p. 41). The following section presents the scope, subject coverage and methodological framework of the study.

1.6.1 Scope

This study critically assessed the availability of resources that enables resilience of OVC in the Province of KwaZulu-Natal. The study discovered that a large number of resources that enables resilience are available for OVC in KwaZulu-Natal schools, particularly at Amajuba and Zululand districts. However, CHH had few available resources.

The study discussed the availability of resources for the resilience of OVC; the problems they encountered; the relationship between the availability of resources that enables resilience and OVC characteristics such as age, gender and custodian type, and a psychosocial model that will assist orphans and vulnerable children to live an improved life style.

This study adopted the use of post-positivism research paradigm. Post-positivism was used because it allows the use of mixed methods. In other words, it allows the use of multiple perspectives from participants rather than focusing on a single reality. There were

310 OVC targeted by the study. In other words, 310 questionnaires were distributed to the OVC. To break the population further, 200 questionnaires were distributed to orphans, 61 to abused children and 49 to children living with disabilities. The study managed to get 100% of responses from the respondents. After quality checking completeness of questionnaires, 303 OVC remained as participants. Participants were able to complete questionnaires because they were 12 to 20 years old. Even though they were able to complete the questionnaire, the research assistant and the researcher moved around the groups to check if participants were not struggling.

Furthermore, 24 participants were selected for focus group discussions and these were caregivers, educators, and OVC. Six (06) caregivers participated in the focus group interview. Ten caregivers from one school whose children participated in the study were conveniently selected. Eight (8) caregivers responded but only six (6) attended the focus group discussion. They were interviewed on issues of psychosocial factors, challenges experienced by OVC, and what they thought had made OVC under their care survived or not survived. Another group with six (06) educators from a Full Service School was conveniently selected for a focus group interview. Full Service School admits learners with various disabilities and those without. It has educators, assistant educators and a counselor. Thus educators were the ones who worked with OVC, either through support programs or teaching and learning in the classroom. The last two (02) focus groups were for OVC. One was for OVC who reported to have high availability of resources and another one for OVC who reported to have low availability of resources that enable resilience. These were also conveniently selected from one school.

Notably, the data received from the respondents through questionnaires and focus groups discussions were organised, coded and presented for analysis. It must be mentioned that the data collected by means of questionnaires were analysed by means of Statistical Package of Social Sciences (SPSS) for descriptive and inferential statistics and Microsoft excel for conversion. However, the data obtained through focus groups discussions were translated from IsiZulu to English, transcribed, and then coded and clustered into themes and key words.

1.6.2 Methodological scope

The study used a survey research method to collect both quantitative and qualitative data from OVC, caregivers, and teachers. This was through questionnaire and focus groups interviews. The full detail of the discussion of methodology is in chapter 4.

1.7 Dissemination of research results

This study would make research findings available for use to the people in the same discipline. The research material will be physically available to a targeted audience (Dlamini, 2016). Ocholla (1999) is of the view that the possession of information without dissemination is useless and research is not complete until it is disseminated. Thus, the results of this study would be disseminated through a thesis that would be submitted to the University of Zululand Institutional Repository (UNIZULU IR) for wider distribution and to the Department of Education in the Province of KwaZulu-Natal, South Africa. Part of the research output would be disseminated through conference presentations and as chapters in peer-reviewed books as well as peer-reviewed journals.

1.8 Definitions of terms

1.8.1 Orphans and vulnerable children (OVC)

It must be mentioned that the term orphans and vulnerable children is widely defined. For example, Orphans and Vulnerable Children (OVC) in South Africa is a term that includes but is not limited to children living with disability, children living on the street, orphans, and those in poverty (Wood & Goba, 2011). Noticeably, poverty, abuse, orphanhood are the elements of children vulnerability with poverty as the underlying form that often causes and reinforces all other forms of vulnerability (SADC, 2008). Moreover, children living with disabilities are considered vulnerable (UNICEF, 2013; UNICEF, 2012).

However, in this study, OVC means orphans (with orphans defined as; children from 12 years to 20 years who have lost one parent or both). Vulnerable children, in this study means children living with disabilities and children who have experienced abuse. Children with disabilities in this study excluded children with mental impairment or those who could not comprehend questions, but include all those living with disabilities but could

comprehend questions. Children who have experienced abuse in this study included children who are considered as such due to placement in homes of safety and those identified by teachers as neglected. All categories of children included children who were at school.

1.8.2 Psychosocial factors

Psychological factors include individual-level processes and meanings that influence mental states. Sometimes, these words are combined as psychosocial. Psychological abuse (also referred to as psychological violence, emotional abuse, or mental abuse) is a form of abuse, characterized by a person subjecting or exposing another person to behavior that may result in psychological trauma, including anxiety, chronic depression, or post-traumatic stress disorder (Heath, Donald, Theron & Lyon, 2014).

In this study psychosocial factors mean the psychological, economic and social factors affecting OVC's resilience. Psychological factors would include feelings (or emotions) and thoughts, i.e. how the child thinks about situations. Social factors included the child's interaction or relationship with others. This aspect brought in family, community and school factors. Economic factors included the availability of material resources, such as the availability of three meals a day.

1.8.3 Resources that enable resilience

Resources are defined as support given to OVC in order to survive. The resources that enable resilience are for emotional, social and economic support. Social grants are an example of provision by government to its citizens who are in low socio economic status The resources available include the Old Age Grant, Disability Grant and Care Dependency Grant, the Child Support Grant, just to mention a few (South Africa Child Gauge: SACG, 2015). Other resources are considered as internal resources. This means the child has the ability to think for him/herself, make own decisions, believe in themselves, manage their emotions and be rational (SACG, 2015).

In this study, resources that enable resilience mean the availability of resilience components, which are aspects of individual caregivers and context factors in OVC as

measured through resilience scale called the Child and Youth Resilience Measure (CYRM-28).

1.8.4 Vulnerability

Vulnerable children are children who are in poverty; those living with disability; children who have experienced abuse and are placed in institutions, and child headed households (Nduna & Jewkes, 2012). Vulnerability is defined as those children who are exposed to abuse (Waldman & Perlman, 2013) and are vulnerable to sexual abuse.

In this study, vulnerability means three conditions where a child is exposed to some kind of risk that may lead to undesired consequences or some form of disadvantage, for example, a child growing up without parents, children living with disabilities, and children who have experienced abuse or maltreatment.

1.8.5 Children living with disabilities (CWD)

The term disability is complex. Different countries have different definitions of disability. According to World Health Organization (WHO) (2011), disability is an umbrella term covering impairment, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action, while a participation restriction is a problem experienced by an individual's involvement in life situations. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives (WHO, 2011). In this study, children living with disabilities mean children who could comprehend and answer questions through writing or interviews but living with physical disabilities such as sight, hearing, speech, limping or any physical deformity.

1.8.6 Custodian types

Custodian type is a person who has responsibility for taking care of or protecting something. In this case, a custodian is a person or institution responsible for taking care of an orphaned or abused child. These persons have some relationship or regular

responsibility for the child. This generally includes parents, guardians, foster parents, relatives, or other caregivers responsible for the child's welfare (Statutes, 2016).

In this study, custodian types mean a place where a child stayed and the responsible guardian or caregiver of the child. Examples are orphanage, home of safety, CHH, parents, and relatives.

1.9. Outline of the thesis

Chapter One: General background of the study

This chapter puts the groundwork of other chapters the by providing the general background of the study, the introduction of the study, problem statement, aims and objectives, research questions, significance and contribution of the study, literature review, scope and limitations of the study, dissemination of results, and definition of terms.

Chapter Two: Literature related to the area of study

Chapter two deals with the literature review of OVC; the availability of resources for resilience among OVC; challenges faced by orphans and vulnerable children (OVC) living in different custodian types and the relationship between the availability of resources that enables resilience and OVC characteristics such as, age, gender and custodian type. Lastly, the chapter proposes a model of intervention that will assist OVC to survive or be resilient.

Chapter Three: Theoretical framework

The chapter discusses the Social Ecological Model by Urie Bronfenbrenner and its relevance to the current study. The chapter also discusses the five (5) key layers of social ecological model.

Chapter Four: Research methodology

This chapter deals with research methodology and the design of the study. The chapter describes the research paradigms, research design and methodology, the mixed methods used, population, sampling and the instruments for data collection. The chapter also covered information on how data were collected and analysed.

Chapter Five: Data presentation and analysis

Chapter five presents results relating to each research question. In this chapter, the findings are presented in the form of numbers, tables and narrations.

Chapter Six: Results and discussions

Chapter six presents the clarification of the vital findings in the light of the research objectives and questions.

Chapter Seven: Summary, conclusions and recommendations

This chapter summarises the results, conclusions and recommendations of the study as derived from the set objectives. It also suggested areas that can be improved in future.

References

This section listed all bibliographical references that were used in the study. These are online articles, printed articles, online and printed books as well as internet resources.

Appendices

This section listed all helpful resources that were used to accomplish the project. These are research questions and letters from the research ethics on data collection.

1.10 Summary

The current chapter has given an introduction and background of the study. The chapter has also presented the statement of the problem, aim, objectives, research questions, significance and contribution of the study, literature review, scope and limitations of the study, dissemination of results and definition of terms, and the structure of the study.

The chapter further explained how HIV/AIDS left children as orphans in African countries especially in South Africa. Various studies pointed out that most OVC struggle with shelter and some are not attending school. The literature also noted with concern that lack of resources and support are major problems encountered by OVC. The literature revealed that CWD are also considered as a category of vulnerable children. It was argued that the CWD also struggle financially. Similarly, children who have experienced abuse are classified as vulnerable.

The next chapter discusses literature review.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter generally discusses the literature regarding orphans and vulnerable children (OVC) in developing countries. The literature review that was undertaken was in relation to the objectives of the study as shown in section 1.4. The literature covered the following subjects: the availability of resources that enable resilience of OVC, the challenges faced by OVC living in different custodian types and the relationship between the availability of resources that enable resilience and OVC characteristics such as age, gender and custodian type. The chapter also discusses the model that will assist OVC to survive. Finally, the chapter provides summary of the lessons learned.

The study by Neuman (2011) bases the definition of literature review on the assumption that knowledge accumulates, and that people learn from and build on what others have done. One of the advantages of a literature review is that it gives an overview of what has been written about a particular field or topic. In other words, it reveals what has been said, who said it, and sets out prevailing theories and methodologies of the particular field (Hammond & Wellington, 2013, p.99). It is presumed, therefore, that the knowledge accumulated helps us to learn and build on what others have done. Neuman (2011) adds that literature reviews vary in scope and depth but all endeavour to fulfil one of the following goals:

- To demonstrate familiarity with a body of knowledge and establish credibility. In other words, it tells the reader that the researcher knows the research area and knows the views and findings of other researchers in that area of study;

- To show the path of prior research and how the current project is linked to it. It also outlines the direction of research in a question and shows the development of knowledge;

- To integrate and summarise what is known in an area. It further pulls together and synthesizes different results; and lastly,

- It outlines what others have found so that the researcher can benefit from the efforts of others.

2.1.1 Brief background on Orphans and Vulnerable Children (OVC)

The terms ‘orphans’ and ‘vulnerable children’ are widely discussed to address problems experienced by different nations in alleviating poverty. For example, Orphans and Vulnerable Children (OVC) in South Africa is a term that applies to the majority of children which includes but is not limited to children living with disability, children living on the street, orphans, and those in poverty (Wood & Goba 2011). Noticeably, poverty, abuse, orphanhood are elements of children vulnerability with poverty as the underlying form that often causes and reinforces all other forms of vulnerability (SADC, 2008).

According to the Child Care Act No. 38 of 2005, a child means a person under the age of 18 years. An orphan is a child under 18 years of age whose mother, father, or both parents have died from any cause, and can be named as single orphan, double orphan, maternal orphan or paternal orphan (DoSD, 2010; SADC, 2008; UNICEF, 2006). It is argued that a child in poverty is an orphan (Tamasane & Head, 2010; Wood & Goba, 2011; Hill, Hosegood & Newell, 2008; Mangoma, Chimbari & Dhlomo, 2008; Giese, Meintjies, Croke & Chamberlain, 2003). Moreover, Skinner, Tsheko, Munyati, Segwabe, Chibatamoto, Mfecane, Chandiwana, Nkomo, Tlou and Chitiyo (2006) also mentioned that the word ‘orphans’ does not address the full scale of the problem since the epidemic and the surrounding poverty are generating a context in which large numbers of children are becoming vulnerable. They further mentioned that the term ‘OVC’ was introduced due to the limited usefulness of the tight definition of the construct of “orphanhood” (Skinner et al., 2006). There are still challenges in defining OVC because measuring vulnerability is not absolute. A clear definition of OVC is still a challenge. This is the reason Richter and Rama (2006, p.16) indicated that there are often very different views about which children are “vulnerable and which children are orphans”.

A lot of focus has been on the lives of orphans, underestimating the fact that more children are becoming vulnerable due to a lot of factors, (Oyedele, Chikwature & Manyange, 2016; Nyamukapa, et al., 2008; Cluver & Gardner, 2006). Most researchers have acknowledged that orphanhood is not the only symptom of vulnerability (Tagurum, Chirdan, Bello, Afolaranmi, Hassan, Iyaji & Idoko, 2015; Chikwaiwa, Nyikahadzoi, Matsika & Dziro, 2013; Elegbeleye, 2013; Cluver, Orkin, Gardner & Boyes, 2012). It is argued that orphanhood is the term used for children who lose their primary caregivers during a young age and these children are at great risk (Korevaar, 2009). In the context of many African traditions, the very concept of orphanhood is related not to the death of parents as in Europe, but directly to poverty (Tamasane & Head, 2010). The terms maternal (child who has lost mothers through death), paternal orphans (children who lost their fathers through death) and double orphans (children who lost both parents through death), has been used in different studies (Wood & Goba, 2011; Cluver et al., 2009; UNAIDS, 2006).

It has been repeatedly mentioned that South Africa and the whole Sub-Saharan Region has got a serious problem of poverty (Stats, 2001; 2006; 2011). Poverty has been measured as a number of days without food in the past week (Makame et al., 2002). Giese et al., (2003) used the term "orphan" to describe children living in poverty. They suggested that severe poverty is an appropriate indicator of vulnerability. Several studies confirmed the above suggestion of indicating that poverty is a more appropriate indicator of vulnerability (Snider & Dawes, 2006; SADC, 2008). While it has been pointed out that poverty is an indicator of vulnerability, there is difficulty in measuring poverty (Noble, Wright & Cluver, 2006; Triegaardt, 2005), but still, children experiencing poverty cannot be removed from the entire OVC population (SADC, 2008; UNICEF, 2006; Giese et al., 2003). The difficulty in South Africa with regard to measurement and conceptualization of poverty is that there is no clear indication of an official poverty line (Triegaardt, 2005). Notably, poverty is regarded as incapability to live a better life (Triegaardt, 2005). A report conducted by UNICEF (2012) posits that for a child to be counted as being in poverty, the following should have happened: an individual must be either at risk of poverty or deprived or living in jobless households.

Apart from poverty, children are also severely abused. Children's Act 38 (2005, p.10) defines abuse in relation to the child as any form of harm or ill treatment deliberately inflicted on a child. These include assaulting a child, sexually abusing a child, bullying by another child, labour practice that exploits a child, exposing or subjecting a child to behavior that may harm the child psychologically or emotionally. WHO (2006, p.6-7) also highlights some other features of child abuse as emotional ill-treatment, sexual abuse, neglect or negligent treatment, commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. WHO (2006, p. 8-9) further categorizes abuse into physical, sexual, neglect and emotional child abuse. These are defined as follows: physical abuse of a child is that which results in actual or potential physical harm from an interaction or lack of an interaction, which is reasonably within the control of a parent or person in a position of responsibility, power or trust. Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society.

It is further explained that neglect is the failure to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter, and safe living conditions, in the context of resources reasonably available to the family or caretakers and causes or has a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. Emotional abuse includes the failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with her or his personal potentials and in the context of the society in which the child dwells. There may also be acts towards the child that cause or have a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. These acts must be reasonably within the control of a parent or person in a relationship of responsibility, trust or power.

However, Nyamutinga and Kang'ethe (2015) consider OVC as those who have been orphaned by the death of one or both parents, infected and affected by HIV, abandoned,

living in extreme poverty and living with a disability. Wood and Goba (2011) support this finding in their study on care and support of OVC, wherein they indicated that the definition of OVC could apply to the majority of children in South Africa. UNAIDS (2006) included to their definition of OVC children living outside traditional households who are homeless children, children in statutory institutions who are disabled and juvenile justice. Freeman and Nkomo (2006) argued that there is no internationally agreed upon definition for who constitutes OVC.

Children with disabilities have been studied, and because there are many different types of disabilities, most studies have studied specific disabilities and the definitions concentrate on the specific disability. Studies reviewed in the current study focused on deaf children (De Andrade & Baloyi, 2011) and intellectual disability (Kourkoutas, Georgiadi, Kalyva & Tsakiris, 2012). Some focus on general disability (Graves & Ward, 2012; Currie & Kahn, 2012; McKenzie & Swartz, 2011; Waldman & Perlman, 2013). But when the disability type is not highlighted, previous studies will generalize and say, the study focuses on children with disabilities.

However, people with disabilities are considered as people with long term physical, mental, intellectual, or sensory impairment which in interaction with various barriers may hinder their full and effective participation in society on equal basis than others (UNCRPD, 2008). Currie and Kahn (2012, p. 5) in their report on the future of children, children with disabilities indicated that "it is remarkably difficult to point to a consensus definition of disability". They further indicated a definition which was agreed upon by two universities in California: the San-Francisco and Los Angeles, and the definition is "an environmentally contextualized health-related limitation in a child's existing or emergent capacity to perform developmentally appropriate activities and participate as desired in the society" (Currie & Kahn, 2012).

2.1.2 The prevalence of OVC

2.1.2.1 Orphans

The Sub-Saharan Region has a high rate of orphans. The prevalence of orphans in Sub-Saharan region is confirmed by a study by Besley and Sherr (2011) which investigated the definition of true orphan prevalence, trends, context and implications for policies and programs in 38 countries of the Sub-Saharan region. The study mentioned that the population rate of double orphans is 2.1% which is five (5) to ten (10) more than other regions which have been reported to be decreasing the rate. It was further revealed that in the Sub-Saharan region, 26.8 million children, which is 7.8%, are paternal orphans and more than 25.3 million (7.4%) are maternal orphans, and more than 1 in 50 children had lost both parents by 2010, which accounts for 12.4% (Besley & Sherr, 2011). These numbers are huge and they indicate a serious risk for the future, wherein children grow without their parents. South Africa as part of the Sub-Saharan region is no exception; she has the following rates as per the report by Department of Social Development South Africa (DSDSA): 19% of child population has lost one or both parents (DoSDSA, 2008). Their report further indicated that there are approximately 630,000 double orphans, 500,000 maternal orphans and 2,000,000 paternal orphans.

Statistics South Africa's (StatSA, 2011) report indicated an increase of orphans of 0-17 years from 1.4 million in 2001 to an estimate of 3.4 million in 2011. Child Gauge (2014) indicated that in the year 2012, in South Africa, there were approximately 3.54 million orphans which is equivalent to 19% of 18.6 million which is all children in the country. It is interesting to note the breakdown by StatSA (2011) where paternal orphans were a majority, being 15, 4%, and maternal orphans as 7, 1% and double orphans to be 3, 7%. This shows that at least 22, 5% of orphans still had a remaining parent and only 3, 7% had no parent at all.

2.1.2.2 Vulnerable children

It must be mentioned that vulnerability has been identified in various studies to be affecting children in many different ways (Nduna & Jewkes, 2012). It is argued that poverty which is fueled by parental unemployment is resulting to financial insecurity as cause of psychological distress in young people (Nduna & Jewkes, 2012). A study by

Jakachira and Muchabaiwa (2015) also confirm that financial struggles contribute to CHH as guardians are unable to satisfy needy infants. Even children in institutions of care have been classified as vulnerable because they are mostly placed due to orphan-hood and abuse. This section reviews literature on prevalence of vulnerable children which include children in poverty, those living with disability, children who have experienced abuse and are placed in institutions and child headed households.

2.1.2.3 Prevalence of Poverty

As early as the year 2000, there were 2.8 billion people estimated to live on less than US$2 per day, and 30 000 children die of poverty each day (World Bank, 2000). The United Nations Food and Agriculture Organization-UNFAO (2012) estimated that nearly 870 million people of the 7.1 billion people in the world or one in eight were suffering from chronic undernourishment in 2010-2012. Their report further indicated that, almost all the hungry people, 852 million, live in developing countries, representing 15 percent of the population of developing countries. There are 16 million undernourished people in developed countries. Of the estimated 2.2 billion children worldwide, about 1 billion, or every second child, live in poverty (Shah, 2010). This confirms the fact that child poverty prevails internationally.

A study by Camfield (2012) indicated that 3.6 million children live in poverty in the United Kingdom, which is classified as one of the richest countries in the world. This prevalence of child poverty in the UK was predicted to increase by Brewer, Browne and Joyce (2011), who mentioned that the number of poverty stricken children will increase tremendously in the coming years.

It must be mentioned that developing countries are also affected by poverty. For example, Shah (2010) pointed out that of the 1.9 billion children in developing nations, 640 million are without adequate shelter; 400 million are without access to safe water, and 270 million have no access to health services. In that regard, it can be said that poverty is a worldwide problem. The number of people who are in extreme poverty in the Sub-Saharan Africa is escalating (UNFAO, 2012). The same report emphasized that, more than 70 % of malnourished children live in Asia, 26 % in Africa and 4% in Latin America and the

Caribbean. The above confirms why South Africa also experiences a high rate of poverty (UNFAO, 2012).

It is obvious that, children in South Africa are also victims of poverty, and their survival need to be emphasized. In that regard, 45% of the population of South Africa lives in absolute poverty (Taylor, 2000, p.55). This comes to approximately 18 million people. Streak, Yu and Van der Berg (2005), in the profile of their study, suggested that child poverty (at 65.5%) remains more extensive than poverty amongst adults (45.2%). This confirmed that more children are often found in poor households. Pillay (2007) indicated that the triplicate problems in South Africa are (a) unemployment, (b) poverty and (c) a growing orphan crisis from AIDS pandemic. The DSDSA, in 2010, reported that poverty among children in South Africa is most prevalent among black children with 71% of these children living in poverty (DSDSA, 2010). It is said that 2011 witnessed a drastic increase in statistics, as it was mentioned by South Africa Child Gauge (2013) that 58% of children lived below the poverty line of R604 per month. It was further mentioned that 70% of children in Limpopo and Eastern Cape are poor (SACG, 2013). The lowest affected Provinces, in terms of child poverty was Gauteng and Western Cape calculated at 34% and 32% respectively. This might be due to the fact that Gauteng and Western Cape provide a lot of job opportunities for many households compared to other provinces (SACG, 2013). These statistics raise an important question on the causes and impact of poverty on the development of societies and countries. If the recent statistics is this high, protective factors should be identified, which will specifically deal with the impact of poverty on children.

2.1.2.4 Prevalence of child abuse

Child abuse statistics is lacking due to the belief that child abuse, like domestic violence, is a private matter and should not be discussed outside of home. Sexual abuse of girls is often kept hidden due to the fear that the child will be stigmatized in the wider community (Child Violence, 2012). Around the world, it is estimated that 215 million boys and girls aged 5 - 17 were engaged in child labour during 2008, with 115 million of them in hazardous work (UNICEF, 2012). It can be concluded that child abuse is a worldwide problem (United States Department of Health and Human Services, 2012).

The South African Police Service (SAPS) report indicated that in 2007/8 there were 4,106 reported crimes of neglect and ill-treatment of children in South Africa (SAPS, 2008). Statistics from SAPS in 2010/11 recorded a total of over 50,000 crimes against children. More than half (52%) of all the reported crimes against children were sexual in nature, while sexual crimes accounted for 19% of crimes against adults (SAPS, 2011). The UNICEF (2012) also reported violence against children in South Africa showing the ages of victims. Thus, crimes against ages of 15 to 17 years, categorized as follows: 55% of murder, 60% of attempted murder, 71% of assault with grievous bodily harm, 63% of common assault and 40% of sexual offences. This paints a serious problem of abuse experienced by children in South Africa.

South Africa's level of violence against children is among the highest in the world, with statistics showing that there were more than 54,000 reported crimes against children between April 2011 and March 2012 (UNICEF, 2012). An estimated one in five cases (21%) of sexual assault in the country occurs in school settings (Leoschrt & Burton, 2006). Such statistics confirms a need for more research on OVC, because as much as there is a convention on children, little progress is witnessed in protecting the rights of children worldwide. The above mentioned reports on crimes against children do not indicate what happened to the affected children; what impact that abuse had on their development as responsible citizens and most importantly what happened to the perpetrators. What are the adult citizens saying about these statistics? With such high prevalence, there is evidence that a number of children are troubled by abuse and there is a need for intervention.

2.1.2.5 Prevalence of Disability

Globally, almost 180 million young people between ages of 10-24 live with a physical, sensory, intellectual or mental disability significant enough to make a difference in their daily lives (UNICEF, 2000). In 2001, worldwide, there were 600 million people estimated to be born with or acquired disability, with 150 million of the 600 million being children (UNICEF, 2001).

In South Africa (StatsSA, 2005), the provincial levels show that the most affected province is Free State, with a prevalence of 6.8% and the least affected province was

Gauteng at 3.8%. Statistics South Africa indicated that the prevalence of sight disability across the country was the highest (32%), physical (30%), hearing (20%), emotional (16%), intellectual (12%) and communication at 7% (StatsSA, 2005). In South Africa, the General Household Survey (GHS) indicated that about 6.3% of children older than five years are considered incapacitated. Additionally, women are more capable of becoming incapacitated compared to males (GHS, 2010).

In South Africa, the Child Gauge reported that caregivers who are living with children who are disabled receive child disability grant, which is the money provided by government to support children with disabilities (SACG, 2014). It is not possible to calculate a take up rate for the Child Disability Grant (CDG) because there is little data on the number of children living with disabilities in South Africa, but at the end of March 2013, there were 120,000 children receiving child disability grant valued at R1,260 per month, distributed as follows: KZN (36,012), EC (18,429), Gauteng (15,782), LP (11,913), FS (5,864), MP (8,652) and others (Hall, 2013).

Even though there seem to be insufficient statistics on the prevalence of children living with disability in South Africa, through the child disability grant one gets a confirmation that many children are living with disability in South Africa. Consequently the current study identified them as a vulnerable category of children.

2.1.2.6 Prevalence of child headed households

Child Headed Households (CHH) is a worldwide problem. As such, the United Nations General Assembly (2013) was deeply concerned about the vulnerability of children in CHH who suffer lack of adult support and poverty. However, few studies exist in Africa on Child Headed Households (Evans, 2010; Phillips, 2011). It is estimated that more than 80% of all CHH are located in Sub-Saharan Africa (Phillips, 2011). The mentioned study investigated teenagers' right to alternative maintenance where child headed households of Ethiopia, Kenya, Malawi, Namibia, Rwanda, Sierra Leone, Swaziland, Uganda and South Africa participated.

Very little statistics on CHH exist in South Africa (Berry, Biersteker, Dawes, Lake & Smith, 2013). Mentjies, Hall, Marera and Boulle (2010) argued that not all children in CHH have a deceased parent; instead, they indicated that most children in CHH have a living parent. Based on their research study, through the General Household Survey information, they concluded that some of the parents work far from their families and some of the CHH are temporal after the death of a parent, after that, children relocate to relatives. Mentjies and Hall (2011) indicated that, 57% of all children living in CHH are aged 15 years and above, and a small proportion less than 10% of children in CHH are in Early Childhood Development age; 0-9 years. They also mentioned that, there are about 82,000 children living in a total of 47,000 CHH across SA in 2011. They equated the above figure to 0, 4% of all the children in the country. Even though the percentage may look smaller, the reality is CHH exists and the affected children are vulnerable. Three quarters of all children in CHH live in 3 Provinces: Limpopo counted for (34%), Eastern Cape (20%) and KwaZulu Natal (20%) (Mentjies & Hall, 2011). While the figures may look small, it is important to emphasize that any child heading a family, irrespective of whether the parent is alive or not, is vulnerable. Therefore, the current study will not focus on why children head families but on the impact that heading a family has to a child.

There is evidence that orphans exist in large numbers (SACG, 2013; Nyamutinga & Kang'ethe, 2015). But literature reviewed identified the existence of other vulnerable children like abused children (Globbelaar & De Jager, 2013; Vogel, 2012), children living with disability (UNICEF, 2013) and child headed households (Mturi, Sekudu & Kweka, 2012; Mokglatle-Nthabu, van der Westhuizen & Fritz, 2011). Looking at the above mentioned estimates on prevalence of OVC, it is worrying to South Africans, as the future of these children look not promising at all. It can be said that availability of OVC cannot be fully stopped, but more specific intervention programs are necessary to reduce the plight of OVC. In the process of eradicating the OVC, the point of departure is to establish causes of OVC. There are reasons why countries have OVC. With orphans, the cause is the death of parents. Other vulnerable children may be due to different causes as discussed in the literature below.

2.2 Causes of OVC

2.2.1 Causes of orphanhood

A number of studies which investigated issues around orphans have mentioned HIV/AIDS as the main cause of orphan-hood internationally and in Africa and South Africa in particular (Cluver, Orkin, Gardner & Boyes, 2012; Chuong & Operaro, 2011; Kumar, 2012). Parent and relative loss is highly associated with AIDS (Breuming & Ishiyama, 2011; Zhao, Li, Barnet, Lin, Fang, Zhao, Naar-king & Stanton, 2011; Baaroy & Webb, 2008).

There is still a challenge around studies on orphan-hood which cannot specify orphans whose parents died from other causes, due to lack of statistics. A study by Doku (2009) refers to orphans whose parents died due to HIV/AIDS, and in addition refers to orphans whose parents died due to other causes without necessarily mentioning what these other causes are. This study just had a category of "other" causes of parental death other than HIV/AIDS. This is evidence of a gap in literature on orphans, which has broadly focused on children orphaned by HIV/AIDS.

2.2.1.1 HIV/AIDS as a cause of orphanhood

During 2007, the United Nations Children's Fund (UNICEF) estimated that Sub-Saharan Africa had 48 million orphans, and 11 million were orphans due to HIV/AIDS, with South Africa alone having a total of 2.5 million orphans and 1.4 million were orphans due to HIV/AIDS. StatsSA (2010) estimated that in 2010, there were 2 million children who lost one or both parents to AIDS in the country. This figure in South Africa has grown in 2012 as reported by UNICEF in their sixth stocktaking report where it is estimated that in 2012 there were 2.5 million children orphaned by HIV/AIDS in South Africa, which is 63% of all orphans in South Africa (UNICEF, 2013). In their report South Africa is followed by Nigeria with 2.2 million children orphaned by AIDS and Tanzania with 1.2 million (UNICEF, 2013). Other Sub-Saharan countries are also affected. There is an increase of half a million when comparing the UNICEF report for 2007, Stats report for 2010 and the recent UNICEF report for 2013. Statistics mentioned above on HIV/AIDS as a cause of parental death confirms the reasons for more emphasis which most studies have given to children orphaned by HIV/AIDS. This tally with WHO's (2013) report on violence and

injury prevention, which lists HIV/AIDS as the leading cause of death worldwide. The higher number of deaths through HIV/AIDS increases number of orphans. Studies conducted in Africa have indicated that HIV/AIDS has an effect in the increase of orphans in Africa (Hutchinson, 2011; Besley & Sherr, 2011; Doku, 2009). In South Africa, orphanhood has been associated with AIDS pandemic (Operario, Cluver, Rees, MacPhail & Pettifor, 2008; Cluver, Operario & Gardner, 2009; Cluver, Orkin, Gardner & Boyes, 2012). Based on the above literature, there is clear evidence that HIV/AIDS caused an increase in orphans in South Africa and Africa in general.

2.2.1.2. Accidents as cause of orphanhood

Accidents can take a variety of forms such as car accidents, natural disasters, wars, just to mention a few. However, a study by Cas, Frankenberg, Surastini and Thomas (2011) mentioned that at times, it becomes complicated to identify the impact of the root cause of orphan-hood because parental death is not usually exogenous with respect to other factors. For example, their study compared children whose parents survived tsunami to children who lost their parents to tsunami. These were categorized as accidents. This literature implies that orphanhood can be a result of accidents, without implicitly providing the prevalence of such causes of death. Another study on disaster affecting youth and post-traumatic stress (PTS) confirmed that youth exposed to disasters become vulnerable and develop post-traumatic stress.

WHO (2011) mentioned that there are 1.3 million deaths due to road traffic accidents worldwide which is number three (3) in their list of causes of mortality with HIV/AIDS as number one (1) followed by death due to violence. South Africa as a country also has an overwhelming number of deaths due to accidents. Despite 3, 280, 931 accident deaths in South Africa between 2001 and 2006, there is no mention of how many orphans were affected. The 9.5% of the mentioned deaths were due to non-natural causes; of the 9.5% deaths, 9.3% were road traffic accidents (StatsSA, 2008). StatsSA (2008) further reported that, road accident deaths were very high among the age group between 35-49 years and lower among the age group between 15-24 years. It is known that most people between the ages of 35 and 49 are parents and breadwinners; therefore, their death will affect families and children. This study cannot conclusively indicate the number of orphans due

to accidents; however, it can emphasize that the high rate of accidents in South Africa do contribute to orphanhood. This limitation mirrors a gap in research which can be closed by future studies, especially reports of surveys by Statistics South Africa. Government departments like SAPS should follow up on these figures and link them to victims including children. It is of concern to the researcher that, as much as South Africa advocates the protection of children as per the Convention of Children Rights, there is still a lack of adequate information on the cause of orphanhood by accidents as this group of children might need a specialized intervention program.

2.2.1.3. Natural death as a cause of orphan-hood

It must be mentioned that natural death includes illnesses or death due to diseases. In the year 2000, the top causes of death in South Africa were as follows: i) HIV/AIDS, ii) heart diseases, iii) stroke, iv) TB, and other causes (SA Medical Research Council, 2001). StatsSA (2007) listed the top causes of death as follows: i) ill-defined natural death at 13, 8%, ii) respiratory TB at 11, 11%, iii) lower respiratory infections at 9.7%, iv) intestine infections at 9.8%, v) HIV/AIDS at 6.4% etc. Most deaths resulted from natural causes with infections.

Tuberculosis (TB) is stated as the leading natural cause of death in South Africa followed by pneumonia with HIV as the 7th leading cause of death (StatsSA, 2012). This information confirms the vigorous intervention by Government in South Africa with the assistance of international aid to fight and reduce the impact of HIV in the lives of citizens. Globally, more than half the number of women die each year due to complications relating to pregnancy and child birth of which the estimated 536 000 worldwide were maternal deaths in 2005. Developing countries accounted for more than 99% and about half the number of maternal deaths (265 000) occurred in Sub-Saharan Africa alone (UNICEF, 2008). Maternal death worldwide has been a challenge, with about 800 women who were dying from pregnancy or child birth related complications around the world everyday in 2007 (WHO, 2007). The challenge of maternal death was too high that millennium goal number five (5) was developed to increase maternal health with the aim of reducing orphanhood. The Department of Health in South Africa supported the issue of reducing maternal death by standardizing the protocols to manage the important causes of maternal

death by training doctors and midwives on the use of protocols (DoH, 2008). A newspaper article published on the 16th of March 2014, by the Minister of Health, Dr Motsoaledi on 'achieving safe reproductive health for all South African women' is critical to government's health goals (City Press, 2014). He further mentioned that in 2013, there were 3200 maternal deaths which were recorded nationally in South Africa, with 36% of the mentioned deaths accounted for by young mothers or teenagers (City Press, 16 March 2014). In this article, he was launching a national family planning campaign, which is part of Government programs of providing safe health for all women in South Africa. The question is how many orphaned children are due to this type of death? It is not clear and it should be taken care of by future studies. Due to the fact that, information about orphans who are participants was gathered from schools and caregivers, the current study ensured that all orphans irrespective of the cause of parental death are included in the study. However, in the biographic information for orphans, different options were added, for example due to accident, illness and suicide.

Tobacco is another cause of death which WHO (2013) indicates as an increasing cause of death worldwide. Nearly 6 million people each year die due to tobacco use, while more than 5 million of those deaths are a result of direct tobacco use, more than 600,000 are a result of non-smoker being exposed to second hand smoke. The above mentioned causes of death are due to illnesses, other than HIV/AIDS (WHO, 2013).

2.2.1.4. Suicides as causes of orphanhood

Incidents of suicide tend to be underreported in most countries due to a number of reasons such as religious beliefs, social pressures and others (WHO, 2011). This is confirmed by Ratnarajah and Schofied (2007) in their study on parental suicide and its aftermath in Australia. Their study highlighted that the needs of children who lost parents through suicide are not well understood and support services are also not available for this particular population. This study identified a serious gap that no research was available which studies the role of damaging or destructive family systems and communication struggles after parental death by suicide to children. The finding of underreporting of suicides is further confirmed in a report on suicide statistics which list issues and statistics for European United countries (Scowcroft, 2013).

There are studies internationally that have investigated the parental death due to suicide (Hung & Rabin, 2009; Hardt, Herke & Schier, 2010). Hardt et al. (2010) reported that suicide is the leading cause of death in many Western countries. A study conducted in South Africa that examined suicide among student medical doctors identified suicide as a high risk factor for these students (Niekerk, Scribante & Raudenheimer, 2012). The mentioned study is a confirmation of what was mentioned in 2008 that South Africans aged 18-34 had the highest rate of completed suicide (Joe, Stein & Seedat, 2008). The age of 24 to 34 is a child bearing age, and therefore, if suicides are high at this age, children get affected.

WHO (2012) indicated that depression is the common illness worldwide with estimated 350 million people affected, and it can also lead to suicide. The 2012 WHO report further states that approximately one million people die from suicide each year, and this represents a global mortality rate of 16 people per 100,000 or one death every 40 seconds, and this has made suicide to be among the three leading causes of death among those aged 15-44 (males and females). WHO (2011) mentioned the prevalence of suicide cases per country wherein the report listed a number of suicide committers as per 100,000 people out of 110 countries. This is an international statistics and the highest prevalence is at Lithuania followed by South Korea and South Africa as number 22. Considering that this comparison is among 110 countries, it indicates that there is a high prevalence of suicide in South Africa. If there is a high prevalence rate of suicide in South Africa, it definitely affects children, who end up as orphans, assuming that those who commit suicide leave children behind.

2.2.2 Causes of vulnerable children

UNICEF as an institution with a direct mandate of supporting and protecting the child has come up with a number of reports analyzing the interventions, monitoring and recommending more strategies which countries can use to protect the children/OVC. Their reports include the ones mentioned in this study: Children in an urban world (2012), measuring child poverty (2012) and children living with disabilities (2013). With such effort by such an institution, more and more vulnerable children are taken care of in policy development and in communities; however, the prevalence mentioned above indicates that

there are more vulnerable children (street children, children in poverty, children living with disabilities) who need care.

2.2.2.1 Poverty as a cause of vulnerability

Besides the issue of the increasing number of orphans in South Africa, poverty is also endemic in this country. Children in poverty have been studied (Cluver et al., 2008; Cluver et al., 2009; Noble, Wright & Cluver, 2006). The studies (Meitjies & Griese, 2006; Pillay, 2007; SADC, 2008) have mentioned that poverty is the secondary cause of vulnerability among children. There is further evidence that poverty contributes to children leaving their families to stay and work on the street (Adjei, Aboagye & Yeboah, 2012) leading to school dropout (Shokoff & Gardner, 2012). The study by Shokoff and Gardner (2012) on poverty and high school dropout mentioned the causes of dropout as follows: parents who are in jail or absent; hunger and food insecurity; domestic violence and drug abuse and lastly unemployment. Unfortunately, when all the above create poverty in a family, children become the main victims and can end up dropping out of school.

A study in South Africa, Cape Town, which investigated fractured families, commented that poverty exacerbated family breakdown which at the end contributed to less food available for the same families and drop out of school by children (Holborn & Eddygail, 2011). Grugel and Ferreira (2012) in their study on street children found that such children left their families due to poverty to live on the streets. The difficult aspect of poverty is that there is no clear measure of poverty worldwide. Different countries use different methods, which sometimes leave other children in poverty not taken care of. UNICEF report on measuring child poverty for 2012, conducted in 27 European countries including Norway and Iceland mentioned two methods of measuring poverty as: a) children who are living in relative poverty, which is explained as children in a household in which disposable income when adjusted for family size and composition is less than 50% of the national median income, b) deprived children described as lacking two or more of the 14 items considered normal and necessary for a child in an economically advanced country (UNICEF, 2012). The same report discussed the argument which is mostly mentioned in measuring poverty, wherein real poverty is perceived as, when a person lacks basics, like

enough food to eat, adequate clothes, has an indoor toilet, a bed to sleep, etc. and it is not looked at against the median income (UNICEF, 2012).

An international study conducted in United Kingdom (UK) used two measures of poverty when forecasting UK income poverty among children from 2010/2011 to 2020/2021. The two measures were; a) relative income and b) absolute income. Absolute poverty was described as when their household net income is below 60% of the median in that year and of the 2010/2011 median adjusted for inflation (Brewer, 2011).

Adjei, Boagye and Yeboah (2012) in Uganda in their study of extreme poverty and vulnerability in urban highways, found that poverty contributed to children dropping out, selling in the streets and becoming homeless. They measured poverty as lack of basic needs, e.g. shelter, food, etc. South Africa has also developed a food poverty line which in 2008/2009 was R305 per person per month. This is the amount that an individual will need to consume enough food in a month, and it excludes electricity, water, etc. (StatsSA, 2012). The income of a parent is also considered in South Africa when assessing child poverty. An example is when the Child Support Grant (CSG) is granted. It then depends on the income of a parent or parents; this is then termed a means test.

Tamasane and Head (2010) mentioned that in South Africa a child does not have to be an orphan to qualify for a child support grant; which then mean any child whose parents' income meets the threshold used by South African Social Security Agency (SASSA), qualifies for a social grant and is declared as in poverty. Liping, Simonds and Soledad (2010) mention that there are two measures available to measure poverty. The first one is needs based approach and the other one is income based approach. The latter one is used in South Africa.

In conclusion, poverty as a cause of vulnerability is a major risk, especially because in South Africa, there is high prevalence of children living in poverty. This is confirmed by statistics indicating how many children were at school receiving child support grants in 2012 (SACG, 2013). The current study did not have a special category of children in

poverty; however, it discussed poverty since children who have lost parents, those with disabilities and children experiencing abuse experience poverty in many ways. Even those who receive social grants in a country with high unemployment, the little social grant ends up taking care of many family members, thus becoming inadequate for its intended purpose.

2.2.2.3 Abuse as a cause of vulnerability

Child abuse is a global problem and has been studied internationally. For example, a study by Wynd (2013) and WHO (2012) describe forms of child abuse as emotional, physical, sexual and neglect. Other forms of child abuse or maltreatment are child labour, child trafficking, etc. However, the current study will focus on children who have been victims of neglect, sexual, physical and emotional abuse. Child abuse manifests itself in different ways, which some may be undermined as not severe, but have been proven to affect children.

In New Zealand (Wynd, 2013), USA (Diamanduros, Cosentino, Tysinger and Tysinger, 2012) and Australia (Australian Institute of Health and Welfare-AIHW, 2013), there is evidence that sexual abuse and actually all kinds of abuse affect all genders and all ages. It may be uncommon for boys to report sexual abuse in certain communities. Diamanduros et al., (2012) investigated male and females survivors of sexual abuse, wherein they found that the trauma survivors experience especially boys can affect their development and their adaptation patterns. They further indicated that society socializes males to be dominant, aggressive and authoritarian. They further indicated that such socialization posed pressure for boys to be aggressive. This might explain why mostly girls and even the media report sexual abuse.

In Africa, a study in Nigeria on teachers' perception on the influence of verbal abuse on self-esteem and classroom behavior among pupils confirmed that negative comments consisting of non-supportive words led to low self-esteem among school children (Ngwoke, Oyeoku & Obikwelu, 2013). It was found to have damaged the trust children have on adults. Verbal abuse is mostly reported as emotional abuse. This confirms that child abuse exposes children to emotional and social vulnerability.

A survey report on activities of young people by StatSA (2011) mentioned that 25 % of children aged 7-17 years had engaged in some form of economic work over the past seven days of the survey. This was just 1% of 121 000 children. This is divided as follows: 41000 were said to have done work for a wage, salary, commission or payment in kind; 30000 were said to have run or done a business and lastly 56000 were said to have worked unpaid in household business. Child labour can overburden children with responsibilities and they end up struggling with academic work including social life (having to play and have friends). According to Children Act South Africa (CASA) child labour is work that places the child's wellbeing at risk in the aspect of education, physical, mental or spiritual health, moral, emotional or social development. It is further described as work that is exploitative, hazardous or otherwise inappropriate for a person of that age. Normal domestic duties, like sweeping the floor which is not excessive does not disturb the child from doing normal child development activities. Child labour is a challenge because; it distracts a child from doing home-work, going to school, playing, etc. (Children's Act, 2005; UNICEF, 2008).

Child abuse can be seen in some of the customs and beliefs practiced by certain communities and it becomes difficult to protect children from such practices because communities including families perceive them as normal and acceptable. Child Violence Report (2012) highlights these cultural beliefs which do no respect the rights of children as predisposing factors to child vulnerability. Customs and cultural beliefs may include a number of acts namely child marriage wherein, young children are forced to get married to older men. A study by Hlupho and Tsikira (2012) which was conducted in Zimbabwe, found that harmful cultural practices including marrying young girls to affluent person, incest and intra-denominational marriages. The study discovered that about 8000 girls in Zimbabwe have been forced into early marriages. It can be said that this type of a practice is a serious abuse against children.

Similar practices are found in South Africa where young girls are forced into marriage. This is confirmed in a study conducted in South Africa by Mwambene and Sloth-Nielsen (2011), where they explained that the forced marriage activities, was intended for adult women but is reported to be used in certain provinces like Eastern Cape to force young girls into marriage. This act will definitely affect the child socially whose friends are at school, learning, playing and still enjoying childhood, while she will start adulthood

duties, like working, cooking, engaging in sex, which are suitable for adults. This contributes to child vulnerability. Another cause of vulnerability to children is the migration of parents which leaves children behind. Perreira and Ornelas (2011) posit that migration of parents affect children severely and it causes total separation between children and parents.

2.2.2.4 Child Headed Households as cause of vulnerability to children

The South Africa's Child Gauge report for 2010 indicated that children heading households are vulnerable in many ways; they are mostly the poorest among the vulnerable children who have caregivers to provide them with food security and they live and survive without the protection of adults (Meinjties, Hall, Marera & Boulle, 2010). Phillips (2011) reiterates that CHH expose children to much vulnerability such as poverty, poor housing, child labour and others. As they do not have an adult to provide them with food and shelter, they remain economically vulnerable, which include issues of lack of food (Ritcher & Desmond, 2008). As they stay without adults, they take care of each other by providing financial, social and emotional support to siblings and this exposes them to mental vulnerability, depression and problem behavior (Boris, Brown, Thurman & Nyirazinyoye, 2008). Further vulnerability comes in as it is known that it is not easy and practical for a child to take full responsibilities of dead parents, which are to run a household, assist with homework, provide resources and again take responsibility of his/her child rights which are to attend school, etc. Kipp, Satzinger, Alibhai and Rubacle (2010) investigated Ugandan CHH and found that they experienced a lot of stress after parental death such as fights with family members and the community over land and other assets.

2.3 The availability of resources that enable resilience to OVC

It must be mentioned that orphans and vulnerable children (OVC) are in need of resources for them to survive. The resources that are required are for emotional, social and economic support. In that regard, social grants are an example of resources provided by the government to citizens who are in a low social economic status. However, social grants given to OVC might not be enough for their needs. "While the Old Age Grant, Disability Grant and Care Dependency grant are well above the upper bound poverty line, the Child

Support Grant (CSG) is even below the food poverty line" (SACG, 2015, p.34). Besides support from elsewhere, they also need to have internal resources within themselves like ability to think, decision mankind, believing in themselves, managing their emotions and to be rational. In terms of the CYRM-28 these resources are called individual, context and caregivers' resilience components (Southwick, Bonanno, Mastern, Panther-Brick & Yehuda, 2014; Anghel, 2015). Moreover, the family or caregivers are a necessary resource for OVC resilience (Anghel, 2015; Southwick et al., 2014).

Similarly, schools have a special role in promoting resilience among OVC by educating children, creating a conducive environment for social skills to develop (Theron & Theron, 2014; Theron, Liebenberg & Malindi, 2014). There is evidence in literature that resources can be available and sometimes scarce for OVC. Even though OVC have resources, there are other OVC like children with disabilities who are struggling with various resources such as community support, infrastructure and availability of relevant schools (Hodgson & Khumalo, 2016). Thus when there is a lack of social relations exposure for maltreated children, it become difficult for them to reconnect with the communities (Dziro & Rufurwokuda, 2013; Kangethe & Makuyana, 2014). Resources that could promote social skills and exposure to communities are necessary for the resilience of children.

Generally, schools have been found to be the main formal structures that provide OVC with support, especially in rural communities (Liebenberg, Theron & Sanders, 2016). Furthermore schools were found having an ability to mediate relationships between communities and resources. One of the resources needed in schools is the service of an educational psychologist. Unfortunately, this resource was found very scarce in South African schools (Heath, Donald & Theron, 2014). Additionally, schools, teachers and psychologists with other professionals are critical for promoting resilience among learners. Heath et al., (2014) suggested that educational psychologists should at least prepare teachers and caregivers on how to take full responsibility in supporting OVC with the little resources they have. This confirmed that school ecologies are critical aspects of resilience for children. Intervention programs become additional resources which CYRM-28 classifies under context resources. There is a link between individual resources and other resources (context and caregivers). As children lack ability to make appropriate

decisions (poor decision making) a family ecology through caregivers and communities could assist children with such skills including the school (Heath et al., 2014). Similar views are shared by Muriuki and Moss (2016) who found community health workers as the main pillars in the protection and support of OVC.

Sometimes availability of resources differs with the type of vulnerability and in addition with the context (which depends on caregivers, communities and other support structures). No one can claim to know the actual differences in the availability of resources for resilience in different populations of OVC, as De Silva, Skalicky, Beard, Cakwe, Zhuwau, Quinlan and Simon (2012) where orphans were found with fewer resources compared to non-orphans in terms of food security. In contrast to these findings, Skovdal, Campbell, Mupambireyi, Robertson, Nyamukapa and Gregson (2016) found both children affected by AIDS and orphaned children to be strong and active social agents who were able to sustain their families while HIV positive children were perceived to be sad and weak. Similarly, Mapunda (2015) found that resilience and protective factors of OVC (children affected by war, HIV/AIDS and other vulnerable children) were more similar. Similarly, Govender et al., (2014) found no difference between orphans and non-orphans when they were checking if orphans are more exposed to negative psychosocial outcomes than non-orphans. They found very few significant differences in the effect of social, psychological and mental factors. These differences may as much be due to a number of contextual factors such as community, schools, government and individual resources. This is the reason it is not easy to conclude and generalize on the availability of resources but to further investigate availability in different contexts.

Wu, Liu, Li and Li (2016), when studying newly diagnosed women with breast cancer, found that those with lower education had lower resilience and those with higher family income had higher resilience. Education and income are resources that can enable resilience thus they also become protective factors for someone who is vulnerable. Education gives people knowledge about many things and through availability of funds one may be able to access a variety of resources or support (Lefebvre, Fallon, van Wert & Filippelli, 2017). It can be said that the relationship between economic hardship and child maltreatment found that families with lack of economic resources were likely to

have experienced child abuse or maltreatment (Lefebvre et al., 2017). This is confirmed by Hjalmarsson and Mood (2015) that youth from lower income families could not participate in most social activities thus they had fewer friends and social isolation. The provision of resources to families might assist in preventing child maltreatment. Previous studies on resilience have emphasized the incorporation of cultural context in programmes aimed at promoting resilience (Mastern, 2013; Theron, Theron & Malindi, 2012). It was thus proper to investigate the availability of resources that enables resilience of OVC in a particular area, questioning the relevant stakeholders who understand the culture of that area including OVC themselves.

Even though findings on resources, resilience and children differ in context but there is consensus on the fact that when resources are available children adapt and are easily found resilient. As recommended by Strolin-Goltzman, Woodhouse, Sutter and Werrbach (2016) that the availability of resources such as positive relationship with peers and emotional connections with adult mentors ease transition and impact the educational success of youth in foster care positively.

2.4 Challenges experienced by OVC

It must be mentioned that this section covers a number of factors that maybe a challenge to OVC. These factors are namely economical, psychological and social and economic. The three main factors affect OVC in different forms. For example, economical deals with the country's or household income; psychological deals with how the mind works and social is about social life in the community. The three main factors are discussed as follows:

2.4.1 The Psychological Impact

2.4.1.1 Orphans

A study conducted in South Africa, Cape Town, on orphaned youngsters between the ages of 10-19 years, aimed to identify those affected by AIDS (Wild, Flisher & Robertson, 2011). The study found that most youngsters are at risk of depression due to family members who died of HIV/AIDS (Wild, Flisher & Robertson, 2011). The studies by

Cluver et al. (2009) and Mangoma, Chimbari & Dhlomo (2008) confirmed that orphans had more emotional problems than non-orphans.

Studies in Africa suggest that vulnerability of children contribute to depression, anxiety and low self-esteem (Andrews, Skinner & Zuma, 2006; Dowdney, 2000; Adejuwon & Oki, 2011; Hermenau, Hecker, Ruf, Schauer, Elbert & Schaner, 2011). It is also believed that heightened internalizing problems are associated with orphans (Atwine, Cantor-Graae & Babjunirwe, 2005; Bhagarva, 2005). It is also argued that vulnerability predisposes children to psychological and emotional difficulties (Cluver et al., 2008; Cluver et al, 2009; Richter et al., 2004). In the study by Stein (2003), it was emphasized that in the focus on material resources, there is a tendency to avoid the "hidden wounds" or emotional suffering of children affected by AIDS and coping with grief and loss. Cluver and Gardner (2006) reviewed research studies which were conducted on psychological outcomes on bereaved children. Thirteen (13) out of seventeen (17) found internalizing problems and five (5) out of eleven (eleven) found externalizing behaviors among orphans. The same results are still confirmed by Cluver, Orkin, Boyen and Gardner (2012) where they mentioned that psychosocial distress affects orphans in South Africa. Even international studies confirm this psychological effect of OVC. Schelble, Franks and Miller (2010) investigated emotion deregulation and academic resilience in maltreated children and the findings were that maltreated children frequently experienced academic difficulties, emotion regulation difficulties and patterns of emotion deregulation.

Doku (2009) analysed the psychosocial wellbeing of 4 groups of children whose parents died of HIV/AIDS, children whose parents died of other causes other than AIDS, children living with parents infected by HIV/AIDS and non-orphan children. The study found that there are higher internalizing problem and some externalizing problems with orphans, but they all showed similar emotional problems and conduct problems. In concluding the study, the researcher indicated that a question of whether children orphaned by AIDS have unique needs and problems different from children orphaned by other causes is only partially answered. African studies have analyzed the effect of psychosocial factors on orphan survival (Nyamukapa et al., 2008) and found that orphans are more depressed, have high anxiety levels and low self-esteem. Perreira and Ornelas (2011) attempted to

analyse the physical and psychological wellbeing of immigrant children wherein it was found that migration experiences of children growing up in immigration families increase the potential of vulnerability for these children. The study clearly indicated that separation from parent or primary caregivers who have migrated is associated with poor emotional and physical health for children left behind (Perreira & Ornelas, 2011).

2.4.1.2 Poverty

The challenge with most of the studies on OVC is that the majority focused on orphan-hood due to AIDS, while there is evidence that poverty affects South African children more than adults (Pillay, 2007). Research has shown that children in poverty are more vulnerable to trauma, fretfulness, sadness, just to mention a few, compared to non-poor children (Brooks-Gunn & Duncan, 1997). A study on poverty has found that poverty fuels the abuse of children in Zimbabwe (Masuka, 2013). Adjel et al. (2012) mentioned that urban poverty manifests itself in a form of people living on the street and child labour. Child labour is a form of child abuse. Abused children are more likely to experience trauma (Pretorious & Pfeifer, 2010). Masuka (2013) in the study on child abuse found that, poverty which compelled men and women to share a room with their children exposed children to private adult's acts (sexual intercourse) which unintentionally resulted to psychological abuse. It can be said that after such an act, the child starts thinking about such acts, at a younger and sometimes become preoccupied with such private adult acts. It is evident from these findings that poverty contributes to psychological problems in children. According to UNICEF (2006), children living in poverty are those who experience deprivation of material, spiritual and emotional resources needed to survive.

2.4.1.3 Children with disability

Lamport, Graves and Ward (2012) investigated the impact of interaction on educational outcome for learners with emotional and behavioral difficulties where they discovered that when learners with disabilities are placed in an inclusive classroom, they tend to disrupt the classroom with behavioral issues. When they are attending physical education classes, because physical education does not fully cater for them, other learners bully them and laugh at them, as they struggle to participate. This situation creates low self-esteem. They generally end up struggling with their emotions. They then become unhappy. In

Johannesburg, South Africa, there is a 'Teddy Bear' Clinic, which assists children with disabilities. A report by the clinic indicated that children with disabilities are easy targets of abuse because they may be less able to report the abuse and often have lower self-esteem than other children (Deroukakis, 2010). UNICEF (2013) mentioned in their report the state of the world children. Children with disabilities are still neglected, looked at as incapable and dependent. They are then institutionalized where they are mostly exposed to sexual abuse, and other forms of abuse. The children end up becoming self-abusive, rocking back and forth, banging their heads against the wall, biting themselves and poking their eyes. All these behaviors are signs of emotional problems children with disabilities experience. Currie and Kahn (2012) confirmed that children with disabilities are more exposed to mental and emotional abuse. Mackenzie and Swart (2011) describe the experiences of abuse suffered by children with disabilities as difficult, because most of the abuse takes place at home, since their parents or caregivers struggle to take care of them. Sometimes parents or caregivers have to quit their jobs, and this may lead to irritability and frustration.

2.4.1.4 Child Headed Households

Child headed households (CHH) experience a lot of stress because they take roles which are not at their level of functioning developmentally. They become parents at a time when they need assistance with cognitive development and emotional support. Kipp et al., (2010) interviewed 20 children who were heading families. Seven were females and thirteen were males. This researcher investigated needs and support for Ugandan CHH. The findings were that children in CHH live in fear of a lot of things such as abuse, rape and siblings' illness. The implication of this finding on their school work is evident as most of them reported to have left their school because of the shortage of resources. But this aspect of educational deprivation needs to be explored further because there are very few studies on the area of CHH. The roles of being the parent include the fact that they are decision makers.

Mavise (2011), in the article exploring the constraints and opportunities in children's decision making in CHH, found that decision making is a contested process influenced by many disparate factors such as gender, age and ownership of resources. So, families who

do not acknowledge the role of CHH in decision making create a lot of conflict and children become anxious. It is extremely good that the children are able to make decisions and their families continue to function; however, it might be necessary to check if the types of decisions this population make are rational and how these decisions affect them emotionally and psychologically as breadwinners. Mokgatle-Nthabu, Van de Westhuizen and Flitz (2011) found that CHH children found comfort from being together because they have no trust over people as there are sometimes conflicts with extended family which made them struggle to share their secrets with anyone. The implication of this is that then children in CHH, bottle up issues which leads to stress. Again, this affects them at school as Mavisi (2011) stated that most of CHH participants reported to have dropped out of school. Nkomo, Freeman and Skinner (2009) revealed that some of CHH children experience fear and anxiety. This group of children seems to be the most vulnerable due to the absence of an adult in the household and the added responsibilities of caring for the younger siblings.

2.4.1.5 Abused children

Exposure to all forms of violence lead to substantial psychological distress to children aged 8 and 13 years (Shields, Nadasen & Pierce, 2008). Internationally, child maltreatment in USA mentioned that in 2011, 14% of children suffered abuse and outlined the following results of maltreatment: improper brain development, impaired cognitive and emotional development, high risk of heart diseases and anxiety (USDHHS, 2012). There is evidence that sexually abused children experience trauma and they are classified as vulnerable (Steyn, Van Wyk & Kitching, 2014; Bullock & Beckso, 2011; Pretorius & Pfeifer, 2010). The study conducted in Sierra Leone on former child soldiers who survived rape found that victims had higher levels of anxiety and hostility (Betancourt, Borisova, Williams, Whitfield, Williamson, Brenman, Soudiere & Gilman, 2010). In Africa, Ngwoke, Oyeoku and Obikwelu (2013) investigated teacher's perception of the influence of verbal abuse on self-esteem of children in classrooms and found that verbal abuse undermines the trust children have of adults and promotes poor self-esteem. South Africa has high incidents of violence and abuse on children and researchers have embarked on a number of studies which aim at exploring abuse on children and intervention to support children (Steyn et al., 2014; Globbelaar & de Jager, 2013; Hlupo &Tsikira, 2012; Vogel, 2012).

In Western Cape, South Africa, Globbelaar and De Jager (2013) conducted a study with caregivers of children, who are victims of abuse, on their perception of desensitization among sexually abused children, and they found that some children were still struggling with experiences of anxiety, depression and other emotional difficulties, while others had progressed and were recovering. But caregivers were reluctant to say children were coping; they mentioned that desensitization was marginal. The above explains how much abused children struggled emotionally. Vogel (2012) emphasized the use of group therapy in supporting abused girls where the study indicated that these children suffer from emotions of desperation and anxiety attacks which manifest as disruptive behavior. It is interesting to note that not all children react the same; however, knowing these challenges for specific groups of OVC can assist the government and service providers who intervene in such issues. Cozza, Haskins and Lerner (2013) indicated that abused children from military and veteran families are associated with higher levels of emotional and behavioral problems.

2.4.2 The Social impact

It must be mentioned that OVC suffer from social isolation, substance abuse and sexual transmitted diseases (DSDSA, 2012). Snider and Dawes (2006, p.7) also reported that psychosocial wellbeing of children is recognized as essential in ensuring their healthy growth and development, but cautioned that measuring psychosocial wellbeing at national level for children in difficult circumstances has few tested and established precedents. Snider and Dawes (2006) further recommended three (3) indicators which can best capture psychosocial wellbeing which were proposed by UNICEF consultation in 2005. These are (a) psychological health, (b) connectedness to an adult in a child's life and (c) social inclusion into the larger community network. The current study has incorporated the three (3) above mentioned indicators to guide in identifying psychosocial impact of OVC.

Groce (2004, p.18) on children with disabilities said "Personal assistance, if needed, is provided by immediate family members, most commonly the mother, which means that these young people often have little or no say over the most basic aspects of their lives. It limits their ability to develop a sense of autonomy or gain experience in making independent decisions". Orphans do not want to be separated from their communities

(Tamasane & Head, 2010). Moreover, orphans have no time to play with friends because they have to look after their siblings (Nkomo et al., 2009). Furthermore, orphans are overworking compared to their peers and have a high dropout rate (Mangoma, Chimbani & Dhlomo, 2008). Similarly, Cluver et al (2009) report a high school dropout rate for orphans. The above challenges increase because each factor contributes to other factors; for example, when OVC become the head a family, and is not able to join friends to play, she/he automatically gets removed from the social environment and leads to high dropout rate, increases illiteracy and poverty which will affect OVC's ability to survive. It should be noted that, the above information introduced the social aspect of OVC's vulnerability; below, the study discusses social challenges experienced by OVC in each category of vulnerability.

2.4.2.1. Orphans

The reviewed literature had more information on orphans than any other category of OVC. Children with caregivers who were in support group exhibited fewer behavioral problems and higher rates of pro-social behavior while those without support showed more behavioral problems (Thurman, Jarabi & Rice, 2011). Research indicates that dropout rate for orphaned children are much bigger than for non-orphans (Boler & Carroll, 2003). Nyamukapa and Gregson (2005) contended that besides social discrimination, orphans face a high risk of contracting HIV/AIDS which has a very risk that lead most victims to even lower socio-economic status than before.

An international study concluded that orphaned children are a vulnerable population due to decreased economic resources, psychosocial instability, increased risk of abuse, and delayed or decreased access to health care (Thompson, Meslin, Braitstein, Nyandiko, Ayaya & Vreeman, 2012). The effect of a decrease to health care facilities is the increase in diseases, stigma created by diseases and this may lead to dropout from school. A baseline study of those who lost both parents at ages 15 to 17 found they were 40% less likely to be enrolled in school; had completed 1,7 fewer years of education; were 34% more likely to be working and 8% more likely to be doing household duties. Girls who lost fathers only were more likely to continue with their education which indicated a serious social change in the lives of children who lost their parents through tsunami (Cas et al. 2011). De Witt and Lessing (2010) confirmed that orphans end up dropping out of

school due to poverty created by loss of parents, lack of role models and stigma at school of losing parents through HIV/AIDS or just being poor.

Raeburn (2014) found that parental death has an impact on school performance in bereaved children. This challenge if not addressed may lead to school dropout. A study by Ellis et al., (2013) confirmed most findings of the studies mentioned above by concluding that children suffer from lack of appropriate social support for both the child and surviving parent and they are not provided with clear and honest information at appropriate time. As a result, children lack trust, relationship skills, self-esteem, and they become lonely. This implies that children end up struggling with developing relationships with other people. Durnalp and Cicekoglu (2013) also found that orphans in orphanages were lonelier due to being separated from their families which affect them in their social development. Social development includes but not limited to, develop relationship with others, trusting other people, respecting others and being able to maintain relationships. The above literature showed that orphanhood affects this social development. Orphans are more likely to have little time to play with friends because of additional roles or increased responsibilities they have at home, taking care of siblings and other domestic chores (Martin & Frempong, 2013). Doku (2009) mentioned that orphans showed high levels of peer problems compared to non-orphans. The implication is that, due to lack of time to play and dropping out of school, orphans end up struggling to trust other people. Literature has shown that schools provide children with a useful platform to establish friendship (Skovdale & Ogutu, 2012).

2.4.2.2 Poverty

Children exposed to adversity like poverty, were found to have poor academic performance and withdrawal type of behavior – avoiding socializing with others (Paterson & Perold, 2013). Most children in extreme poverty drop out from school and leave their families to stay in the street and get involved in more risky behaviors which include risky sexual behaviors and robbery (Grugel & Ferreira, 2012). It is argued that extreme poverty and abuse are common factors among adolescents who are orphaned by HVI/AIDS (Cluver, Orkin, Boyen, Gardner & Meinck, 2011). Social impact of OVC can be aggravated by poor economic circumstances. Many researchers have argued that poverty contributes to children dropping out of school (Shonfokk & Gardner, 2012; Grugel

&Ferreira, 2012). Rumberger (2013) further explains that when children living in poverty are pushed away from school, they get involved in crime, sometimes with the aim of getting food. Griggs and Walter (2008) warned that there are no studies that have proved that poverty causes risk behaviors like crime, but further indicated that there is an association between poverty and risk taking behaviors like crime. Their report further indicated that poverty affects the well-being of children which include relations and confidence. Moore, Redd, Burkhanser, Mbwana and Collins (2009) mentioned that poverty is highly associated with teen child bearing and poor peer relations. When Skovdale and Ogutu (2012) emphasize that schools provide children with useful platform to establish friendship structures, the implication of children dropping out of school will definitely be negative peer relations, because their friends remain at school, and at the end they do not share the same activities, thus engaging in risky behaviors.

South African Human Rights Commission (SAHRC) and UNICEF compiled a report on poverty traps and social exclusion among children in South Africa and how poverty impacts on children socially by providing them with poor quality education (SAHRC and UNICEF, 2014). It further explains that poverty exposes children to violence, and at the later stage, they end up becoming violent and be involved in conflicts and their behavior become anti-social. The media shows community strikes in South Africa, where communities take their fight for basic needs, like water to the streets. These strikes always have children who observe the violence between communities and police. In most cases these communities are impoverished. At a later stage, children become violent, since the media shows them throwing stones to police and burning or blocking the roads. There is evidence that lack of finances may lead to poor educational progress, dropout, and poor nutrition which contributes to poor social development (Richter et al., 2006). This is confirmed by Cluver and Gardner (2007) where they indicated that poverty is more likely to contribute to social exclusion, especially because children in poverty cannot afford basic needs like shoes, clothes and others.

2.4.2.3 Disability

Fleisch, Shindler and Perry (2010) indicated that a child with disability has 18% greater probability of being out of school than a child without disability. Young people with

disabilities have needs very similar to the needs of all the other young people. However, their needs are sometimes more than the needs of a child without disability. Those needs include a need for supportive environment, education, health services and access to sports. A practical example is when a child with hearing disability struggles to communicate her/his needs with parents and later the child's needs are not met. UNCPRD (2014, p.6) concurred with the above, that youth with disabilities still struggle with social exclusion in communities, which include not being at school. Potmesil and Pospisil (2013) mentioned that hearing impairment in the child brings with it a lot of stress for parents and the child.

Groce (2004) mentioned that children with disabilities are considered to be incapable of learning, no matter what their disabilities are. Studies have identified challenges experienced by children with disabilities such as getting involved in sexual activities early, between ages of 14 and 16 (Dawood, Bhagwanjee, Govender & Chohan, 2006), high risk for exposure to HIV infection and are less likely to access prevention programs because of disability (Hanass-Hancork & Nixon, 2009). My experience of working for the Department of Education placing learners in special schools as a psychologist made me realize that they are vulnerable, because they struggled to get to mainstream schools; they struggle with infrastructure accessibility even with curriculum support material. Their vulnerability is further confirmed by the fact that they receive social grant due to their disability.

UNICEF (2013) reported the state of the world's children focusing on children with disabilities and found that children with disabilities are at risk of being poor than their peers who do not have disabilities, even where they share the same disadvantages of poverty. Children with disabilities confront additional challenges as a result of their impairment. These challenges are difficulty participating in sports, physical education, difficulty in using public transport because public transport is inaccessible, and that some schools are not inclusive, etc. These challenges which are experienced by children living with disabilities are also highlighted by Storbeck and Moodley (2010). There is evidence that inclusive education can assist children with disabilities to develop socially, but unfortunately, the school system is not always ready to accommodate them. A study on inclusive education investigating teachers' views on inclusion found that teachers were

willing to accommodate learners with special needs. However, the teachers were experiencing challenges such as lack of training, not enough planning time for lessons especially where there will be learners with special needs, and lack of resources in schools. These challenges make it difficult for teachers to teach these learners fruitfully (Lamport et al., 2012). This confirms that the education system can be a barrier for learners with disabilities to access education.

A case study in South Africa conducted by Luger, Prudhomme, Bullen, Pitt and Geiger (2012) aimed at relating the part of the journey to appropriate education for two young children with physical disabilities found that parental fear, community attitudes and physical inaccessibility were the major challenges the two children experienced. This confirms that OVC are troubled socially and psychologically and need continuous support for them to survive. Some children with disabilities may have difficulty completing tasks or participating in certain curriculum activities like physical education (Lamport et al., 2012). They further reported that most children with emotional and behavioral disabilities had reading difficulties which means that academic achievements would become poor. Boys with muscular dystrophy were found participating less in physical activities and also in social engagement compared to boys without the disability (Bendixen, Senesac, Lott & Vandenborne, 2012). This became a concern since physical activities and social engagement improved healthy life and human relations.

Hodgson and Khumalo (2016) in KwaZulu Natal, South Africa, in their study on children living with disabilities reported that interviews conducted with parents and community confirmed that some children with disabilities were not at school, due to shortage of appropriate schools which can cater for their needs. Other challenges include lack of access to infrastructure like public transport. When children struggle to be accommodated in schools, to use public transport, and to access information due to irrelevant communication methods, their social life become compromised and they struggle with life skills, trusting people, communication which exposes them to social risks.

2.4.2.4 Child Headed Household

A child headed household does not have an adult to protect the children as directed by Children's Act, 2005. Thus, children in child headed households felt unsupported,

burdened and then drop out of school because of too much responsibility as they care for siblings and take care of domestic chores (Kipp et al., 2010). They were also found to have poor relations with relatives as they mention to have conflict with family over land and assets which were left behind by their parents when they died. Phillips (2011) confirms the above findings by describing how the situation of taking care of the family by minor children exposes them to a lot of maltreatment, child labour as they must provide for their siblings, lack of friends because they have to do household duties and household management, and at the end, they drop out of school. Children are both physically and mentally immature and are not equipped to play the role of a parent, but again, since they have not lived with adults, they find it difficult to be under the supervision or control of adults (Phillips, 2011). This is further supported by a recent report on the protection and projection of the rights of children discussed during the UN General assembly which raised a deep concern about the vulnerability of children raised in CHH who suffer from lack of adult support which is becoming a social problem (Ruin, 2013). The implication of the above findings is that, CHH children struggle to develop good human relations with peers, family and the community at large, which is necessary for survival. This may create a challenge when they need help from neighbours and when they get employed in the future. Because they mostly drop out of school, the circle of poverty continues. Francis-Chizororo (2010) found that most CHH children were at school, but were not enjoying school because of responsibilities of household management, and then they later drop out of school.

It is difficult for CHH children to develop social skills adequately, as Mokgatle-Nthabu and Van de Westhuizen (2011) found that the children had difficulties in developing their own social networks after the death of parents. They could not access social services as there was no adult to assist and the lack of certain documents like identity documents or birth certificates made the situation worse. The challenge is even bigger when they have to take serious decisions which may be against the law, due to their immaturity and age (Kemp, 2013).

If CHH children have poor relationship with extended family, the nearest people to protect them, it is difficult to have relations with neighbours. Based on the evidence provided

above, CHH children are overstretched in terms of responsibilities, and they struggle to get time to play and make friendships which is expected to expand their social network. Lack of family, friends and neighbors pose a serious risk in the social life of any individual within the society.

2.4.2.5 Abused children

Abuse automatically affects children's health. Vulnerable children especially females are exposed to sexual abuse, health problems and they also have little time for recreational activities (Salaam, 2005). Kidnapping and trafficking of children for pornography and farm laborers has been one of the biggest sources of revenue for gangs and syndicates in Cape Town, Johannesburg and Durban, South Africa (SADC, 2008). Based on the above, it is evident that child abuse impacts negatively on the ability of children to develop friendship and relationships, especially when they are kidnapped and trafficked, since during that period they do not do what they like but are forced to do whatever they are instructed.

In South Africa, Steyn et al., (2014) found that abused boys had difficulty interacting with other people and they had to deal with anger and aggression. They displayed self-destructive behavior and had difficulty coping at school. This aggressive behavior was confirmed by Martin, Cromer and Freyd (2010), where they interviewed teachers who mentioned that abused children have decreased attention and poor social skills. UNICEF (2012) report on violence against children mentioned that South Africa is ranked extremely high internationally for reported incidents of sexual violence. A study in South Africa by Choe and Zimmerman (2012) confirmed that children who were exposed to violence were found to be violent. Diamanduros et al., (2012) investigated male sexual abuse and found that boys struggled with sexual identity, behavioral problems and some learning problems. It was further noted that the participant was reluctant to talk about abuse, had fears of homosexuality, reluctant to participate in karate and boxing, afraid of getting closer to muscular males, and will constantly be aggressive to prove his own masculinity or superiority. He preferred to spend more time with younger children because he was able to show and maintain his superiority. This study is evidence of an affected social life. Ngwoke, Oyeoku and Obikwelu (2013) confirmed the above findings. Abuse of children impacts negatively on their social life and is something they are not proud of

and cannot even share it with friends thus damaging the relationship they have with other children while they are already afraid of adults.

The OVC mentioned above seem to struggle socially and this is reflected in struggling to get time to play, dropping out of school, having to work for their families and developing behavioral problems like aggression and poor attention. This reflects the extent of the impact of vulnerability on the children. Below is the attempt to explore the economic impact on OVC.

2.4.3 The Economic Impact

There is evidence that OVC struggle with health, nutrition and food security. In Sub-Saharan region OVC struggle financially with meeting their basic needs, e.g. education, food, and shelter (UNICEF, 2008; UNAIDS, 2008). The world is experiencing a challenge of economic resources due to unemployment, retrenchment, and other problems. The 2012 report on the state of food insecurity in the world confirmed the challenge of shortage of resources (UNFAO, 2012). South Africa appears to be no different as OVC have been found to struggle with survival and having basic needs attended to (Nduna & Jewkes, 2012; Showkoff & Gardner, 2012; Cluver et al., 2011; Cluver et al., 2008). UNICEF (2008) further indicated that household income has the potential to be negatively affected by ill family members who in turn, not in a position to provide income, even if they provide, the greater portion of the income get spent on medical expenses. Below, literature is reviewed to establish how economic factors affect OVC.

2.4.3.1. Orphans

An international study mentioned many frustrations experienced by children who have lost their parents, with girls leaving school to participate in labour market (Cas et al., 2011). Orphans work to get monetary resources so that they can buy food, clothes and other basic needs. A study on orphans in South Africa by Skinner et al., (2013) indicated that orphans appeared to be more vulnerable in terms of material needs. Another study conducted in South Africa on early impacts of orphaning with specific emphasis to health, nutrition and food security in a cohort of school going adolescents found that maternal and paternal orphans struggled with food security (DeSilva et al., 2012). For one to have food security one must at least work and have income but if parents are not around, it is

difficult to have food for breakfast or dinner. It has been confirmed through research that most orphans experience financial difficulties (Silverman, 2000). Indeed, when the breadwinner who was providing children with food dies, children are left without food to eat. When parents die, children struggle financially, and sometimes get exploited by relatives demanding monetary assets, or not allowing them to participate in decision making about their parents' assets (Harms, Jack, Sebunya & Kizza, 2010). Stats SA, (2011) indicated that children living in rural areas are more likely to be poor than those in urban areas. Studies have confirmed that a high population in SA lives in absolute poverty (Taylor, 2000). Kuo and Operario (2010) investigated the challenges experienced by those caring for orphans in KwaZulu-Natal, South Africa and found that economic challenges were the main as children were unable to access food, clothing, transport and shelter. The situation of children struggling financially is a problem because it contributes to other challenges like, dropping out of school, poor health, etc.

2.4.3.2 Children in Poverty

A study by UNICEF (2012) reported that poverty affects children and the nation at large. Children get hungry, struggle to learn, some drop out of school and their health deteriorates. When children lack education, the future generations will have unskilled labour force which will contribute less to the economy of the country, thus continuing the circle of poverty in the society and families. Children in poverty experience overcrowded households, shortage of education resources because parents do not have financial resources which forces parents to withdraw the few resources they had for education, and children end up not having transport to school (UNESCO, 2011). This is further confirmed by other researchers (Holborn & Eddy, 2011).

According to Nduna and Jewkes (2012), the poverty experienced by children results in financial insecurity, and parents separate from their children to work in urban areas. After the separation, children may experience more financial problems. Poverty which is experienced by children makes them vulnerable to poor quality education.

2.4.3.3 Children with disability

Globally, people living with disabilities, generally have lower education levels, fewer economic opportunities and a high rate of poverty (World Bank, 2011; WHO, 2011). The same applies to children with disabilities who tend to experience more financial struggles than their peers without disabilities (Lorenzo & Cramm, 2012). Their study Lorenzo and Cramm (2012) conducted in South Africa explored the access to livelihood assets among youth with disabilities and without disabilities who were 18 to 35 years of age in 5 provinces. They found that fewer disabled youth than non-disabled youth attended and completed education. Fewer were employed. They struggled to have access to toilets, phones, newspapers and public transport. WHO (2011), in their world report on disability produced with World Bank suggested that more than a billion people in the world today experience disability and they generally have poorer health, lower education achievements, fewer economic opportunities and higher rates of poverty than people without disabilities. This is confirmed by a study conducted for World Bank, which outline that the onset of disability may lead to lower living standards and poverty. This may have adverse effect on education and increases the expenditure related to disability (Mitra, Posarac & Vick, 2011).

The increased cost of living due to disability is confirmed in a number of reports and studies (UNICEF, 2013; Mitra, Palmer, Kim, Mont & Groce, 2017). Disability in a family is associated with high costs of living and lost opportunities to earn income by parents who must take care of a child with disabilities; this situation increases the risk of remaining in poverty (UNICEF, 2013). Most children with disabilities struggle with poor health, which raises immediate and long term economic costs, which at large affect the family and society (Stabile & Allin, 2012). Due to poor health of children, parents often have to sacrifice their employment so as to care for their children, and the results may be poverty or lack of resources. The latest report on youth with disabilities concurs with the above mentioned economic challenges experienced by youth with disabilities, such as unemployment and lack of education (UNCRP, 2014).

2.4.3.4 Child Headed Household

Children in CHH struggle with financial resources to meet their basic needs, because of limited access to school fees, clothing and food (Mavise, 2011; Kipp et al., 2010) which mean they get stuck to poverty because there is no adult to take care of their needs. Phillips (2011) qualified the above economic effect on CHH to poor housing, inadequate financial resources and poor medical care which is due to poverty. Most CHH children end up in the labour market working for survival (Ganga & Chinyoka, 2010). A report on the protection and projection of the rights of children discussed during the UN General Assembly raised a deep concern about the vulnerability of children raised in CHH who suffer from poverty (Ruin, 2013). It was revealed that OVC suffer from malnutrition which is the biggest threat to young people nowadays.

2.4.3.5 Abused children

McAlpine et al. (2010) investigated how abuse or support factors may influence migration to the street, and found that abuse and lack of support which was mostly due to poverty, pushed youth to the street. There is obviously a close link between abuse and lack of resources to abused children, because they have to be referred to institutions of safety, which are sometimes overcrowded. They have to share limited resources provided by Government or NGOs so that they can be safe. However, it is better because they are cared for, and they are also given an opportunity to attend school under the supervision of the centre. But it is important to note that very few children who experience abuse end up in homes of safety. Most of them live with abuse and others end up being street children. Ritchie et al. (2011) investigated maltreated children in Switzerland and found that poverty with other factors like neglect and mental disorders etc. are risk factors to child abuse. There is no concrete evidence which states that children who experience abuse suffer or struggle with economic resources, maybe this is because abuse is a universal problem which does not affect low socio economic communities only. This is confirmed by UNICEF (2012) on their report of violence against children in South Africa. But this report indicated that, world poverty has been found to be an important cause of child abuse. Child abuse is also in schools (Ngwoke et al., 2013); in families (Hlupo & Tsikara, 2012). In some families where there is poverty, parents allow their children to marry by

force and this has created more vulnerability for a girl child who has to drop out of school and resume the role of being a wife.

2.5 Relationship between OVC characteristics such as age, gender and custody and the availability of resources for OVC

It must be acknowledged that the impact of multi-year community based programs for OVC in evaluating food security and educational attainment is important (Larson, Wambua, Masila, Wangai, Rohr and Brooks, 2013). In that regard, as children grow older, lesser resources become available, thus, few of them complete school. They related the high attendance in primary schools to availability of free education provided by government to all citizens (Larson et al., 2013). Apart from education, food is also a huge concern (Larson et al., 2013). Such results confirmed that the relationship between availability of resources for OVC and their characteristics is influenced by other factors. A recent international study conducted in women diagnosed with cancer in China found that women who were 44 years and younger reported higher levels of resilience compared to those who were above 44 years of age (Wu, Liu, Li & Li, 2016).

The aforementioned views might be difficult to relate to children resilience, but it confirms that resilience is age related in contextual bases and differs with the availability of resources that enable resilience. A study by Wu, White and Coleman (2015), when exploring effects of kinship by child age on behavioral problems of children, found that older children in kinship foster care exhibited lower levels of behavioral problems compared to those in non-kinship care. This might be due to the fact that in kinship foster care, children are mostly raised by relatives whose support as blood relatives is expected to be more than if children are cared for in non-kinship care. But then it all proves a need to cater for each context after a thorough analysis of other available resources such as skills for caregivers to care for children.

It is argued that relationship is always established between custody and resilience. In that regard, Neal (2017), when investigating academic resilience and caring adults, found that foster youth who were successful in academic institutions of higher learning discovered the route of success while out of home care. That out of home care assisted them to also

enroll in institutions of higher learning. It was reported that adults supported them emotionally and provided them with guidance which they believed assisted them to move out of their negative pasts. Therefore, availability of caregiver support even if it is not at biological home has been found to relate to successful performance of youth. This confirms the uniqueness of resilience in terms of custody (Neal, 2017).

Again, in South Africa, Van Brenda (2017) compared youth resilience across seven sites which included an institution of care, schools from communities with low socio economic status, middle class and youth care centres, and it was discovered that children in one institution of care and children in one school from a poor community had very high score of resilience. Contrary to the above, lack of finance interferes with availability of basic resources in some custody and could contribute to family members experiencing difficulties of surviving with life issues (Fauk, Mwakinyali, Putra & Mwanri, 2017). When the current study looked at these findings it confirmed a need to further investigate the resources in different custodies so that intervention programs could be unique to a particular context since in one setting a particular custody could be found without resources and the same custody in another context be found having satisfactory resources**.**

Contrary to literature which found children in institutions of care struggling, some studies have found that school aged children who had been removed from their homes due to maltreatment were found with reduced mental problems compared to those who were kept at their home with support for parents, but their mental problems increased (Conn, Szilagyi, Jee, Blumkin & Szilagyi, 2015). Good mental health might include ability to control one's emotions, manage perceptions, ability to talk about emotions and all these require caregivers and communities as children microcosms.

Gender has also been associated with some form of failure, success or resilience. In South Africa, a study aimed at identifying factors associated with educational achievements for children in foster care, which is care by non-biological parents, and children in kinship care, which is care by family, wherein males were consistently related to poor academic outcomes both from kinship and foster care (O'Higgins, Sebba & Gardner, 2017). This implied that males lacked educational resources compared to females. These educational

resources may include individual ability for decision making, motivation to study or lack of skilled teachers at school.

Contrary to the study on university student's resilience level, which checked personal power, imitativeness, foresightedness and purpose for life found university students resilience above average with males favored by resilience scores. While in Israeli, a comparison on mental health between girls and boys who have been exposed to political violence found a few gender differences which also showed mixed patterns. Females who were exposed to political violence showed higher levels of anxiety while males showed a higher level of risk taking (Slone & Mayer, 2015). Because of these mixed patterns, the current study needed to explore further if the resilience components have any relationship with gender as a characteristic of OVC. In Tanzania, Ng'odi (2014) found that there was a gender difference in provision of basic needs where females received fewer of these services than males. "A good understanding of the factors affecting access (at least for basic needs) between male and female vulnerable children requires further research" (Ng'odi, 2014, p.6). It can be said that males received fewer psychosocial support than females and generally most vulnerable children received less psychosocial support compared to those who received basic needs. They further found that older vulnerable children received more psychosocial support which could mean that older children had more psychosocial problems. Another reason could be that service providers who should identify psychosocial needs of vulnerable children lack skills of doing that. These dynamics are important in studies on resilience which are context based and which confirm the uniqueness of an individual within his or her environment.

Generalizing results to children of different cultural and traditional ecologies pose a risk of implementing irrelevant interventions to the context. There is a need for each country, community and families to provide for OVC. As said by UNICEF (2016, p.2) "Investing in the most disadvantaged is not only right in principle. Evidence shows that it is also right in practice". It is the right practice because maintaining inequality in communities creates conflicts and could also erode social cohesion. This study aimed to bridge that gap, between the poor and the affording communities.

2.6. A psychosocial model of intervention

It is widely acknowledged that there is an urgent need that OVC should be cared and supported for them to survive (Children's Act, 2005). Various studies have confirmed the impact of a number of structures available for children, like, effective programs in orphanages (Adamson & Roby, 2011), family support (Thurman, Jarabi & Rice, 2011; Barratt, 2012), schools supporting learners through different programs (Theron & Theron, 2014; Mwoma & Pillay, 2015), caregivers and community (Cluver et al., 2015). This study reviews literature on care provided to OVC by family which include extended family, CHH, institutions of care, schools, community and government. From the ecological model, the structures mentioned below would assist in the development of a psychosocial model of intervention. When implementing the model, there would be a need to involve relevant stakeholders before its actual implementation. It should undergo different stages of consultation which is more bottom-up strategy than top-down strategy (Wessells, 2015). This strategy emphasized the involvement of the community in designing intervention plan so that they have a buy-in and the risk of disowning the intervention may be minimal. In designing the model of intervention, the study considered the findings and the literature. The areas that the model of intervention would consider are discussed below.

2.6.1 Care provided by extended family

Extended families in this study shall mean all relatives including parents, cousins, aunts, grandparents (both paternal and maternal) of OVC with whom OVC live. With so many challenges identified as affecting OVC, it is critical for this research to explore the role of families in supporting OVC. UNICEF (2013) mentioned that in fulfilling the rights of children with disabilities, families and communities should create a conducive environment for the children to grow, socialize and be part of the community. This can be done, if the parents get involved in the life of the child as early as from birth. There is clear evidence internationally and in Africa that orphans and vulnerable children receive good support from family members (Cluver et al, 2010; Action for Children, 2013; Ellis et al., 2013; Arabi & Ali, 2011).

In the UK, a study by Ellis et al. (2013) analyzed the long term impact of early parental death. They explored the individual experiences of those who had experienced death of parents before the age of 18 years. They found that their experiences emphasized the lack of appropriate social support for both child and surviving parent. The support mentioned by participants as lacking but needed is that of extended family. The family is also expected to provide clear and honest information at appropriate time points relevant to the child level of understanding (might include telling the child how severely ill is the parent, not to hide information from children), because it was found that, if this is not done effectively, negative effect in adulthood with regard to trust, relationship, self-esteem and feeling of self-worth were evidenced (Ellis et al., 2013).

An intervention into the family as a support system for OVC has been further described by Barrat (2012) through a program of gathering parents of children who were placed away from them due to maltreatment. The program aimed at assisting children and parents to communicate, to share ideas and examine how it will be if the parents are reunited to their children. The children found the program assisting because they were able to express themselves and even though some parents were reluctant in participating, they then realized that, the program has assisted them share ideas.

South African researchers have also studied OVC and their families (Kasese-Hara, Nduna, Ndebele & Pillay, 2012; Freeman & Nkomo, 2006). UNICEF (2009) mentioned that as the numbers of OVC grows, their communities become less and less capable of addressing all their needs. This might be the reason why most studies found that orphans have more psychosocial problems compared to non-orphans. Below, the focus is on the following support systems: orphanages, homes of safety, relatives and child headed families.

2.6.2 Care provided by Child Headed Households

It must be mentioned that there is an increase of CHH which cannot be ignored. In that regard, Phillips (2011) posits that CHH is not a legally recognized structure because the Acts or legislation does not allow minors to have guardianship over other minors. A crucial question mentioned in Korevaar (2009) is whether or not the support of CHH should be based on the expressed wishes of the children involved. This question should be answered by researchers. But there is more evidence that CHH exist and are sometimes

functional when supported. Nkomo et al. (2009) wrote about experiences of children heading families where it was mentioned that these children need to be at peace in order to support their siblings. Some studies indicated that most children prefer this setting of CHH because they are together and they do not experience discrimination in families (Goblatt & Liebenberg, 2003; Tolfree, 2006). Mturi (2012) mentioned a number of challenges experienced by CHH, which includes emotional and social problems. Kemp (2013) tried to show a serious challenge experienced by medical practitioners when working with CHH in legal and ethical dilemmas when children are primary caregivers. To me this expresses more of social and emotional strain carried by young children. When one of the siblings is not well, the burden becomes heavy. For younger siblings, the CHH is an important structure of support where they sleep, eat and share their daily experiences. However, this becomes even much better if resources are made available (Freeman & Nkomo, 2006).

Makowska (1999) stressed that orphanages do not replace homes, climate of caring or providing education. As much as there are psychological and emotional difficulties experienced by children in CHH, like anxiety, somatoform and dissociative disorders (Ganga & Chinyoka, 2010), this study will assist in reinforcing CHH as another alternative site for bringing up orphans. When the study compares resilience of children in different custodian type, it will be closing the gap identified by (Korevaar, 2009) wherein the study suggested that more resilience studies are necessary, which should compare the resilience of OVC from different custodian types and identify their resilience traits so that we can identify these traits and use them to help other OVC in CHH.

2.6.3 Care provided by Institutions of care

Orphanages have been identified as having many challenges which affect children negatively (Nyamutinga & Kang'ethe, 2015; Chikwaiwa et al., 2013; Kang'ethe & Makuyana, 2014). However, orphanages are another option of caring for children which exist in South Africa, even though a community based support is encouraged. The same studies have acknowledged the importance of these institutions and made recommendations to make them better custodies for OVC. Nyamutinga and Kang'ethe (2015) mentioned that institutions of care are the second best homes for vulnerable

children. The researcher looks at the institutions, like orphanages, places of safety, and others, positive, since researchers' observation is that these institutions have rescued thousands of destitute children in South Africa. This is confirmed by Maree (2012), the editor of South African Journal of Psychology (Maree, 2012, p. 295-296),

> "Abuse of children's rights routinely witnessed by me and fellow researchers during on-site visits and outreach programmes occurred in respect of health, education, security, child-headed households, forced circumcision, corporal punishment, and street children. Fortunately, informal 'places of safety' attempting to alleviate the plight of these unfortunate youngsters are mushrooming across South Africa."

Studies in African countries other than South Africa have also noted the advantages and disadvantages of institutions of care (Adejuwon & Oki, 2011; Kang'ethe & Makuyana, 2013; Chikwaiwa, Nyikahadzoi, Matsika & Dziro, 2013). Even though there are more disadvantages documented, a few success stories of orphanages are also available (Nowak-Fabrykowsk, 2004).

Collins and Ward (2011) investigated the lives of children who were placed in foster care facilities who indicated that, they learned social skills and resilience when they were in foster care. They praised the outreach program which was provided in foster care which had services like life skills training, health care and assistance with employment services. However, when they were over 18 years, they had to leave foster care facility and struggled with accommodation or shelter. More strategies are needed to identify areas which can be improved in institutions, so that they become a better option for OVC care and support structures.

Challenges such as being emotionally cold, detachment from the community, and delinquency are faced (Kang'ethe & Makuyana, 2013). The current study identifies factors which promote resilience in OVC, including those who stay in institutions, and hope that those identified protective factors can be used to assist other institutionalized children. Good news is that a South African audit and survey report suggested that even though limited funds create a situation of understaffing in children homes, 88% of these homes in South Africa had clear written procedures for compliance; 95% had procedures

for reportable incidents; 93% had a health register, and 92 % had supervision records for each child admitted in the center (Community Agency of Social Enquiry, 2012). Hermanau, Hecker, Ruf, Schauer, Elbert and Schauer (2011), after investigating the quality of life of children in an orphanage, found that children had violent acts and aggression. Then an intervention program of training caregivers which consisted of instructional system and psychotherapy treatment of post-traumatic stress disorder was introduced. Caregivers were trained so that they had a better understanding towards the children and to promote good relationship between caregivers and children. The results showed a decline in violence and aggressive behavior which was found in children before the intervention program. This further confirms that institutions of care for OVC can effectively care for children provided they are well equipped to deal with psychological, social and mental aspects of the child.

2.6.4 Care provided by schools

There is no doubt that the role of the school is huge in shaping the lives of children, irrespective of socioeconomic background or gender or health status. Dessemontet, Bless and Moris (2012) conducted a study comparing the academic progress of students with intellectual abilities, who were served within an inclusive setting as opposed to a special school setting. Findings indicated that the children included in an inclusive school made slightly more progress in literacy skills than children in special schools. Department of Education White Paper 6 (DEWP6) in South Africa emphasized that children experiencing challenges, including those with disabilities should be included in mainstream schools. White Paper 6 has made a number of proposals including creating a barrier free environment for children with disabilities (DEWP6, 2001). Special schools and full service schools should assist children who need specialized services so that they can learn. Kourkoutas, Georgiadi and Tsakiris (2012) confirmed that, discrimination of children with disabilities is not good for the children development and social life. Their study was conducted on young children's attitude towards peers with disabilities intellectually, and they found that typical developing children (9-10 years) expressed overall neutral attitudes towards peers with disabilities. Children from inclusive schools were found to be more positive towards peers and chose less negative adjectives to describe them than children from non-inclusive schools. Then the study recommended the effective inclusive practices in schools.

Schools have been found to be able to effectively support bereaved children who have been negatively affected by the death of their parents. The schools were able to support children through specialist intervention programs, where counseling sessions which took into consideration the individual needs of children were made available to children (Akerman & Statham, 2011).The above confirms the role that can be played by schools in the development of children with disabilities and orphans socially and academically. Even with street children, Leigh (2009) indicated that they showed improvement when a program "Psychological approach" was used in a special school designed for them in South Africa, which is called "Mapatsula School". This program acknowledged that their psychological makeup lacked close, comforting and trusting relationships, but through creation of a warm, caring, and firm environment, the program was successful (Leigh, 2009). Lamport et al. (2013) indicated that teachers suggested that including children with disabilities in the mainstream education affords children an opportunity to participate in a less restrictive environment wherein they socialize and develop independence. Schools need support from government as mentioned by such studies as Paterson and Perold (2013) that in service training for teachers is necessary to manage children with behavioral problems. According to Vogel (2012), professional group counseling is effective in managing disruptive behavior in girls at school.

2.6.5 Care provided by community

Cheshire (2013) mentioned that the community has a huge role in supporting the child with disabilities by supporting the child's family. Communities can support families by accepting them including their children with disabilities and not shun them away. They can encourage families not to hide children away and not to look at the affected families as having a curse. Wild, Flisher and Robertson (2011) conducted a study among bereaved adolescents which were between 10 - 19 years, where the association between family, peers, community factors and resilience on orphans were investigated. They found that increasing trauma; losing a parent to a cause other than HIV/AIDS and being cared for by non-relatives were associated with an increased risk of internal symptoms. It can be argued that communities are a major support structure to children, because if the child becomes an orphan and is hungry, neighbors can feed that child or refer the child to social development. In other words, the community's role is bigger than that of the family in a sense that a child who is abused by alcoholic parents can be reported by the community

to the traditional leaders, etc. All the above is confirmed by a recent Child Gauge report SACG (2014) which emphasized that community support on OVC is crucial and the community itself should be skilled and be trained on how to assist OVC.

2.6.6 Government

UNICEF (2013) reported that as an organization they have been successful in addressing some of the challenges of OVC by empowering communities on issues of resilience, counseling services, strengthening the delivery of social services and safety nets. South Africa has rectified the Convention on the Rights of the Child and the Convention on the rights of people with disabilities, where it binds itself on protecting children, creating a non-discriminating environment for people living with disabilities, ensuring that every child goes to school (UNICEF, 2013). The country has developed legislation which aims at protecting the rights of children in South Africa such as Children's Act, 2005 which emphasises the role of the state in the provision of social services in strengthening families and communities and the Child Justice Bill which raises the minimum age at which the child can be considered to have criminal capacity from 7 years to 10 years.

Government has also committed itself to achieving millennium goals as outlined in the 2013 report where achievements and commitments are outlined (Millenium Development Goals, Republic of South Africa: MDG, SA: 2013). The millennium goal of eradicating extreme poverty and hunger is difficult to achieve when one looks at the prevalence of poverty in Sub-Saharan Africa. This is one of the main reasons the government of South Africa has introduced social grants. There is evidence that social grants are fulfilling a crucial role in alleviating poverty in South Africa (Botha, 2010; Pillay, 2007; Zondi & Mulaudzi, 2010). It is further interesting to note that the effort by government through the Department of Education to offer free education is yielding results. This is confirmed by General Household Survey StatsSA (2011, p. 21) where it indicates that "slightly less than half (48.0%) of all learners did not pay school fees; of these, 94.3% attended no fee schools. Almost seventy percent (68.5%) of learners attending public schools were reported to receive food at school, up from 66% in 2009". A study on the impact of parental death due to Tsunami on orphans concluded that there was no significant negative impact on educational performance and success of orphans compared to children whose

parents survived Tsunami. And this was predicted to be due to the scholarship program provided by government to children who lost their parents through Tsunami. It actually became a protective factor and assisted children to progress positively in life (Cas et al., 2011). A number of programs by government and other institutions had proved to be of assistance to OVC. The Government of South Africa has a number of departments such as DoE, DSD, DoH and others responsible for support and protection of children and other citizens. The Government's effort is further evident where it collaborates with different sectors, including the private sector in ensuring that violence against children is eliminated (SACG, 2014). This report (Child Gauge) by UNICEF, Government of South Africa, FNB and other sectors is a commitment by government in ensuring that more challenges of OVC are identified and further monitoring is done on programs already implemented in fighting against child violence in the country. South Africa shows commitment through its legislation on the protection of children's rights; however, implementation of these legislations is still lagging behind; thus, more monitoring is recommended (SACG, 2014).

2.7 Summary

This chapter has reviewed literature from previous studies on orphans and vulnerable children (OVC). The following categories were investigated: orphans, abused children, children in poverty and children with disabilities. The chapter has reviewed old and recent studies which indicated that these children suffer from many negative factors. However, during literature review, the following gaps were identified: no studies link the effect of natural death and accidents to Orphan-hood. This poses a problem on how interventions have to deal with bereaved children from such causes. It is obvious that as therapists and intervention institutions like schools and social development, just to mention a few, we treat all orphans the same, maybe because they are all orphans. Mostly, they are provided with basic needs such as food, money and clothes. Most studies have focused on the effect of HIV/AIDS to orphanhood. This has led to a serious fight against HIV/AIDS, and there is evidence that as a country (South Africa) we are improving on fighting HIV/AIDS. In terms of literature reviewed, there is evidence that most orphans struggle with psychological, social and economic issues, irrespective of the cause for parental death.

Literature further indicates involvement of government and other institutions in assisting orphans. Their role, including that of the family, is critical. In most studies, the main challenge identified is the support which must be given to these institutions that support OVC. I view monitoring of families as a support function, which on daily basis seems to be lacking. Studies on other vulnerable children have also been analyzed, and it was clear that they also experience the same problems as some orphans; however, this has been identified in specific studies. Few studies have compared them together and measured the effect of the same factors, or identified factors that affect them in one study and compare their reaction including exploring what made them survive. The current study aims to close this gap. It has been confirmed that OVC do survive, and all what the current study aims to achieve is to strengthen what makes them survive and see if they all can be supported through those protective factors for resilience.

The next chapter will look at theoretical framework.

CHAPTER THREE

THEORETICAL FRAMEWORK

3.1 Introduction

The previous chapter covered the literature review of the study. In this chapter, the theoretical framework concerning the investigation of the resilience of orphans and vulnerable children in the province of KwaZulu-Natal (KZN) is explored.

It must be mentioned that the concepts 'theoretical' and 'conceptual' framework are widely used and discussed in research projects. For example, Imenda (2014) and Khan (2010) pointed out that a theoretical framework serves as guide to researchers. However, Neuman (2011) postulates that theoretical framework provides a collection of assumptions, concepts, and forms of explanation. While Awang (2014) explains that a theoretical framework is a systematic diagram showing how the study believes the variables should relate to each other. It can therefore be argued that a theoretical framework refers to a set theory, evolution, quantum mechanics, particulate theory of matter, or similar pre-existing generalisation such as Newton's laws of motion, gas laws, that could be applied to a given research problem deductively (Imenda, 2014).

Notably, Ocholla and Le Roux (2011) opine that a theoretical framework functions as that part of a research proposal or study that sets out to describe the research question (hypothesis) and the line of inquiry and methodology used to answer it. In other words, a theoretical framework works as the agenda, outline and that it precedes literature review. Moreover, theories are generally known as generalities about variables and the relationships amongst other things.

Various characteristics of a theoretical framework are widely discussed. For example, Ngulube and Mathipa (2015, p.14) in their study identified eight characteristics of a theoretical framework:

- It serves as a research plan;
- It situates the researcher within a scholarly discourse and links the study to the broader body of literature;

- It offers a frame within which a problem under investigation can be understood;
- It shapes the research questions and helps to focus the study;
- It allows the researcher to narrow the project down to manageable size;
- It offers a plan for data collection;
- It operates as a tool to interpret research findings; and
- It provides a vehicle for generalisations to other contexts (Ngulube & Mathipa, 2015,p.14).

Conceptual framework, according to Imenda (2014), is defined as an end result of bringing together a number of related concepts to explain or predict a given event, or give a broader understanding of the phenomenon of interest or simply of a research problem. Thus the process of arriving at a conceptual framework is akin to an inductive process whereby small individual pieces (in this case, concepts) are joined together to tell a bigger map of possible relationships. In that regard, a conceptual framework is derived from concepts, in-so-far as a theoretical framework is derived from a theory (Imenda, 2014).

According to Ngulube and Mathipa (2015, p.7), a conceptual framework is made up of many characteristics. These include:

- a motivation for selecting concepts and linking them to a research problem;
- a set of concepts and aspects of theories that assist in establishing coherence in research;
- less developed than theories;
- giving direction to research, just as the theoretical framework does;
- a diagrammatic representation of concepts and their relationship in a specific research context; and
- linking abstractions to empirical data (Ngulube & Mathipa, 2015, p.7).

It can be said that the conceptual or theoretical framework is the soul of every research project. It means the two frameworks are used to inform the research process. They help determine the formulation of a problem statement and show the way in which the problem should be investigated. They reveal meanings attached to the data accumulating from the research conducted (Imenda, 2014; Ngulube & Mathipa, 2015). The discussion of the two frameworks made the researcher to arrive to a conclusion of using a theoretical framework over a conceptual framework.

This chapter discusses the Social Ecological Model as the main theoretical model of the study. The study took advantage of this theory because it is widely used to understand the social human behaviour and its interactions with a social and physical environment.

This chapter is divided into four parts which provides the definition of the theory, its uses and relevance in the study. The chapter concludes by drawing up a summary of silent issues of the model.

3.2 Social ecological model

As mentioned earlier, the study used social ecological model because it deals with children's experiences as they grow in different environments. Notably, Urie Bronfenbrenner (1977; 1979; 1986; 1989) formulated the theory known as the social ecological systems theory to make this point. According to Bronfenbrenner (1977), Social Ecological Model (SEM) is a theory-based framework for understanding the multifaceted and interactive effects of personal and environmental factors that determine behaviors, and for identifying behavioral and organizational leverage points and intermediaries for health promotion within organizations.

According to Bronfenbrenner (1989), the advantage of the theory is that it looks at a child's development as it is shaped by the varied systems of the child's environment and also by the interrelationships among the systems. Bronfenbrenner (1989) believes that the relationship between the child and the environment is reciprocal. It means the environment influences the child and the child influences the environment. Human beings, according to Bronfenbrenner (1978), cannot develop in isolation but within a system of relationships that include family and society.

A study by Bronfenbrenner (1977) acknowledges the existence of the child and the subsystems that surround the child. Bronfenbrenner (1978) also emphasizes that for human development to be understood, the entire ecological system in which growth occurs needs to be taken into account. Thus the present study recognizes the existence of a troubled child or OVC with his/ her characteristics: the family system, the peers, the teachers (school), the church (religion) and lastly the entire system that surrounds the child and the interaction with the child. Authors such as Damon and Lerner (1998) also mentioned that the developmental endpoints are dependent upon interactions between the environment at the household and community levels and the child. Whatever happens in the life of the child is the integral part of the developmental system which comprises of levels as described by Bronfenbrenner (Damon & Lerner, 1998). A study by Bronfenbrenner (1989) identified five key layers of social ecological model. These key layers are:

3.2.1 Microsystem

A microsystem is defined as a pattern of activities, social roles, and interpersonal relations experienced by the developing person in a given face to face setting with particular physical, social, and symbolic features that invite, permit, or inhibit engagement in substantial, progressive and more complex interaction with, and activity in the immediate environment (Bronfenbrennner, 1979). This includes settings such as family, school, peer group and childcare environments (Berk, 2000). This subsystem has a strongest influence and impact in the life of a child, but still the other outside levels can still influence the child's inner world. At this level, the family plays an important role in the life of the child by teaching the child how to live, and a good relationship at this stage helps the child develop a healthy personality (Swick, 2004).

3.2.2 Mesosystem

The mesosystems connect two or more systems in which the child, parent and family live. It comprises the linkages and processes taking place between two or more settings containing the developing person, e.g. relations between home and school. In other words, a mesosystem is a system of macrosystem (Bronfenbrenner, 1979). An example is the connection between the child's teachers and his/her parents. One would imagine that if

there is poor connection between the two sub-systems, then the child's development gets affected negatively. To further clarify this example, when a teacher requests a parent to come to school so that they discuss the poor academic performance of the child, and the parent fails to respond, this might contribute to academic performance of the child becoming worse.

3.2.3 Exosystem

The exosystem describes the linkages and processes taking place between two or more settings, at least one of which does not contain the developing person but in which events occur that indirectly influences the immediate setting in which the developing person lives, the relations between the home and parents' workplace, family social network, neighborhood and community context (Bronfenbrenner, 1986).

Berk (2000) concurs with the above view that exosystem is the larger social system wherein the child does not directly function, but it influences the child by interacting with some structure in his/her microsystem. When bringing this level into the present study, taking the example of children in an orphanage, one can say a good orphanage system which is functional can impact positively on children without children understanding that the systems are good. Again, a high quality education system can yield positive results for children without children being involved in the creation of good quality.

3.2.4. Macrosystem

The macrosystem consists of the overarching pattern of micro-, meso-, and exosystems characteristics of a given culture or subculture with particular reference to the belief systems, material resources, customs, life-styles, opportunity structures, hazards and life course option that are embedded in each of their broader system (Bronfenbrener, 1989). It is argued that macrosystem is a societal blue print for a particular culture or subculture. The macrosystem is effective in identifying specific and psychological level that ultimately affects the particular conditions and processes occurring in the microsystem (Bronfenbrener, 1993).

3.2.5. Chronosystem

The last system is the chronosystem. It encompasses change or consistency over time not only in the characteristics of the person but also of the environment in which that person lives, e.g. changes over the life course in family structure, socio economic status, employment place of residence, the degree of busyness and ability in everyday life (Bronfenbrenner, 1988). It is argued that elements within this system can be either external, such as the timing of the parent's death, or internal, such as the physiological changes that occur with the aging of a child (Bronfenbrenner, 1989). However, Jarvilehto (2009) adds that the behavior is not something that belongs to the environment only, but always involves the environment and especially the social relations and context in which the actions are carried out. Jarvilehto (2009, p. 117) further says

> "according to the theory of the organism-environment system, the basic unit of psychological investigation is not a psychological process within the organism, or a stimulus response connection between which psychological process intervene, but an organism-environment system. The environment is not just a passive scene in the background of an acting organism but an active part of the system making specific results of behavior possible".

There is a close relation between the theory of Bronfenbrenner adopted in this study and the organism-environment theory explained above by Jarvilehto (2009). The current study maintains that any successful intervention in the life of OVC should be ecologically based. Vulnerability in the ecological context is analyzed below.

3.3 OVC vulnerability in the context of social ecological model

Snider and Dawes (2006, p.7) described psychosocial vulnerability in details by indicating the measures on measuring psychosocial wellbeing as, a) psychological health –child individual health as influenced by the immediate relations with the family, appropriate and adequate provision of caregivers of his/ her basic needs; b) connectedness to an adult in the life of a child – the availability of an adult connects the child and the school and teachers, because if the adult is not there, there might be no direction in the life of the

child, since the child is a minor and needs an adult to protect him/her. Lastly, social inclusion entails being included into a larger community network which includes involvement of cultural issues and being influenced by the changes in the environment. As we can see from the above description by Snider and Dawes (2006), the aspect of ecological model of development has been taken into consideration.

When the researcher observed communities as shown on television, it is clear that community networks can affect the life of a child positively and negatively. An example can be when a community is dissatisfied with the services provided by municipality. Protests take place and sometimes schools get burnt or close and children are denied going to school. This community decision, which is influenced by political factors, cannot be excluded from factors that may contribute to psychosocial wellness or vulnerability on the child's life. This is the reason the current study adopted the ecological approach, because it addresses even outside forces as constructed by people around the child's life.

A study conducted in South Africa (Durban) by Kuo and Operario (2010) explored the challenges faced by caregivers of orphaned children and found that loss of parents contribute to household economic shock, increasing poverty and unemployment. The implications of these findings was that, OVC vulnerability, is beyond the physical vulnerability, but the whole household suffers, and poverty add to the vulnerability. Recommendations made by the above study were that, there is a need to monitor how social grants are used (Kuo & Operario, 2010). Children's vulnerability investigated in the above study could not be made better through individual counseling or focusing on the developing child, but working through the levels presented by Bronfenbrenner an improvement can take place. This involved the environment around the child, for example, giving employment to family members, providing social grant, monitoring of the use of grant (by structures outside the family even if it is the traditional leader or departments responsible). The activity by Social Development and the community of monitoring the use of social grants by caregivers or parents may not be known by the child, but its monitoring can influence the child directly or indirectly because his/her life can be made better.

The report presented by UNICEF (2012) during the OVC conference 2012 declaration, which is a program for cooperation between government and UNICEF for 2013 to 2017, highlighted the intervention on addressing vulnerability of children to HIV/AIDS and other variables by emphasizing the collaboration between government, community and other structures which directly and indirectly can have an impact on the life of a child. It was noticed that the above studies did not explicitly mention the ecological approach as the preferred approach, but their approach of identifying vulnerability is aligned to the ecological framework.

In reflecting the importance of the social ecological model subsystems an international study in Vietman focused on developing a guardianship plan among grandparents who were raising grandchildren orphaned by HIV/AIDS with the aim of ensuring survival of children through preparing the other family members to take over raising OVC when grandparents die (Harris, Wilfong, Thang & King, 2017). It was agreed that the plan should be in place to prepare or a situation when grandparents are no longer able to care for children. The plan should include extended family members trained and prepared for such task including the community. More resources like social grants should be made available for families to be able to care for children. This confirms the strength of ecological model in the lives of children development, which emphasizes the impact of the microsystem, mesosystem and mexosystem.

A study in Ethiopia confirmed the above findings by elaborating on the outcome of orphanhood, where it was identified that both orphans and non-orphans in poor communities are not significantly different and thus recommended the need to address vulnerability at societal level (Camfield, 2011). It must be mentioned that the moment challenges affect the child and that those challenges are seen that they can be addressed outside the child and the family, then that confirms the ecological view of vulnerability. The current study identifies the child who has experienced abuse by either being placed in the home of safety or neglected by parents as identified by schools. For the fact that this child has been removed from the normal home environment and placed in an institution, the effect of the environment is visible to the life of the child.

Mckenzie and Swartz (2011) conducted a study on sexuality and children with disabilities. The study found that sexuality is shaped during childhood by how society views disability. They further mentioned that how society views disability contributes to levels of stigma from or by society. Levels of stigma include negative attitudes towards people with disabilities which limits their development of healthy sexuality. This type of vulnerability is not only due to losing a parent through suicide, but also lacking support from the surviving parent due to community's response to the surviving parent. Waldman and Perlman (2013) emphasized that abuse of children with disabilities may be difficult to identify due to inability of these children to express themselves. It can be argued therefore that if everyone is taught how to identify signs of abuse, through conducting awareness with peers, parents, community and teachers, most children with disabilities who cannot express themselves can be assisted and their vulnerability reduced.

In a study on street children, Grugel and Ferreira (2012) reported that to help street children survive and also to reduce their vulnerability, their needs should be attended to, but over and above, programs should be developed to involve their parents and communities on intervention programs. The above study also confirms what Abid and Aslam (2011) and UNICEF (2012) mentioned, that the vulnerability of children is mostly due to external factors like overcrowding in households, children not living with their parents, alcohol abuse, etc. This can be summarized as the effect of the ecosystem in the life of the child because what affects the parent is not seen by the child but is felt by the child. Communities have a bigger role to play on how they reconstruct reality and interpret things which will have impact on others. The current study will not focus on how the parent died; however, such information will be collected to help future studies, even though it might not be accurate because children may not know the reasons for their parental deaths. The major issue of the current study is which factors contribute to vulnerability and what can be done?

Dopp and Cain (2011), in their study on the role of peer relationship in parental bereavement during childhood and adolescence discovered that peer support assisted children who have lost their parents to cope with pain and trauma. They then concluded that even though parental, relatives or caregivers' support has been investigated, it is

important for future studies to look at the effect of peer support on the lives of bereaved children. A study in Pakistan on OVC (Javed, Arshard & Khalid, 2011) noted that the role of extended families is diminishing in families where children live with one or both parents and they are unable to take care of the children and protect them; the care of the child may be jointly taken by the family. They discovered that this helps the child to remain attached with his or her family, peers and neighborhood which is necessary for his or her psychosocial and emotional development.

An African study by Kipp, Satzinger, Alibhai and Rubaale (2010) explored the challenges experienced by CHH and found the following: a) emotional needs of CHH were ignored, b) lack of support from neighbours and community, and c) support from NGO creates discrimination from neighbours and family members because their lives improve even better compared to other families. Their study confirmed, through information gained from the interviews, that those children who received support from their community, family members, peers and NGO's were doing well and appreciated such support. Children in their study mentioned that it has helped them to cope with life challenges. This emphasizes the role of all the levels, as mentioned by the ecological social model that a child's development is influenced and affected by a number of levels in the system (Bronfenbrenner, 1989). A negative impact of NGOs' support for CHH was also identified, which seemed to affect communities where CHH lived (Kipp, Satzinger, Alibhai & Rubaale, 2010). The negative impact by the intervention of NGOs was unintended because as CHH got support, their lives changed while the communities around them, whose socioeconomic status was low, continued to struggle with poverty and other basic needs.

Additionally, interviewing the OVC themselves assisted the researchers to identify challenges at a micro level, wherein the child becomes the centre of focus. He or she could mention own experiences from own point of view (reconstruction of reality), and this reconstruction of reality includes the challenges of the broader community (other level of the system) which are extended family system, neighbours and NGOs (Kipp et al., 2010).

In the same study, Kipp et al. (2010) sees exosystem and chronosystem coming into play as the change created by intervention of NGOs is mentioned positively and negatively to CHH and to the community. In analyzing poverty (vulnerability) in children, an ecological approach was adopted where different developmental contexts affecting children's emotional development at an individual level was analyzed. The study recommended that the analysis of child poverty should be approached through the following indicators: a) the child (physical and mental health; b) family (parental physical and mental health, c) school (school environment and school material and d) community (social security, access to health and availability of community space). The researcher noticed that all the above mentioned studies have identified vulnerability of OVC as a variable in the child and in the environment. They have further recommended a variety of social support for the survival of OVC. The only difference in the studies is that OVC was analyzed in isolated categories like disability not compared to any other OVC category and this creates a challenge sometimes when interventions are planned, especially in one community. Analyzing OVC challenges in one community and compare it to the other community may assist in programs which can target communities also. The current study will adopt the same approach of gathering information on psychosocial factors from the child, the educator and the caregiver which is the ecosystemic approach.

3.4 Support of OVC in the context of social ecological model

International studies have emphasized the need for programs which will assist families, communities, and society at large in supporting orphans and vulnerable children (Arab & Ali, 2011; UNICEF, 2012; UNICEF, 2013, Elis et al., 2013). The critical role played by homes of safety or institutions including orphanages, should be acknowledged as quoted in Maree (2012) where the editor commended the availability of accommodation centres for vulnerable children. This indicates that there is good work done by the centres of safety for children. However, Ivory Duncan who is living with disabilities in the report on the state of world children indicated that, "all too often, invisibility and abuse are the fate of children and adolescents with disabilities who are confined to institutions. Facilities are poor substitute for a nurturing home" (UNICEF, 2013, p, 79). The same report UNICEF (2013) recommended that institutions taking children should ensure that programs focus on supporting families who then support children. The role of communities in supporting OVC has been overemphasized (Thurman, Jarabi and Rice, 2012; Wild, Fisher and

Robertson, 2011, UNICEF, 2012, 2013). UNICEF (2013) indicated that in terms of supporting children with disabilities, the pressure of sending children away from home must be reduced, through supporting their families and development of public services, like schools and health systems which are responsive to children with disabilities and their family needs.

When carefully analyzing the above studies, it was noticed that there was conflicting information in terms of management of children with disabilities in a sense that some studies encourage that children are cared for at home, but further mention that infrastructure seem not ready for children with disabilities. This then calls for all the levels, as per Bronfenbrenner ecological model, to work together in making it better for children with disabilities. One expects to discover more through this study and hope the recommendations to be made contribute to the support of OVC, thus reducing vulnerability. This is one of the concerns which the researcher noticed when working for the Department of Education in coordinating special schools as centers for OVC, where community members and even parents who sent their children to these centres detached themselves until schools close for a term. In South Africa, Pillay (2011) mentioned that counselors experience challenges while practicing in schools and called for culturally relevant in-service training. Another South African study emphasized the role of social ecologies which include teacher and community commitment in supporting children and youth positive adjustments (Theron & Theron, 2014). They further included that student responsiveness brings effectiveness of the whole intervention.

Most of the support in South Africa is provided by the government through social grants, no fee schools, feeding scheme nutrition program, etc. There is no doubt that OVC (orphans) are vulnerable compared to non-orphans (DeSilva, Skalicky, Beard, Cakwe, Zhuwau, Quinlan & Simon, 2012; Doku, 2009). Some OVC, especially young girls, are further made vulnerable by harmful cultural practices (Hlupho & Tsikira, 2012; Mwambene & Sloth – Nielsen, 2011). Nevertheless, there is no doubt that the availability of properly installed cultural practices and other support networks like schools and government reduce the vulnerability of OVC mental, physical and social health.

It must be mentioned that there are studies which confirmed that availability of social support contributed to improved mental health of orphans such that they found no significant differences between OVC and non-OVC in their studies. For example, Adamson and Roby (2011) highlighted that the availability of network support to orphans yield positive results in the study conducted between orphans and non-orphans in South Africa, where the study focused on heightened mental health issues on orphans. Remarkable similarities were found between the two groups in terms of hopeful thinking and behavior, and these results were associated with availability of network of support to orphans (Adamson & Roby, 2011). Availability of a mother was also identified as support for orphans on the child's education (Chuong & Operario, 2011). Govender, Penning, Goerge and Quinlan (2012) argued the same in the study on weighing the burden of care on caregivers of orphaned children conducted in South Africa at Amajuba district. They found that besides the availability of extended family, caregivers emphasized the support from friends and community more than the state for survival (Govender et al., 2012). The benefits of the availability of support systems in the lives of OVC has been also confirmed by African studies (Skovdal & Ogaru, 2012) in their study on the importance of peer social capital among children affected by HIV in Kenya. They found that a key coping strategy of HIV affected children is to mobilise and participate in friendship groups which are characterized by sharing and reciprocity of support. Recent studies have confirmed the interaction of one system to the other and the need to strengthen these systems for the development of children like availability of adult support in foster care (Neal, 2017; O'Higgins, Sebba & Gardner, 2017), availability of peer support (Narayanan & Onn, 2016) and school support (Mwoma & Pillay, 2016).

The current study concludes that exploring the effect of availability of network support systems to OVC should not be undermined or investigated such that these support systems are only mentioned as necessary, but studies need to dig deep from the systems themselves (reconstruction) on the role they think they can play in making OVC lives effective. The current study also ensures that information is collected from significant people who form the social network of OVC, so that their suggestions are documented for future interventions. No other theoretical framework can allow a researcher to investigate a wider scope of support networks other than the social ecological approach which is the centre of

the current study. Below, the study explores how the resilience of OVC is aligned to the social ecological approach.

3.5 Resilience in the context of Social Ecological model

"Based on the work of the Resilience Research Centre, we now understand resilience as a social ecological construct" (Ungar, 2016, p.2). The Resilience Research Centre further defined resilience as "the capacity of individuals to navigate their ways to resources that sustain well-being and the capacity of individuals' physical and social ecologies to provide those resources" (Ungar, 2016, p.3). Theron and Theron (2010) critically reviewed literature on resilience studies in South Africa and suggested that most studies in South Africa on resilience have failed to describe the cultural and contextual roots of resilience. They further suggested that it is important for researchers to develop insight into the antecedents of resilience that have enabled South African youth to cope, as resilience is increasingly conceptualized as a cultural thing. The moment this study viewed resilience as a having a cultural component, it adopted an ecological stance, because then culture involves the community and society at large. These are the subsystems that the social ecological model described as systems surrounding the child. Furthermore, the current definition of resilience concurs with traditional definitions that resilience refers to a dynamic process encompassing positive adaptation within the context of significant adversity. Implicit within this notion are two critical conditions: (1) exposure to significant threat or severe adversity; and (2) the achievement of positive adaptation despite major assaults on the developmental process (Garmezy, 1990; Luthar & Zigler, 1991; Masten, Best, & Garmezy, 1990; Rutter, 1990; Werner & Smith, 1982, 1992).

There is evidence that many children thrived despite risks they are exposed to. Following the work done by Resilience Research Centre (Ungar & Liebenberg, 2011), which involved development and validation of an instrument called Child and Resilience Measure – 28; CYRM-28 was used in this study. The CYRM was developed involving youth across 11 countries with different contexts and cultures. The focus was on the ecology of the child. The instrument included the individual, the caregivers and contextual aspect which is the cultural aspect of a child's environment. This includes family, school and the community. All the three aspect: individual, caregivers and context reflect the

micro-, meso-, mexo- and macro- systems for the child. This alignment of the instrument: CYRM-28 to the social ecological theory emerged from international researchers on children resilience through an ecological and cultural perspective, and South Africa has been immensely involved in this work (Van Rensburg, Theron & Ungar, 2017). Theron, Liebenberg and Malindi (2014), Masten (2014) and Ungar (2013) emphasized that individual characteristics like personality, intelligence and others could not alone account for the child's ability to survive but the school, family and the community play a critical role. Similarly, in Nigeria the study by Gana, Oladele, Saleh, Makanjuola, Gima, Magaji, Odusote, Khamofu and Kwasi (2016) on challenges for caregivers of OVC found that caregivers who lack skills and material resources struggle to care for OVC and OVC got affected.

However, in Zimbabwe, Constantino and Ganga (2013) found CHH in their study on the effect of HIV and AIDS on the academic performance of OVC disturbing as most CHH lacked material resources. The providers of the resources are communities, schools and government organizations. Other studies have also confirmed the importance of schools in psychosocial support of children to promote their resilience (Wood, Ntaote & Theron, 2012; Taukeni, 2015). A study by Anghel (2015) on Romanian adolescents' psychological and educational resilience found participants with low risk factors like financial problems, family difficulties, and friendship problems more resilient compared to others. These risk factors were found to have an effect on the emotional regulation of adolescents. In conclusion, the above studies showed evidence of the ability for individuals to bounce back if there is reduction or control in risk factors through enhancing family functions, development of effective socializing skills and provision of material resources to children.

However, resilience is not static but is a process (Masten, 2001). Ungar and Liebenberg (2011, p. 141), as developers of CYRM-28, argued that "the varying factor structures observed in response patterns indicated heterogeneity in how resilience is understood". This implied that resilience is context and cultural based; it might be difficult to generalize it to other groups, but is useful in developing intervention programs for a particular group in a particular community. This is the reason the current study opted to use the CYRM-28

to capture the OVC challenges from individual level to family, schools and communities in specific district schools in KwaZulu Natal.

3.6 Summary

This chapter presented Social Ecological Model (SEM), which guided the study. It was observed that there are silent issues which emanated from this study. Firstly, the study appreciates the groundbreaking work of Urie Bronfenbrenner. Various studies have used Urie Bronfenbrenner's model and they demonstrated value in his model. It was revealed that Bronfenbrenner's influence widely prepares individuals for practice and within practice. The theory is inclined more to ecological theory than simply understanding that children are individuals who can bounce back on their own. It emphasizes the mandate for people with resources to support each other as they support the child development. Ecological theory also pays particular attention to the ways in which reciprocal interactions between these systems influence development.

It can be concluded that social ecological model provided tangible examples to support OVC by identifying comprehensive and effective action to improve their lives. The five key elements are a cornerstone in the success of the theory. It demonstrated how OVC's vulnerability should be treated and monitored in order to cope for the benefit of the society. In particular, the theory demonstrated how policies and interventions in real-world should be implemented for the benefit of the children with vulnerability. The social ecological theory guided the current study on the choice of research methodology, especially the choice of the study sample which is the teachers, caregivers and OVC themselves. It further guided the study on choosing the research instruments. This chapter brought evidence of how resilience can be approached from a social ecological theory perspective. The next chapter discusses the research design and methodology of the study.

CHAPTER FOUR

RESEARCH DESIGN AND METHODOLOGY

4.1 Introduction

The previous chapter discussed the theoretical framework that underpinned the study. This chapter presents the research design and methodology employed for this study. This chapter begins by providing an outline of research methodology. For example, Neuman (2011) asserts that methodology is a research plan of action. However, Mason (2002) argues that research methodology is a logic a researcher employs to answer research questions. Additionally, the advantage of a research methodology is that it underpins the way a research project is designed and it answers and gives meaning to the research questions. Important to note is that the research methodology focuses on the kind of tools that must be used and the manner in which they should be used (Babbie & Mouton, 2001). From the observation of the above definitions of methodology, it can be said that methodology is therefore concerned with the methods of understanding and giving meaning to an environment (Dlamini, 2016). It is hoped that this study will attempt to interpret the meaning the participants give towards the resilience of Orphans and Vulnerable Children in the province of KwaZulu-Natal.

As the chapter has defined and motivated the use of research methodology, the chapter also lists and discusses the research paradigm underpinning the study by looking at its ontology, epistemology and methodology. Additionally, the chapter discusses a research approach, sample size, ethical considerations, methods of data collection and data analysis follows, paying particular attention to issues of quality research (reliability and validity), and also the limitations of the study as well as the summary.

4.2 Research Paradigm

Neuman (2000, p.515) defines a research paradigm as “a general organizing framework for social theory and empirical research. It includes basic assumptions, major questions to be answered and methods to find the answers to the questions”. Research paradigms are used to perceive social world. A study by Bertram and Christiansen (2014) define paradigm as a world view that defines for the researcher what is acceptable to research

and how it should be done. The two authors further explain that working within a particular paradigm determines choices such as, how to collect data, what kind of questions are supposed to be asked, and how to interpret the findings. It is also argued that a study can use one or more research paradigms that are suitable for a particular study (Hall, 2013). Research paradigms are used to guide the process of inquiry and form the basis for the practice of science by directing the researcher towards appropriate research methods and methodologies, depending on the nature of the phenomenon being investigated (Clarke, 1999). There are three main research paradigms that are widely used in academic research. These are positivism, interpretivism/constructivism and post-positivism (Pickard, 2013). The current study adopted a stance of both the post-positivism and interpretivism paradigms. Post-positivism has been more associated with quantitative methods and Interpretivism with qualitative methods. Hall (2013) has argued that there is not yet a one single paradigm that is suitable for mixed-method research.

4.2.1 The Post-positivism

Post-positivism paradigm contends that there is reality or one truth to be studied and that it can never be fully apprehended. Additionally, post-positivism works with scientific methods like positivism (Bertram & Christiansen, 2014). Moreover, post-positivism paradigm admits the influence of values and theories in research. As pointed out by Pickard (2013), post-positivism is embedded in the premise that any perception of reality cannot be an objective picture but is drawn from empirical observation and existing theory. This study adopted this paradigm because the researcher believed that theories like ecological model, background of participants and knowledge could influence what was being observed and the responses of the participants during investigation. This implies that not all factors could be controlled to get absolute truth from the study. The study had to look at the relationship between variables rather than the cause and effect between variables. The researcher did not believe that custodian types, for example, could cause an OVC to have low resources, but the researcher believed that there is either a possibility or no possibility of a relationship between those two variables. It is because more than the custody, the individual child and other subsystems were taken into consideration during the course of investigation. To be precise, objective 3, which had three hypotheses, was formulated guided by this paradigm. This led to the researcher choosing quantitative data collection method and analysis for the investigation.

Therefore, the questions were close-ended, which made it differ from the interpretative paradigm explained below. Conclusively, the notions of quantification and generalisation taken from original positivism remain principal (Pickard, 2013).

4.2.2. Interpretivism

Interpretivism is also called phenomenological paradigm. Human beings are seen as actively engaged in their world and continuously interprets and create meaning on their own (De Vos et al., 2014, p.8). In the interpretive paradigm, multiple interpretations are equally valid while results are created, not found (Bertram & Christiansen, 2014, p. 26). Thanh and Thanh (2015, p. 26) further argued that researchers who are using interpretivist paradigm and qualitative methods often seek experiences and perceptions of individuals for their data rather than rely on numbers. A recent study on OVC in Namibia used this paradigm calling it phenomenological paradigm, where interviews were conducted with the aim that participants will provide in-depth knowledge of the subject discussed (Taukeni, 2015). In South Africa, a study on OVC used qualitative approach (Khanare & de Lange, 2017).

The present study collected data from the participants through focus group interviews with unstructured questions. Participants discussed their views with freedom of expression without limitations created by close-ended questions. During this process, the researcher observed and took participants' views, interpreted them based on available evidence. What was important with adopting this paradigm was to allow openness and freedom for the participants. The researcher had no hypothesis for objective 2 (challenges of OVC). The study relied fully on the focus groups interviews that were further another reason of including teachers, caregivers and OVC themselves because there are many interpretations of events and contexts. The development of a model of intervention also depended on drawing findings from previous literature and all participants, which supported the worldview that people themselves can make sense of their world.

4.3. Research Approach

It must be mentioned that researchers from the diverse fields of study use different types of research approaches. These research approaches are quantitative, qualitative or mixed research methods (Creswell, 2014; Neuman, 2011). It is argued that quantitative research approach gathers data in many forms. These are figures or number forms (Neuman, 2011). On the other hand, qualitative research approach collects data which is in words, pictures, objective and host of others (Neuman, 2011). Lastly, the mixed method is used as a combination of quantitative and qualitative methods. The two methods are used simultaneously in order to provide complementary and perhaps contrasting perspectives on a phenomenon (Hammond & Wellington, 2013, p. 137).

However, the current study opted for a mixed-method approach so as to gather enough data on resilience. In that regard, both qualitative and quantitative research methods were used to collect data in order to improve accuracy and for balance each other. The notion of employing both qualitative and quantitative methods is referred to as triangulation. The mixed method research was used starting with quantitative data collection. This was followed by a qualitative data collection and analysis procedures. A questionnaire, CYRM-28 and focus groups were used to collect data. Focus groups were for OVC, teachers and caregivers. Ary and Jacobs (2010) argue that mixed-method research provides stronger evidence for conclusion through collaboration of findings and a combination of different methods; it may produce more complete understanding of a phenomenon. Oyelele, Chikwature and Manyange (2016, p.3) supported the use of the two designs and indicated that mixed-method approach act as a check and balance against bias and generalization of results through qualitative methods especially in determining whether there is a significant difference in the performance of orphan and non-orphan students taught under the same mode of instruction in Commerce. Recent studies have used mixed-method approach in studies on OVC (Mwoma & Pillay, 2016; Oyedele, et al., 2016).

Three main instruments for collecting data were used: Adapted Child and Youth Resilience Measure, questionnaire on psychosocial factors and interview schedule. Explanation and descriptive design was used for this study. An explanation study aims to answer "why"; it builds on descriptive research and goes on to identify the reason something occurs (Neuman, 2000, p.23). "A descriptive research presents a picture of a

specific detail of the situation, social setting or relationship. It focuses on "how" and "who" questions" (Neuman, 2000, p.22). The qualitative research provides access to and understanding of people subjective experiences of a psychological phenomenon. This method used triangulation of methods which is described as mixing qualitative and quantitative research and data (Neuman, 2000, p.125); thus, the study becomes more comprehensive. Mixed-method research is described by Tashakkori and Teddlie (2010, p.8) as having a characteristic of mixing research methods, quantitative and qualitative. They call it the first general characteristic of mixed-method research (MMR) which is mentioned as methodological eclecticism.

4.4. Preparation and Design of the Research

4.4.1. Ethical considerations

Permission was sought from the KwaZulu-Natal Department of Education to conduct the study through administering questionnaires and interviewing focus groups at Zululand and Amajuba Districts. The researcher sought permission from each principal and made the necessary arrangements with them to conduct research to identified learners. Prior to that, the University of Zululand Ethics Committee granted permission for the researcher to conduct research. Parental permission was also sought, highlighting the confidentiality of the content of their responses. Thus parents signed the consent forms (cf Annexure D). Participants for focus groups (teachers and parents) also signed a consent form (cf Annexure D). The ethical clearance number for this study is (cf Annexure C).

For protection of OVC incase emotions got affected during the study, two research asssitants were used. One was an educational psychologist who would offer counselling when ever a need arised. The second one was an official working with OVC in the Department of Education (chosen because of her understanding of OVC). They were chosen because of their experience in working with OVC and trauma. Research asssitants were briefed about the project and ethical considerations. Principles of confidentiality, voluntarism and professionalism were explained in details.

4.4.2. Sampling design and population

The term‘study population’, according to Babbie and Mouton (2005) refers to a segregation of elements from which the sample is actually selected. The study population for this study consisted of the OVC between ages 12-20 years in KwaZulu Natal schools, their caregivers and teachers. Sampling design is a framework that encompasses the sampling schemes and the sample size for two phases (Tashakorri & Teddlie, 2010). This study covered only resilience of OVC drawn from the Department of Education in KwaZulu-Natal schools. Two districts participated in the study and these are Zululand and Amajuba Districts. Mainstream schools were randomly selected. The purposive sampling was used for special schools, full service schools and schools which accommodated learners from homes of safety and orphanages.

4.4.2.1 Participants for the psychosocial questionnaire and CYRM-28 (first phase)

For the purpose of this study, the researcher targeted learners of 12 to 19 years of age in either an intermediate phase Primary school and Secondary schools (FET phase). However, during pilot study, the researcher discovered that in Secondary schools, there are learners who are 20 years old. Thus, the sample age range changed and added learners who are 20 years old. Three hundred and ten (310) learners formed a sample and answered the questionnaire. Seven (7) questionnaires were spoiled, thus the total number of respondents was 303. The expectation was to use all OVC of 12 to 20 years old, however, where the number was big, simple random was used to ensure that every OVC was given an equal opportunity to participate in the study. OVC of 12 to 20 years of age were randomly selected from the list provided by the school. Three categories of OVC filled questionnaires: learners living with disabilities, learners who had experienced abuse and orphaned learners.

Table 4.1: Distribution of participants (OVC) for the Questionnaire and selection method

Categories	Orphans	Children living with abuse	Children living with disability	**TOTAL**
TOTAL	195	60	48	**303**
Selection method	Random selection in mainstream schools and Full Service Schools	Purposively selected (choosen by teachers as falling under the category of vulnerability due to placement in institutions of care or neglect).	Randomly selected	

Table 4.1 contains the distribution of OVC categories who participated in the study. The fairly big sample size and the adoption of simple random selection were used to reinforce the legitimacy of this study.The table further indicates the sampling method for different caregories of OVC.

4.4.2.2 Participants for a focus group (second phase)

The second target population was drawn from caregivers, educators and OVC. There was one (1) focus group for caregivers and one (1) for teachers. The third focus group was for OVC (with high availability of resources) and lastly the forth focus group was for OVC (who reported having low availability of resources that enables resilience). In total there were four (4) focus groups.

The study used non-probability sampling technique. In this sampling technique, the selection of participants is not dependent on the statistical principle of randomness (Terre Blanche, Durrheim & Painter, 2007). The non-probability sampling technique used was

purposive sampling, where caregivers from one school in the Zululand District were requested to participate voluntarily. These were caregivers of OVC who participated in the study. A list went to all caregivers. Eight (8) signed the consent form but only six (6) caregivers were able to participate in the focus group interviews. 'Focus groups are a form of strategy in qualitative research in which attitudes, opinions or perceptions towards an issue, product, service or programme are explored through a free and open discussion between members of a group and the researcher (Kumar, 2014, p.156). Participants in a focus group are selected because they have certain characteristics in common that relate to the topic of the focus group (De Vos, Strydom, Fouche & Delport, 2014).

Focus groups promote self-disclosure among participants and they are capable of generating complex information at low cost (De Vos et al., 2014). To ensure cost effectiveness and practicability in conducting a focus group of educators, a full service school in Zululand District which participated in the study was used for teacher's focus group. Then six educators who are responsible for OVC care in the school were approached and they were all willing to participate, including the office- based educator (employed at a District office, to support schools on issues of vulnerable children) who coordinate services in full service schools and link them to mainstream schools in the ward. These educators form part of the School Based Support Team (SBST) which is a team of educators in a school who are responsible for management of learners experiencing barriers to education. The last two focus groups were for OVC. After scoring the adapted CYRM-28 for OVC in school B in Zululand District, OVC who were reported to have high availability of resources that enable resilience and those who reported to have low resources that enable resilient were randomly selected and requests made to parents for OVC to participate. The OVC who were 20 years old and had agreed to participate signed the consent form. Each group had six OVC participants.

Group facilitation was done by the researcher. De Vos et al., (2014) mentioned that group facilitators should create curiosity about the topic to the participants. They must be able to communicate clearly and a sense of humour and friendliness are valuable assets. Two research assistants were also available to assist the facilitator with handling distractions and also act as a backup to the taped communication. In total, four focus groups participated in the study (see table 4.2. below). They were selected through

purposive sampling which enabled the researcher to target individuals who were able to provide in-depth information on the factors which contribute to resilience of OVC and challenges they experience on a daily basis.

To ensure anonymity, participants' names were not disclosed, but each participant was given a code: participant 1 to participant 24.

Table 4.2 Sample distribution of participants who took part in focus groups

Description of a focus group	Number of participants	Race	Gender	Participants codes
Focus group 1 Caregivers	6	Black African	5 females 1 male	1-6
Focus group 2 Educators	6	5 black African 1 white	2 males 4 females	7-12
Focus group 3 OVC: High availability of resources that enables resilience	6	Black African	3 males 3 females	13-18
Focus group 4 OVC: Low availability of resources that enables resilience	6	Black African	3 males 3 females	19-24
TOTAL	**24**			

4.5. Method of Data Collection

The study followed a quantitative and a qualitative approach (mixed-method approach). Three data collection instruments were used. The first instrument, Adapted Child and Youth Resilience measure (CYRM-28) was used to collect quantitative data which was

answering objective 1. The second instrument was the questionnaire which was administered to all 303 OVC. The third was the interview schedule for focus groups. The interview schedules collected qualitative in-depth data (cf Annexure G).

4.5.1. The research instrument

4.5.1. 1. The Adapted Child and Youth Resilience scale-28

An Adapted Child and Youth Resilience Measure (CYRM) – 28 (cf. Annexure E) was used to determine the extent to which the resources that enable OVC resilience were available. The CYRM - 28 is designed as a screening tool to explore the resources (individual, relational, communal and cultural) available to youth aged 9 to 23 years old, that may bolster their resilience. This instrument covers the ecology of an indivual as it measures the following constructs: individual, relational, communal and cultural resources. These elements pertain to relationships individuals have with peers, caregivers, the school and the community. Such relationships were found to be protective factors for the resilience of children (Resilience Research Centre, 2009). The measure was designed as part of the International Resilience Project (IRP) of the Resilience Research Centre in collaboration with 14 communities in 11 countries around the world (Resilience Research Centre, 2009). The CYRM-28 has a manual which recommends the step mentioned below. "These components and related steps will help ensure that use of the measure remains contextually relevant to the community involved in your research" (Resilience Research Centre, 2009, p.5). One is not compelled to use the recommendations of the manual; however, for the purpose of this study the recommendation was implemented and the following steps were followed.

Table: 4.3 Recommended Steps for Adapting the CYRM-(28)

COMPONENT	TASK
1.	Establish a community advisory committee
2.	Prepare the CYRM-28 for local use Establish a local advisory committee Prepare the CYRM-28 for administration Step 1: Conduct focus group interviews Step 2: Select site specific questions for section two of the CYRM-28 Step 3: Finalize language of the CYRM-28
3.	Administer the CYRM-28

(Source: Resilience Research Centre, p.5. 2009)

Resilience Research Centre (2009, p.5), in the manual for the CYRM, states that "It is strongly advised that meetings be held with select members of the local community in which the research is being conducted. A local advisory committee can provide valuable input on the research implementation, such as suggestions on contextually relevant ways of conducting the study and additional site specific questions that may be important to add to the CYRM-28. They can also provide important commentary on findings and to ensure that interpretations of the data are given local context. A small group of five local people (adults and youth) who have something important to say about children and families in their community generally, works well. The group could include youth, parents, professionals, caregivers or elders who themselves have overcome challenges of growing up (Resilience Research Centre, 2009). Before the CYRM-28 was adapted, a team of 5 community members (cf. Annexure H) was requested to give input on section B of the measure. Relevant questions were formulated and agreed upon as appropriate for the community, children and youth deemed resilient. The CYRM-28 was translated to isiZulu so that respondents could answer it in their mother tongue.

4.5.1.1.1. The relationship between CYRM - 28 and the aims of the study

The first objective of the study is to determine the extent to which resources that enable resilience were available to OVC. The CYRM-28 as a resilience measure was used to

determine the extent of the availability of resources that enable resilience among the sample. The CYRM-28 was also used to address the third objective which is to establish if there is any relationship between the characteristics of OVC and the following variables: age, custody and gender.

4.5.1.1.2. Data analysis of CYRM-28

The CYRM-28 was computed first, so that the researcher could add a code on each questionnaire of the availability of resources that enable resilience status of the respondent. Therefore the instrument measures the resilience of OVC. To compute a total CYRM score (Resilience Research Centre, 2009), calculate the sum; higher scores indicate higher levels of characteristics associated with resilience. In order to determine the higher scores and lower scores, the total and minimum scores were calculated. Then the midpoint of these two scores was identified. Scores below midpoint represented low availability of resources while scores above this midpoint represented high availability of resources. A further analysis was done among the lower scores, and higher scores respectively, again calculating the total and minimum score. The midpoint was also calculated on both and scores below the midpoint coded as very low and those above the midpoint as medium low. The scores below the midpoint of high availability were labeled as medium high and those above as very high. The cross tabulations were then calculated to determine the extent of the availability of resources as one variable, and gender, age, custody and vulnerability as other variables. For objective three, a Chi-square test was calculated to establish if any correlation existed between variables.

The following hypothesis were tested under objective 3:

Hypothesis 1: Ho: there is no relationship between availability of resources that enables resilience for OVC and age of OVC.

Hypethesis 2: Ho: there is no relationship between availability of resources that enables resilience for OVC and gender of OVC.

Hypothesis 3: Ho: there is no relationship between availability of resources that enables resilience and custodian type.

4.5.1.2. The questionnaire

A questionnaire (cf. Annexure F) was used to obtain data on the factors which contribute to resilience of OVC in different custodian types. The questionnaire consisted of two sections. Section A of the questionnaire was used to collect demographic data which

included custodian type, age, vulnerability and gender of OVC. Section B consisted of the actual questions in a Likert scale format which addressed family, school and community factors which may affect resilience or promote resilience of OVC. A five–point scale included a neutral response, to avoid forcing participants to disregard indifferent responses to either agree or disagree. This scale consisting of five or more points increase the item variance (Peterson, 2000).

Questions were presented in isiZulu, as indicated by De Vos et al. (2014). This was a structured questionnaire and was piloted.

4.5.1.2.1. Procedure for administration of the research instrument

The first step in administering the questionnaire in this study was to obtain permission to do research from the Head of KZN Department of Education. Approval from the Provincial Department of Education was forwarded to District managers of Amajuba and Zululand. Letters were sent to all principals of the selected schools to participate in the study with the aim of explaining the purpose of research and requesting assistance. A meeting was then made with the principal and relevant staff member whom the principal delegated to assist the researcher in the selection and signing of consent forms by parents. The researcher and the schools agreed on the date on which the questionnaire was going to be administered. The questionnaires for respondents had a cover page that contained instructions for respondents, purpose of the study, a pledge of confidentiality and a provision for respondents to give consent. The researcher and research assistants visited the schools to administer questionnaires since the respondents were young children of 12-19 years, and caution was made that they understood each question. It was then administered in small groups, and the total was thirty one (31) participants. The pilot study sample was selected from all the participating schools. They were encouraged to raise their hands and ask for assistance where it was not clear. The pilot sample did not participate in the main study.

4.5.1.2.2. Validity and reliability of a questionnaire

For the researcher to have confidence in the study results, the instruments used should be dependable and measure the construct they are supposed to measure. Reliability and validity are central issues in measurement; both concerning how concrete measures are connected to constructs (Neuman, 2000). Consideration must be given not only to the results of the study but also the rigour of the research. Rigour refers to the extent to

which the researchers worked to enhance the quality of the studies (Heale & Twycross, 2015). The above can be achieved through ensuring that validity and reliability are adhered to.

a) Validity

Kumar (2014) describes validity as when the instrument measures the concept it is supposed to measure. This study ensured that the questionnaire went through the supervisor and committee for scrutiny in order to ensure content validity. Rubin and Babbie (2001) mentioned that content validity is established on the basis of judgments; researchers and other experts making judgment of the instrument. Furthermore, the pilot study was conducted to safeguard the internal validity of the questionnaire. The purpose of conducting the pilot study was to ensure that the validity of measuring instrument was secured. Construct validity is an indication of the quality of a research instrument to measure what it is supposed to measure and it is based upon statistical procedure (Kumar, 2014). Construct validity of the instrument was found through checking if the questions addressed the aims of the study, literature was also reviewed on content related to the psychosocial factors (Resilience Research, 2009). In terms of qualitative data collection, the researcher ensured credibility. "It is important that the research is credible: it must reflect the participants' reality" (Bertram and Christiansen, 2014, p. 188). To ensure validity of the results in this study, the research assistant was employed to assist with data collection and transcribing and analysing of the data. Audio-recording device was used to record interviews verbatim and this ensured that the transcripts were accurate. This method has been described by Bertram and Christiansen (2014) as a means to enhance credibility. They further recommended triangulation as a method of increasing description's trustworthiness, which they describe as collecting data from a number of different sources (Bertram & Christiansen, 2014). The current study collected data from different sources and after analysis the results were compared, some of the results were found similar.

b) Reliability

Reliability happens when the research instrument is consistent and stable, hence predictable and accurate (Kumar, 2014). This means that when the instrument is used again, the same results could be found. There are three types of reliability: stability, representative and equivalence reliability. Equivalence reliability applies when

researchers use multiple indicators - that is, when multiple specific measures are used in the operationalization of a construct (Neuman, 2000). One of the methods of measuring equivalent requirement split half reliability was measured in this study (cf. Annexure I). It involved dividing the indicators of the same construct into two groups, usually by a random process, and determining whether both halves give the same results (Neuman, 2000). The questions or statements were divided in half in such a way that any two questions or statements intended to measure the same aspect fall into different halves. Kumar (2014) mentioned that split-half technique is designed to correlate half of the items with the other half. The current study used a statistical measure called Cronbach's alpha to determine reliability (cf. Annexure I).

Cronbach's alpha is a measure of internal consistency that is, how closely related a set of items are as a group. It is considered as a measure of scale reliability. The cronbach's alpha on standardised items of this study was 0.844 which indicates high reliability (cf. Annexure I). George and Mallerl (2003) indicated that reliability less than 0.7 is not acceptable or it is poor. George and Mallery (2003) also proposed the following 'rule of the thumb' : >0.9, excellent; > 0.8, good; > 0.7, acceptable, > 0.6, questionable, >0.5, poor, and <0.5, unacceptable. Based on the above generalisation, the scale used for quantitative data collection (self constructed questionnaire on psychosocial factors) had good internal consistency.

Reliability in qualitative data means dependability or consistency (Neuman, 2000). This relies more on consistency in data collection and the interpretation of findings. This study ensured dependability through reading the transcripts numerous times to gain a refined understanding of the data. The process which was followed in collecting and analysing data was explained in this study, thus other researchers can reuse it. This is called transferability, even though it is said to be very difficult to achieve (Kumar, 2014).

4.5.1.2.3. The relationship between the questionnaire and the aims of the study

The biographical information in section A was used to address objective 3: identify a relationship, if any, between variables like age, gender and custody and the availability of resources that enable resilience to OVC. Section B was on psychosocial factors which were categorized as emotional, social and economic factors. Responses in this section contributed to the achievement of objective 2. Objective 2 sought to identify challenges

experienced by OVC in different custodian types. Objective 4 aimed at developing a model of intervention; therefore, the findings of the study from all objectives were considered together with findings from reviewed literature.

4.5.1.2.4. Pilot study

According to De Vos et al. (2014), it is important for a newly constructed questionnaire to be tested through a small group so that the errors can be identified and rectified. The pilot study is done with fewer subjects of the population to whom the whole questionnaire will be constructed. Kumar (2014) called this exercise pre- testing the questionnaire. The purpose is to identify problems, if any, in the wording, the appropriateness of the meaning it communicates, whether different respondents interpret a question differently and to establish whether their interpretation is different from what you were trying to convey (Kumar, 2014). In this study, the questionnaire was pre-tested by using a sample of thirty one (31) respondents, consisting of OVC from the same pool selected for the main study. The questionnaire was administered to pilot subjects in exactly the same way as it was administered in the main study.

The researcher read questions to the respondents. The respondents were then asked for feedback to identify ambiguities and difficult questions. After analysing the responses and having some discussions with the respondents, the researcher did necessary corrections such as spelling and misprint. The questions on age, was also adjusted, as initially the last option among age groups was 19 years, an adjustment of 19 years and above was added, since there was an indication during pilot study that there are OVC who are 20 years of age. The other area identified during pilot testing was determining the number of codes needed for data analysis like resilience status, vulnerability, and type of an orphan. The researcher added new coding after the questionnaire was administered. The exercise was used to determine how the design of the questionnaire could be improved and to identify flaws in the measuring instrument. No quantitative analysis was carried out.

Piloting the questionnaire helped the researcher to see that the research schedule was suitable as it asked the questions which the respondents can understand. The number of codes for section A was also improved by adding more codes. Some questions were rephrased by adding examples so that the question is clear for the respondents. Piloting

the instrument also assisted the researcher on what areas to emphasise when training and coaching the assistant researchers in administering the questionnaire. When administering the questionnaire the researcher got to understand approximate time needed for administering the questionnaire which helped in the planning of time with the principal and parents. Research was not supposed to disturb teaching and learning. In conclusion, the researcher had a general view of the target population involved in the study.

4.5.1.2.5. Data analysis technique

The questionnaire was coded. This started with the pilot study. The template for data entry on SPSS (Statistical Package for Package for Social Scientists) Statistics 17.0 was created. Data entry was first done in an excel spreadsheet. The collected data was captured in a format that would allow analysis and interpretation. Coded data was cleaned for accuracy. Errors made when coding or entering data into computer threaten the validity of measures and cause misleading results (Neuman, 2000). Wild code and extreme values checking was done which involves checking the categories of all variables of impossible codes. The coded data was subsequently transferred to a computer spread sheet using the SPSS statistical computer programme. Cronbach's alpha was computed to establish the internal consistency and the reliability of scales. The same data entry procedure used for pilot test questionnaire analysis was followed for the questionnaires of the actual study. Data were then converted into frequency tables to analyse the findings by means of descriptive statistics.

4.5.1.2.5.1 Descriptive statistics

Descriptive statistics transforms or summarises a set of data into either a visual overview such as a table or a graph, or into a single or a few numbers that summarise the data (Bertram & Christiansen, 2014). Frequency tables were used in this study to organise data which indicated how many times a particular response appears on the completed questionnaires and it provided percentages that reflect the number of responses to a certain question in relation to the total number of responses. Frequency tables were useful in forming impressions about the distribution of data. This was evident in introduction, where characteristics of the sample were discussed like clarifying how

many OVC participated in the study. In answering objective 1 and 2, frequency tables and cross tabulations were used.

4.5.1.2.5.2 Inferential statistics

In addressing objective 3, to establish relationship between variables, inferential statistics was used. Inferential statistics was done through SPSS. Inferential statistics is used to make estimates of population characteristics from the sample's characteristics and to establish whether relationships within a sample can be expected to assist in predicting other than the chance relationships in the population (De Vos, Strydom, Fouche & Delport, 2014). For the purpose of this study, a Chi- square statistical test of significance was used. The relationship between the independent variables (age, gender and custodian type) and the dependent variable (availability of resources to enable resilience) were examined. Finding this relationship was done through finding the degree of freedom, expected frequencies, and a P- value. In interpreting the results, a P- value is compared to a significance level. Where the P- value was less than the significant level, the null hypothesis was rejected. This was used to check if the results were due or not due to chance. It indicates the probability of finding a relationship in the sample when there is none in the population (Neuman, 2000).

4.5.1.3. Interview schedule

Open ended questions were formulated to guide the focus group discussion (cf. Annexure G). This assisted the researcher to remain focused on the purpose of the study. The questions prepared for the focus groups were formulated based on the aims of the study, as De Vos et al. (2014) explained that the questions should be based on the purpose of the study. Other researchers prefer questions to be given to experts to check their relevance to the study. For the current study, the questions were verified by the research supervisor, the research committee and the ethics committee of the university. A study by De Vos (2014) warns that when developing questions for focus groups, researchers should know the limits, because focus groups are usually 60 to 120 minutes long. The questions were developed in English and translated to isiZulu for OVC and parents. The ones for educators were presented in English. The ones for learners were also in isiZulu. There is a disadvantage in focus groups when one voice dominates the discussion. In the present study, when the facilitator identified that situation, other

members were also reminded to participate. These issues of dominance were taken into consideration and attended to.

4.5.1.3.1. Data analysis

Thematic analysis method was used. An inductive reasoning which works from specific observations to broader generalisations and theories was adopted. Inductive reasoning begins with specific observations and measures, that is, the raw data that has been collected. Then begin to detect patterns and regularities in the data and start to formulate some tentative hypotheses that can be explored (Bertram & Christansen, 2014; Braun & Clarke, 2006). In this study, the first step was transcribing the recordings of the focus group discussions and translating them from isiZulu to English. The steps as outlined by Braun and Clarke (2006) and de Vos et al. (2014) are a) familiarising researcher with data, b) transcription of verbal data, c) generating initial codes, d) searching for themes, d) reviewing themes, e) defining and naming themes and report writing. Discovering themes was done as follows: words that explained what was said in the transcript were identified and written in a separate sheet. Those words were verified and confirmed through repeating the reading of the transcript. The identified words were then classified into categories which were less than the total of all the initially identified words. These categories were aligned to the aims of the study. Themes were created from identified categories. Lastly, the key findings under each theme were reported and appropriate verbatim quotes used to illustrate the findings.

4.6 Summary

In this chapter the researcher endeavored to justify the use of the descriptive research design in a cross-sectional study by adopting a mixed-method design, utilizing a questionnaire and focus groups for data collection. The study targeted OVC who were between the ages of 12 and 20, caregivers who had OVC under their care and teachers who were in a full service school. The sampling procedure was provided and the administration of questionnaire and facilitation of focus groups were described. The structure of each data collection instrument including internal consistency, reliability and construct validity were also described. A pilot study was conducted in order to test the research instrument and to establish if it would function in the anticipated research situation. The research instrument was subsequently revised before the main study took

place. The procedure for administering the questionnaire and interview guide of the focus groups was also highlighted. Quantitative data were analysed through SPSS and the qualitative data were analysed through thematic analysis. These instruments and data analysis methods ensured that the quality of data collected and findings were valid and reliable.

The next chapter describes data analysis findings for both qualitative and quantitative data.

CHAPTER FIVE

DATA PRESENTATION AND INTERPRETATION OF RESULTS

5.1. Introduction

The previous chapter discussed the research design and methodology. This chapter reports the results of data analysis which transformed the raw data obtained from the study into meaningful facts. This chapter is divided into two parts. Part one of the chapter presents the data that were obtained from the questionnaires distributed among orphans and vulnerable children (OVC) in schools at Amajuba and Zululand Districts in the Province of KwaZulu-Natal. There were 310 OVC targeted by the study, however, when checking the completeness of the questionnaires, only 303 met the requirements. Furthermore, part one of the chapter addressed only three research objectives, namely, the availability of resources that enabled resilience among OVC; challenges faced by OVC living in different custodian types, and relationship between availability of resources that enables resilience and OVC characteristics such as, age, gender and custodian type. This is quantitative data that were obtained through a questionnaire and CYRM-28.

However, part two of the chapter analysed the data collected through focus group discussions among caregivers, teachers and OVC with high availability of resources for resilience, and OVC with low availability of resources for resilience. In total, there were 24 participants who were involved in the focus group discussions. There were 6 caregivers, another 6 were teachers and the other 6 were OVC with high availability of resources whilst another 6 were OVC with low availability of resources. Part two of this chapter therefore addressed the following research objectives: challenges faced by OVC and recommendations required for improving the lives of OVC in KwaZulu-Natal.

5.2 Part One: Data analyses of OVC

5.2.1 Demographic profile of the respondents

Respondents were required to respond to structured questions relating to personal information such as their gender, disability, status, age, vulnerability and custody. It

must be mentioned that these structured questions were meant to determine the relationships between the demographic characteristics and the availability of resources for resilience and OVC in the province of KwaZulu-Natal.

Table 5.1: **Distribution of respondents in the psychosocial questionnaire and resilience measure**

Gender	Female: 174(57%)	Male: 129(43%)	Orphans: 195(64%)	303
Disability	Yes: 48(16%)	NO: 255(84%)		303
Categories	Abuse: 60(20%)	Disability: 48(16%)		303
				TOTAL

Table 5.1 above indicates that one hundred and seventy four (57%) participants were females and one hundred and twenty nine (47%) were males. Among the total sample of three hundred and three, forty eight (16%) were living with disabilities and two hundred and fifty five (84%) were not. Lastly, sixty (20%) had experienced abuse, forty eight (16%) were living with disabilities, and one hundred and ninety five (64%) were orphans.

5.2.2. Biographical data

In analysing the questionnaire, the researcher started with the items on biographical information which include: gender, age, vulnerability status, and custody and disability status of OVC.

5.2.2.1 Gender of respondents

Table 5.2: Frequency distribution according to gender

	Frequency	Percent	Cumulative Percent
Female	174	57.4	57.4
Male	129	42.6	100.0
Total	303	100.0	

Table 5.2 above shows that one hundred and seventy four (57%) respondents are female and one hundred and twenty nine (43%) are male. This means that more females participated in the study.

5.2.2.2 Age of respondents

Table 5.3: Frequency distribution according to the age

	Frequency	Percent	Cumulative Percent
12 Years	41	13.5	13.5
13 Years	74	24.4	38.0
14 Years	55	18.2	56.1
15 Years	40	13.2	69.3
16 Years	38	12.5	81.8
17 Years	26	8.6	90.4
18 Years	13	4.3	94.7
19 Years	14	4.6	99.3
20 Years and above	2	.7	100.0
Total	303	100.0	

Table 5.3 illustrates that most of the respondents, seventy four (24%), were 13 years old while fifty five (18%) were 14 years old. There were forty one (14%) respondents that were 12 years old, followed by forty (13%) who were 15 years old. There were thirty eight (13%) who were 16 years old; twenty six (9%) were 17 years old; fourteen (5%) were 19 years old, and thirteen (4%) were 18 years old. Noticeably, only two (1%) were 20 years and above. A significant number of OVC (95%) ranged between the ages of 12 and 18. Only 5% accounted for ages 19 and 20 years. This could be ascribed to the fact that the normal year of exit in secondary schools is 18 years. A few children get delayed due to number of reasons including psychosocial challenges. This may suggest that children above 18 years at school may have struggled. Vulnerability could be a driving force in each case.

5.2.2.3 Vulnerability of respondents

Table 5.4: Frequency distribution according to vulnerability

	Frequency	Percent	Cumulative Percent
Abuse	60	19.8	19.8
Disability	48	15.8	35.6
Orphans	195	64.4	100.0
Total	303	100.0	

Table 5.4 indicates that one hundred and ninety five (64%) were orphans and sixty (20%) were children living with abuse. Lastly, only forty eight (16%) respondents were children living with disability. This means that three (3) OVC groups were represented in the study. The high number of orphans who participated in the study might be due to the fact that a large number of orphans are available in mainstream schools, while children living with disabilities are mostly in special schools and this study purposively selected one special school for children living with disabilities. Children who had experienced abuse were targeted from the home of safety, and only one home of safety was targeted; thus, the number of children who had experienced abuse was less than that

of orphans. A few were in mainstream schools which were situated far from homes of safety.

5.2.2.4 Custody of respondents

Table 5.5: Frequency distribution according to custody

Custody	Frequency	Percent	Cumulative Percent
Mother	95	31.4	31.4
Father	26	8.6	39.9
Both Mother and Father	26	8.6	48.5
Relatives	96	31.7	80.2
Orphanage	9	3.0	83.2
Home of Safety	27	8.9	92.1
Siblings	24	7.9	100.0
Total	303	100.0	

Table 5.5 shows that ninety six (32%) respondents were living with relatives while only ninety five (31%) were living with their mothers. There were twenty seven (9%) respondents who were living in the home of safety and twenty six (9%) live with their fathers. Noticeably, there were only twenty six (9%) living with both parents. The table further indicates that there were twenty four (8%) participants who were staying with their siblings only. 'Siblings only' is the category of OVC in a child headed household (CHH). Lastly, only nine (3%) were in an orphanage. It should be noted that the distribution of participants per custody does relate to table 5.4, which demonstrated the distribution of participant per vulnerability. Since there were more orphans who participated, table 5.5 might imply that most orphans stay with relatives. Some stay with grandparents; another group of orphans stay with a mother only, and a few are in an orphanage. Most children in an orphanage were below the targeted age, thus a few participated. Most children who had experienced abuse were found in the home of safety.

5.3. Availability of resources that enable resilience among OVC

The availability of resources to OVC was measured through Adapted Child and Youth resilience scale-28. This standardized instrument was scored through SPSS to determine frequencies. The table below summarizes the findings.

Table 5.6: Frequency distribution according to age and availability of resources that enable resilience

		Age									Total
Extent of availability		12 Years	13 Years	14 Years	15 Years	16 Years	17 Years	18 Years	19 Years	20 Years and above	
	very low	2	1	4	1	2	3	2	1	0	16
	medium low	4	5	6	7	7	7	4	7	1	48
	medium high	12	23	18	16	15	5	4	4	0	97
	very high	23	45	27	16	14	11	3	2	1	142
Total		41	74	55	40	38	26	13	14	2	303

Table 5.6 indicates that a total of one hundred and forty two (47%) participants were found to have very high level of available resources. Ninety seven (32%) reported to have medium high level of available resources. The most struggling age was 19 years where eight (57%) respondents indicated low level of available resources, followed by two (50%) 20-year olds, and followed by six (46%) 18-year old respondents . From the age of 12 to 16, over 60 % respondents reported to have high level of available resources. There was a decrease of available resources for ages from 18 to 20 and above. This implies that there was a decrease of resources as participants got older. This might be

due to a number of factors like the availability of social grants for younger children, which is not available at the age of 19.

Table 5.7. Gender and availability of resources that enable resilience

		Gender		
		Female	Male	Total
Extent of availability	very low	6	10	16
	medium low	32	16	48
	medium high	65	32	97
	very high	71	71	142
Total		174	129	303

Table 5.7 illustrates that thirty eight (22%) females out of 174 had low level of available resources, while twenty six (20%) males out of 129 had low level of available resources. One hundred and thirty six (78%) females out of 174 reported a high level of available resources compared to one hundred and three (80%) males out of 129 who reported a high level of available resources. The results show a slight difference between availability and unavailability of resources between males and females. Males reported more available resources. This slight difference might be due to the fact that provision of resources by schools such as nutrition programmes, and government provision such as child support grants, foster grants and grants for children with disabilities do not discriminate provision by gender. The constitution of South Africa caters for all people; however, the difference might be due to the custodian type and age of OVC.

Table: 5.8 Availability of resources that enable resilience and vulnerability status

		Vulnerability			
Extent of availability		Abuse	Disability	Orphans	Total
	very low	9	2	5	16
	medium low	14	9	25	48
	medium high	17	15	65	97
	very high	20	22	100	142
Total		60	48	195	303

Table 5.8 shows twenty three participants who had experienced abuse (38%) out of 60 who were found to have a low level of available resources. Among participants who had experienced abuse, thirty seven (62%) indicated a high level of available resources and for participants living with disabilities, only eleven (23%) out of 48 reported a low level of available resources. There were thirty seven (77%) with a high level of available resources. In terms of orphans, only thirty (15%) out of 195 reported a low level of resource availability that enables resilience, while one hundred and sixty five (85%) reported a high level. The findings of the study suggest that above 60 % of all categories of vulnerability reported having high levels of resources availability. It is an indication that few OVC struggled with the availability of resources in general. It should however be noted that children who had experienced abuse had a high percentage of low resources compared to other categories. This might be due to the effect of abuse, neglect and removal (sometimes) from home, due to abuse.

Table 5.9: Availability of resources and custody

		Custody							Total
Extent of availability		Mother	Father	Both parents	Relatives	Orphanage	Home of Safety	Siblings	
	very low	2	4	1	3	2	0	4	16
	medium low	5	1	3	24	1	2	12	48
	medium high	28	8	7	31	3	12	8	97
	very high	60	13	15	38	3	13	0	142
Total		95	26	26	96	9	27	24	303

Table 5.9 indicates that five (19%) respondents, who stayed with their mothers only, had few resources, and twenty one (81%) had high resources. Only four (15%) who stayed with both parents indicated low resources, and twenty two (85%) indicated high availability of resources. Twenty seven (28%) of those who stay with relatives reported low resources with sixty nine (71%) having high resources. In orphanages, three (33%) reported low availability of resources while six (67%) reported high availability. Two (7%) respondents who were staying in the home of safety reported low availability of resources, and twenty five (93%) high availability. Lastly, eight (33%) of the CHH indicated high availability of resources and six (67%) indicated low availability. There seems to be differences in availability of resources per custodian types. All custodian types, except CHH, had more than 65% of high availability of resources. This could imply that CHH struggles with all resources (emotionally, socially and economically). Availability of resources in institutions of care could imply that these centres are well managed and they get enough support from government who provides salaries for

professional staff responsible for OVC. The general availability of resources could also imply effectiveness of social grants in South Africa.

5.4 Challenges faced by Orphans and Vulnerable Children living in different custodian types

This section consisted of 18 items, which were then analysed individually against custodian types. The responses were measured in a Likert scale which read as: not at all (never), a little (seldom), somewhat (uncertain), quite a bit (usually) and a lot (all the time). When identifying the items which posed a challenge, the following ratings were considered as representation of challenge: not at all and a little. Those that did not pose a challenge were rated as quite a bit and a lot. Cross tabulation of each item (18 items) against the seven (7) custodian types were calculated through SPSS. The table below summarizes the results.

Table 5.10: My parents help me when I feel sad

Custody	My parents help me when I feel sad					Total
	Not at all	A little	Somewhat	Quite a bit	A lot	
Mother	3	15	7	21	49	95
Father	5	7	1	2	11	26
Both Mother and Father	5	1	4	5	11	26
Relatives	14	25	9	15	33	96
Orphanage	1	1	1	3	3	9
Home of Safety	2	3	7	5	10	27
Siblings	11	6	1	1	5	24
Total	41	58	30	52	122	303

As shown in Table 5.10, ninety nine (33%) indicated that “not at all” and “a little” while one hundred and seventy four (57%) said bit and/or a lot. Only fifty two (17%) said somewhat. Seventeen (71%) out of 24 CHH respondents indicated that their parents do not help when they feel sad. All the other respondents staying with mothers only, seventy (74%), those staying with father only, thirteen (50%), both parents, sixteen (62%), relatives, forty eight (50%), orphanages, six (67%), and home of safety, 16 (56%). The high percentage of CHH not receiving support from parents, confirm the unavailability of caregivers in the lives of CHH. This might mean that CHH struggle with emotional problems. Another implication for the above results might be that homes of safety, relatives and ‘staying with fathers only’ custodian types need parenting skills which will be addressed in the model of intervention. It is not expected of children to struggle with support where there are adults, unless there is a form of maltreatment or lack of parental skills from the side of parents.

Table 5.11: There is a teacher at school whom I talk to when I have a problem

Custody	There is a teacher at school whom I talk to when I have a problem					Total
	Not at all	A little	Somewhat	Quite a bit	A lot	
Mother	38	28	4	13	12	95
Father	11	6	1	5	3	26
Both Mother and Father	10	2	4	1	9	26
Relatives	42	23	7	14	10	96
Orphanage	4	1	2	2	0	9
Home of Safety	13	6	3	0	5	27
Siblings	9	7	0	4	4	24
Total	127	73	21	39	43	303

Table 5.11 illustrates that two hundred (66%) participants do not have a teacher they talk to when they have problems. The number of those who indicated not to have teachers they talk to per custodian type is: staying with mothers only were sixty six (69%); fathers only were seventeen (65%); both parents were twelve (46%); relatives were sixty five (68%); orphanages were five (56%); home of safety were thirteen (70%) and CHH were sixteen (67%). Only eighty two (27%) indicated to have a teacher they talk to when they have a problem. It is a fact that CHH do not have an adult caregiver at home, it is more worrying when they struggle to have a teacher to talk to at school when they have problems. This could mean that both the family and school being the important protective factors for resilience of children are not there for these children.

The results further reveal that most respondents lack support from teachers even though the learners spend seven to eight hours at school. Notably, it is the responsibility of the school to guide children academically, socially and emotionally.

The above findings could be due to teachers' lack of skills, unsatisfactory conditions of services, lack of counselling skills, personal problems, and many more. When the situation is like this, it shows evidence that OVC are more likely to develop emotional problems. It also indicates that irrespective of custodian type, OVC struggle with relating their problems to teachers.

Table 5.12: It is easy to ask for help from neighbours

Custody	It is easy to ask for help from neighbours					Total
	Not at all	A little	Somewhat	Quite a bit	A lot	
Mother	28	17	7	16	27	95
Father	7	9	1	4	5	26
Both Mother and Father	9	3	3	6	5	26
Relatives	40	24	8	6	18	96
Orphanage	5	3	0	0	1	9
Home of Safety	13	4	3	4	3	27
Siblings	13	5	4	1	1	24
Total	115	65	26	37	60	303

Table 5.12. shows that one hundred and eighty (59%) respondents indicated that it is not easy for them to ask for help from neighbours, with those from orphanage being the highest who do not ask for help from neighbours with a total of eight (89%) respondents, followed by CHH at eighteen (75%), staying with relatives at sixty four (67%), homes of safety at seventeen (63%), fathers only at eighteen (62%), mothers only at forty five (47%) and twelve (46%) for both parents. The findings suggest that the respondents do not get any support from neighbours. The above results could mean poor relationships between OVC and neighbours. This could be due to poor relationships between parents or families and neighbours. Children learn from their families how to interact with neighbours, even which neighbour they can trust. Such poor relationship could mean lack of emotional support for OVC. Families and neighbours work together in

communities to raise children. This is called Ubuntu. There is thus a possibility that *Ubuntu* is lacking.

Table 5.13: My family listens to me when I tell them my problems

		My family listen to me when I tell them my problems					
		Not at all	A little	Somewhat	Quite a bit	A lot	Total
Custody	Mother	5	10	11	18	51	95
	Father	2	7	2	4	11	26
	Both Mother and Father	5	3	3	1	14	26
	Relatives	11	23	7	14	41	96
	Orphanage	1	4	0	0	4	9
	Home of Safety	4	2	5	3	13	27
	Siblings	8	4	3	2	7	24
Total		36	53	31	42	141	303

The findings in Table 5.13 reveal that only eighty nine (29%) respondents indicated that their families do not listen to their problems. One hundred and eighty three (60%) reported that family members listen to them. Most of those with mothers only (ninety five (72%)) indicated to be listened to, fathers only - fifteen (58%), both parents - fifteen (68%), fifty five (57%) for relatives and sixteen (59%) home of safety. Twelve (50%) CHH indicated that their families do not listen to their problems together with five (56%) from orphanages. It can be said that most participants reported to have someone who listened to them when they had problems. This tended to be satisfactory even with CHH whom the researcher noticed to be struggling with a lot of resources. Having someone to listen to in the family contributes to wellbeing, as one feels important, because there is emotional support at home. For maltreated children, the role of extended family should be encouraged, and where it is lacking, families should find ways to improve those relationships.

Table 5.14 Going to church helps me when I feel sad

Custody	Going to church helps me when I feel sad					Total
	Not at all	A little	Somewhat	Quite a bit	A lot	
Mother	5	6	9	13	62	95
Father	3	3	3	4	13	26
Both Mother and Father	7	5	0	3	11	26
Relatives	12	11	6	14	53	96
Orphanage	1	2	2	1	3	9
Home of Safety	2	3	3	5	14	27
Siblings	4	3	3	5	9	24
Total	34	33	26	45	165	303

Table 5.14 shows that only twenty six (9%) respondents seem to be uncertain about whether church helps them when they feel sad. Two hundred and ten (69%) participants confirmed that the church assists them when they feel sad. This can be further broken down into seventy five (79%) of those who stay with mothers only, sixty seven (70%) with relatives, nineteen (70%) in homes of safety, seventeen (65%) with fathers only, fourteen (58%) are CHH, and four (44%) are from orphanages. Going to church was reported as helpful when participants felt sad. It can be said that the church helps OVC when they are sad. It means the church is playing a father or mother figure or even caregiver role.

Table 5.15: Someone assists me with homework at school

Custody	Someone assists me with homework at school					Total
	Not at all	A little	Somewhat	Quite a bit	A lot	
Mother	16	9	3	17	50	95
Father	4	7	0	1	14	26
Both Mother and Father	3	3	1	4	15	26
Relatives	31	14	5	7	39	96
Orphanage	0	3	1	1	4	9
Home of Safety	3	4	5	4	11	27
Siblings	16	4	2	1	1	24
Total	73	44	17	35	134	303

Table 5.15 shows that most participants got assistance with homework at school. These were sixty seven (75%) participants who stayed with their mothers only, followed by nineteen (73%) who were with both parents, fifteen (58%) with fathers only, five (56%) at orphanages, fifteen (56%) at homes of safety, and lastly one (4%) was a CHH. CHH did not seem to have anyone assisting them with homework as twenty (83%) of them indicated not to have anyone assisting. Overall, one hundred and sixty nine (56%) participants indicated to receive assistance. 37% of all participants did not have anyone to assist with homework. These results mean that there is lack of support while it is important to have someone to assist with homework.

Table 5.16 I visit my cousins and relatives

Custody	I visit my cousins and relatives					Total
	Not at all	A little	Somewhat	Quite a bit	A lot	
Mother	12	21	4	21	37	95
Father	5	4	1	2	14	26
Both Mother and Father	3	1	1	4	17	26
Relatives	15	12	18	17	34	96
Orphanage	3	1	1	2	2	9
Home of Safety	4	0	6	2	15	27
Siblings	9	7	5	2	1	24
Total	51	46	36	50	120	303

Table 5.16 shows that one hundred and seventy (56%) participants visit relatives. Of those who visited their relatives, Ttenty one (81%) were those staying with both parents, seventeen (63%) were those staying in the home of safety and sixteen (62%) were those staying with fathers. Furthermore, fifty eight (61%) of those staying with mothers only also reported to have visited their relatives. Four (44%) from orphanages and sixteen (67%) who were CHH struggled visiting relatives. These results give evidence of good social support and identity formation. Spending time with relatives could assist children in understanding their culture and to learn about family values and socialisation. Relatives could play a role of extended family that could provide support to children.

Table 5.17 I talk to my friends about how I feel

Custody	I talk to my friend about how I feel					Total
	Not at all	A little	Somewhat	Quite a bit	A lot	
Mother	17	12	7	24	35	95
Father	7	5	1	1	12	26
Both Mother and Father	5	2	3	2	14	26
Relatives	36	16	5	16	23	96
Orphanage	2	3	2	1	1	9
Home of Safety	8	3	3	4	9	27
Siblings	9	5	2	5	3	24
Total	84	46	23	53	97	303

Table 5.17 shows that one hundred and fifty (49%) participants talk to their friends about how they feel while one hundred and thirty (43%) do not talk to their friends about how they feel; only twenty three (8%) were uncertain. In terms of custodian types, fourteen (58%) from CHH do not talk to their friends about how they feel, while five (56%) of those in the orphanage said the same and fifty two (54%) of those staying with relatives indicated that they do not tell their friends about how they feel. These results indicate poor trust relationship between participants and their friends. This could be due to a number of factors such as fear of being stigmatized or viewed as weak or a failure; not knowing how to choose friends, and problems with neighbours and lack of trust.

Table 5.18: When I need help, I know where to get help in the community

Custody	When I need help, I know where to get help in my community					Total
	Not at all	A little	Somewhat	Quite a bit	A lot	
Mother	33	9	7	20	26	95
Father	11	5	0	4	6	26
Both Mother and Father	5	3	4	4	10	26
Relatives	38	22	9	9	18	96
Orphanage	1	2	1	3	2	9
Home of Safety	7	5	3	3	9	27
Siblings	14	4	4	0	2	24
Total	109	50	28	43	73	303

Table 5.18 indicates that one hundred and fifty nine (52%) participants do not know where to find help when they need it. Only one hundred and sixteen (38%) participants knew where to find help in their communities. The custodian types of those who indicated that they did not know are as follows: eighteen (75%) of CHH, sixty (63%) of those who stay with relatives, sixteen (62%) of those who stay with father only, forty two (44%) with mothers only, twelve (44%) in homes of safety, three (33%) in orphanages, and lastly, eight (30%) with both parents. These findings suggest that respondents do not have guidance about institutions or structures in their communities where they can get help when needed. It is also that the communities lack resources or have inaccessible services.

Table 5.19: I get time to play everyday

Custody	I get time to play everyday					Total
	Not at all	A little	Somewhat	Quite a bit	A lot	
Mother	8	10	9	14	54	95
Father	3	6	1	2	14	26
Both Mother and Father	5	4	2	5	10	26
Relatives	7	21	6	18	44	96
Orphanage	0	4	1	2	2	9
Home of Safety	4	2	2	6	13	27
Siblings	5	9	5	1	4	24
Total	32	56	26	48	141	303

Table 5.19 shows that one hundred and eighty nine (62%) have time to play every day while only eighty eight (29%) do not have time to play. In terms of custodian type of those who get time to play, sixty eight (72%) were those who stay with mothers only, nineteen (70%) were those in homes of safety, sixty two (65%) were those staying with relatives, sixteen (62%) were those with fathers only, and fifteen (58%) were those staying with both parents. Fourteen (58%) of those in CHH and four (44%) of those in orphanage indicated that they do not get time to play every day. Those who have time to play every day are likely top have a healthy social development.

Table 5.20: I like community functions like 21st birthday parties

Custody	I like community functions like 21st birthday parties					Total
	Not at all	A little	Somewhat	Quite a bit	A lot	
Mother	23	19	5	22	26	95
Father	6	7	2	3	8	26
Both Mother and Father	4	4	1	6	11	26
Relatives	13	29	11	17	26	96
Orphanage	2	0	3	1	3	9
Home of Safety	7	6	3	2	9	27
Siblings	3	5	8	4	4	24
Total	58	70	33	55	87	303

Table 5.20 reveals that one hundred and forty two (47%) respondents liked community functions and only one hundred and eight (42%) did not like them. The respondents' responses per custodian type of those who liked community functions were forty eight (51%) of with mothers only, eleven (42%) with fathers only, seventeen (65%) with both parents, forty three (45%) with relatives, four (44%) in orphanages, eleven (41%) in homes of safety, and eight (33%) in CHH.

Table 5.21 I sleep in a bed at home

Custody	I sleep in a bed at home					Total
	Not at all	A little	Somew hat	Quite a bit	A lot	
Mother	15	9	3	12	56	95
Father	7	2	1	4	12	26
Both Mother and Father	6	4	0	1	15	26
Relatives	23	12	6	11	44	96
Orphanage	0	0	0	3	6	9
Home of Safety	0	1	1	3	22	27
Siblings	8	7	0	4	5	24
Total	59	35	11	38	160	303

Table 5. 21 reveals that one hundred and ninety eight (65%) sleep in a bed at home. In terms of each custodian type, the findings showed that in an orphanage all 9 (100%) respondents slept in a bed, followed by twenty five (93%) in homes of safety, sixty eight (72%) with mothers only, sixteen each (62%) of those with fathers only and with both parents, and forty four (57%) with relatives. There were only nine (38%) CHH who slept in a bed at home. Additionally, the findings show that fifteen (63%) of those in CHH did not to sleep in a bed at home. This is a high percentage which suggets difficulties that those in CHH experience have with accessing financial resources such as social grants. There is however noticeable progress with other OVC in terms of accessing social grants. Another factor might be that some OVC in the study had both parents who were possibly working; as a result, they could afford to buy a bed and other assets.

Table 5.22: I eat breakfast, lunch and supper everyday

Custody	I eat breakfast , lunch and supper everyday					Total
	Not at all	A little	Somewhat	Quite a bit	A lot	
Mother	2	12	9	13	59	95
Father	1	5	1	7	12	26
Both Mother and Father	1	6	3	2	14	26
Relatives	8	22	11	11	44	96
Orphanage	0	0	0	3	6	9
Home of Safety	0	2	1	1	23	27
Siblings	3	8	2	5	6	24
Total	15	55	27	42	164	303

Table 5.22 shows that two hundred and six (68%) respondents had breakfast, lunch and supper (three meals) everyday. This item rated very high in six of the custodian types as follows: nine (100%) by those at the orphanage, twenty four (89%) by those at the home of safety, seventy two (76%) by those with mothers only, nineteen (73%) by those with fathers only, sixteen (62%) by those with both parents, fifty five (57%) by those with relatives, and lastly eleven (46%) by CHH.

Notably, 46% of those in CHH reported that they do not have 3 meals a day which could be due to inaccessibility or challenges with social grants. Availability of 3 meals for other custodian types might be due to availability of child support grant for children in poverty, disability grant for children living with disabilities, and foster grant for children who have lost parents. The availability of food nutrition programmes in participating schools could also be a contributing factor to most participants who had three meals a day. Lastly, the fact that more that 85 % of participants who were from institutions of care reported having three meals a day could be due to the fact that these institutions of care are fully managed by government.

Table 5.23 There is TV at home

Custody	There is TV at home					Total
	Not at all	A little	Some what	Quite a bit	A lot	
Mother	15	4	5	5	66	95
Father	5	2	1	6	12	26
Both Mother and Father	4	3	1	1	17	26
Relatives	18	8	5	15	50	96
Orphanage	0	0	2	1	6	9
Home of Safety	1	0	2	3	21	27
Siblings	7	7	1	3	6	24
Total	50	24	17	34	178	303

Table 5.23 shows that two hundred and twelve (70%) respondents had a TV at home while seventy four (24%) did not. In terms of custodian types, in homes of safety there were twenty four (89%), seventy one (75%) of those with mothers only, seven (78%) at orphanages, eighteen (69%) each for those with fathers only and those with both parents, and sixty five (68%) of those with relatives. There were nine (38%) of those in CHH who indicated to have TV which is the only custodian type with less than fifty percent affirmative responses.

Table 5.24: The neighbours assist me with needs like meals and money

Custody	The neighbours assist me with needs like meals and money					Total
	Not at all	A little	Somewhat	Quite a bit	A lot	
Mother	35	20	7	14	19	95
Father	11	5	4	2	4	26
Both Mother and Father	9	3	0	2	12	26
Relatives	40	21	5	16	14	96
Orphanage	1	1	2	1	4	9
Home of Safety	11	4	3	3	6	27
Siblings	14	5	1	0	4	24
Total	121	59	22	38	63	303

Table 5.24 shows that one hundred and eighty (59%) respondents do not receive assistance from neighbours whilst one hundred and one (34%) do. The bigger percentage of respondents who do not get help from neighbours, when divided by custodian types are as follows: nineteen (79%) by those at CHH, sixty one (64%) by those with relatives, sixteen (62%) by those with fathers only, fifty five (58%) by those with mothers only, and nineteen (52%) by those at the home of safety. The least number of respondents (below fifty percent (50%)) who did not receive help from neighbours were those with both parents at twelve (46%) and two (22%) from orphanages.

Table 5.25: The school provides learners with lunch

Custody	The school provide learners with lunch					Total
	Not at all	A little	Somew hat	Quite a bit	A lot	
Mother	1	2	2	7	83	95
Father	0	1	0	4	21	26
Both Mother and Father	1	1	0	2	22	26
Relatives	3	7	2	16	68	96
Orphanage	0	0	2	1	6	9
Home of Safety	0	1	0	3	23	27
Siblings	2	0	0	9	13	24
Total	7	12	6	42	236	303

Table 5.25 indicates that two hundred and seventy eight (92%) respondents received lunch at school and only nineteen (6%) were not provided lunch by the school. The breakdown of respondents from different custodian types who had lunch from school is as follows: twenty five (96%) were those with fathers only, twenty six (96%) were those from the home of safety, ninety (95%) were those with mothers only, twenty two (92%) were those from CHH, twenty four (92%) were those with both parents, seven (88%) who were with relatives, and seven (78%) from orphanages.

These results might imply that the Government of South Africa's school nutrition programme is reaching many schools, even secondary schools - while 10 years back it was rolled out in primary schools. The availability of this nutrition programme in schools assists vulnerable children by adding a third meal, hence most participants indicated to have three meals a day.

Table 5.26: I have too many household chores and I struggle to rest

Custody	I have too many household chores and I struggle to rest					Total
	Not at all	A little	Somewhat	Quite a bit	A lot	
Mother	29	31	13	11	11	95
Father	9	6	4	3	4	26
Both Mother and Father	5	0	4	3	14	26
Relatives	36	29	8	11	12	96
Orphanage	5	1	1	1	1	9
Home of Safety	11	9	3	3	1	27
Siblings	6	5	1	10	2	24
Total	101	81	34	42	45	303

Table 5.26 reveals that eighty seven (29%) respondents had too many chores and struggled to rest while one hundred and eighty two (60%) did not have too many chores and did not struggle to rest. In terms of custodian types, the respondents who did not have time to rest due to many chores are the following: seventeen (65%) with both parents, and twelve (50%) from CHH. These findings might imply that children staying with both parents and those staying alone with siblings had many chores and struggled to rest. Many factors may contribute to this including unavailability of an adult to assist with chores, or lack of parenting skills which might make caregivers not aware that they are overloading children with many tasks.

5.5 Relationship between availability of resources that enable resilience and OVC characteristics such as, age, gender and custodian type

In this objective, inferential statistics was used to analyze data. The interpretation of data was facilitated by the use of the Chi-squared statistics. Noticeable, the Chi-square is a statistical test of significance.

Hypothesis for this study

Null hypothesis (Ho): there is no relationship between the availability of resources that enables resilience and OVC characteristic such as, age, gender and custodian type.

Alternate hypothesis (Ha): There is a relationship between availability of resources that enables resilience and OVC characteristic such as, age, gender and custodian type.

Table 5.27: Availability of resources that enable resilience and age

		Age									Total
		12 Years	13 Years	14 Years	15 Years	16 Years	17 Years	18 Years	19 Years	20 Years and above	
Extent of availability	very low	2	1	4	1	2	3	2	1	0	16
	medium low	4	5	6	7	7	7	4	7	1	48
	medium high	12	23	18	16	15	5	4	4	0	97
	very high	23	45	27	16	14	11	3	2	1	142
Total		41	74	55	40	38	26	13	14	2	303

Table: 5. 28: Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	42.891[1]	24	.010
Likelihood Ratio	41.003	24	.017
Linear-by-Linear Association	23.913	1	.000
N of Valid Cases	303		

Table 5. 29: Symmetric Measures

		Value	Asymptotic Standard Error[2]	Approximate T[3]	Approximate Significance
Interval Interval	byPearson's R	-.281	.057	-5.088	.000[4]
Ordinal Ordinal	bySpearman Correlation	-.266	.056	-4.780	.000[5]
N of Valid Cases		303			

Table 5.28 indicates that the calculated value is 42.891 and the tabled value is 36.415 calculated at p=0.05, df=24, (also calculated from Asymptotic Significance .2-sided which is the p-value of the Chi-Square) and if it is less than the 0.05 (which is the alpha level associated with the 95% confidence level) the study rejects the null hypothesis which implies that there is a significant relationship existing between availability of resources that enable resilience and age of OVC. Table 5.27 shows high availability of resources which is more witnessed from age 12 to 16 years. Above 60% of the respondents of 12 to 16 years of age indicated high availability of resources.

[2] Not assuming the null hypothesis.
[3] Using the asymptotic standard error assuming the null hypothesis.
[4] Based on normal approximation.
[5] Based on normal approximation.

The reduction of availability of resources was evident at age 17 years. At 18 years of age about 54% reported high availability of resources. At 19 years it went down again to 36%. Again, a little increase on the high availability of resources was witnessed at 20 years and above. To measure the strength of this relationship, a correlation test was calculated and the strength is r=-.281. Therefore, there is a weak relationship between availability of resources that enables resilience and age of OVC. The relationship is negative which indicates that with the increase in age there is a decrease in resources. In terms of SASSA, the cut off age for receiving social grants (child support grant) is 18 years. There is a possibility that those at 19 years were not getting social grant. These findings may also imply that as children grew older, they start to be aware of their vulnerability, then their individual and context resources decrease.

Table 5.30 Availability of resources that enables resilience and gender

		Gender		
		Female	Male	Total
Extent of availability	very low	6	10	16
	medium low	32	16	48
	medium high	65	32	97
	very high	71	71	142
Total		174	129	303

Table 5.31 Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	11.122[6]	3	.011
Likelihood Ratio	11.194	3	.011
Linear-by-Linear Association	1.251	1	.263
N of Valid Cases	303		

[6] 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.81.

Table 5. 32 Symmetric Measures

		Value	Asymptotic Standard Error[7]	Approximate T[8]	Approximate Significance
Interval by Interval	Pearson's R	.064	.059	1.119	.264[9]
Ordinal by Ordinal	Spearman Correlation	.103	.058	1.792	.074[10]
N of Valid Cases		303			

Table 5.31 indicates that the calculated value is 11.122 and the tabled value is 7.815 calculated at p=0.05, df=3, (also calculated from Asymptotic Significance .2-sided .011 which is the p-value of the Chi-Square) and if it is less than the 0.05 (which is the alpha level associated with the 95% confidence level), the study concludes that the variables are not independent, thus the null hypothesis is rejected which implies that a significant relationship exists between availability of resources that enables resilience and gender of OVC. Table 5.30 indicates that there is a difference in the availability of resources per gender; 136 (78%) females indicated to have high availability of resources while 103 (80%) males indicated high availability of resources. Males have higher resources than females. This relationship is illustrated by a very weak positive correlation of r=0.064

The above differences between males and females in the findings might be due to roles played by girls and boys in the family, on areas of family norms like, who has many chores, who is more likely to be heard when sharing a problem with the family or friends. It is not easy to account for such a difference, but lack of appropriate recreational facilities, could also contribute to less social support for females compared to males. Males easily find themselves a soccer ground compared to females.

[7] Not assuming the null hypothesis.
[8] Using the asymptotic standard error assuming the null hypothesis.
[9] Based on normal approximation.
[10] Based on normal approximation.

Table 5.33: Availability of resources that enables resilience and Custody

		Custody							
		Mother	Father	Both Mother and Father	Relatives	Orphanage	Home of Safety	Siblings	Total
Extent of availability	very low	2	4	1	3	2	0	4	16
	medium low	5	1	3	24	1	2	12	48
	medium high	28	8	7	31	3	12	8	97
	very high	60	13	15	38	3	13	0	142
Total		95	26	26	96	9	27	24	303

Table 5.34: Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	73.991[a]	18	.000
Likelihood Ratio	77.184	18	.000
Linear-by-Linear Association	29.485	1	.000
N of Valid Cases	303		

Table 5. 35 Symmetric Measures

		Value	Asymptotic Standard Error[11]	Approximate T[12]	Approximate Significance
Interval Interval	byPearson's R	-.312	.053	-5.707	.000[13]
Ordinal Ordinal	bySpearman Correlation	-.318	.052	-5.826	.000[14]
N of Valid Cases		303			

Table 5.34 indicates that the calculated value is 77.991 and the tabled value is 28.869 calculated at p=0.05, df=18, (also calculated from Asymptotic Significance .2-sided .000 which is the p-value of the Chi-Square) and if it is less than the 0.05 (which is the alpha level associated with the 95% confidence level), the study concludes that the null hypothesis is rejected which implies that a relationship exists between availability of resources that enables resilience and custody of OVC. What the table indicates is that availability of resources that enables resilience differs with the type of custody for OVC. Therefore, there is a difference between availability of resources and where or with whom the OVC stay. When one observes these findings in Table 5.33, the discrepancy is with CHH, where 67% of CHH indicated to have low resources that enable resilience. Only 33% of CHH indicated having high availability of resources. This is very high when compared to other custodian types who were all above 60% in terms of availability of resources. For OVC who are in CHH, less resources were available compared to all other types of custody. The established relationship was very weak, as represented by -.312.

[11] Not assuming the null hypothesis.
[12] Using the asymptotic standard error assuming the null hypothesis.
[13] Based on normal approximation.
[14] Based on normal approximation.

5.6 Part Two: Focus Group Discussions

This section presents the analysis on the challenges experienced by OVC and recommendations from all four focus groups.

There were four focus groups in total, namely, caregivers, teachers, two for OVC who reported high levels of resources that enable resilience and OVC who reported low levels of resources that enable resilience).

Table 5.36 Questions posed by this study to focus groups using interview schedules:

Questions posed to caregivers and teachers	Questions posed to OVC
1. What in your view are the challenges of OVC?	1. What challenges do you experience as OVC?
2. What support structures are available for OVC?	3. What support structures are available for you?
4. What structures/ support are recommended for OVC?	5. What structure/ resources are available for OVC?
6. Is it easy to get a social grant?	7. What are your dreams in life?
8. How are other children treating OVC?	9. What in your view has made you survive? 10. And do you have friends?

5.6.1 Emerging themes that emerged from the data.

This subsection outlines themes and sub-themes that reflect OVC, teachers and caregivers' FG's responses. The summary of the themes discussed in this chapter is:

5.6.1.1. Challenges: (personal, financial and social problems, maltreatment and lack of skills);

5.6.1.2. Support structures (unavailability and inaccessibility of support structures);

5.6.1.3. Recommended structures (community structures-recreational, social and psychosocial);

5.6.1.4. Receiving a social grant (application process-accessibility, documents and use of grant);

5.6.1.5. Peer treatment of OVC (psychosocial, no challenges);
5.6.1.6. Dreams about the future (achieving something- career, school and family);
5.6.1.7. Survival (personal attribute and support); and
5.6.1.8. Role of friend (role of friends- personal level).

5.6.2 Challenges experienced by OVC

5.6.2.1 Personal and social problems

The focus groups (FGs) stated that OVC struggle with many challenges like being mistreated by caregivers and teachers, and being troublesome themselves. All focus groups identified challenges which fall within the following categories: behavioral, social and financial problems.

When it comes to emotional abuse, FG for OVC emphasized that teachers do not support them; instead, they treat them by using insensitive words.
FG: "*If the way you eat here at school matched your performance, we were all going to be happy*"
They mentioned that this create trauma and discouragement, because when the school provide meals, it aims at eradicating poverty, bring back children concentration and ensure that children are ready to learn. Caregivers' focus group confirmed the above by saying

FG: "*teachers can be very insensitive sometimes, forcing children to pay for certain things needed at school by reminding them that they get social grants*…."

It was also mentioned that some children isolate themselves at school and do not want to play, but because the school is well trained to manage such, they identify them and intervene. In most cases intervention is counselling and making resources available, like food. Noticeably, some children arrived at school without breakfast, then, the school would organize food left the previous day and solve the problem.

One may not know what creates such emotional problems, but one FG of OVC mentioned that polygamy and alcoholism of caregivers affect them. They further

explained that when they lose one parent, the other parent focuses on the new wife or other wives and ignore the children of the deceased wife.

FG: "*my problem is at home, my father has polygamy and my mother passed on. So he does not do anything for us. And it seems like he does not like us anymore*."

While caregivers confirmed that OVC are sometimes difficult to manage, they emphasised struggling with behavioural problems while caring for OVC. They mentioned that these children could be very dishonest, disobedient and insensitive. Caregivers further indicated that they also feel inadequate in dealing with OVC. They were never satisfied with the effort of the caregivers and had a lot of demands:

FG: "*At home I stay with my late sister's daughter. I try to sit down and discuss issues with her, but she is hard hearted. She comes home late. Unfortunately, I cannot punish her*"

These findings suggest that behavioural problems manifest in different ways, such as the use of drugs, teenage pregnancy and school dropout. Teachers and caregivers mentioned that lack of care and trauma might be the driving force to behavioural problems. Caregivers however, kept emphasizing the issue of poor parenting as some caregivers failed to treat children well.

This situation was explained by the FG as mostly due to financial problems. Children would demand clothes and even when caregivers explained their financial challenges, OVC could not understand but continued to make demands.

5.6.2.2 Financial problems and demands made by OVC

FG: "*you know what; life is difficult because financial demands are heavy on us. These children do not want to understand when we say we do not have money*".

It was observed that financial difficulty was another problem mentioned by all FGs. Teachers' FG indicated that each year, they identify OVC who never received social grant and refer them to the relevant departments. They mentioned that they would struggle to assist children because for an OVC to qualify for a social grant, SASSA should receive all required documents. Some children were reported not having

documents required for social grants. FGs also indicated that some caregivers do not utilise social grants for the needs of OVC. Even when the school complained to caregivers, promising and convincing information would be sent to the principal by caregivers, but the children would continue to struggle. The monitoring of how social grants were used by caregivers was recommended by FGs.

FG: "*the main problem we observe is that when a child loses a parent he/she will stay with relatives, who do not use social grant correctly*".

OVC themselves identify lack of support from teachers as the main challenge. Other challenges were around African culture rituals for those who lose their mothers through death and neglected by fathers. They mentioned that they could not receive family rituals as expected due to negligence. Lack of family rituals is a serious concern for children as they mentioned that it ripped them off their identity within the family.

FG: "*My mother passed on, and my father rejected me. He did not even pay for damages (inhlawulo) for me, thus I feel he is not fair as I am using my mother's surname".*

In African families when children are born out of wedlock, the father of the child is expected to pay a certain amount of money or animal in a form of goat or cow to the maternal family. This serves as an acknowledgment that they know the child even if parents are not married. When the money or any requested gift has been given to the maternal family, the child's surname can change to his father's surname. This normally gives the father full rights to the child.

One OVC said "*I wish I knew my father, because without paternal family, one feels incomplete and it like having no identify*".

Even though the maternal family takes care of her as an orphan, she would like to know her father. This forms part of cultural identity and could contribute to self confidence.

FG: "*My mother passed on when I was young. I do not know if my father is alive or not. They were not married. I never knew him, but other people say he is still alive in Gauteng with his family. I must see him*".

5.6.2.3 Maltreatment (doing more chores, even before going to school)

Another social problem identified by FGs especially the caregivers, is that some OVC are overworked. In the morning before they go to school they have to do washing and in the afternoon when they come back from school. Sometimes these children would be late for school and have no time to play.

FG: "*I do not get time to study, my aunt always give me work to do, even if her daughter is also back from school. I will work alone while she sits and play with her phone, but she is older than me*".

FG: "*It is sad to see a child being late for school in the morning, because of the chores she/ he must do every morning, there is nothing you can say, because the child stays with your neighbour*".

The above findings might imply that OVC struggle to get time to study, rest and play. Playing is part of children's needs, and it assists children to develop socially, emotionally and physically. If playing and resting are not balanced, frustration and stress builds up in children's lives. This might disturb their academic performance.

The community (neighbours) was also mentioned by most FGs as problematic. Community contributed to conflicts and both OVC- FGs did not have trust on neighbours. Lack of community and neighbour support was found in the questionnaire while their role is important as protective factors for resilience.

FG: "*I do not trust my neighbours because they do not wish us good*".

FG: "*When I went back to repeat grade 12, neighbours discouraged me and said, 'why are you not staying at home, whom have you seen in the community finishing grade 12'. But I decided to continue, because I need a better future*".

The terms used by focus groups when talking about the neighbours are jealous, bad, and no trust indicating lack of trust and cohesion between families and neighbours. What made it a serious challenge was that all FGs mentioned lack of neighbour support.

5.6.2.4. Lack of skills and passion

OVC experience challenges of being taken care of by caregivers who themselves felt that they were not competent or equipped to deal with OVC. The caregivers - FG repeatedly indicated that they need better methods of being able to treat these children. Caregivers mentioned that when an OVC starts misbehaving, as caregivers they get overwhelmed and fail to make appropriate decisions for the children.

FG: "*we do not speak and guide them well*".

FG: "*Some of us do not speak well to these children, maybe, because they are not our biological children*".

There was consensus among all members of the caregivers-FG about this lack of skill of managing OVC. They felt that as caregivers, they might be hoping to compensate for the loss that the children experienced by trying to focus on them and neglect their own children. And later, they try to correct this situation by refocusing on their biological children. They have further witnessed conflicts between children under their care due to their own incompetence.

FG: "*Children do not trust us because they know we are not their real parents when you advise them they treat it as abuse*".

The teacher-FG showed some concern on the fact that, other schools were supposed to refer OVC who need help to them as a Full Service School, so that they can be attended to accordingly, but neighbour schools were not referring OVC. This FG was not sure why neighbouring schools were not referring; they thought these teachers from neighbouring schools lack passion. They further mentioned that neighbouring schools had been trained on identification skills and referral procedures, which made the FG during discussion to conclude that some teachers are not interested in working with OVC. The finding in this study is that all FGs had little confidence and joy on how teachers treat OVC. This could be an indication of the lack of skills on the side of teachers or frustration experienced by teachers in their work environments.

The unavailability of stakeholders or institutions who can attend to OVC referrals might also be a contributing factor on the reason some teachers were reported not helpful to OVC. When the school refers a child to the ward counsellor or a social worker, for further investigation about the child's welfare, some of the stakeholders would not respond to such request for help. Teachers would end up discouraged. The teacher-FG indicated that they do not even know a ward counsellor whom they invited to their stakeholder's meeting with no success. For the OVC to be well identified within communities, different stakeholders should work together.

FG: "*In our knowledge, a ward counsellor is supposed to be known by the school; however, in our case they do not attend meetings. The unavailability of stakeholders in meetings sometimes, is a big challenge for OVC because it will mean resolutions would not be taken in those meetings. Thus little progress on issues will be tackled. It is discouraging*".

5.6.2.5. Support structures are not available in the community

All FGs except for teachers indicated that in their communities, there were no support structures. They acknowledged the visibility of the Department of Health through mobile clinics, with nurses visiting schools. They further indicated that social workers were available at the hospital even though they were not transparent in communities. OVC-FG indicated that their clinics are even far from the community and they depended on mobile clinics. They emphasized that the structures were not available except the DoH.

FG: "*I cannot say we have facilities, because we do not have offices nearer, the clinic is far, no old age home for our grandparents*".

OVC -FG further indicated that they have nothing but at least there is a church and they enjoy going to church.

FG: "*Nothing that I know of, but the church helps. I play drums there and they pay R150 for a church service*".

Caregivers FG further indicated that their children do not have a place to play. They lack sport grounds, drop-in centres for OVC, a facility to help people with disabilities. They had a serious concern with children who are at home with disabilities. Caregivers indicated that they observe that cities have good recreational areas which are not available in their communities.

FG: "*Older boys do play soccer in the soccer ground, not formal though, however, girls and young children do not have anything to do. No parks for children to play. You see I once coordinated games like, netball and soccer and our children used to enjoy it. But I stopped, because there was no support. I needed financial support because when children gathered together to play it is good if they would get lunch at least once a month*".

FG: "*There are few available NGOs, government departments and Youth Desk*".

The Teacher–FG mentioned other support structures like an NGO which assists with supporting children who had experienced abuse and criminal activities. This NGO also assists with developing vegetable gardens in schools. National Youth Desk (NYD) and community workers were also mentioned as transparent in the schools and community.

FG: "*NYD assists OVC with uniform and stationery. Community workers would identify OVC with their ill parents in the community and support them. It is easy to work with community workers*".

FG: "*We can say, the Government Departments are available, even though they struggle to attend to all cases referred to them*".

No other community structures were identified by FGs which indicated a lack of such structures except for the few mentioned by teachers. Lack of community support structures makes it difficult for caregivers to support OVC. There is a need for recreational facilities to assist in managing behavioural problems of children since they keep children busy. Schools for children with disabilities could assist OVC in the communities who are living with disabilities and are out of school.

There was a question which asked if it was easy to get a social grant. The application process was seen as not difficult anymore. Both focus groups indicated that the South African Social Security Agency (SASSA) and the Department of Social Development has made the application process quicker as long as the applicant has necessary documents. During application process, if the officials identified that the applicant was in poverty, food parcels would be made available to the applicant. They explained that difficult cases were those without documents and as a school, they could only refer those cases to SASSA and the Department of Home Affairs. Even though the application for social grants was not mentioned as difficult, Teacher-FG felt that there was a need for monitoring of issuing of grants and the use of social grants by caregivers because they end up not using them for children's needs.

5.6.2.6. Challenges with documents for application of social grant

FG: There are minor challenges in the application of CSG.
"*We also assist parents by referring learners*".

FG: SASSA processes are now faster, challenges are with those who do not have documents. DoHSA has also made the application process easier and quicker by ensuring that children get birth certificates immediately after birth.

5.6.2.7. Challenges with monitoring the use of grants

FG: What we experience as schools is the lack of monitoring on the use of grants. Some caregivers use those grants for other reasons instead of children's needs.
FG: "*Yes, children end up suffering*".

5.6.2.7. Love and play together

A question was asked on how other children treat OVC. This question was directed to teachers and caregivers' FGs only. Both FGs indicated that they think children do not really treat OVC badly. They felt that OVC go through normal fights like other children. They further mentioned that bullying and fighting is normal in schools and is experienced by all children. Therefore, they cannot confirm that such problems are due to the vulnerability. They thought OVC were treated by other children well.

FG: "*children treat each other well*".

They felt that as long as there is caring at home and school, children do not pay attention to social problems. Children play together and support each other.

FG: "*Children do not see much, they treat each other well. We have very few problems with that.*"

Teachers alluded to the fact that OVC are the ones who sometimes isolate themselves, but because the school has professionals who are equipped to support OVC, they are easily identified and interventions implemented. They mentioned that they normally assess the situation and intervene accordingly.

The question was asked from OVC about their dreams. There was pride and joy observed when participants responded to this question. This was evident when they talked about how their caregivers and siblings assisted them towards their dreams/goals. All OVC FGs showed a sense of excitement when this question was discussed. Most of them indicated to have a target or a goal in their lives. The focus was more on careers and school issues.

5.6.2.8. Career

The respondents in the focus group mentioned different careers as their dreams which they were striving for. What was positive was that they explained how they would achieve them. This indicated courage in the lives of these young people.

FG: "*My dream is to be a doctor. I am currently doing grade 10. The problem is that next year mathematics might not be done in grade 11, so I do not know, maybe my career will change*".

This issue of career was linked to hope of support from significant others. For some participants, their dreams depended on other people like caregivers.

FG: "*My mother passed on and my step-father, who was married to my mother, is a good man. He promised to assists me when I finish school with getting drivers license and pay for me to study paramedic*".

A number of careers were mentioned like paramedic, doctor, pharmacist, nurse, singer and others. Some dreams were specific to finishing school. This showed that they had courage and understanding that for one to do well in life, one must complete school, and education should be prioritised. Completing school was seen as a gate to improve lives and that of their families.

FG: "*In reality, I have a big dream. I want to finish school and become a business man. I want to play instruments for a big gospel choir like, Joyous celebration*".

5.6.2.9 Family

What was noticed was that as OVC mentioned their dreams, the family was part of the dream all the time. They mentioned that when they become successful, they would build houses for their families to pay back the love and financial struggles their families went through.

FG: "*First I want to pass grade 11 and finish school. Then I get a job and get my family a house. We need a decent shelter. I hope to change their lives*".
In the quest of finishing school, the family became a very important part of OVC dreams.

FG: "*I hope to finish school, work hard and take care of my siblings. My brother is 12 years and the twins are 9 years old. Our mom passed on*".

Generally all the OVC had no doubt that they would finish school and work hard to succeed in life. Their dreams seemed very realistic and they were able to indicate their hope to achieve in spite of barriers like lack of support from certain educators, caregivers and all the struggles of their lives. Their focus was on the positive, no mention of challenges when this question was asked. The way they believed in their dreams was the evidence of their courage and motivation. It should be noted that courage, motivation and self-belief are individual protective factors which are critical for resilience.

The question of what had made OVC survive was asked OVC FGs only. What was significant was their strong belief, will, personality, motivation and zeal to survive. They showed that they themselves wanted to survive no matter what. Another area that was mentioned consistently was the support from significant others.

5.6.2.10 Personal traits and support

It became difficult to separate personal attributes from support; thus, there was a possibility that stronger support brought a stronger personality in OVCs.

FG: "*Reaching grade ten (10) has been a struggle. But I persevered. To me, no one has made me survive, but my own perseverance*".

There was evidence of personal strength through positive self-belief and appraisal. A combination of such traits and availability of support system predicts success in the lives of OVC.

FG: "*My brother helps me financially and motivates me but I also know what I want, I try to work hard*".

FG: "*Church helps, it comforts me. I also play music instrument there and I am paid, not a lot, just R150, 00 per day. Yes, at least when I'm there I feel happy*.

FG: "*Me too, I like going to church and attend youth gatherings*".

The church seemed to play a significant role in the resilience of young people. When the FGs expressed their dependence and independence to significant others, one realised the power, energy and strength from these young people. The strength that seemed to be with the significant others who supported OVC got transferred to the OVC; thus, they mentioned these things with smiles and energy within the discussion. One participant used a nickname for his mother, which described her as everything: someone who can tell the future - *a sangoma (fortune teller),* who could heal the sick and also make sacrifices.

FG: "*I have survived because of* isangoma sami *(my fortune teller) – my mother. I like her so much, she pushes me when I get discouraged, and motivates me, but I also follow her advice and I put effort in what I do. This makes me survive. I know what I like. This makes me survive*".

A number of significant others like grandmother, sister, aunt, stepfather and brother were mentioned by the FGs as important to them.

FG: "*My aunt (sister for my late mother) is good to me together with her children (my cousins) who are older than me and they are working. They support us (with my sisters) in all aspect of life".*

The interviewer asked about the role of neighbours in supporting them to survive. All FGs did not show any interest or faith in their neighbours.

FG: "*We are not in good terms with our neighbours. It is not easy to trust them. They do not wish us well. It is an old fight between families*".

Only one participant mentioned positive things about neighbours. This is a typical good situation that could have worked for many OVC, even the CHH would benefit from such community relations.

FG: "*I have a good neighbour. When I need anything, I go to them. Actually we are like a family. When my grandmother is ill, as she is mostly admitted in the hospital, I slept in their house and they provided me with everything*".

Personal attributes and support from significant others, especially family and relatives, has been mentioned as factors contributing towards their survival. A serious challenge was identified between a relationship of OVC and neighbours. Neighbours seem to do little in assisting OVC to survive. One participant who has a good relationship in the community seem to benefit, especially that she is younger (15 years of age). This type of relationship should be promoted.

The question was asked OVC FG if they had friends. The issue of friends from both FGs did not stimulate any interest. FGs seemed to see friends as strangers and not people who can support them when they have problems. Only two participants indicated that they believed they do have friends; others seemed not to like friends. They said they do have people they talked to at school, but could not call them friends. They also indicated that they did not feel comfortable to share their problems with other people. What was of significance was that OVC did have peers they play and socialise with, but they could not share their personal information and emotional issues with those friends. The following themes came out.

5.6.2.11. Distrust

FG: "*I do not have a person I can call a friend*".

Relatives (cousins) were preferred friends in some conversations. And these positive comments about friends assisted participants in understanding the role of friendship in their lives.

Like, someone I rely on. Maybe for it to be a cousin, it is because at least the cousin knows my story.

This shows that sharing problems with other people was seen as a stigma and a sign of weakness. Therefore, a relative was preferred because he/ she understood the participant situation.

FG: "*I have a friend, she is my cousin. She is the only person I rely on*".

Failing to choose a friend that one could trust seemed to be the main problem experienced by OVC. Where such choices had been made, positive comments about friends came out during the discussion. Other positive comments about friends came as follows:

FG: "*I do have a friend in my class. We have similar problems in our background. We help each other in class. We also support each other when we feel sad. That has made us stronger*".

While others prefer to have relatives as friends, others prefer people from the same background; others feel that they do not have friends but they still survive. This personality trait came out again as the reason for survival.

FG: "*No friend. But I do survive without. Yes I have people I talk to, but I cannot say they are my friends*".

FG: "*Me too, I do not have a friend. I do not tell people my problems, because they use them to laugh at you. Friends can push you down. But I do play with other children*".

The majority in focus groups did not believe in friends, there was a lack of faith and trust. However, those who had friends seemed to benefit from their friendship with others. Young people need to be trained on skills of developing trustworthy and reliable friendships, which will add to their protective factors for survival.

All FGs were asked to mention their recommendations on the challenges experienced by OVC.

5.6.3. Recommendations made by all Focus Groups

5.6.3.1 Recreational facilities

FG: "*Children need places to play and activities that can keep them busy*".

FG: "*Maybe a centre where children can play indoor games can assist, especially young children*".

There is a need for recreational centres in all communities. This has started to improve in townships (semi-urban areas) where municipalities are providing outdoor gym centres and outdoor playing equipment for young children. Parks are also starting to emerge in

townships. Recreational facilities are currently scarce in rural communities, but they are also necessary in those areas. These facilities need to be supervised by communities so that they can last longer and be taken good care of. During weekends when children feel bored, they can go and play and socialize. They also get time to establish friends.

5.6.3.2. Vocational centres

FG: "*Maybe I would not put it right, but I think, if government can build a skills centre, where children out of school and those caregivers who are unemployed can develop entrepreneurial skills, life can be better for OVC*".

FG: "*Parents can form cooperatives and focus on agriculture. Maybe at the end sell vegetables to schools as part of nutrition program because besides social grants they need income*".

Teachers' FG was concerned about unemployment rate and dependency on social grants by community members. They recommended that caregivers of OVC should take a lead in agricultural projects with the assistance from stakeholders so that they can boost their financial status. Skills and entrepreneurial centre where communities could learn skills were also advocated.

5.6.3.3. Teacher support of OVC

All focus groups recommended that teachers are important in the system of supporting OVC. A good relationship was mentioned as the key between caregivers, teachers and children.

FG: "*I think it is important to get support from educators. They discourage us and laugh at us when we eat school food*".

FG: "*Even though the principal is a good man, but most teachers are not. At least they should guide us and encourage us*".

FG: "*Teachers should treat us as human beings, even if we struggle in class we still need to be respected*".

The issue of struggling with school work and repeating grades came out clearly and seemed sensitive. OVC reported that they struggle at school and lack of support from teachers made things to be worse for them. They mentioned that lack of such support discourages them from attending school. This may have affected their self-confidence and motivation thus had lower resources that enable resilience. Teachers have a major role in developing children confidence and guiding their future. Caregivers FG also requested support from teachers.

5.6.3.4. Training and support for caregivers

Caregivers emphasised the fact that they felt neglected because even though they were assisted financially, they still experienced many problems in raising OVC. Caregivers experienced frustration which affected them emotionally when these children misbehaved and showed signs of trauma. Caregivers felt that they did not have expertise in dealing with trauma which is an important skill when caring for OVC. It is the responsibility of caregivers to emotionally support and guide children even if they do not follow the rules and misbehave.

FG: "*We really need some help with the children. Some of us we get overwhelmed and become worse when they demand things, we become frustrated. Some of us need some support and guidance on how to handle them*".

5.6.3.5. Counselling of OVC

Losing a parent and experiencing abuse may create trauma for children; thus they need emotional support. Therapeutic interventions are necessary for children recovery so that they can function effectively. This may improve academic performance, behaviour and social life for these children. Caregivers and teachers' support groups emphasised the issue of counselling. They requested that counselling be provided for OVC not only once when the children had immediately experienced trauma, but continuously as they grow so that they adjust well to living with new caregivers. My experience in our communities where services are not easily accessible is that less counselling is provided for children after the death of parents or any other trauma.

FG: "*It may help to have someone talking to these children, assisting us, so that they may understand the situation*".

FG: "*The pain of losing a parent is deep. They do need social workers or people to visit schools and help them*".

5.6.3.6. Monitoring of support in schools by management

The teachers' focus group indicated that as a Full Service School, they provided training to neighbouring schools on how to identify OVC and train them on how to refer to relevant institutions. Schools continued struggling to refer learners to Full Service Schools and relevant institutions. This implied that OVC in those schools continue to struggle with various psychosocial barriers. Due to the fact that there is an effort to train schools, teachers' focus group recommended that the psychosocial interventions in schools be monitored like the teaching and learning activities.

5.6.3.7. Monitoring the use of social grant

Monitoring the use of social grant was recommended by educators' FG. They were concerned with caregivers who used money meant for social grants for other things, and neglect the beneficiary. It is known though, that some families experience poverty. When there is unemployment within the household and they receive a child support grant, it is more likely that they would not use the grant for the child needs only but to provide food for everyone. That is understandable, but some caregivers use the social grant money for things not at all related to the child needs. This is the reason this recommendation was made.

FG: "*Maybe what I can say, is that, if atleast parents can be monitored, so that we know what they use money meant for grants for. Because other children arrive at school, and one can see they are hungry, even though they get social grants*".

5.7. Development of a psychosocial model of intervention

The findings of objectives 1, 2, and 3 in this chapter were all consolidated in the chapter 7 of summary, conclusions and recommendations to develop a psychosocial model of intervention as was the intention of the study.

5.8. Summary

In this chapter, quantitative analysis of the questionnaire and CYRM-28 was done to address objective 1, 2, 3 and 4. While the qualitative analysis was done through identifying themes used to address objective 2. All these findings are consolidated and discussed in the next chapter to address the last objective of developing a model for intervention. The findings in this chapter showed that a large number of OVC had high availability of resources that enable resilience. Additionally, the results also showed that males had higher availability of resources compared to females. Noticeably, younger OVC from ages of 12 to 16 years were found to have increasing resources compared to those in the ages of 17 years to 20. It means those between 17 and 20 years and above reported that resources were decreasing. CHH was found the most struggling custodian type, struggling with all resources. This implied that CHH did not have resources for emotional support, could not establish appropriate social support and lacked economic resources. The findings further revealed that a relationship exists between OVC availability of resources that enables resilience and OVC characteristics such as age, gender and custody. Through triangulation, the main challenges identified were lack of teacher and community support, lack of trust for friends and no support from neighbours. All the above findings would be considered for the development of a psychosocial model of intervention. The next chapter, which is chapter 6, discusses the findings of the study according to the objectives of the study.

CHAPTER SIX

DISCUSSION OF KEY FINDINGS

6.1. Introduction

Chapter 5 presented the results of this study. The aim of this chapter is to provide perspectives and insights into the results. This chapter collates and discusses data obtained from questionnaires, CYRM-28, focus group discussions and studies on the research themes that have been reported elsewhere in the thesis. The discussions are represented in sections 6.2 to 6.7 and organized by main research questions derived from the research objectives as outlined in chapter one of the study.

6.2. Availability of resources that enable resilient among Orphans and Vulnerable Children

The study found that there are enough resources that enable resilient among OVC. It was revealed that a total of two hundred and thirty nine which is 79% of participants acknowledged that they had very high and medium resources available. There were very few respondents with low and medium low availability of resources (see Table 5.6 in Chapter 5). The study also showed that the most struggling OVC group is between the ages of 18, 19 and 20 years old (see Table 5.6 in Chapter 5). It can be concluded that the ages between 12 to 17 years have high availability of resources. These findings are in-line with the mission and vision of the Government of South Africa, which has enforced that children from 0-1 years must be captured on the social security system (social grant) as soon as their birth certificates were available (Social Assistance Act, 2004). Notably, this is done with an aim of avoiding delay in receiving social grants. However, it must be mentioned that such programmes cannot replace employment; there is therefore a need for the country to increase employment of its citizens in order to totally eradicate poverty. The findings of the study also agreed with the findings by Skinner, Sharp, Jooste, Mfecane and Simbayi (2013) who reported that the availability of material resources for OVC differs with some children able to get help while others are unable to find help in terms of accessing adequate services and resources. This means that the more OVC grow in years the more the availability of resources decrease. The findings of the study are also in-line with Anghel (2015), Southwick, Bonanno, Mastern, Panther-

Brick and Yehuda (2014) who highlighted that family or caregivers are a necessary resource for OVC resilience.

Again the study found that there were more males who had high and medium availability of resources compared to women. On the other hand, there were few males with low availability of resources compared to females (see Table 5.7 in Chapter 5). Additionally, in terms of vulnerability of status, the study found that there were high and medium resources available to orphans, the disabled and abused. Noticeably, very few vulnerable groups have scarce resources (see Table 5.8 in Chapter 5). The study also revealed that the availability of resources according to custody was either very high or medium. However, siblings reported scarcity of availability of resources (see Table 5.9 in Chapter 5). It can be concluded that there are more resources available to OVC in South Africa. It can be said that the study has applauded the effort of the Government of South Africa in providing basic needs for the people through social grants, school nutrition programmes, availability of Full Service Schools, Special schools and other resources. Higher percentage of OVC reported having resources that enable resilience. The findings of the current study are contrary to a report by UNICEF (2013) which reported that lack of resources for children living with disabilities is a problem worldwide. Additionally, it is argued that children with disabilities experience extreme difficulties and they become poorer than peers without disabilities (Waldman & Perlman, 2013). Children living with disabilities were found to have more resources compared to children who experienced abuse. The findings of the study agree with Social Assistance Act (2004) which reported that the government exists to ensure that needy people are catered for.

The findings of the study further revealed that for a child with disability, being at school increases the resources which enable their resilience. Availability of physical resources does build self-esteem and courage for children, which at the end assists them with individual resources. The support of children with disabilities reported in this study was strengthened by the availability of the family system. Similarly, the state of the special school they attended, though in a semi-rural area, was well equipped with a multi-disciplinary team of professionals like speech therapist, counsellors, teacher assistants and occupational therapist. Without caregivers and teachers who perform their duties in a responsible manner, it is not possible to have 77 % of children living with disabilities reporting high resources. There is a need to strengthen the family, school and

environmental systems to ensure that these children are all at school for them to be able to survive.

The current study revealed that children who experienced abuse had the least resources, followed by those living with disabilities while orphans had more resources compared to the two groups. These findings differ from those by Mapunda (2015) who found resilience and protective factors of OVC (children affected by war, HIV/AIDS and other vulnerable children) more similar. Similarly, Govender et al., (2014) analysis to check if orphans are more exposed to negative psychosocial outcomes than non-orphans found no difference between orphans and non-orphans. They found very few significant differences in the effect of number of social, psychological and mental factors. These results might confirm the issue of context and environment in dealing with issues of OVC and vulnerability. Also, the children who experienced abuse/ maltreatment were found in the home of safety which again had a professional social worker and skilled staff members. Looking at the responses of children who stay in the home of safety, one realised that they had higher availability of resources that enables resilience, and credit can then be given to the support available in those centres. Only 62% of children who experienced abuse reported high availability of resources which might be attributed to the abuse they received from caregivers. Caregivers who abuse children are mostly alcoholics or drug abusers or have any other form of addiction. Then the money responsible for children's needs would in most cases not be used for its purpose. The children themselves, even when they receive material needs, but because they are being abused, their emotional and social resources are depleted or do not exist. In a study, in South Africa, on parental loss and hope among orphaned children, orphans and non-orphans reported similar levels of hope. This is in contrast to the findings of the current study wherein the vulnerability of children seemed to determine the availability of resources.

The extent of availability of resources was found high in all ages but declined at the ages of 18 and 19. This might be attributed to the issue of availability of social grants as the provision of social grants ends at the age of 18 years. That the government has made strides and huge progress in trying to alleviate poverty, is confirmed by Dawson (2013, p.6), who sates that "just over sixteen million people access social grants indicating a massive expansion since 1994. The two largest groups of beneficiaries are the roughly

11.3 million Child Support Grant (CSG) recipients and the 2.8 million Old Age Grant (OAG) recipients". These are the social security grants made available by government with the aim of alleviating poverty. Social Security Act (2004, p.45) lists the following types of grants:

> "Child support grant (A person is, subject to section 5, eligible for a child support grant if he or she is the primary caregiver of that child), Care dependency grant (A person is, subject to section 5, eligible for a care dependency grant if he or she is a parent, primary caregiver or foster parent of a child who requires and receives 25 permanent care or support services due to his or her physical or mental disability), Foster child grant (A foster parent is, subject to section 5, eligible for a foster child grant for a child for as long as that child needs such care if- (a) the foster child is in need of care; and, (b) he or she satisfies the requirements of the Child Care Act, 1983 (Act No. 74 of 1983) and lastly a disability grant".

This study examined the contribution of social grants as one of the resources that create enablement of resilience in the lives of OVC, based on the Constitution, section 27 of 1995, that everyone has a right to basic needs (Constitution of South Africa: CSA, 1995). This means, for one to have a bed, television, food and to have a home, one needs money which for the majority of South Africans is through Social grants. Maslow's hierarchy of needs also revealed that satisfaction of basic needs like food, shelter, and water allows an individual to move to a second level of needs, and those are social needs. Man is a perpetually wanting animal. Also, no need or drive can be treated as if it were isolated or discrete; every drive is related to the state of satisfaction or dissatisfaction of other drive" (Green, 2000, p.3). Maslow (1970) indicated that lower needs (deficiency needs) are those like physiological (food, water) and safety need (security) which should be satisfied first before higher needs are attended to. This study emphasizes the success/contribution created by the availability of social grants in the lives of OVC. Thus, higher level needs like belonging, love and self-esteem can the individual focus on. We can then imagine what is experienced by CHH, whose physiological needs seem to be unsatisfied. CHH are the most struggling group with unavailability of all the resources. They struggle with academic performance, concentration, making friends and

others. In the same vein, the findings of this study are in line with findings of other studies like Jakachira and Muchabaiwa (2015).

6.3. Challenges experienced by orphans and vulnerable children in different custodian types

The study found that there are a number of challenges faced by OVC in the Province of KwaZulu-Natal. The study revealed that CHH were found to experience difficulties with most resources that enable resilience. This is in line with previous studies (Constantino & Ganga, 2013, Mturi, Sekudu & Kweka, 2012) which reported that CHH is experiencing scarcity of resources. Thus more attention needs to be placed on OVC in CHH. The study further showed that when a child is faced with challenges, parents play a pivotal role in helping the child feel better. It was also found that CHH received no help at all (see Table 5.10 in Chapter 5). Additionally, it was found that teachers partly assist leaners when they are faced with challenges. Moreover, half of respondents indicated that they are not assisted by their teachers when they have problems (see Table 5.11 in Chapter 5). The findings further revealed that half of the participants who are OVC tell their families how their day was at school. It can be said that OVC are open to their caregivers and that might mean that caregivers have friendly relationship with children under their care since this findings was also positive for other custodies like institutions of care, relatives and biological parents. Additionally, the findings of the study revealed that more than half of the respondents were not getting help from neighbours (see Table 5.12 and 5.24 in Chapter 5). It can be concluded that neighbours have abandoned their pivotal role in the community; the role of taking care of its members (to practice *Ubuntu*).

It was revealed from the findings that more families listen to their children when they report problems they are faced with. Only a few families do not pay attention to the problems faced by OVC (see Table 5.13 in Chapter 5). It can be said that CHH carry the burden by themselves. Interestingly, the study found that the church plays a very important role in the community in addressing problems encountered by OVC (see Table 5.14 in Chapter 5). However, only a few OVC are not helped by the church as revealed by the study (see table 5.14 in Chapter 5). Even the CHH reported enjoying going to church and the church helped them when they were feeling sad.

The study found that a large number of OVC leaners had someone who helped them with homework when they are at school. Notably, very few OVC leaners have no one to help them (see Table 5.15 in Chapter 5). Contrary, a large number of CHH reported that they have no one to help them with homework (see Table 5.15 in Chapter 5). It can be concluded that there is an urgent need to address challenges faced by CHH who are highly affected by lack of support in their school work.

The study also revealed that a large number of OVC visit their cousins and relatives when there is a need. Moreover, a small number OVC do not visit their cousins and relatives at all. However, CHH and orphans in orphanages struggle a lot in this as most of them do not visit their cousins and relatives at all (see Table 5.16 in Chapter 5). It can be said that those who do not visit their cousins and relatives might have no relatives at all. The study also indicated that a large number of OVC do not talk to their friends about how they feel. It was observed that quite a few of them talk to their friends about how they feel (see Table 5.17 in Chapter 5). These findings suggest that OVC struggle with sharing sensitive information with their friends.

The study showed that OVC participants partially know where to find help in their communities when they needed assistance. Additionally, it was revealed that CHH and those staying with their fathers are highly affected (see Table 5.18 in Chapter 5). It can be said that there is an urgent attention required for OVC to be fully supported in local communities for the promotion of *Ubuntu*. Moreover, the study also showed that a large number of OVC always get time to play every day. Surprisingly, the study revealed that there are few OVC participants who do not get time to play every day (see Table 5.19 in Chapter 5). Even though there are few OVC respondents who do not get time to play, the study shows that OVC generally have time to play.

When it comes to community functions, the study found that less than half of the participants reported that they enjoyed attending community functions like the 21st birthdays even though some attend a little bit, somewhat, quite a bit, and a lot. The study also showed that also slightly half of OVC participants did not like to attend community functions (see Table 5.20 in Chapter 5). A large number of participants in institutions of care and CHH showed less desire to attend community functions. This could imply lack of support in communities and lack of identity by those participants who are at

institutions of care. Furthermore, children in institutions of care lack access to community functions.

The study found that OVC participants reported to sleep in beds in their homes. Additionally, very few OVC do not sleep in beds. Contrary to what people think about orphanage and home of safety, the OVC in the two areas show that they all sleep in beds (see Table 5.21 in Chapter 5). These findings applaud what social grants do in South Africa when it comes to carrying for poverty stricken children. It is noticeable that there is progress among OVC and that the availability of social grants could be a contribution factor for this achievement. Another factor might be that some OVC in the study had both parents, and there is a possibility that they are working; as a result, they can afford to buy a bed and other assets.

With regards to eating three meals, the study showed that almost all OVC participants take three meals every day. Only a few OVC do not take three meals. It was noted that even though few OVC participants were staying with parents, mother, father and relatives, they did not have three meals a day. Contrary to findings on other custodies, OVC in orphanage and home of safety did not have challenges in having three meals a day (see Table 5.22 in Chapter 5). These findings indicated that CHH continue to struggle with all resources. The struggle to have three meals a day could be due to lack of finances, challenge with accessing social grants and poor community support. In terms of other custodian types, the above results showed that communities were taking advantage of the availability of social grants, since most respondents reported that they did have three meals a day. These government initiatives, which were implemented, have shown that the community used social grants effectively to alleviate poverty.

The study further showed that a large number of OVC had televisions in their homes. No institutions of care were reported not to have televisions (see Table 5.23 in Chapter 5). The findings could be attributed to the progress made by the government in ensuring that all children are catered for financially. The results of the study are an indication of an improved social lifestyle of these children. The findings of the study showed that a large number of OVC disagreed with the notion that they are helped by community members with food and money. The study showed that very few OVC respondents reported getting help from the community. These findings suggest a lack of relationship

among neighbours in the community. This could be due to lack of trust between community members or the possibility of the erosion of Ubuntu.

It was evident from the findings of the study that schools are a pillar of strength for OVC. The study findings showed that almost all OVC get lunch from their schools, only a few did not. It can be concluded that provision of lunch at different schools further assist CHH and other children who lacked three meals a day.

It was found that OVC do not have too many household chores as other people believe. The study showed that a large number of OVC reported that they do not have many household chores. The study also showed that there were quite a few of those respondents who said they had many household chores. In a nutshell, most OVC are not busy in their homes with household chores. The findings of the study suggest that a large number of OVC are flexible in doing their homework at their own time.

6.4 The relationship between availability of resources that enables resilience and OVC characteristics such as age, gender and custodian type

The study found no significant relationship between availability of resources that enables resilience and age of OVC. However, there is high availability of resources from the ages of 12 to 16. Notably, the availability of resources is reduced significantly between the ages of 17, 18, 19, 20 years and above (see Tables 5.29 and 5.30 in Chapter 5). The study measured the strength of this relationship and a correlation test was calculated and the strength is r=-0.281. The study revealed that therefore there is a weak relationship between availability of resources that enables resilience and the age of OVC. It can be concluded that as OVC children grow, the availability of resources that come from SASSA and other donors decreases. The findings of the study agreed with the findings of Larson et al., (2013) who also reported that the more OVC grow in years, the lesser resources are made available. Additionally, the authors demonstrated that as OVC have scarce resources, there are lesser chances for them to finish school. In that regard, as children grow older, lesser resources become available; thus, few of them complete school. A study by Wu, Liu, Li and Li (2016) also reported that women diagnosed with cancer in China found that women who were 44 years and younger reported higher levels of resilience compared to those who were above 44 years of age.

It was found that there is a significant relationship between availability of resources that enables resilience and gender of OVC. The study showed that a large number of males had high availability of resources compared to females. In other words, the relationship is illustrated by a very weak positive correlation of r=0.064 (see Table 5.31 and 5.32 in Chapter 5).

The current study also showed that there is a relationship that exists between availability of resources that enable resilience and custody of orphans and vulnerable children (OVC). Notably, the study found that availability of resources that enable resilience differs with the type of custody of OVC. In that light, the study indicated that there is a difference between availability of resources and where the orphans and vulnerable children stay. It was revealed that a large number CHH had low resources that enable resilience (see Table 5.34 in Chapter 5).

It can be concluded that OVC who stay in CHH, have less resources that enable resilience compared to other OVC. Family, schools and communities have been found to promote resilience (Theron, Liebenberg & Malindi, 2014). This study found that OVC lacked trust of friends to share emotional issues with which is contrary to studies on resilience of children which emphasised protective role of peers (Dziro & Rufurwokude, 2013; Malaysia, 2016). The role of schools has also been mentioned as a protective factor for resilience (Theron & Theron, 2014). This study found that OVC lack support from teachers which might be due to attitude problems by teachers, low salaries and other system challenges in the department of education (Ngwoke, Oyeoku & Obikwelu, 2013; Mwoma & Pillay, 2016). Thwala (2015) confirmed that teachers found inclusive education stressful. OVC reported to share their experiences with their families, which is a protective factor for resilience. These findings confirm those of Oliver and Le Blanc (2015) on the importance of conducive family environment to resilience of children. CHH who are known to lack this factor were reported lacking most resources in this study. Notably, this study further confirmed the findings by Kangethe and Makuyana (2014) Dziro and Rufurwokuda (2013) which found that children in institutions of care are denied opportunity to make social networks with communities. However, this study disagreed with the same studies on the availability of resources in these centres since it found that most children in institutions reported high availability of resources (Anghel, 2015, Bonanno, Romeo & Klein, 2015). Finally, another challenge was lack of

community and neighbours' support. This could suggest that this study confirmed findings by Eliastam (2015) on the erosion of Ubuntu.

6.5. Discussion of findings from the qualitative analysis

6.5.1. Challenges experienced by OVC as formulated per themes (Qualitative analysis)

6.5.1.1. Personal and social problems

It was evident from the findings that OVC were sometimes maltreated by caregivers. It was also evident that OVC present with behavioral problems which could be attributed to maltreatment by caregivers. The study found that caregivers, as reported by OVC, are abusive sometimes, due to alcohol, polygamy, frustration, financial difficulties and other reasons. On the other hand, the study noted that caregivers themselves confirmed that they had challenges in managing OVC. It was found that the reason they struggled to manage OVC could be the fact that some of them were not biological parents and that they created problems. Teachers and caregivers reported that OVC ended up having behavioural problems like using drugs such as dagga due to abuse they experienced in their own families (see Section 5.6.2.1 in Chapter 5). These findings are in line with Kirkpatrick, Rojjanaarirat, South and Williams (2012) who found that OVC and caregivers have high emotional distress which was expressed by a number of deviant behaviours. Similar sentiments are shared by Hermenau, Eggert, Landolt and Hecker (2014) who reported that the challenge of raising OVC is caused by untrained caregivers. A study by Thurman, Jarabi and Rice (2012) reported that caregivers become frustrated and they need support too. The three authors lamented that intervention programs need to be implemented which will not only focus on children as individual but to the system as a whole.

6.5.1.2. Unavailability of documents for social grants application

It was evident from the findings of the study that social grants were available and accessible to both teachers and caregivers. However, the study noted that the unavailability of relevant documents for some of the OVCs created problems and delays in the application of social security grant. Noticeably, the study found that other caregivers do access social grants quicker; however, some of the grants are not used for

the children needs. The findings showed that money collected as grants is sometimes abused by caregivers.

6.5.1.3. Maltreatment by teachers

These findings confirmed those in quantitative analysis, where OVC indicated that they do not have a teacher to talk to when they have problems. This was echoed by parents that OVC do not have enough teacher support. However, it was not mentioned by teachers, which might be due to the fact that teachers who participated in the FG were from Full Service School, and they were the custodians of counselling and support services in the ward. Therefore, they had been trained and supported in supporting learners with problems. Recent study in South Africa mentioned that teachers are struggling with many challenges (Mwoma & Pillay, 2015) but still their support is necessary in the resilience of children (Theron & Theron, 2014; Theron, Liebenberg & Malindi, 2014). The current study concur with the above that teachers are critical and important in the lives of children. When children have a listening teacher, they could be able to discuss their challenges with the teacher and some interventions brainstormed, in a form of referrals. Most cases for sexual abuse of children could be identified by teachers and then referred to District office officials at the DoE psychological services. This indicates that the role of teachers in the lives of learners is more than a curriculum driver, but Schools can create a conducive environment such that children with disabilities beat the odd and develop resilience (Theron, 2015). There is a need for non-parental relationships as they positively correlate with resilience (Jones & Lafreniere, 2014).

When this item was raised by OVC, there was also an appreciation of the support they get from the school and the principal. The issue of motivation they receive during assembly and food nutrition program was acknowledged. The current study sees this appreciation as one of the factors that promote strength and resilience in children. The education system is functional as, through White Paper 6 on inclusive education, the Department of Education has developed guidelines of how to care for learners (Inclusive Education, White Paper 6, 2001). Schools have support teams which identify learners with problems and intervene where possible, where not possible, learners are referred to District officials who specialised on these support issues. But certain areas need to be improved, especially to answer why teachers were found not caring. Maybe these finding

could be due to challenges reported to be experienced by teachers in South Africa such as understaffing, lack of resources and lack of skills as mentioned by Mwoma andPillay (2015). These challenges are also reported in developed countries like the United States of America where rural areas have limited teacher supply, lack of rigorous training, lower salaries, poor safety in schools and geographical and social isolation (Aragon, 2016). It is obvious that low salaries and understaffing could lead to frustration and professionals leaving the profession. In Nigeria, the same challenges of low wages, bad motivation, poor welfare, teacher – pupil ratio and poor work environment were reported for the teaching profession (Akinduyo, 2014; Akindutire & Ekundayo, 2012).

There is a need to investigate further on this delicate area in the teaching profession where teachers are expected to perform multiroles of teaching and offer support to diverse children. The current study established from caregivers and OVC FGs that teachers have a negative attitude towards OVC. It is possible that this finding is influenced by community perception of teachers. It is however a serious challenge as it was reported in both quantitative and qualitative findings. Akindutire and Ekundayo (2012) recommended that government and other role players create a positive perception of teaching by creating dignity out of teacher through acceptable salaries, befitting infrastructure, empower welfare packages and improve teacher training. They further suggested special incentives for teachers in difficult terrains. The Department of Health in South Africa introduced rural allowance, which at least has kept professionals in rural areas. Maybe, to retain and encourage teachers to stay in rural areas, as this study was conducted in rural areas and semi-urban areas (townships) in KwaZulu Natal, when such challenges are identified, benchmarking with other departments might help the DoE.

6.5.1.4. Lack of skills or passion

The study found that caregivers lacked skills or passion to guide OVC under their care. In that regard, caregivers themselves indicated that they were frustrated by the demands made by OVC even their behaviour which they struggled to manage. Caregivers phrased it as lack of skills to care for the OVC, but it might be the lack of confidence in parenting, where caregivers feared to discipline children especially those who were not their biological children. It was revealed that caregivers discipline their own children but failed to apply the same discipline to those they fostered. It was found that caregivers

themselves get stressed in the process of managing OVC. The study showed that caregivers felt the need to be supported with skills and therapy.

However, the findings of the study are not in line with Devine, Holbein, Psihogios, Amaro and Holmbeck (2012) who found that it is not uncommon to find caregivers struggling with emotional and social issues when supporting vulnerable children. Similar views are shared by Thurman, Jarabi and Rice (2012) who reported that a support program for guardians of OVC found that those who participated in the support program for caregivers reported less social marginalisation, better family functioning and more positive feelings towards children. The current study identified, through OVC FGs, that some OVC felt not loved by their caregivers, while caregivers felt that OVC were difficult to manage. A study by Thurman, et al., (2012) found that children of caregivers who participated in the implementation of caregivers support program exhibited fewer behavioural problems, higher rates of pro-social behaviour and reported lower incidents of abuse from adults. Mwoma and Pillay (2016) recommended training for caregivers where it was identified that they struggle to assist children with school work. Gana et al., (2016) also reported that caregivers have problems in managing OVC. It can be concluded that there is an urgent need to meet the problems experienced by both OVC and caregivers in the current study.

It was also found that teachers lack skills in managing OVC. The study showed that the teachers even struggle to refer OVC with challenges to relevant stakeholders such as full service school which is managed by the DoE. It was also found that teachers lacked passion in working with OVC. However, after a discussion of challenges teachers experience in schools, under the challenge of "lack of teacher support" in this study, it was concluded that lack of passion could be due to other factors that frustrate teachers when they perform their duties.

6.5.1.5. Lack of infrastructure

It was evident from the findings that lack of support structures is a problem in communities. Thus, the study revealed that there is a lack of recreational facilities such as sports grounds. The findings of the study are similar to Holt, Kingsley, Tink and Scherer (2011) who also reported lack of recreational facilities in local communities. Additionally, critical facilities such as old age facilities, special schools for disabilities

and drop-in centres were some of the facilities which were mentioned as unavailable in communities. Sports grounds are necessary for children to play and develop mentally, socially and emotionally. Actually, physical exercise has been encouraged even in schools through Life Orientation which has physical education. Parents have also confirmed the benefits they see in sport for their children (Neely & Holt, 2014) which are to explore their abilities and build positive self-perception. Communities need sports facilities where children unleash their talent and have an opportunity to have visiting clubs who may be able to pick them up due to their outstanding talent. During sports and play, children also get an opportunity to make friends and get mentorship from coaches (Holt et al, 2011). During school or community sports, parents could also get an opportunity to observe their children playing which promote interaction between children, neighbours and the community. Sports is more likely to occupy young people and contribute to them staying away from trouble like abusing drugs, because after play, they get tired and go home. Play itself needs monitoring for it to be effective. There is a need for children to be involved in extra curricula activities as this assist in developing relations, problem solving and decision making skills (Jones & Lafreniere, 2014). If participating in sports and other activities bring such benefits to children, local government should roll out its program of recreational facilities in rural areas also. Currently, such structures are being rolled out in townships.

The study also found that there is a sense of desperation among FGs. It was evident that FGs saw a need for special schools. A recent study (Hodgson & Khumalo, 2016) documented some limitations of Inclusive Education at Mkhanyakude District in KwaZulu Natal. Hodgson and Khumalo (2016, p. 8), "during interviews conducted in 2015, 21 out of 43 parents and caregivers of children with disabilities revealed that their children were not in school". It has been mentioned in the discussion for the first objective that most learners with disabilities were found to have high availability of resources, maybe due to the fact that they were participating while already in a special school which was well resourced with a multidisciplinary team of professionals. A special school for a specific disability has proved in this study, through the extent of the availability of resources to OVC, that learners with disabilities could have resources by being placed in the right environment and be cared for by caring adults. Again, it is acknowledged that some children with disabilities are not at school, as mentioned by Hogdson and Khumalo (2016). Therefore is a need to investigate children with

disabilities who are not schooling, because a different picture is painted by this study which targeted children at school. Schools play a bigger role in nourishing the individual resources within the child which develops the child's confidence, motivation and courage to survive. It can be said that children who are not at school are more vulnerable than those within the schooling system.

6.5.1.6. Lack of counselling services for OVC and caregivers

It was evident that support for OVC and caregivers is urgently required. The study found that counselling services for OVC and care givers is essential as it determines resilience for OVC, because frustrated caregivers who cannot provide for OVC's basic needs, emotional needs and social needs can end up maltreating children. The study showed that this type of support is requested by caregivers and teachers for OVC and caregivers. Additionally, the study revealed that teachers felt that parents needed some guidance on how to manage OVC. The need to support caregivers was also anchored by Gittings, Toska, Hodes, Cluver, Zungu, Govender, Chademana and Gutterrez (2016) who reported that caregivers should be part of designing a program that would support them. Mota and Mota (2015) also recommended that investments should be on caregiver's competencies and attitude development so that they are equipped to support OVC. A recent study by Cluver, Ward, Shenderovich and Kaplan (2015) recommended and implemented a 12 weeks parenting programme which was intended to support both caregivers and OVC. This was meant to support those who reported that they were experiencing abuse, poor mentoring, inconsistent discipline and aggressive behaviours. Their programme was accepted by communities and further diffused through schools assembles and churches and was found effective. Even when such programmes are made available in communities, they become very short-termed while for them to be effective they should be continuously available in communities.

6.5.1.7. Lacking trust of peers

It was evident that OVC lacked peers and friends. The study found that OVCs had problems in finding friends to talk to and lacked trust for peers as potential people who could support them. These findings are in line with what OVC reported in the quantitative analysis findings. This challenge was also confirmed by qualitative FG discussions where they explained that they do have people they play with but not to talk to about how they felt. A study by Elegbeleye (2013) also mentioned that OVC suffered

stigmatisation and bullying by peers. However, because the school where teachers were in was a full service school that had counsellors who supported OVC, they easily identified troubled children and supported them. But other schools may not have such skills and efficiency. Thus the FG of teachers indicated that they were not receiving referrals from surrounding schools, if they did, it would be when the cases were severe and the damage was big. Lack of friends and peers to talk to may lead to the development of low self-esteem (Elegbeleye, 2013). It might be very difficult for children to be able to develop trusting friendship with peers if their neighbours and communities lack cohesion. Social support from friends is a strong predictor of resilience (Malaysia, 2016). It can be concluded that developing friendship is learnt from socialisation and from caregivers. Putting together the comment made by caregivers and children about neighbours and friendship, both were negative and serious negative emotions were expressed when discussing this issue. Communities are losing Ubuntu, thus there was little caring and support for each other. Eliastam (2015) also confirmed the fact that communities are slowly losing Ubuntu. The current study findings concur with the above, as most participants, both in qualitative and quantitative samples did not emphasise the importance of friendship in their lives. The findings of the quantitative and qualitative reports confirm each other, as friends were not seen as an important support system by OVC. Communities where these children came from might have lost Ubuntu.

6.5.1.8. Lack of support from neighbours and communities

It was evident in the quantitative study that there is a lack of support for OVC among community members. In general, the study found that most OVC do not receive assistance from neighbours nor do they know where to receive assistance from their communities. This finding is in line with that of Gana, Oladele, Saleh, Makanjurola, Gimba, Magaji, Odusote, Khamofu and Torpey (2016) who reported that there is support among community members. The FG observed a similar problem where, in the community, both OVC and caregivers do not have trust for other people. This however, raises a concern in African society where African people are known to live and share with each other. Even during loss or death, people for a period of up to a week, visit the grieving family in numbers to send their condolences through prayer and services like cooking. If caregivers view and interpret their neighbours as people who are jealous and not good; it is difficult for children to make friends with the children from their

neighbours. Again, this study concurs with the South Africa study by Eliastam (2015) who clarified that the country is at a state where it has lost Ubuntu. But it brings hope when it suggests that certain conversations could help us connect with each other in ways of creating social values. There seems to be a need of incorporating positive values to caregivers' parenting program so that families could be able to help each other. Lack of resources for caregivers has a potential of creating frustration for caregivers which at the end become risk factors for OVC. Taylor (2014) mentioned two aspects of Ubuntu: relationship between people and how those relationships could be conducted. This study addressed the issue of relationships among community members when designing a model of intervention. It proposed that this aspect should be addressed through outlining how communication can be facilitated between neighbours as this communication seemed to have been lost somewhere.

Lack of social support for caregivers of children living with disabilities has been found to be the main factors that place them at high risk, including placing them in institutions of care (WHO, 2012). Based on the object relations theory, Ogden (2012) mentioned that communities should value parents as support for the children. This explains that even if you assist the child, if the parent is not assisted in the process, there is a possibility of losing the battle. Parents or guardians are the ones who should transfer the skills and hope to children because there is an attachment that takes place between children and parents. I concured with this finding after the discussion with the caregivers and teachers FGs who requested more support for caregivers since they are the ones who are supposed to handle finances, emotions and behaviours of children. Thus, they need skills to support children. When the FG of OVC were asked what made them survive, they all mentioned significant others in their lives and, mostly, those people are caregivers. We therefore have to strengthen the caregivers in all aspects of their lives so that they become ready to carry OVC.

6.5.1.9. Financial difficulties

The availability of resources that enables resilience as reflected in objective 1, is an achievement, which is contributed by government interventions to poor socio economic communities, however, it does not target the root cause of OVC, which is high unemployment rate. As reflected on the quotes in the findings of FGs, OVC themselves indicated financial difficulties, which sometimes make them struggle to pay for basic

needs like transport to school. As they reach ages above 18 years, another challenge starts when their social grant stops, but children are still under their care. The social grant money becomes limited, and even after that, children over the age of 19 still become a burden to the foster families. Teachers indicated that sometimes they have to organise breakfast for some learners and further raise funds to ensure that they have school uniform. These are some of the evident cases of financial difficulties OVC experience. Oyedele, Chikwature and Manyange (2016) found lack of food, lack of uniform, lack of love and other challenges as the main problems of OVC. Fauk, Mwakinyali, Putra and Mwanri (2017) indicated that adoptive families struggle with severe financial constraints. This study concurs with their findings, as mentioned by focus groups, that there was a high rate of unemployment and caregivers depended on social grants.

Even if the family received social grant, if family members are unemployed, survival became difficult as social grants were designed to support the OVC not the whole family. One can only imagine that grandparent who will have to buy food for all family members. These are some of the issues the caregivers and teachers mentioned when interviewed in the current study. This was the reason the teachers' FG suggested that government should at least bring entrepreneurial and vocational centres for communities to acquire skills. This would assist the OVC who leave the system of social grants due to age, including their caregivers could be trained to open their own businesses and be involved in skilled trades like plumbing and carpentry. Food Security South Africa (FSSA, 2014) recommended that food provision to civilians should be expanded while acknowledging the supply by government like social grants. While another solution that was mentioned by FGs was that communities should go back to agriculture and communities should form cooperatives and deliver vegetables to schools through school nutrition program. Financial difficulties, may not necessarily be for OVC but if they are in families with unemployed family members the little money they receive from social security get shared by many people, thus it cannot satisfy OVC needs.

Recreational centres and other community facilities were recommended by FGs in the current study. Studies have also supported the idea of centres in the community which could assist in developing skills of OVC and their caregivers (Kumar 2013; Tagurum et al., 2015). The need was evident on the basis that child support grant in South Africa stops when children turn 18, and the fact that the results of the analysis of the

questionnaire identified that there is a relationship between availability of resources that enables resilience and age. As OVC age increases, the availability of resources decreases. For the fact that there were learners who were 20 years in this study, there is a need to look at vocational facilities. As a psychologist working with communities, a need for vocational centres which can accommodate people with disabilities is huge. Kumar (2013) in India encouraged the development of self-help groups in promoting income generating skills for communities and CHH. Recent studies emphasised that attention on provision of resources should be for parents and families in local communities (Young People's Health (AYPH), 2016). Their document critique the fact that support for the parents of teenagers are much rare than provision for early years. This study's findings concur with the above recommendations.

6.6 Child Headed Household and challenges

The study revealed that CHH reported low availability of all resources. This qualifies them to be the most vulnerable type of custody for OVC in the study. We ask ourselves where the community or extended family members are when OVC stay alone. Some of the contributing factors to children staying alone are based on the object relations theory. After the children have been hurt by circumstances, an adult gets into their lives, but as she/he tries to assist them, they become difficult. There is a saying in IsiZulu which says: "*Intandane ayiphatheki*" translated to: 'it is difficult to manage an orphan". As one works hard to manage OVC, they start to relate this person to the loss of attachment they experienced when they were young. They then mistreat this person and start to misbehave. All these behaviours are not intentional, but when OVC and caregivers receive counselling, a solution may be evident. Motsa and Morojele (2016) found that the absence of adult people in home contexts brought about negative experiences accompanied by a load of responsibilities for the vulnerable child. The fact of this finding is that, CHH struggle with emotional factors (no family that listen to them when they feel sad, to discuss their homework and day experiences). Struggling with having someone to support you when you are sad, or not feeling well, delays your recovery. This function is mostly done by family members, whom the CHH lacks. Oliver and Le Blanc (2015) encouraged a strength based family resilience.

More focus should be on families, as the custodians of children. A family should provide material, social and emotional support as the first platform for resilience, and then the

child could leave the family to school and society who could then be the second platform and third platform respectively for child support. These findings of CHH severely struggling are similar to those by Mturi, Sekudu and Kweka (2012). There should be a way of overcoming the absence of caregivers/ guardians for CHH to be assisted. There is confirmation that identification and recognising CHH needs is the responsibility of social workers (Mturi et al, 2012). With such shortage of social workers in communities, this responsibility remains in policies but not implemented effectively. The current study takes the issue of CHH very serious because they are found to be at high risk of droping out of school (Constantine & Ganga, 2013).

Children should not be allowed to struggle and overwork without time to play until they drop out of school and add statistics of the vulnerable society who is in poverty and unemployed. Unemployment is already high in South Africa; therefore, keeping children at school and supporting them to have skills and qualifications might reduce unemployment in future. CHH also need time to play, maybe the availability of drop-in centres may relieve them of a little time to play or rest. Mahlase and Ntombela (2011) concluded that drop in centres are a desirable model of care, which meant they may contribute to the support offered to OVC. CHH should also have time to play, as play is necessary for them to grow, to socialise and develop cognitively (Doherty & Mitchell, 2016). As much as they need to play, it will remain difficult if the community provides no support to these children. Maybe drop-in centres and good relationship with neighbours could be the solution since neighbours may look after the siblings when a CHH learner goes to school or out to meet friends and socialise.One inevitable question that may not be fully answered by this study is: since CHH exist in SA, how do we creatively intervene in promoting their resilience practically? The model developed in this study attempted to address this.

6.7. Triangulation of results

The following findings as discussed above were found on both qualitative and quantitative results and gave the strength and confirmation of results. These are: lack of teacher support, lack of trust for peers (cannot share with friends emotional issues) and severe lack of neighbours and community support.

6.8. The relationship if any, between availability of resources that enables resilience and characteristics of OVC such as age, gender and custody.

6.8.1. The relationship between availability of resources that enables resilience and age of OVC

The current study found a relationship between age and availability of resources that enables resilience in OVC, with increase in age there was a decrease in resources. However, there was a very weak correlation evident with availability of resources showing no differences with ages from 12 years to 17 years, with a slight change at 18 years. This reflected the reality that families were less likely to reduce availability of basic resources just because a child is growing, but some of the resources are in children themselves (individual resources). Resources in this instance include personal, caregivers and context. Moreover, Unger and Liebenberg (2011) found these resources to be the resilience components when viewed from the ecological perspective. This means that when children grow and lack financial resources, it could impact on their emotional resources and confidence. When all problems accumulate the relationship with peers and caregivers gets affected. They have also reported to have strained relationship with these structures.

Younger children reported more communication with caregivers which in turn was associated with a reduction in anxiety and depression and an increase in affability (Govender, Reardon, Quinlan & George, 2014). This might be one of the contributing factors to the decrease of resources for OVC as they grow, since they might be communicating less with caregivers. The issue of social grants may also be the contributing factor of this correlation. In South Africa, children until the age of 18 years receive social grant. Children older than 18 years do not have social grants. The removal of this resource might also be the contributing factor to the relationship between age and availability of resources. Thus, we advocate, also through recommendations made by focus groups, that vocational and entrepreneurial skills centres be established in communities so that caregivers and OVC off age may be able to receive skills and be self-employed. This finding demands an intervention that will also look at the needs different ages. One of the reasons that could also contribute to reduction of resources as the age increase is the fact that the older a person becomes the more one thinks of the future and realizes the challenges one experiences. Intervention program should start

focusing on programs for older children since they seem to communicate less, maybe because of adolescence and a need to be independent. Worst when they do not have parents of families. As children grow, normal growing up challenges emerge like self-centredness, preference of peers to older people which might also not be clearly understood by their parents/ caregivers. By the nature of their age, communication gets reduced.

6.8.2 The relationship between availability of resources that enables resilience and gender of OVC

The findings of this study revealed that a relationship existed between availability of resources and gender. This means there was a difference between males and females in the availability of resources that enables resilience for OVC. However, a study by Ojha and Maurya (2013) found that no difference between boys and girls on the level of resilience. There exists no consensus in the literature on gender related differences in resilience. The study found high availability of resources among males while females had lesser resources. Garcia, Sagone, DeCaroli and Nima (2017), in their study on differences and associations in subjective and psychological wellbeing, found females with higher characteristics related to negative emotionality like anxiety and depression. This study found females with lesser resources which relates to Garcia et al's (2017) with females having more negative emotionality. This contradicts what Dias and Cadime (2017) found where girls had higher scores on home and peer environment than boys.

The results of this study might be due to the fact that girls had been reported to have more negative emotionality than boys which would mean they responded negatively on issues of making friends, relation to teachers and the community. Since the differences in the availability of resources were small, this might be due to the fact that in South Africa, provision of resources in schools and communities do not discriminate between genders, except for personal individual resources which may differ from person to person. Other studies Erdogan, Ozdogan and Erdogan (2014) when measuring resilience level with university students found males more resilient than females. They attributed their finding to societal gender imbalance where in the Zulu culture, the society is male dominated. The current findings concurred with their findings, as males had more resources than females.

6.8.3 The relationship between resources that enables resilience and custody of OVC

The findings of the study revealed that there is a relationship between availability of resources and custodian types. There is a very weak correlation in the availability of resources. It was revealed that most custodian types showed no difference in availability of resources, except for CHH with a huge discrepancy. For example, a large number of CHH reported to have low availability of resources that enables resilience. The findings of the study concur with the literature on CHH who are also reported to be struggling with availability of resources (Meintjies, Hall, Marera & Boulle, 2010; Mturi, 2012; Mturi, Sekudu & Kweka, 2012; Constantino and Ganga, 2013). This is because sometimes a mentor gets appointed as a guardian to receive social grants on their behalf, but fails to serve their needs due to their own (guardian) poverty (Kapesa, 2015). Constantino and Ganga (2013) confirmed that teachers and CHH reported CHH struggling to concentrate in class, overburdened with responsibilities and lacked most resources. A recent study by Li, Chi, Sherr, Cluver and Stanton (2015) suggested a focus on three interactive social ecological factors in promoting psychological resilience of orphaned children.

The findings of this study revealed that OVC cared for by relatives reported having more which enables resilience. The study acknowledged the great work done by grandparents in raising OVC. The effort of the elderly people in South Africa cannot go unnoticed. Grandparents receive their own support grant which also adds an advantage when they foster OVC because that makes the income better than when the OVC was cared for by an unemployed aunt or uncle.

Chikwaiwa, Nyikahadzi, Matsika, and Dziro (2013) outlined that the social environment in which the OVC were brought up affected their feelings, thoughts, emotions and outlook. This implied that it was the responsibility of those caring for them to create the much needed enabling environment (Chikwaiwa et al, 2013, p. 55). For this study it remains that the caregiver was the main driver of a journey to survival for the OVC. This was further confirmed by Nyamutinga and Kang'ethe (2015) who, when exploring institutionalized care for OVC, found that they do become a second best home for children. They do provide mothering figures even though there is lack of good funding

for these institutions with caregivers also found lacking knowledge of caring for children.

The Faith to Action Initiative (FAI, 2014) outlined the risks of placing children in orphanages while accepting the fact that in emergency situations, orphanages are a solution. They mentioned that orphanages often fail to meet the social, emotional, cognitive and developmental needs of youth. This is in contrast to the findings of this study, where children residing in homes of safety and orphanages were reported to be better in availability of resources that enables resilience compared to some custody. This then confirms the importance of type and quality of caregivers, irrespective of custody as Cluver, Ward, Shenderovich and Kaplain (2015) said they should undergo intervention programs for them to have positive impact on children's lives. Hermenau, Eggert, Landolt and Hecker (2014) found that orphans suffer from high risk of neglect and poor mental health.

The study concludes that there is a need to support the use of homes of safety and orphanages based on the availability of resources reported by OVC who participated in the study. Such better results of high availability of resources for OVC in institutions of care might be attributed to support the government provides to institutions and good management of institutions by professional staff. This again confirms that caregivers, irrespective of custody, can effectively support OVC. A study on institutional care based on attachment theory found the importance of preparing caregivers and other significant adults to face challenges of adolescents the main important thing. It was stressed that a safe haven and secure base provided by significant figures is the key to individual adaptation and development and as resource enable resilience (Mota & Mota, 2015).

The study is in line with a study by Unger and Liebenberg (2011) who reported that resilience which includes the interaction between individual, their personal traits, family and community is pivotal for children nowadays. Thus, Adamson and Roby (2011, p.13) also found that children in institutions of care do well on pathway thinking, which was attributed to the availability of a social worker (caregiver) who was reported by children as "warm, caring and competent professionally". Chikwaiwa, Nyikahadzo, Matsika and Dzira (2013) mentioned that institutions of care for OVC are under severe resources constraints, which did not come out in the current study. The participants indicated the

availability of most resources better than other custodian types. Kang'ethe and Makunyana (2013) advocated for a shift of paradigm from institutionalization to family and community oriented solutions. However, it was revealed in this study that OVC in institutions of care struggle to trust neighbours and communities. Then, if they are de-institutionalised will they not struggle more with relations with the communities and neighbours? The best thing social policy makers could do is to revisit communities and re-educate them on humanity values and principles of Ubuntu.

6.9. Develop a psychosocial model of intervention

The study invented a model of intervention which aimed to eradicate or reduce risk factors which are more likely to increase vulnerability of OVC. Therefore, the main areas identified from the findings which contributed to the development of a model are lack of neighbours/ community support, lack of trust in friends/peers, lack of teacher support, stakeholder support and collaboration, lack of infrastructure in the community, CHH struggling with all resources and financial constraints of households. Additionally, during the focus group discussions, there were a number of recommendations that were made by educators, OVC and caregivers which contributed to the development of a model of intervention. These are: caregivers need support and training, OVC need counselling, financial support for caregivers for them to be able to support OVC, employment opportunities for both OVC and caregivers through entrepreneurial skills, monitoring social grants are used by households. In answering the question on what has made OVC survive, the above findings were taken into considerations when developing a model. Most OVC mentioned the availability of significant others like mother, uncle, stepfather, cousins and neighbours as people who have supported them to survive. These significant people are part of protective factors. In addition to availability of significant others, their own courage and motivation was found to be the protective factor. A study by Jones and Lafreniere (2014, p.61) also recommended self-efficacy as the strongest predictor of resilience.

When looking at all the above, the ecological perspective was then adopted in the development of the model because it caters for broader range of variables within the social environment of the child. This was done in identifying the individual characteristics, contextual and caregiver's issues which can contribute to the survival of the OVC. The use of CYRM-28 was found appropriate as it addressed all the identified

areas of importance in promoting resilience; individual, caregivers and context. Jone and Lafreniere (2014) used the CYRM-28 in establishing youth who are socially competent, since social competent youth are able to communicate and participate in various social relationships, monitor and adjust their behaviour as it relates to impacting others. Oliver and Blanc (2015, p. 52) opine that "in order to enhance resilience, youth require a multi-systemic approach that provides support in the form of family reconnection which acknowledges and respect a broader definition of family, moving beyond the nuclear family to extended family members, families of choice and supportive communities".

The developed model follows the ecological perspective, while the attachment theory was not ignored. Since some of the children are orphans, others are in institutions of care and others are from child headed households (but all have experienced one common trauma: separation from parents due to one reason or another). Their separation with their parents creates some challenges like behavioural problems, poor social relations, no trust of neighbours and peers. Thus, the model should look at these aspects of dettachment and its effect. Drawing from Caregivers FGs discussions, they mentioned the difficulty of raising-up OVC, and it might be of importance to also consider the object relations theory. This might explain the reason why vulnerable children who had been exposed to trauma or maltreatment frustrate care givers, what caregivers call "hard hearted". With the three theories as background of developing the model of intervention, the main points to consider are the suggestions of FGs and then suggest ways of dealing with challenges as outlines from findings of other studies. Developing a practical evidence based therapy might be difficult due to many systems around the child (Weisz, Ugueto, Cheron & Herren, 2013). Therefore, the current study prioritises caregivers' custody, CHH and neighbours as urgent and current because it makes the model of intervention functional.

The point of departure for the current model is caregivers. This study identified that all OVC with caregivers reported some form of survival or availability of resources compared to CHH. Thus, the baseline or foundation for this model is caregivers. Caregivers FGs requested support and training. The researchers experience suggested prioritising the following skills: parenting skills, life skills, entrepreneurial skill, problem solving. There is a need to strengthen caregiver's ability to provide social support for the OVC (Sharer, Cluver & Shields, 2015). Most OVC who participated in the study

appreciated the role played by caregivers in assisting them to achieve their dreams, but a lot of ill feelings and negative talks were evident about neighbours and communities. The current study is taking the recommendation of caregivers as outlined in the results: training and support of caregivers which include counselling. Mastern (2013) recommended that children be supported by families and communities as their protective resources. Pride and joy was evidenced when OVC mentioned their dreams and positive feelings they have about striving towards their dreams. There is a need to motivate OVC and develop their self-esteem. FG discussion recommended counselling for OVC. This is critical when one analyses the attachment theory which explains the early attachment a child has with his/ her mother. When attachment does not go well, or gets disturbed due to a number of challenges that, parents experience, it may lead to maladjustment behaviours in children (Bretherton, 1992).

In the article on origins of attachment, for John Bowlby and Ainsworth, supporting parents through therapy/discussions/trying to trace back the parents problems to childhood, and parents made aware of such, they then understand their children problems. This information might assist in the intervention program of caregivers, assisting them to understand the children under their care. There is evidence that insensitive and frightening parental behaviour can be modified into sensitive caregiving behaviour (Cyr, Dubious-Comtois, Michel, Poulin, Pasago, Losier, Dumais, St-Laure & Moss, 2012). Well-grounded caregivers, who are equipped emotionally and financially, can win this battle for our country, the battle of raising so many OVC who will develop resilience and be successful in life. It should be noted that caregivers represent all custodian types, even the institutions of care, because in the current study OVC from institutions indicated availability of resources which enables resilience. Therefore, there must be resourcing and equipping of institutions and all custodian types, because if these custodies are well equipped with finances, parenting skills, social development skills, and others, OVC under their care will be safe and productive in life. Another focus of the model is on community and neighbours mobilisation through workshops. Workshops in a form of discussion groups with neighbours and communities are conducted specifically to revive the spirit of Ubuntu, to request for buy-in on OVC care, to request for suggestions and mentorship programs for those living within easy reach of CHH.

When the model has addressed the issue of caregivers, community and neighbours, who are now well resourced with basic needs to provide for children, their emotional needs as well, skills and cohesion, then the focus is on OVC. Based on the fact that OVC are known to have suffered some form of trauma, after ensuring basic needs and safety resources are provided through caregivers, OVC should be prepared through counselling to understand their caregivers and to support caregivers in taking care of them. But like all children they need, mentoring and life skills. During the community and neighbours interventions, the issue of assisting young people to develop appropriate friends who can support them should be emphasised. Counselling and provision of infrastructure support should then take priority. But all these will not be effective without caregivers/ custodian types and communities who are supported by school and communities.

Even though these interventions take place simultaneously, it should be noted that CHH need special intervention. There are few studies that have been done on CHH (Mturi, 2012; Constantino & Ganga, 2013). But they all emphasised the same about CHH that they struggle with basic resources. Despite the provision in Children Act of 2005 which indicates that social workers with stakeholders like the community should identify CHH and assist in ensuring that they receive social grants. The issue at stake is who is the guardian? Who are the mentors? The challenge is that the findings of this study indicate non-availability of relationships of trust between OVC and neighbours and community. During the focus groups discussion of OVC, one participant indicated that she was depended fully on her neighbour, and she treated her neighbour as family, since the neighbour took care of her when her grandmother who was sickly got admitted to hospital. The main aspect to be addressed by the model was to assist communities to gain trust of each other, from neighbours to community. This model aimed to focus on that cultural aspect which seemed to have been eroded (Taylor, 2014; Eliastam, 2015).

The current study would treat CHH differently in the model than other OVC who reported to have achieved the first aim of this study, to have resources that enable resilience. The other reason for this was that very few previous studies have investigated CHH. All OVC are OVC, but those in CHH need special attention. The model specifically addresses how they can be supported. The role of government and other stakeholders is thus upheld and the model focuses on provision of resources and beefing up where they already exist.

This study questions the fact that children in this study living within the African culture perceive friends and neighbours as not important in their lives or as not supportive of needs in life. But as found by this study through caregivers who also perceive the same, there is a possibility that caregivers as significant adults have transferred through socialisation this kind of thinking, since resilience is a skill that can be taught (De Baca, 2010). Then, the model of intervention will have to incorporate training programmes for the caregivers which should include assisting them in reviewing the role of neighbours in their lives.

We all know that when we get ill, or die, neighbours are the ones who support our families first before any other person arrives during different incidents. The lack of such relationships might be the contributing factor to most children getting to the streets to be street children and increasing the number of children in homes of safety and orphanages. While studies of Kangethe and Makuyana (2014) advocate for de-institutionalisation of children, their recommendation will never be effectively implemented if the identified hatred and perceived jealousy that have broken neighbour-to-neighbour tie is not addresed. I therefore do not support such a recommendation; rather improve the relationship between institutions and communities since these children will go back to communities and find no acceptance, no love from neighbours and the community. Thus, they will be predisposed to trauma and vulnerability. This study concurred with Nyamutinga and Kangethe (2015) where they acknowledged good work done by institutions of care and at least acknowledged that these institutions are the second best homes for OVC. The model developed in this study catered for support of caregivers' training and training of neighbours to be able to accommodate OVC. Since there is a shortage of resources, it might be proper to incorporate group therapy for OVC who have suffered trauma (Vogel, 2013). All such services should be provided in all custodian types.

"The Household Food and Nutrition Strategy recognizes measures including social grants, feeding schemes, fortification of staples, moderation of food prices and subsistence farming supports to address household-level food and nutrition insecurity" (Food Security SA, 2014, p. 4-5).The current intervention model adopted a bottom up approach on the community driven action as described by Wessells (2015) which emphasised the involvement of the community in designing intervention plan.

Consequently, intervention proposers should ask themselves who is the community and involve them in finalising the model of intervention. As in most cases, government institutions, NGOs and other researchers would consult traditional leaders in villages or rural areas and community leaders, and finalise the intervention with those community stakeholders. This model suggested having focus groups of the community members or target population who will identify the problems and suggest a way forward on what could remediate the situation aligning those discussions to the available guideline of a drafted model. This approach is called bottom-up.

The current study revealed lack of effective relationship between communities, families and OVC. Thus, the model proposed that they be consulted first before the intervention in any new context because the aim is to ensure that the model of intervention is culturally relevant to the target population. According to Wessells (2015, p. 17), "at each point the community drove the intervention and decided whether, when, where and how to implement the intervention. The use of cultural relevant media was encouraged". This is the reason there is Phase A where the relevant specific targeted section of community, like neighbours of a particular CHH are consulted. Then they give input on an existing plan, which has been designed from the FGs input. Thus, the model gets customised to a certain group so that it may have a buy-in and collaboration with cultural aspects suggested by the participants.

6.10. Summary

This chapter discussed the findings extracted from both descriptive and inferential statistical analysis. A good synergy was found when discussing the findings wherein, similarities were also identified from qualitative and quantitative findings, especially on challenges. This confirmation of findings from the quantitative analysis in qualitative findings showed the strength of the results on the lack of teacher, peer and community support. This gave strength to the findings of the study, since even the focus groups were in different areas geographically but mentioned similar views.

Generally, CHH were found severely strained in the study. This was clear when they mentioned that they do not have their basic needs met. The basic needs are namely three

meals a day, which should not be experienced by any child in South Africa, since government policies, made provision for CHH to receive social grants. Additionally, other custodian types were found struggling but not severely. Availability of resources that enables resilience brought courage to the researcher, because they indicated some successes in the implementation of some government policies. More improvement, practicality and monitoring is then recommended. The next chapter discusses the summary, conclusion and the recommendations of the study.

CHAPTER SEVEN

SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

7.1. Introduction

The main aim of the study was to determine the resilience of Orphans and Vulnerable Children in KwaZulu Natal schools, more specifically in Zululand and Amajuba Districts. On the basis of the data presented and interpreted in the two previous chapters, this chapter summarizes the findings, significance and contribution of the study, conclusions and recommendations of the study. Of importance to know is that the summary of the findings of the study is presented based on the research objectives (See Chapter One, Section 1.3), and the conclusions are derived from the data presented in Chapter Five. The recommendations of the study are then followed by the presentation of the theoretical model developed to fulfil the purpose of this study. The last part of this chapter identifies areas for further research.

7.2. Research questions

7.2.1. To what extent are resources that enable resilience available to OVC?

7.2.2. What are the challenges experienced by OVC in different custodian types?

7.2.3. Is there a relationship between availability of resources and the age, gender and custody?

7.2.4. What psychosocial model can be developed for intervention on OVC?

7.3. Empirical findings

The findings of the current study established that the majority of OVC have many resources available that enable resilience. A variety of challenges experienced by OVC were also identified. Lastly, relationship between availability of resources that enables resilience and variables like; age, gender and custody were established. With the input from all the gathered information, a model of intervention was developed. Below is the summary of findings and the general overview.

7.3.1 The extent of the availability of resources that enables resilience on OVC

The study established that 79% of all the participants reported having high availability of resources. Even though the study was not about comparing availability of resources

according to gender, however, it was found that men have high availability of resources compared to women. Additionally, the availability of resources was also compared according to status. The study found that the abused, disabled and orphans have equal opportunity in the availability of resources. It further established that, there was significant difference in the availability of resources among different vulnerabilities (abuse, orphans and disabilities). Fewer resources were reported for children who had experienced abuse, followed by those with disabilities and more resources were reported for orphans. The study also revealed that resources were available when compared to custody. However, the availability of resources differed accordingly. For example, for OVC staying with their mothers, more resources are available, followed by those staying with relatives, home and safety, parents, father and orphanages. The last group is siblings.

7.3.2 Challenges experienced by OVC in different custodian types

The study established that OVC have many challenges. However, the main challenges reported in the study were based on triangulations which were then reported as follows:

- Lack of support from teachers;
- Lack of support from neighbours/ communities; and
- Lack of trust for peers/ failure to develop supporting friendships.

Other challenges which emanated from the respondents were as follows:

- Maltreatment by caregiver and OVC behavioural problems.
- Unavailability of documents for social grant applications.
- Lack of skills or passion by caregivers and teachers.
- Lack of support structures: infrastructure such as, recreational facilities, special schools, drop-in centres and old age homes; counselling services such as forbereavement, for trauma for both caregivers and OVC.
- Financial difficulties experienced by caregivers, wherein social grants, makes little difference when there is unemployment and poverty.

  It must be mentioned that among all the custodian types, the study found that CHH were struggle with all factors. For example:

- Emotional: a number of CHH lamented that their parents help them when they feel sad. They also revealed that they tell their families how their day was at school. It is easy to get help from neighbours. Their families listen to them when

narrating problems. It was discovered that only one was found above 50 % positive for CHH: going to church help me when I feel sad.

- Social factors: CHH revealed that someone assisted with homework at school. Others reported that they visited their relatives and cousins. They also indicated that they know where to get help in the community. Some said they get time to play every day. Some said they like community functions like, *ummemulo* (21st birthday party) (was reported negative/ below half by CHH, Homes of safety orphanages and relatives).
- Economic factors: the study found that some OVC sleep in bed at home. Additionally, some reported that they have three meals a day. On the other hand, some said they have TVs at their home. It was stated that neighbours assist with personal needs, like, meals and money. Some said they have many chores and they struggle to rest. The CHH with all other custodian types reported positive with the last item, of schools providing lunch.

7.3.3 The relationship, if any, between availability of resources and the following variables:

7.3.3.1 Age:

Research hypothesis 1: Ho: there is no relationship between availability of resources that enables resilience for OVC and age of OVC.

A Chi- square test of significance was used to test the hypothesis. The current study found that there is a relationship between age and availability of resources that enables resilience in OVC. However, as the age increases there is decrease in the availability of resources. Additionally, a very weak correlation was seen, evident with availability of resources showing no differences with age from 12 years to 17 years, with a slight change (reduction in availability of resources) showing at 18 years. Thus null hypothesis was rejected.

7.3.3.2 Gender:

Research hypothesis 2: Ho: there is no relationship between availability of resources that enables resilience in OVC and gender of OVC.

The Chi-square test was used to test the hypothesis. The findings of this study found a relationship between availability of resources that enables resilience and gender of OVC. This means there was a difference found between males and females in the availability

of resources that enables resilience for OVC. Males were found with more resources compared to females. A weak relationship was found between the two variables. Thus the null hypothesis was rejected.

7.3.3.3 Custody

Research hypothesis 3: Ho: there is no relationship between availability of resources that enables resilience of OVC and custody of OVC.

The Chi-square test of significance was used to test the hypothesis. The findings of this study revealed that there is a relationship between availability of resources and custodian types. With very weak correlation as most custodian types showed no difference in availability of resources, except for CHH with a huge discrepancy. Therefore, the null hypothesis was rejected.

7.3.4. Develop a model of intervention:

The model was developed based on the following themes:

7.3.4.1 Addressing the identified challenges.

7.3.4.2 Incorporating the recommendations of four (4) focus groups.

7.3.4.3 Incorporating the theoretical findings in chapter two (2).

7.3.4.4 Adopted the ecological theory of Bronfenbrenner (1979).

7.4. Unique contribution of the study

The study expands our understanding of the support available for OVC and the challenges they experience which become risk factors towards their resilience. CHH were identified as the most challenged custody for OVC. The study further contributed by identifying that the main sources of support which are communities, teachers and peers seem to be fading away. Lastly, the psychosocial model of intervention was developed.

7.5. Implication for policy

It must be mentioned that policy is clear on the support mandated for OVC, including those in CHH. The practice still needs to be monitored because CHH are still found struggling with all resources. It can be said there is a need for providing resources directly to OVC in CHH even if there is no adult willing to assist. Another policy implication is that of institutions of care. There is a need for a strategy in practice for

caregivers to ensure that they introduce children in institutions of care to communities while still young. They should be allowed to attend community functions so that it does not become difficult for children to understand and know cultural issues. It would further assist children when exiting institutions, as they would know how communities function. There is progress in terms of policy provisions for OVC and the study found that there is a need to continue implementing the available policies which relate to provision, protection and rights for children but more monitoring is needed.

7.6. Implication for OVC

OVC face difficult conditions which may lead to poor mental health (Cluver et al., 2012; Joyce & Liamputtong, 2017) and poor social relations (Chikwaiwa, Nyikahadzi, Matsika & Dziro, 2013); therefore, more support is still needed for these children. Thus, the model of intervention developed in this study might contribute directly in maintaining protective factors for their resilience. Instead of focusing only on OVC, the study identified an urgent need to focus on caregivers, in all custodian types, by recommending counselling, parenting skills and other interventions which will be identified during consultation of the intervention model.

7.7 Recommendations

The recommendations are derived from the theoretical and empirical findings of the study.

7.7.1 Psychosocial factors

7.7.1.1 Emotional factors

All human beings experience stress and need emotional support in many ways. Like all children, OVC struggle with school work, bullying, and coping with life issues. When they struggle with such issues, the best solution, in terms of life skills, is to share such feelings with people they trust so that they are supported. With OVC, issues of losing parents, missing parents, struggling with stigma of disability and other challenges, they need caregivers who can listen to them, teachers who can guide and even peers whom they can trust.

Families create warmth, strengthen culture and values within family members, thus it remains a standing recommendation that families should be strengthened to promote

children resilience (Anasuri, 2016). In South Africa, recommendations of strengthening parental skills for caregivers have been made after investigations (Cluver, Ward, Shenderovich & Kaplan, 2015; Sharer, Cluver & Shields, 2015). With good parental skills, caregivers are able to support OVC emotionally. The challenge with CHH, where there is no adult who may be able to listen and guide these young people, is to find a significant person who can support CHH. This type of support can be provided by a number of structures like churches, families, and neighbours or community. Even though this study did not focus on checking the reasons why teachers were found not caring for OVC, it is known that teachers experience many challenges (Mwoma & Pillay, 2016).

The following recommendations are made:

a) Families should be strengthened through skills like parental skills, communication skills, conflict management and others.
b) Counselling should be provided for both caregivers and OVC.
c) The Department of Education should consider improving conditions of service for teachers like reducing class sizes, and continue to train teachers on how to manage OVC. Teachers themselves need a counselling programme like Employee Assistance Programme which supports employees on personal and work related issues.
d) Further research on the issue of teachers who were reported to lack support for OVC.

7.7.1.2 Social factors

The study showed that OVC struggle to get help from neighbours and they do not also know where to get help in the community. The simplest traditional way of how the system works is that the neighbour is the first person to notice or identify challenges and successes of children around them. Communities have been known for supporting its members. The safety of children in the community depends on how loyal the community is to its members. OVC need to play like all children to stimulate socialisation and physical development. During play times, they also develop friendships. But it can be very difficult for some children who have many chores with no caregivers, who rely on communities and neighbours for support. But if relationships within communities and neighbours are not strong, vulnerable people suffer. Friendship is critical and important for children and it has been found to assist them to survive in adverse situations (Malindi,

2014; Hills; Meyer-Weitz & Asante, 2016). For CHH to be able to have time to play and socialise, neighbours can assist with taking care of siblings. Additionally, community centres, namely, drop-in centres, early childhood development centres and others may be made available in the community to relieve some families during the day. The OVC in institutions of care reported struggling with community functions and understanding communities.

The following recommendations are made:

a) Mobilise community through intervention model to suggest best methods of being involved in the lives of OVC including developing Ubuntu (community cohesion) among neighbours. This will then assist OVC, like CHH to have people they can rely on and have them as support structures.
b) Implement the psychosocial model on training and skills development so as to strengthen communication and community cohesion.
c) Train, mentor and support OVC in developing appropriate friendship through developing neighbour relationship, which will develop trust of one towards another.
d) More attention should be placed on recreational facilities in rural areas, and other support structures. To be exact, the drop-in centres - to assist CHH with siblings, and themselves assisted with homework. Provide special schools for children living with disabilities.
e) Institutions of care (Department of Social Development) must find a way to involve OVC under their care to community functions, and community recreational activities. This is necessary because when they reach 18 years, they will exit the system which has been nurturing them and have to survive on their own in the communities. They should then be assisted on how to live with such communities. This should not be done as an exit strategy, when children are towards 18 years of age, but as early as they are admitted in the system, so that they grow knowing that they are part of the community.

7.7.1.3 Economic factors

Availability of basic resources like food, clothing, and shelter is the first need of every human being. To prevent children from stealing and running away from home if there is poverty, provision of basic needs is necessary. In South Africa, the government has made provision of basic resources through social grants, food parcels, school nutrition

programme and government low cost housing. The findings of this study demonstrated that most custodian types can at least meet the basic needs of OVC except for CHH. So there is a need to intervene in this custody, to reduce vulnerability in the area of CHH.

The following recommendations are made:

a) Government to continue with provision of social grants.
b) A need for intervention through entrepreneurial skills for both caregivers and OVC. There is a need to revisit agricultural programs and enforce them in communities.
c) A need for supporting OVC who have reached 18 years and above with housing facility, like low cost housing, for those who do not have relatives or extended families.
d) The Government must work with non-governmental organizations and other interested parties, in vocational placement of vulnerable children with disabilities in vocational centres and places of employment. This will reduce vulnerability.

7.7.2. Psychosocial model of intervention

It was recommended that:
a) To develop or improve the spirit of caring among community members, the model be consulted with the respective community before it is implemented to get a buy in of all parties.
b) The model should be implemented as per the community needs, involving all stakeholders, parents, caregivers, children and communities.
c) Continuous counselling should be offered to caregivers and OVC. Some extended family members may be involved so that the effect of vulnerability may be dealt with.
d) CHH be mentored and individuals identified and offered guidance and counselling so that they are able to work with CHH.
e) The intervention model be implemented and monitored in phases.

Below in 7.8 is a proposed psychosocial model of intervention which has been developed from literature and empirical findings of the study, recommendations and conclusions.

7.8 A proposed psycho social model for OVC in KwaZulu-Natal

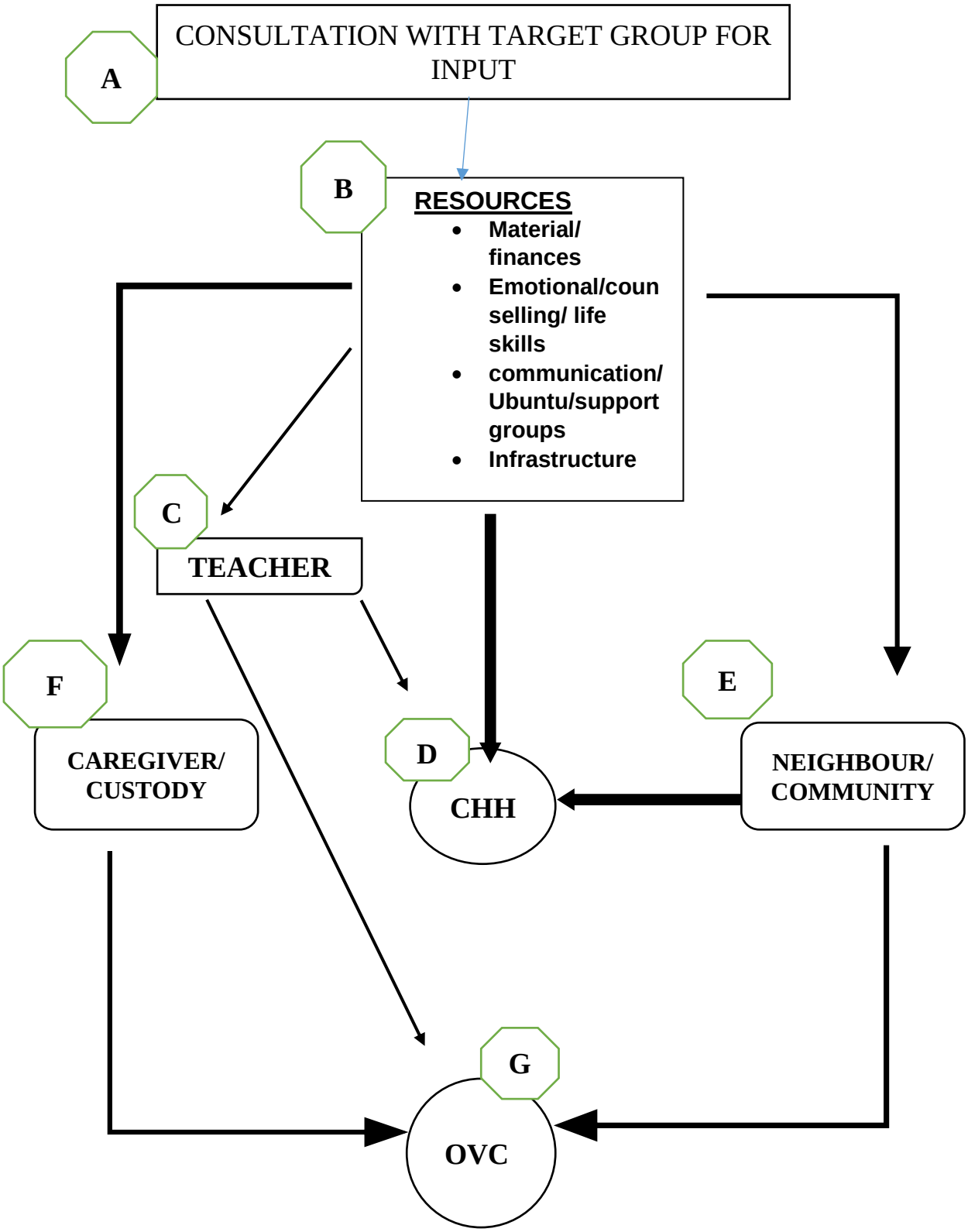

FIGURE 1: PSYCHOSOCIAL MODEL OF INTERVENTION FOR OVC

7.8.1 Description of the model

7.8.1.1 Consultation with target group

The current intervention model adopted a bottom-up approach on the community driven action as described by Wessells (2015). It emphasised the involvement of the community in designing intervention plan.The target groups may not be consulted at the same time to avoid conflict, because in terms of neighbours, there are still issues which need to be clarified and be understood, which might benefit the intervention. The first phase may include consultation with traditional leaders, government departments and NGOs, then the community, then the OVC and specifically the caregivers of OVC. After that phase, when differences and similarities of ideas have been identified by the researcher, the last meeting will include all stakeholders with the researcher able to facilitate, offer guidance and counseling to the diverse community structure. The outlined tentative plan will be discussed with stakeholders, and their input and suggestions will be incorporated. The buy-in of stakeholders is critical in promoting cohesion, unity, trust and some kind of uniformity within community members. The uniformity will reduce a feeling that others are better than others, which sometimes happen when government or organization help OVC in communities, which are themselves living in poverty due to unemployment.

7.8.1.2 Resources

Resources are made available in terms of skills such as socializing, communication, caring and parenting and entrepreneurial skills. Groups will have to be practically trained to like, use, believe and depend on each other. Elianstam (2015) suggested conversations between people that would lead us to the creation of social values. The model suggested the facilitation of such conversations, which should be done by the professional counsellor, who will be able to identify gaps and find ways of closing gaps through discussions. For Ubuntu to be reflected in our lives and those of our communities such conversations should promote cohesion and reciprocal values (Taylor, 2014). Other resources which form part of B are material resources like, money (social grants) and emotional resources (equipping family members on conversations of sharing feelings, counselling skills and developing of friendship).

7.8.1.3. Teachers

Teachers need support themselves for them to be able to support OVC. Resources directed to them may include skills, better conditions of services and others. Teachers themselves should be equipped with skills to ensure that they can be able to manage OVC. All the interventions will be guided by the ecological model wherein various stakeholders will be brought in for support. In case of teachers, the Department of Education might have to be involved in supporting teachers.

7.8.1.4. Child Headed Households

All resources should be channeled directly to CHH. However, through the above resource transfer to neighbours and communities the Children's Act could be well implemented, as adults come forward pledging to help and mentor CHH. Currently, this is difficult due to loss of Ubuntu and lack of understanding by CHH themselves. Thus, at this stage, CHH will receive skills on communication, counselling, relationships, Ubuntu principles (respect, humbleness and others). CHH themselves will be taught how to request and appreciate help from others. Support structures will also be discussed, like availability of social development and SASSA. Ubuntu is a two way process, everybody involved must understand the concept and embrace it.

These resources can also be channeled by neighbours when they have been well mobilised to understand their role in OVC.

7.8.1.5. Neighbours/ Community

Communities should be trained on skills related to caring for one another, offering support, ability to identify troubled children, communication, conflict resolution and ability to refer OVC timeously. The program should address mobilization of *ubuntu* through coaching and mentoring communities on practical caring of one another. This hopes to encourage the community and neighbours in offering support to OVC and CHH.

7.8.1.6. Caregivers

Support such as counselling, mentoring, training on parenting skills, just to mention a few, should be offered. Material resources should be provided. These include food, social grants and shelter. Self-sustaining skills should be offered. These are entrepreneurial skills, agricultural initiatives, and ABET classes. Caregivers should then give support to OVC. Community members will also be canvassed to adopt an OVC,

through mentoring, guidance and support. These will especially include CHH. For those families who decide to informally adopt CHH, counselling, guidance and relationship skills will be offered by counsellors including OVC themselves. It will be important for OVC to participate in the program of being informally adopted or chosen to be mentored by a particular family.

7.8.1.7. Orphans and Vulnerable Children

OVC need social skills. These include choosing and developing appropriate friendships, understanding neighbours, respect for adults and caregivers and appreciating every service they receive. For emotional factors, they need life skills in general, counselling services, trauma management, mentoring and debriefing sessions (for individuals and groups).

7.9 Future research

During the course of the investigation, the researcher became aware of the high frustration level of caregivers in caring and supporting of OVC. Low trust levels by OVC and caregivers towards teachers, neighbours and peers were also identified during investigation. The following suggestions should be explored:

7.9.1 Further research on why teachers are specifically struggling with supporting OVC should be considered.

7.9.2 The possibility of giving CHH social grants with or without an adult monitoring the process.

7.9.3 The involvement of faith based organisations in the day to day running of OVC lives, since a high percentage of OVC reported to like going to church when they feel sad.

7.9.4 A need for policies to accommodate OVC as they grow in provision of resources, either through continuing with social grant while still at school or provision of food parcels when they are above 18 years of age, while still at school. Since the study found OVC of 19 and 20 years at school and who reported low availability of resources that enable resilience.

7.9.5 To implement the psychosocial model of intervention developed in this study and establish its effectiveness.

7.10. Conclusions

OVC has been identified as a group of children who have gone through trauma and adverse situation like losing parents, stigma due to disability, mental health problems, poverty and others. The investigation in this study has made an effort to come up with findings, conclusions and recommendations regarding OVC resilience in KwaZulu Natal schools in Zululand and Amajuba Districts. The study adopted the Ecological framework of Bronfenbrenner (Bronfenbrenner, 1979). The theoretical model was found more relevant in the area of OVC. Therefore, not only the OVC were involved in the investigation, but also caregivers and teachers.

It was found that even though there are challenges experienced by different OVC, no significant differences in the availability of resources were found among the OVC. Only the CHH seem to struggle with all resources. These resources: individual, caregivers/ family and context (community and surroundings), were found to be the protective factors for resilience in children (Ungar & Liebenberg, 2011). Another finding for the study was that even though other resources are available to OVC, they still struggle with what they need the most, support from community, neighbours and teachers. They even struggle to make friends whom they can trust with their challenges. There should be a reason why such relationships are not that functional for the OVC. Even though it was not part of the research to establish that literature has suggested that there has been an erosion of Ubuntu (community cohesion) in communities. All these challenges need to be addressed for the lives of OVC to have a potential of being successful.

Previous studies have identified understaffing and poor work conditions as challenges experienced by teachers in schools which impact on their ability to perform their duties (Akinduyo, 2014; Akindutire & Ekundayo, 2012). Support for the learners is part of teacher's duties. Caregivers also reported to struggle with managing OVC and they requested support from experts and those in social services which they mentioned as skills, counselling and monitoring. Anasuri (2016) and Cluver, Ward, Shenderovich and Kaplan (2015) recommended training for caregivers, for them to cope with managing OVC. The findings of this study concur with the previous research. Caregivers and teachers are important and for OVC to be taken care of, the two should be taken care of by society and professional institutions.

It was of interest to establish if gender, age or custody correlated with availability of resources that enables resilience. It was found that there is a relationship between gender and availability of resources that enables resilience. But there was a weak relationship between availability of resources that enables resilience and age and custody. Therefore, resources should be made available to OVC above 18 years of age, as long as they are still at school. Again, there should be some form of follow-up through resource provision for OVC who exit institutions of care, as literature indicated that they sometimes struggle with shelter when they leave orphanages as they become overage for the institutional care program. Lastly, the custody of OVC did not show much difference in the availability of resources, except with CHH who seemed to struggle with all resources. This indicated that it may not matter much where the child stays, even if he/she is in an institution of care, as long as all the necessary resources are made available to support the child, and these are caregivers, individual and context. The system becomes effective if these resources can provide emotional, social and economic support to OVC. It was concluded that special attention should be given to CHH.

The above findings assisted the researcher to develop a psychosocial model of intervention. The main thing with the proposed model is to first consult with the people involved: OVC, caregivers, traditional leaders, government department, NGOs and communities/ neighbours. Then their suggestions are incorporated in the actual intervention. The model caters for all the stakeholders in the life of the OVC as recommended by findings of the study.

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ANNEXURE A

Letter to Department of Education (Kwazulu-Natal)

University of Zululand

PO Box X 1001

KwaDlangezwa

3886

MakhonzaL@unizulu.ac.za

14 July 2015

The Director: Research Strategy Development and ECMIS

KZN-Department of Education

Private Bag X 9137

Pietermaritzburg

3200

Dear Sir/Madam

A REQUEST FOR PERMISSION TO CONDUCT RESEARCH WITH LEARNERS AS SUBJECTS

I am conducting research for PHD in the faculty of Education, department of Educational Psychology and Special Needs at University of Zululand. I am writing this letter to request permission to conduct research with learners in KwaZulu Natal at three Districts. Those Districts are: Zululand and Amajuba Districts. The selected schools from the mentioned Districts are: attached

My research interest is on the resilience among Orphans and Vulnerable Children in KwaZulu Natal schools: towards a psychosocial model of intervention.

The aims of the study are:

1. To determine the extent to which OVC are resilience.
2. To establish the challenges faced by orphaned and vulnerable children living in different custodian types.

3. To establish whether there is a relationship between resilience and OVC characteristics such as, age, gender and custodian type.

4. To propose a therapeutic model that will assist OVC.

I hereby seek your consent to a research project.

To assist you in reaching a decision I have attached the following documents:

a) A copy of an ethical clearance certificate issued by the university
b) A copy of research instruments which I intend using in my research

Should you require any further information, please do not hesitate to contact me or my supervisor. Our contact details are as follows:

Mrs L.O. Makhonza MakhonzaL@unizulu.ac.za

Professor D.R. Nzima NzimaD@unizulu.ac.za

Upon completion of this study, I undertake to provide you with a bound copy of this thesis.

Your permission to conduct this study will be greatly appreciated

Yours sincerely

_____ _____

Lindokuhle. O. Makhonza

Supervisor: Prof DR. Nzima

University of Zululand

ANNEXURE D

Consent forms

CONSENT FORM

Topic: Resilience among Orphans and Vulnerable Children in KwaZulu Natal schools: towards a psychosocial model of intervention

Researcher: Mrs L.O. Makhonza

Institution: University of Zululand Department: Department of Educational Psychology

The above mentioned person has requested my child to participate in the research based on the above mentioned topic.

The purpose of the research and signing of this form was explained to me in my own language of choice.

I understand that:

1. Research purpose: Is to get opinions from orphans and vulnerable children (OVC) about the challenges they encounter and what is it that has made them survive.
2. The University of Zululand has approved the research.
3. To partake in this research, my child will assist in developing intervention programmes that will promote OVC resilience.
4. My child will participate in this research by answering questions that requires information based on the topic written above.
5. My child has agreed to be part of this research and he is above 7 years.
6. The child can withdraw from participating at any time he feels like without any problems after the decision taken.
7. My child can be requested to stop participating before the end the research if the researcher or any one related to the research feels it is necessary.
8. My child and I are not expecting any payment for participating in this research
9. I am not expecting any harm to be caused by this research however if questions asked in anyway disturbs my child emotionally, the researcher is prepared for such, by working together with the professional counsellors in this research.
10. The researcher will compile a document containing this information but the researcher will keep the name and other information of the child as confidential as possible.
11. I would like to know about the outcomes of the research by reading the compiled document
12. Any questions that might arise as a result of the research will be answered by the researcher.
13. By agreeing to sign this form it doesn't mean that I cannot take legal or compensation actions for my child.
14. I will keep the copy of this consent form.

I ……
read all the information in this form and it was explained in my language of choice. I understand what is written in this form. I have asked all questions that I had and were answered to my satisfaction. I understand all what is expected from this research.

Without any pressure I accepted to participate in this research. By signing, I am agreeing that my child ……..
Who is ……..years of age partakes in this research.

Signature ……Date: ……

ANNEXURE E

Adapted Child and Youth Resilience Measure-28 (CYRM-28)

CHILD AND YOUTH RESILIENCE MEASURE (CYRM) - 28

Listed below are a number of questions about you, your family, your community and your relationship with people. These questions are designed to better understand how you cope with daily life and what role the people around you play in how you deal with daily challenges.

Please complete questions in section 1.

For each question in section 2 and 3, please circle the number to the right that describes you best. There are no right or wrong answers.

SECTION 1

1. What is your date of birth: _____
2. What is your sex: _____
3. What grade are you in: _____
4. Who do you live with: _____
5. Which race group are you: _____

SECTION 2

To which extent do the statements below describe you?

Circle one answer for each statement

	Not at all	A little	Somewhat	Quite a bit	A lot
I know what I want to study when I finish grade 12	1	2	3	4	5
I like going to school	1	2	3	4	5
Sad things happen to all people	1	2	3	4	5
I have food to eat 3 times a day	1	2	3	4	5
My teacher supports me when I need support	1	2	3	4	5
My friends support me when I need support	1	2	3	4	5
I need my family when I am sad	1	2	3	4	5
I enjoy going to church	1	2	3	4	5
I like my community	1	2	3	4	5
I get time to do homework's everyday at home	1	2	3	4	5

SECTION 3

To what extent do the statements below describe you? Circle one answer for each statement.

	Not at all	**A little**	**somewhat**	**Quite a bit**	**A lot**
1. I have people I look up to	1	2	3	4	5
2. I cooperate with people around me	1	2	3	4	5
3. Getting an education is important to me	1	2	3	4	5
4. I know how to behave in different social situations	1	2	3	4	5
5. My parent (s)/ caregiver (s) watch me closely	1	2	3	4	5

6.	My parent (s)/caregiver (s) knows a lot about me	1	2	3	4	5
7.	If I am hungry there is enough food to eat	1	2	3	4	5
8.	I try to finish what I start	1	2	3	4	5
9.	Spiritual beliefs are a source of strength for me	1	2	3	4	5
10.	I am proud of my ethnic background	1	2	3	4	5
11.	People think I am fun to be with.	1	2	3	4	5
12.	I talk to my family/ caregiver (s) about how I feel.	1	2	3	4	5
13.	I am able to solve problems without harming myself or others (for example, by using drugs and/ or being violent).	1	2	3	4	5
14.	I feel supported by my friends	1	2	3	4	5
15.	I know where to go in my community to get help	1	2	3	4	5
16.	I feel I belong at my school	1	2	3	4	5
17.	My family stands by me during difficult times.	1	2	3	4	5
18.	My friends stand by me during difficult times.	1	2	3	4	5
19.	I am treated fairly in my community	1	2	3	4	5
20.	I have opportunities to show others that I am becoming an adult and can act responsibly	1	2	3	4	5
21.	I am aware of my own strengths	1	2	3	4	5
22.	I participate in organised religious activities	1	2	3	4	5
23.	I think it is important to help out in my community.	1	2	3	4	5
24.	I feel safe when I am with my family/ caregivers.	1	2	3	4	5
25.	I have opportunity to develop skills that will be useful later in life (like job skills and skills to cater for others).2	1		3	4	5
26.	I enjoy my family's /caregivers cultural and family traditions.	1	2	3	4	5
27.	I enjoy my community's traditions.	1	2	3	4	5
28.	I am proud to be a South African.	1	2	3	4	5

Thank you for completing the above questions. Your answers will be treated confidential and anonymous.

ANNEXURE F

Questionnaire on psychosocial factors

A	D	O
For office use		

A QUESTIONNARE ON PSYCHOSOCIAL FACTORS

Listed below are a number of questions about you, your family and community. These questions are designed to better understand you and how you cope with daily life. There are two sections. Answer all questions

Section 1

Please TICK the correct answer in the box

Who is/ are your caregiver

Mother	Father	Both mother and father	Relatives	Orphanage	Home of safety	Siblings
1	2	3	4	5	6	7

Gender :

Female	Male
1	2

Age:

12	13	14	15	16	17	18	19+

Do you have a disability

yes	no

Section 2

		Not at all	A little	somewhat	Quite a bit	A lot
	EMOTIONAL FACTORS					
1.	My parents help me when I feel sad					
2.	There is a teacher at school whom I talk to when I have a problem					

3.	I share with my family how my day was at school					
4.	It is easy to ask for help from neighbours					
5.	My family listen to me when I tell them my problems					
6.	Going to church helps me when I feel sad					
	SOCIAL FACTORS					
7.	Someone assist me with homework at school					
8.	I visit my cousins and relatives					
9.	I talk to my friend about how I feel					
10.	When I need help, I know where I should go in my community					
11.	I get time to play everyday					
12.	I like community functions, like, ummemulo					
	ECONOMIC FACTORS					
13.	I sleep in a bed at home					
14.	I eat breakfast , lunch and supper everyday					
15.	There is TV at home					
16.	The neighbours assist me with needs like, meals and money					
17.	The school provide learners with lunch					
18.	I have too many household chores and I struggle to rest					

Thank you for participating in the study, this information will be kept confidential and anonymous

ANNEXURE G

Interview schedule

UHLELO LEMIBUZO KUBA ZALI NO THISHA

Lapha ngezansi kunemibuzo ebuza ngomntwana osebucayini ngezimo ezahlukene, kungaba omaziyo, ohlala naye, owuyaye umbone noma omfundisayo. Lemibuzo ihlose ukuthola ulwazi ngokuthi yini emusizayo ukuze uphumelele phezu kwezinkinga ahlangabezana nazo.

IMIBUZO

1. Ngokubona kwakho iziphi izinkinga ezihlasela abantwana abasebucayini?
2. Iziphi izinqala sizinda ezikhona emphakathini wakini zokusiza zilekelele abantwana abasebucayini?
3. Ngabe bayafinyelela kulezizinqala sizinda bonke abantwana abasebucayini?
4. Iziphi izidingo nqala/ ezibaluleke kakhulu zabantwana abasebucayini?
5. Yini ongayibalula engasiza ekulekeleleni abantwana abasebucayini?
6. Kulula yini ukuthi abantwana abasebucayini bathole imali yoxhaso kahulumeni (grants)?chaza
7. Abanye abantwana babaphatha kanjani abantwana aba sebucayini?

Siyabonga ngokuzibandakanya naloluphenyo. Konke okubhalile kuzogcinwa kuyimfihlo futhi kuphephile ngoba igama lakho alibhaliwe kuleliphepha

INTERVIEW GUIDE FOR CAREGIVERS AND TEACHERS

RESILIENCE AMONG ORPHANS AND VULNERABLE CHILDREN: TOWARDS A PSYCHOSOCIAL MODEL OF INTERVENTION IN SCHOOLS IN KWAZULU-NATAL

Listed below are a number of questions about Orphans and Vulnerable Children (OVC), either under your care or those you teach at school. You may not be teaching this child but you are involved in their support one way or another. These questions are designed to better understand what help these children to survive while experiencing many challenges.

QUESTIONS

1. In your own experience what are the challenges experienced by OVC in their daily life?
2. Which support structures are available in your community to support OVC?
3. Are the above mentioned support structures accessible to OVC?
4. Which resources are critical and important for OVC to survive?
5. What are your recommendations in terms of support for OVC?
6. Is it easier for OVC to receive social grants? Elaborate?
7. How do other children treat OVC?

Thank you for completing the above questions. Your answers will be treated confidential and anonymous.

INTERVIEW GUIDE FOR OVC

RESILIENCE AMONG ORPHANS AND VULNERABLE CHILDREN: TOWARDS A PSYCHOSOCIAL MODEL OF INTERVENTION IN SCHOOLS IN KWAZULU-NATAL

Listed below are a number of questions about yourself, your life and the relationship with people around you. These questions are designed to better understand how the you cope with daily life and challenges you experience
IMIBUZO

1. What are the challenges you experience in your daily life?
2. What are your dreams about your future?
3. What in your view makes you survive or cope with challenges?
4. Do you have friends? Do you think they contribute anything to your survival? How?
5. Which facilities are available in the community which support vulnerable children?
6. Do all OVC have accessibility to these facilities?

Thank you for completing the above questions. Your answers will be treated confidential and anonymous.

ANNEXURE I

RELIABILITY OF THE QUESTIONNARE (QUESTIONNARE ON PSYCHOSOCIAL FACTORS)

Cronbach's Alpha Based on Standardized Items

Cronbach’s Alpha (questionnaire on psychosocial factors)

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.844	.841	18