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**A DESCRIPTIVE SURVEY BASED ON THE CIRCUMSTANCES SURROUNDING
ORPHANS IN ULUNDI LOCAL MUNICIPALITY**

BY

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(ii)

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BY

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Submitted in fulfilment of the requirement for the Masters of Art (Community Work) in the
Department of Social Work University of Zululand

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DECLARATION

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Dear Sir

I **ZIPHEZINHLE THEMBA GENUINE CHAMANE** Student No. **19900450** hereby declare that “**A DESCRIPTIVE SURVEY BASED ON CIRCUMSTANCES SURROUNDING ORPHANS IN ULUNDI LOCAL MUNICIPALITY**” is the result of my own investigation. It has not been submitted for any other degree in any university and all references used were acknowledged.

Signature:.....

Z. T. G. Chamane

Date:.....

DEDICATIONS

I wish to dedicate this work to my wonderful mother Mrs B. J. Chamane (a priceless gift from God), my wise brother Dr B. S. Dladla (an excellent example), my beautiful sister Mrs S. P. N. Modise, whose moral support has helped me. I also wish to dedicate this work to my loving Pastors E. and C. Annan, whose fervent prayers have brought me this far.

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First and foremost I wish to thank my Heavenly Father, Jesus my Saviour and the Holy Spirit of God who walked with me through this journey and worked excellence in me. I would not have achieved this without you Trinity. I also like to thank my supervisor Dr S. J. Magagula and co-supervisor Mr T. Z. Ramphele, your excellence, dedication, patience and assistance in greatly appreciated. Last but not least I wish to thank all my classmates. Your friendship and support will never be forgotten.

ABSTRACT

The researcher in this study wanted to get a better understanding of the circumstances surrounding orphans in Ulundi Local Municipality. It was found that there were more paternal/maternal orphans rather than double orphans. The findings also revealed that most orphans were living with grandparents and were well taken care of as a result a majority of orphans' school performance was not disturbed after their parents passed away. This research also revealed that most orphans were still grieving the death of their parents. The results of this study also revealed that there were no Non-Profit Organisations that offered grief counselling and built resilience in orphans. As a result of these findings the researcher recommended that the Municipalities should have a department that will employ community workers who will organise communities in order to form Non-Profit-Organisations (NPOs) that will focus on a holistic approach in meeting the needs of orphans. This means these NPOs should use programs that will meet the needs of orphans physically, emotionally and spiritually.

TABLE CONTENTS

TITLE	PAGE NUMBERS
COVER PAGE	(i)
COVER PAGE	(ii)
DECLARATION	(iii)
DEDICATIONS	(iv)
ACKNOWLEDGEMENTS	(v)
ABSTRACT	(vi)
TABLE OF CONTENTS	(vii)

CHAPTER 1**ORIENTATION OF THE STUDY**

1.1 INTRODUCTION	1
1.2 MOTIVATION OF THE STUDY	1
1.3 STATEMENT OF THE PROBLEM	2
1.4 OBJECTIVES OF THE STUDY	3
1.5 RESEARCH QUESTIONS	3
1.6 HYPOTHESIS	3
1.7 DEFINITION OF CONCEPTS	3
1.7.1 Orphans	3
1.7.2 Parentification	3
1.7.3 Ulundi Local Municipality	4
1.7.4 Theory	4
1.7.5 Systems theory	4

1.8 LITERATURE REVIEW	4
1.8.1 General background	4
1.8.2 Orphans and HIV/AIDS	4
1.8.3 Orphans and crime	5
1.9 THEORETICAL FRAMEWORK	5
1.9.1 Systems Theory	5
1.10 RESEARCH METHODOLOGY	6
1.10.1 Research Design	6
1.10.2 Target Population	6
1.10.3 Sampling	6
1.10.4 Data Collection	7
1.10.5 Data Analysis	7
1.11 ETHICAL CONSIDERATIONS	7
1.12 SIGNIFICANCE OF THE STUDY	8

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION	9
2.2 MAJOR EMERGING TRENDS IN ORPHANING	9
2.2.1 Orphanhood in sub-Saharan Africa	9
2.2.2 Increased proportion of maternal and double orphans	10
2.3 CHALLENGES FACED BY ORPHANED CHILDREN	12
2.3.1 Role changes	12

2.3.2 Isolation from family and peer group	13
2.3.3 Traumatic exposure to suffering, sickness and death	14
2.3.4 Physical poverty and deprivation	18
2.3.5 Multiple losses, emotional trauma and complicated grief	19
2.3.6 Access to government grant	20
2.4 CRIME ASSOCIATED WITH ORPHANHOOD	21
2.5 SOUTH AFRICAN LEGISLATION RELATED TO ORPHANS	22
2.6 INTERVENTION STRATEGIES TO CARE AND SUPPORT ORPHAN	26
2.6.1 Building resilience in orphans	26
2.6.1.1 Memory work and resilience	27
2.6.1.2 Storytelling and resilience	29
2.6.2 Ways to help a child to grieve	32
2.6.3 Care of orphans by extended families	33
2.6.4 Fostering, adoption and other family-based care arrangements	35
2.6.5 Community-based care for orphans	36
2.6.6 The role of religion in caring and supporting orphans	37
2.8 CONCLUSION	38

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 INTRODUCTION	39
3.2 SYSTEMS THEORY	39
3.2.1 Concepts in general systems theory related to the family systems	39

3.3 CONCLUSION	41
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CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION	43
4.2 RESEARCH METHODOLOGY	43
4.2.1 Research Design	43
4.2.2 Target Population	44
4.2.3 Sampling	.44
4.2.4 Data Collection	45
4.2.5 Data Analysis, Presentation and Interpretation	45
4.3 ETHICAL CONSIDERATIONS	46
4.3.1 Voluntary Participation	46
4.3.2 No Harm to Participants	46
4.3.3 Confidentiality	46
4.4 CONCLUSION	47

CHAPTER 5

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

5.1 INTRODUCTION	48
5.2 ANALYSIS, PRESENTATION AND INTERPRETATION	48
5.2.1 Distribution of the respondents according to gender	48
5.2.2 Distribution of respondents according to age	49

5.2.3 Distribution of respondents according to brothers and sisters they might have	50
5.2.4 Distribution of respondents according to number of children at home	51
5.2.5 Distribution of respondents according to the eldest sibling	52
5.2.6 Distribution of respondents according to persons they share residence with	53
5.2.7 Distribution of respondents according to double orphanhood	54
5.2.8 Distribution of respondents according to their knowledge of the cause of death to parents	55
5.2.9 Distribution of respondents according to their responsibility in taking care of their younger siblings	56
5.2.10 Distribution of respondents according to their family's employment status	57
5.2.11 Distribution of respondents according to the assets owned by their parent/parents prior to their death	57
5.2.12 Distribution of respondents according to the house they inherited from their parents after death	58
5.2.13 Distribution of respondents according to a place of residence during the sickness of parents prior their death	59
5.2.14 Distribution of respondents according to whether their parents disclosed the nature of their sickness to them	60
5.2.15 Distribution of respondents according to their parents indication of the possibility of not surviving the illness	61
5.2.16 Distribution of respondents according to their recollection of any feeling they had when their parents died	62

5.2.17 Distribution of respondents according to time elapsed since the death of their parents	63
5.2.18 Distribution of respondents according to whether they have completely recovered from the grief of the loss of their parent/parents	64
5.2.19 Distribution of respondents according to the family's authority of talking about the dead parent/parents	.65
5.2.20 Distribution of respondents according to their voluntary speaking about the dead parent/parents	66
5.2.21 Distribution of respondents according to the grief counselling they received to help them grieve the loss of their parent/parents	67
5.2.22 Distribution of respondents according to the type of basic needs their parent/parents provided prior to their death	68
5.2.23 Distribution of respondents according to the needs met after the death of parent/parents	69
5.2.24 Distribution of respondents according to the existence of a caregiver	70
5.2.25 Distribution of respondents according to the employment of their caregivers	71
5.2.26 Distribution of respondents according to the government grant received by their caregivers	72
5.2.27 Distribution of respondents according to their knowledge of the amount of grant	73
5.2.28 Distribution of respondents according to their knowledge of how the grant money is spent	74

5.2.29 Distribution of respondents according to their absenteeism from school prior to the death of their parent/parents	75
5.2.30 Distribution of respondents according to their absenteeism after the death of their parent/parents	76
5.2.31 Distribution of respondents according to orphan's academic performance	77
5.2.32 Distribution of respondents according to the assistance they received from any non –profit organisation	78
5.2.33 Distribution of respondents according to whether the allocation of chores had changed for the respondents after the death of parents	79
5.2.34 Distribution of orphans according to their perception of the treatment they received in their households	80
5.2.35 Distribution of respondents according to their perception of being loved by members of their households	81
5.2.36 Distribution of respondents according to their engagement in any activity perceived as unacceptable as a result of their circumstances	82
5.2.37 General options	83
5.3 CONCLUSION	83

CHAPTER 6

FINDINGS AND DISCUSSIONS, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 INTRODUCTION	84
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6.2 RE-STATEMENT OF THE PROBLEM	84
6.3 RE-OBJECTIVES	84
6.4 HYPOTHESIS	85
6.5 FINDINGS AND DISCUSSIONS	85
6.5.1 To establish causes of being orphaned in Ulundi Local Municipality	85
6.5.2 To discover the most prevalent type of orphanhood in South Africa	85
6.5.3 To ascertain the type of support given for orphans to reduce their vulnerability	86
6.5.4 To find out who takes the responsibility of caring for orphans	88
6.5.5 To understand relationships orphans have with others in their environment	88
6.5.6 To find out if the death of parents affected the academic performance of orphans	89
6.6 CONCLUSION	90
6.7 LIMITATION	91
6.8 RECOMMENDATIONS	91
REFERENCES	93-96
ADDENDUM:	
ANNEXURE A: SAMPLE QUESTIONNAIRE	97
ANNEXURE B: LETTER OF REQUEST FOR INFORMED CONSENT	

CHAPTER 1

ORIENTATION OF THE STUDY

1.1 INTRODUCTION

This work is based on the descriptive study of orphans in Ulundi Local Municipality. The situation surrounding orphans seems to be a problem in South Africa, given the hard conditions orphans find themselves, over the loss of their parents. Most orphans lose out on basic necessities and support. As a result they may find themselves vulnerable in life in generally. This research is concerned with orphans at Ulundi area. The researcher notices their behaviour at school. Coping among orphans at the school seems to be difficult for them. This continues to happen during the years the orphans are at school.

The researcher seeks to establish what constitutes the behaviour of orphans; what their basic needs in life are, and how orphans can cope better and live a normal life like other children who have support from their parents. The researcher also wants to establish how the government is helping orphans to cope with their lives. In this study it is also important to establish how the community reacts and contributes toward the welfare of orphans, including the schools and organisations that deal with orphaned children in the community. Generally, the researcher shall attempt to look for ways to improve the conditions of orphans in the community of Ulundi.

1.2 MOTIVATION OF THE STUDY

These are the reasons that motivated the researcher in this investigation:

- as an educator, the researcher works with high school children among whom there are orphans who are faced with many challenges. Some of these children come to school without eating anything. In most cases these orphaned children remain hungry until the school closes in the afternoon except those whose friends share food with them. Some of these children do not have material that is required at school such as school uniform and books. As a result most of them perform badly at school. Again it is observed that most of these children are either totally orphaned or have lost one parent. In some of the cases these children live with grandparents, relatives or live on their own without any adult supervision in the household. The researcher, therefore, comes to the conclusion that these children are needy.

- the researcher is of the opinion that orphans in the community of Ulundi do not have access to psychosocial counselling. As a result orphans may be unable to deal with the death of their parents. This situation places challenge the well-being of orphaned children. Everyday these children have to deal with many difficult situations, some or many of which they may not be able to cope with alone.
- the researcher observes from church activities that there are many cases of children who are raised by grandparents because their parents have passed on.
- Many relatives who act as foster parents find themselves faced with an enormous responsibility of raising the offspring of their deceased next-of-kin unprepared. In some cases it is noticed that the social grant received by these caregivers is not enough. The grandparents who have not reached the age that qualifies them to receive the old age pension are struggling to make ends meet. It seems the caregivers do not get any other support to help them carry the extra burden of raising the orphans in their households.
- Lastly, the researcher is motivated by the fact that little is known of the circumstances and experiences of vulnerable children such as orphans at Ulundi. This may cause the community members, including educators, to be less concerned with issues that concern vulnerable children.

1.3 STATEMENT OF THE PROBLEM

Orphans in the Municipality of Ulundi are generally neglected. Despite receiving child support grant from the government, the orphans often look neglected, without proper physical care and counselling. This results in antisocial behaviour as a result of anger and grief which are internalised by these children. Most of the orphans are left in the care of grandparents who are too old to take good care of them. Those grandparents, who have not reached the age that qualifies them to receive the social pension grant are struggling to make ends meet. The social grant received by foster parents is not enough to meet all the needs of the orphans. No other support is given to foster parents to help them raise the orphans. It also seems that there is little community involvement in issues that concern orphans.

1.4 OBJECTIVES OF THE STUDY

The following objectives are considered to be relevant for this research:

- to establish causes of being orphaned in Ulundi Local Municipality;
- to discover the most prevalent type of orphanhood in South Africa;
- to ascertain the types of support given to orphans to reduce their vulnerability;
- to find out who takes the responsibility of caring for orphans;
- to understand the relationships orphans have with other relatives in their environment and
- to find out if the death of parents affects the academic performance of orphans.

1.5 RESEARCH QUESTIONS

- What are the causes of being orphaned in Ulundi Local Municipality?
- What is the most prevalent type of orphanhood in South Africa?
- Which types of support are given to orphans to reduce their vulnerability?
- Who takes the responsibility of caring for orphans?
- How are the orphans' relationships with other relatives in their environment?
- Did the death of parents affect the academic performance of orphans?

1.6HYPOTHESIS

This is the hypothesis that shall guide this research:

Orphans around Ulundi are not well taken care of by their next-of-kin as a result they live in poverty and neglect.

1.7 DEFINITION OF CONCEPTS

1.7.1 Orphans

An orphan refers to a child who is below the age of eighteen years and has lost one or both of his/her parents due to death or abandonment (Ndinga-Muvumba and Pharaoh, 2008:148).

This definition can also be extended to persons up to the age of twenty one (21) years who are still at school.

1.7.2 Parentification

According to Barnett and Whiteside in Foster et al (2005: 101) parentification refers to the reversal of the role as the child acts as a parent to his or her ill parents and younger siblings.

1.7.3 Ulundi Local Municipality

Ulundi Local Municipality refers to an area which is found in the centre of Zululand, about equidistance of 250 km from Newcastle and Ingwavuma, as well as 150 km from Richards Bay(www.devplan.kzntl.gov.za/idp...10/.../1%20Executive%20Summery.pdf Accessed 23/03/2011).

1.7.4 Theory

A theory can be defined as a systematic set of interrelated statements intended to explain some aspects of social life or enrich our sense of how people conduct and find meaning in daily lives (Rubin and Babbie, 2010: 38).

1.7.5 Systems theory

Systems theory refers to “the transdisciplinary study of the abstract organisation of phenomena, independent of their substance, type, or spatial or temporal scale of existence. It investigates both the principles common to all complex entities, and the models which can be used to describe them (www.pespmcl.vub.ac.be/SYSTHEOR.html Accessed 04/01/2012).

1.8 LITERATURE REVIEW

This literature deals with a subject of orphans. The researcher seeks to gather facts concerning the circumstances surrounding the orphans.

1.8.1 General background

Children who are affected by the death of their parents do not talk about it. As a result this prevents the development of these children to their full potential (Denis, 2005:4). The causes of being orphaned are many, as a result orphans can be grouped into three categories: (1) orphans being infected through breastfeeding by their mothers; (2) orphans that are not infected with HIV, but whose mothers or fathers died either from AIDS or while HIV positive and (3) orphans that are not infected, and whose mothers or fathers were HIV negative when they died (www.commerce.uct.ac.za/reserchunits/CARE/Monographs/Monographs/mono0.pdf:7 Accessed 24/03/2011).

1.8.2 Orphans and HIV/AIDS

HIV /AIDS is the leading cause of being orphaned in South Africa. The illness and deaths of parents as a result of AIDS may reduce the well-being of children in several ways. These

cause children to experience growing poverty and its correlates which are: the loss of parental affection; reduced levels of care; stigma; the psychosocial implications; and material losses. Research reflects that the educational, social, economic and psychological problems encountered by children may be most severe prior to a parents' death. These problems include, the decline of household income because the breadwinner is too ill to go to work; more money is spent on health care; children may suffer malnutrition in new homes where they are kept while the mother is at the hospital. These problems continue even after the death of parents (Ndinga- Muvumba and Pharaoh, 2008:149).

1.8.3 Orphans and crime

There is a link between the growing number of children orphaned by AIDS and crime or instability. The illness and death of a parent shall leave children scarred and marginalised. This may later result in delinquency and criminal behaviour. The growing poverty, together with the emotional trauma associated with multiple AIDS related deaths and stigma, reduce levels of parental care. This leads to the loss of positive models which shall later place children at high risk of developing antisocial tendencies (Ndinge-Muvumba and Pharaoh, 2008:146).

1.9 THEORETICAL FRAMEWORK

1.9.1 Systems Theory

According to Carr (2006: 59), general systems theory was first developed by Ludwing von Bertalanfy and others as a framework used to conceptualise the emergent properties of an organisms and complex non-biological phenomena that could not be explained by a mechanistic summation of the properties of their constituent parts. This theory is used in many disciplines including social work, family therapy and psychology. This theory again is used in family therapy because a family is seen as a system. The members of the family are also seen as subsystems. The family again is a subsystem of a community system. The community is also a subsystem of a society system. The boundary around the family sets it apart from the wider social system which includes, to mention a few: school, children's peer group, health care professionals and extended family (Carr, 2006: 60). These boundaries around the family need to be semipermeable in order to ensure adaptation and survival. When family members move across their boundary to another system a change occurs in them

1.10 RESEARCH METHODOLOGY

Research methodology refers to the plan which takes a closer look at the methods and instruments used in research (Seaman, 1987:214). The research shall focus on orphans residing in Ulundi Local Municipality.

1.10.1 Research design

The researcher shall use both descriptive survey and exploratory designs. This is a mixed method strategy which includes the application of both quantitative and qualitative approaches, in order to provide a more comprehensive analysis of the research problem (Creswell, 2009:14). This approach has been chosen because both quantitative and qualitative data are important in order to understand the circumstances surrounding the orphans. Another reason of using this method is that both of these approaches give comprehensive knowledge around the client.

1.10.2 Target population

Population is the total group of persons or objects that meet the specific criteria set by the researcher (Seaman, 1987:233). The total number of orphans in Ulundi is plus/minus 6500. The target population shall be those orphans whose cases have been recorded and filed with the Department of Social Development in Ulundi from June 2009 to June 2010. This target population consists of 792 orphans who are below the age of twenty one (21) years. Only orphans who are ages between thirteen (13) and twenty one (21) years shall be selected. The reason for this is that orphans below the age of thirteen (13) may not be eloquent enough to give reliable answers. The researcher does not have the necessary skill that a psychologist has of probing answers from little children.

1.10.3 Sampling

The aim of the sample is to be as representative to the target population as possible (Mouton, 2002:110). Orphans who are between the ages of thirteen (13) and twenty one (21) years shall be selected from the target population described above. The sample shall consist of fifty (50) respondents. Systematic random sampling which is a probability sampling procedure shall be used to select the respondents. A list of all the orphans who are on the selected sample list shall be numbered. A sampling interval shall be determined by dividing the total number of all cases in the sample frame by the number of the required cases. The total number of all cases is 792. The required cases are fifty (50). The sample interval shall be sixteen (16). This

means every sixteenth (16th) case shall be selected. The first case to be selected is the first on the list (Engel and Schutt, 2009: 115).

1.10.4 Data collection

A structured interview/ Questionnaire shall be used as an instrument of collecting data. The questionnaire will be comprised of close-ended and open-ended questions. Interviews shall be conducted in isiZulu language to accommodate everyone since all of them are using the Zulu language.

1.10.5 Data analysis

Data shall be analysed through a combined design. Numbers shall be encoded which suggests that all responses shall be categorised. A code shall be assigned to each category, for example, all 'yes' responses shall be given a code which is 1 and all 'no' responses shall be given a code which is 2. The open-ended questions asked in the questionnaire shall be analysed using pie charts, bar graphs and frequencies and percentages.

1.11 ETHICAL CONSIDERATIONS

For ethical reasons, the researcher is listing the following as a guide to make this research viable:

- ***Voluntary participation***

The researcher shall ensure that the respondents participate voluntarily without compulsion. Everyone shall participate out of a willing heart.

- ***Confidentiality***

The identity of the respondents such as their names and surnames shall not be disclosed to the public. Sensitive information shall also not be divulged to the public. The researcher shall consider assuring respondents of the law of confidentiality.

- ***Subject well-being***

The researcher shall try to identify any negative feelings noticed from interviewees during the interview. Distressed interviewees shall be helped to cope with their feelings through debriefing. The researcher shall ensure that interview questions do not further contribute towards distressing respondents.

1.12 SIGNIFICANCE OF THE STUDY

The researcher envisages that the findings of the research may be used to contribute towards formulation of policy that shall improve the lives of orphans. These findings shall also help in increasing the understanding of the plight of orphans. The community-based organisations which work with orphans shall again be able to use the findings of this research to identify the most pressing needs of the orphans. This shall help them to create sustainable and effective responses to help alleviate the plight of orphans. Lastly, the findings of this research aim to contribute towards improving the circumstances of the orphans. This shall lead to the normal development of orphans in Ulundi and beyond.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Orphanhood has always been part of every community. Orphans are usually taken in by their relatives through informal or formal fostering. The growing number of orphans recently as a result of HIV/AIDS has posed problems in every community. Extended families are finding it hard to cope with orphans. As a result of this epidemic, productive people have died at their prime age. Most orphans who are not under foster care are left to fend for themselves in child-headed households. Others end up on the streets. The circumstances that these children find themselves in undermine their constitutional rights. According to Van Dyk (2005: 269) the increased number of deaths among adults as a result of AIDS in the next decade shall lead to an increasing number of orphans who grow without parental care and love. The orphans shall be deprived of their basic rights to shelter, food, health and education. The circumstances that these children live in increase their vulnerability.

The needs of these orphans, just like all children, need to be met so that they shall grow to their full potential. Van Dyk (2005: 274) declared that “in the case of orphans and other vulnerable children our question should not be what model of care we use, but to what extent the existing models of care fulfil the human needs indicated by Max-Neef”. The models which support and care for orphans should promote the rights of these orphans and go beyond that. The support given to orphans should not meet only one need but emotional, psychological, physical and social needs should be fulfilled too. The active involvement of school, communities and government is also needed in order to make light a heavy burden that is upon the extended families.

2.2 MAJOR EMERGING TRENDS IN ORPHANING

2.2.1 Orphanhood in sub-Saharan Africa

UNICEF had released a report on caring practices which revealed that in 40 countries in sub-Saharan Africa many extended families had taken the responsibility of caring for more than 90 per cent of orphans (The Children on the Brink 2004, www.unicef.org/publications/index_22212.html Accessed 05/06/2011: 10). This report continued to state that as the number of orphans continued to increase more burden would be upon the extended families. This report further revealed that the burden of caring for orphans in

countries which were highly affected by HIV/AIDS was shifting since more orphans lived with female-headed households and grandparent households. It was also revealed in this report that more female-headed households took in more orphans than male-headed households. This report also found that the burden of caring for orphaned children in grandparent households was also increasing. Again this report revealed that in Namibia the orphans taken care of by the grandparents had increased. According to this report these increases were also recorded in Tanzania and Zimbabwe. The findings of the report of The Children on the Brink 2004 are supported by the findings of the study conducted by the Development Research in Africa (DRA) in Mpumalanga province, KwaZulu-Natal province and Northern Province, in South Africa between December 2001 and March 2002 (www.popcouncil.org/pdfshorizons/nmcfhshldsum Accessed 23/ 03/2011). This study revealed that 39 per cent of orphans lived with grandparents, 16 per cent lived with one parent in a grandparent's house. This showed that more grandparents took the responsibility of raising their grandchildren once their own children had died. The findings of the research conducted by Human Social Science Council in North West Province and the Free State province in South Africa in 2006 (www.hsrbpress.ac.za/product.php?Freedownload=1productid=2155 Accessed 05/06/2011). also revealed that the trend in sub-Saharan African countries appeared to be that HIV positive men die first and followed by their infected wives. As a result the majority of households were headed by females. In Kopanong, Free State , there were 86% female-headed household and in Kanana Township, Northern Province, there were 81.1% female-headed households with orphans. It is important therefore for this current research to establish if there is existence of this trend in Ulundi.

2.2.2 Increased proportion of maternal and double orphans

As a result of the HIV/AIDS pandemic the number of double orphans was increasing. This was caused by the fact that partners or husband and wife infected each other with HIV which would lead to the death of both partners as it had been revealed by the research conducted by the Human Science Research Council (www.hsrbpress.ac.za/product.php?Freedownload=1productid=2155 Accessed 05/06/2011). This statement was strongly supported by The Children on the Brink who further argued that an important and distinctive characteristic of HIV/AIDS in regard to orphaning was that AIDS was more likely than other causes of death to create double orphans. If one parent was infected there was a probability that the other parent would become infected and that both

would eventually die. This showed that in countries where there was high level of HIV/AIDS prevalence the number of double orphans was also high and would continue to increase as a result of the increase in death of adults caused by HIV/AIDS. In the light of this, the current research will find out if this pattern of AIDS producing double orphans also exist in Ulundi. According to the report of The Children on the Brink 2004 double orphans were more disadvantaged than maternal or paternal orphans (www.unicef.org/publications/index_22212.html Accessed 05/06/2011: 11). As a result school attendance was affected. This report revealed that in Tanzania, a school rate for double orphans was 52 per cent when compared with that of children who lived with both parents which was 71 per cent. To support this were the findings of a research conducted by Development Research Africa DRA in Mpumalanga province, Northern province and in KwaZulu-Natal (www.popcouncil.org/pdfs/horizons/nmcfhshldsum Accessed 23/03/2011). The researchers found that orphans were more likely to have dropped out of school compared with non-orphaned children. The reasons for this, as stated in this report, were financial difficulties or ill parents which they had to take care of then. According to The Children on the Brink 2004 in sub-Saharan Africa there were 7.7 million double orphans and in Asia there were 7.9 million double orphans but in Latin America and the Caribbean there were only 600 000 double orphans.

According to The Children on the Brink 2004 the pattern of orphaning had changed in Sub-Saharan Africa as a result of AIDS. Maternal orphans outnumbered paternal orphans in five of the most affected countries. This is caused by the fact that women had higher rates of HIV/AIDS than men. These findings were contradicted by the findings of a research conducted by The Nelson Mandela Children's Fund and the Human Science Research Council (HSRC) in 2004 which revealed that 10 per cent of the children between 2 and 18 years understudy were paternal orphans, 2.6 per cent were maternal orphans and 2 per cent were double orphans (Ndinga-Muvumba and Pharoah, 2008: 148). This showed that in South Africa there were still more paternal than maternal orphans which means more man died and left behind their wives or female partners.

- ***Age of orphans***

According to The Children on the Brink 2004, in regions understudy there were more older orphans than younger orphans. More than half of all orphans were aged 12 or older. Out of 143 million orphans in sub-Saharan Africa, Asia and Latin America and Caribbean region 17.5 million which was 12 per cent were below age 6, 47 million

which was 33 per cent were aged 6 to 11, and the remaining 79 million which was 55 per cent were 12 to 17 years old. A study that also supported this statistics was conducted by Debbie Bradshaws (et al) mentioned by Ndinga- Muvumba and Pharoah (2008: 148). This study revealed that 20 to 30 per cent of 10 to 15 year old children were expected to lose their mothers by 2005. Among the children with ages between 15 and 17 this figure should rise by 30 per cent. This indicated that orphanhood increased with age.

2.3 CHALLENGES FACED BY ORPHANED CHILDREN

As it has been stated in The Children on the Brink 2004, the majority of orphans resulted from the death of one or both parents who were infected by HIV/AIDS (www.unicef.Org/publications/index222212.html Accessed 05/06/2011: 9). As a result most of these orphans are faced with psychosocial challenges during the sickness and after the death of their parent /parents. These challenges will be examined bellow.

2.3.1 Role changes

According to Van Dyk (2005: 273), the role of children changed as a result of the sickness and death of the parents. Children became caregivers to the parents as they took care of them when they were sick. The older children assumed a parenting role over their younger siblings prematurely when they did not have the strength associated with this adult role (Barnett and Whiteside, 2006: 103). This role change is called parentification. Parentification, according to Barnett and Whiteside (2006: 101), might inhibit the development of the child who was taking this role and of the children who are being parented. For a child who was taking this role of a parent, parentification can lead to feelings of guilt and lowered self-esteem. This was caused by the older children realising that they were not just babysitting their younger siblings but had to take full responsibilities of the role of the parent. This meant they had to supervise homework, bedtime, friendships, and extra-curricular activities and monitor their whereabouts. This might result in younger children not getting proper parenting or not being parented at all. The authors continued and stated that the basic needs might be met but the children would lack proper guidance that would have been given by a mature parent as they grew. The older children's development was also neglected and taking the role of a parent might also lead to depression. There were also positive results that were produced by parentification. According to Bauman and German in Foster et al (2005: 103) parentification

resulted in a child becoming more mature, developing coping skills, developing close and rewarding relationship with the ill parent, developing a sense of being valued and a career in nursing or other health care work. According to Nemapare and Tang in Singhal et al (2003: 52) children took this role of a parent with little or no resources, this resulted to some becoming involved in high risk behaviour. Therefore in the light of what the writers have stated, this research will examine whether there are any cases where children take the role of parentification in Ulundi. This study again will examine whether the extended families in Ulundi are still responsible for taking care of their ill individuals and their orphaned children as it was in the African culture.

2.3.2 Isolation from family and peer group

According to Van Dyk (2005: 273) some of the children who became orphans had to drop out of school because of the lack of money for school fees or as a result of taking responsibilities of a caregiver which stole most of their school time. This resulted in these children not getting enough time to spend with their peer group which might result in a lack of peer influence which was needed for on-going identity development. The author continued to state that these children did not get enough leisure time because of their caregiving role and they became traumatised by stigmatisation and rejection. This resulted in them becoming more vulnerable. It is the assumption of the researcher that since there is a law, The South African Schools Act No. 84 of 1996, which makes provision for compulsory school attendance for learners between the ages 7 and 15 years, those orphaned children who are from poverty stricken households are able to attend school and get their basic education up to matric level. This research will therefore examine whether there are any cases of orphaned children dropping out of school because of lack of money for school fees or caregiving responsibilities that consume most of their school time.

The HSRC survey (2006) which was conducted in Kanana Township in the North West and Kopanong Municipality in the Free State refuted the claims that orphans were stigmatised and rejected (www.hrcpress.ac.za/production.php?freedownloads=product_id=2155 Accessed 05/06/2011). The authors continued and stated that the children who were respondents in this study claimed that they were generally treated well by other children in the household, by their guardians and by other people in the community. The researcher of the current study believes that most of the orphaned children are still kept within the extended families where they are supposed to feel accepted and loved. It is, therefore, crucial for the researcher in this

current research to find whether there is any evidence of isolation, stigmatisation and rejection of orphaned children by their peer group, guardians or any member of the household.

Another research which refuted the claims of stigmatisation and rejection was conducted by the Development Research Africa (DRA) between December 2001 and March 2002 in Mpumalanga, Limpopo, and KwaZulu-Natal provinces in South Africa and found that there was about 77% respondents who felt that orphaned children in the households had many friends in the community (www.popcouncil.org/pdfs/horizons/nm_efhshldsum Accessed 23/03/2011). These respondents felt that there were no differences in the children living in households with orphans and those living in household without orphans. This again showed that orphaned children do not suffer stigmatisation and rejection as most literature claims. Therefore, this research will also examine the attitude of orphaned children under study towards spending time with their friends in an attempt to find out if these children feel isolated, stigmatised or not accepted by their peer group.

2.3.3 Traumatic exposure to suffering, sickness and death

According to Van Dyk (2005: 347) children who nursed parents who had AIDS were traumatised by the experience of watching their parents suffer and die. According to the author this was caused by the fact that children were not emotionally equipped and ready to deal with the role they played being caregivers. This trauma was made worse by the fact that in some cultures talking about death is taboo. The death of a parent hinders a child's development. Fritz and Mwonga in Singhal and Howard (2003: 86) stated that parental death could compromise children psychosocial development. This, according to the authors, was caused by the fact that early childhood was a critical stage of the development of a child's ability to trust others. At this stage the child was sensitive to negative influences that shaped his or her perception of the world. As a result, the grieving process could interfere with a child's social, emotional or physical development. Children were not given a chance to go through the process of grieving because, as it had been stated above, they might not be allowed to talk about the death of a parent. According to Cook et al in Singhal and Howard (2003: 96) children were regarded as forgotten mourners, because adults at times forgot the capacity of children to mourn and their need to be included and informed. The authors continued to state that this had resulted in a child thinking that his or her grief was not regarded as important and would lead to a child developing a feeling of isolation and loss of

trust. According to the authors adults might be given a chance to say their last goodbyes to a terminally ill person and this might help them to deal with the process of grieving. Children might not be given that opportunity because an ill person might deny the seriousness of his or her sickness to his or her child.

According to Fox and Parker in Singhal and Howard (2003: 119) the death of a parent after a long period of sickness as a result of AIDS brought about many changes in the household in such a way that a child's sense of security was disrupted. The authors continued to state that one of the changes was the financial burden that the disease imposed on the family. This had a negative psychological impact on a child. A child might also find it hard to deal with bereavement because unlike adults whose love was spread among their colleagues, friends or spouse, all of the child's emotional love was invested on his or her parent. According to the authors, the grieving process in children might be prolonged because no one was ready to talk to them about their losses. As a result of his or her loss, a child might develop feelings of guilt and anger which later in life might lead to dangerous behaviour. According to Fox and Parker in Singhal and Howard (2003: 120), bereavement led to psychological damage to the child. This could manifest at any time even years after the event and could greatly hamper the child's ability to acquire skills and knowledge.

According to Nemapare and Tang in Singhal and Howard (2003: 54), children became angry as a result of the death of parents and they had no one they could talk to or to explain to them what had happened. Pillay in Singhal and Howard (2003: 107) also confirmed this by stating that a child developed psychological symptoms as a result of parental illness or death which was caused by AIDS. These symptoms included sadness, worry, and unwillingness to engage in activities like play, isolation, signs of distress and fear in new situations. The author continued to state that these children internalised their feelings and did not show the signs of the manifestation of trauma. These internalised feelings manifested themselves in symptoms such as depression, anxiety and low self-esteem. Some of the children, according to Pillay in Singhal and Howard (2003: 107), reacted to the stigma and silence that accompanied AIDS by venting their anger, confusion and anxiety through self- destructive, high-risk and antisocial behaviour such as dropping out of school, prostitution, uncontrolled acts of defiance or destruction and assault. The author stated that the normal grieving process of a child was complicated by survivor guilt. This may result in ambivalent feelings towards the ill or dead parent. These feelings might include anger, resentment and other negative feelings as a result of being affected by HIV/AIDS (Pillay in Singhal and Howard, 2003: 108).

Bauman and Germann in Foster et al (2005: 113) stated that children developed symptoms of psychosocial problems after the death of their parents. These symptoms included depression which manifested itself in behaviour like bullying a sibling, picking a fight at school, suffering frequent and unexpected aches and pains, poor performance at school or the inability to hold bowel or urine. The authors continued to state that children who were experiencing emotional pain often misbehave; they demonstrated conduct problems which included being defiant and ignoring parental discipline or family rules, getting into fights, stealing, school absenteeism without permission or drinking alcohol. This behaviour could not be corrected by repeated punishment (Bauman and Germann in Foster et al, 2005: 114).

According to Cook, Fritz and Mwonga in Singhal and Haward (2003: 87) children reacted to grief by manifesting separation anxiety, fear of abandonment, fear that those close to them would die too. These fears were displayed by overdependence on adults, somatic complaints, sleeping problems, regressive behaviour such as thumb sucking or bedwetting. The authors continued to state that young children could confuse fantasy and reality as a result they had extreme feelings of guilt related to the parents. According to the authors, these children might think the death of their parents was their fault or it occurred as a result of their bad behaviour. These misconceptions might be reinforced in cultures where death was not openly discussed as a result of the AIDS stigma. Children needed opportunity to ask questions and express deep-seated concerns (Cook et al in Singhal and Haward, 2003: 87)

The researcher believes that all the symptoms mentioned above by different authors were caused by the fact that children who lose their parents did not get a chance to grieve and deal with the pain. There is usually no psychosocial counselling to help children overcome the pain. According to Pillay in Singhal and Howard (2003: 108), the psychological challenges faced by children orphaned as a result of AIDS were often internalised, they were overshadowed by more tangible manifestations of the pandemic such as health, shelter nutrition and social service issues. The author continued to state that it was important for researchers, government or non-government organisations and conference organisers to recognise and give greater priority to the psychological challenges faced by children orphaned by the HIV/AIDS pandemic. In the light of what the authors had stated this research will seek to find out if these orphaned children were given enough opportunity to express their grief concerning the loss of their parent/ parents by talking about it or were they not allowed to do so because of cultural or religious beliefs or because of silence that usually surrounds the death of people as a result of AIDS.

There are many studies that confirmed the fact that orphaned children still suffered from the pain of the death of their parents long after the loss. A study conducted by the Human Science Research Council in two South African communities found that although most children were reported to be happy at times, especially when they were with friends and families, most reported to be bothered by the death of their guardians or parents including the illness of their parents, the way their parents died, sadness of not having said goodbye properly, not having food, money, clothes or care (www.hsrbpress.ac.za/product.php?freedownload=productid=2155 Accessed 05/06/2011). These children reported feeling sad, unhappy, worried, sorrowful, angry, isolated or scared when asked how they felt after the loss of their parents. Some felt like crying, had no energy, had scary dreams or nightmares, had trouble feeling asleep, refused meals at times, preferred to be alone instead of playing with other children, felt afraid of new situations or felt like running away from home. A small percentage reported that at times they felt like killing themselves.

Another study on psychological effects of orphanhood conducted by James Sengendo and Janet Nambi in the Rakai District in Uganda found that half of the children reported that they felt sad about the death of their parents, 22% were too young to recall what their feelings were (www.ceped.org/cdrom/orphelins_sida_2006/pdf/sengend1.pdf Accessed 23/03/2011). There were also other children who did not respond. The researchers mentioned that according to Freud's Psychoanalytic Theory, children who did not respond were those who had bottled up their painful experiences of the loss of their parents, such that they pushed their experiences to the unconscious state of their minds. To these children, talking about their parents' death was still painful because they did not allow themselves to deal with this experience. The researchers continued to state that these children needed to be helped to accept the bad experience of the death of their parents so that they could be free to talk about it. The researchers also stated that it was normal to go through these feelings of sadness, anger and guilt and to have depressive thoughts after the death of a parent. These negative feelings were expected to disappear with the passage of time. In this study it was discovered that most orphans still felt sad about the death of their parents long after the loss. Those living with relatives were the most likely to be angry followed by those living with grandparents. Those staying with a surviving parent were less likely to feel angry. Those who felt angry reported that they felt like that when they are faced with problems or when they feared the situation they found themselves in. Researchers mentioned that the anger was understandable because children depended on their parents for maintenance, survival and education. For

these children no suitable substitute could be found after the parents died. It was also noted by the researchers that these orphans were weighed down by emotions of anger, worry and self-hatred. All these findings of children who are still grieving the loss of their parents were as a result of a lack of psychosocial counselling. Unless this counselling was given to these children they would continue to grieve which would hinder their development. It is therefore crucial to the researcher of this current research to find out how the orphaned children understudy feel about the loss of their parent/parents and whether these children are still grieving. This will reveal if the children are still grieving and that grief has not been dealt with through psychosocial counselling.

2.3.4 Physical poverty and deprivation

According to Van Dyk (2005: 347), the death of parents led to the loss of parental income which led to poverty and deprivation. In most cases the relatives grabbed the property of the deceased and children were left destitute. The life of poverty among most orphans was confirmed by the findings of a study conducted by the Human Science Research Council in North West and Free State Provinces in South Africa in 2005 (www.hsresearch.ac.za/product.phd?freedownload=1=productid=2155 Accessed 05/06/2011). The most common needs of orphans were finances, food and educational support. The researchers declared that poverty was the major cause of vulnerability of these children. Researchers also found that most respondents relied on social grants or other support from families. This research will also seek to find out if there is any existence of poverty in households with orphans and what is the source of income in these households.

According to Patterson in Singhal and Howard (2008: 180), children living in female headed households were more likely to be malnourished, to lack educational opportunities and to be unhealthy. This was confirmed by a study that was conducted by Development research Africa (DRA) in Mpumalanga, Limpopo and KwaZulu-Natal in South Africa (www.popcouncil.org/pdfs/horizons/nmcfhshldsum Accessed 23/03/2011). This research found that female-headed households reported that they earned income that was below the poverty line compared to the male-headed households. About 68% of these female-headed households reported to have more orphans living with them than male-headed households. In this current study a comparison will be made as to which household has more orphans between female-headed and male-headed households and the economic status in these households will be compared as well.

To confirm the issue of crises over inheritance, Petterson in Singhal and Howard (2003: 18) stated that the death of a father from AIDS often led to crises over family income and inheritance. In such cases, usually the property reverted back to the husband's family, the mother and the children were forced to return to her own family. Barnett and Whiteside (2006: 224) also confirmed this by stating that studies showed that at the death of the parent, children were likely to be disowned. A study conducted by the Human Science Research Council in South Africa found that most children were not consulted during the distribution of family goods. The authors stated that this might be caused by the fact that children were considered too young to be consulted. The writing of wills by parents, according to these authors, was still uncommon for many previously disadvantaged communities. As a result South African orphans were left without any means to protect themselves from relatives who grabbed whatever they liked which belonged to the deceased and was left as their inheritance. The research also found that among those orphans who inherited something from their parents, more than double the percentage of male orphans inherited the house they lived in compared to girls. In this study it was found that children did not only lose the parents but were abandoned by the relatives who grabbed the families property. Another research conducted by Development Research Africa (DRA) in Mpumalanga, Limpopo, and KwaZulu-Natal, in South Africa who found that 3% of respondents had a will. Only 14% of the households had a title deed to the house they were living in at the time of the survey (www.popcouncil.org/pdfs.horizons/nmcf_hshldsum Accessed 23/03/2011). Therefore this research will seek to find out if the parent of an orphaned child had any property and who inherited that property. This will help the researcher to find out if the children benefited from their inheritance or not in Ulundi.

2.3.5 Multiple losses, emotional trauma and complicated grief

According to Van Dyk (2005: 347), the grieving process for children who were affected by HIV/AIDS began during the sickness of the parent as they anticipated the death of that parent. It continued after the death of the parent as children were faced with multiple losses which included the loss of their property, separation from other siblings as they were relocated to relatives elsewhere. This led to separation anxiety. The child, according to Van Dyk (2005: 347), had little time to grieve for the death of the parent. This led to complicated grief where all feelings that the child developed as the result of the death of the parent not disappearing which might lead to behavioural problems in the future. In the same vein just like Van Dyk, Pillay in Singhal and Howard (2003: 107) stated that if a child loses one parent

to AIDS there was a possibility that the other parent might be infected. As a result the child might be relocated, moved to another school and separated from other siblings and community support networks. Such unexpected loss, the author continued, exacerbated children's psychological distress.

The findings of the research conducted by the Human Science Research Council South Africa did not confirm what the previous authors had stated. This research revealed that few children had been relocated after the death of the parent. Many still lived in their original home. It was also found that few households had orphans moving in. According to the researchers, this indicated stability in the children's lives. The majority of the children were very happy with their guardians. According to the researchers this indicated that African families still took good care of the children of the deceased. In this research it was also found that many children had caregivers who included a surviving mother, grandmothers, an aunt or a surviving father. Since most of these orphans knew the guardian well it did not become a problem settling quickly into a new home environment. The researcher in this current research believes that most extended families absorb the orphans and keep them within the family. This research will seek to prove that most of the caregivers are members of the extended family.

2.3.6 Access to government grants

The South African government has made provision for orphans to receive grants which included child support grants, care dependency grant and foster care grants. Unfortunately access to these grants is a problem to many orphans. The reasons for poor access to government grants include the lack of knowledge of how to access these grants; lack of money to travel to departments of welfare or social development; the lack of required documents like identity document, birth certificates, death certificates; and the lack of knowledge about the available grants can to be accessed. A study conducted by the HSRC Free State province and North West province in South Africa revealed that despite the availability of various social grants for those in need including orphans and vulnerable children, access continued to be a major problem. The authors also mentioned a research conducted in Hlabisa, in KwaZulu-Natal province in South Africa which revealed that access to social grants had been reported to be a rather lengthy process, taking up to three months. Another research conducted by Development Research Africa (DRA) Mpumalanga province, Limpopo province and KwaZulu Natal province in South Africa also revealed that access

to other grants besides old age pension was low. In this study which was conducted by DRA less than a third of eligible households who had orphans reported that they were in receipt of child support, foster care and care dependency grants. The researcher of this current study believes that most households find it difficult to access grants. Those who had been receiving grants do not know how to go about applying for grant renewal. As a result these households may unnecessarily live in poverty. Therefore it is of great importance for the researcher to find out if households with orphans in Ulundi do receive any of the grants they are eligible to receive. This research will also seek to find out if the orphans know the type of the grant received by their caregivers and the amount they receive.

2.4 CRIME ASSOCIATED WITH ORPHANHOOD

According to Ndinga-Muvumba and Pharoah (2008:146), analysts make assumptions that linked the growing number of children orphaned as a result of AIDS with crime and instability. They mentioned three theories that these analysts base their assumptions on. The first theory stated that as a result of the illness and death of parents because of AIDS, children were left scared and marginalised. This might result in these children becoming delinquent and develop criminal behaviour. The reason for this was that these orphans were experiencing poverty, emotional trauma associated with AIDS and stigma, reduced parental care and loss of positive role models. These challenges led to children developing antisocial behaviour.

The second theory mentioned by Ndinga-Muvumba and Pharoah (2008: 146) states that the growing number of orphans provided a pool from which individuals or organisations who want to challenge the socio-political status quo in African countries may recruit. This might result in instability. They also quoted Randy Check, a proponent of this theory, who said “the large number of young people who grow without family care and formal schooling may create a group of people vulnerable to being co-opted into socially disruptive activities and ethnic warfare”.

The final theory states that the death of productive adults as a result of AIDS led to demographic changes. There was an over representation of adolescents and young adults. This created problems in heavily HIV/AIDS affected societies. Other proponents of this theory speculated that young men were prone to committing crime. The large number of men between the ages 15 and 24, in heavily HIV/AIDS affected countries, might lead to high levels of violent crime and group based aggression.

In challenging the above theories, Ndinga-Muvumba and Pharoah (2008: 154) asserted that studies had shown that although children were affected negatively by HIV/AIDS, there was little in them that could cause them to turn to crime and violence than any other poor children. They continued and stated that focus should be changed from children orphaned because of AIDS as causing a threat of social crime and stability. They suggested that the real cause of crime and instability was poverty and an environment caused by AIDS which affected a larger group of children.

Ndinga-Muvumba and Pharoah (2008:156) also argued that studies had revealed that even in areas high in crime, the decision to be involved in criminal activities remained an individual choice. They asserted that the fact that a child had been exposed to risk factors did not mean that that child should end up as a problem in the society in future. They continued to say that it was when a child was exposed to three or more risk factors combined with an unsupportive environment that he or she might become delinquent and violent. They mentioned that some children were able to experience lower levels of support in childhood but managed to overcome their predicament. These children were not affected by their negative childhood. In the light of what the authors stated, this research will seek to prove if exposure to the risk factors leads to high risk behaviour or such behaviour is a choice of an individual.

2.5 SOUTH AFRICAN LEGISLATION RELATED TO ORPHANS

The South African government had created an environment where orphans could survive. The government did this by creating a legislation which helped to protect the rights of orphans and other vulnerable children..

- ***The Constitution of the Republic of South Africa, 108 of 1996.***

The constitution of the country upholds human rights for all South Africans. Children's rights had been included as well under section 28. Below is the summary of children's rights.

Children have a right to:

- ✓ a name and nationality from birth.
- ✓ family and parental care or appropriate alternative care if removed from family environment.

- ✓ a range of socio-economic rights which include a right to basic nutrition, shelter, basic care and social services.
- ✓ protection from maltreatment, neglect, abuse or degradation.
- ✓ not to be required to or permitted to perform work or provide services that are not suitable to the child's age or which place at risk a child's well-being, education, mental health, moral or social development.
- ✓ be detained only as a last option, for a shortest and appropriate period of time.
- ✓ the principle of the best interest of a child should be considered in all matters that concern him or her.
- ✓ equal treatment and non-discrimination, education and to social security amongst others(www.cindi.org.za/files/Policy-Framework-for-OVC-Final.pdf Accessed 03/23/2011).

In most cases the situation the orphans find themselves in undermine their constitutional rights. For instance orphaned children may find themselves in child-headed households without any parental care or alternative care; they may be neglected, maltreated, abused degraded in their foster homes; and they may find themselves without shelter, food or clothing as street kids. This current research will seek to find out if the rights of orphans are respected or violated in the foster-homes where they find themselves.

- ***The Child Care Amendment Act, 1995***

This law makes provision for the protection of orphans, abused, abandoned and neglected children. According to section 150 (1) (a) (h) a child is declared to be in need of care and protection under the conditions: a child has been abandoned or orphaned and is without any visible means of support; or is in a state of physical or mental neglect and section 150 (2) (b) states that a child is also found in need of care and protection if a child is in a child-headed household (Government Gazette, 2006: 96). Section 151(1) (2) states that if a presiding officer gets evidence by a person on oath about a child who appears to be in need of care and protection, he will refer the case to the designated social worker for an investigation, and may also order that that child be removed and placed in a safe place (Government Gazette, 2006: 96). The researcher believes that this law helps in protecting the rights of the orphans especially those who live in child-headed households or left in the streets.

- ***The Social Assistance Act No. 59 of 1992***

This act controls the payment of several grants such as foster child grant and care-dependency grant. According to section 7 (a) (b) (c) of this act a foster parent is eligible to receive a foster child grant if the child is placed in his or her custody in terms of the Child Care Act 1983 (now known as the Children's Act No. 38, 2008); if a child remains in his or her custody; and if a foster parent is a South African citizen, a permanent resident or a refugee (Government Gazette, 2008: 10). This act continues and states that a foster parent may not be eligible to receive a foster child grant for more than six children if the children are not his or her siblings or blood relatives. Section 8 (a) (b) also states that care-dependency grant can be received by a parent, primary care-giver or foster parent if, among other requirements, he or she meets the requirements of the foster child grant (Government Gazette, 2008: 10). The researcher believes that most of the care-givers, parents or foster parents of the orphans receive the foster care grant but not the care-dependency grant. Some do not even receive the foster care grant they are eligible to receive because they do not know that this grant exists. This researcher believes that this is caused by lack of knowledge. This research will seek to prove whether the assumptions made by the researcher are valid or not.

- ***The White Paper For Social Welfare, 1997***

This policy includes principles, guidelines, recommendations, proposed policies and programmes for developmental social welfare. In this policy, different methods of alternative care for orphans which are recommended in South Africa were mentioned. In chapter 8 section 1 subsections (47), (48) and (49) in the White Paper for Social Welfare (Government Gazette, 1997: 63) a description of these methods which are adoption, foster-care and residential care were made. Adoption is described as a child protection and preventative service. It is considered to be an effective and permanent plan for children whose families are unable to take good care of them. Adoption is a specialised service therefore it requires the expertise of accredited social workers. Foster care is regarded as a child-centred service. It is also described as a cost-effective, family-centred and community-based way to care for children whose parents are unable to do so adequately. Residential care which involves the placement of a child in a residence is regarded as the last option when family and community-based programmes are not an option. An orphaned child should be in one of the above

mentioned orphan care alternatives not on the streets or in child-headed households where there is lack of parental guidance, care and love. These methods will be discussed later.

- ***Policy Framework for Orphans and Other Children Made Vulnerable by HIV/AIDS***

The policy framework for orphans and other vulnerable children has been developed with the aim of guiding the stakeholders to develop comprehensive, age appropriate, integrated and quality responses to orphans and other children made vulnerable by HIV/AIDS (www.cindi.org.za/files/Policy-Framework-for-OVC-Final.pdf Accessed 23/03/2011). To fulfil this purpose, this policy came up with the strategies which when genuinely implemented can provide an environment where struggling families and communities can take good care of their orphans without sending them to institutions. The following are the strategies suggested by this policy framework:

- ✓ strengthening and protecting the capacity of families to protect and care
- ✓ mobilise and strengthen the community-based responses to care, support and protect the orphans and vulnerable children.
- ✓ ensure that the legislation, policy, strategies and programmes are in place to protect the most vulnerable children.
- ✓ assure access for orphans and children made vulnerable by HIV/AIDS to essential services.
- ✓ raise awareness and advocate for the creation of a supportive environment for orphans and vulnerable children.
- ✓ engage the civil society sector and business community to play an active role to support the attempts of improving the situation of orphans and vulnerable children (www.cindi.org.za/files/Policy-Framework-for-OVC-Final.pdf Accessed 23/03/2011).

The researcher is of the opinion that one of the disadvantages of this policy is that in order for it to be effective there is a need for someone to mobilise the communities to organise themselves to form organisations. The researcher also believes that in areas where community members are motivated, community-based organisations are formed and some of these strategies are implemented. In such communities orphans who live in poverty grow up in a supportive environment in

which they experience how it feels to have someone caring for them and where most of their basic needs are met. This will facilitate their development. This is not the case with orphans who grow up in a different environment. This current research will seek to find out if the orphans do receive support from such organisations.

2.6 INTERVENTION STRATEGIES TO CARE AND SUPPORT ORPHANS

Effective and successful programmes to support orphans are those that will help orphans deal with grief and at the same time build resilience on orphans.

2.6.1 Building resilience on orphans

According to Cook, Fritz and Mwanga in Singhal and Howard (2003: 92) “resilience is a positive adaptation in the face of significant threat”. Denis (2005: 8) stated a resilient person can still be vulnerable because he/she has experienced trauma. According to Denis resilient people bounced back from difficult experiences but this did not mean that they did not experience stress. In the same vein just like Denis Cook, Fritz and Mwanga (2003: 92) stated that a resilient person would show positive outcome within a particular set of negative circumstances of a given time. The authors continued to mention that studies had found that positive adaptation early in life was related to a continued competent functioning later in life even when existing negative factors did not change. As a result they recommended that resilience should be increased in children. According to Denis (2005: 9), children whose parents died as a result of AIDS experienced emotional pain. This resulted in a drastic deterioration of life. The author continued to state that this caused children to slip into greater isolation because their circumstances were such that they cannot see relatives as before the death of parents. At times, the Denis continued, some dropped out of school because of lack of funds. Others did not want to see their peers or their teachers because of the stigma of their tragedy. Denis also listed factors that promote resilience. The first factor include external support which include trusting relationships, structure and rules of home, role models, encouragement to be autonomous, access to health, education, welfare and security services. The second factor is protective factors which include the child’s internal strength, knowing that one is loved, being loving, empathic and altruistic, being proud of oneself, being autonomous and responsible, being filled with hope and trust. The last but not least factor is child’s social and interpersonal skills which include the ability to communicate, to solve problems, to manage feelings and impulses, to gauge one’s own temperament and that of

others and to seek trusting relationships. It is obvious that losing a parent is a painful and traumatic experience. The researcher also believes that resilience should be developed in children immediately after a traumatic experience of losing a parent to help them cope better in life. Below are different methods that can be used to develop resilience in children who have lost their parents.

2.6.1.1 Memory work and resilience

Denis (2005:13) gave a brief theory of how memory work built resilience. The author stated that psychologists depicted memory work as a combination of memory systems and operations that are performed on information as it passes through specific pathways. Information is received visually or audibly, encoded and stored for a short or a long period. This information, according to the author, becomes memory when conscious or unconscious mechanisms such as repetition, the association of ideas, attention or concentration are included. This memory is then encoded through a conscious repetition of perceptions or unconsciously depending on how an individual perceives the event or the intensity of the event. The author continued and stated that individuals are better able to remember an event if they tell it to others, which the researchers of this theory call it the rehearsal of experience. Memory rehearsal, according to Denis, refers to the act of speaking verbal stimulus either aloud or silently to oneself. In a project of increasing resilience in a child whose parent is dying, according to the author, the dying parent with the help of a facilitator may help the child to acquire memories. The facilitator creates an environment whereby a sick parent may speak to the child and the child would listen. In this way a child is able to preserve the memory, to recollect the voice, the face, and words of the parent after the parent has died. A child is also able to control the emotions that arise in remembering the dead parent. Another precondition, according to the author, which helps in storing the memory of a painful event like that of the death of a parent, is validation of the narration by the third party. Validation means an adult confirms what the child says as a result the child is able to take control of the emotions. Validation can be done by a facilitator as the family member expresses their experiences of their loved one's death and thus to remember them. The author continues and mentions that a facilitator would validate the experience of children who may be hearing the history of the family for the first time. The support of the facilitator causes this moment to be memorable.

The next stage of the memory work, according to Denis (2005: 15) is an act of remembering. Remembering is also dependent on the emotion attached to the event. People recall or remember experiences which have a strong feeling attached to them. The act of remembering, according to the author, liberates the children from the heavy weight of their loss and that increases resilience. The author continues and states that artefacts also play a central role in the memories of culture and individuals. This is the reason most programmes which use memory work theory such as memory box, memory suitcase or memory books include letters, identity documents, personal clothes and other artefacts which are then stored in a memory box or suitcase. These artefacts become a link for a person with the past and this helps to sustain identity. The most important part of the memory work process, according to the author, is the recounting of the story of the ill or absent person in the presence of the children guided by the facilitator. This can be done while the ill person is present or after that person's death in the form of an interview.

As it has been mentioned above, there are a number of programmes that use the memory work methodology. One of these programmes is Sinomlando Memory Box Programme. According to Denis (2005: 5), the Sinomlando Memory Box Programme was initiated after a research was conducted. The programme was then developed and located in The University of KwaZulu-Natal, in Pietermaritzburg. The author continues and states that this programme was based on the assumption that it was good for the children to know about their family history even if it is a painful one. This should be recounted in a warm and non-judgmental way. If the children know about the history of their parents they would better be able to overcome the suffering caused by their illness and death. Children access this through their own memory or that of people close to them. Denis (2005: 13) says "The memory box interventions helps children to identify their external resources, become aware of their personal strength and develop social and interpersonal skills".

According to Denis (2005:5), the Sinomlando Memory Box Programme views the memory box, which is made out of wood, as a metaphor, that is, it is a method that encouraged the children whose parents are deceased or would soon die, to preserve their memory in a way that will allow these children to continue and lead a normal life in spite of their painful loss of a parent. Literally, it was a wooden, metal or cardboard box that holds photos, identity documents, objects belonging to deceased family members and the folder containing the text of the interview. According to the author, the memory facilitators ask the caregivers to tell the history in the presence of the children. They are informed about the purpose of the

intervention. They are also informed about their rights to interrupt the narration at any time if they feel it is too heavy for them. The story is recorded, transcribed, edited with the cooperation of the family. At the end of the intervention or the closure session, the facilitators present the booklet containing the study of the family to the children and the caregiver.

2.6.1.2 Storytelling and resilience

According to Cook, Fritz and Mwanga in Singhal and Howard (2003: 100) storytelling is another method that is used to help children cope with an overwhelming situation. Storytelling is used in a culture that has oral tradition like the African culture. According to the authors, an adult tells a story of a situation that is similar to the situation the children are going through. The adult, through this process would give children examples of effective strategies to deal with adversity. Children would then tell their own stories and those of their communities. This helps children to be able to deal with grief and to meet their psychosocial needs and achieve social stability. This process of storytelling, according to the authors, produces positive outcomes which include: development of coping with the crisis on children; becoming more mature; developing understanding; and the increase of a sense of competence. According to the authors, these children become active in shaping their own future because they offer their own ideas of how to support children like themselves who have been affected by AIDS and left as orphans.

According to Pillay in Singhal and Howard (2003: 109) storytelling is very relevant in the African situation because tales and folklore have been the traditional way of passing on cultural values from generation to generation. Storytelling, according to the author, plays a natural role in many African cultures and is therefore a potentially appropriate intervention strategy for orphans affected by AIDS. Storytelling again, according to the author, helps people to cope with tension, feelings of anger and loss, and questions of purpose and meaning in a culturally approved manner. According to the author again, storytelling is cost-effective and can occur in the classroom, church, home and other sites in the community. Since most Africans have storytelling skills a little training is required to help facilitators become competent. Another advantage is that intervention with many children is possible because storytelling can be facilitated in a group (Pillay in Singhal and Howard, 2003: 109). Storytelling can be used to help children deal with stigma, social isolation and survivor guilt where children blame themselves for the death of their loved one.

According to Pillay in Singhal and Howard (2003: 110) storytelling is very instrumental in helping children deal with stigma associated with HIV/AIDS. The author mentions that in most African countries HIV/AIDS disease has a stigma attached to it. Most people would rather attribute symptoms of HIV/AIDS to being bewitched. In most African countries like Uganda, Zimbabwe, according to the authors, AIDS is viewed as a punishment for prostitution, promiscuity, homosexuality and other immoral lifestyles. The author continued and stated that it is important for a child to be helped to understand that stigmatisation is not a result of personal character flaw, but results from irregularities in the greater fabric of society. According to the author, storytelling is effective because children tend to fantasize and as they become engrossed in the story they momentarily suspend the conscious state accessing the unconscious or repress the plane. Orphans can easily identify themselves with the character in the story who is ostracized because of incorrect perceptions about their appearances. A story can encourage discussion causing the defensive and resistant members of the group to explore their own emotional state through the character in the story. Through this interaction with other group members an orphan can realise that his or her experiences are not unique. They would be able to experience their own identities and their problems as separate entities rather than seeing their alienation and ostracism as being the result of characteristics inherent in their personalisation (Pillay in Singhal and Howard, 2003: 111).

Storytelling is also effective in dealing with survivor guilt. According to Pillay in Singhal and Howard (2003: 112) storytelling helps councillors to imaginatively transpose themselves into the phenomenological world of the child, with the result that the child and the counsellor together are able rescript and re-author the problem stories that saturate the child's life. This means the child's problem-saturated story is revised and replaced with solution-oriented narratives. According to the author, children who blame themselves for the death of a parent will be helped.

A memory book is another way of helping children deal with their predicament. According to Pillay in Singhal and Howard (2003: 114), most of the time adults do not talk about the death or impending death of the child's parent because they are protecting the child. On the contrary the researcher believes that in most cases at the point when a person realises that he/she is dying, the dying person usually asks to speak to those who were close to him/her in order to say his/her last words. The researcher, at the same time agrees with the previous author because of the assumption that the stigma associated with HIV/AIDS has resulted in a development of a trend of silence around the person who is dying of HIV/AIDS. This actually

causes psychological distress on the child. A child becomes confused about how to deal with the felt emotions in the midst of the silence around a person dying of HIV/AIDS. As a result, a child will choose to be silent too and internalise his/her emotions in order not to disturb the balance that exists in the household. The author mentioned a study conducted in two hundred families in the Kigoma region of Tanzania which showed that children whose parents spoke to them about their sickness and about dying valued this interaction. The author continued to state that speaking about death in an African culture is not natural as compared to the other cultures. The memory book can be used to encourage communication about death and dying between children and adults. The memory book is created by the parent, caregiver and the child. The content of the memory book may include journal entries, photographs, family tree, family history and other artefacts that remind the child of their relationship with their parent before they separate. The book may have separate sections or personal stories that both parents or caregivers and children can complete. These sections, according to the author, could include memories, family traditions, information about the parent and other family members and special events that they celebrated together. These stories in the book help the parent and the child to integrate the past and the present and help to prepare the child for the future. A memory book, according to the author, helps to bridge the gap of disconnection from the family roots that a child might feel after being relocated or separated from their siblings after the death of their parents. This produces a sense of belonging and reduces psychological angst of orphanhood. The memory book helps parents to pass family values and traditions to their children which they want the children to continue with when they are gone. Parents can also make children aware of the resources they can turn to when they need help. Children may also be taught about HIV/AIDS which may help the children stop risky behaviours which may in turn stop the cycle of HIV transmission. Storytelling is encouraged in the memory book because it prepares a child for the impending death. The child's parent is able to get an opportunity to say their final goodbye in a less threatening way which will also help the child to heal faster.

The researcher believes that the orphans in this study do experience the above mentioned factors which include a belief that a parent who died of AIDS was bewitched, survival guilt, parents who are scared of opening up to their children. As a result exposure to programmes which use storytelling, memory work as methods to increase resilience can benefit them. The researcher also believes that around Ulundi there are very few projects that focus in helping orphans. The few projects that are operating only focus in meeting the basic needs of the

orphans. The development of more community-based organisations which also focus on building resilience in orphans is important. This research will seek to prove these statements made by the researcher concerning the few project that focusing on orphans in Ulundi.

2.6.2 Ways to help a child to grieve

According to Cook, Fritz and Mwanga in Singhal and Howard (2003: 97) a child can be given an opportunity to grieve orally or by writing. Children who are too young or find it hard to voice their grief can express it through therapeutic play. Therapeutic play is when a child is given an opportunity to confront emotionally painful situations using repetitive process of acting out their feelings and situations that evoke them. This kind of play, according to the authors, should not be discouraged because it gives children a chance to exercise control over events in their lives. Children who are not used in articulating their feelings can share them through art and music. The authors give an example of a child in Kenya who illustrated her loneliness by drawing a bird all alone in the tree. This kind of art gives an opportunity for others to see how a child feels and thinks.

Another way of helping a child to grieve is by satisfying a need for continuity. According to Cook, Fritz and Mwanga in Singhal and Howard (2003:98), a child always seeks to remain emotionally connected to the deceased parent. He or she may try to locate the dead person in his or her mind and try to remember moments spent with that person. This brings comfort to a child. Adults can help a child in that process by talking about the dead person and allowing a child's involvement in rituals that acknowledge the deceased parent, giving mementos of the deceased to the child and honouring the child's relationship with the parent who is dead. Authors make mention of a memory book project in Uganda which is used by organisations like The AIDS Support Organisation (TASO). This organisation help children to stay connected with the dead parent. Parents are invited to write a memory book for their children.

A child can also be helped to deal with grief, according to Cook, Fritz and Mwanga, by providing stability in existing relationships. Intervention programmes must recognise the emotional bond of children and make every effort to keep the siblings together and also maintain connections with the larger community. According to the authors the community-based programmes of care provide better stability than institutional settings. These community based models should be feasible, cultural appropriate models of child care. In order to create these models sociological and cultural patterns of family structures and child care in each country should be understood. Peer interaction between the youth who had

experienced the same problem should be encouraged. This will cause the children to see that their feelings are the same as others and that their reactions are normal. This can contribute to a strong social network when children have experienced the loss of other important relationship. The researcher believes that most orphans in this study are still experiencing grief because no one has helped them to deal with grief. It is therefore believed that community-based organisations, foster parents and educators should be trained to help orphaned children deal with grief.

2.6.3 Care of orphans by extended families

Orphaned children are best cared for and supported in their extended families. The challenge with this kind of care is that a foster family or extended family may not provide the care and support that their own families would have provided. In most extended families orphans are often discriminated against. The issue of discrimination that orphans experience in extended households is supported by a case study related by Guest (2003: 29). This case is about a woman called Sophia Mukaso-Monica who lives in Kampala, Uganda. In addition to her two children, Sophia had eight other orphaned children she had to take care of. The parents of these children died as a result of HIV/AIDS. Sophia complained that her two children, who were the youngest of the ten children, did not get enough attention from her. As a result she told the other children that she may take care of them but she cannot substitute their biological mothers. She also told them that they must not complain when they see her treating her two children in a special way because they are her own children. In other words these children were reminded now and again that they were orphaned. Guest (2003: 29) continues and states that two of the girls under Sophia's care who were sixteen years old dropped out of school. When this happened there was no one to run after them because relatives and Sophia were too busy. Eventually these girls turned to prostitution. Instead of giving counselling or referring them to a professionals for counselling, Sophia rented a flat for them so that they do not become a bad influence to the other children. She also took them to the clinic for family planning. Both girls had already committed abortion. The researcher believes that this case is a picture of how some orphans are treated in other foster families. They are neglected and discriminated against. They do not receive love and attention from adults in the household like they would have received from their own parents.

In a study conducted in Uganda by Oleke et al it was discovered that maternal orphans who leaved with their fathers who had remarried experienced sever hardships in terms of care

deprivation(www.chd.sagepub.com/content/13/2/267.full Accessed 24/03/2011). Due to the gender based division of labour between husband and wife, the stepmother became the main caregiver of the orphans and the father withdrew from the household's responsibilities. The study mentioned above revealed the stepmother did not treat the stepchildren well. These orphans were neglected most of the time and were not given enough food to eat. Older orphans were able to look for food and find it from neighbours while younger orphans suffered. This study also revealed that in most cases the father of the children remained unaware of the situation of his children since he spent most of the time away from home. In some cases the children in this study revealed that most of the time their father listened to the commands from their stepmother on how to deal with them. This study also revealed that in some cases children would be left to live in their own house, sleep on their own, cook and eat their own meal. According to the researchers, this led to social exclusion and displacement of orphans in their father's house and draws attention to an increased risk of discrimination, deprivation and abuse.

It is not all foster families who treat their orphans in a discriminatory manner. Most orphans who live with their grandmothers are reported to be happy. This is caused by the fact that in most cases grandparents do not discriminate. They love and treat all their grandchildren equally. The only disadvantage is that these children live in poverty. These children are also poorly disciplined because grandparents want to be nice. Guest (2003: 25) quotes John Munsanje who worked in the head office of Children in Distress, an NGO in Zambia who said "Grannies are the fairest guardians. An aunt is more likely to discriminate slightly in favour of her own children. Her husband may resent the extra mouths to feed." A study conducted by Oleke et al revealed that most of the children who lived with grandparents commented positively about their lives(www.chd.sagepub.Com/content/13/2/267.full Accessed 24 /03/ 2011). This study revealed that orphans were taken good care of in their grandparents home and the relationship among the family members in the household were good. It was generally observed in the study that grandparents were compassionate and less discriminatory than any other category of carers. The only negative observation was that the grandparents could not satisfy all the material needs of orphans. This study again revealed that orphans who lived in their maternal kin where the main caregiver may be the widowed mother or a maternal aunt, lived with people who were genuinely concerned for their well-being. These orphans experienced greater involvement in the household affairs and were incorporated as part of the family. This study also revealed that the maternal aunt treated her sister's children with the

same compassion and fairness as they would treat their own children. The researcher believes that all orphans in this research live either in grandparent's home with the surviving parent or with a surviving parent and his or her new spouse or with any member of the extended family. Therefore this research seeks to find out how these children feel about their lives in these households.

The researcher believes that in order to take good care of orphans, foster parents and extended families need to be given support. This will help them to cope with the enormous responsibility of taking care of orphans. This can be done effectively if support groups for foster parents are encouraged. Foster parents will have a platform where they can share their experiences and help each other. Foster parents should also be counselled and trained in order to be in a better position of caring and supporting orphans. They shall then be able to help orphans cope with the grief of losing their parents. Gumede (2003: 65) conducted a study which was about the attitude of primary caregivers towards caring for HIV/AIDS orphans. This study revealed that caregivers and orphans were not given counselling as a placement procedure required in foster care. The caregivers were not screened before the placement of these orphans. The researcher of this current study believes that this showed negligence on the side of social workers and that counselling is very important because it prepares the foster parent to take good care of an orphan. The researcher also believes that the orphans also find themselves in circumstances where they are handed over to caregivers who could be abusers because there is no screening or counselling that is done before placement of these children in these foster homes.

2.6.4 Fostering, adoption and other family-based care arrangements

According to Phiri and Tolfree in Foster et al (2005:25) the needs of children to be protected and cared for in the extended family may exceed the capacity that the extended families and communities have. As a result, there is a need to provide alternative forms of care which include placement of children within a family setting rather than into institutional care through fostering or adoption. The authors mentioned that in some cases fostering occurred spontaneously by families who take care of orphans because of pre-existing relationships or religious or humanitarian motivation. The authors continued and stated that fostering and adoption can also be done formally when promoted by an organisation. According to the authors, in West Africa fostering unrelated children is common but it is usually based on the grounds of exchange. This means a child receive nurturing and care from the foster family in

exchange for his labour. In other instances the rights of children are violated in this process. The authors stated that whether fostering is done spontaneously or formally, steps should be taken to ensure their protection and their well-being. It is possible for fostered children to receive inferior quality of care than the children born in those families. For this reason, according to the authors, it is important to monitor any alternative arrangements for caring for orphans. The authors continued to state that in order to protect children's rights it is important that fostering be done in the context of cultural understanding. The researcher of this current study believes that the government of South Africa has made this possible by giving a chance to members of the extended family who are willing to foster a child first before considering unrelated individuals. It is therefore believed that the rights of these children are protected. This assumption will be tested in this research.

2.6.5 Community-based care for orphans

According to Phiri and Tolfree in Foster et al (2005: 11) most orphaned children in the sub-Saharan African region are still taken care of by their immediate and extended families. As a result, the family- and community-based strategies are the most child-centred and the only practical means of responding to the scale of the orphan problem. The authors continued and state that in order to promote children's rights and development, family-based forms of care for orphans are the best especially if they are located within communities. In order to promote a reliable system of family-based care it is important to strengthen the capacity of families and communities by mobilising the communities. According to the authors this requires the support of national and local policy. In South Africa there are policies that have been put in place to support and strengthen families and communities to care and support orphaned children as mentioned above.

According to Strebel (2004: 2) most guidelines and models of orphans and vulnerable children programmes stress the mobilisation of community-based projects to keep affected children within the extended families. There are many such community-based projects throughout Africa. One example of such community-based project mentioned by Strebel (2004: 7) is in Zambia whose strategy is to strengthen the capacity of two primary social safety nets which are family and community. This project emphasise community mobilisation as its central strategy and uses Participatory Learning and Action (PLA) to increase community awareness, concern and commitment for orphans and vulnerable children. When this project was evaluated, it was found that it had performed acceptably in the period of

review between 1996 and 1999. According to the author, this project had done considerably well and showed significant, immediate results. Community mobilisation showed good promise as a cost-effective and sustainable community owned and managed approach. It was found that the PLA approach used by this organisation in Zambia was effective for participatory research, raising awareness in organisation.

2.6.6 The role of religion in caring and supporting orphans

According to Foster in Foster et al (2005: 159), members of religious groups have voluntarily committed themselves to responding to human needs. They have done so motivated by their teachings of faith. As a result most Faith-based organisations continue to respond to human needs even when they are faced with many problems. According to the author, most religion share the same values of respecting life, the sacredness of human beings and the importance of communities and concern for the marginalised. Religious teachings encourage the commitment of both financial and human resources to support the underprivileged. The Bible for the Christians, the Quran for the Muslims and the Vedas for Hinduism instruct believers to protect and care for orphans. According to the author, there are more than forty references in the Judeo-Christian tradition which emphasise the protection and caring for orphans. The author mentions Deuteronomy 10:17-18 in the Christian Bible which says “God defends the cause of the fatherless and the widows and loves the alien, giving him food and clothing”; Psalm 82: 3-4 which states “Defend the cause of the fatherless, maintain the rights of the poor and oppressed. Rescue the weak and the needy, deliver them from the hands of the wicked. According to the author, the early church set an example by establishing community-based programmes for the poor. Act 6: 1-6 in the Christian Bible it shows how the leaders supervised the distribution of food to the widows and orphans. According to Foster in Foster et al (2005: 161) the Islam scriptures warn against exploitation and encourage acts of charity toward orphans. The author mentions the book of Sura in the Quran which states “Give orphans the property that belongs to them. Do not exchange their valuables for worthless things or cheat them of their possessions, for this would be a grievous sin..... Those who unjustly eat up the property of orphans eat up the fire in their bodies, they will soon be enduring the blazing fire”. Hindu and Bahai faith teach that believers should not be judgmental and should demonstrate a selfless spirit towards the disadvantaged. The author mentions, a Hindu prayer which goes like this “O Lord of the home, best furniture of resources for orphans and vulnerable children are you. Grant us the strength from you for a healthy domestic life”. The author again mentions the Bahai scripture which states that “The

poor in your midst are My trust: guard My trust, and be not intent only on your own ease. It is important for religious organisations to be encouraged to assume their God-given responsibility of taking care of orphans because most of them, the researcher of this current study believes, have forgotten about this role. The researcher again believes that the religious organisations have a special and unique spiritual role to play in the life of an orphan child which no other organisation can fulfil.

2.7 CONCLUSION

It can be concluded from what has been stated in this review of literature that in South Africa there are more paternal orphans than maternal orphans. Few orphans have lost both parents. The needs of orphans, just like all other children, should be met. The challenges that these children face make it impossible for their needs to be met. The circumstances of these children cause their rights to be compromised. Most of the orphaned learners drop out of school because of the problems they have. It has further been established that the South African government is committed in alleviating the plight of orphans by the relevant laws that have been passed. Service delivery and access to these necessary programmes and state assistance remain a great challenge even though the government has covered a lot of ground on this. It has also been established that the best way of taking care of orphans is keeping them in their families and communities. Institutional care should be regarded as the last option since it does not encourage full development of an orphan child. The school also plays an important role in the care and support of the orphans. The next chapter will be Theoretical Framework.

CHAPTER 3

THEORETICAL FRAMEWORK

3.1 INTRODUCTION

In this chapter theories which were relevant to this study will be discussed. A theory that was chosen by the researcher which was relevant was the general systems theory. The general systems theory will be discussed focusing on a family as a system. Definition of terms relevant to this theory, a brief history and other concepts like wholeness, feedback, homeostasis and equifinality which are part of this theory will also be discussed.

3.2 SYSTEMS THEORY

According to Carr (2006: 59), the general systems theory was first developed by Ludwing von Bertalanfy and others as a framework used to conceptualise the emergent properties of an organisms and complex non-biological phenomena that could not be explained by a mechanistic summation of the properties of their constituent parts. This theory is used in many disciplines including social work, family therapy and psychology. This theory again is used in family therapy because a family is seen as a system. The members of the family are also seen as subsystems. The family is a subsystem of a community system. The community is a subsystem of a society system. The boundary around the family sets it apart from the wider social system which includes: the school, children's peer group, health care professionals and extended family (Carr, 2006: 60). These boundaries around the family need to be semipermeable in order to ensure adaptation and survival. When family members move across their boundary to another system a change occurs in them.

3.2.1 Concepts in general systems theory related to the family systems.

According to Brown and Christensen (1999: 10), the concepts in general systems theory that influence perceptions of the family are wholeness, feedback, homeostasis and equifinality.

- ***Wholeness***

This concept emphasises interrelatedness. Systems can be better understood when individual parts are not dissected and studied separate from the whole. It also states that individual action within a system can be better understood when studied within the context of how that action relates to the total transaction of a system. Carr (2006:

59) asks the following question: “How is it that the whole is more than the sum of its parts.” This simply means that if one member in a family system changes then all other members of the system will change. The change will be like ripple effects as the change in other members causes other members to respond to that change and so on. This can clearly be observed in a family who has a member who is suffering from HIV/AIDS and dying as a result of the illness. All members of the family are affected by this illness and death of this member. During illness other members of the family need to adjust their time in order to allocate time to take care of the ill member. When this ill member dies and leaves orphans behind, orphans who are also seen as a subsystem are affected by this change. Their behaviour will also change in response to how the caregiver is behaving towards them. Grief of the loss of the parent and depression may cause the orphan’s behaviour to change. This may result in the caregiver responding to that change by changing his/her own behaviour and so on.

- ***Feedback***

According to Brown and Christensen (1999: 11), feedback refers to how individual units in the system communicate with each other. In a system communication is circular not linear. These authors give an illustration that a change in A produces a change in B which produces a change in C which in turn produces a change in A and B and so on. The example would be in a family where an aunt is left with the responsibility to look after her late sister’s children and she feels overburdened. This may cause her to abuse these orphans and discriminate against them and her own children. In turn this may cause orphans to develop a rebellious behaviour in response to their aunt’s treatment. This in turn will cause the aunt to continue to abuse and mistreat these orphans and so on. As Brown and Christenson (1999: 11) puts it, “the behaviour of one part becomes a reinforcing feedback for the behaviour of the other part”.

- ***Homeostasis***

Feedback can be negative or positive. Positive feedback brings about change and negative feedback reinstates stability (Brown and Christenson, 1999: 11). According to Carr (2006: 62) within a family there are processes which promote change called homeostasis and those that prevent change called morphogenesis. Again Brown and Christenson (1999: 11) state that the tendency of a system to seek stability and equilibrium is referred to as homeostasis. When all forces in a system are balanced to

the point where no change is occurring the system is said to be in a state of static equilibrium and the opposite of this is called dynamic equilibrium (www.statpac.org/walonick/systems-theory.htm Accessed 23/03/2011). Carr (2006: 62) states that for families to survive as coherent systems, it is important that they maintain some degree of stability. As a result, the author continues, families develop recursive behaviour patterns that involve relatively stable rules, roles and routines and mechanisms that prevent disruption of this stability. It is important for the family to change as it is passing through different stages of the lifecycle. It must meet its demands necessary for healthy development, adaptation and survival. As a result the author continues, families require mechanisms for making transitions from one stage of the lifecycle to another and for dealing with unpredictable and unusual demands, stresses and problems. The death of parents leaving orphans behind disturbs equilibrium of the family system and of the individual subsystems (orphans). An act of fostering orphans by related or unrelated foster parents is one mechanism which restores equilibrium in a subsystem (an orphan) or in a system (the family).

- ***Equifinality***

According to Brown and Christenson (1999: 12), equifinality implies that there are many paths to the same destination. Applied to the family system, the authors continued, it means that the particular path a family takes as it evolves its form is less significant than the final form itself. The equifinality characteristics of the system, according to the authors, determines that there is always more than one set of events leading up to a certain end state therefore, studying the event will not produce as much useful information as studying the end state which is the present state. This simply means that knowledge of cause and symptom is not very productive. Rather knowledge of the system, its parts, their interrelatedness, the communication feedback between parts, and the system's homeostatic functioning is more useful to an understanding of the problem and a search for its solution. As a result, in order to get more understanding of the circumstances of orphans which is a subsystem in a bigger family system, it is important to study different parts with which this subsystem interact. This may include members of the extended family.

3.3 CONCLUSION

The systems theory deals with the interrelationships of parts of the system within itself. The family is seen as a system and members of the family as subsystems. The family system needs to maintain some form of equilibrium in order to survive. In studying problems associated with families or family members it is important to study how parts of the family system relate to one another. The next chapter is Research Methodology.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

The aim of this chapter is to show details of how this research was conducted. According to Babbie and Mouton (2008: 75) the types of measurement, sampling, data collection and data analysis methods which were used by the researcher and the way the researcher used them are determined by the research problem and the kind of evidence that is required to address the problem. The instrument used to collect data should ensure reliability and validity. Therefore the research methods in this study were selected carefully in order to ensure validity and reliability. Details of the population of the study, the sampling methods, and the instruments used to collect data and the methods used to analyse and interpret data will be discussed below. The ethical considerations involved in this study will also be discussed in details.

4.2 RESEARCH METHODOLOGY

According to Babbie and Mouton (2008: 75), research methodology focuses on the research process and the kind of tools and procedures to be used. Below are the details of the methods and instruments used by the researcher in conducting this research.

4.2.1 Research Design

A research design refers to a plan or blueprint of how a researcher intends conducting the research (Babbie and Mouton, 2008: 74). The researcher chose to use a mixed method strategy which includes qualitative and quantitative approaches. As a result both descriptive and exploratory methods were used. A descriptive design is a method of collecting facts about a phenomenon (Engel and Schutt, 2009: 11). An exploratory research is a qualitative method used if the aim of the research is to find out how people are getting along in the setting under question, what meaning they give to their actions and what issues concern them (Engel and Schutt, 2009: 12). The reason the researcher chose these methods was that they were relevant in collecting all the facts needed in order to understand the circumstances faced by orphans and to explore these facts. In exploring the circumstances faced by orphans their attitudes, feelings and thoughts were captured. In this way a better understanding of the

orphans and their plight was reached. In using this mixed method in this study, again, a comprehensive nature of knowledge around the orphans was given.

4.2.2 Target Population

According to McMillan and Schumacher (2010: 129), “a population is a group of elements or cases, whether individuals, objects or events, that conforms to specific criteria and to which we intend to generalise the result of the research.” In this research the population was made of orphans below the age of twenty-one (21) living around Ulundi Town. The number of these orphans were plus minus 120, according to the Department of Social Development.

4.2.3 Sampling

According to Neuman (1997: 201), sampling is a process of systematically selecting cases for inclusion in a research project. The sampling method which was used in the research was snowball sampling which is a non-probability sampling method. According to Engel and Schutt (2009: 120), the non-probability sampling methods may be useful when random sampling is not possible, with a research that does not concern a large population or require a random sample, when a random sample is not thought to be accessible or for a preliminary exploratory study. Initially, as stated in chapter one, the researcher had chosen to use random sampling but changed to a non-probability method which is snowball sampling because this study concerned a smaller population which was orphans living in Ulundi Municipality. It was also not possible to draw a random sample from this population because orphans do not live close together in one area but are scattered around Ulundi. This would have made it difficult for the researcher to access and locate the respondents in a random sample. Snowball sampling which the researcher later chose seemed to be the best method to access the sample of orphans because the orphans living in Ulundi are scattered but they know each other. Members of the community also know households which have orphans.

According to Engel and Schutt (2009: 123) snowball sampling is conducted by identifying one member of the community and speak to him or her, then ask that person to identify others in the population, speak to them then asked them to identify others. This process will continue until the end of the process of collecting data. In the study the targeted number of the respondents was 50 orphans. After finishing with the researcher the identified orphans directed the researcher to other orphans they know around them. School teachers and

members of the community also helped the researcher to identify orphans that were included in the study.

4.2.4 Data collection

A structured interview was used as an instrument of collecting data (*see annexure A*). Babbie and Mouton (2008: 249) stated that “the interview encounter has the explicit purpose of one person obtaining information from another through structured conversation based on prearranged set of questions.” In this study the researcher prepared a set of questionnaire which included open- and close-ended questions. The questionnaires were administered by the researcher who acted as an interviewer. Questions were prepared in the English language but during the interview the interviewer interpreted them into isiZulu which is the vernacular language of the respondents. The respondents gave their responses in isiZulu and the interviewer translated them into English and recorded them. According to Babbie and Mouton (2008: 250) the advantages of having a questionnaire administered by an interviewer are as follows:

- there is higher response rate with interviews because the respondents are less likely to turn down the interviewer once standing on their door steps.
- The presence of the interviewer minimises answers like “don’t knows” and no answers because interviewer can probe for answers.
- An interviewer can also help to clarify the questions which seem to be confusing to a respondent.
- The interviewer can observe the respondents as questions are being asked to see how delicate the question is, as well as the surroundings where the respondent dwells.

The researcher preferred to change from an unstructured interview which was mentioned in chapter one to a structured interview because predetermined questions in a structured interview gave the researcher a chance to get the exact facts needed to understand the circumstances faced by orphans in Ulundi.

4.2.5 Data Analysis, Presentation and Interpretation

According to Neuman (1997: 426), data analysis means a search for patterns in data which include, recurring behaviour, objects or a body of knowledge. The researcher used a

combined design to analyse data that was collected. The quantitative data was coded for example all the 'yes' answers were given 1 as a code and all 'no' answers were given code 2. The qualitative data, which were responses of the open-ended questions were analysed by identifying themes and patterns from the data. These were later analysed. In the process of analysing data bar graphs, pie charts and frequency distributions were used to display the distribution of cases across the categories of a variables.

4.3 ETHICAL CONSIDERATIONS

The ethical standards discussed below are standards of what was considered as right or wrong in conducting this research. These ethical standards that were considered in the study were voluntary participation, no harm to the participants and confidentiality.

4.3.1 Voluntary Participation

The researcher made sure that the respondents participated in the research voluntarily. No one was forced to participate in this research. In order to honour this ethical issue the research informed all respondents that their participation was voluntarily. Respondents who agreed to participate in this research showed their willingness to participate by signing a consent form (*see annexure B*)

4.3.2 No Harm to the Participants

According to Babbie and Mouton (2008: 522), just about any research that might be conducted runs a risk of injuring other people somehow. The issues around orphanhood are very sensitive and the questions asked might require the respondents to release painful information concerning their circumstances. As a result, the researcher considered this and asked questions in a way that would not provoke pain. The researcher also prepared debriefing sessions with each respondent immediately after the interview.

4.3.3 Confidentiality

According to Babbie and Mouton (2008: 523), in order to ensure confidentiality the researcher may identify the person's response but may promise not to do so publicly. In order to honour this the researcher used codes representing people not their real names but an identification file was kept which connected each response to names. This was done so that missing or contradictory information might be corrected at a later stage. The file was kept by

the researcher and not given to anyone else. The researcher also assured the respondents that the information they provided would be kept confidential.

4.4 CONCLUSION

Research methodology reveals the process and the tools used in a research. The plan of how the research was conducted is revealed in the research design. This research used a mixed method in order to understand the circumstances that are faced by orphans in Ulundi. The population of this research included all orphans in Ulundi Municipality. Snowball sampling was used to select the sample of respondents of this research. Data was collected by using a structured interview and questionnaires were prepared in order to collect data from respondents. Lastly the ethics which were considered in conducting this research were voluntary participation, no harm to the participants and confidentiality. The next chapter will be Data Analysis, Presentation and Interpretation.

CHAPTER 5

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

5.1 INTRODUCTION

This chapter focuses on the analysis and the presentation of the findings of a research on the circumstances surrounding the orphans in Ulundi. The information analysed was taken from the findings written in an interview schedule whereby 50 respondents were interviewed. These findings were presented in tables, pie charts and bar graphs. The questions were divided into five sections which are: Demographic data; grief counselling, social security, academic performance; community involvement and household relationship and general question.

5.2 ANALYSIS, PRESENTATION AND INTERPRETATION

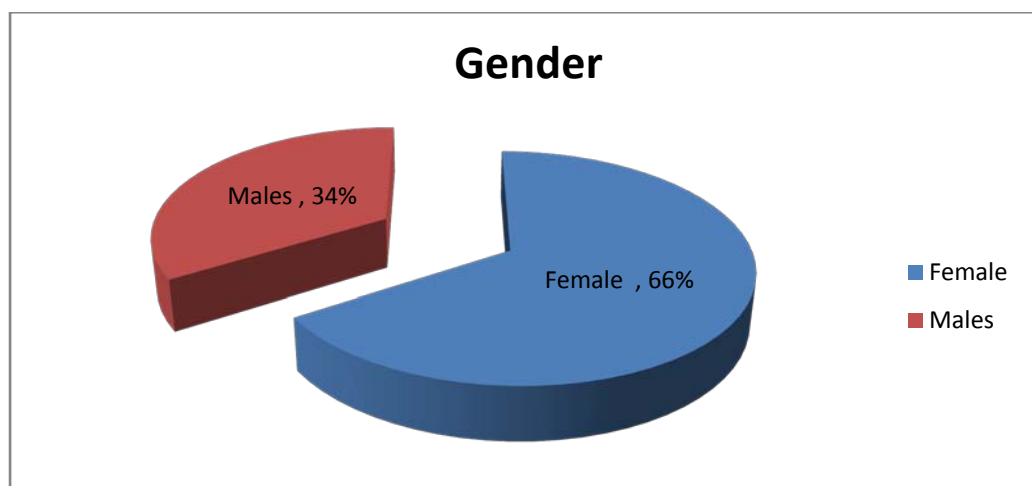
SECTION A: DEMOGRAPHIC DATA

This section had to do with personal details of respondents which included their gender, age, number of siblings, people the respondents live with in the household, surviving parents, cause of death of parents, family income, who takes care of the respondent and his or her siblings.

5.2.1 Distribution of respondents according to gender

This question was asked in order to compare and have a better understanding of the circumstances of female and male orphans.

Pie Chart 1

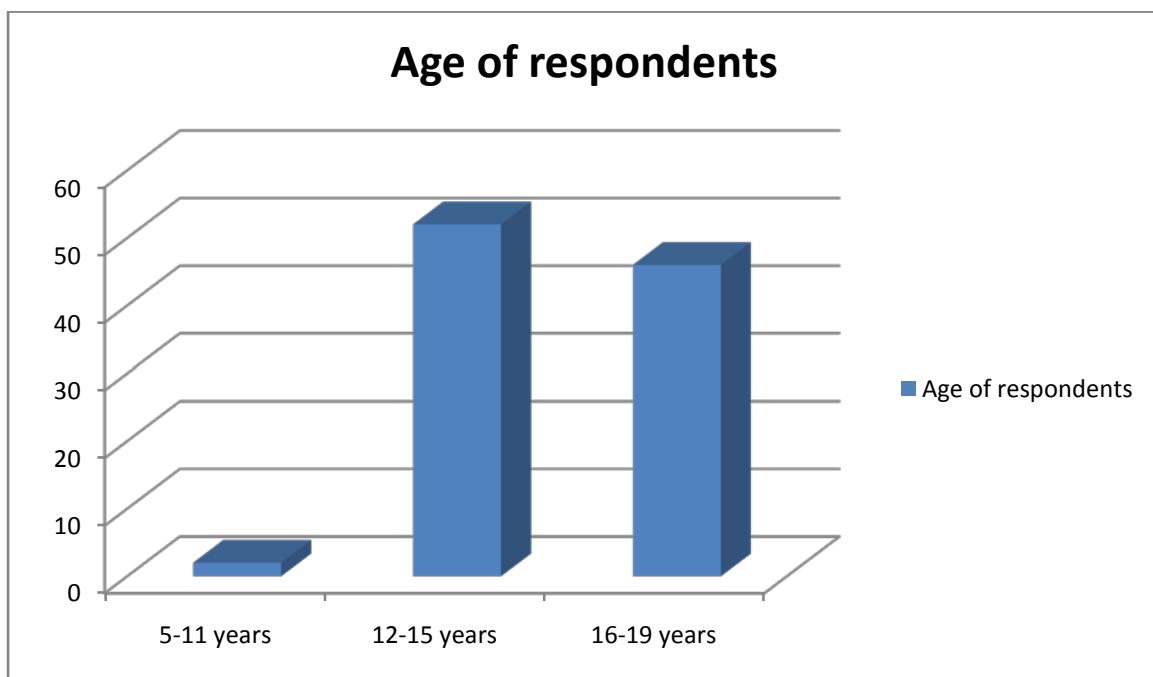


Pie chart 1 indicates that out of a sample of 50 respondents 33, represented by 66% of the total sample were females. This does not indicate that there were more female orphans in the general population of Ulundi Municipality. This means that in the sample the number of female orphans were more than male orphans. These figures were sufficient to compare the circumstances experienced by both male and female orphans.

5.2.2 Distribution of respondents according to age

This question was asked to check if circumstances faced by orphans differ according to age.

Bar Graph 1

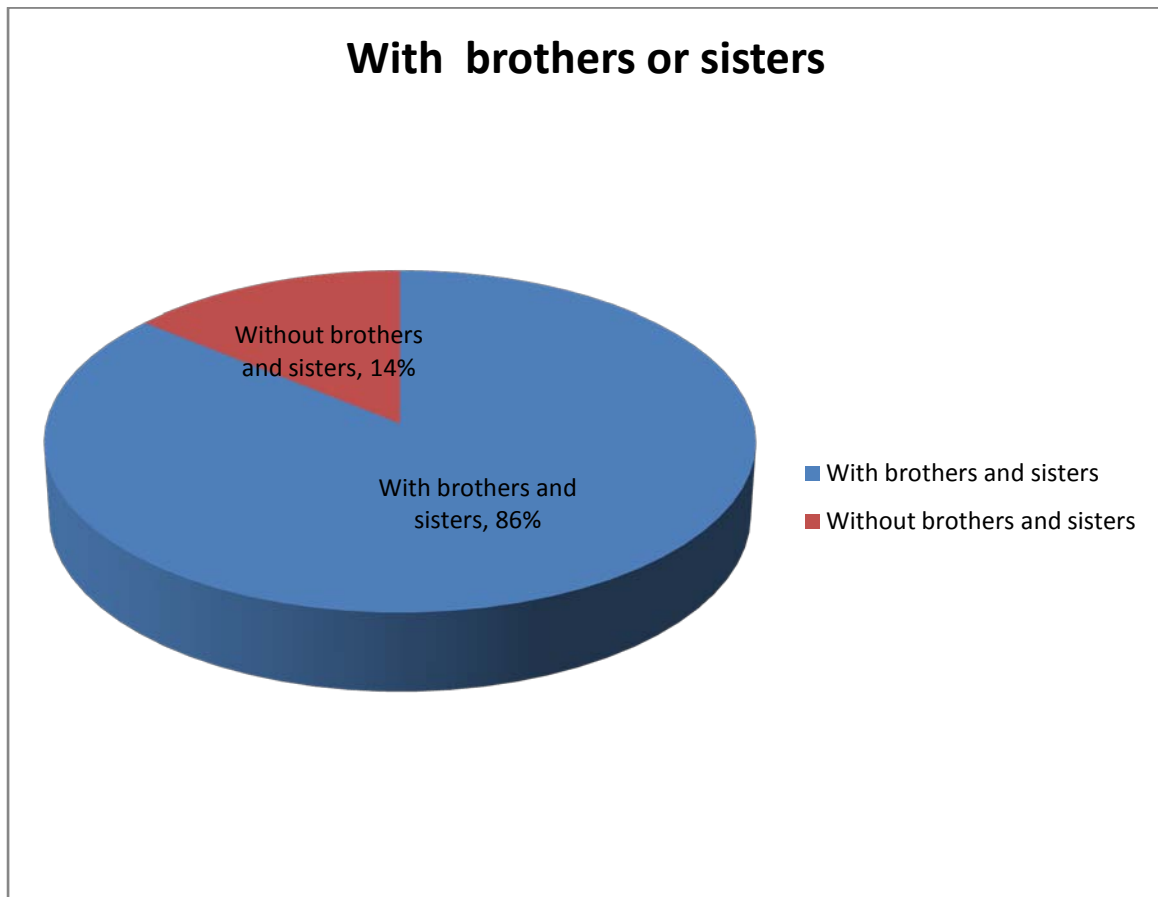


Bar Graph 1 indicates that 26 respondents, which is represented by 52% of the total sample belonged to an age group of 12 to 15 years. The knowledge of the age of respondents was used to understand the circumstances faced by orphans in connection with their age.

5.2.3 Distribution of respondents according to brothers and sisters they might have.

The question was asked in order to better understand the circumstances faced by orphans who had older or younger siblings living or not living with them. These would be compared with circumstances of orphans who did not have siblings or who were the only children born by his/her parents.

Pie Chart 2

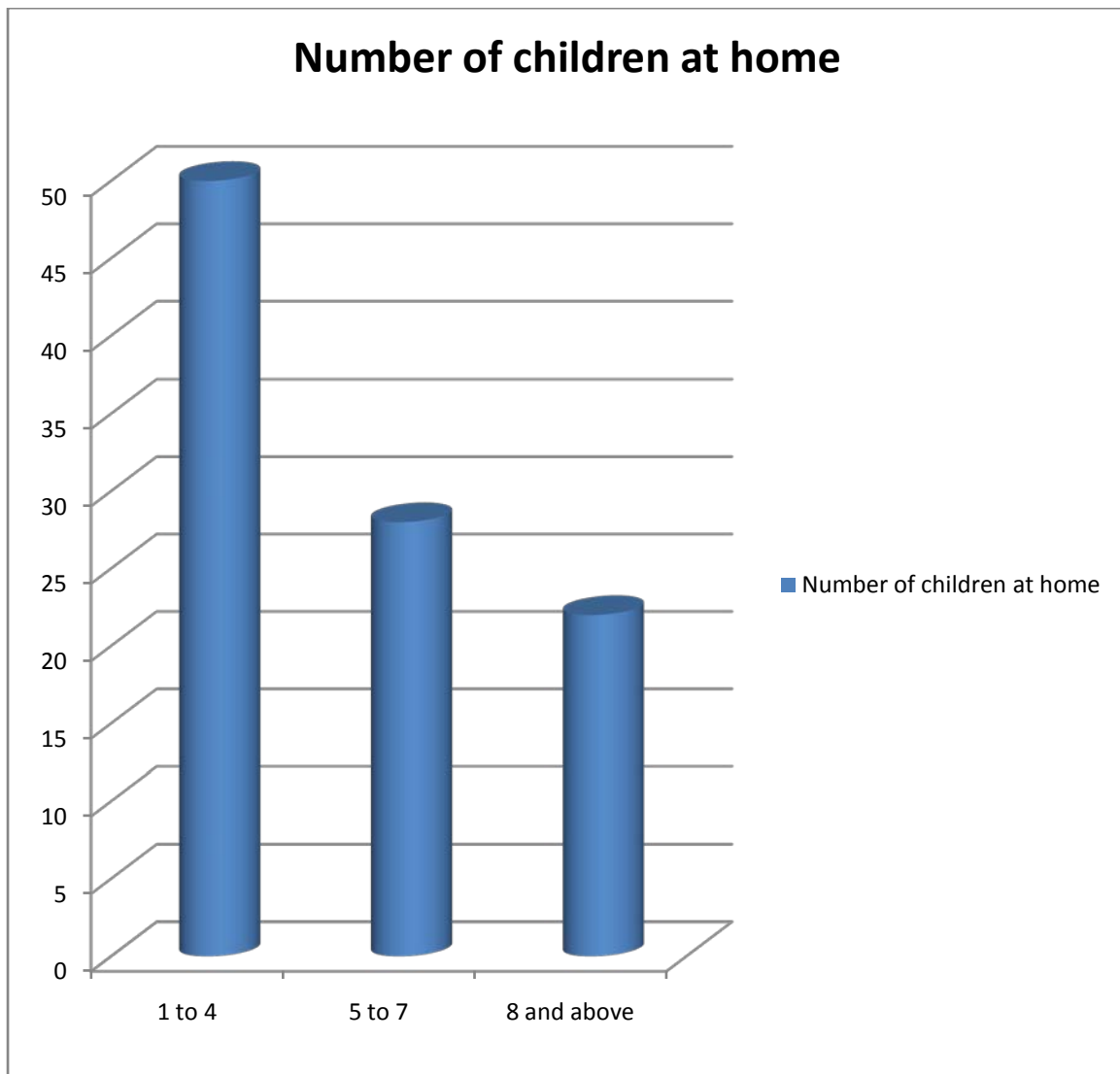


Pie Chart 2 indicates that 43 respondents, which is represented by 86% of the total sample had older and/or younger siblings. The mode of this distribution is 43 which is 86%. This means that the majority of respondents had brothers and sisters who were either older or younger than them.

5.2.4 Distribution of respondents according to number of children at home

This question was asked in order to find out with whom the respondents share residents. The number of children living in the household could indicate the number of orphans the extended family had absorbed.

Bar graph 2



Bar Graph 2 shows that out of 25 respondents, represented by 50% of the total sample were either the only children at home or were living with 2 to 4 other children in their households. The mode of this distribution is 25 which is 50%. This means that the majority of the respondents lived in households with few children which was 2-4.

5.2.5 Distribution of respondents according to the eldest sibling they have.

This question was asked to find out if the respondents' eldest sibling was old enough to be the head of the household if there was no relative that was responsible for them.

Bar Graph 3

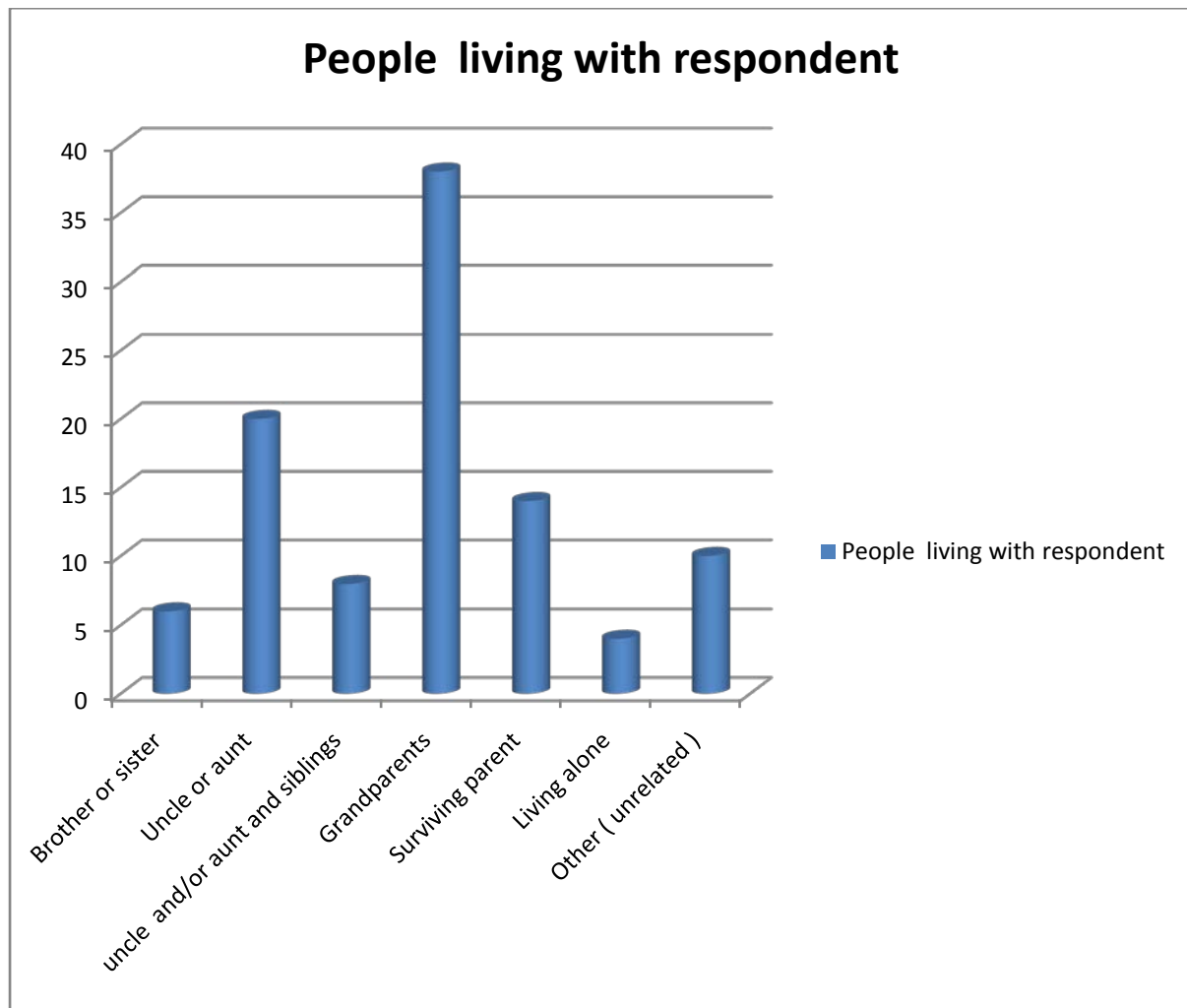


Bar Graph 3 illustrates that out of 25 respondents, which is represented by 50% of the total sample had older siblings who were 20 years and above. The mode of this distribution is 25 which is 50%. This means that the majority of respondents lived with older brothers or sisters in their households. Most respondents lived at least with one adult at home.

5.2.6 Distribution of respondents according to persons they shared residence with.

This question was asked in order to find out if relatives or the extended family was still responsible for taking care of the orphans and to also find out if there was any evidence of a child-headed household.

Bar Graph 4

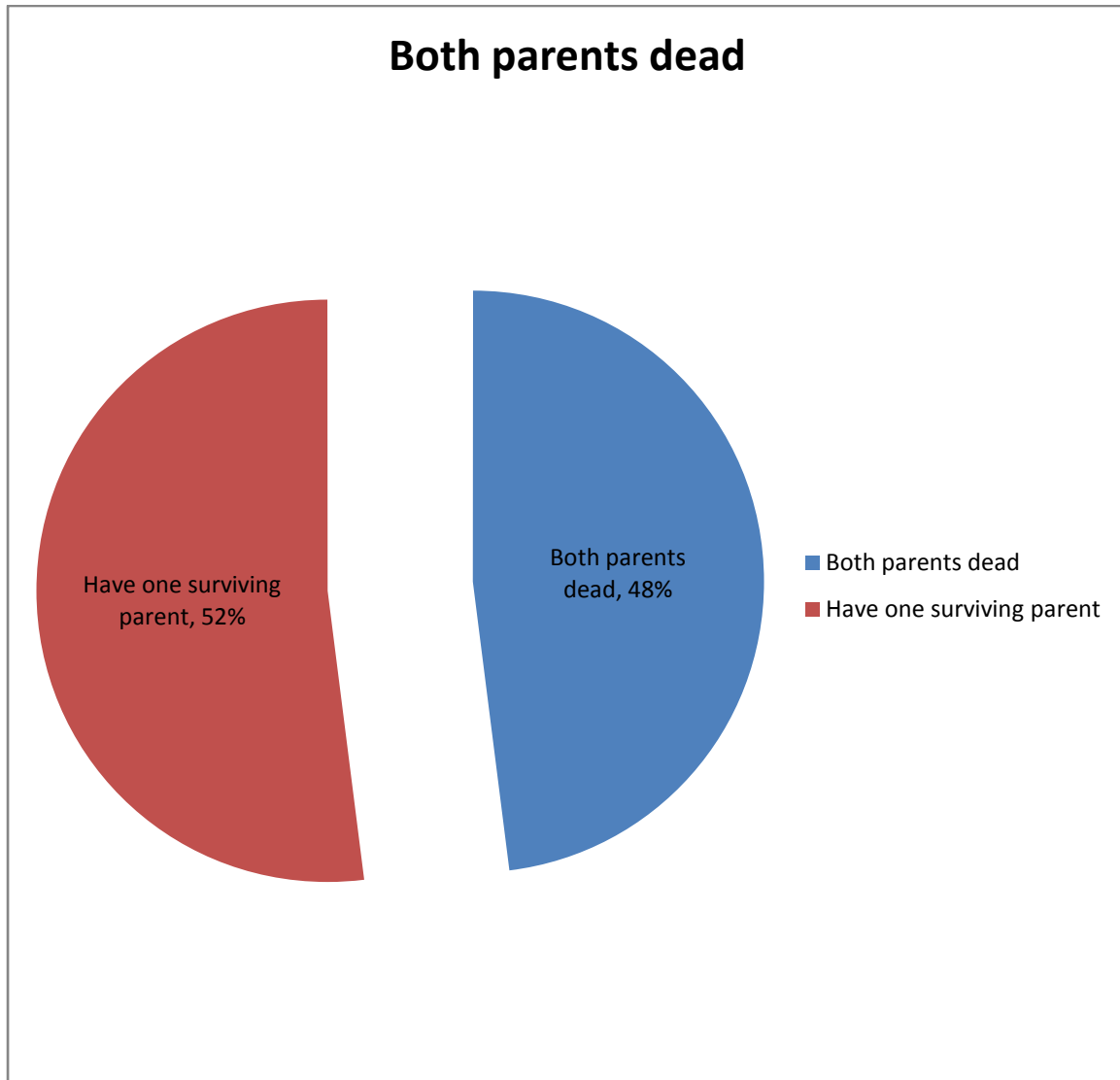


Bar Graph 4 indicates that 19 respondents, which is represented by 38% of the total sample lived with grandparents. This is an indication that most respondents lived with grandparents. This information is a good indication that extended families still played a huge part in taking care of the orphans. These results are in line with those of a study conducted by Development Research Africa in the Mpumalanga province, KwaZulu Natal province which revealed that 39% of orphans live with grandparents and 16% lived with one parent in the grandparents household (www.popcouncil.org/pdfs/horizons/nmcfhshldsum Accessed 23/03/2011).

5.2.7 Distribution of respondents according to double orphanhood.

This question was asked in order to find out if double orphanhood is common in Ulundi as it is in KwaZulu Natal Province where HIV/AIDS has been identified as most prevalent.

Pie Chart 3

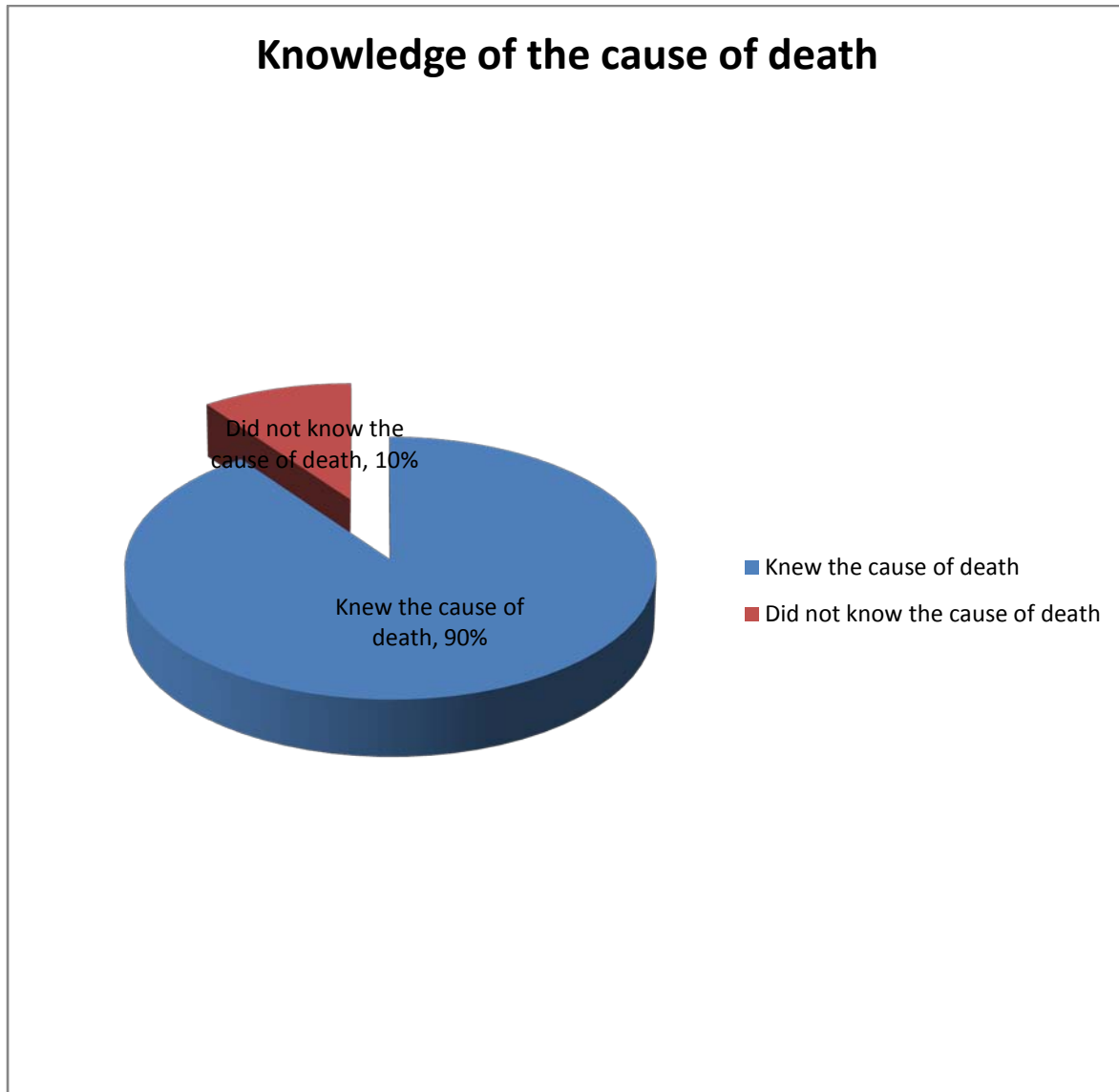


Pie Chart 3 shows that 26 respondents, which is represented by 52% of the total sample had one surviving parent. These results mean that most orphans still had one surviving parent. However Human Science Research Council indicated that double orphanhood was common in places which had high HIV/AIDS prevalence because husbands and wives infect each other with HIV and this leads to death (www.hsresearch.ac.za/product.php?freedownload=1productid=2155 Accessed 05/06/2011).

5.2.8 Distribution of respondents according to their knowledge of the cause of death to parents

This question was asked in order to find out the most prevalent cause of death of parents.

Pie Chart 4

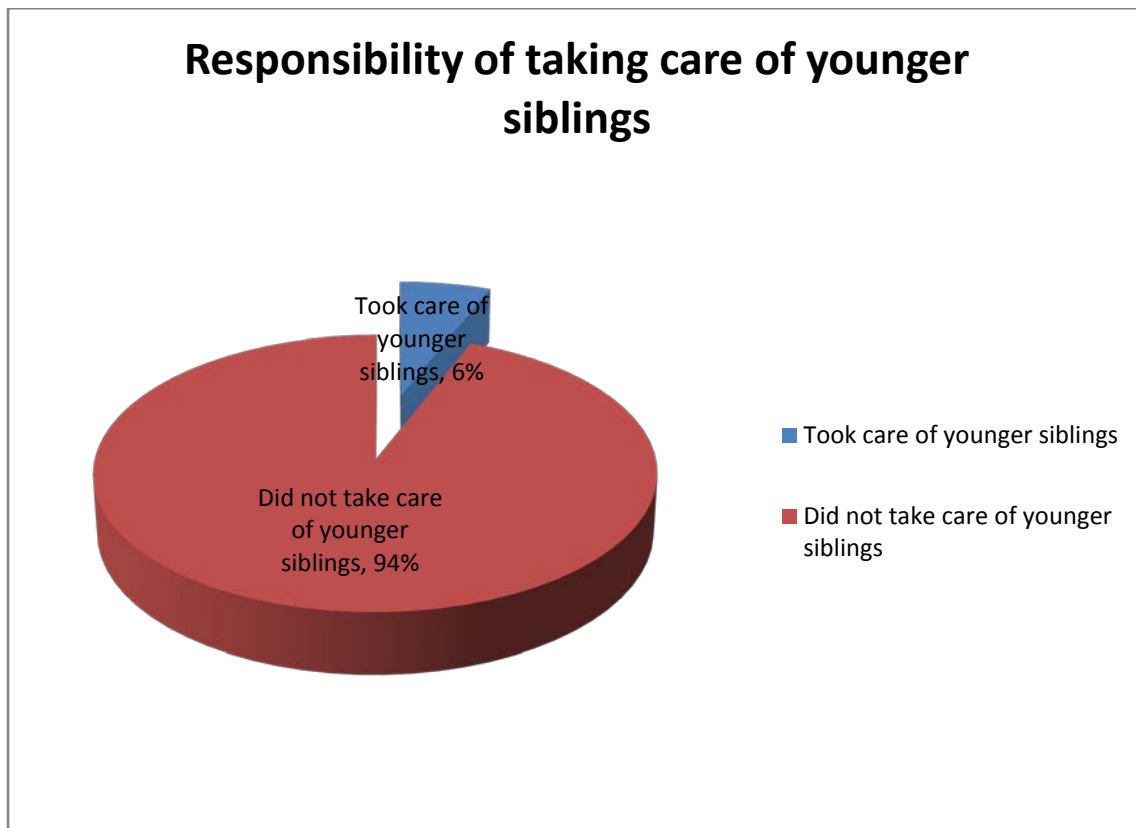


Pie Chart 4 indicates that 45 respondents, which is represented by 90% of the total sample knew the cause of the death of their parents. This means the majority of the respondents knew the cause of the death of their parent.

5.2.9 Distribution of respondents according to their responsibility in taking care of their younger siblings

This question was asked to find out if there were any child-headed households or households where underage children were forced to take adult roles of taking care of younger children.

Pie Chart 5



Pie Chart 5 indicates that 47 respondents, which is represented by 94% of total population were not taking care of their younger siblings. This means that the majority of respondents were not taking care of their younger siblings, as their parents would do instead the majority of respondents were being taken care of by their grandparents. There was no evidence of a child-headed household where a child was forced to take care of younger siblings in the absence of the adults. A similar study conducted in Kopanong in the Free State and Kanana Township in the North West revealed that there was very small percentage of child-headed households, about 3%. Most children were taken care of by grandparents or mothers. (www.hsrbpress.ac.za/production.php?freedownloads=proctid=2155 Accessed 05/06/2011).

5.2.10 Distribution of respondents according to their family' employment status.

This question was asked in order to find out if in families where respondents lived were there breadwinners who were working full-time or part-time and could support the whole family. The findings would help to understand the poverty state of households with orphans.

Table 1

Employment status	Respondents	Percentage
Full-time	28	56
Part-time	1	2
Other (explain)	21	42
Total	50	100

Table 1 indicates that 56 respondents, which is represented by 28% were from households which had full-time employment as a source of income.

5.2.11 Distribution of respondents according to the assets owned by their parent/parents prior to death

This question was asked in order to find out if the parent/ parents left any property that could be the inheritance of the respondent and the siblings. This also could be an indication of the level of poverty experienced by the household where the orphans found themselves.

Table 2

Type of asset	Responses	Percentages
House only	21	42
Car only	1	2
Livestock only	0	0
House and car	2	4
House, car and livestock	2	4
Other	24	48
Total	50	100

Table 2 illustrates that 24 respondents, which is represented by 48% of the total sample had parent/ parents who passed on and left them with nothing to inherit because they did not have any property. These results clearly indicate that the deceased lived in poverty.

5.2.12 Distribution of respondents according to the house they inherited from their parents after death.

This question was asked in order to find out if they were able to enjoy the property the parents left or someone is living on it or decided to sell it.

Pie Chart 6

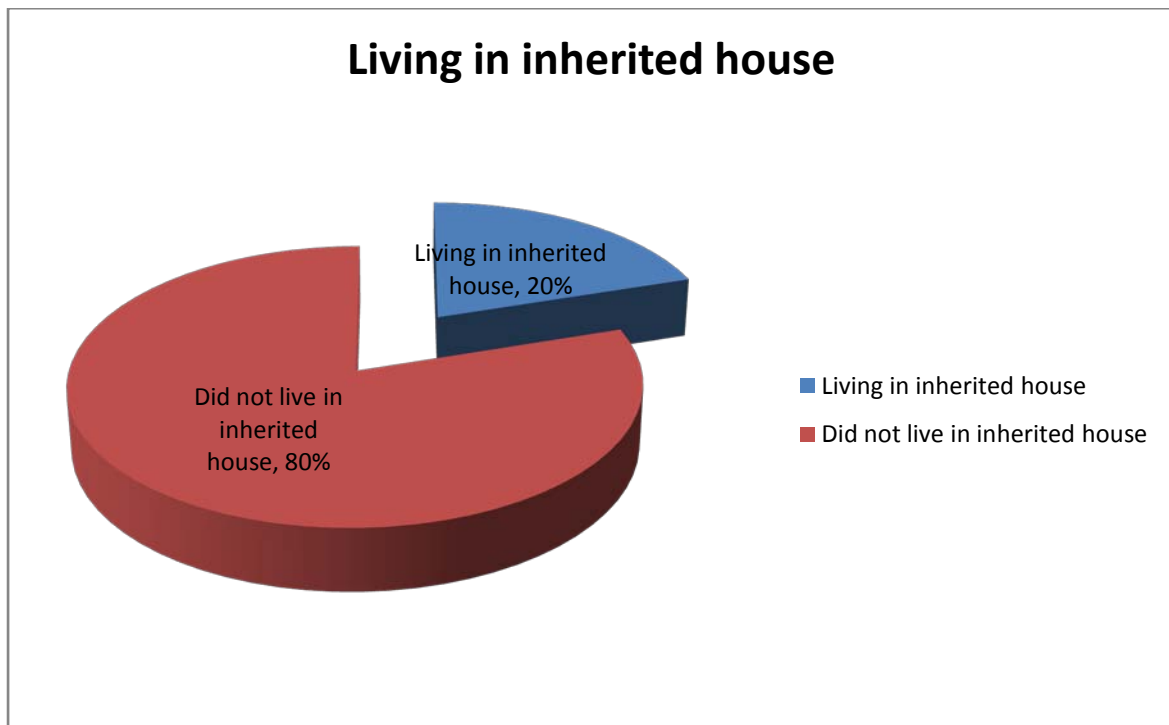


Chart 6 shows that 40 respondents which is represented by 80% of the total sample were not living in an inherited property from their parents. This is one of the indications of a relationship that is not healthy between the children understudy and their relatives or people living with them in the household. Van Dyk (2005: 347) stated that in most cases the relatives grabbed the property of the deceased and children were left destitute. The study conducted by the Human Science Research Council in Kopanong and Kanana Township show that less than 16.4 % of orphans inherited the house they lived in before their parent/s died. Children were also not consulted concerning the inheritance (www.hsrbpress.ac.za/product.php?freedownload=1productid=2155 Accessed 05/06/2011).

5.2.13 Distribution of respondents according to a place of residence during the sickness of parents prior their death

This question was asked in order to find out if respondents were exposed to the trauma of seeing their parents suffer as a result of being sick.

Pie Chart 7

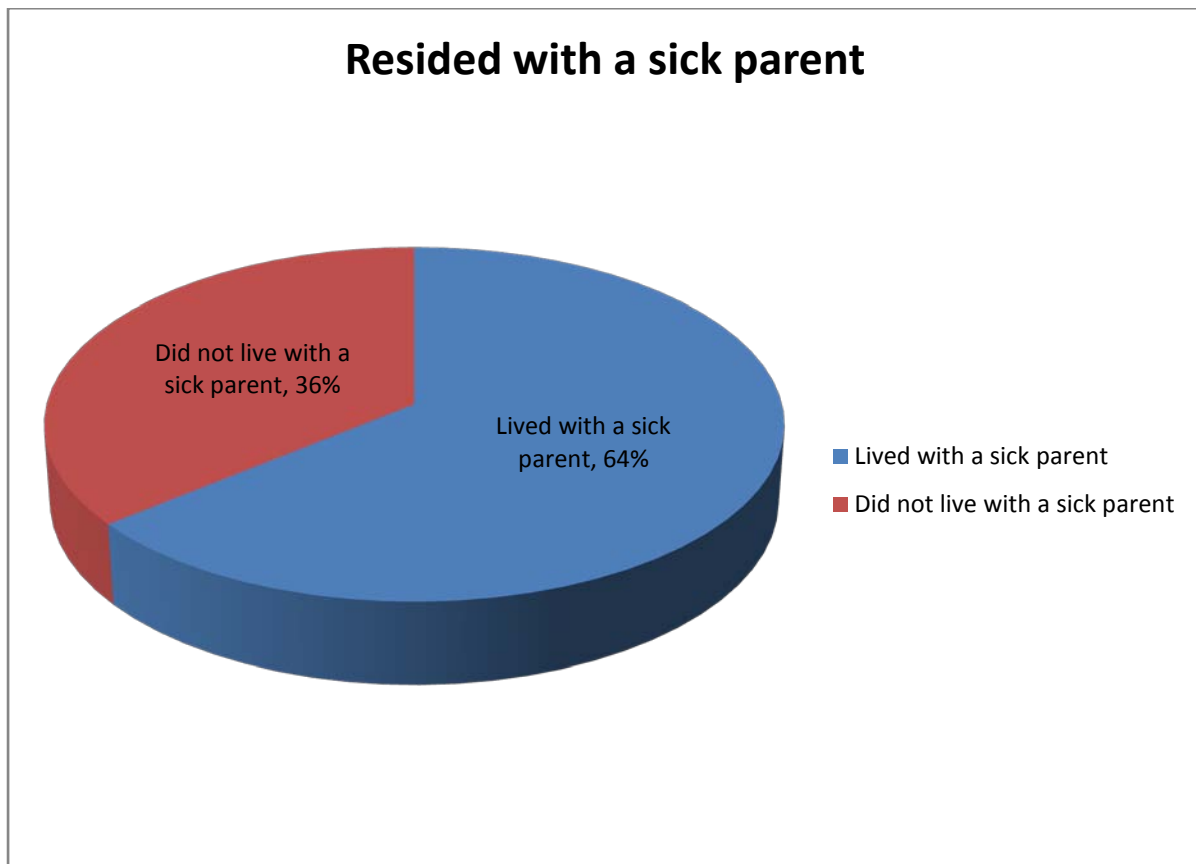
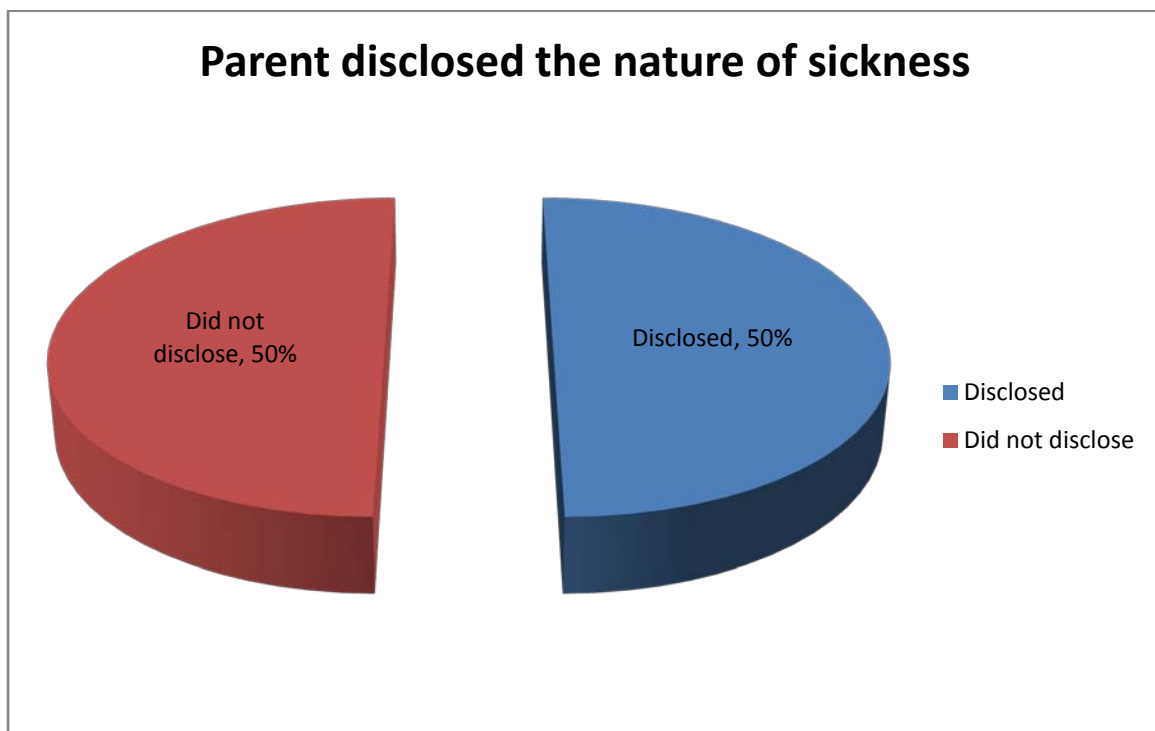


Chart 7 indicates that 32 respondents, which is represented by 64% of the total sample lived with their parents during the sickness of the parents prior to death. Van Dyk (2005: 347) indicated that children who nursed parents who had AIDS were traumatised by the experience of watching their parents suffer and die. It could be possible that these children suffered psychologically as Fitz and Mwanga in Singhal and Howard (2003: 86) stated that the death of the parent could compromise the child's psychosocial development.

5.2.14 Distribution of respondents according to whether their parents disclosed the nature of their sickness to them.

This question was asked in order to find out the type of communication the parent/ parents had with the children understudy prior to their death. This would increase or decrease the intensity of grief among respondents depending on whether the parent was open enough to disclose the nature of her/his sickness to the children.

Pie Chart 8

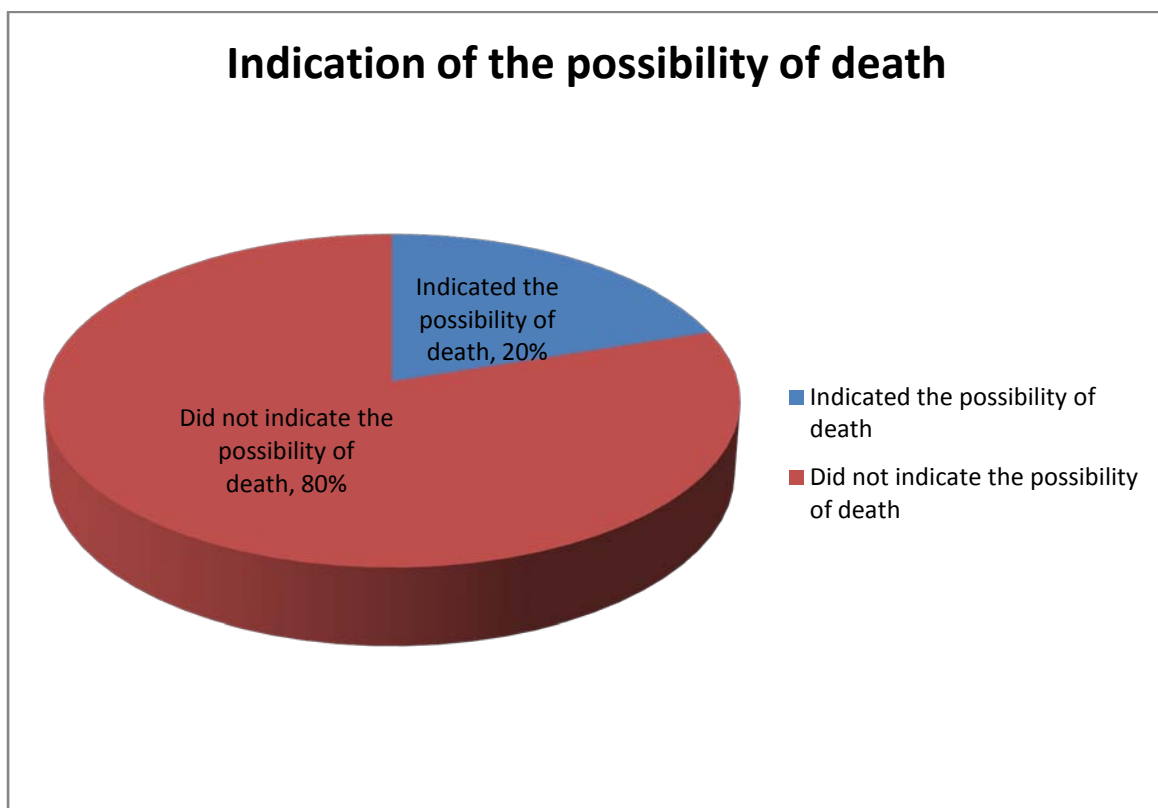


Pie Chart 8 indicates that parents of 25 respondents, which is represented by 50% of the total sample disclosed the nature of sickness to the children, and parents of 25 respondents which is represented by 50% of the total sample did not disclose the nature of their sickness to their children. This indicates that there was good communication between parents of half of the respondents and their children prior to death. Pillay in Singhal and Howard (2003: 114) mentioned a study conducted in Tanzania where children whose parents spoke to them about their sickness and about dying indicated that they valued this interaction. The other half of the respondents had poor communication with their parents. In a study conducted in Kanana Township in North West and Kopanong in the Free State the respondents(orphan) indicated

that their parents /guardians should discuss their health condition with them, in order to prepare themselves emotionally for their parents’/guardian illness and death.

5.2.15 Distribution of respondents according to their parents indication of the possibility of not surviving the illness.

This question was asked to find out the type of communication that existed between the respondents and their parents prior to death. This would have given the children enough chance to say their last good-byes which would have helped to build resilience in children after the parent had died.



Pie Chart 9 indicates that 40 respondents, which is represented by 80% of the total population had parents who did not indicate the possibility of not surviving from illness. The reason is that speaking about death is not very common in the African culture.

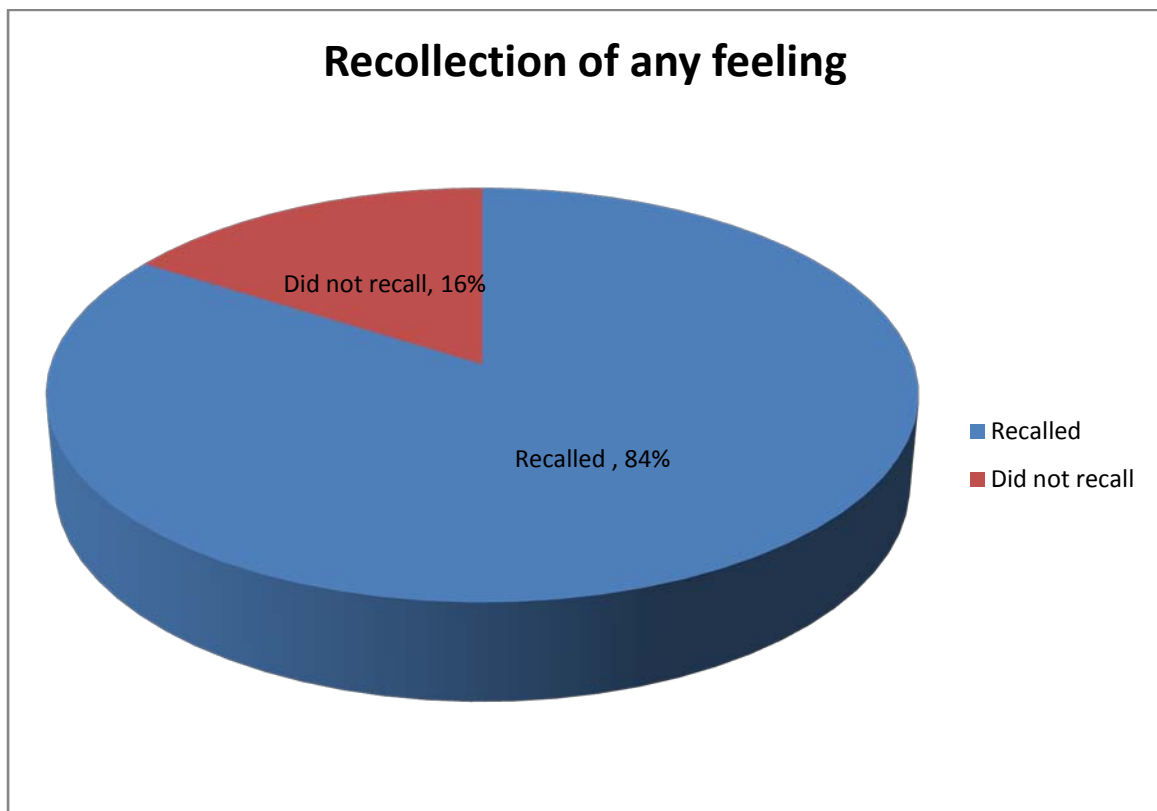
SECTION B: GRIEF COUNSELLING

In this section the research attempts to find out whether respondents are still grieving the loss of their parent/ parents or not. This section explores the psychological counselling that is made available to respondents in order to help them grieve their loss and examines whether their psychosocial needs were taken care of.

5.2.16 Distribution of respondents according to their recollection of any feeling they had when their parents died.

This question was asked in order to check the intensity of grief the respondents had when they heard about the death of their parent/ parents.

Pie Chart 10

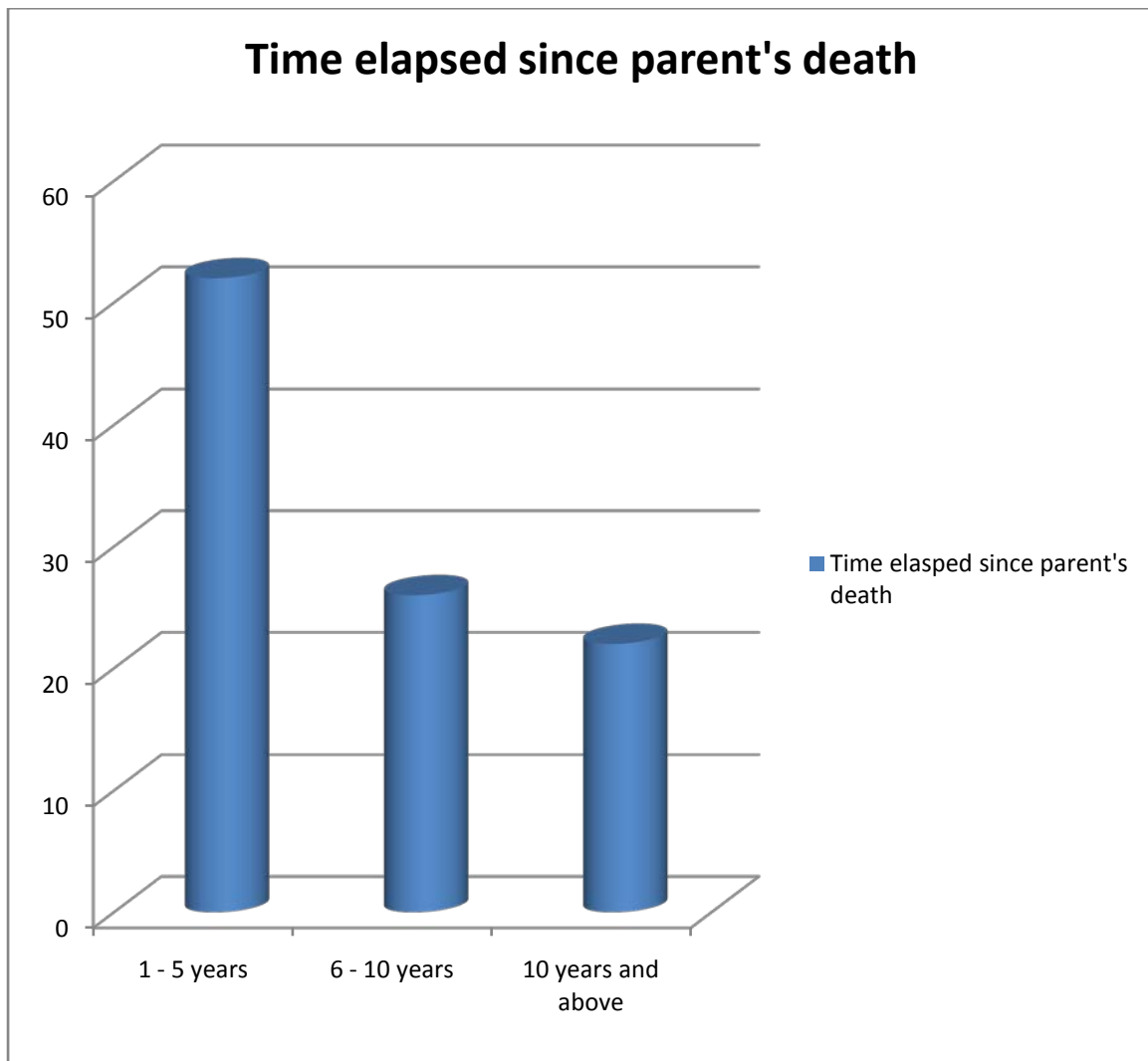


Pie Chart 10 indicates that 42 respondents, which is represented by 84% recall the feeling they had when their parents died. This indicates that the majority of respondents were old enough to understand the concept of death and most had feeling of sadness, hurt, sorrow, anger accompanied with crying.

5.2.17 Distribution of respondents according to the time elapsed since the death of their parents

This question was asked in order to compare the time elapsed with the grief that each respondents still feels about the death of his / her parent/ parents.

Bar Graph 5

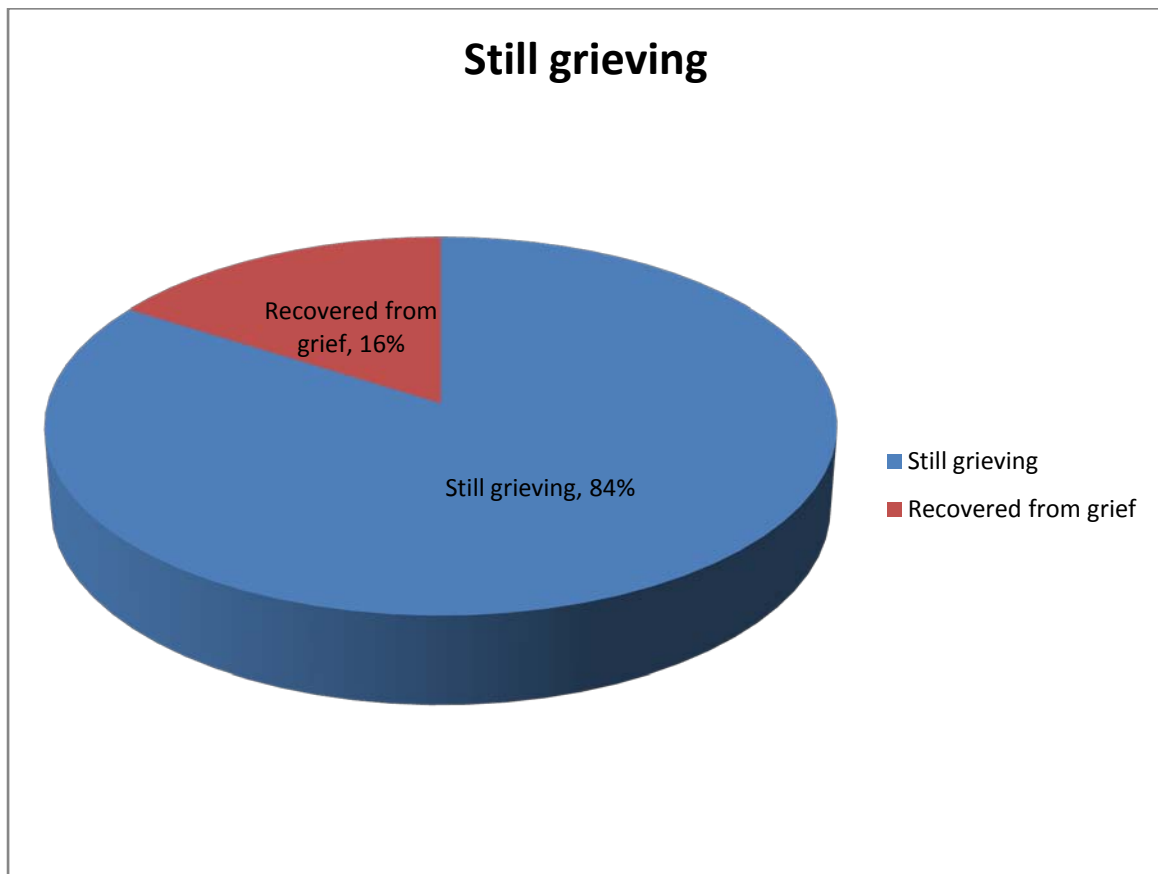


Bar Graph 5 illustrates that of 26 respondents, which is represented by 52% of the total sample had parents who died between 1-5 years before. These results indicated that most children were still grieving since the pain of their loss was still fresh.

5.2.18 Distribution of respondents according to whether they have completely recovered from the grief of the loss of their parent/ parents.

This question was asked to determine whether the respondents had dealt with their grief or not.

Pie Chart 11

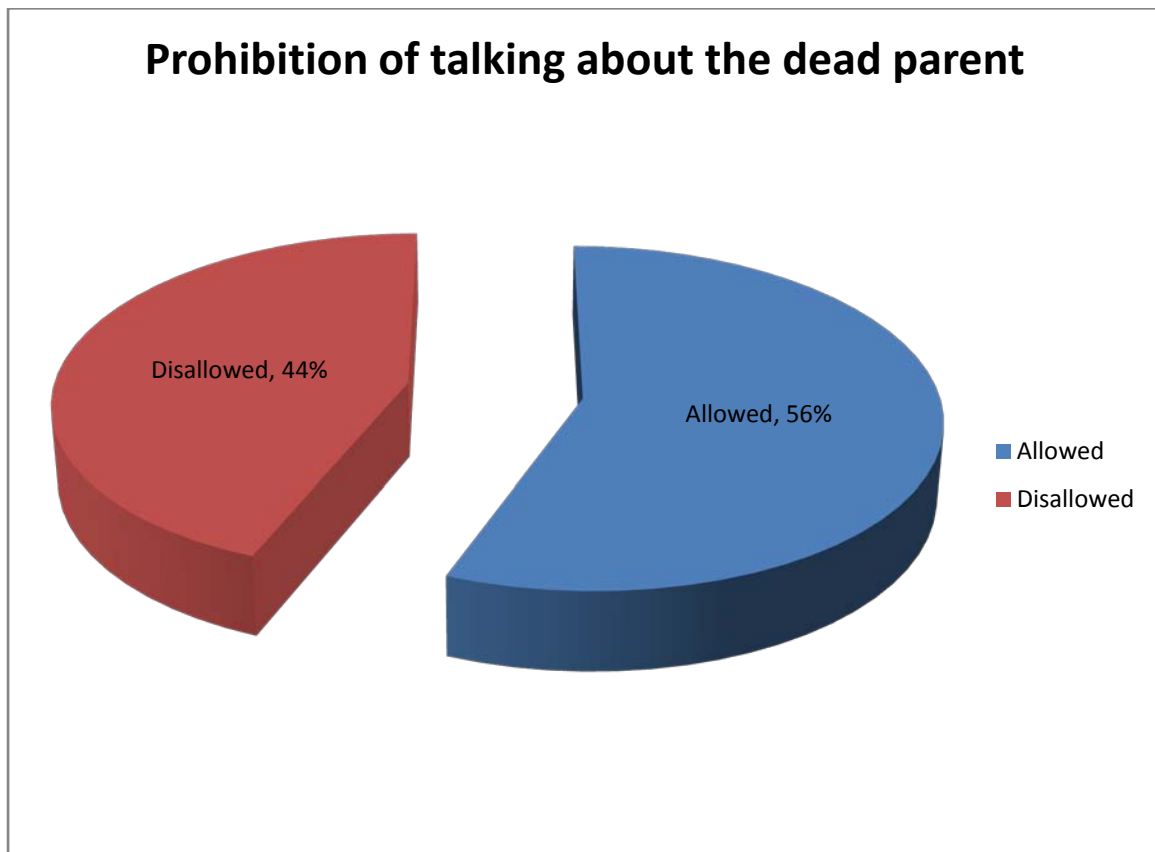


Pie Chart 11 shows that 42 respondents, which is represented by 84% of the total sample were still grieving the loss of their parents. This means that the majority of respondents were still grieving the loss of their parent/ parents regardless of the number of years since their parents died. The orphans interviewed in a study conducted by the Human Science Research Council in the Free State Province and the North West Province showed some levels of emotional disturbance and that they were still bothered by the loss of their parents/guardians.

5.2.19 Distribution of respondents according to the family's authority of talking about the dead parent/ parents

This question was asked in order to determine if respondents were given a chance to deal with grief of their loss through talking about their dead parent/ parents.

Pie chart 12

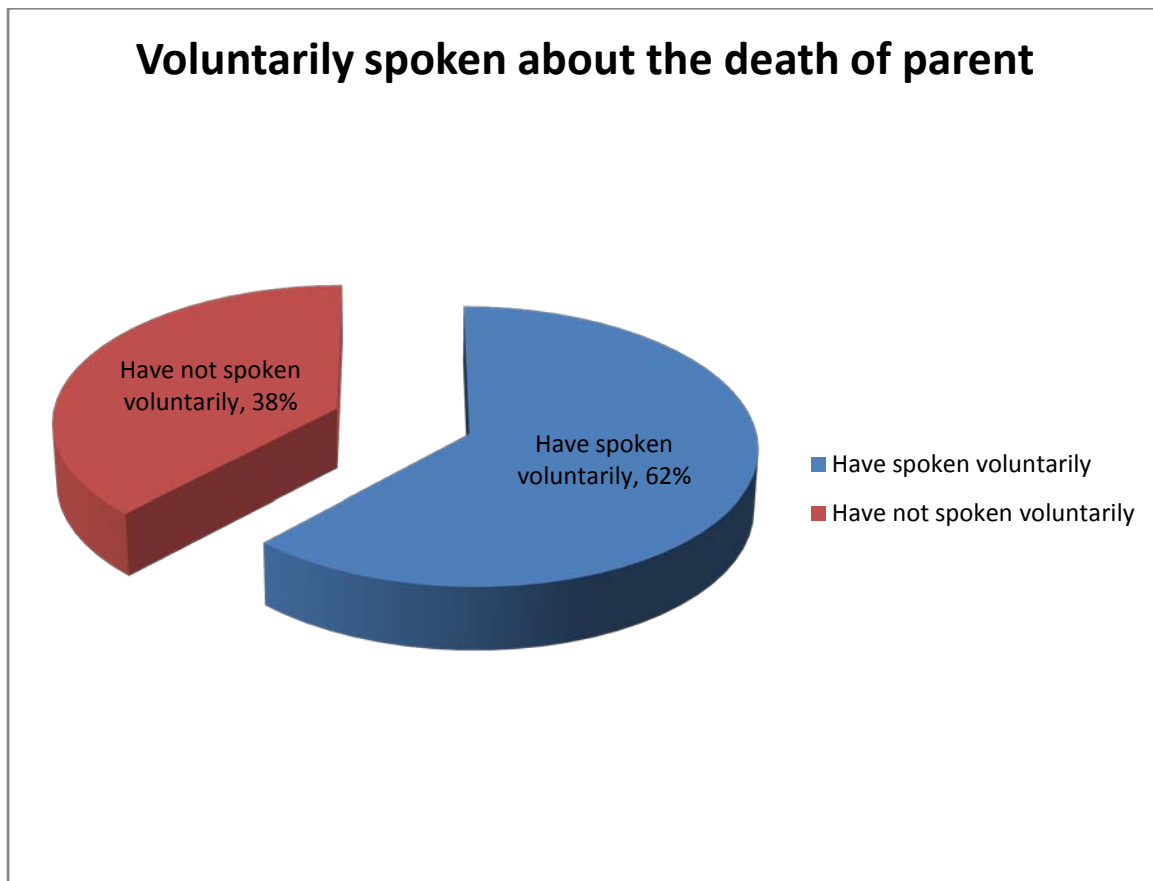


Pie Chart 12 indicates that 28 respondents, which is represented by 56% of the total sample were allowed to talk about their parent/ parents who passed away. This means the majority of respondents were allowed to talk about their parents who have passed on. Talking about the dead person helps people not to develop resilience but helps to deal with grief and painful feelings. Van Dyk (2005: 347) indicated that the trauma of the loss of a parent is made worse by the fact that in some cultures talking about death was taboo.

5.2.20 Distribution of respondents according to their voluntary speaking about the dead parent/ parents

This question was asked in order to find out if the respondents were still grieving the loss of their parent/ parents.

Pie Chart 13



Pie Chart 13 shows that 31 respondents, which is represented by 62% of the total sample, voluntarily spoke about their deceased parent/ parents. The mode of this distribution is 31 which is 62%. This means that the majority of respondents spoke to other people voluntarily other than their family members. This shows that a majority of the respondents are in a process of dealing with their grief even though they are not conscious of it.

5.2.21 Distribution of respondents according to the counselling they received to help them grieve the loss of their parent/ parents.

This question was asked in order to find out if respondents received any counselling to make the grieving process shorter.

Pie Chart 14

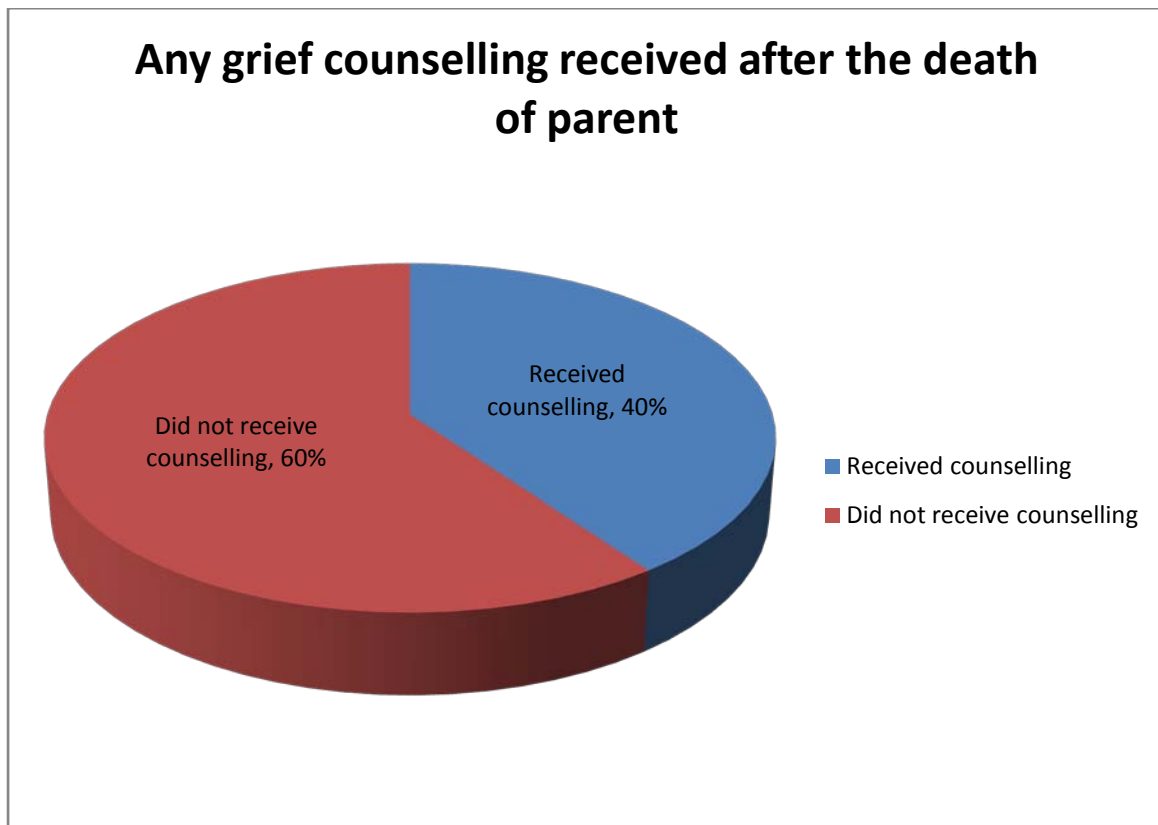


Chart 14 illustrates that 30 respondents, which is represented by 60% of the total sample did not receive counselling that would help them deal with their grief. This explains the reason most of the respondents were still grieving the loss of their parent/ parents. Cook et al in Singhall and Howard (2003: 96) stated that children were regarded as forgotten mourners because adults at times forgot the capacity of children to mourn and their need to be included and informed. This resulted in a child developing feeling of isolation and loss of trust.

5.2.22 Distribution of respondents according to the type of basic needs their parent/ parents provided prior to their death

This question was asked to find out if orphans had all their needs met before the death of the parent/ parents and to compare this with the present moment. This would make it possible to conclude about the level of poverty or affluence the respondent experienced prior to the death of their parent/ parents.

Pie Chart 15

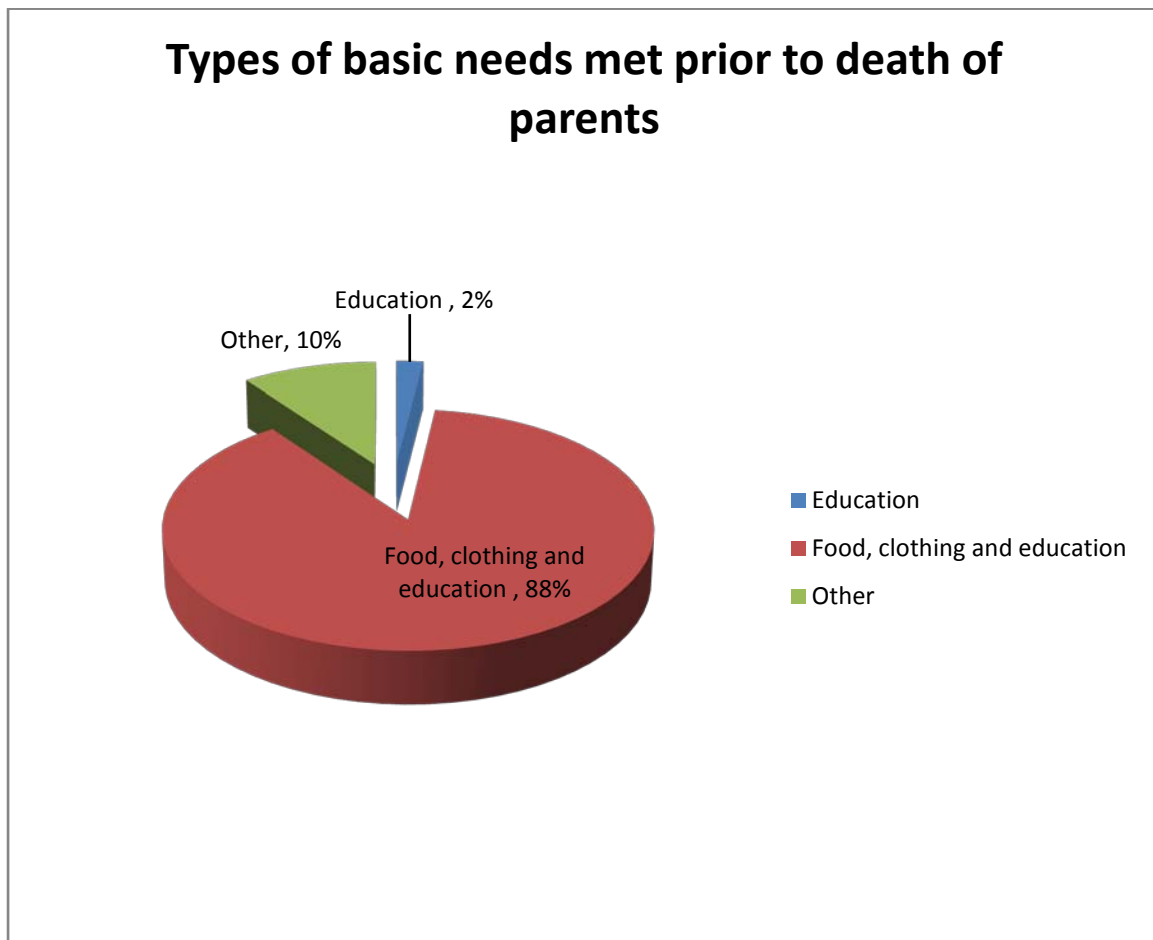


Chart 15 indicates that 44 respondents, represented by 88% of the total sample were provided by their parents food, clothing and paid for their education before their parent's death. The mode of this distribution is 44 which is 88%. This means the majority of the respondents' needs were met before their parent/ parents died.

5.2.23 Distribution of respondents according to the needs met after the death of parent/parents

This question was asked in order to find out if the death of parents increased poverty in the lives of orphans.

Pie chart 16

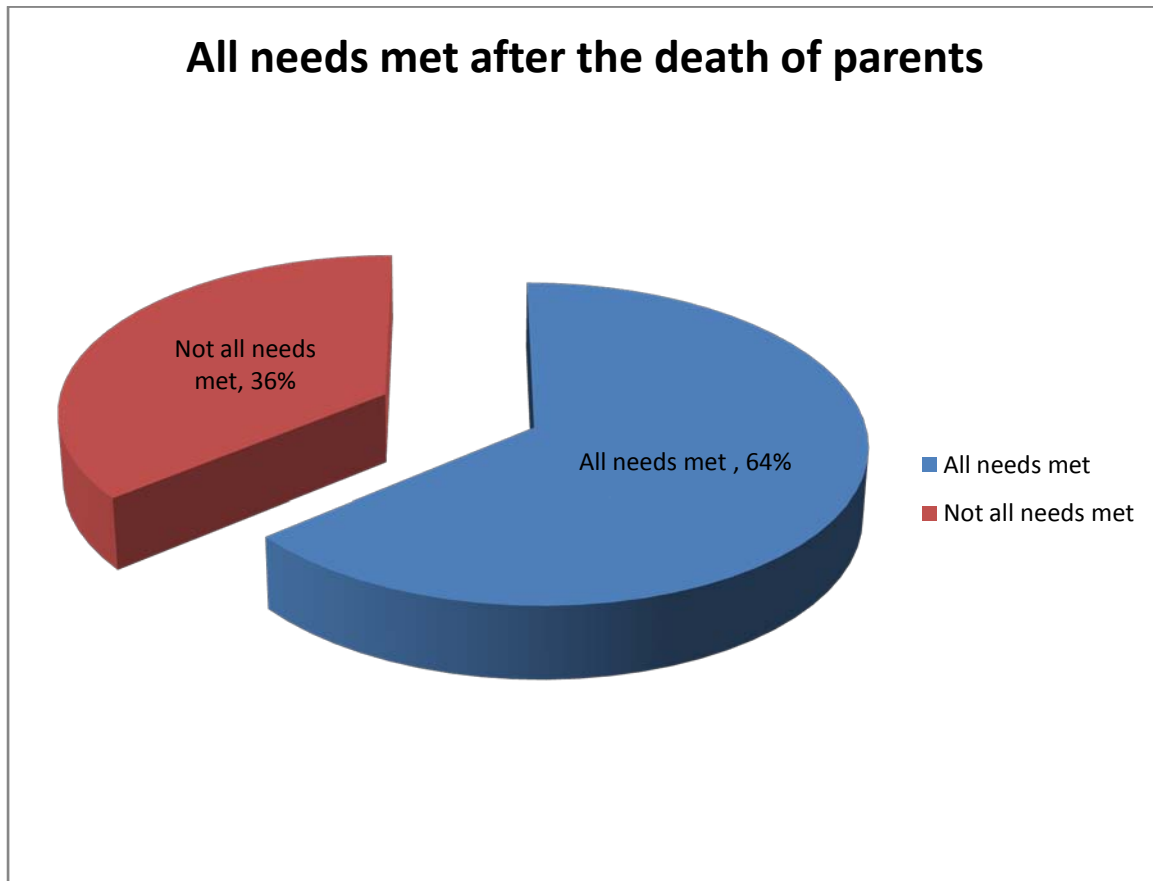


Chart 16 shows that 32 respondents, represented by 64% of the total sample had all their basic needs met after the death of parents. This is an indication that in most respondents' lives the death of parents did not lead to poverty. It also shows that most extended families take good care of the orphans in their midst. Van Dyk (2005: 347) indicated that the death of parents led to the loss of parental income which led to poverty and deprivation.

SECTION C: SOCIAL SECURITY

In this section the researcher wanted to find out if the respondents received government grant, that is the Child Dependency Grant and the Foster Child Grant and to establish if the grant was enough to meet the needs of the orphans (respondents).

5.2.24 Distribution of respondents according to the existence of a caregiver

This question was asked in order to find out if there was any older person who was taking care of them and was he/she receiving the government grant on behalf of the respondents.

Pie Chart 17

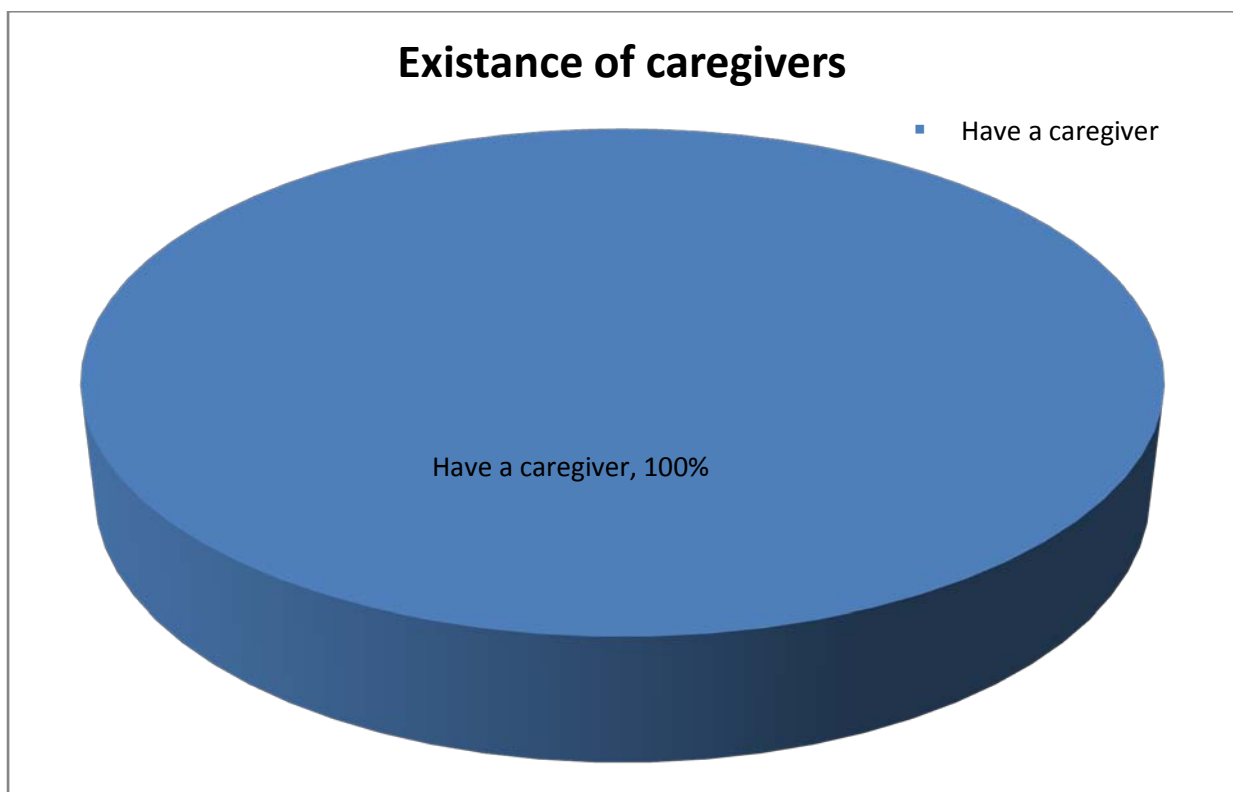


Chart 17 shows that all respondents, represented by 100% of the total sample had caregivers. This means that none of these respondents took care of themselves but some older was responsible for taking care of them.

5.2.25 Distribution of respondents according to the employment of their caregivers

This question was asked in order to find out if caregivers had any other source of income which can substitute the government grant.

Pie Chart 18

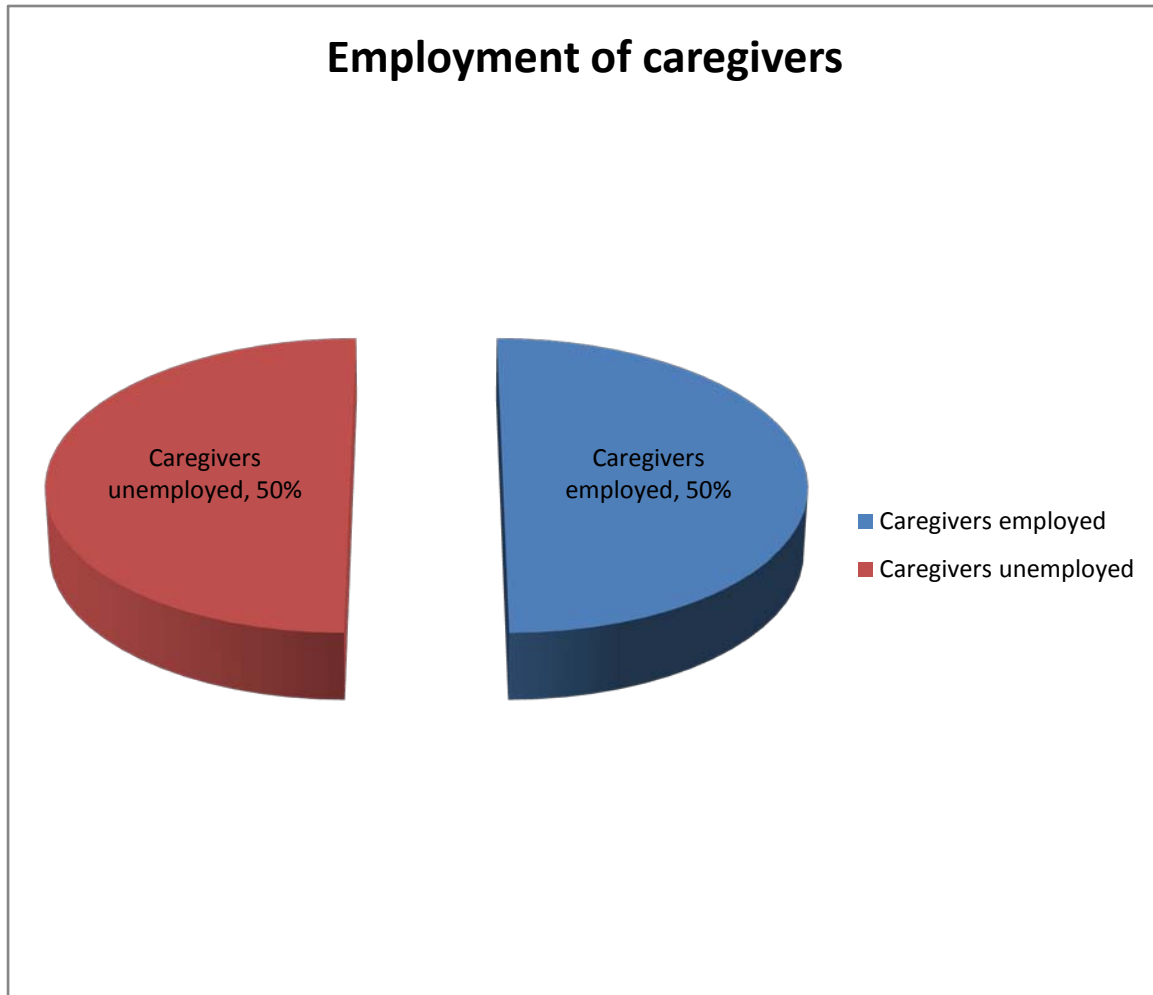


Chart 18 illustrates that 25 respondents, represented by 50% of the total sample had caregivers who were employed yet the other 50% did not have caregivers who were unemployed. This distribution is bimodal since half of the respondents' caregivers were employed and were unemployed. A caregiver of an orphan may be a breadwinner of the household who is employed full time or visa-a-vis. This also could indicate that those caregivers who are not working might be depending on social grants. A study conducted by the Human Science Research Council in the Free State province and the North West province revealed that a majority of respondents depended on social grants and on support from the relatives.

5.2.26 Distribution of respondents according to the government grant received by their caregivers

This question was asked to find out if caregivers had access to the government grant that would assist them in taking care of the orphans under their care.

Pie Chart 19

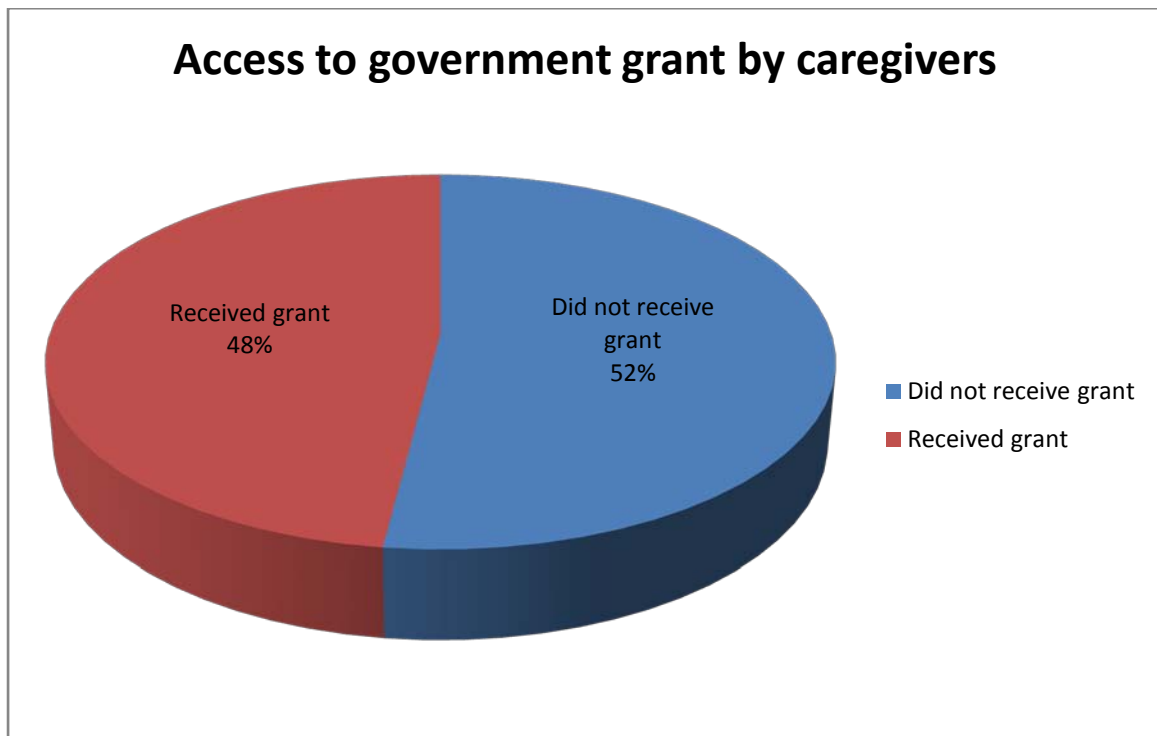


Chart 19 indicates that 26 respondents, represented by 52% of the total sample did not receive government grant. The mode of this distribution is 26 which is 52%. This means the majority of the respondent's caregivers did not receive government grants.. This is an indication that there was still some problems experienced by applicants of the grants which makes access to the grants difficult. A study conducted by the HSRC in the Free State province and the North West province revealed that despite the availability of grants for those in need including orphans and vulnerable children, access continued to be a major problem. A study conducted by the DRA in Mpumalanga province, KwaZulu Natal province and Northern province revealed the same results that access to grants is low. Only a third of households who had orphans and are eligible to receive grant in this study reported that they received Foster Care Grant and Care-Dependency Grant.

5.2.27 Distribution of respondents according to their knowledge of the amount of grant money

This question was asked in order to find out if the respondents had any knowledge of the amount of grant received by their caregivers.

Pie Chart 20

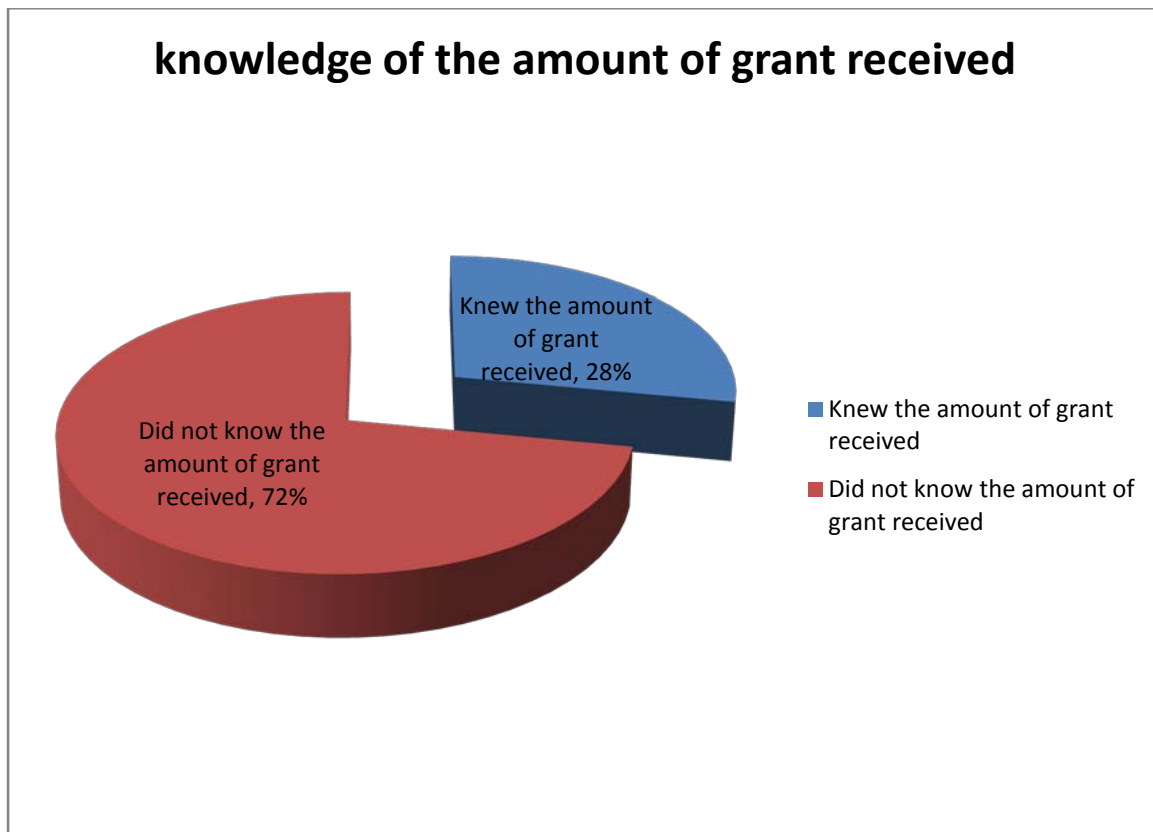


Chart 20 illustrates that 36 respondents, which is represented by 72% of the total sample did not know how much their caregivers get as grant. This means the caregivers were either not transparent enough to let the respondent know how much grant they receive or did not receive grant at all. According to the Social Assistance Act No. 59 of 1992, the grants that can be received by parents, primary caregivers or foster parents who are taking care of the orphans are Foster Care Grant and Care-Dependency Grant (Government Gazette, 2008: 10).

5.2.28 Distribution of respondents according to their knowledge of how the grant money is spent

This question was asked in order to find out whether the grant money received by caregivers was used to meet the needs of respondents.

Pie Chart 21

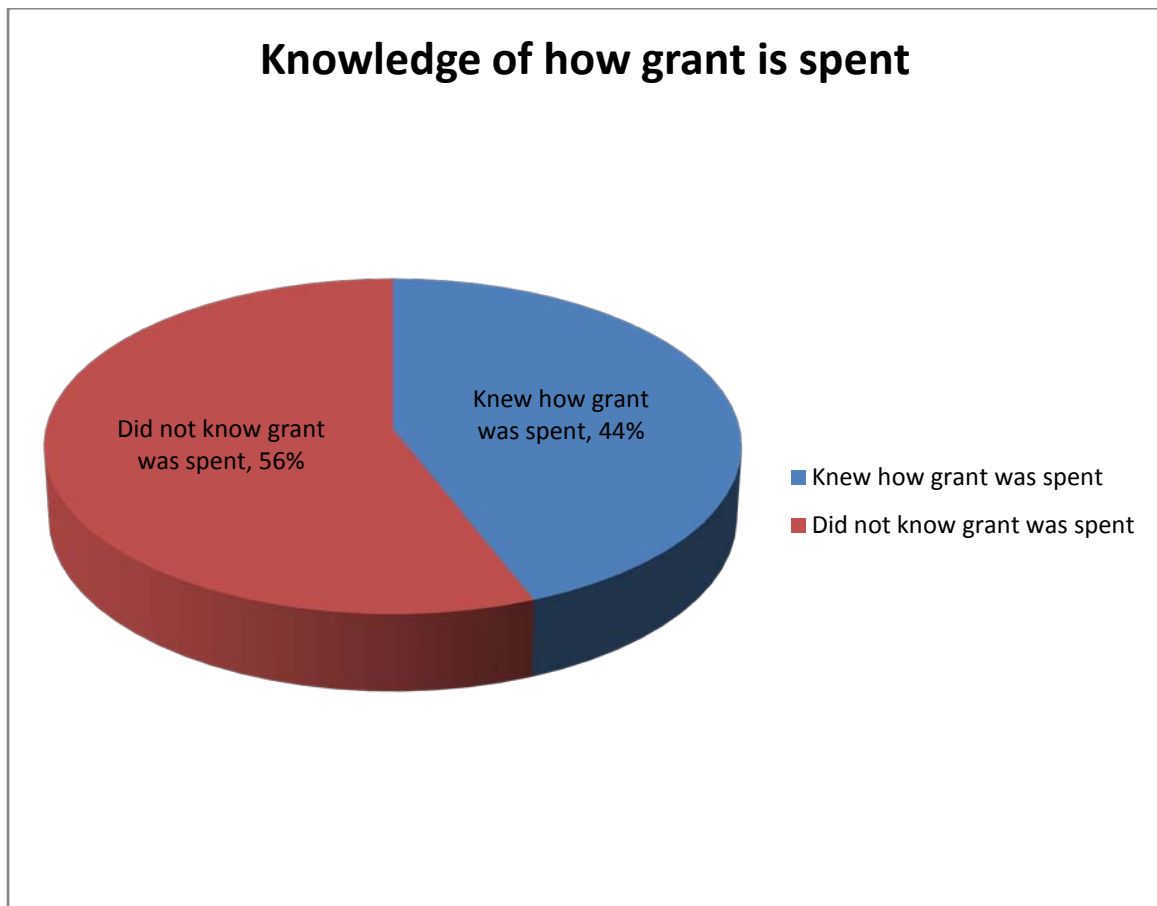


Chart 21 shows that 28 respondents, which is represented by 56% of the total sample did not know what the grant is used for. Again these findings indicate that the caregivers did not reveal to the respondents how they used the grant or they did not receive the grant at all.

SECTION D: ACADEMIC PERFORMANCE

This section was included in order to find out if the death of parents has any negative impact on the academic performance of respondents.

5.2.29 Distribution of respondents according to their absenteeism from school prior to the death of their parent/ parents.

This question was asked in order to find out if the school attendance of the respondents was disturbed by the sickness of the parent prior to death.

Pie Chart 22

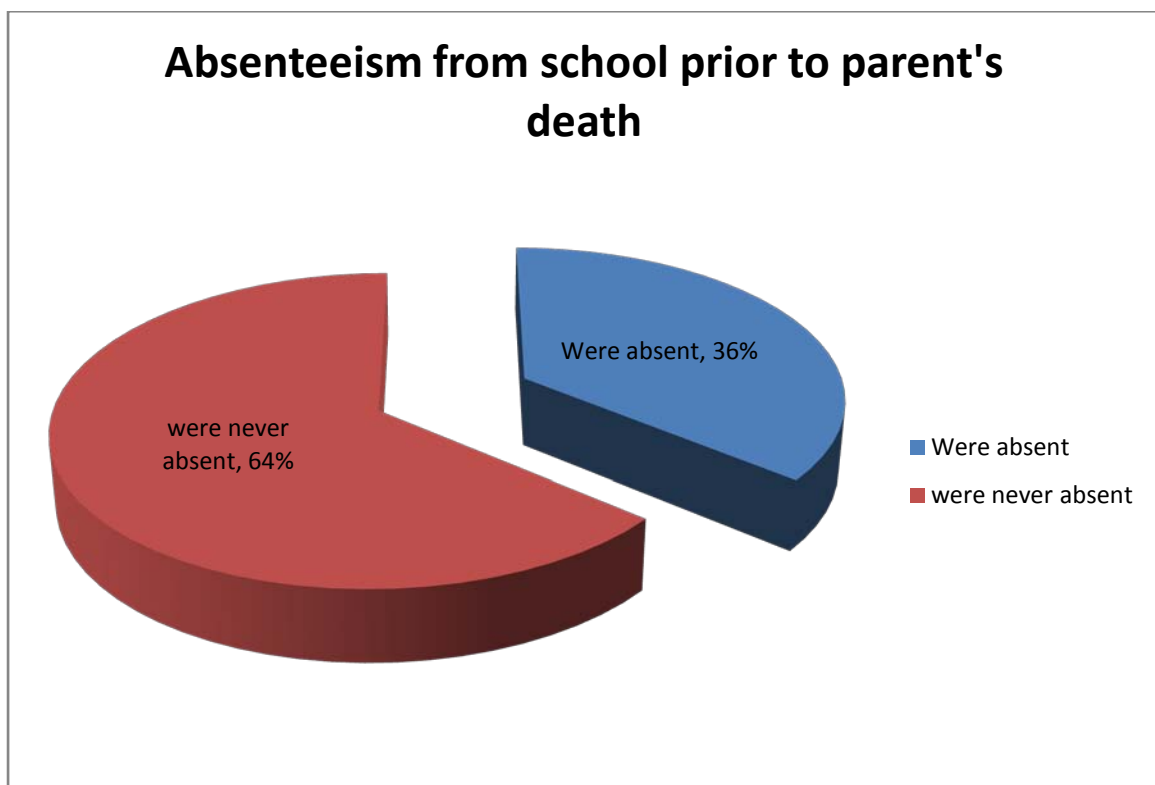


Chart 22 illustrates that 32 respondents, which is represented by 64% of the total sample had never been absent from school before the death of their parent/ parents. This means that the sickness of the parents prior to their death did not disturb most respondents because relatives were taking care of the ill parent or they were not staying with their ill parent or they were still too young to attend school. These results are not in line with the results of the study conducted by James Sengendo and Janet Nambi in Uganda which revealed that a majority of children had to drop out of school or be absent most of the time in order to take care of their

sick parents (www.cephed.org/cdrom/orphelins-sida2006/pdf/sengend1.pdf Accessed 23/ 03/ 2011).

5.2.30 Distribution of respondents according to their absenteeism after the death of their parent/ parents

This question was asked in order to find out if the death of parent/ parents brought about poverty such that there was not enough money for orphans to go back to school or they had a lot of responsibility taking care of their younger siblings such that they had no time to go to school.

Pie Chart 23

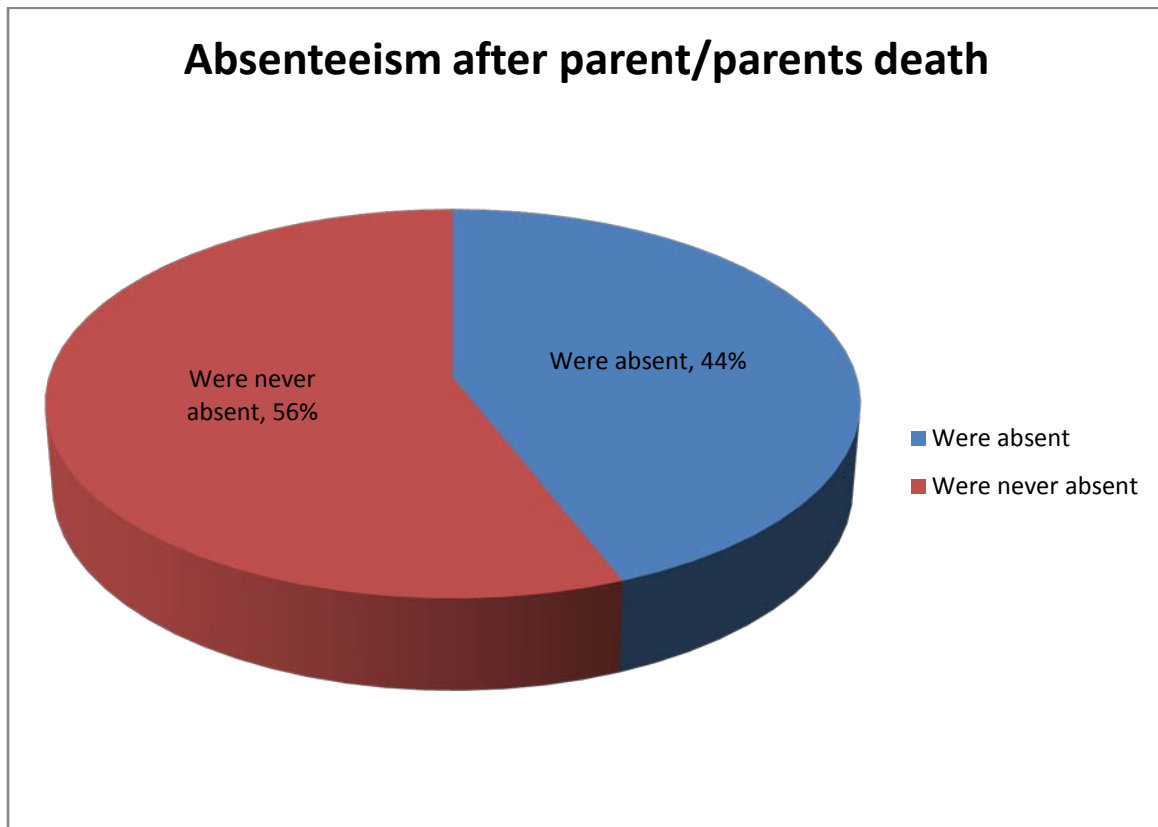


Chart 23 indicates that 28 respondents, which is represented by 56% of the total sample were never absent from school after the death of their parent/ parents. Again this is an indication that extended families absorbed orphans in their midst and did their best to make life to proceed as normal for the orphans. Even if financial resources were limited the extended family always tried to take orphans to school so that they could get education which would improve their lives. The results of a study conducted by DRA in Northern Province, KwaZulu Natal province and Mpumalanga province were not in line with the results of this study.

These results revealed that many orphans dropped out of school because of financial difficulties.

5.2.31 Distribution of respondents according to orphan's academic performance

This question was asked in order to find out if the respondent's academic performance decreased after the death of his or her parent/ parents.

Pie Chart 24

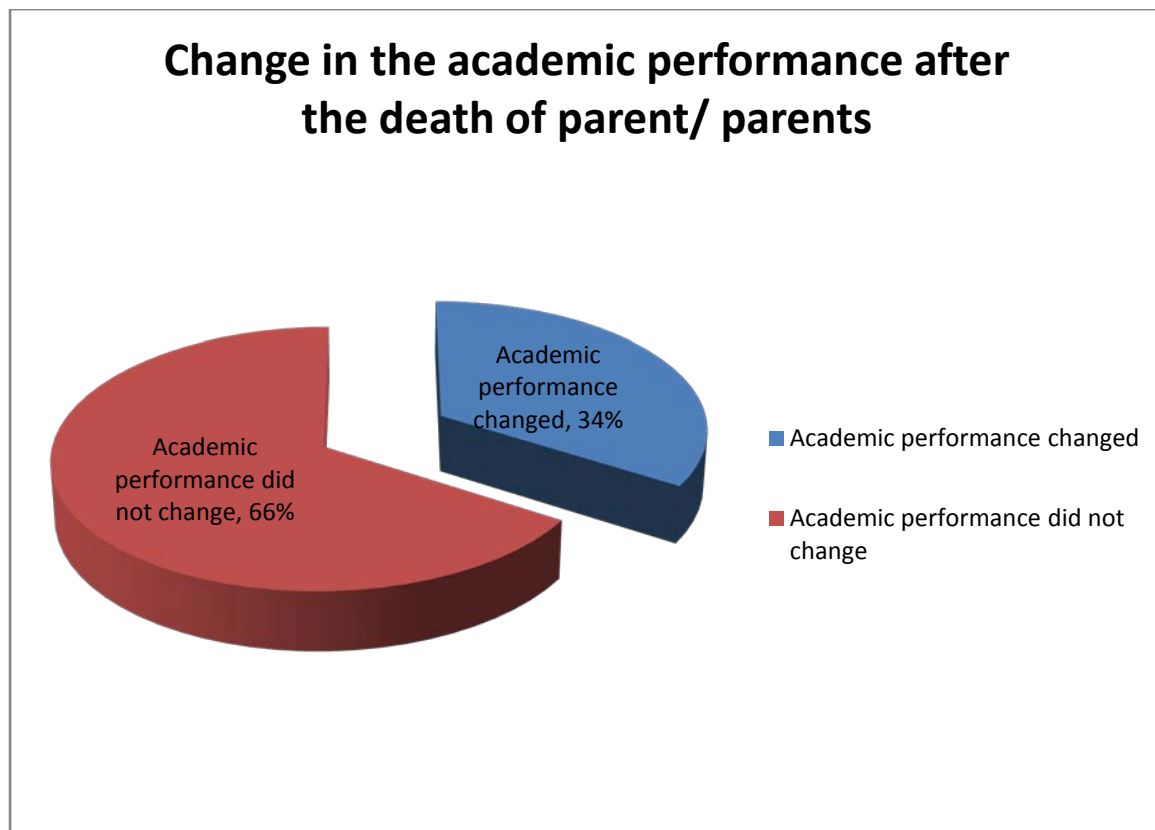


Chart 24 illustrates that 33 respondents, represented by 66% of the total sample were not affected by the death of their parent/ parents. This means that the majority of the respondents' academic performance was not affected by the death of the parent/ parents. The reason for this is that some respondents were still too young to attend school or they adjusted well to their present home because they already knew their caregivers as a result they were not disturbed. Contrary to these results are the results of a study conducted by DRA in Northern province, Mpumalanga province and KwaZulu Natal province revealed, after cross tabulating education by age, that many orphans lagged behind their education cohort, suggesting either late onset of education or high failure rates. According to Phiri and Tolfree in Foster et al

(2005: 76) the capacity to learn in orphans is decreased by poor nutrition and pain of the death of parent which might remain for a long time.

SECTION E: COMMUNITY INVOLVEMENT AND HOUSEHOLD RELATIONSHIPS

This section was included to find out how was the relationship between the respondent and the caregivers and if the community is involved in meeting the needs of orphans.

5.2.32 Distribution of respondents according to the assistance they received from any non-profit organisation

This question was asked in order to find out if there was any form of assistance that any Non – Profit Organisation offered to the subjects-in-question to meet their needs.

Pie Chart 25

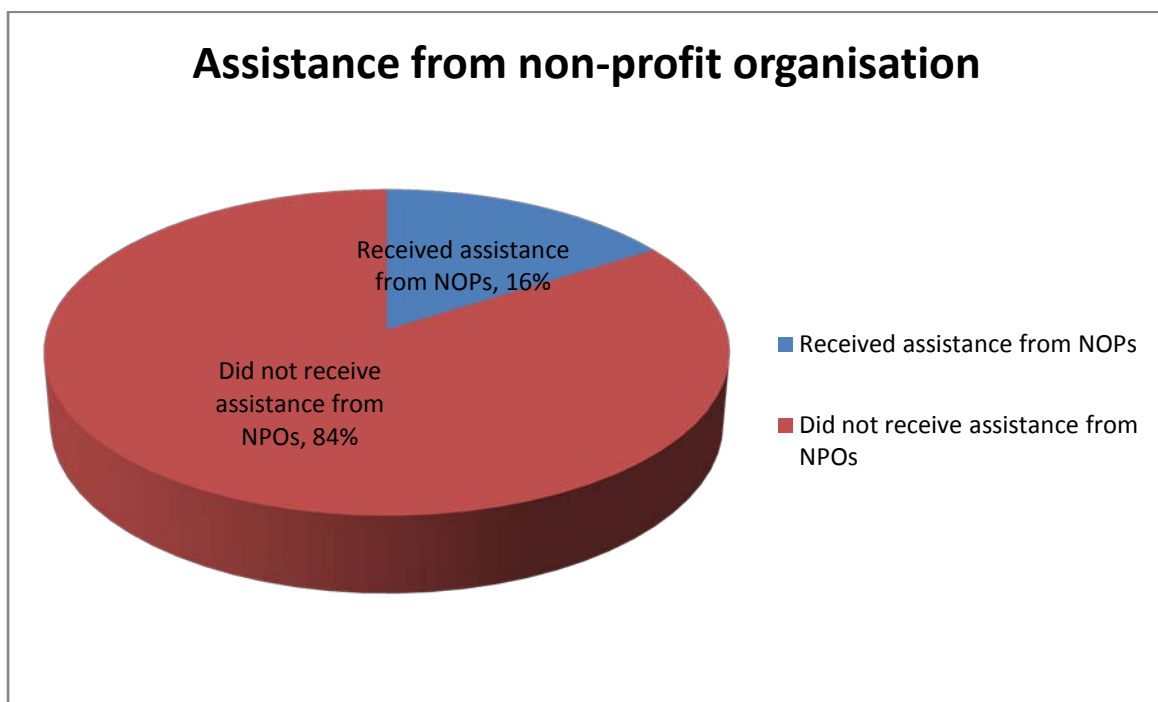


Chart 25 shows that 42 respondents, which is represented by 84% of the total did not receive any assistance from any non-profit organisation. This is an indication that the community was not mobilised enough to form non-profit organisations which would take care of orphans in Ulundi. As a result orphans who were struggling and living in grandparents' household found it hard to cope financially. There was no non-profit organisation that could help them with food, clothing and meet all their psychosocial needs. According to Phiri and Tolfree in

Foster et al (2005: 11) the family- and community-based strategies are child-centred and most effective means of responding to the scale of the orphan problem.

5.2.33 Distribution of respondents according to if the allocation of chores had changed for the respondent after the death of parents

This question was asked in order to find out if the responsibilities of respondents had changed or increased due to them taking their late parents' responsibilities or as a result of being ill-treated by their relatives.

Pie Chart 26

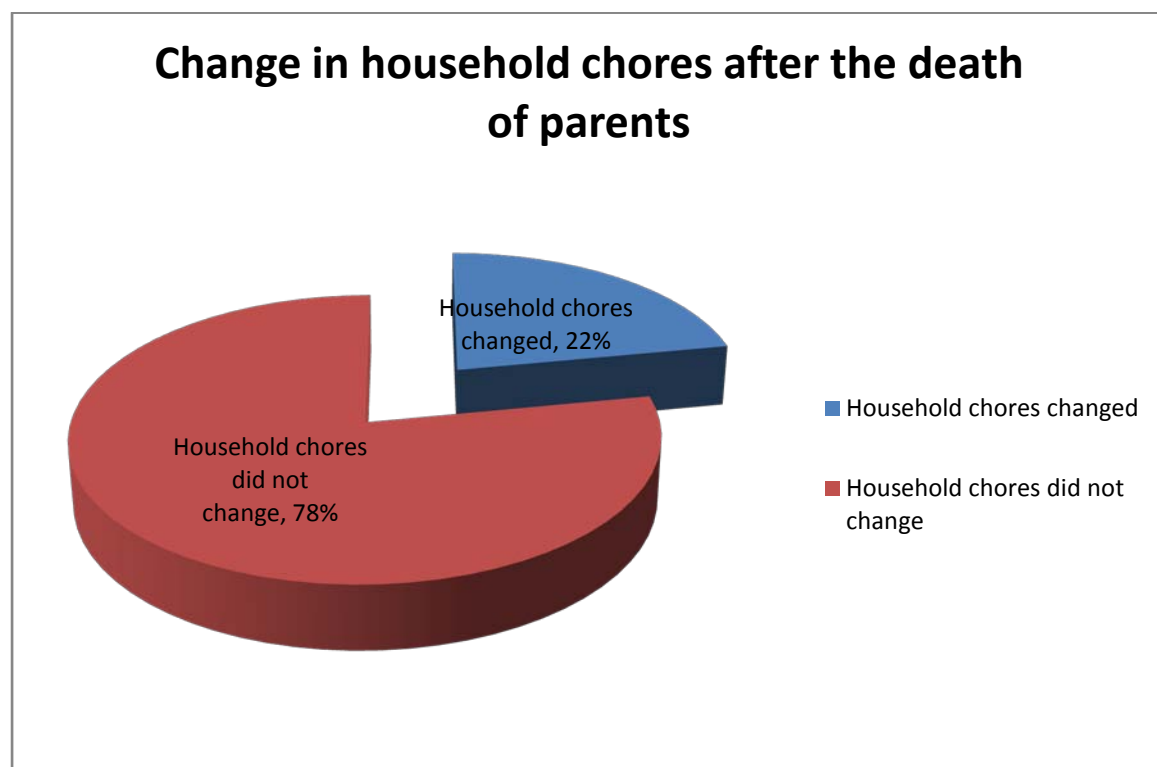


Chart 26 indicates that 39 respondents, which is represented by 78% of the total sample felt that their allocation of chores was fair. This means the majority of respondents' chores had not changed because they continued to live in the household which they were living in before the death of their parents/ parents and continued to do chores done before. This is an indication that most extended families were doing their best in taking good care of orphans. These results are contrary to the claim made by Van Dyk (2005:273) that children's roles changed as a result of the death of parents. The children took their parents' roles as they cared for their younger siblings.

5.2.34 Distribution of orphans according to their perception of the treatment they received in their households

The question was asked to find out if there was any discrimination in the household between the respondent whose parent/ parents have passed away and other children whose parents were still alive.

Pie Chart 27

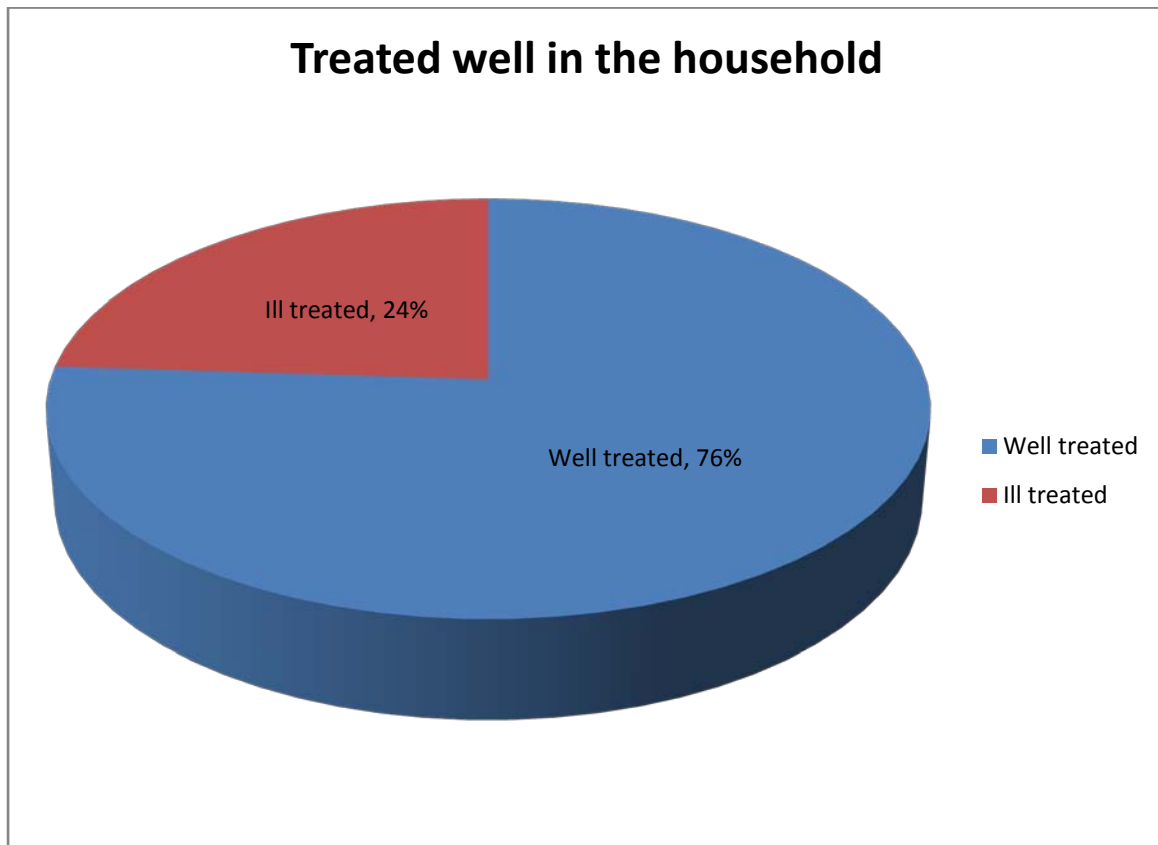


Chart 27 illustrates that 38 respondents, represented by 76% of the total sample perceived that they were treated like all other children in the household. This is an indication that most respondents felt accepted and treated well in the household they found themselves in. These results are in line with the results of a study conducted by the HSRC in Kopanong Municipality on the Free State province and Kanana Township in the North West province which revealed that the orphans had low levels of personal experience of stigmatisation. The orphans claimed that they were generally treated well by other children in the household, by their guardians and people in the community.

5.2.35 Distribution of respondents according to their perception of being loved by members of their households

This question was asked in order to find out how the respondents related with members of their household.

Pie chart 28

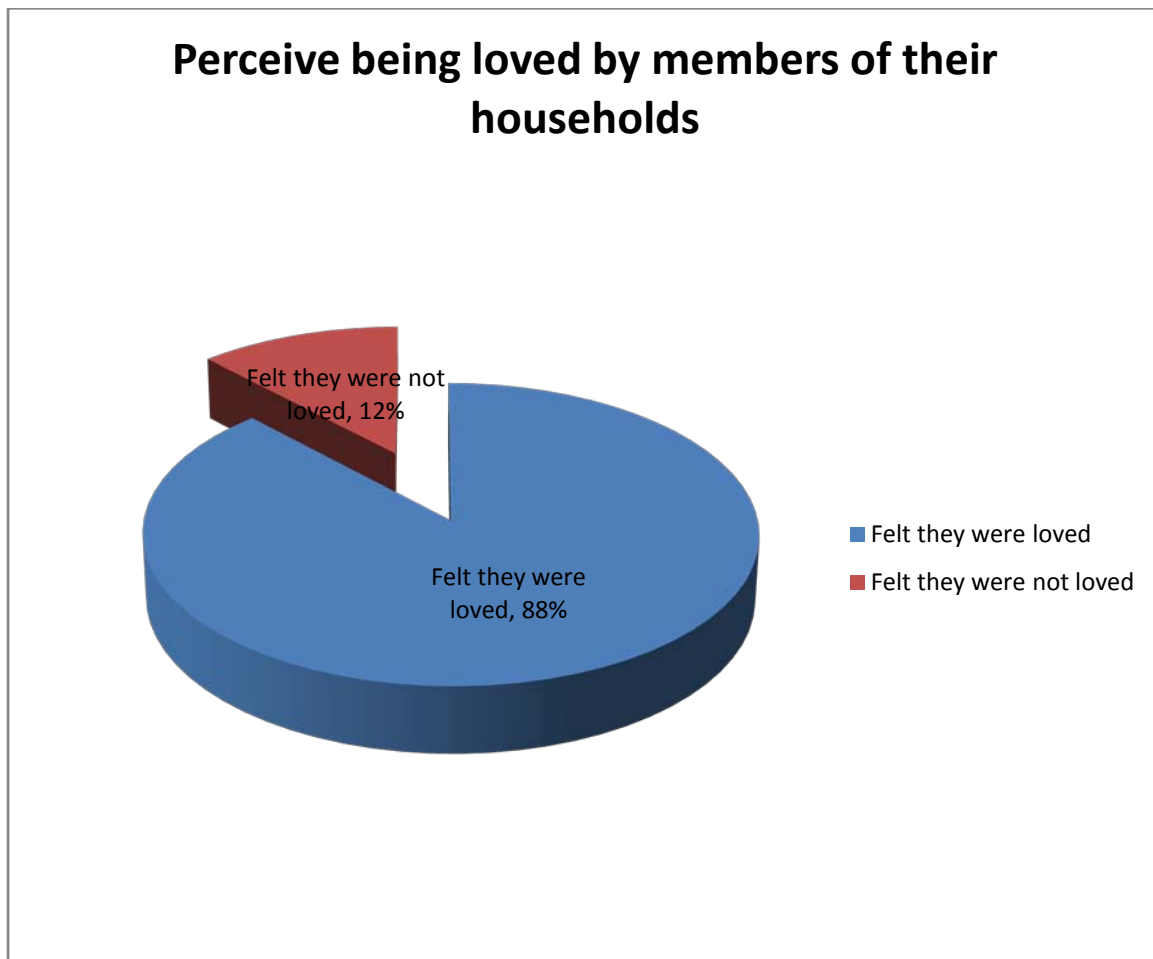


Chart 28 shows that 44 respondents, represented by 88% of the total sample perceived that they were loved by the members of their households. This means the majority of respondents felt that they were loved by member of their household. This was because most of the respondents lived with relatives mostly grandparents, maternal aunts and/or older siblings who had their best interest at heart. The respondents gave reasons that they were loved because caregiver tried by all means to provide for their needs.

5.2.36 Distribution of respondents according to their engagement in any activity perceived as unacceptable as a result of their circumstances.

This question was asked in order to find out if anger and grief that had not been dealt with had resulted in any antisocial behaviour.

Pie Chart 29

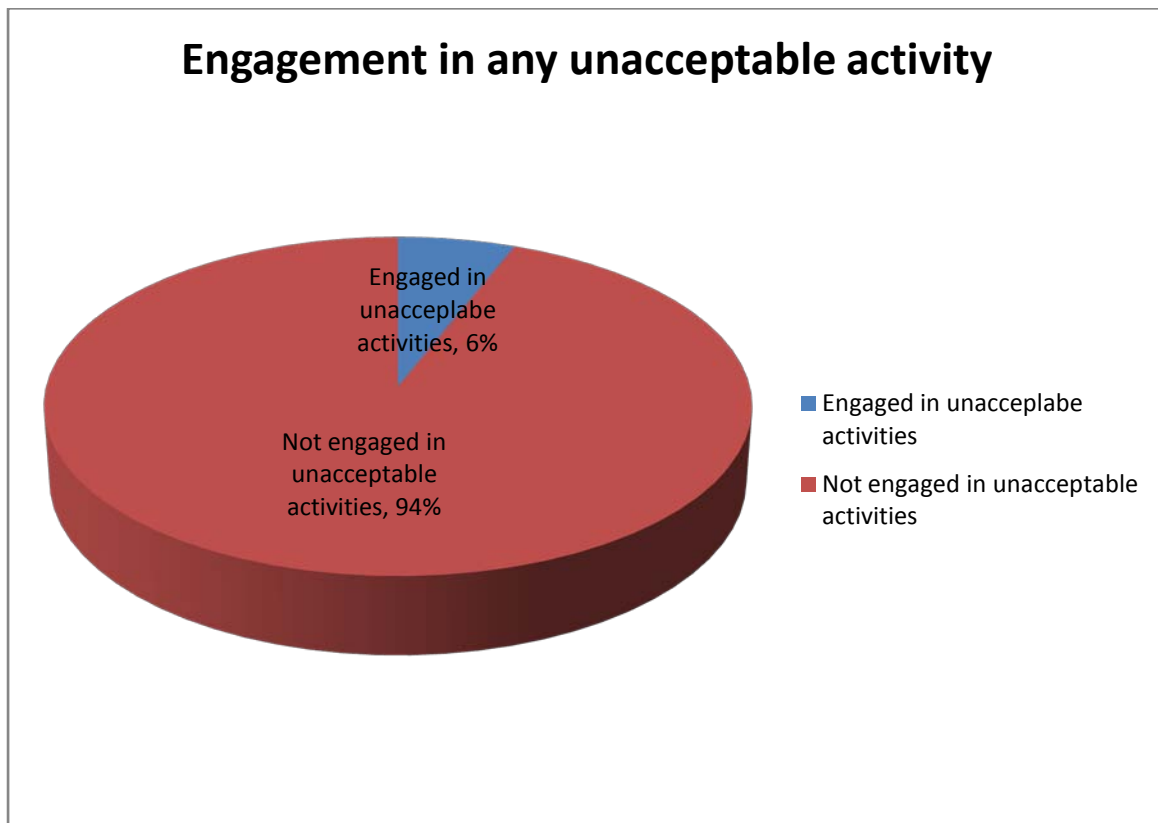


Chart 29 indicates that 47 respondents, represented by 94% of the total sample did not engage themselves in unacceptable activities because of their circumstances. This is a good indication that most respondents had not yet come to a point of behaving antisocially because of depression, poverty or grief. Fox and Parker in Singhal and Howard (2003: 119) stated that as a result of his or her loss a child might develop feelings of guilt and anger which later in life might lead to dangerous behaviour.

SECTION F: GENERAL QUESTION

5.2.37 General options

This question is an open-ended question that was included in order to capture any other information that might be helpful to better understand the circumstances of orphans.

Table 3

General options	Respondents	Percentage
Painful not to have parents	20	40
Struggling with needs	15	30
Well-treated by caregivers	11	22
Ill-treated by caregivers	4	8
Total	50	100

Table 3 illustrates that 20 respondents, represented by 40% of the total sample indicated that it was painful not to have parents. This is an indication that most orphans are still grieving the loss of their parents.

5.3 CONCLUSION

This chapter indicated that most orphans were well treated in their families. This is because there were mostly old members of the household among whom the respondents grew under. Mostly it was the members of the maternal families. The chapter also revealed that some respondents were still struggling to come to terms with the grief as they were still shedding tears during interviews. The next chapter will be Findings and discussion, conclusion, limitations and recommendations.

CHAPTER 6

FINDINGS AND DISCUSSIONS, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter focuses on discussing and summarising the findings of this research. Conclusions shall be made after the discussions of the on findings. From the conclusions made recommendations of how to improve the circumstances of orphans shall be suggested. The statement of the problem, objectives and hypothesis shall also be re-stated in order to find out if the research was able to achieve those objectives.

6.2 RE- STATEMENT OF THE PROBLEM

The researcher had stated that orphans in the Municipality of Ulundi are generally neglected. Despite receiving child support grant from the government, the orphans often look isolated, without proper physical care and counselling. This results in antisocial behaviour as a result of anger and grief which kept inside these children. Most of the orphans are left under the care of grandparents who are too old to take good care of them. Those grandparents, who have not reached the age that qualifies them to receive the social pension grant are struggling to make ends meet. The social grant received by foster parents is not enough to meet all the needs of the orphans. No other support is given to foster parents to help them raise the orphans. It also seems that there is little community involvement in issues that concern orphans.

6.3 RE-OBJECTIVES

These objectives that were considered to be relevant to the objectives of this research are:

- to establish causes of being orphaned in Ulundi Local Municipality;
- to discover the most prevalent type of orphanhood in South Africa;
- to ascertain the types of support given to orphans to reduce their vulnerability;
- to find out who takes the responsibility of caring for orphans;
- to understand the relationships orphans have with others in their environment and
- to find out if the death of parents affect the academic performance of orphans.

6.4 HYPOTHESIS

This was the hypothesis that was used to guide this research:

Orphans around Ulundi are not well taken care of by their next of kin as a result they live in poverty.

6.5 FINDINGS AND DISCUSSIONS

6.5.1 To establish causes of being orphaned in Ulundi Local Municipality

The findings of this objective revealed that a majority of respondents knew the cause of the death of their parents. This is shown by 45 respondents represented by 90% of the total sample in Pie Chart 11 of the total sample. The major cause of death of most parents of respondents is sickness. The most interesting thing was that out of all respondents whose parents died this way only one admitted that the mother died as a result of HIV/AIDS. The rest of the respondents said their parents were suffering from tuberculosis (TB), diarrhoea, were bedridden or were coughing. Others attributed symptoms similar to those of HIV/AIDS to witchcraft. According to Pillay (2003: 110) in most African countries HIV/AIDS diseases had a stigma attached to as a result most people would rather attribute symptoms of HIV/AIDS to being bewitched. In this study there is a high possibility that the majority of parents passed away as a result of HIV/AIDS but could not disclose their status to their children in order to protect them from being stigmatised. On the other hand the children themselves might be aware of their parents' status but for the same reason of stigmatisation decided to withhold that information from the researcher and from everyone else who asked them about the death of their parents. Another reason that made the researcher conclude that the major cause of orphanhood was the death of parents as a result of HIV/AIDS was that South Africa especially KwaZulu Natal, had been found to have high HIV/AIDS prevalence. According to The Children on the Brink 2004, the majority of orphans, are as a result of the death of parents who had HIV/AIDS (www.unicef.org/publicatio/index_222212.html Accessed 05/06/2011). Therefore it can be stated that the major cause of orphanhood was the sickness of parents due to HIV/AIDS.

6.5.2 To discover the most prevalent type of orphanhood in South Africa

The results of this objective revealed that the most common type of orphanhood was either maternal or paternal rather than double orphanhood. This is shown by 26 respondents who were maternal/paternal orphans represented by 52% of the total sample in Pie Chart 3. The reason for these results, the researcher believes, is that antiretroviral drugs are available to all

for free in easily accessible places like clinics and hospital. As a result, a number of people who die as a result of HIV/AIDS have decreased. These results were not in line with the Human Research Council findings that the HIV/AIDS pandemic had led to an increased number of double orphans whereby both partners died as a result of being sick after infecting each other with HIV/AIDS (www.hsrepress.ac.za/product.php?freedownload=1productid=2155 Accessed 05/06/2011). It should also be remarked that even though the results showed that the majority of orphans are maternal or paternal, the number of double orphans was also high. This is shown by 24 respondents represented by 48% of the total sample who were double orphans. This is also another indicator that HIV/AIDS was the major cause of death of parents of the respondents.

6.5.3 To ascertain the types of support given to orphans to reduce their vulnerability

This research objective discovered that around Ulundi Town the respondents were not exposed to any non-profit organisation (NPO) that could help them to meet their needs. This was shown by 42 respondents represented by 84% of the total sample on Pie Chart 25 who did not receive any help from any NPO. The 8 respondents represented by 16% of the total sample who indicated that they received help from NPO were living a little bit far from Ulundi Town. Even the latter received only breakfast before school and lunch after school and food parcels were given to their caregivers. From these results it can be deduced that there is little community involvement in the issues concerning orphans. Baumann and German in Foster et al (2005: 112) indicated that children and their families who received support from extended families and the community are likely to be resilient when faced with adversity. The reason of lack of involvement by the community could be that the community was not mobilised enough to arise and form NPO that would help meet the needs of orphans. In order to promote a reliable system of family based care it is important to strengthen the capacity of families and community by mobilising communities (Foster et al, 2005:11).

This research also showed that even those NPO that had been established a little away from Ulundi Town helped to meet only the physiological needs of orphans. It had neglected the need for grief counselling and building resilience. Yet the results of this research revealed that most orphans were exposed to trauma as they saw their parent suffering with illness and die. This is shown by 32 respondents represented by 64% of the total sample in Pie Chart 7. The results also reveal that most orphans were still grieving the loss of their parents. In Bar Graph 5 it is revealed that 26 respondents represented by 52% of the total sample had parents

who died 1 to 5 years before this research was conducted and yet in Pie Chart 11 it is shown that 42 respondents represented by 84% of the total sample were still grieving the loss of their parents. Again under a general question in Table 3 about 20 respondents represented by 40% of the total sample indicated that it was painful not to have parents. This indicates that the majority of respondents had not yet dealt with the grief of the loss of their parents, even those whose parents had died many years before this research. Most of these children demonstrated that they were still grieving by weeping during the interview. Pie Chart 14 also shows that 30 respondents represented by 60% of the total sample did not receive grief counselling. Even the 20 respondents represented by 40% of the total sample who indicated that they received counselling the researcher noticed that that counselling was informal and was given by neighbours, church members and by extended family members in order to comfort them during the mourning period. It was not formally designed to help these children deal with grief and build resilience. Again in Pie Chart 9, 40 respondents who represent 80% of the total sample had parents who did not indicate the possibility of dying even though some of them knew they were not going to survive their illness. This deprived the children of a chance of saying their last goodbyes which was going to build their resilience. Building resilience is important because it leads to ability to adapt despite the challenging and threatening circumstances (Foster, 2005: 107). According to Bauman and German in Foster et al (2005: 115) the death of parents in childhood has been shown to be a risk factor for depression in adulthood. As a result there is a need for programs to help children to cope with their grief and develop resilience. The hypothesis stated in the beginning of this report was, on one hand, proven wrong in that physically most orphans seemed to be well-taken care of even though there were some whose needs were not met. On the other hand orphans' emotional needs were not met since most of them were still grieving the loss of their parents.

In supporting the orphans to reduce their vulnerability the government of South Africa offers social grants which include Foster Care Grant and Care Dependency Grant to foster parents. This research revealed that 26 respondents represented by 52% of the total sample as seen in Pie Chart 19 did not receive government grants. The reason given by most respondents was: the grant had been discontinued, caregivers were employed and did not worry about the grant, others were still in the process of applying for the grants, some were unsuccessful in applying for grants because they did not have all the necessary documents. There was one instance of corruption whereby receiving a grant was discontinued because someone else not known to the respondent and the caregiver was receiving the grant. This is an indication that accessing

grant was still a problem. It is also worth mentioning that the process of applying for grants is too long. In response to how much grant was received by caregivers 36 respondents represented by 72% of the total sample in Pie Chart 20 indicated that they knew the amount received. From their answers it was deduced that the caregivers got either the Foster Care Grant or the Child Support Grant and there was no indication of a Care Dependency Grant. This indicates that in addition to a problem of accessing government grants, caregivers did not have enough knowledge of grants they were eligible for such as the Care dependency Grant.

6.5.4 To find out who takes the responsibility of caring for orphans

The results of this research revealed that the majority of orphans were taken care of by grandparents. This is shown by 19 respondents represented by 38% of the total sample in Bar Graph 4. These results show that extended families still take the responsibility of taking care of their orphans. This research also found that 43 respondents represented by 86% of the total sample in Pie Chart 2 had brothers and sisters. In Bar Graph 2 it is indicated that 25 respondents represented by 50% of the total sample lived in household which had 1-4 children. The other half was made out of children who lived in households with 5 children and above. This indicate that most respondents lived in large extended families and possibly with their siblings. This means there were very few cases of separation anxiety. Which is caused by being separated from their siblings as relatives divide the children of their deceased among themselves. Van Dyk (2005: 347) stated that after the death of parents children were faced with multiple losses which included separation from siblings. Separation anxiety complicates the grieving process.

6.5.5 To understand relationships orphans have with others in their environment

This research revealed that most orphans felt that they were treated well by their siblings and there was no discrimination. This is shown by 38 respondents represented by 76% of the total sample in Pie Chart 27. Also in Pie Chart 28 respondents who were 44 represented by 88% of the total sample indicated that they felt loved by their caregivers and members of the household. It is expected for most respondents would feel this way because most of them lived with grandparents who love grandchildren without discrimination. This is supported by Guest (2003: 25) who stated that most orphans who live with grandmothers were reported to be happy because grandparent love and treat all grandchildren equally. A study conducted by Oleke et al also revealed that orphans were taken good care of in their grandparents' home and the relationship among the family members in the household were good. This study also

revealed that grandparents were compassionate and less discriminating than the other categories of carer (www.chd.sagepub.com/content/13/2/267.full Accessed 24/03/2011). Another reason for the respondents' perception of being treated well in their households is that most still lived in the households in which they lived before the parents died. The researcher noticed that most of the respondents' deceased parents were single parents and lived with their mothers (grandmother) in their mothers' house. After their death the respondents continued to live in these households. There was little adjustment the respondents had to make. As evidence that these children lived in favourable conditions a majority of them were not involved in any unacceptable activities like stealing in order to cope with their conditions. This was shown by 47 respondents represented by 94% of the total sample in Pie Chart 29 who were not involved in any unacceptable activities.

6.5.6 To find out if the death of parents affect the academic performance of orphans.

The result of this study showed that a majority of respondents' academic performance did not change after the death of their parents. This is shown by 33 respondents represented by 66% of the total sample in Pie Chart 24. This can be attributed to the favourable conditions of most respondents as they felt loved and treated well by their caregivers. These results can also be attributed to the fact that few respondents were absent from school after the death of their parents. They did not miss their school days. This is shown by 28 respondents represented by 56% of the total sample in Pie Chart 23. This shows that extended families especially caregivers were very supportive of the respondents such that their school attendance time was not disturbed. Even those who were disturbed only missed 1 to 5 days before the funeral of the parents because these days are regarded as mourning days in most households. During this period children are not allowed to go to school. Another reason for the academic performance not to be disturbed is that most of them were still too young when their parents died and did not understand even the concept of death. Others were not living with their parents during their sickness and their death.

According to Van Dyk (2005: 273), children who became orphans had to drop out of school because of lack of funds. This research discovered that some caregivers and breadwinners in the households where orphans lived were employed as a result most of the respondents had their basic needs met including those of education. This is shown by 28 respondents represented by 56% of the total sample in Table 1 whose families had fulltime status. Also in Pie Chart 18 there were 25 respondents represented by 50% of the total sample who had

caregivers who were not employed. The researcher concluded that the reason most caregivers were working is that this research was conducted around Ulundi Town where people were employed by government, businesses around town and as domestic workers. This is the reason most respondents said that their basic needs were met as is reflected by 32 respondents represented by 64% of the total sample in Pie Chart 16. It can also be confirmed that those caregivers who are not working depended on social grants in order to survive and take the orphans to school. This research also revealed that a majority of children knew how the grant is spent which is on food, clothing and some indicated that the caregivers deposit some amount into their bank accounts. This argument is justified by 28 respondents represented by 56% of the total sample in Pie Chart 21 who indicated that they knew how the grant is spent as it has been indicated above. This provides enough explanation of why the respondents' academic performance was not disturbed after the death of the parents. Even though the number of respondents who indicated that their caregivers were working and they have all their basic needs met, it should be noted that a significant number of respondents still lived in poverty as their caregivers and breadwinners in their households were not working as a result their basic needs were not met. These respondents, together with many orphans not included in this study, still need help from NPOs or government.

6.6 CONCLUSION

In conclusion, this study revealed that most orphans around Ulundi Town were living with grandparents. As a result they felt loved and treated well by their caregivers without being discriminated against, with the exception of a few. This research also found that most orphans lived in households where breadwinners were employed fulltime. This benefited the orphans in that their basic needs were met. The findings in this study also revealed that the orphans received support from the extended families as a result their academic performance and school attendance was not disturbed as the result of the death of parents. On the other hand this research revealed that most orphans were still grieving the loss of their parents and there were no NPOs that include grief counselling in their programmes. It was also discovered that most orphans had caregivers who were not receiving the grants they were eligible for because they did not have all the documents needed and the government system is slow.

6.7 LIMITATION

- The research was conducted around Ulundi Town where most orphans lived in households who have caregivers and breadwinners who were employed as stated before. The researcher could not conduct an extensive study that included a wider area of the rural places around Ulundi Local Municipality as she wished because of financial constraints. At the same time such an extensive research was going to yield enough information that would contribute to a better understanding of the orphan situation.
- This research dealt with very sensitive and painful issues of the passing away of parents. As a result the questions asked to respondents, even though the researcher tried to be tactful, caused many to weep. This hindered the smooth process of probing for more information as it was obvious that they were still carrying so much pain and grief which had not been dealt with.
- This research was directed to orphans only. A better understanding of the situation of orphans could have been reached if their caregivers were interviewed as well.
- As a result of the fear of stigmatisation, respondents were not very open when it came to disclosing the nature of sickness the parent had prior to his/her death. Only one respondent was honest that the mother passed away as a result of HIV/AIDS.

6.8 RECOMMENDATIONS

- Local governments should make it their responsibilities to have a component that will have community workers who will effectively mobilise communities to form NPOs that will focus on meeting the needs of orphans.
- NPOs for orphans should embark on a holistic approach when dealing with orphans. They should go beyond meeting the physical needs of orphans but should also focus on emotional and spiritual needs. This means workers and volunteers in these NPOs should be trained in grief counselling and in methods that increase resilience in orphans. This means these NPOs should specialise in psychosocial counselling. Religious counselling should also be included in order to meet the spiritual needs of orphans.

- There is also a need for income generation projects especially among those households with orphans who do not have fulltime employment and who depend totally on social grant. These income generating projects can be organised by the NPOs. These may include planting and selling vegetables, craft and beadwork. Community workers can also organise these people form co-operatives and be helped in establishing their own businesses with the funds set aside for this purpose by government.
- There is also a need to help caregivers to access government grants. This can be done through educating them about the type of grants available which include Foster Care Grant and Child Dependency Grant and how to access them. Caregivers should also be helped through the process of applying for these grants, and in obtaining the documents they do not have like Birth and Death Certificates and Identity Documents.
- It is also recommended that the next researcher, when conducting a similar study, should include caregivers in the sample and cover a wider area which includes the rural places of Ulundi Local Municipality.

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ANNEXURE A**QUESTIONNAIRE****SECTION A: DEMOGRAPHIC DATA**

1. What is your gender?

Female	
Male	

2. How old are you? _____

3. Do you have brothers and sisters?

Y	
N	

Explain your relationship: _____

4. How many are you at home?

1-4	
5-7	
8 and above	

5. How old is the oldest sibling? _____

6. Whom do you live with?

Sister/ Brother	
Uncle/ Aunt	
Grandparents	
Surviving parent	
Other	

7. Are both of your parents dead?

Y	
N	

8. Do you know the cause of the death of your parent?

Y	
N	

If yes, explain _____

9. Do you take care of your siblings like your parent would do?

Y	
N	

Explain: _____

10. What is your family's form of income?

Full-time job	
Part-time job	
Other	

11. What assets did your parent own prior to death?

House	
Car	
Live stock	
Other	

12. Do you live in a house you and your siblings inherited from your parent?

Y	
N	

Explain: _____

13. While your parent was sick, did you stay together with him or her?

Y	
N	

Explain: _____

14. Did your sick parent disclose the nature of his/her illness?

Y	
N	

Explain:

15. Did your parent indicate any possibility of not surviving from the illness?

Y	
N	

Explain:

SECTION B: GRIEF COUNSELLING

16. Do you recall any feeling you had when your parent died?

Y	
N	

Explain:

17. For how long has your parent died? _____

18. Do you still grieve for your deceased parent?

Y	
N	

Explain:

19. After the death of your parent were you allowed to talk about his/her death?

Y	
N	

Explain: _____

20. Have you ever voluntarily spoken to someone about the death of your parent?

Y	
N	

Explain: _____

21. After the death of your parent did you get any counselling that helped you to grieve for his/her death?

Y	
N	

Explain: _____

22. What basic needs did your parent provide you prior to their passing on?

Food	
Clothing	
Education	
Other	

23. After the death of your parent do you still get everything you need?

Y	
N	

Explain: _____

SECTION C: SOCIAL SECURITY

24. Do you have any caregiver?

Y	
N	

Explain: _____

25. Is your caregiver employed?

Y	
N	

Explain: _____

26. Does your caregiver receive any government grant for you and your sibling's welfare?

Y	
N	

27. Do you know how much grant she gets from the Government?

Y	
N	

Explain: _____

28. Do you know what your caregiver does with the grant?

Y	
N	

Explain: _____

SECTION D: ACADEMIC PERFORMANCE

29. Before the death of your parent were you ever absent from school?

Y	
N	

Explain: _____

30. After the death of your parent have you ever been absent at school?

Y	
N	

Explain: _____

31. Do you feel as if the death of your parent has affected your academic performance?

Y	
N	

Explain: _____

SECTION E: COMMUNITY INVOLVEMENT AND HOUSEHOLD RELATIONSHIPS

32. Do you receive assistance from any non-profit organisation that helps orphans in your area?

Y	
N	

If yes, explain:

33. Have your household chores changed after the death of your parent?

Y	
N	

Explain: _____

34. Do you feel you are treated the same way with other children who still have their parents in your household?

Y	
N	

Explain: _____

35. Do you feel you are loved by the people you live with?

Y	
N	

Explain: _____

36. Are there any activities that you know are incorrect but your circumstances force you to engage in them?

Y	
N	

Explain: _____

SECTION F: GENERAL QUESTION

37. In general what is it that you would like to say which you think is important about your orphanhood?

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

THANK YOU!

ANNEXURE B

P. O. Box 7607

ULUNDI

3838

DATE: 25 July 2011

To Whom It May Concern:

REQUEST FOR INFORMED CONSENT: MISS Z. T. CHAMANE:

STUDENT NUMBER 19900450.

1. The above mentioned subject refers.
2. I am a Community Development Master's Student from the University of Zululand and kindly request for your informed consent in order for you to be one of my subjects for the study "***A DESCRIPTIVE SURVEY BASED ON CIRCUMSTANCES SURROUNDING ORPHANS IN ULUNDI.***"
3. Please be assured that all the information provided will be kept under confidential measures.

Your cooperation in this regard will be highly appreciated.

Thank you in advance for your cooperation.

Z. T. CHAMANE (MISS)

RESEARCH STUDENT

.....

RESPONDENT'S SIGNATURE