

**An after-math of HIV/AIDS on Orphaned and Vulnerable Children  
(OVCs): experiences and well-being of Thalaneni OVCs, Nkandla in  
KwaZulu-Natal**

**BY**

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## DECLARATION

I, Angel Thandeka Mhlungu, hereby declare that the study on “**An after-math of HIV/AIDS** on Orphaned and Vulnerable Children (OVCs): experiences and well-being of Thalaneni OVCs, Nkandla in KwaZulu-Natal” is my original work in partial fulfilment of the Masters in Social Work at the University of Zululand.

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A.T MHLUNGU

## **DEDICATION**

I dedicate this work to my family for your undying love, support and guidance in everything that I do. I appreciate all the help you offered me during this project and ensuring that I have everything I need to be able to go on. I am greatly indebted to you for the love and care that you show me every day. I would further like to dedicate this work to all those that participated in the study, particularly the orphaned and vulnerable children and their families, without you this work would not have been a success. To all the OVCs throughout the world, may you continue to have the resilience and spirit of keeping on during these trying times of your early years. May God continue sustaining you and bless you with caregivers that will love and care for you as their own children.

## **ACKNOWLEDGEMENTS**

Jesus, you are the centre of it all. This project would not have been a success if you were not with me. I would like to express my sincere gratitude to my supervisors Prof. Unathi Kolanisi and Mr Thembinkosi Henna for your patience and professional guidance throughout this study. I will never forget the impact you had in this study and for having faith in my abilities. You came at a time when I needed you most, I just did not know it. To my former supervisor Prof. N.H. Ntombela, thank you for your time and guidance during the time we spent together. I would also like to thank the orphaned and vulnerable children from Thalaneni area for their participation in making my work a success and achievable. Thank you to the staff at Thembaletu for your support. I would like to acknowledge the love and support I receive from my family for your patience throughout my academic journey. Your prayers carried and sustained me. From the bottom of my heart, I would like to pass my sincere gratitude to my partner, the man that pushes me to exceed limits and achieve all my dreams Mr Ntokozo Chamane, your constant support and wisdom are greatly appreciated. To my adorable son Alondwe Chamane, thank you for being my every day motivation. Mommy is sorry for missing some of the important parts of your life because of this project. You shall reach far greater altitudes than me. I will be forever grateful to everyone that took part in this daunting yet very fulfilling journey.

***“For I know the plans I have for you,” declares the LORD, “plans to prosper you and not to harm you, plans to give you hope and a future”.***

***Jeremiah 29:11***

## **ABSTRACT**

Parental loss has a devastating effect on the lives of the orphaned children as it brings about many changes and difficulties in different areas of a child's life. The children face difficulties educationally, socially, financially and psychologically when they experience such loss. The impact of parental loss can be traced to many conducts or behavioural problems that children manifest later in life. The essence of the study was to explore the after-math that orphaned children face once the parents are deceased and what impact it has had on them in their continuation of life within the boundaries mentioned above (educationally, socially, financially, and psychologically). The significance of the study was to provide an improved understanding of the current state of the orphaned children in their new places of care post parental loss given the assistance that they receive from the government (monetary grants) and civil society including international donors to mend their situation. The researcher's focus was on uncovering the re-arrangement of the orphan's lifestyle holistically after a parental loss and how it has negatively affected them. To attain the research aim, a qualitative research method was employed and an exploratory research design was followed. Unstructured interviews were used to collect data having an interview schedule as a guide for question flow and for the purposes of employing neutral probing should the need arise. 10 participants, five females and five males were purposively selected to participate in the study. The participants were orphaned children who receive support from a local Community Based Organization (CBO) called Thembaletu, which is located in Thalaneni area.

The data analysis of the study discovered that orphaned children do face different distresses after the death of their parents and effects are deeper. Educationally the children have been affected as they have had to relocate to the new places of care, leaving the schools they attended and adapt to the new school coupled with the loss that has been experienced. This has yielded in orphaned children's poor academic performance in school. Socially the children have taken a strain as it was reported that the decision of who assumes care for them never lies with them and they end up in the care of a person whom they rarely knew. As many orphaned children are recipients of the social assistance in the form of foster care grant and child support grant, the decision about the use of their grant money has also lied with their caregivers and

ultimately benefited other people who are in the household due to the overwhelming number of people that need to be cared for. Psychosocial support has been seen to be the greatest need by the orphaned children as it was reported that they face psychosocial distresses due to not receiving thorough counselling regarding the loss that they have experienced. Other children have been compelled to move on with life without grieving properly for their parents and they have suffered the effects of lack of bereavement support.

Upon the realization of these challenges, the researcher, therefore, recommended that close supervision of the cases of foster care be implemented by social service practitioners in the government and non-governmental sector in order to follow-up and make progress with placements and be kept abreast of these challenges. Parenting skills are also seen to be needed by the relatives that assume care for the orphaned children so as to improve the standard of living amongst the orphaned children and the new caregiver.

## LIST OF ACRONYMS

Acquired Immune Deficiency Syndrome	- AIDS
Action for the rights of children	- ARC
Adolescent Girls and Young Women	- AGYW
Bantwana Schools Integrated Programme	- BSIP
Basic Education Assistant Module	- BEAM
Biomedical Research and Training Institution	- BRTI
Child and Youth Care Work	- CYCW
Community Based Organisations	- CBO
Development Research Africa	- DRA
Family Aids Caring Trust	- FACT
Home and Community Based Care	- HCBC
Human Science Research Council	- HSRC
International General Certificate of Secondary Education	- IGSE
National Association of Child Care Workers	- NACCW
National Development Plan	- NDP
National Religious Association for Social Development	- NRASD
Networking hiv/aids community of South Africa	- NACOSA
Non-Governmental Organisations	- NGO
Operation Sukuma Sakhe	- OSS
Orphaned and Vulnerable Children	- OVC
People Living with HIV	- PLWHIV
President's Emergency Plan for AIDS Relief	- PEPFAR
Primary Health Care	- PHC
The Human Immune Virus	- HIV
The Joint United Nations Programme on HIV/AIDS	- UNAIDS
United Nations International Children's Education Fund	- UNICEF
Voluntary Medical Male Circumcision	- VMMC

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## **CHAPTER 1: ORIENTATION OF THE STUDY**

### **1.1 INTRODUCTION**

The Human Immune Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) epidemic has caused major social challenges in South Africa and has changed societies and communities in ways that are difficult to comprehend. Most recent topical studies on HIV/AIDS are reporting a commendable progress made towards finding a cure. Unfortunately, the social well-being aspects of the HIV/AIDS affected in particular children often take a back seat or one could say they are underestimated. Infected parents either die or they get on treatment. Children continue being exposed to circumstances that are beyond their understanding as HIV/AIDS still carries stigmatisation and thus introduces some form of discrimination and marginalisation.

According to South African Statistics (2013), the rise in the number of OVCs in South Africa has been directly attributed to the increasing amount of death caused by the HIV/AIDS epidemic. There have been significant interventions by government, international organizations, religious bodies and non-governmental organisations to try and mend the hardships that HIV/AIDS orphaned children experience. Despite these interventions, many children are still orphaned by this pandemic and are undergoing appalling experiences such as emotional burdens, rearrangements of their lives, poverty and having no one to depend on as a result of lack of stable financial support even though they are recipients of government grants (Mnisi & Botha, 2016). As post parental death infers deleterious economic consequences for children, the South African government, in attempt to counteract this unfortunate scenario, has been offering social assistance grants for OVCs but the money rarely takes care of the needs of the OVCs. In this study, the researcher pursues to explore the experiences of the HIV/AIDS orphaned children as the aftermath of losing parents due to HIV/AIDS. The researcher also focuses on the well-being of these children and how they cope just after they lose the parents and how they transcend their ongoing life challenges. State departments have the mandate to provide supportive services to the OVC's (discussed in chapter 2), however, there seems to be a gap in terms of implementation of their mandated services towards the OVCs. The study seeks to make

recommendations to emphasize the importance of a holistic service towards these children and how it can benefit them.

## **1.2 PROBLEM STATEMENT**

It is the immediate resolution and common practice amongst most families that when parents die, children are taken to live with their extended family members. This resolution is usually taken without any counselling sessions to prepare the child to make peace with the new realities in their lives (Phekani, 2013). The effects of the changing environments to children are often overlooked and they could lead to anxiety, depression and loss of friends or family connections and other social relationships that they could have built. As the family structure and environment changes, it imposes a great deal of discomfort on a young person. This is affirmed by Li (2009), that through an informal foster care arrangement, children who have been orphaned are often taken in by relatives. The author states that during that process, siblings are often separated and incorporated into different households and thus the separation of siblings could increase the psychological and emotional stress children are already going through after the death of their parents (Li, 2009). In a study by Tanga (2013) the participants conceded that separation brought psychological stress to the orphans who did not usually know how well their siblings were doing with other relatives, especially if they were not allowed or did not have the means to visit each other (Tanga, 2013). Unfortunately, it is often taken for granted that the child will adjust, it is a societal expectation imposed on children to forget and move on. Literature reports that most often taking children to extend families becomes a complex challenging solution especially for children due to the loss of affection from their birth parents, reduced levels of care, stigma and implications that are psychosocial of repeated personal and material losses that they end up experiencing (Karim & Karim, 2005; Li, 2009; Dzimiri, 2014). According to Ndinga-Muvumba & Pharoah (2008), instead of a child finding a loving and caring environment the child becomes exposed and vulnerable to poverty. In some extended families, children become exposed to abuse with a string of knock-on consequences (Karim & Karim, 2005). Children suffer because they are an additional economic burden thus be blamed for worsening the situation especially when the family struggles to make the ends meet.

Foster et al. (2005), further brought forth that the psychosocial problems in children are brought by the death of parents and they are the most devastating and powerful risk factors to their growth. Breckenridge et al. (2017), in their study, found that the children that displayed more emotional stress were the children whose parents' death was known to be from AIDS or believed to be AIDS-related compared to children whose parents had died from non-AIDS-related causes. Children who have experienced a parent's death have experience symptoms of depression, anxiety, and withdrawal and have twice the rate of psychiatric disorder and more (Mthiyane, 2015). Their school performance declines almost immediately after the incidence, and there is a noticed loss of interest in school after a year or so. This pattern is mostly observed amongst children who are compelled to relocate to new places and change schools to be where their guardians live (Ngwenya, 2015). The child is expected to adapt to the new teachers that he/she will find at the new school and should quickly get used to the teaching system that they use. The school performance declines and this behaviour is rather expected because losing a parent is traumatic and unbearable. Research by Breckenridge, et al. (2017), affirms that children orphaned by AIDS or unknown causes develop difficulty in coping than children who have been orphaned by other known causes of the death of their parents.

In this study, the researcher explored the lives of HI/AIDS orphaned children who are on the foster care programme living with their extended families to investigate their experiences, challenges, adaptations to new environments and coping strategies.

### **1.3 MOTIVATION OF THE STUDY**

The researcher is a Social Worker employed by the Department of Social Development around the community of Thalaneni. It has been seen by the researcher that HIV/AIDS deaths are still a daily challenge and it is unfortunate that children are the bearers of the uncomfortable complex consequences of the loss of their parents. Regardless of the economic buffering strategies put forward by the South African government in the form of a foster-care grant for children of an amount of R920.00 per child from the age of 0 to 18 years to meet their financial needs, it however, does not seem to relieve the vulnerability of these children to various forms of abuse. In Nkandla, particularly Thalaneni area, there have been many cases of ill-treatment reported by orphaned fostered children. The causal factors have been around children being seen as objects for financial gain and completely neglecting their holistic needs. The abusive daily experiences of the fostered HIV/AIDS orphaned children have prompted the researcher to undertake this particular study based on the observed experiences of many fostered children who report ill-treatment from their foster parents.

### **1.4 KEY QUESTIONS**

1. What are the experiences of HIV/AIDS orphaned and fostered children?
2. What are the challenges faced by HIV/AIDS orphaned and fostered children?
3. What are the adaptation and coping strategies of the HIV/AIDS orphaned and fostered children?
4. Is the foster care grant benefitting the HIV/AIDS orphaned and fostered children?

### **1.5 OBJECTIVES OF THE STUDY**

- To determine the experiences of HIV/AIDS orphaned and fostered children.
- To identify challenges faced by HIV/AIDS orphaned and fostered children.
- To explore the adaptation and coping strategies of HIV/AIDS orphaned and fostered children.
- To determine whether the foster care grant is benefitting the HIV/AIDS orphaned and fostered children.

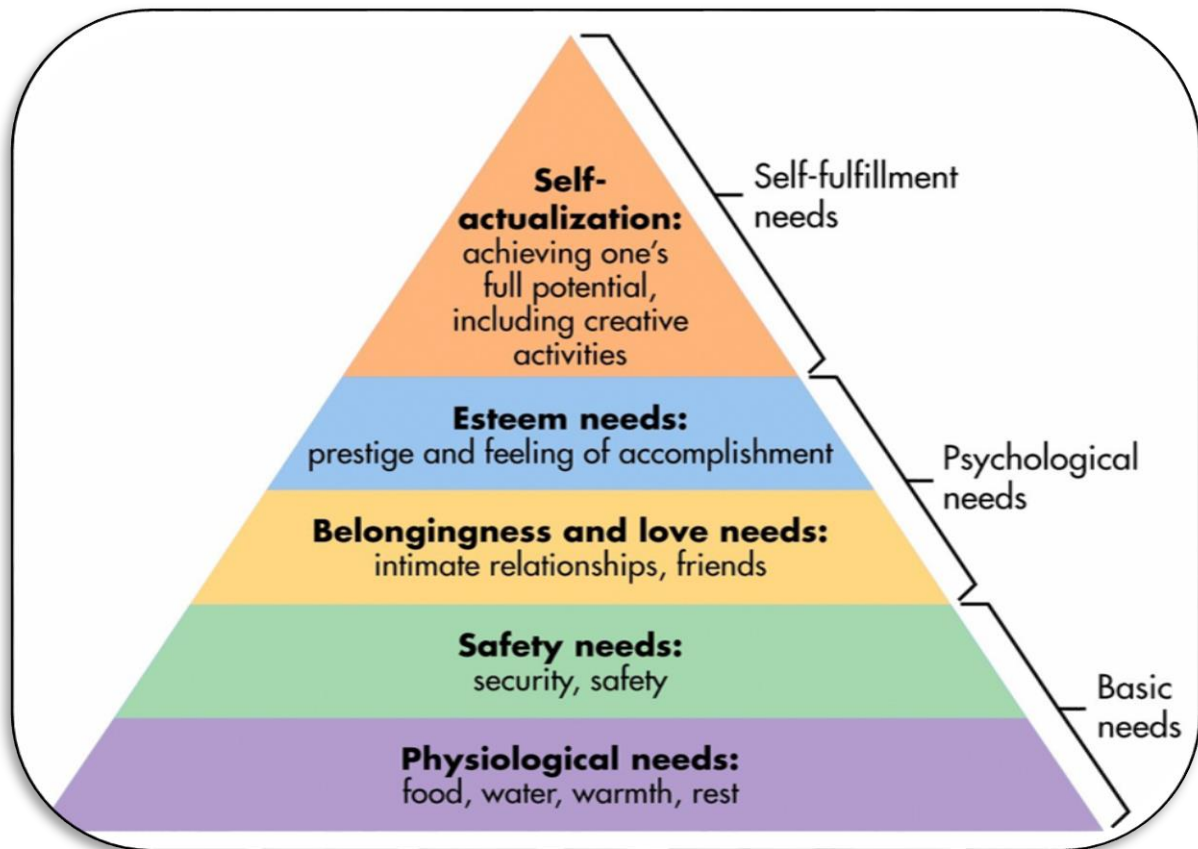


## **1.6 THEORETICAL POSITIONING: THE MASLOW'S HIERARCHY OF NEEDS THEORY WITH FOCUS ON SELF-ACTUALIZATION THEORY BUILT WITHIN THE HIERACHY AND BRONFENBRENNER'S ECOLOGICAL SYSTEMS THEORY.**

The theoretical position draws from the human behaviour theories and thus contain built-in theories of a proposed way of thinking about events that are potentially related. The study will employ the Maslow's Hierarchy of Needs Theory and the Bronfenbrenner's Ecological Systems Theory of the Child Development. Humanists such as Urie Bronfenbrenner and Abraham Maslow share the belief that it is imperative to study the individual as a whole with the systems surrounding them and how they interplay in the development of the person. They further assess their needs in a hierarchal perspective especially as the individual grow from childhood and developing to adulthood over their lifespan (becoming self-actualized persons).

### **1.6.1 Maslow's Hierarchy of Needs**

In this study, the well-being of a child is conceptualised according to the Maslow-Hierarchy of Needs Model. The five hierarchy levels presented by the model outline the needs of a human being towards self-actualisation, which shapes one's well-being and quality of life. The inter-dependence of the levels in relation to the life of an orphaned vulnerable children (OVC) closely relate and inefficiency of one hierarchy level could deter and detour one's life path towards self-actualisation which. Nyamutinga and Kang'ethe (2015) assert that HIV/AIDS has effects on children and they mean a collection of things such as a child becoming an orphan that needs to be taken care of and also mean child poverty where the child cannot get basic needs as according to the Maslow hierarchy of needs. Loss of a parent is a social, psychological and economic burden which could bear negative effects on cognitive, emotional, psychological development, human physiology and health of the child and thereby impact on his/her self-esteem, actualisation, and well-being, which would impoverish his/her quality of life (see Figure1).



**Figure 1: Maslow's Hierarchy of Needs**

- **BASIC NEEDS: -**

**Physiological needs and Safety needs**

The OVC has various needs, which their parents naturally provide for and the absence of the parents makes them deprived of these needs. Food, warmth and safety are basic needs that children undoubtedly need to have and parental loss puts them in a position of deprivation and being vulnerable.

- **PSYCHOLOGICAL NEEDS**

**Belongingness and love needs and Esteem needs**

Intimate relationships between parents and children are built from conception and the bond grows stronger as the child grows. Having to detach ruthlessly because of parental sickness and later death does bring about a devastating load upon a child. Need of belongingness and feeling the warmth of a family becomes imperative for them to continue with life. **SELF-ACTUALIZATION THEORY**

**The Theory focuses on achieving one's full potential including creative activities to become self-fulfilled individuals.**

Pusateri (1976) states that self-actualization refers to the process of altering personal potentialities into functioning realities. The author continues to state that self-actualization refers to the growth and development in every stage of human personality towards the fullness of authenticity. Theorist Maslow states that a psychologically healthy individual is one who has sufficiently satisfied the basic needs for safety, belongingness, love, respect and self-esteem so that they develop towards self-actualization.

The Theorist states that a self-actualized person is characterized by the following:

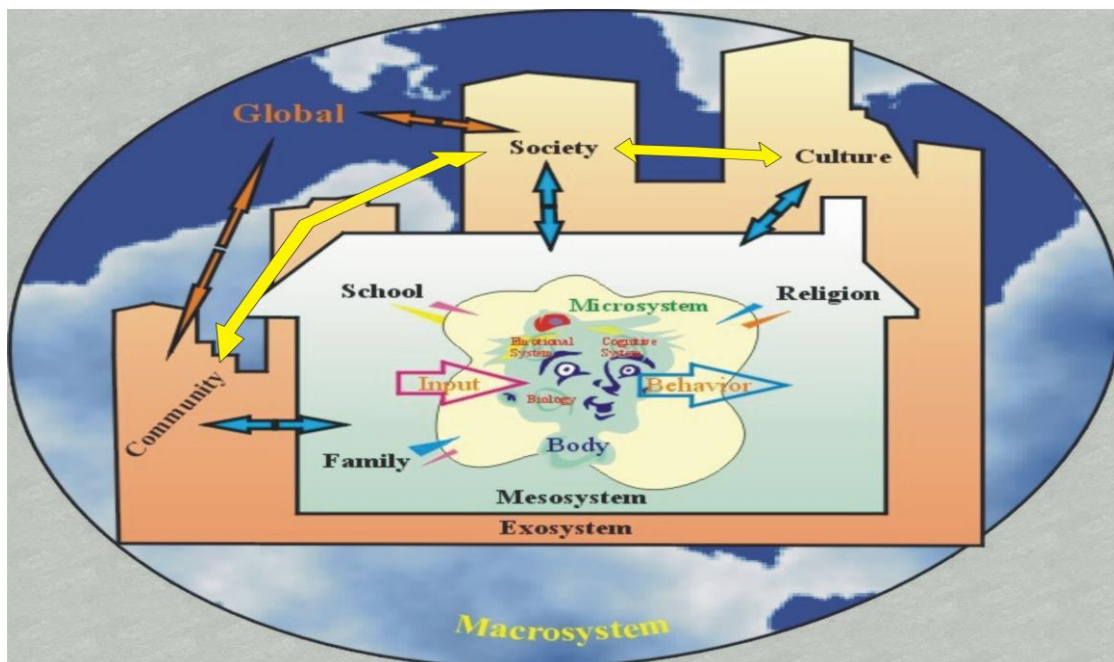
- a) Clearer, more efficient perspective of reality
- b) More openness to experiences
- c) Increased integration, wholeness and unity of person
- d) Increased spontaneity, expressiveness, full functioning, aliveness
- e) A real self, a firm identity, autonomy, uniqueness
- f) Increased objectivity, detachment, transcendence of self
- g) Recovery of creativeness
- h) Ability to fuse concreteness and abstractness
- i) A democratic character structure
- j) An ability to love and respond emotionally.

In contrast, the author states that a non-self-actualized person raises defence and impersonality walls, tend to restrict his own growth and fulfilment. The author states that a person who has not self-actualized places obstacles in the way of others' development. In the new places of care post parental loss, children need to be helped to self-actualize and realize their potential to be able to fully realize their dreams. This includes not limiting their scholastic opportunities and creating a platform within the family system where they are encouraged to realize their abilities. OVC's need caring caregivers who will assume the role that their parents played.

The Maslow's hierarchy of Needs Theory is complemented by the Bronfenbrenner's Ecological Systems Theory of Child Development discussed below.

### 1.6.3 The Bronfenbrenner's Ecological Systems Theory of Child Development

This study adopts the Bronfenbrenner's Ecological Systems Theory as it explains further the interaction that the child has with the environment and surroundings in their growth and development. As illustrated in figure 3, the development of a child goes through three layers, which are mesosystem, exosystem and macrosystem.



**Figure 3: The Bronfenbrenner's ecological systems theory of child development (Bronfenbrenner, 1979)**

The theory holds that development reflects the influence of several environmental systems and it identifies certain environmental systems which an individual interacts within (Bronfenbrenner, 1979). The ecological systems theory of child development identifies the need to understand individual's development within their environments (Mshengu, 2014). Application of the theory focuses on several goals that explain the interaction of a person-environment with the purpose of improving people-environment transactions, to nurture human growth and development in particular environments and to improve environments so they support the expression of individual's system's personalities (Bronfenbrenner, 1994). Bronfenbrenner's theory focuses on the critical

role that the environment plays in the growth and development of an individual (Mshengu, 2014). The development of a child takes place through processes of interactions that are progressive and complex between an active child and the persons, objects and symbols in its immediate environment. For the process of development to be effective, the interaction must occur on a fairly regular basis over extended periods of time (Bronfenbrenner, 1979). The systemic approach of Bronfenbrenner (1979) will be followed in the investigation, where the microsystem, mesosystem, exosystem and macrosystem are all different systems, but can still influence and affect each other and have the likelihood of equally affecting the development of the child.

**The *microsystem*** – Bronfenbrenner (1979), alludes that the Microsystem layer is closest to the child since it contains structures which the child has direct contact with. This layer covers interactions a child has with her immediate surroundings (Berk, 2000). Structures within the microsystem include school, family, neighborhood, or childcare environments which are all vital in the development of the child. This is explained by an example of a child and parent, both affecting and influencing one another's beliefs and behaviors. The theorist Bronfenbrenner denotes this as *bi-directional influences*, which they occur among all levels within the environment. The key to this theory is the interaction of structures within a layer and interactions of structures between layers. In this level, bi-directional influences are resilient and have the greatest impact on the child as the child develops.

**The *mesosystem*** – This layer offers that between the structures of the child's microsystem, there is a connection and the relationship and connection that a child shares with his parents and a teacher, between his neighborhood and the church plays an imperative role in the holistic development of the child.

**The *exosystem*** – This is the layer that explains the larger social system in which the child does not function directly. The structures in this layer interact with structures in the microsystem and thus impact the child's development (Berk, 2000). An example is that of a parent with a busy workplace schedule and might miss out on the developments of the child which indirectly affect the child. The child does feel the

negative or positive force tangled in the interaction with his own system although they may not be directly involved at this level.

The theories presented above explain the phenomenon that for a child to develop towards self-fulfillment and self-actualization, their development occurs through courses of interactions that are progressive between the child, the people around the child, objects and symbols in their immediate environment.

## **1.7 RESEARCH PROPOSITIONS**

Section 150 (1) of the Children's Act no.38 of 2005 provides that a child in need of care and protection is a child that is abandoned or orphaned and is without any visible means of support. It is important to note that foster care is an alternative care option to legally place a child with relative or non-relative carers, depending on nature their circumstances. To strengthen the familial bond with the existing or remaining family members, it has been the best and suitable option to place children with relative cares as it can sometimes be a daunting task to find an appropriate family system that can take in an orphaned child. Van Der Riet (2009), affirms that foster care placements are not simplistic as they are about coming together of different cultures, family compositions, backgrounds, the losses that are experienced and carried by the foster children. As a legislative framework, the Act provides workable solutions to the crisis of orphan hood and alternative care but what goes on in the family environment of these children does not nurture a child that the Act envisaged to be raised given the experiences they go through.

## **1.8 DEFINITION OF TERMS**

Definitions assist whenever there is any possibility of misunderstanding. Definition is the application of operationalizing used in defining the terms of a process of for the study needed to determine the nature of an item or phenomenon.

### **1.8.1 After-math**

It refers to something that follows or results from an event, especially one of a disastrous or unfortunate nature or consequence. ([www.dictionary.com](http://www.dictionary.com), accessed 13 July 2017)

### **1.8.2 Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome**

**HIV/AIDS** – A syndrome is a collection of diseases that result from infection with HIV (Smart et al, 2001). HIV/AIDS affects the body by affecting the immune system which is the body's defense against infection by micro-organisms (bacteria and viruses) that cause diseases (Smart et al., 2001).

### **1.8.3 Experiences**

Refers to something which happens to someone or which someone has experienced or undergone, actual knowledge or contact (Grobbelaar, 1989).

Seeing or living through an event, happening; knowledge obtained in this way; an event that has given one knowledge, skill; skilled in or having knowledge of (Smart et al., 2001).

## 1.9 STRUCTURE OF THE DISSERTATION

**Table 1: Dissertation structure**

<b>Chapter</b>	<b>Title</b>	<b>Description</b>
Chapter 1	Orientation of the study	This chapter provides the background of the study and what prompted the researcher to undertake this particular study.
Chapter 2	Literature review	This chapter reviews and argues the literature regarding OVC's and HIV/AIDS
Chapter 3	Research methodology	This chapter provides a methodology followed in the execution of the research study and the justification thereof.
Chapter 4	Data presentation and analysis of findings.	This chapter presents findings and analyses the data collected.
Chapter 5	Findings, recommendations and conclusion	The findings of the study are discussed and recommendations are made regarding the entire study.



## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 INTRODUCTION**

This chapter reviewed literature that discussed holistically the impact of HIV/AIDS on children's lives, how it has affected their households and communities at large. Status quo, circumstances and paradoxical factors affecting the "Orphaned and Vulnerable Children" (OVC) well-being are reviewed and discussed in detail.

### **2.2 BROADER DEFINITION OF "ORPHANED AND VULNERABLE CHILDREN" (OVC)**

The President's Emergency Plan for AIDS Relief Programming Guidance in the United States (PEPFAR) (2006), describes a vulnerable child as the one who is living in high risk circumstances with threatened prospects of continued growth and development. The term "Orphans and other Vulnerable Children," or "OVC" has dual meaning in the international community as it is contextualised by particular circumstances. Where HIV/AIDS is prevalent, the term is most relevant to children with increased susceptibilities due to the contextual effects of HIV/AIDS. On a broader contextualised circumstances, the term "OVC" refers to all children who are vulnerable, regardless of the cause – including children who are the victims of various circumstances such as armed conflict, chronic poverty or famine. As stated earlier, there is not much of a difference, only that contextualisation brings different dynamics.

As explained by PEPFAR (2006), in the United States, the term OVC identifies vulnerable children who qualify or are found to be eligible for PEPFAR supported services but does not identify those most in need of such services. Each community prioritizes children who are the most vulnerable of all for programmatic decisions and who are in need of further care. It is also communities who distinguish the which core services does the child need which are appropriate to their age development. It is thus important to look into issues of child-development with focus and consideration of their age and have programmes that will seek to preserve their familial structures by all means as children can differ greatly in their capabilities, vulnerabilities and needs.

In South Africa, the Children's Act no. 38 of 2005 defines any a child as any person below the age of 18 years. Other legislations and frameworks which talk to the care for orphaned and vulnerable children have used the same definition as the Children's Act in defining the child. The South African Policy Framework for Orphaned and Vulnerable Children (2005), shares significant definitions regarding the terms used for children and caregivers. An orphan is considered as a child who has no surviving parent caring for him or her. A Vulnerable Child is defined as a child whose care, protection, survival and development are compromised because of certain conditions and circumstances that the child is exposed to which may prevent the fulfillment of the child's rights. As previously discussed the contextual circumstances take priority to describe the vulnerability context. For example, children who are vulnerable as a result of HIV /AIDS include children:

- Who are exposed and vulnerable to HIV infection as well as those who are HIV exposed through e.g. sexual abuse, being sexually active, peri-natal exposure or engaged in transactional sex at a young age.
- Who care for their sick family members including parents and due to lack of knowledge end up not practicing universal precautions for their safety.
- Are already Infected with HIV.
- Who have terminally ill parents or caregivers and are affected by it in a variety of ways pre and post death.
- Without any surviving parent or alternative caregiver to provide care and support to them.
- Who is abandoned by parents, caregivers and family.
- Who experience poverty in households that care for a big number of vulnerable children
- Who experience numerous trauma and bereavements of death.
- Who experience harm and in neglect physically, emotionally, mentally and socially in their households.
- In need of alternative care and protection due to being exposed to various harms

Another dominant component of OVC or VC in the South African context extends to the household family types and the leaders (bearers of responsibilities) of such families. For example, child headed households are families recognized as where:

- Parents or caregivers in the household have died or are terminally ill.
- There is no family member or adult who is available to assume the duties of providing care and support to the children.
- Assumption of the provision of clothing, food, care and psychosocial support has fell on another child due to not having any adult primary caregiver.

Furthermore, the South African Policy Framework for Orphaned and Vulnerable Children (2005), states that the primary caregiver emerges from the contextual effects and influencing factors, which results to a person who assumes formal or informal parental duties, responsibilities or rights in caring for the child.

## **2.3 ORPHANED CHILDREN**

HIV/AIDS has a serious and threatening impact on individuals and communities. It affects structures such as the family which the illness and death of an individual within it ends up affecting everyone who forms part of it. (Frohlich, 2010). Gono (2015) contends that HIV infects an individual but since that individual does not live alone but is part of a family and community, it ends up affecting everyone making them victims of this intolerant pandemic. Van Dyk (2008), asserts that losing a parent due to HIV/AIDS is an escalating and chronic problem affecting developing countries throughout the world as the AIDS epidemic has created more than 15 million orphans worldwide. Various authors around the world have looked closely at the situation that orphaned children encounter post parental death and concur that it brings about many distresses especially to the children. Literature by Karim & Karim (2005), states thousands of children are orphaned as young people and adults die of HIV/AIDS and this growing number is seen in southern and eastern Africa. Author further noted that that these children can be found anywhere in the world where HIV/AIDS is present.

Statistics by Save the Children UK (2002) indicated that in Sub-Saharan Africa, it was estimated that 11 million children were double orphans as of 2001 and it was

anticipated that the number would rise by 2010. Karim & Karim (2005), also noted that by that date it was estimated that that 75% of all orphanhood in Zambia, Swaziland and Namibia will be a result of HIV AIDS. The author's further state that although the absolute numbers are important, perhaps more important is the rate at which the numbers were growing, indicating the escalating pressures in households of children left without their immediate caregivers and people who provided for them in all forms. Communities, government services and civil society had to step in to address the needs of orphaned children.

Brodzinsky et al. (2000), Heath et al. (2014), argue that death has the same adverse effect on adults and children, they all equally are supposed to grieve for the loss of their loved one. However, realities show that most often children do not express the feelings that emanate from losing parents because they are compelled to adjust instantly and adapt to the new changes that take place in their lives while they are still in the process of comprehending the incident and as a result, this stops them from going through the process of grief which is imperative in their recovery of the loss and Gono (2015), adds that these burdens are worsened by the stigma attached to this pandemic disease, which among others, prevents the affected from openly grieving the loss of their loved ones (Gono, 2015). Furthermore, Cluver et al. (2007), maintain that children orphaned by AIDS do not only suffer the loss of parent/s but they also become highly susceptible to psycho-socio-economic vulnerabilities. The outcomes of these vulnerabilities are peer relationship problems, depression, delinquency and conduct problems. Even before the death of the parent/s as explained by Heath et al. (2014) that caring for sick people due to HIV/AIDS related illnesses on daily basis, looking after the children while the parent is deteriorating is also a burden to the extended families. Foster & German (2002), state that extended families may take the decision to divide orphaned children due to being overwhelmed and burdened when they take all of them.

Mwoma & Pillay (2015), further share that the emotional disturbance of witnessing a parent die may leave children feeling unsafe and susceptible to abuse. It may also leave them feeling abandoned and lost. Other children end up taking the responsibility of working to supplement the loss of income and meet the needs of the household. Kurfi (2010) contends that studies have shown that orphans growing up without

parental upkeep and support end up dropping out of school due to being victims of poverty. This is further affirmed by Breckenridge, et al (2017), in their recent study, that children drop out of school to care for an ill parent and also sought employment to care for the needs of the home.

This further exposes the children to many forms of risks, exploitation and abuses (Osborn, 2007). Furthermore, Mwoma & Pillay (2015), asserts that when these children assume parental roles and responsibilities, their childhood is taken away and miss opportunities of meeting their psychosocial needs as they are growing and developing. The Actuarial Society of South Africa (2005), suggested that South Africa was predicted to have 2.3 million children orphaned by AIDS by the year 2020. Statistics SA (2013), reported that the total number of persons living with HIV in South Africa increased from an estimated 4 million in 2002 to 5, 26 million by 2013 and sub-Saharan Africa accounted for 90% of the estimated 16.6 million global AIDS orphans in 2009 (UNAIDS, 2010). The Global Fund OVC report (2016), provides statistics of OVC that the country experiences in the present living circumstances. The report indicates that HIV/AIDS pandemic, in particular, has resulted in a growing number of OVC in South Africa as there were approximately 3.85 million orphans in South Africa in 2011, including maternal, paternal and double orphans. The number of double orphans increased from 350 000 in 2002 to 950 000 in 2011, likely due to increased mortality associated with the HIV/AIDS pandemic (Global Fund OVC report, 2016). These findings by the Global Fund report indicate that the predictions by The Actuarial Society of SA (2005), were indeed true and thus speaks to the stagnation of the impact of interventions and programmes made by government and civil society in the different sectors, rendered towards curbing the virus and has led to the country experiencing such a dire situation of increasing numbers of OVC.

## **2.4 GRIEF AND BEREAVEMENT FOR OVC: NEED FOR PSYCHOSOCIAL SUPPORT**

Cross-cultural research suggests that to be able to resolve loss, people need to recognise the grief experienced and be able to express it directly (Li, et al., 2008). However, Korevaar (2009), states that children are often inadequately prepared for any type of parent's death. Swift & Maher (2008), as quoted by Korevaar (2009), asserts that commonly, adults are not concerned with children's feelings and there is an apparent unawareness of the interior life of the child. In other instances, often children are not made to be aware about the passing of their parents directly while Mnubi-Mchombu (2013), adds that family members also grieve their loss especially grandparents who gave birth to the children who have now passed on. They are also expected to speedily respond to the needs of the now orphaned children and in the process ignore their process of grief. Li, et al. (2008), further argues that without empathic caregivers (attachment figures) who can enable the child to recognize and express grief, children become at risk of developing behavioural problems such as conduct problems and emotional problems such as depression couple with anger and anxiety.

Because of their inability to express themselves verbally in response to death, young children may communicate their sense of loss through crying, withdrawal and other non-verbal signs (Regional Psychosocial Support Initiative, 2007). Due to their emotional dependency and intellectual immaturity, children are at greater risk of developing complicated or unresolved bereavement (Korevaar, 2009). Research by Swift & Maher (2008), suggests that the effects of bereavement on children are worse when they are not assisted in resolving or understanding their loss. Andrews et al. (2006), states that they may suffer clinically elevated and lengthy episodes of anxiety and stress and possibly feel immense grief and depression along with loneliness, anger, confusion, social dysfunction, guilt, helplessness, decreased optimism, withdrawal, fear of being left alone, post-traumatic stress symptoms and suicidal ideation. Heath et al. (2014), sustain that with children, emotional and social support are key helping children to deal with grief in addition to the stigma that is attached with HIV/AIDS.

In addition, Gono (2015), maintains that at all material time, children need a sense of love affection, security and be assisted with handling grief.

## **2.5 COMPLEX LIVING SITUATION AND CARE OF ORPHANED AND VULNERABLE CHILDREN (OVC)**

Van Dyk (2008), reported that children who have had the responsibility of looking after their sick parents end up experiencing trauma as they have had to watch their parents deteriorate and ultimately passing on before their eyes. Granting that there may be help from external people, children do not have the capacity to deal with the role of nursing a sick person and assuming a role of a caregiver. Children go through and experience multiple losses when their parents eventually die after seeing them ailing due to HIV/AIDS and they start grieving long before the death actually occurs (UNAIDS, 2014). Post the death of parents and in the absence of adults assuming parental roles, children find themselves fighting over inheritances which also takes their minds off and minimise the time grieve for the loss that they have experienced.

In a study carried out by Mahati, et al. (2006), in qualitative assessment of OVCs in two Zimbabwean districts, they found that most OVCs were exposed to unfavourable and difficult conditions after the death of their parents as they were malnourished and had clothes that were not in a good condition. This is affirmed by a study by Tanga (2013) where OVCs were concerned about the housing conditions that were unhealthy in the households of extended family members where they lived. Some OVCs described the state on the houses that they had to live in, traditional houses that were either leaking or in a complete poor shape. In this study, OVCs also complained of being congested in the houses that they lived in (Tanga, 2013).

The results of a study by Kurfi (2010), were that OVC are vulnerable to victimization and child-trafficking, ritual killings, drug abuse, sexual/labor and economic exploitations. Results of a study by Tanga (2013) also found factors such as poor housing conditions, separation of siblings, misuse of their grant money proved to have a major impact on their education. A study on the silent voices of OVC in the HIV/AIDS

environment in urban Zambia by Shawa (2012) found that some children were being exposed to cruel treatments by the relatives were taking care of them. Children were abused physically and emotionally when their closest relatives were not around to witness it (Shawa, 2012). Their guardians would punish them by denying them food and giving them heavy chores to do around the household (Shawa, 2012). In a study conducted by Somsetsu, et al. (2015), one orphan mentioned that her stepmother would send her to fetch water from the borehole and when the family was about to eat food and by the time she returns from fetching water, the step mom and her children would have finished eating and not food would be left for her.

The living situations of OVC have proven to have an effect on their educational goals as Novella (2013), cited by Mthiyane (2015), presented an interesting study of the effects of orphan-hood on the allocation of time to schoolwork and employment activities. The emphasis on findings indicated that although orphans could access education, orphanhood challenges posed by conditions in school or in their household, including time allocation and number of activities, can impede effective academic performance or proper functioning. In a study by Tanga (2013), participants expressed that the effects of misuse of their public assistance money (social grants) resulted in some orphans dropping out of school due to not being able to afford scholastic material leading to them performing poorly at school.

As discussed above, the OVCs human rights are compromised and they continue to be exposed to challenging situation that they did not cause as they were victims of the circumstances themselves.

## **2.6 ATTITUDES OF THE COMMUNITY TOWARDS ORPHANED AND VULNERABLE CHILDREN**

Kurfi (2010), argues that in ensuring that the OVCs grow up under favorable and proper conditions is not the duty of the government alone but also of families and communities which they come from since they play a vital role as they are the ones closer to them. Mahati et al. (2006), argues that generally, community members have



positive attitudes towards OVCs and would offer their assistance when children are in need. Mahati et al (2006) adds that the problem starts when the communities also cannot provide any assistance as they are also in need of assistance themselves. Chamane (2012) notes that extended family members would take the children to state departments to ask for assistance but some departments are strict and require national legal documentation such as birth and death certificates before they could process anything making it a daunting task for them to access state assistance (Chamane, 2012). Mahati, et al. (2006), shares that some neighbours would want to offer material and financial help to the needy OVCs but be prevented by their primary caregivers since they would feel like they are failing. Kurfi (2010), further notes that community members are obliged to offer all necessary assistance and support that they could need because failure would have negative consequences that could impact the community at large.

The literature mentions influenced negative attitudes which this study regards as circumstantial engineered negative attitudes which manifest as a result of inability to cope with surrounding socio-economic environmental factors. A study by Chamane (2012), mentioned the household economic status where the orphans reside as being a key influential issue to discriminate the OVC. To elaborate on this statement, there are cited studies with cases where orphaned children's school fees were not paid for and yet the guardian's children were going to school. Some OVCs have suffered social exclusion resulting from stigmatization because of the negative attitudes that some community members would display towards them (Chamane, 2012). Another form of negative attitude has been observed amongst the peers where the need of belonging and the sense of belonging is corrupted through verbal abuse and actual discrimination and exclusion by just being an orphan, HIV/AIDS orphan or a poor (Chamane, 2012). Kurfi (2010) affirms that families and communities who care for children enable them to thrive more than those children in alternative care institutions as they lack consistent care and cannot form stable emotional and social relationships since children come and go in institutions.

Secondary caregivers or caregiving support systems such as members of community based organizations who are supposed to play a child protector responsibility find it difficult at times to intervene where a child is being ill-treated (Mwoma & Pillay, 2015).

The justification for this action is that they were afraid that they will be accused meddling in other people's private affairs.

## **2.7 ATTITUDES OF THE SCHOOLS TOWARDS OVC**

UNICEF (2003), orphans of HIV/AIDS suffer damage of their emotional and cognitive development, struggle educationally and be exposed to various forms of child abuse including child labour. OVCs experience different kinds of attitudes towards them in the school environment by fellow learners as well as teachers. This attitude has a great impact on how an orphaned child decides to live his life in the school environment. It has been mentioned above that orphaned children often find themselves obliged to relocate and live with extended family members due to parental loss. Mshengu (2014), asserts that there are various reasons why people relocate but double orphaned children tend to relocate due to the death of parents or sometimes they experience a change of the head of household. The same author continues to state that orphaned children are assumed to be susceptible to developing anxiety as they re-start life in an unfamiliar environment and have to adjust to a new school and new friends. This involuntary movement and change in life are bound to affect orphaned children and academic performance is one of the areas that suffer. Gono (2015), points out that for other orphaned children, basic education may become only a wish to them as they are forced to leave school and head households. Children usually drop out of school when they have to participate in income generating activities and sustain their families (Nkomo, 2006).

Barnett & Whiteside (2006); Van Dyk (2008), attest that sometimes children are forced to drop out of school due to the stigma attached to the cause of their parents' death. Children who decide to continue with school endure stigma and isolation which emanate from the suspicions that their parents died of AIDS. The situation is worse when children are also HIV positive themselves and become less probable to attend and continue with schooling (Gono 2015). Mthiyane (2015) further argues that family disruption reduces students' school achievement, even after high school, and are less likely to access university or be retained if accepted without their self-esteem being

impaired. Action for the rights of children (ARC, 2009,) argues that experiencing disturbing events has a potential to influence the well-being of a child emotionally and socially. However, Mwoma and Pillay (2015) affirm that early and immediate interventions could help the children become with early intervention, these children maybe helped to become fruitful members of society. Smart (2003), argues that the school system with teachers can play a vital role in the improvement of the lives of OVCs especially in the wake of parental loss and having no one to provide parental support. Teachers have an imperative role to play in the lives of orphaned children during their time in school with the aim of finding out and alleviating the barriers that the child might be experiencing. The school environment offers a chance for OVCs to be provided psychosocial support, an imperative necessity for OVCs which is usually abandoned by prioritizing economic, nutritional and material needs that they might have Mwoma & Pillay (2015). Gono (2015), then adds that educators need to be capacitated in order to be able to address the psychosocial needs of which if left unattended could lead to poor performance in schools.

The study by Mwoma & Pillay (2015), further contend that neglecting psychosocial needs of children could lead to greater psychological challenges which may include reduced or low self-esteem, learning difficulties, experiencing disturbed social behaviour or conduct problems.

## **2.8 ATTITUDES OF THE CHURCHES TOWARDS OVC**

The church is known for providing spiritual and material support to deprived persons within our communities. Orphaned children have been known in some areas as beneficiaries of the outreach services that some church conduct in helping them curb poverty and sustain themselves. Foster et al. (2005), states that religious groups have committed themselves to attending and responding to the needs of people. The author further states that the early church led by example by creating community-based initiatives for the poor. Moyo (2012), argues that churches have a great necessity to practice pastoral ministry to the People Living With HIV (PLWHIV) and OVCs since every person, infected or affected by HIV is part of a certain church. Moyo (2012)

further adds that churches can use their clinical pastoral education means as a tool and establish support groups for PLWHIV in disadvantaged rural areas (Moyo, 2012).

Ngwenya (2015), researched about community-based interventions for OVCs in Zimbabwe where the author volunteered at a church programme called Family Aids Caring Trust (FACT) that was responding to the plight of the infected and affected people and psychosocial needs of the OVCs within the community. Women of the church grouped themselves through the structures that exist within the church to form part of the programme and firstly identified OVCs within their church and later grew to identifying them within their households and communities (Ngwenya, 2015). The programme provided assistance such as counselling and home based care services, food, educational material and clothing. The volunteers for this programme expressed that their love for one another that was taught in church was a factor that made them commit into making this initiative a success as it went on to receive funding to execute their duties from the local churches and international donor community (Ngwenya, 2015).

It is the researcher's opinion that nowadays churches lack the provision of social, spiritual and philanthropic support that used to be provided and make so much meaning to OVC in the olden days (Ngwenya, 2015). Chamane (2012) argues that the establishment of diverse churches has incited a spirit of competition amongst leaders and members of congregations, shifting attention from caring and materializing support for the poor to competing with having a church with a high number of members and what amount of offering an individual makes towards the church. Chamane (2012), affirms that churches play a vital role in the lives of OVCs and need to be encouraged to continue with their God-given responsibilities of caring for the needy (Chamane, 2012).

In a study by Louw and Joubert (2007), young people had mixed feelings towards God and the church since all the material and spiritual support would stop after the funeral of the parent, leaving the OVCs to deal with pain and loss alone. Research by Mnisi & Botha (2016), found that foster parents hold the perception that attending church will install good morals and discipline and minimise conduct problems amongst OVCs. Mnubi-Mchombu (2013), asserts that the church also plays a vital role as it can also

be a child-friendly environment that promotes learning through play. The author indicates that story-telling can be done in churches to assist children to learn more about their cultures and other ways of life since their parents are no more.

A study by Mbona (2012), focused on the history of the Anglican, Roman Catholic and United Methodist churches response to HIV/AIDS in Zimbabwe between 1985 and 2005. The author refers to these churches as mainline churches and looks at their interventions in responding to the new epidemic. The author affirms that these churches individually have been responding to the harms of HIV/AIDS on their own before joining forces together.

The Roman Catholic Church focused on caring and intervening for PLWHIV and OVCs. The Church went on to launch the Mutare Community Home Care project which expanded to other nineteen stations across Zimbabwe (Mbona, 2012). The Anglican Church prioritized institutional AIDS care initiatives who focused on training church members to be equipped in responding to the epidemic. Treatment centres were established as a part of this initiative (Mbona, 2012). The Methodist Church prioritized care for OVCs and ensured home-care at the station where they would come. Mbona (2012) adds that the interventions by the Churches were significant especially because they came at a time when there was not much help from the state.

## **2.9 EROSION OF SOCIAL STRUCTURE**

Shann et al. (2013), state that HIV/AIDS is now radically undermining the fundamental social fabric of affected countries such as those of Southern Africa, with a relentless impact on the lives of individuals and on their family structures. Foster (2000) argues that it has become hard for extended family members to care for OVCs especially in communities also affected by AIDS. Mnisi & Botha (2016) alludes that this virus has been a silent killer in the previous years and has now emerged to be destroying and affecting vulnerable communities. Gono (2015), adds that the family has been seen as the most important unit of societies. It has been supremely the primary point of the provision to its members for nurturing, socialization and care. Fraser, et. al (2011), asserts that HIV/AIDS has become a scourge that has destroyed the family textile which has been the only safety net for OVCs. In the past, vulnerable individuals and

communities have been at risk of being infected with HIV/AIDS because access to health services had been compromised by social and economic circumstances (Shann, 2013).

## **2.10 FAMILY STRUCTURES AS SAFETY NET**

According to Ngwenya (2015), In African countries, the concept of *Ubuntu* has been upheld by families and communities as it is about caring for each other within families and communities. It was traditional that when children lose their parents, they would be absorbed by their extended families and looked after by grandparents, aunts and uncles. The general motto was that there will never be an orphan while other family members were alive (Ganga & Chinyoka, 2010). The setup of the nuclear family and that of the extended family have been significantly affected. Other authors such as Weisner & Braley (2007), further affirm that African families have changed and a lot and are in crisis. Barnett & Blaikie (2002), and Seeley et al. (1993), as quoted by Ngwenya (2015), have warned of a fallacious belief that extended families or relatives will always be able to take in OVCs when the need arises because the situation is getting worse as extended families are also carrying a burden of their own due to this HIV/AIDS. Maphalala and Ganga (2014), remark that the extended family as much as they would like, they cannot act as a social sponge with an immeasurable capacity to soak OVCs as it has been seen that others are failing to care for them.

Karim & Karim (2005), state that HIV/AIDS has a complex impact on the society at large. The authors note that as the nuclear family gets eroded, heads of household are also eroded, leaving the children to fend for themselves. Masuka et. al. (2012), suggests that the culture of caring for one another that used to exist amongst Africans has crumbled and the safety net that families used to provide to these needy OVCs has also disintegrated. The epidemic has brought an abrupt increase in single-parent households, child-headed households and skipped generation households that are being headed by elderly people due to the erosion of nuclear families (Masuka et. al. (2012). Gono (2015) warns that child-headed households are also subjected to various forms of abuse primarily because of not being protected as their safety net that used to protect them has been eroded. Maphalala and Ganga (2014) sheds light that in Uganda, girls orphaned due to HIV/AIDS were susceptible to sexual abuse in the

places where they would find employment to meet the needs of their households. This would happen because perpetrators knew that they had no one to protect them. Owing to an overstrained social net, OVCs in child-headed households are destitute and with no means of support from anyone, leaving them at risk of being exploited and be ultimately brought back to the vicious cycle of poverty and HIV/AIDS (Ngwenya, 2015)

OVCs that would be lucky and be placed or taken in by their extended family members would also not feel the same as they normally would with their birth parents (Maphalala and Ganga, 2014). Ngwenya (2015) adds that as the traditional safety net is not managing, this affects the OVCs socially and economically as some of their needs will never be met. The challenge of orphanhood is an unfolding misfortune as the erosion of proper family structures is set to continue for many years to come. Even though rates of HIV/AIDS infections can drop, the consequences of this virus are still going to be felt for many years (Maphalala and Ganga, 2014).

Kurfi (2010), also reports that the OVC as means of trying to survive, are engaging in unrewarding activities such as taking jobs when they are unskilled and will be underpaid and exploited. Others choose to roam the streets and live by begging and others succumb to being abused in exchange for goods and money. Their nutritional and health status are very poor as they become malnourished, suffer mental retardation and eventually drop out of school (Kurfi, 2010). Maphalala & Ganga (2014), argue that often policy guidelines fail to protect the OVC as some are unaware of their existence and how they could better and protect their lives. Mwoma & Pillay (2015), orphanhood has a psychological impact on children and increases the OVCs likelihood of antisocial behaviour and end up also at a risk of HIV infection. Global Fund report on OVC programmes (2016), argues that orphanhood is said to place an increased burden on non-parent caregivers, which places orphans at a greater risk of abuse from caregivers; however, they are also at risk of abuse from others outside the household and thus affirms that as orphans have traditionally been absorbed by the extended family, there is now concern that the extended family network needs support in being able to cope.

## **2.11 THE EFFECTS OF HIV/AIDS ON CHILDREN AND FAMILIES**

According to Foster & Williamson (2000), HIV/AIDS has incremental effects on the society at large and families are the most affected. The authors note that the effects of HIV/AIDS on children and families are made to be complex by the fact many families live in already impoverished communities with no resources, poverty stricken, and have restricted access to basic services. Mnisi and Botha (2016) assert that strategies to support the extended family system should be developed as they face hardships having to care for an increasing number of OVCs while they are also disadvantaged. Ngwenya (2015) asserts that it is negative effects that yield to a greater number of OVCs roaming on the streets looking for better ways, engage in unlawful activities and eventually be in conflict with the law

### **2.11.1 The effects of parental illness on households**

Shawa (2012) makes note that children are affected by the pandemic long before they are orphaned by it. When parents are sick, children often have to shoulder new responsibilities which will include looking for employment to supplement the lost income, taking over domestic chores, nursing and caregiving younger siblings. This ends up being too much for them and affects them in different ways such as dropping performance at school since there is limited time to focus on their studies (Shawa, 2012). Some children would be compelled to drop out of school because labour is needed to meet the needs of the household including medication for the sick parents and costs of fetching it (Foster & Williamson, 2000).

Gono (2015), adds that the losses experienced by OVCs end up being cumulative in a sense that when they drop out of school, the family loses a chance of having a child that will be educated and be able to secure a good job and be able to properly care for the family. The cycle of poverty never ends and the children bear much greater consequences. A study by Ngwenya (2015) discovered that orphaned children suffer psychosocial disorders that affect their socialization and scholastic performances as some children never receive bereavement and grief counselling services post the death of their parents or even during the phase of caring for sick parents. According



to Van Dyk (2005) as quoted by Chamane (2012) affirms that children who have had to nurse their sick parents would suffer trauma resulting from witnessing their parent's health deteriorate in front of them. According to the author, this is because children were never really equipped emotionally and mentally to play the role of a caregiver and it affects their development.

### **2.11.2 The impact of AIDS on the community**

According to PEPFAR (2012), it is suggested that communities play a critical role as they are the first responders who identify and have to respond to the crisis of OVCs in the wake of their parent's death before they are referred to the attention of the government. They often have to ensure their wellbeing, support them and advocate for their needs on their behalf. The community plays a role of being a secondary safety providing much needed support when families fail to provide for the needs of the children (UNICEF, 2012). Respondents in a study by Louw & Joubert (2007) reported that unlike other OVCs who appreciated help from normal community members, they did not. They could only open up and accept help from workers of home-based care groups who would visit them on daily basis and were a source of support for them. To address the needs of the OVCs and eradicate the impact of HIV/AIDS on them, the families and the community at large, there needs to be targeted and holistic services aimed at mobilising help for them from relevant government institutions, civil society, NGOs and CBOs and not rely on the help of neighbours (Chamane, 2012).

## **2.12 HEALTH AND NUTRITION OF ORPHANED CHILDREN**

The HIV/AIDS pandemic remains a serious health predicament regionally and globally (Ngwenya, 2015). HIV/AIDS has impacted the socio-economic status of people across the continent of Africa with the Sub-Saharan Africa suffering the greatest in the global burden (UNAIDS, 2014). Chamane (2012), asserts that OVCs suffer a decrease in the capacity to learn due to poor nutrition and carrying the loss of parental death which will last them a lifetime. Ngwenya (2015), highlights a study by the Biomedical Research and Training Institution (BRTI) (2008), where it was found that through advocating on behalf of the OVCs, communities were able to initiate and fund projects that took care of the needs of OVCs. The projects included contributing towards the

purchasing of school uniforms, clothing, food security through establishment of nutritious gardens and be given money to pay for their school uniform. Produce from the garden would be for the OVCs consumption while others will be for selling to generate money to buy school items (Ngwenya, 2015). Mshengu (2014), affirms that OVCs who lacked this kind of support from their communities would be involved in unpleasant activities at school, have conduct problems and engage in crime with the purpose of trying to escape their condition. Mnubi-Mchombu (2013) reports that in countries where services for OVCs are established, service providers in rural areas provided a variety of services to caregivers and OVCs such as nutrition feeding schemes and HIV/AIDS awareness programmes. In urban areas services like psychosocial support services focusing on resilience are provided. While Mnubi-Mchombu (2013), further asserts that the health and wellbeing of OVC depends on their caregivers, Somsetsu, et al. (2015), in their study on the experiences of orphaned adolescents, adolescents expressed that maternal grandparents were the most suitable caregivers to them but they had health problems of their own due to ageing which hindered them to play parental roles to them.

## **2.13 THE PSYCHOLOGICAL IMPACT OF HIV/AIDS ON ORPHANED CHILDREN**

A study by Cluver et al. (2007), on the psychological distress amongst AIDS orphaned children in urban South Africa, provided results indicating that HIV/AIDS OVCs had high rates of psychological difficulties than children orphaned by other causes and those that are non-orphans. According to Mnubi-Mchombu (2013) HIV/AIDS has no age-appropriateness and not even children are spared. Shawa (2012), argues that in the context of the OVC, various care discourses are focused upon. These include physical support, psychological support, spiritual guidance, protection of rights and other such interventions

Somsetsu, et al. (2015), states that psychologically children are impacted as early as they start seeing that their parents are always sick and they now have to take over their roles and duties and their world experiences many changes. This is affirmed by Shawa (2012), that during the sickness period of a parent and eventually their death to AIDS, children need to be assisted to cope with the trauma and stigma that they

experience. Displacements to extended family members post parental death increases their psychological stress than the one of parental loss as siblings have to be separated at times (Lim, 2009). Shawa (2012), also affirms that studies undertaken concerning the psychological wellbeing of OVCs reveal that psychological problems increase if orphans are separated after the death of their parents. Lim (2009), further adds that a study conducted in Pietermaritzburg showed that all children in child-headed households interviewed indicated that their siblings were the source of emotional support and concluded that separating siblings could negatively affect children's emotional well-being.

### **2.13.1 Building Resilience Through Psychosocial Support Techniques – Memory Box**

A study by Mnubi-Mchombu (2013), highlights Eloff et al. (2007), who explain the technique of building a link between OVCs and their parents as means of supporting them psychosocially. The authors mention Memory Box as one technique to be utilised to improve the resilience of OVCs affected by HIV/AIDS. The roles of the memory box are:

- i) To assist parents in disclosing their health (HIV/AIDS) status to children
- ii) Assists in preserving family memories
- iii) It assists children during their grieving period; and
- iv) Assists the child to deal with current and future situations when parents will be gone.

Authors Phiri and Tolfree (2005) cited by Mnubi-Mchombu (2013) had the opportunity to observe the implementation of memory boxes in Zambia and made a conclusion that they do help families preserve and capture memories and milestones therefore helping them keep the connection between one another. Memory boxes have been a have been a great tool of preserving important information for OVCs when their families are no longer alive (Mnisi and Botha (2016). Mwoma & Pillay (2015), also affirm that when families help children preserve important moments of their lives with their parents, support and provide love and care to them could enhance their resilience and become productive members of communities. Mthiyane (2015), notes that one

other aspect of resilience is the identification of the spirituality, morality, religion and faith as important development assets.

### **2.13.2 Symptoms and manifestations of psychosocial problems**

Mwoma and Pillay (2015), asserts there is evidence suggesting that children impacted by HIV/AIDS can display a wide range of behavioural and emotional problems which could be dropping performance at school and poor attendance, inability to keep peer relationships and conduct problems. Somsetsu, et al. (2015), also affirms that OVCs have been reported to have high rates of anxiety, depression, less optimistic about the future compared to non-orphans. The authors continue to state children are the best reporters of 'internalized' symptoms and the earlier they receive assistance the better. Shawa (2012) notes that teachers may be particularly helpful in identifying children who have behaviour problems, but they tend to overlook 'good' children who are sad, withdrawn or anxious.

Although children affected by HIV/AIDS might display any range of psychological symptoms, some are more likely than others.

#### **2.13.2.1 Depression**

According to Foster, et al. (2005); Mthiyane (2015), argue that children whose parents died of HIV/AIDS are likely to have depression and it manifests through various ways such as bullying of siblings or other kids at school, suffer unexplained sadness and pain, easily pick a fight. The authors suggest that almost all depressed children exhibit their anger and depression through improper behaviour at home or at school. According to Mthiyane (2015) depression in younger children may be hard to recognize since they may be emotionless, be withdrawn and unresponsive with either extreme or very little crying. Orphaned adolescents in a study by Somsetsu, et al. (2015), made it evident that when they lost their parents, they had lost people who were their support system and who played a significant role in their lives. The experience brought them feelings of being insecure and being anxious about the future.

### **2.13.2.2 Anxiety**

Findings by Shawa (2012), reveal that some OVCs suffer separation anxiety disorder after the death of their parents because they had been to the whole process from getting sick to eventually dying. OVCs feared that even the ones that would assume care for them would die the same way their parents die as some went on to see their uncles, aunts and grandparents dying in front of them. Mshengu (2014), children would exhibit symptoms like fear of meeting people, worrying a lot, fear being in new places and being clingy. Lim (2009), affirms that children in grandparent-headed households may experience multiple losses of primary caregivers, which can have a serious impact on their psychological health.

### **2.13.2.3 Externalizing and conduct problems**

Children who are in emotional pain often misbehave. Their oppositional behaviours are more obvious to parents and teachers than sadness or worry and may be a way to identify depressed and anxious children (Foster et al., 2005). Mwoma & Pillay (2015) also assert that some children, particularly older children, may demonstrate a variety of conduct problems such as defying parents and adult's instructions, disregarding rules, picking fights, stealing, being defiant and ignoring parental discipline, consistently disregarding family rules, getting into fights, stealing, absconding from school, abusing substances, and using illegal substances. Repeated punishment rarely fixes the problem, and parents and schools may overlook the fact that these behaviours are symptoms of an underlying psychological problem (Korevaar, 2009).

### **2.13.2.4 Effects in adulthood**

Mwoma & Pillay (2015) assert that when OVCs do not receive proper support may affect them in adulthood and lead them to having antisocial behaviours, resort to crime as a result of being school drop outs as children, be a danger to the society. These effects are going to have implications and an impact on the government and be liable to spend more resources to provide for people who are not active economically

(Mshengu, 2014) Foster et al. (2005), asserts that parental death in childhood has been found to be a risk factor in adult depression. The critical factors associated with poor long-term adjustment are familial – an unstable, insecure family and psychopathology or maladjustments in the surviving parent or caregiver. Shawa (2012), adds that the psychological neglect and suffering of the orphaned children, prior to and after the death of parents, has damaging and lifelong effects on the psychological and social life of a child if not timely and properly addressed. The authors note that it is essential to consider the complex chain of experiences, especially current adversity that may link the death of a parent in childhood to adult depression (Shawa, 2012). Foster, et al. (2005), concludes that the degree to which an adult experiences depression after parental death in childhood is dependent on the quality of childhood adjustment to parental loss and the adequacy of parenting, a supportive relationship with the surviving caregiver is a protective factor (Foster, et al., 2005).

Somsetu, et al. (2015), points out that there is much more research needed on the field of building resilience on orphaned children. Foster, et al. (2005), further contends that little research has been done to document the consequences of losing both parents, particularly when the deaths occur sequentially. The authors share that one possibility of unattended psychosocial needs of orphaned children and adolescents is “bereavement overload”, a concept coined to apply to the elderly who experience many losses. Multiple deaths may later leave children vulnerable to life-long disruption.

## **2.14 THE IMPACT OF THE HIV/AIDS EPIDEMIC ON CHILDREN’S RIGHTS**

UNICEF (2010) states that among the greatest effects of the HIV/AIDS pandemic in Sub-Saharan Africa is that the pandemic is orphaning generations in turn risking their well-being and development projections of their country. The Policy Framework on Orphans and other Children made vulnerable by HIV/AIDS in South Africa (2005), points out that HIV/AIDS pandemic is a major disaster which has threatened the country’s commitment to towards children’s rights. The Framework (2005) acknowledges that the pandemic worsened the circumstances of children in SA, making them vulnerable to poverty, lack access to services and growing up in

disjointed families. In many ways, this is eating away the precious and hard earned gains of development since the country received it freedom (Policy Framework on orphans and other children made vulnerable by HIV/AIDS, 2005).

The Framework further highlights that children are susceptible to being infected by HIV/AIDS through (but not limited to) sexual abuse, nursing terminally ill HIV positive caregivers or parents while not being informed and peri-natal exposure. This is affirmed by the Global Fund report on OVC programmes (2016), that OVC has an elevated risk of HIV infection. According to the report, orphaned children had significantly greater odds of HIV infection as well as higher levels of sexual risk behaviour than non-orphans. The South African National HIV Survey as reported by the Global Fund report (2016), reported that orphans had higher rates of being HIV positive than non-orphans. This variance in HIV prevalence was particularly substantial in younger age groups from 0 – 14 years but not in older age groups from 15 – 18 years. This disparity in HIV prevalence rates for OVC suggests the need for interventions to address (The Global Fund report on OVC programmes, 2016). The Policy Framework (2005), mentions the rights of OVCs that are violated as children are being affected by the pandemic that are their right to education, health, food security, shelter, parental love and affection, identity and protection from various forms of abuse.

According to PEPFAR (2006), as quoted by Mnubi-Mchombu (2013), orphaned children can experience vulnerability in many ways and it can be divided into five categories:

- i) Survival vulnerability – when orphaned children lack basic services and be exposed to poor health and lack nutritional food.
- ii) Economic vulnerability – Forfeiture of income in the family as parents die and eventually losing material like property.
- iii) Academic vulnerability – OVCs dropping out of school due to not having time to attend classes and lacking school necessities like uniform.
- iv) Psycho-social vulnerability - Psychosocial problems that children suffer during and post parental death such as anxiety, unresolved grief, post-traumatic stress disorder.

- v) Exploitation vulnerability – Not having anyone to protect them against exploitation and being taken advantage of.

Gono (2015), makes an important note that the effects of HIV/AIDS have delayed many countries in terms of development as instead of focusing on developing and growing its economy, it is compelled to ensure that the socio-economic needs of its OVCs are being met, putting on stop or slow down its development prospects.

### **2.15.1 Access to social grants**

Government Gazette (2008), makes reference that child support grant, care dependency grants and foster care grants are all grants that can be received by parents, primary care givers and foster parents of orphaned children as stated by the Social Assistance Act no. 59 of 1992. However, this is a dream to other African countries as Ngwenya (2015), notes that in Zimbabwean government put off social grants in the year 2005 due to economic restrictions and sanctions imposed on the country. Chamane (2012), argues that in South Africa, access to these social grants is a problem by caregivers and also children heading households. The author notes that as the South African government has made provision for vulnerable children and orphans but it is unfortunate that access to these grants is somehow challenging and reasons include lack of relevant documentation including legal documents such as birth and death certificates and lack of money to travel to departments (Chamane, 2012).

Chamane (2012), further notes other studies carried out in different provinces affirming the difficulty of accessing social assistance. The Human Science Research Council conducted a study in Free State, North West and KZN province and found that although social assistance is made available, accessing it proven to be problematic and a lengthy process as it would take up to three months. Another research conducted by Development Research Africa (DRA) as quoted by Chamane (2012) discovered that access to other forms of grants besides old age pension was low and took time (Chamane, 2012).



### **2.15.2 The National Development Plan vision 2030**

The National Development Plan (NDP) Vision 2030 is a document that has been developed by the National Planning Commission (NPC) after being appointed by the State President in 2011. The goal of the Plan is to eradicate poverty and reduce inequality in the country by 2030. It recognizes social protection (social assistance, social security, social insurance, social welfare services, and active labour market policies) as a right under various sections of the Constitution. The NDP quotes section 27 of the Constitution which specifies that all South Africans “have the right to social security, including, if they are unable to support themselves and their dependants, appropriate social assistance.” Section 27(2) goes further to state that the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of the right of access to social security and social assistance. Section 28(1)(c) provides for the right of children to social services (NDP, 2011).

The NDP (2011) acknowledges errors in the social security system that hinder people from accessing the benefits which they have entitlement to. The NDP (2011) gives various reasons that the reason to this may be that some geographical areas are hard to reach and the administrative burden that the system places on the poor in trying to access the social grants such as acquiring relevant documentation required to access social grants. The NDP (2011) further states that this directly affects the poorest who amongst them are the orphans and vulnerable children. It is again noted in the Plan that the foster child grant has proven to also have administrative challenges since it is linked to the legal system and thus create delays which often discourage people from fostering.

Lastly, with regards to OVCs, the NDP guarantees South Africans that by 2030 a social floor should be defined based on the following guarantees:

- All children will have access to health care, nutrition, education, safety and social care
- Problems of malnutrition, starvation, micronutrient deficiencies that end up affecting the growth and development of children should be taken care of.

- Vulnerable groups which are OVCs, elderly people, people living with chronic illnesses and disabilities must all enjoy the full protection that the Constitution provides with their cash grants ensuring that they are above poverty line.

However, it is vital to note that the above guarantees rely on the sustainability of the social protection system. The NDP (2011) argues that the sustainability of the system will be determined the country's ability to uphold a certain high level of social protection and proper funding of the system. The State must be able to generate adequate income economically active groups of the society and redistribute to those less active and completely inactive (NDP, 2011). For the social protection system to function progressively as envisaged, sustainability and affordability of funding should be taken into account (NDP, 2011).

## **2.16 THE EDUCATIONAL IMPACT OF HIV/AIDS ON OVC**

The significance of education in an orphaned child cannot be overemphasized since it is the worst area of an orphans' life as they sacrifice it to meet their own needs and those of the family (Busuttil, 2012). A study by Block (2008), in Tanzania, noted that an increase in the number of uneducated and unskilled orphans will result in the increase of crime if they do not get assistance. The study denotes this situation as a ticking time bomb. As it has been explained extensively in the previous sections that school is often disrupted when parents become sick and children be compelled to shoulder their responsibilities

Authors Msomi (2009); Mthiyane (2015) argue that the relationship between educational attainment and economic success makes it necessary for caregivers to support the educational requirements of the children in their care. The children must attend school regularly and receive support and encouragement in their educational endeavours (Mthiyane, 2015). The same researcher notes that this may be especially true to the foster children who may have never had this type of support and who are especially vulnerable to underachievement (Msomi, 2009).

The Global Fund OVC report (2016), indicates that death of one or both parents have shown to impact negatively on child outcomes, including educational outcomes, and it places children at risk of living in households with poorer financial resources and food insecurity as research has shown that orphans are more likely to go hungry and not eat before school as well as not be supervised while playing, which may place them at risk for exposure to violence (Global Fund OVC report 2016). Mshengu (2014), asserts that children made vulnerable by HIV/AIDS are underprivileged in terms of many of their educational related assistances. School ends up competing with many duties that affected children need to take on (Masuka, et al (2015). Again, factors like stigmatization may cause children to leave school rather than endure being excluded and being made fun of (Mshengu, 2014).

Findings of the study by Mwoma and Pillay (2015), also discovered that fear of knowing how life will unfold post parental death and frustration are some of the reasons why some children abscond from school in search of greener pastures, often only to join the mushrooming numbers of orphaned children that are homeless and exploited. According to Ngwenya (2015) the negative effects of HIV/AIDS on children's education leads to them experiencing psychological problems such as being aggressive, having low self-esteem and engaging in juvenile delinquency. These problems may be particularly hard to be recognised by teachers and will go on and on till necessitating for psychological support (Mthiyane ,2015). The same author argues that access to students from diverse backgrounds previously unrepresented in Higher Education, the disadvantaged and orphaned, is still a challenge for Higher Education Institutions and to some extent contributes to them giving up their studies or dropping out (Mthiyane ,2015). Global Fund report (2016), states that it has also been observed that by the end of the twelve-year schooling period, South Africa loses half of every group that enters the school system due to drop-out. It is reported that along this route, the significant human potential is hindered and the life chances of young people are harmed and thus contributes to rising unemployment figures, particularly for young people (Global Fund report (2016).

## **2.17 COMMUNITY AND SCHOOL BASED PROGRAMMES IN RESPONSE TO OVC EDUCATIONAL AND RELATED PROBLEMS**

### **2.17.1 The Basic Education Assistance Module (BEAM)**

Ngwenya (2015), reports that the scholastic needs of orphaned children in Zimbabwe have been identified and targeted through an initiative by government of the Basic Education Assistance Module (BEAM). In this initiative, community members recognize OVCs and have them registered at schools and their fees be paid for (Ngwenya, 2015). The project is managed by the Department of Social Welfare and has a committee inclusive of community leaders, representatives of teachers, NGOs, FBOs and the district of Education officers. They are all responsible for the selection of eligible OVCs and this diverse representation of stakeholders was to capture by all means all OVC referrals from anyone who may know them (Ngwenya, 2015).

### **2.17.2 The Bantwana Schools Integrated Programme (BSIP)**

Mshengu (2014), cited from UNICEF (2006), that this Bantwana school integrated programme is based in Swaziland and its aim is to advance the welfare of helpless children with their families affected by HIV/AIDS and stricken by poverty. The programme is reported to have implemented a remarkable support with the aid of overseas countries like the United States of America (Mshengu, 2014). It is reported that the Bantwana Programme had participating schools that have received grants to procure scholastic material and other equipment for the school (UNICEF, 2006).

### **2.17.3 The Mosame Trust**

UNICEF (2012), as cited by Mshengu (2014), states that this rural based project in Cameroon is one of the projects that support OVC learners in schools. Children in the village who are OVC are paid school fees for by this particular project. It has built classrooms and provided learners with educational facilities. Further, it is reported that the orphaned learners who reside with their extended family members like their grandparents were given a chance to study in private schools by this project

(Mshengu, 2014). Additional to educational support, this project also facilitates foster care services for vulnerable children, finding a suitable caring home for them. Micro Business Initiatives are also another component of the Mosame Trust where local adult villagers are trained and given material support to establish their micro businesses to be self-sufficient with the aim of combating poverty (UNICEF, 2012) (Mshengu, 2014).

#### **2.17.4 Integrated School Health Programme (ISHP)**

According to the ISHP Policy (2010), the Departments of Health, Basic Education and Social Development have teamed up and developed an Integrated School Health Programme (ISHP) with the aim of prioritizing and attending specially to children's optimal health and optimizing their growth, survival and learning outcomes in the school environment. The programme targets all vulnerable children going to rural schools across the country. According to the ISHP Policy (2010), the President devoted the government to bring back health programmes in public schools, hence the development of ISHP. Further, ISHP aims to address all the social problems and immediate health issues of learners especially those that act as barriers to learning (ISHP Policy, 2010).

ISHP has a vital package of health services that are executed in schools by designated School Health Nurses who are part of the Primary Health Care (PHC) from local clinics. The services include:

- Promotion of health education
- Screening and assessments of learners
- Provision of needed onsite services
- Referrals to other institutions and follow up
- Coordination and Partnership with local stakeholders
- Participation of communities
- Participation of learners

The ISHP policy highlights challenges that have been experienced in implementing this programme and amongst many are:

- Lack of sufficient staff leading to irregular visits to schools and thus impacting on the delivery of needed services.
- Lack and insufficient of medical material
- Lack of private and conducive environment to conduct learner assessments and screenings.
- Availability of a proper referral system to respond on the recognized needs of learners.
- Poor infrastructure limiting access to geographically hard to reach schools.

These challenges deter the good work that is envisioned by the programme in improving the lives of learners and efforts to eradicate health and social problems that learners experience in the school environment. Material support is still needed to see this programme through as the mentioned human and physical resources are delaying the much needed services to children including OVCs. The DoH, DBE and DSD in all levels must oversee collaboration and seamless implementation process, one that can see the deployment of school based social workers who can facilitate the follow up referral process of the programme. A study on school social work with grieving children by Quinn-Lee (2009), in the United States, found that having school based social workers is essential in eliminating barriers to learning and facilitating referrals to outside resources and institutions should learners require them.

## **2.18 OTHER GOVERNMENT AND DONOR FUNDED MULTI-SECTORAL PROGRAMMES IN RESPONSE TO OVC CRISIS IN SA**

Numerous actors from different levels have been actively involved in response to HIV/AIDS harm to the OVC. In collaboration, the government and non-governmental (local and international) organizations have been collectively involved in curbing the scourge of the epidemic and reducing the damage inflicted by the epidemic to all

affected by it including the OVCs. The responses have been through various initiatives and are discussed below.

### **2.18.1 Operation Sukuma Sakhe (OSS)**

Operation Sukuma Sakhe (OSS) is an initiative by KZN Office of the Premier with the purpose of bringing various government departments to the task at the community level and thus bringing services to the people. Departments are represented by officials in local war rooms who will tackle and facilitate all issues pertaining to that government Department efficiently. According to OSS Operations Handbook (2015), public participation in various government programmes is done through the integrated approach of OSS at the community level. Amongst other things in the core functioning of the War Rooms is the efficient interventions in response to HIV/AIDS. The OSS Handbook (2015), notes that the War Room should contain statistics on key HIV response interventions such as circumcision, condom distribution, ART, TB, OVC and referrals and implement programmes and campaigns that fight HIV/AIDS in the community.

The Handbook (2015), further quotes examples of intervention categories that each Department should direct their services to and they are: Services provided to children less than five years old (Early Childhood Development), crime and security, food security interventions, vital registrations, social services, basic services, services provided to OVCs as well as people with disabilities, educational issues and HIV Counselling and Testing (HCT). In each community, a recording of the number of OVCs in the ward (with names and details of OVCs) is kept with the relevant Fieldworker of OSS and government Department so that needs can be identified and services provided and tracked (OSS Operational Handbook, 2015).

### **2.18.2 Home and Community Based Care (HCBC)**

According to the Service Package (2014), HCBC is defined as the provision of complete and inclusive services including social and health services to vulnerable groups, designated care-givers in order to restore, promote and maximize level of

comfort, function and health, as well as care towards a dignified death. The HCBC services are provided by centres that have registered in accordance with the Non-Profit Organization Act No. 71 of 1997 as a Non-Profit Organization. The centres receive funding from government departments to execute their services to the vulnerable groups alleviating the effects of HIV/AIDS. The Limpopo Department of Social Development, developed an HCBC Service Package (2014) for projects providing services to individuals and families made vulnerable by HIV/AIDS. According to Mchunu (2010), the development of these centres that are responding to the needs of the vulnerable groups that have emerged in local communities are seen as flexible, direct and speedy as they are driven by community members themselves (Mchunu, 2010).

### **CORE SERVICES / PROGRAMMES RENDERED BY HCBC**

- Care and Support to people infected and affected by HIV/AIDS and other debilitating conditions
- Early detection of children and families in need of Care and Support;
- Addressing the needs of OVC and child-headed households
- Facilitate access to grants
- Linking families and caregivers with poverty mitigation programmes
- Provision of food parcels and food supplements
- Providing counselling to address the psychosocial needs of children and their families
- Addressing discrimination, stigmatization and disclosure
- Addressing capacity needs of families and children
- Training of Community caregivers (skills development)
- Assist children and their families to develop memory boxes and books
- Run support groups
- Assist families and children with documentation
- Assist families with writing of wills (HCBC Service Package 2014)

Research by Mchunu (2010), on the Impact of Thandukuphila Community Based Care Centre found that the programme had a positive impact on the PLWA, OVCs and



caregivers that the centre was servicing however much support from governmental departments was needed in providing monitoring and evaluation (M&E) of the services rendered by the Community Based Care Centre.

### **2.18.3 NACCW - The Isibindi Model**

The National Association of Child Care Workers (NACCW) developed the Isibindi model with the aim of providing a safe and caring environment for OVCs (Pillay & Twala, 2008). The Isibindi project trains unemployed people, especially women to be deployed as Child and Youth Care Workers (CYCWs) to directly service vulnerable children and families in their own places of living (Thumbadoo, 2011). Molepo (2014) remarks that this model has proven to have the peoples best interest as heart as it has not only responded to the needs of vulnerable children and families but also created employment opportunities thus mitigating poverty in communities.

The CYCW based in community-based projects provide services such as psychosocial support to OVCs using various techniques such as grief work, memory boxes, needs identification and behaviour management (Pillay and Twala, 2008). Additionally, Phelan (2007) remarks that the Isibindi projects include the development of a safe park, which identifies families in distress by creating a contact point for children, who are the most visible members. It allows workers to establish safe relationships with the children through play and to give the children the opportunity to have a "free space" to let down their fears and be able to be hopeful (Phelan, 2007).

### **2.18.4 THE GLOBAL FUND OVC PROGRAMMES**

According to the Global Fund OVC Programme report (2016), the key stakeholders in the Global Fund OVC Programme are the National Religious Association for Social Development (NRASD), Networking hiv/aids Community of South Africa (NACOSA), NGO's and they are monitored by the Department of Social Development. The Global Fund founded in 2002 as a partnership between governments, civil society and the private sector, has similarly focused on investing in targeted interventions in countries affected by HIV/AIDS (Global Fund OVC Programme report, 2016). Despite a large

amount of HIV/AIDS funding coming from the South African government, funding support from PEPFAR, the Global Fund, and other external donors has been essential to the provision of services for many civil society organisations (Global Fund OVC Programme report, 2016). In 2012, the US Secretary of State Hillary Clinton announced that South Africa was to be the first country to “nationalise” its PEPFAR programme, as funds would be scaled back and “responsibility” handed over to the South African government (Global Fund OVC Programme report, 2016).

In South Africa, according to Treasury estimates, about 80.7% of the total R29.39 billion budgeted for HIV/AIDS in the fiscal year 2015-16 comes from the government with 19.3% from donors. Despite a large amount of HIV/AIDS funding coming from the South African government, funding support from PEPFAR, the Global Fund, and other external donors has been essential to the provision of services for many civil society organisations (The Global Fund OVC Programme report 2016).

Global Fund OVC Programme report (2016), mentions the reason for this shift in funding strategies that is the increasing body of evidence suggesting that OVC interventions in the first years of PEPFAR, Global Fund and other programmes seemed to have had little measurable effect on the young people they were intended to serve. The report indicates that efforts to address these concerns, emphasis began to shift from a focus on efficient, inexpensive forms of service provision to an interest in interventions that could be shown to have *measurable* impacts. Thus, funding was refocused away from more broad-based care and support programmes to rather focus on targeted goals linked to a broader global agenda of prevention and treatment aimed at ensuring an AIDS-Free generation (Global Fund OVC Programme report (2016). The report further alludes that this has meant the ending of funding support for certain kinds of programmes, including the defunding of a number of organisations focused on care and service provision for OVC. This evaluation report reflects this current funding reality, in which a great deal of Global Fund and other funding support for OVC programmes in South Africa has or is about to come to an end (Global Fund OVC Programme report, 2016). Cessation of such funding will increase the debilitating plight that OVCs are facing and as the NDP 2030 mentions as indicated in this research that a balanced social floor is envisaged in the coming years, it would be hard for the country to achieve it without the help of such funds.

### **2.18.5 THE UNITED STATES PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR) SOUTH AFRICA**

PEPFAR has been committed to programmes that address the needs of the OVCs that would be central to attaining an AIDS free society thus preventing child deaths and vulnerability in general. The PEPFAR OVC programmes have the following goals:

- To empower families through proper health care, improving parenting skills of guardians of OVCs and strengthen their economy as they are primary caregivers of OVCs.
- Assists communities in creating safe and caring environments for OVCs.
- Capacity building of social service systems that care for the most vulnerable children.

According to PEPFAR SA Country Operational Plan 2017 (COP17) and Strategic Direction Summary (2017), together with the government of South Africa and other developing partners have dedicated themselves to interrupting HIV transmission and prioritizing prevention of the virus, OVCs, services to adolescent girls and young women, ensure that medical male circumcision is scaled up and to reaching UNAIDS 90-90-90 targets especially in targeted and priority sex and age bands.

PEPFAR SA Strategic Direction Summary (2017) indicates that OVC programs play a vital role in the identification and referral of vulnerable children and families and ensuring that they are referred to relevant services. PEPFAR indicates commitment to supporting OVC services in partnership with DSD in 27 focus districts, as well as the DREAMS district of uMkhanyakude, KwaZulu-Natal.

**Table 2.2: PEPFAR's targets for OVC**

<b>2.18.6 PEPFAR's targets for OVC and linkages to HIV/AIDS services</b> In meeting its targets successfully and impacting the lives of vulnerable children, PEPFAR shares the following statistics on the 27 Districts that it is committed to servicing.				
Province	SNU (Sub National Unit)	Estimated # of OVC	Target # of active OVC (FY18Target) OVC_SERV	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files (FY18 Target) OVC*
<b>Gauteng</b>	<b>City of Johannesburg Metropolitan Municipality</b>	154,382	101,198	101,198
<b>Gauteng</b>	<b>City of Tshwane Metropolitan Municipality</b>	90,469	48,381	48,381
<b>KwaZulu-Natal</b>	<b>eThekweni Metropolitan Municipality</b>	221,572	86,989	86,989
<b>Eastern Cape</b>	<b>Buffalo City Metropolitan Municipality</b>	37,922	14,000	14,000
<b>Mpumalanga</b>	<b>Nkangala District Municipality</b>	71,577	24,740	24,740
<b>Mpumalanga</b>	<b>Gert Sibande District Municipality</b>	88,571	25,700	25,700
<b>Gauteng</b>	<b>Ekurhuleni Metropolitan Municipality</b>	133,873	33,360	33,360
<b>KwaZulu-Natal</b>	<b>Ugu District Municipality</b>	78,122	19,400	19,400

<b>Eastern Cape</b>	<b>Chris Hani District Municipality</b>	77,033	19,000	19,000
<b>Mpumalanga</b>	<b>Ehlanzeni District Municipality</b>	135,560	31,540	31,540
<b>North West</b>	<b>Bojanala Platinum District Municipality</b>	77,076	17,508	17,508
<b>Free State</b>	<b>Thabo Mofutsanyane District Municipality</b>	69,372	15,361	15,361
<b>Limpopo</b>	<b>Mopani District Municipality</b>	81,600	17,915	17,915
<b>KwaZulu-Natal</b>	<b>Harry Gwala District Municipality</b>	55,785	12,200	12,200
<b>KwaZulu-Natal</b>	<b>uMgungundlovu District Municipality</b>	88,618	18,459	18,459
<b>Limpopo</b>	<b>Capricorn District Municipality</b>	95,223	19,200	19,200
<b>KwaZulu-Natal</b>	<b>UThungulu District Municipality</b>	99,107	19,853	19,853

(Reproduced from PEPFAR SA Country Operational Plan 2017 (COP17) and Strategic Direction Summary (2017).

## 2.19 LEGISLATION AND POLICY FRAMEWORKS THAT GUIDES THE RESPONSE TO THE PLIGHT OF OVC IN SOUTH AFRICA

In South Africa, various legislation has been developed and it has been ensured that the crisis of orphaned children is addressed within these legislations. Government departments, as well as civil society, execute their respective duties towards OVC being guided by these legalities. The Policy Framework on Orphans and other children made Vulnerable by HIV/AIDS (2005) highlights the following Acts and explains their relation to children (see Table 2).

**Table 2.3: South African legislation and policy frameworks relevant towards OVC protection**

Act	Description
<b>THE CONSTITUTION OF THE REPUBLIC OF SOUTH AFRICA, 108 OF 1996</b>	All rights contained in the <i>South African Bill of Rights</i> apply equally to adults and children. Section 28 of the Constitution deals specifically with rights that children have in addition to all other rights contained in the Bill of Rights.
<b>THE NON-PROFIT ORGANISATIONS ACT NO.71 OF 1997</b>	The primary purpose of the Act is to encourage and support the Non Profit Organisations (NPO) in their contribution to meeting the diverse needs of the population of South Africa by creating an environment within which the public may have access to information concerning registered non-profit organisations and thus promote a spirit of co-operation and shared responsibility within and amongst all stakeholders. <i>The NPO Directorate within the Department of Social Development is responsible for the registration of NPOs.</i>

<p><b>THE SOCIAL ASSISTANCE ACT NO. 59 OF 1992</b></p>	<p>Provides for the rendering of social assistance to persons. The Act was amended in 1994 to further regulate the making of grants and financial awards to certain persons and bodies. In 1997 the Welfare Laws Amendment Act, 1997 amended the Social Assistance Act, 1992 in order to provide for uniformity of, equality of access to, and effective regulation, of social assistance throughout the Republic, to introduce the child-support grant, to do away with capitation grants, to abolish maintenance grants subject to the phasing out of existing maintenance grants over a period not exceeding three years, to provide for the delegation of certain powers, and to extend the application of the provisions of the Act to all areas in the Republic. An amendment to the Social Assistance Amendment Act No 12 of 2004 was passed in June 2004 and makes provision for easier access to government services in respect of social assistance through the establishment of a national agency.</p>
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<p><b>THE GUARDIANSHIP ACT NO 192 OF 1993</b></p>	<p>Deals with common law system that places <i>a child without a guardian</i> under the guardianship of the High Court. The Act is applicable to a child up to the age of 21 years.</p> <ul style="list-style-type: none"> <li>• If the parents of the child are married, then both have equal guardianship over the child and the right to make decisions about the wellbeing of the child.</li> <li>• In the case of divorce guardianship, the Court may be awarded to only one parent In the case of the death of that parent guardianship normally reverts to the other parent.</li> </ul>
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- A parent may nominate a guardian for his or her minor child in a will.
- If someone contests the wishes of that parent, the High Court can overrule the intention.
- A woman is the guardian of her minor child born out of a marriage unless a High Court, as upper guardian, directs otherwise.

Act	Description
<b>THE CHILDREN'S ACT NO. 38 OF 2005</b>	Deals with early childhood development, prevention and early intervention, children in alternative care, foster care, child and youth centres and drop-in centres, the adoption of children, and inter-country adoption. It also gives effect to The Hague Convention on International Child Abduction, provides for surrogate motherhood, and creates new offences relating to children ( <a href="http://www.kzndsd.gov.za">http://www.kzndsd.gov.za</a> )
<b>THE SOUTH AFRICAN SCHOOLS ACT NO. 84 OF 1996</b>	The Act makes school attendance compulsory for learners between the ages of 7 and 15 years and provides for learners to be exempted from the payment of school fees under certain conditions.
<b>THE MEDICAL SCHEMES ACT NO. 131 OF 1998</b>	Protects children and/or their caregivers against unfair discrimination based on their HIV status.
<b>THE NATIONAL HEALTH ACT NO. 61 OF 2003</b>	The National Health Act recognizes children as a group who require special attention and provides for free primary health care for children under the age of 6 years who are not members or beneficiaries of medical aid schemes.
<b>THE BIRTHS, MARRIAGES AND DEATHS REGISTRATION ACT NO 51 OF 1992</b>	This Act provides for the registration of birth, death, marriage and the procedures and requirements to obtain the certificates, which includes identity document.



<b>THE DOMESTIC VIOLENCE ACT NO OF 1998</b>	The Act allows for the removal of the alleged perpetrator of family violence rather than the victim, issuing of protection orders against perpetrators and allows the child to approach the court for a protection order without adult assistance.
<b>THE SEXUAL OFFENCES ACT NO OF 1957</b>	Covers specific forms of child sexual abuse including the prohibiting of child prostitution. It also provides that children giving evidence in criminal cases must be declared vulnerable witnesses and afforded additional protection measures, including the use of the Intermediary System. <i>Amendments to this Act were tabled in 2002 as the Sexual Offences Amendment Bill and are awaiting promulgation. A separate Bill was known as the Compulsory Testing of Alleged Sexual Offenders Bill also awaits promulgation.</i>
<b>THE PROMOTION OF EQUALITY AND PREVENTION OF UNFAIR DISCRIMINATION ACT 2000.</b>	Gives effect to the letter and spirit of the Constitution, especially to the founding values of equality, human dignity and freedom of expression. Thus, prevents, prohibits and provides redress for unfair discrimination, and gives effect to the South Africa's international treaty obligations relating to human rights. Provides for the progressive eradication of current systematic discrimination which is a legacy of previously legalized discrimination, thereby transforming South Africa into a country based on respect for the dignity and equal worth of all human beings.
<b>THE EMPLOYMENT EQUITY ACT OF NO 55 OF 1998</b>	Prohibits discrimination based on HIV status. Applicable to children between the ages of 15 and 18 years, as well as employed caregivers and household heads.

<b>THE WILLS ACT NO. 7 OF 1953</b>	Provides for the formalities required in the execution of a will; the interpretation of wills; the validity of certain wills executed in accordance with the internal law of certain other states; and the competency of persons involved in the execution of wills.
<b>2.18.17 THE INTESTATE SUCCESSION ACT NO 81 OF 1987</b>	The Act addresses inheritance where a person dies in the absence of a valid will.

The above legislation has been developed to make sure that the OVC is well taken care of and their rights are respected. Enforcement of these Acts and Policies relies on the government and civil society officials to. A child protection system has been developed that ensures that any case of ill-treatment against a child gets reported and relevant processes guided by these legislations take place.

## **2.19 THE ROLE OF STATE AND CIVIL SOCIETY STRUCTURES IN RESPONSE TO HIV/AIDS HARMS TO OVC**

The Policy Framework on Orphans and other children made Vulnerable by HIV/AIDS (2005), has mentioned the following State departments and civil society and duties vested upon them in relation to orphaned and vulnerable children. They are stakeholders driven in undertaking that which promotes an enabling environment for more effective delivery on the existing obligations and commitments on orphans and other children made vulnerable by HIV/AIDS at legislative, policy and programme levels. Each institution is mandated to provide supportive services towards OVCs with the purpose of bettering their lives.

### **2.19.1 The Presidency: Office of The Rights of the Child**

- Develop national framework for the advancement and coordination of children's rights delivery.
- Mainstream a child-centred approach to policy, planning, programming, communication and funding process in government.
- Facilitate mainstreaming capacity building for children's rights focal

points in government.

- Advocate for children's rights delivery in government.
- Monitoring and evaluation of children's rights delivery in government.
- Coordinate integrated children's rights policy implementation in government.

### **2.19.2 Department of Social Development**

- Facilitate coordination of service delivery for fulfilment of the rights of orphans and other children made vulnerable by HIV/AIDS
- Provide psychosocial support and material assistance to vulnerable children and their families
- Mobilize communities to protect, care and support children
- Mobilize and distribute resource
- Establish of childcare forums at community level
- Provide alternative care options
- Establish and support poverty alleviation programmes
- Registration of Non-Profit Organisation (NPOs)
- Establish and maintain partnership with key stakeholders
- Establish and strengthen home community-based care and support programmes
- Capacity building for families, caregivers, community members, volunteers and other service providers
- Monitoring and evaluation
- Develop legislation, policies and programmes for the protection of orphans and other children made vulnerable by HIV/AIDS
- Establish and strengthen early childhood development programmes that cater for the needs of orphans and other children made vulnerable by HIV/AIDS
- Provide Social Assistance to vulnerable groups
- Implement policy framework for the prevention and management of child abuse, neglect and exploitation.

### **2.19.3 Department of Education**

- Educate learners about HIV/AIDS to reduce stigma and discrimination
- Develop mechanisms for school based support system
- Provide academic support for orphans and other children made vulnerable by HIV/AIDS
- Develop capacity-building programmes for educators to enable them to respond holistically to the needs of orphans and other children made vulnerable by HIV/AIDS
- Provide education for all as a priority and key coordinating mechanisms for protecting orphans and other children made vulnerable by HIV/AIDS while promoting opportunities for these children
- Develop and ensure that referral system to other relevant service providers e.g. social workers, nurses are in place
- Develop and implement appropriate life skills programmes for orphans and other children made vulnerable by HIV/AIDS
- Provide Primary School Nutrition Programme and Food fortification
- Develop and implement early childhood development programmes

### **2.19.4 Department of Justice**

- Ensure that the rights of orphans and other children made vulnerable by HIV/AIDS are protected through the judiciary system
- Ensure uniform interpretation and implementation of the Child Care Act (now known as the Children's Act no. 38 of 2005) based on the child's rights approach and the best interests of the child.
- Training commissioners on the integrated approach to effectively address the plight of orphans and other children made vulnerable by HIV/AIDS.
- Provide legal representation.
- Enforcing parental responsibility through Maintenance Laws.
- Protect the inheritance rights of orphans and other children made vulnerable by HIV/AIDS.

### **2.19.5 Department of Health**

- Provide a comprehensive treatment, care and support programme for the management of HIV/AIDS
- Provide a comprehensive Primary Health Care Service Package
- Implementation of the Integrated Management of Childhood Illnesses (IMCI) protocol
- Implementation of the Protein Energy Malnutrition Programme (PEM), which provides food supplement to children who are malnourished.
- Implementation of the Expanded Programme for Immunizations, which provides routine administration of vaccines against measles, TB, diphtheria, and influenza.
- Implementation of the Prevention of Mother to Child Transmission Programmes aimed at the administration of anti-retroviral therapy to HIV infected mothers before, during and after labour and to the newborn baby.
- Monitoring and evaluation
- Coordinate and facilitate access of all communities to all health services

### **2.19.6 Department of Home Affairs**

- Promote, facilitate and provide birth, death, marriage and identity documents
- Provide mobile units in communities for registration purposes to ensure that services are more accessible to the community members.

### **2.19.7 Department of Agriculture**

- Promote and facilitate food security
- Provide grants for farming to the poor communities
- Provide training to child headed households and community members on food production.
- Ensure sustainability through strengthening community co-operatives.

#### **2.19.8 Department of Housing**

- Ensure that the housing needs of households affected by HIV and
- AIDS are addressed through low cost housing schemes
- Support initiatives of other government departments.

#### **2.19.9 Department of Provincial And Local Government**

- Provide infrastructure e.g. early childhood development centres, the provision of land, sport and recreation facilities etc.
- Support the initiatives of NGOs, CBOs, FBOs, civil society and traditional leaders
- Provide free basic services to the poorest households (means tested)

#### **2.19.10 Department of Correctional Services**

- Protect the rights of orphans and other children made vulnerable by HIV/AIDS awaiting trial
- Build the capacity of personnel regarding HIV/AIDS

#### **2.19.11 Department of Trade and Industry**

- Develop entrepreneurship skills of child headed households

#### **2.19.12 Department of Labour**

- Protect the rights of orphans and other children made vulnerable by HIV/AIDS through the enforcement of legislation related to children e.g. child labour
- Skills development of youth

#### **2.19.13 South African Police Services**

- Investigate crimes against children;
- Prevent the commission of crime against children;
- Refer children "in need of care and protection" to the Department of Social Development to places of safety or, where possible, to refer children "in conflict with the law" to secure care facilities;

- Ensure that a child who is detained by the police is detained under conditions that are consistent with human dignity (adequate accommodation, nutrition, reading material and exercise- in accordance with section 35(2) of the Constitution of the Republic of South Africa, 1996(Act No. 108 of 1996);
- Ensure that injured or sick persons in the custody of the South African
- Police Service receives medical treatment, including hospitalization, where necessary.

#### **2.19.14 Department of Sport and Recreation**

- Provide safe recreational facilities for communities (without any discrimination *i.e.* including the OVC).

#### **2.19.16 Department of Foreign Affairs**

- Ensure good relations with other countries regarding issues of children and HIV/AIDS

#### **2.19.17 The House of Traditional Leaders**

- Participate in nation-wide campaigns such as HIV/AIDS
- Work in partnership with the Department of Social Development and other government departments
- Support municipalities and local government structures in the identification of community needs
- Play an oversight role in rural development and the promotion of wellbeing and stability in rural communities.

### **2.20 CIVIL SOCIETY STAKEHOLDERS**

#### **2.20.1 National and Provincial Non Profit Organizations**

- Mobilize and disburse resources
- Advocate and lobby for the rights of orphans and other children made vulnerable by HIV/AIDS.
- Capacity building of CBOs, FBOs and other organizations and development of training materials

- Develop and manage community based care and support programmes for OVC, including child-headed households
- Develop and implement prevention programmes and campaigns
- Facilitate coordination of service delivery to orphans and other children made vulnerable by HIV/AIDS.
- Ensure quality assurance.

### **2.20.2 Direct Service Delivery NPO's, FBO's and CBO's**

- Identify orphans and other children made vulnerable by HIV/AIDS
- Strengthen family and community coping systems
- Empower families and communities economically
- Support communities to take collective action.
- Mobilize resources
- Provide psychosocial support, spiritual guidance and material assistance
- Develop and implement community based care and support programmes for OVC including child headed households.
- Provide alternate care options
- Capacity building for families, caregivers, community members, volunteers and other service providers.
- Implement prevention programmes and campaigns.
- Establish early childhood development programmes
- Assist with succession planning

It is evident that every state department has a role to play in the crisis of HIV/AIDS and in support of orphaned and vulnerable children. However, there remains a big gap on the implementation side, to see these departments actively assisting the OVCs in their respective roles.



## **2.21 SUMMARY**

The literature review regarding the plight of orphaned children affirms that there is still suffering that is experienced by these children. Many authors explain that the children are exploited and treated unfairly in their places of care and many of them do not seek proper and relevant help whenever they experience ill-treatments. Government departments and civil society need to render the services that they are mandated to in order to improve the lives of the orphaned and vulnerable children.

## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3.1. INTRODUCTION**

This chapter introduces and discusses in detail the methodology followed in the execution of the study. The main aspects discussed are: research design, the target population, sampling procedure, data collection modes and techniques, data analysis and interpretation, the significance of the study and the ethical considerations.

### **3.2. RESEARCH METHODOLOGY**

According to Greef (2011), research methodology reflects and clarifies the reasoning behind research methods and techniques. The researcher understands the research methodology as a structured and systematic guideline of how the research should be conducted.

The current study due to its topic and objectives under investigation uses the qualitative research approach. Creswell (2014), defines qualitative research as an approach to discovering and understanding the meaning that individuals or groups ascribe as social or human problems. The process of this research approach involves questions and procedures that emerge during interview sessions with the interviewees. Data was collected in the participant's setting and was inductively analysed building from particulars to general themes and the researcher making interpretations of the data. Terre Blanche (2006), remarks that in qualitative research, the researcher is enabled to learn human action and their interactions through the viewpoint of the participant.

Johnson & Christen (2012), alludes with the above remark and further states that qualitative methods permit the researcher to study prioritized issues in depth, openly and paying attention to detail as the researcher tries to understand the categories of information that emerge from the data presented. The same author continues to state that qualitative research has the following advantages - means to understanding human emotions such as rejection, pain, caring, powerlessness, anger and effort;

since human emotions are difficult to quantify (they do not have a numerical value assigned to them) and it focuses on understanding the whole, which is consistent with the problem under study (Johnson & Christen (2012). Often, researchers use qualitative data to gain insight of the social action (Babbie & Mouton, 2004).

The researcher believes that qualitative research approach is appropriate for this study because it explores fostered children's experiences and how the loss of their parents has changed their lives, this insight will be a direct truth of the children that is their perspective. A deeper comprehension of the respondent's world and an understanding of the dynamics of the circumstances involved from the participant's point of view as they interact and fight with issues affecting their survival is fundamental in this study.

### **3.3 RESEARCH DESIGN**

Briggs et al. (2012), defines the process of research design as a common plan used to obtain answers with regards to the phenomenon being studied. Generally, a research design refers to all elements involved in the planning and execution of a research study – from recognizing the problem through to reporting and issuing the results (Punch, 2005; Briggs et al., 2012). In this study, the researcher adopts the exploratory design

#### **3.3.1 Exploratory design**

Exploratory research is carried out with the purpose of gaining understanding of a situation, phenomenon, individuals or communities. Its purpose is to gain awareness and familiarity with the phenomenon (Briggs et. al, 2012). According to Fouché (2002) and Greef (2011), exploratory research aims to give detailed understanding of situations, people and communities. The researcher employed exploratory research method with the intention of being able to explore the respondent's world as orphans and gain a better insight of their experiences.

### **3.4 POPULATION**

A population is the whole target group that is of interest to the researcher and wants to be the subject of research and about whom the researcher trying to say something about (Punch, 2005); Briggs, (2012). Creswell (2014), defines a population as the elements in the universe that possess specific characteristics targeted for study. Terre Blanche et al. (2006), refers to a population as a larger pool from which sampling elements are drawn, and shapes the generalization of the findings. The population encompasses all the elements that make up the unit of analysis (Terre Blanche, et al., 2006). Thalaneni area is 19.2km<sup>2</sup> with a population of 1250 people residing in it and 265 households (South African Statistics, 2011). The age group of the foster parents of the orphaned children is between 25 to 78 years of age. To make ends meet, survival is through the social assistance as the rate of unemployment is high. According to the District Health Plan by the UThungulu District (now called King Cetshwayo District) for the year 2015/2016, the rate of unemployment in Nkandla was at 43% in the whole Nkandla Municipality with a population of 119 048. Previously, the death rates of the parents of the orphaned children in the area of Thalaneni has been a serious concern hence the community based organization was established in responding of the harms of HIV/AIDS to the people of the area. The project provides supportive services to OVCs such as bereavement support, psychosocial support services as well as scholastic support. Thalaneni area has a total caseload of 98 active cases of orphaned children which are under the foster care programme and receiving the grant. Due to issues of stigma that is still present, only 15 OVCs voluntarily access the centre to date. Therefore, the study's population is the 15 orphaned children who access Themba lethu Community Based Organization in Nkandla in the province of KwaZulu-Natal.

### **3.5 SAMPLING**

The Purposive sampling technique was used in the study selecting and sampling the orphaned children at Themba lethu Community Based Organization who were in receipt of foster care grant. Creswell (2014), define a purposive sampling technique as a type of sample that the researcher more or less handpicks cases. The aforementioned authors continue to say that purposive sampling is the way to implement the approach of 'known groups' to be able to construct a newly developed measure.

According to Blankenship (2010), purposive sampling allows for a focused energy in answering research questions. The researcher becomes able to recognise individuals who have relevant information and be able to generate more information from them (Johnson & Christine, 2012).

The centre has a total of 15 children who are beneficiaries who access the centre for services. For the purpose of this study, a total of 10 respondents between the ages 13 – 18 years both male and female voluntarily agreed and received consent from their caregivers to be part of the study. The researcher ensured that the participants fit the criteria of being orphans (single or double), had voluntarily agreed to be part of the study and had consent from their caregivers. These age groups were the best participants for the exploratory study as the intention was to generate rich and considerable information regarding the phenomenon under study. The ethical clearance (with registration number: UZREC 17111O-030) from the University of Zululand was produced to show the authenticity of the process.

### **3.6 DATA COLLECTION**

Briggs et al. (2012), asserts that data originates from observations and can take a numeric or language form. The above authors continue to state that researchers need to have sound data to analyse and interpret so that they can be able to draw effective conclusions. Greef (2011), define the data collection instrument as the means of collecting accurate information that will be related to the objectives of the study. The mode of data collection that will be used in the study is the interview.

#### **3.6.1 Interview**

Boeije (2010), defines the interview as one of the important data collection tools in the qualitative research as it essential in retrieving people's perception, meaning, definitions and gain more insight into their situations. The same author further states that qualitative interviews start with expectations that the views and perceptions of others are explicit. Data collected was tape and recorded.

### **3.6.1.1 Unstructured Interview**

The researcher made use of unstructured interviews which Punch (2005) asserts that they are an essential tool that is able to generate rich and appreciated data. This particular tool allows the researcher to probe and ask follow-up questions to gain an in-depth understanding on the subject as Boeije (2010), states that this type of interview offers an opportunity to seek clarity from the answers provided respondents in that setting. An interview guide was composed of questions investigating the experiences of orphaned and vulnerable children (**see ANNEXURE 7 English and 8 IsiZulu**).

## **3.7 DATA ANALYSIS AND INTERPRETATION**

Streubert & Carpenter (2011), state that qualitative data analysis can be explained as the heart of the qualitative inquiry. It is when researchers get the opportunity to conceptualize their shared experiences and observations. Qualitative researchers analyse data collected by finding and categorizing themes (Greef, 2011).

The researcher recognized themes that emerged from the interviews and their relationships to the objectives of the study. This thematic content analysis method enabled the researcher to acknowledge the multiple voices and opinions of the respondents participating in the research. In so doing, the researcher employed the Tesch (1990), thematic content analysis method to analyse data in this qualitative research.

Interviews were audio taped and were conducted in the participant's native language which is IsiZulu and were afterwards translated to English. In-depth interviews were conducted with 10 orphaned children who are under Themba lethu Community Based Organization and lasted for one hour, thirty minutes to two (2) hours. The interviews took place at the premises of Themba lethu CBO. Immediately after each interview the data was transcribed.

### 3.8 ETHICAL CONSIDERATIONS

Johnson & Christine (2012), state that before data collection, the researcher needs to assure respondents of confidentiality that the information they will provide will never be disclosed in the way that could identify them. The study followed the qualitative method, the researcher felt that more ethical issues needed to be considered and observed especially because the participants were under-age children. In the execution of the study, the researcher ensured that the rights of the respondents were respected because infringing on the respondent's rights could have led to an unethical conduct. The ethical clearance (with registration number: UZREC 17111O-030) from the University of Zululand was produced to show the authenticity of the process.

The researcher provided the respondents with full information about the whole process of the research and the reasons for conducting the study. The researcher feels that these aspects mentioned herein need proper and accurate attention in the whole research study:

#### 3.8.1 Informed consent

The researcher made sure that informed consent was obtained from parents of the guardians of the children participating in the study **(see Appendix 5 English and 6 IsiZulu)**. It was also the researcher's responsibility to ensure that the parents or guardians were well knowledgeable of what the research was about and the role the children would play. Consent from the children was gained through the researcher firstly ensuring that they understood what was happening and assuring them of confidentiality and voluntary participation. Child friendly informed consent forms were also signed by the participants.

### **3.8.2 Anonymity**

The researcher ensured that the respondents remained anonymous at all times as to protect them as it is the researcher's duty to protect the respondents from any type of harm, stigma and humiliation.

### **3.8.3 Voluntary participation**

Respondents were told that they are free to or not to participate in the study. They all should participate out of their own free will and know that they can discontinue at any time, should they wish to do so.

### **3.8.4 Confidentiality**

The researcher ensured the respondents right to privacy and confidentiality by not disclosing their information to the public.

## **3.9 SUMMARY**

In the execution of any professional research, a clear, structural and elaborative methodology is required in order to show that your work as a researcher is properly planned and scientific. In this chapter the researcher has shown her choice of research design, population, sampling procedure, data collection modes data analysis techniques and elaborated on how she will ensure that the rights of the respondents are not infringed.



## **CHAPTER 4: STUDY FINDINGS AND DISCUSSION**

### **4.1 INTRODUCTION**

In this chapter the researcher presents, interprets, and discusses the analysed data collected from participants. Therefore, a case study of 10 children, aged between 13 and 18years, male and female were selected as participants for the study. The study adopted a purposive sampling technique with the aim of selecting children that fitted the criteria set for the selection of the participants who provided insights addressing the research questions and objectives of the study.

As discussed in chapter three in detail, unstructured interviews were used as the mode to collect data and data analysis was done by thematic content analysis. The themes that were identified are presented below. They emerged from the individual interviews held with the respondents. Each theme identified was further separated into a number of subthemes that are related to the main theme.

## 4.2 THEMES THAT EMERGED FROM THE INTERVIEWS

The interviews were conducted with different HIV/AIDS orphaned children from Thalaneni area who are under Thembaletu CBO care. Various themes that emerged from the interviews are reported under the following themes:



**Figure 1: Themes that emerged from the interviews**

In supporting the presentation of both themes and subthemes, an interpretation or verbatim quotation have been used. As part of the discussion, relevant literature has been used to support or disapprove the views, points or arguments reported in the study.

## **THEME 1: MEMORY OF ORPHANHOOD**

Data interpretation revealed that all orphaned children were able to remember at least the year that they lost their parents. Nevertheless, only a few children were able to remember the full exact date they lost their parents. For example, one participant revealed that he only knows his mother's year of passing and not his father because he does not know him and has never met him. Only his mother knew about him and did not tell anyone until she passed on. Some participants were unable to recall because they were much younger when the incidents occurred, others the truth about their parents was hidden (just told the parent has gone to another country for a long time) and other special cases was psychological, where the memory is locked at the back of the mind with the intention not to remember as a coping strategy.

### **Sub-theme 1: Emotional state when one first heard about parental loss**

Participants expressed that hearing about their parent's death made them feel sad and devastated. One participant stated that: *"My mother passed away when I was very young. When I was young it did not bother me much but as I grew older I then realized that I am an orphan, and that made me feel very bad because I realised that I will never see her again; My father recently passed away and I felt bad for a short time and I let it go because I did not have that much relationship with him"*. Other participants mentioned that they felt bad when their mothers passed because they were living with them, meaning new living arrangements were to take place due to the death of their mothers and that affected their emotional status. Nabunya & Semawala (2014), remark that the emotional struggle of most HIV/AIDS orphans most often is thought to be during the illness of the parents and the actual death, unfortunately, the struggle continues as more stressors emerge after the death of the parents. In most families, especially in rural households, the children are still denied the right to make known of their feelings and voices.

Another participant mentioned that: *"It pained me to know that the woman that I had known to be my mother was then not and the one that was my actual mother died without me knowing her"*. According to Chi & Li (2013), and Nabunya & Semawala (2014), psychosocial factors of after the death of parents are often underestimated and or ignored, however, such behaviour threatens the well-being and compromises

the self-actualisation of a child. Loss of a parent especially a mother is a key determinant that disturbs children's psychological well-being and development.

## **Sub-theme 2: Choosing an extended family to assume the duties of foster parenting after parental loss.**

When children lose their parent's various scenarios occur of how to take-on and care for the children. The study reports on three scenarios SCs:

### **SC1: Live-in with extended family**

When both parents of children die, children are then compelled to move and live with extended family members such as their grandmothers either from the maternal side or the paternal and this change is not in any way voluntary. Most participants revealed that when their parents passed away, their maternal extended family members are the ones that assumed the role of caring for them whilst some participants revealed that their paternal families took them in.

### **SC 2: Forced migration to live with distant relative**

Another participant reported that she was taken in by her mother's distant cousin that she rarely knew at the time due to lack of people that could care for her as close family members were already living with other children from other deceased parents.

### **SC3: Family meeting inclusive of the affected child/children**

*"My family held a meeting after my Mother was buried to discuss who was going to now care for me. I had to be at the meeting to give answers to questions about where I was schooling. Eventually, an aunt who is a relative to my mother decided to take me in because she lived closer to the school and fortunately I did not have to change schools as I would see with the other kids in the family".*

Due to the discomfort presented by these various scenarios, in South Africa, there is a noticed pattern of growing house headed households. As argued by Lim (2009) the death of a parent/parents of a child/children introduces a dynamic into the family

structures of the families to take-on the child. The close extended family members are sometimes already overwhelmed by the burden of caring for their children and can no longer take-on other children.

## **THEME 2: SCHOOL PERFORMANCE UNDER THE FOSTER CARE SYSTEM**

Participants admitted that losing their parents disturbed their school performance, marks at school dropped. Three (3) orphaned children reported to have repeated classes due to not being able to cope with the sickness of their parents and having them eventually die and then have to live with the new condition in their lives: *“I was greatly disturbed by the loss and I accepted after much comfort and sympathy from my family and friends because I could not believe that both my parents are gone. I used to cry all the time, whenever I would think of them I would weep no matter where I was”*. Generally, literature concurs that HIV/AIDs orphan’s schooling performance tend to be affected when they lose their parent/parents, the situation worsens more if it is a mother. As pointed out by Mshengu (2014), children who recently lost their parents were the ones who reported to struggle with school work and also struggled to live with the new adjustment in their lives. Foster & Williamson (2005), emphasised that usually, the poor performance begins when a parent starts being ill, children’s school attendance drops because labour is needed to pay medical expenses or because families cannot afford to pay school fees.

Poor performance in school is optimised due to parental loss has a direct impact on the school performance of orphaned children as they lose focus when they have to relocate to live with the extended family members. As mentioned by UNAIDS (2001), the scattering of orphans to altered households, including moving away from schools and friends, is a mutual incidence which obliges teenagers to develop new friendships and learn to adapt with different teachers in a new location. This is a complex challenge that affects ones psychological, social and emotional spheres, because children have to leave their comfortable zones that they had grown to love: *“I used to always think about my parents even during class and I would lose focus on what is happening in class thinking to myself that how can it be true that I am going to live my whole life without my Mom and Dad”*; Another participant said: *“My mother passed before my father’s passing on. He was all I had and I prayed that God could keep him.*

*When he passed I could not study or do anything and I had no hope in life and I engaged in anti-social activities of crime such as pick pocketing other learners at school but I also learned that it was wrong and stopped it*". Adams (2005), affirms that parental loss has a negative effect on children's education and that it may lead to psychological problems such as low self-esteem, aggression, elective mutism and juvenile delinquency. The findings of the study conducted by Mthiyane (2015), also attest to the of the expression of another participant that orphaned learners engage in wrong doing which leaves them frustrated, helpless and contributes to poor academic performance. At the teenage stage, the children require are in need of a sense of belonging, their friends usually satisfy that void. Secondly, there is a need for security, at school, the children get accustomed to how learning is conducted and build relationships with their teachers. The Maslow's hierarchy of needs is usually compromised during this period.

Not all the children felt the change of scene had a bad effect on her school performance. One participant differed with others and reported that there was no big difference to her school work because she quickly got over the loss. She further reported that the news about her father's death was brought to her by her class teacher who was asked to break the news and the teacher comforted her, making her accept the loss and be able to cope with life moving forward. A study by Magano and Rambado (2012), highlighted the importance of psychosocial support from schools since these children experience loneliness and anger, rejection and discrimination from their peers: unresolved feelings of loss as they did not receive proper counselling to deal with their loss.

### **Sub-theme 1: Persons who noticed the drop in academic performance**

Participants whose performance declined were asked who paid attention to them to see that there is a difference in their marks. One participant reported: *"My teacher saw the decline in my school work and tried, by all means, to assist me to improve in my subjects by arranging for me to study with learners that did well in class and ultimately my performance increased"*. Haine et al. (2008), attest that death of parents may lead to the child being unable to perform in school and in turn affecting the decision to attend school. Bray (2004), asserts that teachers easily identify indicators of vulnerability which are absenteeism, poor scholastic performance and appearance of

learners with clothing. This also brings to light that the caregivers of the children do not pay attention to the children's school work as the decline in performance is not noticed by them. The reason is that some caregivers themselves did not attend school and hence they do not notice these changes. Another participant stated: *"My grandmother did not go to school so whenever she would ask about my school work I would say I am doing well because I knew that even if she wanted to see my exercises she would not understand. I did this until I failed the class and had to admit to her that something is wrong with my focus at school, I cannot seem to perform like the time before I lost my parents. My grandmother supported me and spoke to one of the teachers at school and asked them to assist me to be able to do well and move to the next class"*. According to Bhengu (2009), the major problem with grandparents is illiteracy especially if they live in rural areas. Shatz (2007), also affirms that many grandparents cannot assist children with school work because they have a low educational attainment and they do not have knowledge of the subject matter.

### **Sub-theme 2: Repeating class due to being affected by parental loss**

Most participants said that they have never repeated a class after the loss of their parents. One participant said that *"I have never repeated a class but I fail all the 3 terms and pass in December to proceed to the next class"*. Another participant said that *"I do not do exceptionally well in school but I can say I am an average learner, just like the others although I have repeated some classes previously. I have had to repeat classes two times because I had not accepted the changes that were occurring in my life and the responsibilities that it brought"*. Ritcher (2001), has shown that responsibilities and work, both within and outside of the household increase dramatically when parents are ill or have died. Orphanhood plays a big part in the participant's lives and finding themselves again after the death of parents is a daunting task. Another participant stated: *I had to move to stay in a different village when his mother died and was forced to change schools. I had to walk a long distance to school and he would always arrive late and had to go through punishments before getting into a class which would always make him less interested to be in school or even pay attention to what the teacher is saying. If my mother did not die, he would not have had to move and live in a place far from school as this started to bring problems into my life*. Sharma (2006), asserts that death of a parent may lead to a child being affected to perform in school and this, in turn, affect their decision to attend school.

### **Sub-theme 3: Coping mechanisms towards maintaining and or improving school performance**

As some children had to repeat classes, some found ways to deal with the change in their school work to resuscitate their old selves in class again. One participant said that *“I would approach the learners that did well in class to get them to help me with the subjects I lacked in and that encouraged me to study hard because those learners did really well in class since I had started joining them for study sessions. I could not let myself fall behind”*. Another participant also attested that *the year he repeated a class was the year that he decided to accept that his parents were gone and there is nothing he can do about it but he cannot let his life be ruined by crying day and night*. The study by Mshengu (2014), revealed that some learners are shy to ask for school related assistance from teachers but are able to ask their classmates who seem to do very well in their school work. One participant said that *“I had to change the school because it was now far from my aunt’s home and I could not attend late classes to revise. The move also affected me but I kept telling myself that I needed it so that I can have a study group and be able to attend weekend classes to pick up my performance. The teachers of the new school welcomed me and I was open about the reasons why I joined them and they pushed me to do well”*. Mshengu (2014), also argue that orphaned learners enjoy being in school because of peer learners’ friendliness and support. They receive academic support from their peer learners and assist them to cope with difficulties.

### **THEME 3: VULNERABILITY AND EXPLOTATION IN THE NEW PLACES OF CARE**

Most of the participants were not comfortable to open up about the abuses and exploitation they face. They feared that they would cause tensions in the homes and just chose to keep quite. To get the participants to open up and share their sensitive experiences, the researcher made use of Kinetic Family Drawing where children would draw their experiences and the researcher interpreted and could draw a conclusion from what the responded tried to say. Orphaned children experience a great deal of exploitation in their new places of care that they find themselves living in when their



parents die. They are not given attention to like the other kids of the same home. They are given excessive chores to do around the house as they end up being taken as 'helpers' in the homes and not as children who need to be loved and cared for. However, one participant revealed that *"when I come home from school there is always work kept for me to do starting from cleaning to fetching the cows in the hills while my cousins go out to play and my grandmother rarely says anything to them because she fears that they will tell their moms when they come to visit and they will shout at her"*. One participant stated that her grandmother and aunt look after her well but she gets to shout at very easily and sometimes is not taught how to do things but is expected to do them correctly. Lyons (2002), contends that some adults might take children into their households to serve an ulterior purpose.

The author further explains that children are used to providing extra income or free labour and can be treated like property or servants, kept from school and given inferior food and care. Karim & Karim (2005) assert that in some situations orphans cared for by the extended family member are treated as second-class family members, exploited by being given excessive added financial burden on the extended family, and subjected to physical and sexual abuse, with a string of knock-on consequences. One participant said that *"I usually fight with my older brother and it is over minor things but he likes to bully me. When I tell my uncle that my brother is bullying me, he just says that I have to be strong and not weak. He says that my brother is helping me because when other kids want to ill-treat me, I will be strong and stand up for myself"*. It is the researcher's view that some caregivers only attend to matters when they are raised by their own children and give inaccurate advice to orphans in their care when they need their advice. For example, one participant also said that *"I am always beaten when I do something wrong and I have even thought of just running away from home but I do not know where to go to. Sometimes it gets too much and I would sleep crying, wonder how my real parents would treat me if they were alive"*. This is contrary to the findings of Lyons (2002), that orphaned children are offered a home with caring adults but nonetheless resist being absorbed into new families and homes because of fear and distress, others run away and some react with behaviour that provokes rejection. Orphaned children have experienced rejection and ill-treatment without them having to do much but being regarded as unimportant.

## **THEME 4: ECONOMIC LIMITATIONS**

When children change the living arrangements, an economic burden is realized. The foster care grant which is received by orphaned and vulnerable children substitutes for the burden realized and put upon the new carers of orphaned children. Amongst other things, the money is to help children with their scholastic necessities to help the children to continue with school and become better people

### **Sub-theme 1: Foster care grant money used for the needs of the children**

All the participants were the recipients of the grant and when asked if the grant money is used for their needs, they shared various perspectives.

#### ***Open –communication: informing & including the child indecision-making***

One participant said *“My grandmother receives the money on my behalf and she also gets pension grant. She usually tells me that the money was used for groceries and toiletries for everyone in the house”*. Adams (2005), contends that in economically disadvantaged communities, the child’s contribution is often necessary for the survival of the household.

#### ***Silent communication excluding the child in decision-making***

Another participant said that *“The money buys me school uniform and stationery at the beginning of the year and throughout the year it helps with groceries. I do not get new clothes all the time because the money is not enough as food is expensive. My maternal aunt usually says I will get new clothes at the end of the year and sometimes I don’t”*.

#### ***Abrupt exclusion of a child in decision-making***

One participant stated that *“I do not know if my money is used for my needs or not. I am always told that there is no money when I ask for things hence I say that I do not know if my money is used appropriately at home. I have also received assistance from my teachers previously”*. Ladson-Billings (1994), affirms that teachers go an extra mile to support orphaned learners in their schools and also reported that even though teachers are assumed to be poorly paid, some teachers still use their own salaries to directly support some of the orphaned learners who are needy in their class.

### **Sub-theme 2: Whom do the children talk to when they need something?**

The participants revealed that they find it easy to talk to the person receiving the money on their behalf when they need certain things and for most participants, they said these people are their grandmothers. Finch (1989), revealed that the relationship between grandparents and their grandchildren is described as having an interesting blend of closeness and distance, as one generation is removed and with a substantial difference in age between the two parties. One participant said that *“I talk to my maternal aunt when I need toiletries because she receives my grant for me but sometimes I end up asking from my grandmother as my aunt would say that the money is finished”*. The researcher asked one participant where their grandmother gets money and he said that his grandmother receives old age pension grant and it is the money that maintains the household as a whole and then his needs are being cared for. Alpasan & Mabutho (2005), highlighted that some of the challenges faced by grandmothers in caring for orphaned children involve feeding for them, providing food and clothing for the children. Other participants said they talk to their aunts as they find it easy to engage with them because of the age gap that is not wide between them. Grandmothers are being seen to be the fundamental support system and the key to communication channel system.

### **THEME 5: NEED FOR CREATING FRIENDSHIPS WITH PEERS**

The researcher asked this to see whether the children had any friends that they live and share with. Many participants stated that they have friends and they feel that their friends make them have fun and take their minds off thinking about their lives, who they have and who they do not have. One participant said that *“I have many friends and I am a very friendly person, I like to have people around me.”* However other participants did share that they do not have friends and the reasons for it were, amongst others that they struggle to get children that would understand their background and not isolate them. Another participant said that *“I do not have friends; I am not a social person. I prefer to spend time alone”*. Lyons (2002), state that the impact of parental loss has resulted in children failing to meet the goals of childhood. Another participant also said that she once had friends and one day they fought and they stopped being friends and that hurt her a lot, she then decided to not have friends because they fight and leave her.

According to Meinjties & Griese (2006), orphans are often shy, withdrawn, ill-at-ease and lacking self-confidence and thus frequently only tolerated on the outskirts of the peer group. One participant said that his friends gossiped about him and he just changed friends as he could not trust them. UNAIDS (2000), asserts that the loss of material, emotional and developmental support from some adult exposes children to distress which results from lack of affection, insecurity, fear, loneliness, grief and despair. It limits the possibility of a successful childhood, which in turn affects their future as adults.

## **THEME 6: ENGAGEMENT IN ANY MISCHIEVOUS ACTIVITIES AND ITS CONSEQUENCES**

The participants were asked if they have engaged in any mischievous activities and the consequences that they experienced thereafter. Only one participant disclosed that she has engaged in mischievous activity and it was stealing money at home and the consequences were being caught by family members and being disciplined harshly. The participant disclosed that what lead to her doing this activity was pressure from her friends and wanting to fit in with them by having money. Mshengu (2014), reports that lack of financial resources results in unacceptable behaviours like stealing in order to have things or material that is needed in school.

### **Sub-theme 1: Limited dreams due to not having parents**

The participants were asked if they feel that the absence of their parents has limited their dreams in any way. Orphaned children get little attention from extended family members and it affects their goals and motivation to attain them. In other households, it is the orphaned children that carry out all the house chores with little help from the other children. In this study, participants shared that they have dreams of becoming different professionals and the absence of parents does affect them. One participant stated that *“I do not do well in my studies because I am not a clever person. I don’t get much assistance with my homework. I feel like when I reach matric I will not go further, I will just look for work and support the family where I can.”* Research by Cele (2012), found that if a child grows up in a home where the importance of education is not realized, the child has little to look forward to or to expect and there are no plans for the future.

Another participant said that *“I want to be an Engineer when I grow up and build roads and bridges. At the moment I do not know where the money to study will come from. My grandmother wants me to further my studies and I wish that too that’s why I should study hard.”* Financial constraints also have an impact on the attainment of the children’s dreams. Most parents did not work many decent jobs when they left the children behind and that means there has not been much to sustain the children financially and throughout their schooling years. Adams (2005), shares that HIV/AIDS has negative effects on the children’s education and they end up failing to achieve according to their expected potential while others fail to attain their goals. The family members can also do so much with what they have to assist the young children to achieve their dreams, that is if they find it significant to do so. Another participant said that *“I wish my parents were around, at least I would know that if I fail in life, I failed with them trying and assisting me with all that I need. I want to be a Nurse when I finish school and I only wish that I get a bursary or scholarship because there is no money at home to take me further.”* Ritcher (2001), asserts that economic hardships impact negatively on most of the children affected by HIV/AIDS. Cele (2012), also states that an orphaned child living with grandparents with a low socio-economic status face an insecure future because of lack of tertiary educational opportunities and thus the prospect of a good job.

### **Sub-theme 2: Survival mechanism from the challenges of being an orphan child**

The participants shared how they have survived the challenges that they live under that are brought by being merely orphaned children. They gave different responses as they experience different challenges. Like this participant that said, *“I try to focus on the brighter side of my life because when I focus on what I do not have, I just get sad and start to worry.”* One participant also said that *“My grandmother gives me hope always that things will get better, I just have to persevere. Both my grandmother and aunt give me great support and I feel their love and I cannot say I feel the void of not having parents although I do miss them.”* One participant said that he enjoys playing soccer and focusing on his favourite sports tournament that they get into at school. He said he finds it empowering to have a talent that could take him to places and he knows his parents will always be proud of him. Mshengu (2014), comments that when orphaned children are involved in moral activities in schools, it changes their focus.

One participant said that *“I wish to study and finish my matric and go on to be a Police man so that I will protect my family”*. Another participant said that *“I try not to think about my loss often because it brings me pain and sadness”*. The participants shared that they find comfort in the family members that they are left with but they do miss their parents and nothing can fill the void. One participant made known that having someone that loves her like her mother used to love her makes her feel good. Participants that spent time with their parent/s before their death can remember the bond and connection that they had with them. The participants that did not spend much time with their parent/s due to different reasons such as parents working away from home or that they had to be raised by grandmothers, could not relate with the bond that they had with their parents as they rarely spent time with them. One participant said that *“As I only knew my mother, she was my mother and my father at once because I never knew my father and his whereabouts. I still wonder where he is and what he could have done.”*

### **Sub-theme 3: Thoughts that life could be different if parents were alive.**

The participants were asked if they feel that life could be different if their parents were alive. This was asked to ascertain if participants do find themselves in a position of wishing that their parents were around and it could be because of the need they have at that current time or if they feel that they are ill-treated by family members. Some participants were emotional in answering. One participant said *“I do feel like life would be different if my mother was still alive. I know that my mother would not deprive me things that I need if I ask. I also know that my mother would try by all means to give me what I need.”* This response from the participant made the researcher to ask further questions as to if there are times where she feels that she has been deprived things that she has needed before. The participant further said, *“I have seen the money that could buy me things that I would be short of but I would be told that there is no money and it would end there.”*

Another participant stated that *“I wish that my parents were around to support and give guidance to me. I know that the family I have now cares for me but it does not fill the space that my parents left.”* Other participants who also shared the same sentiments disclosed that they wish that their parents could be there for them to provide and support them as there is little support that comes from the families that they have. One

participant said that *“I miss being treated like a child and not like a grown person and not be expected to do duties that adults do.”* Research by Mshengu (2014), also found that psychosocial distress also surfaces to learners who do not have both parents as most orphans wished that their parents were still alive.

Other participants shared that they do not feel that the presence of their parents would make any difference to the life that they are living now. One participant said that *“I do not think that life would be different. I do get the love of the parent and it makes me feel like I have parents.”* Another participant also shared that *“My family supports me and as much as I do not remember much about my parents but I do feel that I’m cared for well by the family that I am with and much of the time I think less of my parents.”* The study found that the orphaned children do believe that life would be different if their parents were still around, in terms of the hardships that they face post parental loss. Being deprived certain things and not being told what their grant money is used for and at other times seeing it going to many responsibilities in the household made them feel like they are less important. The study revealed that other orphaned children do not believe that the caregivers do their best to give them what they need and believe that their needs are not prioritized. It is seen that some caregivers need parenting skills in order to fully care for children in their care. There are different worlds that the caregiver and orphaned children find themselves in and they need to correlate and ensure that there is an understanding between the two. Children need support that is mostly not found from their caregivers as some are working and have their personal commitments and some caregivers are old aged and cannot parent them like their parents.

## **THEME 7: FEELINGS OF DEPRESSION**

Feelings of unhappiness, sadness and depression are feelings often felt by orphaned children as they described them. Some live in the space that evokes these feelings. Participants were engaged in this question to obtain if they can look at their inside and ponder the causal factors of their depression other than the obvious factor of losing the people that brought them to earth, who are their primary caregivers. Participants gave dissimilar responses as some conceded that they do feel depressed some times and others said no they do not. German (2002), asserts that psychological effect of

parental loss is the least visible effect because it is not tangibly seen. The researcher could tell that some participants avoided visiting the moments of loneliness that they have come across in their lives and it was totally understandable. For example, one participant said that she has *felt lonely* and *sad*. She shared that it is usually around festive season when the aunts and uncles come back for festive holidays and her cousins would be happy that their parents are coming back home. That would make her wish that her parents could come back too to visit at least around the jolly season of the year only. UNICEF (2009), reports that orphans suffer from emotional stress, higher levels of anxiety, depression, anger and inactivity induced by depression, feelings of hopelessness and thoughts of suicide due to adversities they face after a parent dies. Other participants shared that the times they have felt unhappy is when they had lost friendships with their close friends and it was hard seeing someone you were once close to becoming a stranger. This also speaks to the fact that the loss that they have experienced in their lives has a great impact in the relations they have today with others and the impact that the ending of the relations has on them growing up. Participants shared that they fear losing people, either over quarrels or over death. It is an unhappy thing to go through.

Other participants as mentioned above said that they have not felt depressed or sad and the reason is that others try to distance themselves from situations that could cause them to feel unhappy at the end. The researcher saw this as an escape to not be affected by other losses that could occur in the lives. Participants escaped attachment and it is caused by the loss that they have experienced and seeing the impact it has on their lives. Germann (2002), state that, these orphaned children manifest emotional trauma ranging from depression, aggression, drug abuse, insomnia and failure to thrive among others.

### **Sub-theme 1: Engagement in physical fights**

Not all participants have engaged in fights but some that have raised that being short tempered and retaliating easily to fights when picked on was mostly expressed as the causal factor of their engagements to physical fights. Kapp (1991), asserts that anxiety, tension, aggression, fear and other signs related to emotional distress occur more in orphaned children than in children whose parents were still alive. The participants said that when they find themselves in situations where they need to or



will have to fight, they distance themselves and not partake. The children that have been involved in fights revealed that it happened at school and rarely at home. Orphaned children become victims of abuse and are being bullied by other learners at school over their status of being orphaned and not having primary caregivers. One participant said, *“at school when you are an orphan you are bullied easily by other children, they like to pick on you and take away your things because they know that you are not like them, you will not tell your Mom or Dad but your granny about what they are doing to you.”* Mshengu (2014), found that orphaned children experience rejection and discrimination from their school peers. They sometime experience feelings of hopelessness and loneliness. Uncles and aunts are also people who can stand up for them but they also live away from home due to work and other social commitments. Another participant said that *“I fought with a boy I was in class with at school. He was forcefully removing me from my desk and wanted to take it to be his. I lost my temper after trying to tell him to stop and he would not and we then fought. He was wrong for trying to bully me and should have tried to take what is mine forcefully. I taught him a lesson”*. Sosibo (2004), state that it is provided that learners who are AIDS orphans experience related stigmatization and that they are being marginalized and ostracized.

## **Sub-theme 2: Engagement in substance use and abuse**

As orphaned children are faced with this reality of not having parents, they are vulnerable and start to be drawn to substance use and abuse. Male children started smoking at an early age and the reasons for start smoking is due to peer pressure and wanting to experiment and to prove to other boys that they are cool or ‘man enough’. One male participant said that *“I started smoking without knowing what was good and bad about it. I just did it because it is done and most of the friends had started. Today I know that I should not have started or should have waited until I was older and working to be able to afford cigarettes daily. I can say what is good about it is that it helps take away stress and many thoughts when I begin to think about my life and when I am not feeling happy”*. Mshengu (2014), found that the lack of parental guidance can lead to lack of proper guidance in attending school and be influenced to do negative things by peers. Few female participants have drunk alcohol like ciders and wines. They said the reasons for taking those substances were because of the

festive season, during special cultural ceremonies at their homes and when they have fun with their friends during school trips.

One female participant said that *“I have experimented with alcohol and it was at home when there was a traditional ceremony for my uncle who had passed away. I was with my friends and cousins and we stole a few bottles of ciders and consumed them. Adults saw us when we were already drunk and reprimanded us and told us to never drink again.”* Another participant also said that *“I have a drink with my friends. We usually contribute money after finishing with exams and buy ciders to drink and celebrate. I do not want to do it every day but I have felt like I needed to drink before and it was when another close member of my family passed on.”* Madorin (1999), provides an explanation that a psychological impact of parental loss appears in different forms and that one person may become distressed, start to consume alcohol or use drugs and may become aggressive and experience difficulty when trying to sleep or eat.

Some participants have not realized the impact of engaging in substance use and when it becomes substance abuse. They are doing it for the fun of it and the consequences are not explored. Besides peer pressure and wanting to prove points, lack of close parenting and attention is the other contributing factor to their action as they are caught at a later stage by adults at home.

### **Sub-theme 3: What triggers orphan children to cry?**

All or most participants, both male and female said that they have cried many times in their lives and the crying was triggered by different conditions. Others cried because a family member was sick and they fear that they will die. Participants re-live the traumatic experience of losing their parents each time a similar pattern of how they died occurs to another person. One participant said that *“I do not cry a lot. The time that I can say I cried a lot was when I found out that my uncle was very sick. I cried because I feared that he can also pass away and leave me. When neighbors would come to check him and bring prayers, I would overhear my grandmother explaining what he is suffering from now and what is making him sicker and I would weep the whole day without my family seeing me.”* Mandorin (1999), provides an explanation of the visibility of the psychological impact of the parental loss. The above mentioned

author states that it is sometimes difficult to recognize the link between a certain stressing and painful event and the event occurring later in a child's life. The impact can arise even months after the event. Another participant stated that *"I cry when my siblings and cousins call me by the names that I do not like about my physical appearance. I did not create myself and whenever I tell them that, they do not listen, they just laugh. That makes me feel bad and then I cry"*.

Another participant said that *"I cry when I get hurt physically, when I am sick and when I am shouted at because I am short tempered. I prefer to be spoken to when I do something wrong and not to be shouted at out of the blue especially harshly."* Mandorin (1999), goes on to state that adults often lack understanding of what is happening inside children and they are sometimes unable to express their grief.

## **THEME 8: PLACEMENT IN OTHER FORMS OF ALTERNATIVE CARE**

Participants were asked if they have ever been placed in other forms of alternative care such as Orphanages or Child and Youth Care Centers before for whatever reason. All participants said that they have never been placed in that kind of alternative care. Ever since the passing of their parents, they have lived with their extended family members. Literature by Adams (2005), states that it has been discovered that children raised in orphanages have difficulty re-entering the society once they reach adulthood and that many find it difficult to fend for themselves in the outside world.

### **Sub-theme 1: Knowledge about the Children's Act No. 38 of 2005**

Participants shared that they know about the Children's Act from school and also from the Caregivers at the Thembaletu Community Based Organization during awareness days and other programmes. Knowledge about this Act has helped them to know their rights and that the government has established a social assistance in a form of Foster Care Grant. This grant is there to help children who are in the same situation as orphans to, amongst other things, help them continue to school and be taken care of.

### **Sub-theme 2: Liberty to change a caregiver**

The participants were asked what if they could be given an opportunity to change caregivers, who would they choose to stay with and the reasons thereof. They gave

different answers as some felt that there is no need to change caregivers because they are happy with the ones they live with. Some participants who were taken by maternal extended family members after losing parents said that they would choose to live with their paternal family. One participant who lives with her maternal aunt and grandmother said that *“I would go live with my paternal uncle because I feel like he can take better care of me, he loves me a lot and can provide for my needs.”* Alpasan & Mabutho (2005) highlighted that some of the challenges faced by grandmothers in caring for orphaned children involve finding for them, providing food and clothing for the children. Another participant said that *“I would love to live with my grandmother from my father’s side so that I can learn more about my father. In my mind, I can barely remember his picture. I would love to know what kind of man he was and our similarities.”* This means that even though some orphaned children did not have that chance to know their fathers whilst they were alive some would even compensate and be closer to people that lived with them just so they could get to know the kind of people they were to try and identify themselves around what will be shared.

## **THEME 9: IMPACT OF THEMBALETHU COMMUNITY BASED ORGANISATION**

The participants are under the CBO that has caregivers who offer support and comfort to the orphaned and vulnerable children. They identify their needs and link them with the various institutions that provide assistance. Amongst other things, the caregivers provide assistance with homework and other programmes that deal with loss and bereavement. There is a safe park within the facility which children come to play in with their caregivers, doing different activities that encourage them to be social persons. The participants were asked how this organization is helpful to them and how they have benefited by being part of it. One participant said that *“Being a part of Themba lethu CBO has helped me a lot because the caregiver that works for me helps me with homework and just gives advice when I have a problem.”* Another participant shared that *“I received assistance to start getting the social grant and it through the caregiver that helps me.”* Another participant said, *“I get assistance with homework and playing educational games with other children”*. Another participant said *“I can say being a part helped me with learning to talk with my peers and seeing that I am not the only one that has lost parents as a child. I am no longer a shy person; I can now speak openly and freely unlike before.”* Russell & Schneider (2000), argue that community based services are more accessible to clients and families, decrease

isolation, and provide needed interventions which can contribute to the quality of care for infected and affected people.

### **Sub-theme 1: Need for the CBO in the community**

Participants were asked if they feel that there is a need for this community based organization (CBO) in their community as well as in other communities. They all expressed that there is a greater need for the organization and that many other children can and will benefit just like them. One participant said that *“Each time I have to go to Thembaletu; I always look forward to it because it is a happy place for me. I feel loved and cared for. I feel like I matter to someone other than my family.”*

## **4.3 SUMMARY**

The death of HIV/AIDS parent/s struggle does not stop for HIV/AIDS orphans it is another struggle that they have to face on their own. It is a complex situation that its after effects are usually underestimated although its outcomes affect and pose a great challenge that could compromise the well-being and self-actualisation of a child. It is a societal responsibility to ensure that they provide support to the vulnerable children, however, the poverty status that most families and communities are exposed to, support and provision of love and care to such children, becomes more of a burden. Unfortunately, continue to bear their parental HIV/AIDS status.

The South African government should be commended because they have established different policies and programmes to respond to the needs of orphaned and vulnerable children. Nevertheless, there is concern highlighted in the findings that children are often excluded in decision-making about where they should be taken to or who should be looking after them, as a result there is a growing trend of child headed households because the children opt to stay by themselves than residing with their extended families. This situation further exposes the children to more risks that could hinder reaching their best self-actualisation and improved well-being.

Despite the governmental support systems, the OVC still suffers from social, psychological, financial and educational distresses that children live under. A holistic approach to their placements is imperative to ensure that the children do not tolerate unfavourable conditions unnecessarily. As the HIV/AIDS epidemic has eroded the warmth and love of parents and children, it is still possible to have a generation that is free from it provided that the young children under the care of extended families are well taken care of and not treated as second class. In this chapter, the researcher has presented, analysed and interpreted the data that was collected from the orphaned children.

## **CHAPTER 5: FINDINGS, RECOMMENDATIONS AND CONCLUSION OF THE STUDY**

### **5.1 INTRODUCTION**

This chapter is to present a summary of the study by drawing conclusions and making recommendations for the findings. The researcher discusses the challenges that orphaned children are faced with in their lives after parental loss and the impact it has on their lives. The chapter will also present limitations encountered in the execution of the study and also consider and suggest avenues for future research. The objectives and research question of the study are also re-instated.

### **5.2 RESTATEMENT OF THE OBJECTIVE OF THE STUDY**

The study aimed to achieve the following objectives: -

- To determine the experiences of HIV/AIDS orphaned and fostered children.
- To identify challenges faced by HIV/AIDS orphaned and fostered children.
- To explore the adaptation and coping strategies of HIV/AIDS orphaned and fostered children.
- To determine whether the foster care grant is benefitting the HIV/AIDS orphaned and fostered children.

The following were the findings of the study based on information obtained from the respondents. The study found that the OVCs face complex and multifaceted challenges in their lives. Key findings are discussed and summarized below as according to the study's objectives

### **5.3 TO DETERMINE THE EXPERIENCES OF HIV/AIDS ORPHANED AND FOSTERED CHILDREN.**

#### **5.3.1 Emotional strain and assumption of care post parental loss**

The findings of the study revealed that orphaned children are faced with enormous challenges that emanate from the fact that they have lost their parents. In this study,

orphaned children had to go through emotional strains after losing their parents as involuntary relocations had to take place after their parents' death. Shann, et al. (2013), state that when orphans move from their homes where they lived with their late parents, it creates feelings of despair and cause psychosocial adjustment of children. Children experienced different emotions when they heard about the death of their parents. Others shared that when they learned about their mothers passing, they felt devastated and when they learned about their fathers', they felt bad for a short time and got over it. This is incidentally because of the bond that children naturally had with their mothers and the fact that fathers were absent during their growth which leaves them feeling little emotion if they pass on. The study confirmed that when parents die, children are subjected to new living rearrangements that come as a burden upon their lives as they had to leave the places that they have always known as "home" and go live with extended family members. This would happen without them mourning properly for their parents and would, in turn, bring a lot of other chain-related problems. The study also found that orphaned children are taken in by extended family members after the death of their parents. This then presents other chain related problems as due to the over-crowding of other orphaned children that the other close family members already care for, other children have had to be taken in by distant family members that they had no relationship with. Adams (2005), affirms that caregivers look after a varying number of orphans, from two to more than twenty. This means that everything would change including schools. Some children moved from the schools that were closer to their homes to the new ones that were in the area that they moved to

### **5.3.2 Difference in academic performance and need for psychosocial support**

The findings revealed that the change in living arrangements and relocation has had a huge impact on the scholastic performance of the orphaned children. Children have had to leave behind the teachers that they had grown fond of as well as their school peers who understood them and the hardships that they faced to be surrounded by new teachers who have their own system of teaching. Shann, et al. (2013), also affirms that relocation and changes in living arrangements creates feelings of despair and psychosocial adjustment that might affect the children's scholastic performance negatively. In this study, orphaned children admitted that losing their parents directly attributed to the drop of their marks in school. Some children even repeated classes



due to not being able to cope with the sickness of their parents and having them pass away later.

Psychosocial support at home and in school was seen as the greatest need for orphaned children to be able to move on in both systems which are the home and the school. In their study, De Witt & Lessing (2010), found that in developing areas of South Africa, there is an existing gap in the provision of psychosocial support for orphaned learners in schools compared to urban areas. One participant shared that losing his father tormented him and he ended up being problematic at school and started to pickpocket other learners. The researcher draws from this expression that the psychological effects of parental loss are immense and need to be looked at by school based professional social workers as these effects can give birth to major cases in future. Mshengu (2014), asserts that the experiences of orphaned learners at school are influenced by their home situation.

#### **5.3.4 Assistance in academic matters**

The study found that orphaned learners needed educational support in their school work as there are factors that hinder them to do well or to do as other children. The children shared that their teachers noticed the decline in their school work and offered support services of either organizing study peers for orphaned learners or personally assisting them with subjects that they did not understand or do well in. Bray (2004), also contends that teachers are capable of identifying the indicators of orphaned learners with problems within the classroom. This study found that orphaned children failed to open up to their caregivers about their performance at school as some caregivers are grandparents who have no education. One participant said that she would lie to her grandmother and say that she is doing well and kept that until she failed and had to repeat the class, then she asked for her grandmothers' help.

Makhonza (2006), adds that some orphaned children strive to perform well but there is usually an initial and/or significant drop in their performance, indicating signs of disturbance. It was found that teachers do pay attention to the learners in class and understand their indicators of vulnerability and the conditions that they live under. As children do not have a choice of who takes them in, if it's a person with a considerate

educational attainment background or not, being in the care of the uneducated ones can also be problematic for them as there is no one who offers support with school work. Mshengu (2014), asserts that orphaned learners tend to stay with relatives who are illiterate and cannot assist with their homework and as a result, a decline in school performance is realized. It is further said that lack of motivation from the relative and not being given time to study at home also contributes to poor academic performance. Based on Bronfenbrenner's Ecosystems Theory of child development, it is recognized that the socio-economic challenges associated with the escalating rate of OVC are structural and systemic hence there is a need realized for schools to collaborate with other social actors such as families, churches, communities, health agencies, non-profit organizations and government departments to build OVC's resilience and bring about genuine development in the school environment

#### **5.3.5 Repeating classes due to lack of educational support**

The study found that there are children who have repeated classes at school due to not being able to adjust to the new changes that were brought by orphanhood in their lives. At the new places of care, children incurred added responsibilities that put a strain on their school work, leading to them having to fail. Adams (2005), states that school tends to compete with many other duties that affected children are required to take on. The same author further states that work and responsibilities both within and outside the household increase dramatically when parents are ill or have died.

For other children, it took them failing to make them pick themselves up and work harder in school and accept the loss that occurred in their lives. It was found that it is not easy for orphans to find themselves after the death of their parents and can be a daunting experience. Another participant stated that he had to move to stay in a different village when his mother died and was forced to change schools. He shared that as he had to walk a long distance to school and he would always arrive late and had to go through punishments before getting into class, he grew less interested to be in school. The study revealed that orphaned children felt that losing their parents brought a lot of problems in their lives. The parental loss has affected the lives of orphaned children critically. The findings affirm what the perspective of

Bronfenbrenner's Ecological Systems Theory that psychotherapy has a similar view; it stresses the importance of understanding individuals in the context of the surroundings that influence their development. For OVCs, the interrelation of school and home is affected and therefore the consequences end up being dreadful for them, ending up dropping out of school.

#### **5.3.6 Coping mechanisms employed to assist with the decline in school performance.**

Participants reported that the decline in school performance made them want to do better at school and they employed strategies to resuscitate their old academic selves again. One participant mentioned that he had to join study sessions with learners that did well in class and since then he worked hard and could not let himself fall behind. In a study by Taukeni (2012), about the experiences of orphaned learners with regards to bereavement support, it is reported that school teachers inform the other learners about the tragic loss experienced by orphaned children and advise the learners to support them. This presented that not all children give up and drop out of school after facing the harsh difficulties that are brought in by orphanhood. The voluntary movement to other schools that are closer to where they stayed was another strategy that the children reported.

The move was done by children who had left their homes to live with their new caregivers and did not move from their old schools. Walking to school every day in the morning and arriving late and tired was reported as the other factors that contributed to the decline in their school work. So it was found that children ended up moving to schools that are closer to their new homes to avoid having these issues that hindered them to do well. In terms of Bronfenbrenner's Ecological Systems Theory, the school are critical actors at the exosystem level, which includes both the school and the community. Schools have the potential to champion part of the OVC challenges if they develop programmes that talk directly to the needs OVCs have post the loss of their parents.

#### **5.4 TO EXPLORE THE ADAPTATION AND COPING STRATEGIES OF HIV/AIDS ORPHANED AND FOSTERED CHILDREN.**

#### **5.4.1 Vulnerability and exploitation in the new places of care**

The study confirmed that orphaned children are not treated the same way as the children of the home that they come to live in when their parents die. Orphaned children made known that they are treated as second class and less important than the children of the same home; excessive work is done by them. Ngwenya (2015), state that with regards to the vulnerability of orphaned children in new places of care, different abuses and exploitations take place. One participant shared that the caregiver in the home would not reprimand the other children as there would be feelings of fear that the parents of those children would not be happy with that and eventually stop supporting the caregiver.

A study by Mahati, et al. (2006), found that orphaned children were physically and emotionally abused in their new places of care especially when their closest relative in the household was not at home. It was also found that caregivers would not interfere in the cases of bullying and ill-treatment by youngsters in the home that would occur, not unless if the concerns are raised by the caregivers' own children. It would be stereotypically and idly put that they are making each other strong to withstand the same cases of ill-treatment that would be envisaged to occur in schools.

This presented lack of proper parenting by some caregivers and failure to stand up for the children in their care, assuming that the ill-treatment would yield positive effects of building a strong character in the children and neglecting that these ill-treatments would give birth to children that cannot stand up for themselves and develop psychological distresses. The study found that proper teaching of domestic chores rarely takes place and instead the orphaned children are expected to do things correctly. Although corporal punishment is not allowed, it is a tool for positive reinforcement in the homes where orphans reside. It is a tool to command discipline and deter wayward behaviours.

The study found that children resort to different forms of mechanisms to cope with the loss that they have experienced in their lives. The coping mechanisms include engagement in mischievous activities to get what they do not have and also engaging in positive activities to stimulate themselves and want to be better people. The Humanism theories by Maslow and Bronfenbrenner examines how humanity plays a

role in ensuring that OVCs are taken care of by people in their communities, be their relatives or non-relatives, so that they can become independent, responsible, self-actualized citizens who are not a liability to society. The study findings indicate that hardships experienced by OVCs will make them to not experience self-actualization as their needs are totally ignored by their carers – meaning they will become a liability to society should this practice not change.

#### **5.4.2 Engagement in any mischievous activities and its consequences**

Lack of resources in the home has been a factor that pushed one participant to steal and later be caught and disciplined at home. One would derive that the high number of family members and their needs has made orphaned children engage in mischievous activities to get what they do not have as caregivers are faced with a huge responsibility. Lack of self-esteem and wanting to fit in was also described as the cause of stealing that has occurred. Munyati (2006), also affirms that orphaned learners tend to be involved in social and unacceptable behaviours.

#### **5.4.3 Survival mechanism from the challenges of being an orphan child**

Other caregivers were described as the ones to be offering support and encouragement to the children in their care, trying, by all means, to be supportive towards them. Orphaned children also choose to look at the brighter side of life that gives them hope for the future. One participant detailed that his talent for soccer has been his greatest motivation and has seen it as a ticket out of poverty and deprivation that he is growing under. Feelings of pain and sadness are emotions described as often felt by the orphaned children when they reflect about their lives and what they have been through. It is seen that orphaned children do not need only to have caregivers to be responsible for their care but also ones that will support them emotionally and ensure that the children go through therapeutic counseling to grieve properly for their loss.

Committing themselves to their school work and yearning for greener pastures educationally is what serves as a motivation to other children. Another participant shared that they wish to finish school and go on to University to study and become a respected person in the society. As this was discovered, it was evident that parental loss due to the HIV/AIDS pandemic has had great effects in the lives of orphaned children. Karim & Karim (2005) affirm that the changes in living arrangements, well-

being and opportunities for a secure future for children are among the most significant long-term outcomes of the HIV/AIDS pandemic. It was found also that the children that spent less time with their parents due to varying reasons, as they were growing up rarely found themselves missing them and hoping for a life with them. Other children have always known the caregiver as their biological mother and having to go through the process of grieving for a person that they cannot remember was very hard.

#### **5.4.3 Behaviour / Conduct problems at school and home.**

It was found that children would have to participate in fights in order to survive under the pressures of being bullied and looked down upon because of their status of being known as orphans by other children at school. These fights were reported to occur mostly in the school setting and rarely at home. The school was described by others to be a place where they see their friends and seem to let go of the situation that they come from at home. For others, the school is a place where they are ridiculed by other learners especially because even at home, the orphaned children do not have a strong caregiver of the family who will stand up for them as most of them reside with grandparents. Their aunts and uncles are usually working away from home. These have led to the children mostly experiencing feelings of loneliness, rejection and being ostracized in the school setting and eventually engage in fights to redeem their dignity. Literature by Foster, et al (2005), asserts that some children, particularly older children, may demonstrate a variety of conduct problems such as being defiant and ignoring parental discipline, consistently ignoring family rules, getting into fights, stealing, being absent without permission from the school, drinking alcohol, and using illegal substances. Supervision by school teachers and Health Advisory Councils representatives that exist in some schools is greatly needed to shift the paradigm that orphaned children need to be looked down upon by other learners and be ridiculed. School based campaigns and educational programmes are needed to support the teachers in schools with this scourge of bullying and fighting as it could lead to other learners dropping out of school.

#### **5.4.4 Substance abuse**

The study found that substance use and abuse is common amongst orphaned children and the causes vary from lack of close parenting from their caregivers to issues of

peer pressure and trying to prove points in order to belong within their circle of friends. Another participant made known that his first experience of smoking was because most of his friends had started to smoke and he felt left out. Foster, et al. (2005), shares that some children, particularly older children, may demonstrate a variety of conduct problems such as being defiant and ignoring parental discipline, consistently ignoring family rules, getting into fights, stealing, being absent without permission from the school, drinking alcohol, and using illegal substances. Lack of self-confidence and motivation was another factor seen to be drawing orphaned children to the vulnerability of engaging in substance abuse. Traditional ceremonies that are conducted at homes and lack of supervision during them has also played a role in introducing to and providing alcoholic beverages to young children.

In the black community, traditional ceremonies are usually accompanied by alcohol and it has been during those ceremonies that the children gain access to alcohol without the consent of the adults. In some families, when a child brings ukhamba (container of traditional beer) they must first drink and then pass it on to the adults to symbolize that there is nothing poisonous that is in the beer. The study also discovered that children lacked differentiating between substance use and abuse as some put forward that they have missed school due to being intoxicated with friends somewhere. Close monitoring needs to occur at their homes in order to deter the children from accessing alcohol during their ceremonies. The National Plan of Children in South Africa (2013), states the reasons provided for the high and increased usage of dependent-producing substances among young people that it is because drugs are easily accessible, family history of substance abuse, unemployment, poverty and lack of suitable parenting.

#### **5.4.7 Uncertainty about the future**

Orphans that participated in the study were able to open up and take the researcher through to their past and current experiences that trigger them to be emotional and shed tears. It was discovered in the study that a feeling of paranoia and fear of history repeating itself lives amongst orphaned children as most of them expressed that there times when they cry when their family members are sick and they fear that they might die and leave them also. The psychological impact of parental loss has greatly affected

the orphaned children and as for some, bereavement counseling services were received at a later time in their lives. Foster, et al. (2005), reiterates that for most children, psychological problems after parental death are not just short-term grief reactions but many children exhibit their first serious symptoms years after the loss.

Other participants shared that they are sometimes called names by their siblings and cousins and because it decreases their self-esteem about themselves, then they cry. The issue of not being treated the same way as the children of the homes that orphaned children were taken in by was seen as another causal factor of their constant emotional states. Mahati (2006), found that ill-treatment and dehumanization that would occur to orphaned children in the homes of their carers would often make them cry. It was found in the study that some caregivers would not take their time to teach children what to do and how to do it but later expect them to get it right otherwise discipline will be enforced.

#### **5.4.8 Changing caregivers if there was an opportunity**

The study found that as children are taken in by extended family members after parental loss, they are not involved in the decision making process and they only go where it is available. Foster & Williamson (2000), affirm that the ways in which decisions are made concerning the choice of caregiver for orphans vary. In one of their studies, it was found that caretakers that agreed to look after orphaned children would take them in because no one else would not because they wanted to care for them. It was found that the children that stayed with their maternal families wished to know how it would be like to live with their paternal families and vice versa. Children that had family members that seem to do well in life, they expressed that they long to live with those members as the sense of deprivation would decrease. It cannot be understood why the family members that are doing well were not the ones to assume care of orphaned children from the first place as the children now live in wonder of how life would be if they stayed with them. Foster & Williamson (2000), share that most families that agreed to take in foster children were living below the poverty line, whereas wealthier relatives tended to maintain minimal links with orphans. Most orphaned children do not have a balanced relationship with their maternal and paternal



sides and it has affected them because they grow up not knowing about the other side of the family.

## **5.5 TO DETERMINE WHETHER THE FOSTER CARE GRANT IS BENEFITTING THE HIV/AIDS ORPHANED AND FOSTERED CHILDREN.**

This objective was to ascertain if the money that the fostered children receive does look after their interests or not and also to check whom the children regard as their safeguard whenever anything occurs that disturbs them or whenever they seem to be needing things. It was found in the study that orphaned children found it easy to talk to the people who received their grant money on their behalf although it does not mean that they will always get what they ask for. The distribution of the grant money within the household does not involve the child and sometimes they are told when they ask for things that there is no money left. The families that are overwhelmed by a number of family members who come in to live with them that do not have employment and are dependent to the grandparents that head the households also add a financial burden on the caregivers and thus living on the grant of orphaned children together with the old age pension grant of the grandparents.

### **5.5.1 Grant money used for the needs of the orphaned children**

It was found that although the caregivers who are grandparents received old age pension grant, the grant was not enough to take care of the overwhelming number of adults and children in their care. Karim & Karim (2005), shares that the extended family system is overwhelmed by the magnitude of the burden of caring for so many orphaned children. Ritcher (2001), also shares that the loss of income of breadwinners who were the deceased parents, asset selling to afford care and debt incurred by the funeral costs usually deplete all current and future financial reserves for the households.

This subsequently presented a situation where the grant money of the orphaned children will not be used solely for their needs but for the whole family. Some participants revealed that their money does buy them school uniform and stationery

but throughout the year, it buys groceries and other needs of orphaned children are not met. The increasing prices of food in stores also is a disadvantage as it was found that most money just goes to food as it is expensive. The study found that there are orphaned children who are not told anything about their grant money and what it is used for; they are always kept in the dark about its use. These children would end up receiving support from the school teachers whilst it is known that they are in receipt of financial assistance from government.

#### **5.5.2 Friendships created with peers**

The study found that some of the orphaned children do feel the need to have friends that they could live and share with. These friends that they have are also helpful and resourceful when they need things. Friendships formed with peers have also been beneficial to the orphaned children as they have managed to bring them fun and taking their minds off other things that are not going well in their lives. Other children expressed their feelings and reasons for not having friends that are close to them and they included issues of gossiping about each other that usually occurs within friendships. It was found that the loss experienced in the lives of orphaned children could be the cause of them easily giving up on their friends if they hurt them and lacking interest in forming or resuscitating attachments. Bezuidenhout, et al (2006) alludes that stigmatization, dropping out of school, changed friends; increased workload, discrimination and social isolation of orphans all increase the stress and trauma of parental death.

#### **5.4.3 Lack of Motivation to plan for the future**

The motivation to attain future goals is lacking amongst orphaned children as most participants revealed that the family members that they stay with are not pushing them to achieve their future goals. Literature by Bezuidenhout, et al. (2006), states that most orphans get depressed and have lower expectations about the future: fewer orphans expect to get a job, want to get married or wanted children than non-orphans. Some of the caregivers who themselves never went or finished school lacked the importance of education and ultimately could not provide needed support to the children to encourage them to do well in their scholastic performances. It was found

that in other households the children are given chores to do and carry out, ending up affecting their time to do their school work.

The study found that children are hopeful about the future and wish to become educated persons but the financially distressed backgrounds that they come from could limit their dreams of making it in life. Adams (2005), shares that HIV/AIDS has a negative effect on children's education and adds that children fail to achieve according to their expected potential while others fail to attain their goals. Basaza et al. (2002), also affirms that even those who do manage to remain in school face problems of lack of parental guidance, inadequate socialization, and insufficient financial and material support. In this study the orphaned children believe that the hardships that they face could be less if their parents were still around to fend for them and do all in their means to make them reach their dreams (Basaza et al., (2002). Masuka, et al. (2012), also asserts that as most of the parents of the orphaned children did not have many decent jobs, there is nothing left for them to survive on or be kept for tertiary education. Children have to rely on the social assistance and make savings for the future which is also not always doable by all of the caregivers since there is already an overwhelming number of dependent members in their households (Masuka, et al., 2012).

As with other authors who have investigated the plight of orphaned children, it was found in most studies as well as this one that the economic hardships experienced by orphaned children do have a negative impact and effect in their future educational dreams.

#### **5.5.4 Need for Ongoing Psychosocial Support**

Findings of the study indicate that orphaned children often experience depression as some children are growing up in the environment that constantly reminds them of the loss experienced in their lives. Masondo (2006), also affirms that orphaned children feel hopeless after the death of their parents since some of them lose hope for their future without parents. Growing up in low socio-economic status homes and facing deprivation of certain things was also described as the causal factor of their depression. Relocation and new living arrangements have posed a great deal of discomfort and ultimately inviting depressive circumstances in the lives of the children.

Bereavement services and constant engagement in psychosocial support programs are needed by the children in order to make peace with the unfortunate events that they have experienced.

However, some participants differed and made known that they do not experience depression as they are in an environment that supports them with regards to the loss experienced. The study pointed out that any other deaths that occur in the homes of the children make them go through the grieving process and they cannot help but remember the significant people that they have lost. Orphaned children in this study reported that they fear losing even friends as it just adds to the number of people that they have lost. Friendships formed with other peers have been a supportive element to the children as they described that when they are with their friends, it is when they get to engage and be happy. Foster, et al. (2005), states that grief can vary with children but there are reactions that they exhibit and they include shock, denial of the loss, feelings of guilt (the child feels responsible for the death), anger (which may be targeted at the dead parent or others), somatic expressions of grief (stomach or other pains, headache, weakness, or breathlessness), depression, fear that they or others will also die, curiosity about the death and what happens after death, and copying, in which the child adopts behaviours or mannerisms of the dead relative.

#### **5.5.5 Impact of Thembaletu Community Based Organization**

The orphaned children that participated in this study are members of the community based organization called Thembaletu that was established to respond to the impact of HIV/AIDS in Thalaneni area. This organization has been described to be very beneficial to orphaned children and has helped them with different problems that they have encountered in their lives. It was reported by the participants that they get to be linked with different institutions by the caregivers of the organization with the aim of alleviating issues that they have. The organization is commended for the services it provides and its life-changing value on the children. Forster, et al. (2000), maintains that although community level response is often on a small scale in nature its cumulative impact should not be underestimated.

Participants reported that they are recipients of the social grants through the organization and as some live with grandparents who are unable to provide homework assistance to them, the caregivers assist them with it after school. Over and above the mentioned services, participants shared that they have gained self-confidence, ability to be sociable with other children with the help of the services provided. The study found that there is a greater need of the for this organization in their community as participants made it known that the help they get from it is needed in their lives as well as that the organization can be utilized by other children. Russell & Schneider (2000), contend that community based services are more accessible to clients and families, decrease isolation, and provide needed interventions which can contribute to the quality of care for infected and affected people.

## **5.6 LIMITATIONS OF THE STUDY**

There were limitations in the research study that were experienced however the project was able to continue. The following is noted:

- The study covered a small portion of research participants which were 10 orphaned children and this can have an effect on the claim of representativeness. Research on a larger of participants can yield to richer results.
- Interviews were the only tool for data collection. It must be noted that results for a quantitative tool such as a questionnaire can be different. Additional to this, children who cannot express themselves to strangers might have been limited by interviews only and could have been more expressive in questionnaires
- The study was conducted in a deep rural area and the participants are from it only. The results shed light on the experiences and challenges faced by rural based orphaned and vulnerable children. A study conducted on the participants from urban areas can give different results.
- During transcription, translation of data from IsiZulu to English might have lost some meaning in the responses that the orphaned children gave.

## 5.7 RECOMMENDATIONS OF THE STUDY

Based on the findings of the study, it appears that orphaned children are faced with enormous challenges after parental loss and they have an impact on their outlook in life. Various support is greatly needed by the carers of the orphaned and vulnerable children as well support programmes for the children themselves. The following are recommendations based on the results of the study:

- The Department of Education should ensure that the school environment has programmes that will respond to the challenges that orphaned learners face as the study has pointed out that there are factors such as relocation and change in caregivers that affect the scholastic performance of vulnerable children. In executing such, school based Social Workers should be employed to support children in the school environment, prepare teachers on what to expect in dealing with such children and conduct referrals to other state Departments in the effort of providing a collaborative and holistic service to the children and their families. Additionally, the Department of Education should urgently develop programmes in response to OVC needs such as after school classes to assist children who tend to struggle scholastically due to parental loss. OVC caregivers should be duly informed of any programme that is running and their role should be clarified in order to strengthen the school-caregiver/family partnership.
- The Department of Social Development should ensure provision of supportive services of all cases that come to their attention. Bereavement counselling, Psychosocial support and family preservation services are a great need for the OVCs for the loss experienced and assistance in planning for the future is also imperative with the guidance of professionals. Additionally, the family members who care for the orphaned children also require such services as they are also affected.
- Department of Social Development needs to strengthen and pay more attention on parenting skills programmes that they render to carers of children and for family members that assume care for the orphaned children as it been evident that there is lack of attention to their needs and as well as their educational goals. Strengthening such programmes will aid

in building capacity about the plight orphaned children face and how they should be nurtured.

- Department of Social Development should further ensure that local Social Workers monitor the use of grant money for orphaned and vulnerable children that it is used for their needs solely although it is understood that the families are overwhelmed with growing number of people that are dependent to the heads of the household and ultimately the children's grant gets utilized for the needs of everyone. Close monitoring of families and timeous home visits will aid in addressing this as people can be linked to their own respective services.
- Supervision and monitoring of the children's social behaviour should be prioritized by carers as it has been revealed that they develop delinquent behaviours and engage in mischievous activities including substance abuse due to peer pressure and lack of close parenting.
- It is evident that policy reforms are necessary in challenging the status quo of the OVC hence it is recommended that all state Departments should work collaboratively to do their part which they are mandated to by legislative frameworks in bettering the lives of the OVCs. A systems thinking must be adopted in planning such response programmes as currently other Departments are working in silos. The study aimed to make known the hardships faced by orphaned and vulnerable in this era of social assistance being dedicated to them with the aim of buffering their plight. It is hoped that such a study will influence policy review to ensure that OVC issues are comprehensively addressed.

## **5.8 AVENUES FOR FUTURE RESEARCH**

The study has succeeded in achieving its set objectives and has opened the following avenues for future research.

- Research focusing on the experiences and challenges of the carers of orphaned and vulnerable children.
- Replicating the present research on a larger scale and conducting it in urban areas also is needed to give dynamic and varying results that can be of importance to programme developers in various departments that deal with children.
- Research on the experiences of teachers who teach orphaned children and how they are distressed in providing their service.

## **5.9 CONCLUSION**

The study aimed at achieving a holistic and better understanding of the experiences faced by orphaned and vulnerable children from a rural area Thalaneni in Nkandla. All the objectives of the study were achieved. Additionally, the study served as a therapeutic platform where children engaged about their experiences from the home setting, school and also socially when they interact with their peers and lastly the children's view of the community based organization that is in their community that



renders services to them. The study adopted the Maslow's hierarchy of needs theory and paid specific attention to the theory of Self Actualization which is an element of the Hierarchy by Maslow with the intention of understanding the various needs that OVCs have hindering their self-fulfillment and development towards being fully self-actualized individuals. . The Bronfenbrenner's Ecological Systems Theory was used to better comprehend the environment that a child needs to grow up under to fully develop with all the systems in place that unfortunately OVCs do not have a privilege of.

The study established extensive psychosocial explorations of the issues surrounding OVCs in their new living arrangements. As it has been presented that OVCs face various challenges that emanate from various facts: being disregarded during decision making of who assumes care of them after the loss of their parents, their grant money not being used solely for their needs but for the needs of the whole household and completely neglecting their needs, lack of parental supervision leading them to engage in mischievous activities and abusing substances. It is then hoped that the findings of the study can influence and effect change in the system of foster care.

As it brings light to the experiences and challenges that OVCs are faced with, our leaders of tomorrow and hope for the future. Furthermore, the experience of conducting such a research has helped me gain a deep insight and understanding of the life of a child once parents are gone better than ever. These children face predicaments and carry a load that is bigger than them but they manage to keep on. I shall always treasure the time spent with the participants and their willingness to let me into their lives, the tears shed and the moments of laughter we had. They shall live in my heart for the rest of my life.

Nginyabonga, Thank you.

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## ANNEXURE1: ETHICAL CLEARANCE CERTIFICATE

**UNIVERSITY OF ZULULAND  
RESEARCH ETHICS COMMITTEE**  
(Reg No: UZREC 171110-030)



### RESEARCH & INNOVATION

Website: <http://www.unizulu.ac.za>  
Private Bag X1001  
KwaDlangezwa 3886  
Tel: 035 902 6887  
Fax: 035 902 6222  
Email: [ManqeleS@unizulu.ac.za](mailto:ManqeleS@unizulu.ac.za)

### ETHICAL CLEARANCE CERTIFICATE

Certificate Number	UZREC 171110-030 PGM 2016/279				
Project Title	The challenges faced by orphaned children at Thalaneni Area in Nkandla				
Principal Researcher/ Investigator	AT Mhlungu				
Supervisor and Co- supervisor	Prof NH Ntombela				
Department	Social Work				
Nature of Project	Honours/4 <sup>th</sup> Year	Master's	x	Doctoral	Departmental

The University of Zululand's Research Ethics Committee (UZREC) hereby gives ethical approval in respect of the undertakings contained in the above-mentioned project proposal and the documents listed on page 2 of this Certificate.

Special conditions:

- (1) This certificate is valid for 2 years from the date of issue.
- (2) Principal researcher must provide an annual report to the UZREC in the prescribed format [due date-31 July 2017]
- (3) Principal researcher must submit a report at the end of project in respect of ethical compliance.

The Researcher may therefore commence with the research as from the date of this Certificate, using the reference number indicated above, but may not conduct any data collection using research instruments that are yet to be approved.

Please note that the UZREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the documents that were presented to the UZREC
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

**Classification:**

Data collection	Animals	Human Health	Children	Vulnerable pp.	Other
X			X	X	
Low Risk		Medium Risk		High Risk	
				X	

The table below indicates which documents the UZREC considered in granting this Certificate and which documents, if any, still require ethical clearance. (Please note that this is not a closed list and should new instruments be developed, these would require approval.)

Documents	Considered	To be submitted	Not required
Faculty Research Ethics Committee recommendation	X		
Animal Research Ethics Committee recommendation			X
Health Research Ethics Committee recommendation			X
Ethical clearance application form	X		
Project registration proposal	X		
Informed consent from participants	X		
Informed consent from parent/guardian			X
Permission for access to sites/information/participants	X		
Permission to use documents/copyright clearance			X
Data collection/survey instrument/questionnaire	X		
Data collection instrument in appropriate language		Only if necessary	
Other data collection instruments		Only if used	

The UZREC retains the right to

- Withdraw or amend this Certificate if
  - Any unethical principles or practices are revealed or suspected
  - Relevant information has been withheld or misrepresented
  - Regulatory changes of whatsoever nature so require
  - The conditions contained in this Certificate have not been adhered to
- Request access to any

The UZREC wishes the researcher well in conducting the research



**Professor Nokuthula Kunene**  
Chairperson: University Research Ethics Committee  
04 August 2016

AT Mhlungu - PGM 2016/279



## ANNEXURE 2: CONFIRMATION OF PROJECT REGISTRATION

**UNIVERSITY OF ZULULAND  
HIGHER DEGREES COMMITTEE**



**RESEARCH & INNOVATION**

Website: <http://www.unizulu.ac.za>

Private Bag X1001

KwaDlangezwa 3886

Tel: 035 902 6887

Fax: 035 902 6222

Email: [ManqeleS@unizulu.ac.za](mailto:ManqeleS@unizulu.ac.za)

### Confirmation of Project Registration

Registration Number	S509/16															
Project Title	The plight of orphaned children at Thaleni area in Nkandla															
Principal Researcher/ Investigator	Mhlungu AT															
Student number	200806772															
Supervisor and Co- supervisor	Prof NH Ntombela															
Department	Social work															
Nature of Project	Honours/4 <sup>th</sup> Year				Master's		x		Doctoral				Departmental			

Dear Student

I have the pleasure of informing you that the Higher Degrees Committee, at its meeting held on 20 May 2016, approved your research proposal.

**Please note:** Your proposal can now be considered for ethical clearance after which you can apply for research funding. Kindly provide this letter with your ethical clearance certificate when submitting your final thesis for external examination.

Yours sincerely,

Mr. Siyanda Manqele  
Post-graduate Studies  
21 June 2016



Mhlungu AT S509/16

## ANNEXURE 3: CONSENT LETTER TO ACCESS THE PARTICIPANTS

University of Zululand  
Department of Social Work  
Private Bag X1001  
Kwa Dlangezwa  
3886  
Tell: 035 902 6660  
26 August 2015  
Cell: 072 921 1891  
[thandekamhlungu@gmail.com](mailto:thandekamhlungu@gmail.com)

The Regional General Manager  
Department of Social Development  
Ulundi Regional Office  
Private Bag X 13  
Ulundi  
3838

Dear Mr L.F.N Nkosi

### REQUEST FOR PERMISSION TO ACCESS CHILD PARTICIPANTS FOR RESEARCH

I am a registered Master's student in the Department of Social Work at the University of Zululand. My supervisor is Professor N.H Ntombela. I hereby seek your permission to undertake this particular research and to access respondents who are children both males and females, aged 13-18 years. The children are under Thembaletu Community Based Organisation which is located in Thalaneni area, ward 4 and is funded by the Department of Social Development.

The proposed topic of my research is: "The plight of orphaned children in Thalaneni area at Nkandla". The purpose of my study is to investigate the challenges that the children are faced with, with the hope of advancing our services to them. I promise to respect and maintain confidentiality of the children with whom I will interact with. The participation in this study is entirely voluntary and participants are free to withdraw if they feel uncomfortable.

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

Email : [NtombelaN@unizulu.ac.za](mailto:NtombelaN@unizulu.ac.za)  
Telephone : 035 902 6662/0  
Cellphone : 071 461 5190

Upon completion of the study, I undertake to provide you with a bound copy of the dissertation.

Your permission to conduct this study will be greatly appreciated

Yours sincerely  
Angel Thandeka Mhlungu

.....  


## ANNEXURE 4: PERMMSION LETTER TO CONDUCT RESEARCH

	<b>social development</b> Department Social Development PROVINCE OF KWAZULU-NATAL
FAX : (035) 8337720	Nkandla Service Office
Telephone/ Ucingo /Telefoon : (035) 8337700	Private Bag X151
Enquiries / Imibuzo / Navrae : Msomi I.Z.	<b>Nkandla</b>
E-mail : zodwa.msomi@kznsocdev.gov.za	3855
Ref. No. : 8/4/3-UR12	

The Professor: Department of Social Work

**Attention: Prof. Ntombela**

University of Zululand

Private Bag x1001

Kwa-Dlangezwa

3800

**SUBJECT: PERMISSION TO CONDUCT THE SOCIAL WORK RESEARCH IN THALANENI AREA,  
WARD 4: MS A.T. MHLUNGU**

1. The above matter bears reference,
2. Miss A.T. Mhlungu has lodged a request to conduct a study using the beneficiaries of our services in Thalaneni area
3. She is the Social Worker employed by the Dept. of Social Development in Nkandla Local Municipality. The initiative to study will help her with updated knowledge in the Social Work Field and assist the office to look at the gaps identified by the researcher and relevant interventions be provided
4. Therefore she is granted a permission to study, using our service beneficiaries as her respondents. The office will however like the university to ensure that the researcher abides to the social work research ethics and protect the rights of the children (respondents).
5. Your cooperation in this regard is appreciated



.....  
**SERVICE OFFICE MANAGER**

## **ANNEXURE 5: INFORMED CONSENT DECLARATION FOR PARENTS OR GUARDIANS**

**Project Title: The challenges faced by orphaned children in Thalaneni area, Nkandla.**

**1. Angel Thandeka Mhlungu** from the Department of the Social Work University of Zululand has requested my permission to allow my child/ ward to participate in the above-mentioned research project.

2. The nature and the purpose of the research project, and of this informed consent declaration have been explained to me in a language that I understand.

I am aware that:

- a. The purpose of the research project is to gain an understanding of the challenges that orphaned children are faced with.
- b. The University of Zululand has given ethical clearance to this research project and I have seen/ may request to see the clearance certificate.

3. By participating in this research project my child/ward will be contributing towards the body of knowledge when it comes to orphaned children. The Department of Social Development can utilize the findings of this study in developing programmes that will care for orphaned and vulnerable children in the society.

4. My child/ward will participate in the project by providing his/her knowledge regarding his experiences about being an orphaned child.

5. My child's/ward's participation is entirely voluntary and if my child/ward is older than seven (7) years, s/he must also agree to participate.

6. Should I or my child/ward at any stage wish to withdraw my child/ward from participating further, we may do so without any negative consequences.

7. My child/ward may be asked to withdraw from the research before it has finished if the researcher or any other appropriate person feels it is in my child's/ward's best interests, or if my child/ward does not follow instructions.

8. Neither my child/ward nor I will be compensated for participating in the research.

9. There may be risks associated with my child's/ward's participation in the project. I am aware of that

The following risks are associated with participation:

- a. The risk of my child disclosing information that they have been exposed to any form of abuse
- b. There will be proper steps taken and relevant stakeholders involved in consideration of the child's protection and vulnerability. The researcher will ensure that at all times the rights of participants are not infringed.

10. The researcher intends publishing the research results in the form of a dissertation. However, confidentiality and anonymity of records will be maintained and that my or my child's/ward's name and identity will not be revealed to anyone who has not been involved in the conduct of the research.

11. I will receive feedback in the form of a bound copy of dissertation regarding the results obtained during the study.

12. Any further questions that I might have concerning the research or my participation will be answered by the Researcher, Miss Angel Thandeka Mhlungu through her contact details 0729211891, and [thandekamhlungu@gmail.com](mailto:thandekamhlungu@gmail.com)

13. By signing this informed consent declaration I am not waiving any legal claims, rights or remedies that I or my child/ward may have.

14. A copy of this informed consent declaration will be given to me, and the original will be kept on record.

## AUTHORIZATION

I, .....have read the above information / confirm that the above information has been explained to me in a language that I understand and I am aware of this document's contents. I have asked all questions that I wished to ask and these have been answered to my satisfaction. I fully understand what is expected of my child/ward during the research.

I have not been pressurised in any way to let my child/ward take part. By signing below, I voluntarily agree that my child/ward ..... who is ..... years old, may participate in the above

.....  
**Parent/Guardian's signature**

.....  
**Date**



## **ANNEXURE 6: UKUVUMA UKUZIBOPHEZELA NGOKWAZI KUKA MZALI NOMA UMGANDI**

**Isihloko socwaningo:** Ubunzima abantwana abangasenabo abazali abaphila nabo endaweni yase Thalaneni eNkandla.

**1. U Angel Thandeka Mhlungu** ovela kuMnyango wezobu Nhlalakahle eNyuvesi yakwa Zulu ucele imvume yami ukuba ngivumele u mntwana wami ukuba abambe iqhaza kucwaningo olunga senhla.

**2.** Uhlobo ne nhloso lo cwaningo kanye nemvume yokuzi bophezela kwami kuchaziwe kimi ngolimi engilwaziyo nengiluqondayo.

Ngiyazi ukuthi:

a. Inhloso yalolu cwaningo ukuthola ulwazi olunzulu mayelana nezi ngqinamba abantwana abayizintandane ababhekana nabo.

b. I Nyuvesi yakwa Zulu isinikeze umcwaningi imvume yokuqhubeka nalolu cwaningo futhi ngiyibonile / ngingacela ukuyibona.

**3.** Ngokubamba iqhaza kulolu cwaningo ingane yami izobe inezezela ulwazi ngempilo abantwana aba yizintandane abaphila nakho. UMnyango kaHulumeni weze Nhlalakahle ungasebenzisa imiphumela yocwaningo ukuba wenze izinhlelo ezizonakekela abantwana abaphila aba yizintandane emphakathini.

**4.** Umntwana wami uzobamba iqhaza ngokuthi anikeze ulwazi mayelana nasedlule kukho empilweni yakhe ngokuba Umntwana ongenabo abazali.

**5.** Ukubamba iqhaza ko mntwana wami kuvulelekile futhi uma Umntwana wami engaphezu kweminyaka eyisikhombisa, kumele naye avume ukubamba iqhaza.

6. Uma mina noma Umntwana wami noma ngabe kukuliphi izinga ngifise ukuba siyeke ukuqhubeka nokubamba iqhaza, singakwenza lokho ngaphandle kokuba sibhekane nobunzima.

7. Umntwana wami angacelwa ukuba ayeke ukubamba iqhaza kucwaningo ngaphambi kokuba luphele uma yena umcwaningi noma ngubani omunye ofanele ebona kumulungele Umntwana wami ukuba ayeke noma umangabe Umntwana wami engawulaleli umthetho.

8. Mina no mntwana wami asizukuthola lutho ngokubamba iqhaza kucwaningo

9. Kungaba khona ubungozi obuhlangene ngokuthi Umntwana wami abambe iqhaza kucwaningo. Ubungozi ilobu :

- a. Ubungozi bokuba Umntwana wami aveze ulwazi olufaka ukuhlukumezeka okuseke kwenzeka kuye.
- b. Kunezi nyathelo eziyo thathwa ngalokho futhi neminyango ka Hulumeni ethile ingathintwa ukuze kuvikeleke impilo yomntwana wami. Umcwaningi uzoku qinisekisa ukuthi ngaso sonke isikhathi amalungelo abantwana ababambe iqhaza avikelekile.

10. Umcwaningi uzimisele ngokuthi ashicilele imiphumela yocwaningo ngokwe bhuku. Kepha ukufihlwa kwemininingwane yami kanye no mtwana wami kuzoqinisekiswa kubantu abangalibambanga iqhaza kade kwenziwa lolucwaningo.

11. Ngizothola ukuba ngazi ngocwaningo ngendlela yokuthi ngithole ibhuku ekuzobe kushicilelwe kulo imiphumela.

12. Imibuzo eminye engingase ngibe nayo mayelana ngocwaningo noma ukubamba iqhaza kwami izophendulwa umcwaningi uMiss Angel Thandeka Mhlungu kwi mininingwane yakhe ethi: 072 921 1891 ne email address: [thandekamhlungu@gmail.com](mailto:thandekamhlungu@gmail.com)

13. Ngokusayina lokho kuzi bophezela ngokwazi angisayini ukuthi ngingakwazi ukusebenzisa amalungelo ami no mntwana wami esinawo ngoko mthetho.

14. Ikhophi yalokhu kuzibophezela ngokwazi ngizoyi nikezwa, bese ewunqgo igcinwe.

### **IMVUME**

Mina .....ngifundile imi niningwane engasenhla / noma ngiya qinisekisa ukuthi ngichazeliwe yona ngolimi engilu- qondayo futhi ngiyazi ukuthi lencwadi iphethe ini. Ngiyibuzile yonke Imibuzo ebengifisa ukuyazi futhi yaphendulwa nganeliseka. Ngiyaqonda ngokuphelele ukuthi kulindeleke ini ku mntwana wami kulolucwaningo.

Angitholanga ingcindezi nganoma iyiphi indlela ukuze umtwana wami abambe iqhaza. Ngokusayina lapha ngivuma ngokwami ukuba umtwana wami u ..... oneminyaka ..... ukuba abambe iqhaza kulolucwaningo olushiwo ngasenhla.

.....

**Ukusayina kuka Mzali noma uMgadi**

.....

**Usuku**

## **ANNEXURE 7: INTERVIEW SCHEDULE**

This questionnaire is about the plight of orphaned children in Thalaneni area, Nkandla. My focus is obtaining the experiences, feelings and challenges of orphaned children, how parental loss has affected the children psychologically, educationally, socially, financially and the rearrangement of their lives.

This research will add to the existing body of knowledge on the plight of orphaned children. I will greatly appreciate your assistance.

1. You are requested to answer all questions.
2. Your information will be confidential; the recorder used will be in possession of the researcher and transcribe only after the interview session.
3. Please answer the following questions honestly and seek clarity where you do not understand

Thank you for your cooperation.

PLEASE TURN TO YOUR NEXT PAGE

### Personal Details of Respondents

Name : .....

Age : .....

Gender : .....

Grade : .....

### Questions

1. When did you lose your parent(s)?

.....  
.....  
.....

2. How did you feel when you first heard the news about the loss of your parent(s)

.....  
.....  
.....

3. Who cared for you after the loss of your parents and how are they related to you?

.....  
.....  
.....

4. How has this affected your performance at school?

.....  
.....  
.....

5. How is your performance at school since you lost your parent/s?

.....  
.....  
.....

6. Have you ever repeated a class/grade ever since you lost your parent(s)

.....  
.....  
.....

**7. How have you managed to cope with your situation of not having parents?**

.....

.....

.....

**8. Have you ever suffered any type of abuse/ii-treatment and or exploitation where you now stay? If yes, what happened?**

.....

.....

.....

**9. Would you say you are treated like other kids of the same home where you now live?**

.....

.....

.....

**10. What is your understanding of a foster care grant?**

.....

.....

.....

**11. Who receives it on your behalf?**

.....

.....

.....

**12. What is the money used for at home?**

.....

.....

.....

**13. Are your financial needs cared for?**

.....

.....

.....

**14. When you need something, who do you talk to?**

.....  
.....  
.....  
**15. Do you have any friends and what activities do you partake in together?**

.....  
.....  
.....  
**16. What are the mischievous activities that you have done and what where the consequences**

.....  
.....  
.....  
**18. How do you manage peer pressure?**

.....  
.....  
.....  
**19. Where do you see yourself in future?**

.....  
.....  
.....  
**20. How have you survived under the circumstance you live under?**

.....  
.....  
.....  
**21. What do you do when you experience ill-treatment?**

.....  
.....  
.....  
**22. How do you think life would be like if your parents were still alive?**

**23. What have your friends said to you about your personality?**

.....

.....

.....

**24. What is your understanding of depression?**

.....

.....

.....

**25. What do you do in your spare time spend time with and what do you like doing?**

.....

.....

.....

**26. Have you ever dropped out of school?**

.....

.....

.....

**27. Have you ever been involved in a fight and what caused it?**

.....

.....

.....

**28. Who was in the wrong according to you?**

.....

.....

.....

**29. Do you feel like there enough space for everyone staying at your house?**

.....

.....

.....

**30. Are you taking any form of drug?**

.....

.....

.....

**31. If yes, when did you start using it and why are you using it?**



.....

.....

.....

**32. If yes, what does it do to you and how do you feel about taking it?**

.....

.....

.....

**33. How often do you cry?**

.....

.....

.....

**34. What were the causes of you shedding tears?**

.....

.....

.....

**35. What knowledge do you have about the Children's Act no38 of 2005?**

.....

.....

.....

**36. What type of abuses do you know that occur to children?**

.....

.....

.....

**37. Have you ever been placed in a home for the children?**

.....

.....

.....

**38. If yes, how was your experience there?**

**39. How has being a part of Themba lethu CBO helped you?.....**

.....  
.....

**40. Can you say the programmes offered at the Organization have been beneficial to you and how?**

.....  
.....  
.....

**41. If given a chance to choose to change the guardian you stay with, whom would you choose to stay with and why?**

.....  
.....  
.....

**42. Have you ever been involved in criminal activities and what was the cause?**

.....  
.....  
.....

**43. Is your family supportive of you and your circumstance?**

.....  
.....  
.....

## **ANNEXURE 8: UHLA LEMIBUZO**

Loluhla lemibuzo lumayelana nobunzima abantwana abayizintandane base Thalaneni eNkandla ababhekana nabo. Inhloso ukuthola izimo abadlule kuzo, imizwa yabo kanye nezingqinamba ababhekana nazo, ukuthola ukuthi ukungabi nabazali kubahlukumeze kanjani ngoko mqondo, ngokwasesi koleni, ngokoku philiisana, nangokwezimali, kanye nokuphazamiseka kwezimpilo zabo.

Ucwaningo luzonezezela kumzimba wolwazi mayelana nobunzima abantwana abayizintandane abaphila nabo. Ngingaluthokozela kakhulu usizo lwakho.

1. Kucelwa ukuba uphendule yonke imibuzo.
2. Imininingwane yakho izigcinwa iyimfihlo; umshini woku qopha uzoba ku mcwaningi kanye nozo humusha uma sekuphele isikhathi semibuzo.
3. Kucelwa uphendule imibuzo elandelayo ngokuthembeka futhi ubuzisise la ongaqondi kahle khona.

Ngiyabonga ngokubamba kwakho iqhaza.

**NGICELA UVULE IPHEPHA ELILANDELAYO**

**Imininingwane yobambe iqhaza.**

**Igama** : .....

**Iminyaka** : .....

**Ubulili** : .....

**Ikilasi** : .....

**Imibuzo**

**1. Badlule nini abazali bakho/umzali wakho emhlabeni?**

.....

.....

.....

**2. Wazizwa kanjani mhla uzwa izindaba zokudlula kwabazali/komzali wakho emhlabeni?**

.....

.....

.....

**3. Ubani owakunakekela ngaphambi kokuthi ulahlekelwe abazali/umzali? Uhlobene kanjani nawe?**

.....

.....

.....

**4. Ngabe lokhu kuyiphazamise kanjani indlela owenza ngayo esikoleni?**

.....

.....

.....

**5. Ngubani owanaka ukuthi lehlile izinga lakho lokwenza esikoleni?**

.....

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**6. Sekuke kwenzeka yini ukuthi uphinde ikilasi esikoleni emva kokuthi ulahlekelwe umzali/abazali?**

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**7. Ngabe uzame kanjani ukuthi umelane nalesi simo sokungabi nabo abazali?**

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**8. Usuke wabhekana nokuhlukumezeka nganoma iyiphi indlela kanye nokusetshenziswa ngokungafanele la osuhlala khona? Uma uthe yebo, ngabe kwenzakalani?**

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**9. Ungasho ukuthi uphatheka ngendlela efanayo neyezingane zala osuhlala khona manje?**

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**10. Ngabe uyawuthola umholo wabantwana abangasenabo abazali?**

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**11. Ubani okuholelela wona?**

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**12. Ngabe imali isetshenziselwa ziphi izidingo ekhaya?**

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**13. Ngabe izidingo zakho zezimali zinakekelekile na?**

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**14. Uma kukhona okudingayo, ngabe ubani okhuluma naye?**

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**15. Ngabe unabo abangani futhi iziphi izinto enizenza ndawonye?**

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**16. Ngabe ikuphi ukwenza kokuganga noma kokungaziphathi kahle osuke wakwenza?**

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**17. Ngabe kube nayo imiphumela?**

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**18. Yini eyadala ukuthi wenze lezo zinto?**

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**19. Ungasho ukuthi amaphupho akho empilweni manje akalekile ngenxa yokungabi nabo abazali?**

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**20. Ngabe uphokophele kanjani ngaphansi kwesimo ophila ngaphansi kwaso?**

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**21. Ngabe ikuphi okwakusiza umelane nesimo empilweni ngemuva kokulahlekelwa abazali?**

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**22. Ucabanga ukuthi impilo ngabe injani ukube abazali bakho basaphila?**

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**23. Bake bathini abangani bakho ngendlela oyiyo?**

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**24. Ngabe uke uzizwe engathi uno mzwangedwa?**

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**25. Ngabe ubani othanda ukuchitha naye isikhathi sakho futhi ikuphi enithanda ukukwenza?**

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**26. Ngabe usuke washiya isikole wangabe usafunda?**

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**27. Ngabe usuke wazithola ulwa ngezandla futhi kwadalwa yini?**

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**28. Ngabe ubani owayesephutheni ngokwakho ukubona?**

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**29. Ngabe uzizwa ngathi ikhona indawo eyanele ekhaya la ohlala khona?**

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**30. Ngabe lukhona uhlobo lwezidakamizwa oluthathayo?**

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**31. Uma uthe yebo, ngabe uqale nini ukusisebenzisa futhi usisebenziselani?**

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**32. Uma uthe yebo, ngabe sikwenzani lesi sidakamizwa futhi uzizwa kanjani ngokusisebenzisa?**

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**33. Ngabe ukhala kangakanani?**

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**34. Ngabe kusuke kuyini isizathu sokuthi ukhale?**

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**35. Ngabe ikuphi okwaziyo mayelana no Mqulu ongumthetho wama Lungelo abantwana ongu nombolo 38 wonyaka u 2005?**

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**36. Ngabe iziphi izinhlobo zokuhlukumezeka ozaziyo ezenzeka kuba ntwana?**

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**37. Ngabe usuke wabekwa ekhaya labantwana?**

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**38. Uma uthe yebo, ngabe kwabanjani ukuhlala khona?**

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**39. Ngabe kukusize ngani ukuba ilunga lase Themba lethu CBO?**

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**40. Ungasho ukuthi izinhlelo ezitholakala kule Nhlangozi zibe usizo kuwena?**

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**41. Uma unganikwa ithuba lokukhetha ukuhlala nomunye uMgadi, ubani ongakhetha ukuhlala naye futhi ngoba yini?**

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**42. Usuke wazi mbandakanya kubugebengu futhi kwaba yini imbanga?**

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**43. Ngabe umndeni wakho uyakhombisa ukukunaka wena ngesimo sakho?**

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