Psychological empowerment of child-headed families through a mutual-aid group

by

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DECLARATION

I, the undersigned hereby declare that this thesis is my own original work and has not previously in part or in its entirety been submitted at any university for a degree.

Signature Date

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ABSTRACT

Children who grow up in child-headed families often face numerous challenges such as bereavement, discrimination and financial burdens. This study in particular was concerned with the psychological empowerment of child-headed families as there is an increasing number of child-headed homes in black poverty stricken communities. There were eight black males who participated in the study. The age range of the participants was 6 to 14 years. With regards to the efficacy of the empowerment program the results indicate that there was a general (majority) increment across the board and that the psychological empowerment program was a success.
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Chapter 1: Introduction

1.1 Introduction

Hundreds of thousands of adults die every year (Foster, 2003) and the HIV pandemic has contributed immensely to this current predicament. The United Nations Children’s Agency has warned that South Africa is in danger of losing the battle against HIV & AIDS. In October 2007, the BBC News reported that there were about 1.5 million orphans in South Africa. If the trend of 400 000 deaths from AIDS related illnesses per year continues, by 2015, the number of orphans will have reached five million. Bouwer (2002) noted other reasons (that children in South Africa may have to live without parental care) such as parents working far from their homes, a grandmother having died, or siblings insisting on staying in their deceased parents’ homestead. South Africans have traditionally had fluid arrangements concerning the care and residence of their children, who moved relatively easily among the extended family. However, Foster (2003) reports that the family’s capacity to do this is being eroded by a dramatic increase in the number of orphans, and a reduction in the number of prime-age care givers, such as aunts and uncles.

Gilbourne (2001) refers to a phenomenon where children live in situations without adult care in the home as child-headed households. But a more informative definition by Bouwer (2002) states that a child-headed household is a scenario where the parents or adult care givers have died or abandoned the children, and the head of the household is a child under the age of 18 years. Growing up in a child-headed household imposes a number of challenges. Children who live in child-headed homes often have to drop out of school to work and have to worry about where their next meal will come from.

Joubert (2002) explains that social assistance is aimed at ensuring that each member of society who is facing destitution is provided with a minimum level of income, health and social services with the aim of allowing the member to lead a socially meaningful life whilst retaining their human dignity. In order for a grant relating to children to be payable, the child must have an identity document or birth certificate bearing a 13 digit identity number. Unfortunately, this condition leads to the exclusion of many poor children for whom it is virtually impossible to contact the Department of Home Affairs due to issues such as ignorance and finances. In order to assist child-headed families the government has established a community-and home-based care model. Sloth-Nielsen (2002) maintains that the support provided by this model includes
material support, orphan registers, food gardens and income generation activities. For instance, orphan registers are used as a tool for establishing the scale of the problem, as well as create greater awareness and mobilize support. Food gardens often have the support of the Department of Agriculture in the form of land and seed donations. Ubombo is an example of this project as they have a feeding scheme which provides orphans and other vulnerable children with fresh vegetables. Other support structures in Kwazulu-Natal include the Ingwavuma Orphan Care, the Vulamehlo Health Resource Centre and an organization known as Philisani. These centres generally provide food parcels and basic health services to these child-headed families. Despite the government's effort to assist child-headed families, one finds that these children are often ostracized and ridiculed by their peers, and are labeled as being poor because they receive financial assistance from the government.

It is indisputable that children react strongly to the loss of a meaningful person and show their reactions in conformity with the stages of protest, despair and detachment. Feelings of sadness, rage and longing also follow after the loss of a significant individual (Webb, 1993). Furman (1974) maintains that parents often play an integral role in explaining the concept of death to their children, because children do not always understand the finality of death. In the case of children who have lost both their parents; this confusion is exacerbated, as both the people who played integral roles in their lives have suddenly left them. Guest (2001) reports that in certain instances extended family members come and assist with the funeral arrangements and immediately after the funeral they resume their normal activities, oblivious to the child-headed families' needs. Therefore, there is no adult available to assist these orphans with their grief. As a consequence, the children's social, emotional, or physical development becomes impaired as the grief process becomes 'disabling'. The effect of the parent's death may also affect a child 'silently', that is, she/he may adopt defense measures which at first appear adaptive, but which later impede growth and adjustment, because they are too rigid (Furman, 1974). For instance, after the loss of both parents, certain children focus all their energy on their academic work. No one views this as being problematic as these children excel in class. But later on in life, it is discovered that the individual has not developed interpersonal skills as they never engaged in social activities.

In evaluating the situation of child-headed families one could conclude that many of these orphans feel disempowered. Disempowerment is equivalent to powerlessness and Rappaport and Hess (1984) define powerlessness as learned helplessness, alienation and a loss of control.
over one’s own life. Empowerment is an intentional, ongoing process centred in the local community, involving mutual respect, critical reflection, caring, and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources (Cornell Empowerment Group, 1989) as cited by Zimmerman (2000). Similarly, Liebeck and Pollard (1994) defined empowerment as the process of giving power or authority to people facing challenging issues.

An empowerment approach goes beyond ameliorating the negative aspects of a situation by searching for those that are positive. Thus, enhancing wellness instead of fixing problems, identifying strengths instead of cataloging risk factors, and searching for environmental influences instead of labelling victims, it is important to add power to them (Zimmerman, 2000). In addition Zimmerman (2000) maintains that the individual participants may develop a sense of empowerment even if wrong decisions are made because they may develop a greater understanding of the decision-making process. It is important to mention that empowerment as a theory is sensitive to the fact that individuals emerge from unique contexts (systems of functioning).

Empowerment is often implemented in the form of mutual-aid groups. Liebeck and Pollard (1994) define a mutual-aid group as a group where its members are able to help one another, and since they have this ability the process becomes empowering to the members. On a homogenous note, Anckermann, Dominguez, Soto, Kjaerulf, Berliner and Mikkelsen (2005) state that these are smaller groups of members who share a common problem or have similar experiences. The group is engaged in processes of disclosing individual experience and rendering the support and understanding necessary for each individual to confront his or her problems. When the participants experience a sense of well-being and belonging with the group, they are able to move away from isolation and from the role of the victim and become protagonists of their own lives.
1.2 Motivation for the study
The increase in the number of people being infected with the HIV virus indicates that there are still going to be a large number of adult deaths and the ripple effect is that in the future, we are still going to have many more child-headed families. Although a vast amount of support is available for child-headed families, the researcher realized that there are only a few centres which focus on the prevailing psychological challenges which these children face. As a consequence the researcher felt it would be beneficial to empower these children, utilizing a mutual-aid group.

1.3 Statement of the problem
Children from child-headed homes have lost parental, psychological and moral support. Thus they have an enormous inability to meet their basic material and emotional needs. Moreover, they have multiple tasks beyond their physical and emotional capacity. This manifests in high levels of stress. They therefore experience a decline in their health, nutritional status and an irreversible slide to depression, fear and low self-esteem. Thus, they will benefit from psychological empowerment in the context of a mutual-aid group as many of them have never received any form of counselling.

1.4 Aims and Objectives
Aim
The aim of the study is to empower children who grow up in child-headed families, psychologically.

Objectives
The two objectives are as follows:

(i) To encourage the utilization of resources such as religion, education and sports as tools for their growth and
(ii) To form an ongoing mutual-aid group.
1.5 Significance of the study
The participants of the study would, hopefully, be psychologically empowered in areas of their lives where they previously felt disempowered. An ongoing support group would be formed for the participants of the study.

The information derived from this study would be used by organizations (in Mhlatuze) which support child-headed families (for example, Philisani), in an attempt to gain more funding. The researcher will publish the knowledge obtained in this study, in the University of Zululand library. The information can be used by future researchers. The researcher will also conduct workshops and presentations for interested structures, particularly the Office of the Rights of Children (ORC), in the Office of the Premier, and the information will hopefully filter through and reach the President’s Office (ORC). Lastly, the researcher will use this research as a pilot study and attempt to carry it through out Kwazulu-Natal and Nationally.

1.6 Conclusion
This chapter serves as an introductory phase for the entire study. It clarifies the researcher's intentions and motivation for conducting the study of this nature.
Chapter 2: Review of literature

2.1 Introduction

A child-headed household is defined as a household where everyone who lives there is 18 years old or younger, i.e. a child-headed household is a household consisting only of children (Children’s Count, 2005). On a homogenous note, UNICEF (2005) holds that a child-headed household is when a child or children take over as the head of their household and fend for themselves without any adult supervision. The emergence of child-headed households is mainly as a result of the death of both parents and the failure of relatives to assume parental duties. The relatives usually do not have sufficient resources to look after the bereaved children. The death of a child’s parent due to an HIV related illness means that the child is bound to face social stigma and the community members are often not prepared to provide care and support to these children. It has been noted that the emergence of child-headed households can also be a result of increasing death among adult relatives (Nyawasha, 2006).

2.2 Child-headed households and the challenges they face

Orphans living in child-headed households within underprivileged communities are amongst the most vulnerable children, and protection of their rights deserves to be the main focus of all individuals, governments and agencies dealing with such children (Masondo, 2006). Nyawasha (2004) adds that the psychological caring of orphans, vulnerable children and people living with HIV/AIDS becomes an indispensable component of anyone involved in the field of human service delivery. There is a need for the continuous research, discussions and implementation of programs which will benefit the emotional and psychological well being of child-headed families. Mott, Reggy, Robbins and De’ Bryant (2009) would agree as they stated that more scientifically based data would provide a stronger foundation for the dissemination and application of empowerment based programs in developing areas.

Children Count (2005) reported the following statistics: more than two-thirds (68%) of children living in child-headed households are 12 years and older. Five percent of children living in child-headed households in South Africa are five years old or younger.
Three-quarters (75%) of all children living in child-headed households were located in only three provinces at the time of the General Household Survey 2005: Limpopo (39%), the Eastern Cape (23%), and KwaZulu-Natal (13%).

Research suggests that child-headed households are frequently temporary households, and often exist just for a period, for example after the death of an adult and prior to other arrangements being made to care for the children (such as other adults moving in or the children moving to live with other relatives). There is no robust data on child-headed households in South Africa to date. In this instance, the figures should be treated with caution as the number of child-headed households form only a very small sub-sample of the General Household Survey (2005). In 2007 there were at least 148 000 child-headed households in the country and the majority of the children were between 12 and 17.

The phenomenon of child-headed homes is a widespread problem. For instance in Zimbabwe, orphans in child-headed households were asked about how they are treated. Many child-headed households reported that they are made to feel like outsiders from the local community and from relatives. When they were asked to describe in what way, many answered as follows:

- At school these children are bullied by other children.
- The older girls reported that community members no longer treated them as children, even though they treated other girls of the same age, with parents as children. The community now saw these girls as "mothers" and expected them to work hard in order for them to take care of their younger brothers and sisters. As a result, the girls had no friends except those who were also heading child-headed households (UNICEF, 2005).
2.3 Psychological and Bereavement concerns

A family is a basic unit of society. Functions that are performed by a family include the task of providing for its children's needs while simultaneously teaching the children society's way of life. Traditionally, the functioning of a family takes place through a parent-child relationship. It is therefore significant for the family to carry out parental tasks in order to give a sense of security, belonging and companionship, responsibility and purpose to its members. The phenomenon of child-headed households presents a shift from a structural family since a significant subsystem of a family (i.e., parental subsystem) is non-existent (Mkhize, 2006). One of the worst things that can happen to a child is to lose their parents. Food and shelter is important however a parent's love is inestimable.

Ayieko (1997) states that the traumas of parental death remained fresh in the minds of many children who lived in child-headed homes. The death of a father deprives children of male authority, a status symbol in many communities. But the subsequent death of a mother further deprives the children of crucial emotional and mental security as well.

In her research, Masondo (2006) found that the loss of parents leaves children shattered and emotionally affected. They often long for the deceased parent. This became evident when one participant admitted, "I often think about my mother. Sometimes I read my diary I received from school because I've written everything about my mom in the diary ... about her illness and about the time she died in June". One participant spoke passionately about his deceased parents and when asked whether he missed them, he replied, "Yes, especially during Christmas times. They would go all out to buy us something for Christmas. But well, I've accepted that they are gone. Life must go on. Another participant said, "When they (two younger brothers) do wrong things they make me miss my mother. I wish she was still alive". Masondo (2006) adds that the loss of parents produces intense feelings of vulnerability, loneliness, emptiness and a desire for a fulfilling life. A time comes in the lives of orphans in child-headed families when they wish that their parents were still around. They feel that life could have been different if their parents were still alive. Although some neighbours sometimes help to look after the little children when the child-head goes out to look for a job and food, there is a lack of consistent parental guidance and support and often when the young ones engage in wrong doings like gambling and stealing, there is no adult person to reprimand them, and this often leaves the child-head frustrated and helpless. Masondo (2006) discovered that the child-heads of families sometimes experience fear of the unknown. They become paranoid and fear that
something terrible might happen to them, especially when they are ill and have no money to go to a doctor. The child-heads are not always confident with their parental roles. One of the participants said, “I fear the worst might happen to my brothers one day, and I may not know how to help them or what to do”. In the case of child-headed homes girls assume mother roles while boys take their fathers' place and therefore become the woman and man of the house at tender ages. Girls begin assuming the role of housekeeping at the time their mothers become bed-ridden by HIV-related illnesses. However, in Ayieko's study (1997) more boys than girls reported housekeeping because older girls often leave the house sooner than boys when both parents die. Girls as young as nine years assume heavy responsibilities of working in the garden, preparing and serving meals to both younger and older siblings in the households. Boys who take on the leadership role tend to over-exercise their authority and rule with a heavy hand because of ignorance and childhood immaturity. These children experience a perpetual emotional turmoil.

In addition, for these children the normal grief process is exacerbated because they feel guilty that they could do nothing to save their parents. Masindo (2006) states that children who grow up in child-headed families develop a sense of guilt, hopelessness, sadness and grief, and in their state of helplessness, they feel rejected. Children who have lost parents are often ostracized from the society. These children are often barred from school, rituals or other social events Mott, Thuo, & Robbins, & De’ Bryant (2009) add that while these youth struggle to meet their care giving challenges, they are often faced with grief, stigma, economic stress, and exploitation and abuse; all of which is made more severe by a loss of connection with their peers and to their community. These authors further note that empirical as well as scientific research suggests that this loss of connection leaves youth caregivers both socially isolated and emotionally distressed. In addition research also demonstrates a strong correlation between the emotional state of children and the emotional state of their caregivers. The isolation of these child heads often leads to extreme distress and emotional instability in their siblings. Being ostracized and discriminated against means loss of self–esteem. Children tend to doubt their identity and capabilities (Nyawasha, 2004). For instance one of the participants in Masondo’s research (2006) became emotional when he described how he had to bathe his sick father and carry him to the toilet as he could not walk unassisted. When asked how he felt about his late father who was sick, one of the participants said (crying) “It killed me inside to see my father unable to do anything for himself. He was a strong man before his illness”. It is evident that these children need some form of therapy that will assist in their healing process. Orphans
sometimes experience fear for their own safety. One of the research participants in Masondo's study said, "As a woman of my age, it is not safe to live alone with three little kids. It is not safe. When you hear strange noises at night, you don't know what to do. You get scared. Sometimes you hear knocks at the door. Maybe it is people who want kill you or rape or even steal from you".

**Educational concerns**

The South African Constitution, in Section 29 (1) (a) of the Bill of Rights, provides everyone with the "right to basic education". Section 29 (1) (b) adds that everyone also has the "right to further education".

Education is essential for children to develop into their full potential. It is considered important that human rights treaties prescribe that governments must provide free compulsory primary education for children. This is a minimum core obligation of governments in terms of international law. However, Ayieko (1997) recorded that a large number of child-headed households do not have children in school due to several reasons, the most common being a lack of funds. For instance Masondo (2006) narrates that educators at a school in Bronkhorstspruit discovered that two orphaned learners aged eleven and twelve were living alone and changing shifts to take care of their two-year old baby sister. This was affecting their normal schooling as they had surprisingly become very irregular at school. Their only parent had recently passed away and they wanted to hold on to the only property their mother had - a small Reconstruction and Development Programme (RDP) house with one old bed, a few kitchen utensils and a primus stove. Other orphans are kept away from schools by malicious caregivers in order to suppress their future economic potential. During focus group discussions with youth in Kisumu and Siyaya district, a number of children expressed their concerns about education. When orphans were asked to discuss how they related to classmates and teachers at school, they narrated incidents of embarrassment and fear at being stigmatised because they were orphans, and this situation was worsened if their parents died because of an HIV/AIDS related illness. One pupil discussed how he no longer attends classes because he may be bewitched and die like his deceased educated parents. When asked to explain further, he discussed his beliefs on how his parents were bewitched because they were well educated and envied by their extended family members. Through discussions with teachers Ayieko (1997) further found that many of the orphans are not in school due to the heavy domestic responsibilities most of them have to do before going to school. Many of these children provide all the necessary labour in their homes. One of the participants in Masondo’s research
(2006) said, "I would have loved to continue with my studies and be a better somebody in future. I tried, but when you get home and there's nothing to eat, and you are the first-born child in the family... everybody looks up to you to do something. So I had to drop-out". Another participant remarked, "When I go out to look for work ... piece jobs and when I go to ask for food from my aunt, they (siblings) eat up everything that's left. They don't think about tomorrow and I'm sacrificing for them. I can't even go to school". In this instance the participants remarked about how they had to sacrifice their education in order to take care of younger orphaned siblings. Orphans in child-headed households are able to sacrifice their own education because the task of taking care of the younger siblings is so cumbersome that it does not create opportunities for them to focus on their own education.

In addition, during certain agricultural seasons child-heads are also expected to provide labour in the morning before going to school and in the evening after school. Going to school is not compulsory or a priority in such families and many orphans choose to quit school. They also dropout of school due to lack of funds for school fees, uniform, books and a variety of other school necessities.

For those who remain in school, many have poor academic performance due to low class attendance, lack of school materials, poor diet and appalling living conditions. Furthermore, the reality is that these children have to seek employment in order to financially support their siblings. Therefore children enter the economy prematurely and are often exploited once they enter employment. The burden on young girls is often doubled, as they not only have to take care of siblings and extended family members but also their own children. This is often the result of a consensual sexual relationship, but more often sexual abuse. For example, one participant in Masondo's research (2006) remarked that she would not live with her uncle because every time he visited her he wanted to touch her breasts. She said, "He wants to touch my breasts. But I refuse. You see, that's why we can't stay with him. He's not right. He's supposed to take care of us but he does funny things". The uncle only stopped when the participant warned that he would report him to his wife and to the police. The uncle then stopped to provide them with groceries. The participant said, "He stopped because I wouldn't allow him to touch me".
Right to housing and shelter

Section 26 of the South African Bill of Rights provides that everyone has the right to have access to adequate housing. In addition to providing this right for everyone, children are afforded extra protection in Section 28 of the Constitution, which provides that “every child has the right to shelter”. However, Nyawasha found that the death of a parent usually leaves the children being unable to maintain the home and will eventually live in the streets because they would have lost their shelter. All such problems or challenges are interlinked with poverty. In addition, shelter can become inadequate or can be dilapidated. In addition, children who grow up without the support of their parents are unable to attain basics such as, food, clothing, blankets and furniture. A research participant in Masondo’s study (2006) said, “After my mother’s death, the furniture shops repossessed some of the furniture because we could not pay. We don’t have a fridge. It is gone. Sometimes we don’t have food to eat, but at least my two brothers get something to eat at school, and sometimes they also get clothes”. He further reported, “The school is very good to us. Sometimes they give us groceries and second-hand clothes”.

Statistics South Africa (2005) reported that children are defined as living in overcrowded dwellings when there is a ratio of more than two people per room (excluding bathrooms but including the kitchen and living room). In other words, a 1-bedroomed house with a kitchen and living room would be defined as overcrowded if there are more than six people living in it. Over 4.8 million children – more than a quarter of all children in South Africa – lived in overcrowded households in 2005. A dwelling is over-crowded when there is a ratio of more than two people per room (excluding bathrooms but including kitchens and living rooms). Over-crowding is a problem because it can undermine children’s other needs and rights – for instance, the rights to education, privacy, health and protection from abuse. Children in crowded households may struggle to negotiate space for their own activities. It may be difficult for schoolchildren in overcrowded households to do homework at night if other household members want to sleep or watch television. Children’s right to privacy can also be infringed if they have no space to wash or change in private. The right to health can be infringed as communicable diseases such as respiratory infections (including tuberculosis) and diarrhea spread more easily in overcrowded conditions. Over-crowding also places children at greater risk of sexual abuse, especially where boys and girls have to share beds (Statistics South Africa, 2005). In the case of child headed households, many of their basic rights outlined above have been violated.
Social assistance is when the State provides support directly to a person to help them to provide for their needs, usually in the form of cash grants. Social assistance schemes are normally ‘non-contributory’ schemes in that the person does not make any contribution towards the scheme.

The fundamental purpose of the right to social assistance is to ensure that persons living in poverty are able to access a minimum level of income, which is sufficient to meet basic subsistence needs, so that they do not have to live below minimum acceptable standards. The government has responded to this duty mainly through the Social Assistance Act, which provides a range of social grants for vulnerable groups of people (people who are vulnerable are weak and without protection, with the result that they are easily hurt physically or emotionally) - namely the aged, children and people with disabilities.

The following are two social grants which are available for children. The first is the Care Dependency Grant, and it is given to the caregivers of children who are severely disabled and who need permanent care. It has a value of R1010.00 per month, and the grant is also income or means tested.

The second grant is called the Foster Child Grant, which was designed to support foster parents who have had children placed in their care by the Children’s Court because the children have suffered abuse or neglect. This grant has a value of R680 per month. It is increasingly being used to provide extra income for relatives and other people caring for children who have lost a parent or parents through violence, HIV/AIDS or other diseases (Statistics South Africa, 2005). Many of the children, especially the ones in rural areas, are not aware that they can apply for grants from the Department of Social Development (Ayieko, 1997). Masondo (2006) adds that some of the participants were receiving grants but some of them were not aware of mechanisms or support structures that were engaged in assisting vulnerable children in their respective areas. Some participants were neither aware of child care grants from the government or did not know how to access them. Sometimes they are discouraged by the red tape when applying for government grants. One participant said, "I don’t know how to apply for a grant. The aunt next door advised me to get an identification document first, but I don’t have a birth certificate. It is not easy to get an identity document if you don’t have a birth certificate". The current Social Assistance Act sets no age limit for a primary caregiver but in
order to apply for a child support grant one must be in possession of an identity document which can only be obtained by the age of 16. The new Act requires explicitly from the primary caregiver to be at least 16 years. Therefore a child-head under the age of 16 years will have tremendous difficulties when applying for a child support grant.

Section 27 (1) (a) of the Constitution of the Republic of South Africa (1996) provides that everyone has the right to have access to health care services including reproductive health care. According to Masondo (2006), the children and youth also have the right to be treated only with informed consent. They can exercise this right on their own, if they are old enough, or their parents and guardians can exercise it on their behalf. Difficulties however, arise in the situation of a child where there is no parent or guardian. The intervention of service providers like social workers is needed to alleviate their plight as they are not in a position to initiate the process without the assistance of an adult. One of the research participants in Masondo’s research was not aware that he could access health service centres like clinics for free. He indicated the following to the researcher (Masondo, 2006): “The grants are currently helping us at home, but when we are ill we cannot get help. But we drink some African herb called ‘Umhlonyane’. We cook it in the port, and drink the water thereof. It is good for flu and coughing.”. Another participant wished he had a job so that he could take his brothers to the doctor when they were sick. He depended on the pills or medication they were offered by their neighbours when they were sick. When he was asked why he did not go to the local clinic he replied, “At the clinic they only treat children who are accompanied by their parents. We don’t even have cards. My mother used to take us to the clinic when we were sick. I have been looking for the clinic cards but I cannot find them.

2.4 Empowerment

Empowerment is a construct shared by many disciplines such as community development, psychology, education, economics, and studies of social movements and organizations. The manner in which empowerment is understood varies among these schools of thought. Rappaport (1984) has noted that it is easy to define empowerment by its absence but difficult to define it in action as it takes on different forms amongst different people and contexts. The definition of the concept empowerment is currently a subject of debate. Zimmerman (1984) has argued that asserting a single definition of empowerment may make attempts to achieve it formulaic or prescription-like, contradicting the very concept of empowerment. Albee, Bond &
Monsey (1992) would agree that it is not easy to define empowerment since people are used to the semantics of needs, weaknesses, and deficits: powerlessness, learned helplessness, alienation, and a sense of a loss of control over one’s life. Therefore the idea of empowerment requires a radical change in people’s thinking.

However a common understanding of empowerment is necessary in order to allow us to know empowerment when we see it in people with whom we are working, and for program evaluation. According to Bailey (1994), the precise definition of empowerment within our projects and programs will depend upon the specific people and context involved. Empowerment is a process by which people, organizations, and communities gain mastery over issues of concern to them (Rappaport, 1987).

Rappaport and Hess (1984) postulates that understanding empowerment requires that we first clarify a conception of the condition from which it evolves. In this context, the counterpoint is referred to as a sense of powerlessness. Powerlessness is the quality of lacking strength or power; being weak and feeble. More specifically, the sense of powerlessness is approached as an attitude of being which incorporates past experience embedded in and reinforced by the fabric of social institutions. A well-established consequence of such conditions is entrapment in a cycle of victimization and self-blame (Rappaport & Hess, 1984).

Empowerment refers to both the phenomenological development of a certain state of mind (for example, feeling powerful, competent, worthy of esteem) and to the modification of structural conditions in order to reallocate power- in other words empowerment refers both to the subjective experience and the objective reality; and is both process and a goal (Albee, Bond & Monsey, 1992). As a general definition, however, empowerment is a multi-dimensional social process that helps people gain control over their own lives.

Albee, Bond and Monsey (1992) maintain that the concept of empowerment means reversing and reinterpreting traditional goals and concepts of social and health care, so that the focus is no longer on the deficits of people or settings to be cured or prevented. A social policy of empowerment focuses on processes that enhance the strengths of people and their ability to control their own lives and their situations in a social environment. Empowerment, by definition, is a social process, since it occurs in relationship to others. However, Rappaport and Hess (1984) note that the end products of the process may play itself differently among different people and settings. For some people the mechanism of empowerment may lead to a
sense of control; for others it may lead to actual control, the practical power to affect their own lives. Empowerment can be either understood as an internalized attitude, or as an observable behavior. One important implication of this definition of empowerment is that the individual and community are fundamentally connected.

From a community study on the empowerment processes of poor people, Kieffer (1980) derived the following dimensions of empowerment:

1. The development of a more positive and potent sense of self (self concept).
2. The construction of knowledge and capacity for a more critical comprehension of the web of social relations which comprise one's experienced environment.
3. The cultivation of resources and strategies which are available to the community.

Underlying the process of empowerment is mutual respect between participants, facilitators, and others involved in the program. Empowerment opens to participants the recognition of their own values and beliefs, and encourages expression of their own issues as they define them. The focus is on the connection between individual action and community action, encouraging individual change through discussions, and supporting community action through participants' efforts to change their communities.

Empowerment may be the result of programs implemented by professionals, but it is most effective in platforms where there is true collaboration among professionals and the supposed beneficiaries. It is advisable to get ideas from communities where people are already handling their own problems in living. If one is to utilize a social policy of empowerment and to develop interventions useful for those who are currently disempowered, one needs to find ways to intervene in a form and with a style that is consistent with the idea of empowerment rather than the idea of controlling others (Rappaport & Hess, 1984). These authors further add that, empowerment implies that many competencies are already present or possible, given niches and opportunities. The theory of empowerment implies that new competencies are learned in a context of living life, rather than being told what to do by experts. It means fostering local solutions by a policy which strengthens rather than weakens the mediating structures between individuals and the larger society: families, neighborhoods, churches and voluntary associations. We need to learn from those "natural" support systems which are successful and to transmit what we learn to those which are less successful.
Understanding Power

It has been highlighted previously that empowerment is a process that fosters power (that is, the capacity to implement) in people, for use in their own lives, their communities, and in their society, by acting on issues that they define as important. At the core of the concept of empowerment is the idea of power. Lukes (1986) defines power as the production of intended effects. It is thus a quantitative concept: given two people with similar desires, if one achieves all the desires that the other aspires, and also others, he has more power than the other.

The possibility of empowerment depends on two things. Firstly, empowerment requires that power can change. In contrast to this notion, traditional social science emphasizes power as influence and control, often treating power as a structure divorced from human action. Conceived in this way, power can be viewed as unchanging or unchangeable. If power cannot change, if it is inherent in positions or people, then empowerment is not possible, nor is empowerment conceivable in any meaningful way. Weber (1946) argues that power exists within the context of a relationship between people or things. Power does not exist in isolation nor is it inherent in individuals. By implication, since power is created in relationships, power and power relationships can change. Empowerment as a process of change, then, becomes a meaningful concept.

Numerous empowerment programs have been implemented in Africa and these programs have been found to be very effective. An example of such a program is the Giving Hope Based Empowerment and Reconciliation for Youth Caregivers. The Giving Hope program works with youth who have assumed the caregiver role in their families, following the loss of parents or other adult caregivers to AIDS or other causes. The Giving Hope empowerment methodology utilizes an asset-based approach in working with youth caregivers. This approach recognizes and reinforces the skills, ideas and capacities youth caregivers have today. Additionally it works to restore youth caregivers' relationships and sense of connectedness with their peers and wider communities (Mott, Reggy, Robbins & De' Bryant, 2009).

Psychological empowerment includes the following four key outcomes which were highlighted in the Youth Caregiver Outcomes of Asset-based Empowerment Program
1. *Sense of self*- an improved sense of self is typified through youth caregivers’ creation of a dream. The dream exercise is a personal reflection process that encourages the expression of feelings such as anger, fear, or sadness, as well as joy and happiness. The participants obtain the opportunity to reflect on what has been important to them thus far and what they want for their futures. The participants’ dreams serve as a qualitative process of restoring youth’s sense of purpose, optimism and hope for the future. The action of talking about dreams allows the participants to begin opening up to other participants whilst encouraging a personal and expressed reconciliation with the past and positive imagining of the future.

2. *Sense of belonging*- This outcome is achieved through the utilization of a youth working group. This group would consist of children from various child-headed homes who live in close proximity of one another. The group becomes the environment for interaction between the youth. The youth program would have special emphasis on youth leadership and ownership of the group. Peer group belonging is strongly associated with positive socio-emotional development. Therefore this exercise may be seen as a platform of restoring youth’s sense of belonging, acceptance, comfort, security, trust, value and contribution.

3. *Senses of power*- group members identify their strengths, talents and skills. Resources which are already available in the communities are also located and linked with the skills which the children have to offer. For example, a young girl who enjoys singing gospel music may be encouraged to join a local church where she can participate in the choir. Mott, Reggy, Robbins and De’ Bryant (2009) holds that this activity builds youths’ problem-solving, communication, and decision making, all of which contribute to a stronger sense of security and confidence to engage in a range of challenging and new activities.

4. *Sense of Collective Responsibility*- these youth are also encouraged to participate in outreach activities which appeal to them. As youth’s sense of self, belonging and power mature they begin taking up additional responsibilities. Examples of outreach programs include, assisting an elder, mentoring other youth and educating peers in HIV prevention. Youth outreach programs are believed to reinforce youth’s sense of collective responsibility, connection with their larger community, and reconciliation with prior feelings of social isolation and judgment. Furthermore, by reconciling their past self-concept with present, harmony is restored and youth move forward, not only
with self-confidence, but also with understanding and a deep sense of connection and care for others.

An effective way of implementing individual change is through the utilization of mutual-aid groups. Cicchetti (2007) defines a mutual-aid group as an exchange of help wherein the group member is both the provider as well as the recipient of help in a service of achieving common group and individual goals. The rationale for cultivating mutual-aid in the group encounter is premised on mutual-aid's resonance with humanistic values and the following propositions: 1) members have strengths, opinions, perspectives, information, and experiences that can be drawn upon to help others in the group; 2) helping others helps the helper, a concept known as the helper-therapy principle which has been empirically validated and 3) some types of help, such as confrontation, are better received when emanating from a peer rather than the worker. Mutual-aid transactions that occur between members stimulate cognitive and behavioral processes and yield therapeutic, supportive and empowering benefits for the members.

2.5 How does group psychotherapy work?

Members of the group share with others personal issues which they are facing. A participant can talk about events s/he was involved in during the week, her/his feelings and thoughts about what happened in previous sessions and relate to issues raised by other members or to the leader's words. Other participants can react to his/her words, give him/her feedback, encourage, give support or criticism, or share their thoughts and feelings following his/her words. The subjects for discussion are not determined by only by the leader, but by the group members and the leader. The objective is for the group member to feel that (s)he is not alone with her/his problem and that there are others who feel the same. The group can become a source of support and strength in times of stress for the participant. The feedback (s)he gets from others regarding his or her behaviour in the group can make him/her become aware of maladaptive patterns of behaviour, change her/his point of view and help him/her adopt more constructive and effective reactions. It can become a laboratory for practicing new behaviours (Hunter, 2007).

Group Leadership Skills

Successful leadership requires specific group-leadership skills and appropriate performances of certain functions. Leadership skills include: active listening, restating (paraphrasing), clarifying, summarizing, questioning, interpreting, confronting, reflecting feelings, supporting,
empathizing, initiating, setting goals, evaluating, giving feedback, suggesting, protecting, disclosing oneself, modelling and terminating (Corey, 1995).

According to Corey (1995), being the group leader demands sensitivity to the needs of the members of your group and to the impact that your values and techniques can have on them. It also demands an awareness of community standards of practice, policies, and the government laws that govern group counselling.

**Personal relationships between leaders and members**—group counsellors should avoid dual relationships with group members as this hinders the ability of the members to participate fully in the group. The leader's role is to help members meet their goals and not to become friends with their clients.

**Socializing among group members**—a related issue is whether socializing among group members hinders or facilitates the group process. This concern would become an ethical issue if members are forming cliques and gossiping about others in the group or if they are banding together and talking about matters which would be best explored in the group session. If hidden agendas develop through various splinter groups within the group, it is likely that the progress of the group will come to an abrupt halt; unless the hidden agenda is brought to the surface and dealt with.

Impact of the leader's values on the group— in all controversial issues related to the group process, the leader's values play a central role. Your awareness of how your values influence your leadership style is in itself a central ethical issue (Corey, 1995). It is important to remember that although group members may have different sexual preferences and religious beliefs to the group leader, it is their constitutional right and discriminating them according to their beliefs is a violation of their rights.

A good facilitator helps the members to recognize how their own styles of interacting that they embody may interfere with group process and productivity. It is the leader's role to be neutral at all times and treats other group members as being equal. It is the leader's responsibility to ensure that a group focuses on the relevant issues.
The major roles of a leader in group psychotherapy

According to Shapiro (1978), there are five major roles of group leadership, in the course of the group process. However for the purposes of this discussion the concentration will be on the group leader as the orchestra.

1. The group leader as Orchestra

The role of group leader as orchestrator serves as a conveyor of issues, feelings and information. He or she mediates the transmission of intercourse between members of the group. Empowerment comes into play since the therapist’s role is to bring their problems and needs into contact with group resources. As an orchestrator, the therapist encourages group members who have problems to explore them with other group members. The leader is sensitive to non-verbal aspects of communication such as tone of voice, body language, kinetics and discrepancies between verbal and nonverbal components of messages. An effective orchestration requires an ongoing understanding of group process. Appropriately administered, it will maximise group learning as it increases member’s participation in problem solving. This in turn instils a sense of empowerment as the group members are involved in the birth and implementation of something which will make their lives more meaningful (Shapiro, 1978).

Both homogenous and heterogeneous groups can be utilised in group therapy; however the makeup of the group has an important influence on the type or nature of therapy. In this research a homogeneous group will be utilized. If members share a characteristic, the group is said to be homogenous (Piper, Orgrodniczuk, Weideman, Joyce & Rosie, 2007).

The following are a few advantages of homogenous membership in group therapy

- Group identification takes place quickly and transferences are rapidly formed. This is of particular importance since numerous children from child-headed homes have been abandoned and rejected by their peers and community members. The loss of their parents may be experienced as a form of abandonment and thus having a place where they feel that they belong may begin to eradicate feelings of loneliness, difference and isolation.
• Duration of treatment is lessened.
• Attendance is more regular.
• Resistance and interactions of a destructive nature are lessened.
• Intramural groups or cliques are uncommon.

2.6 Conclusion

In light of the challenges which have been outlined above, children within child-headed families are likely to grow up deprived of the values and structures which give meaning to social and cultural life (Bequele, 2007). As a consequence of his research findings Ayieko (1997) recommended that sustenance of child-headed homes requires the involvement of the whole community to ensure a supportive external and internal environment for the households and for the children. This can best be achieved by empowering the children and caregivers in the communities to enable them to appreciate the important task that they are performing both for themselves and the nation. A general observation from the study is that there is a need for an integrated approach to supporting the welfare of orphans through a combination of financial and psychological support programs. On a homogenous note, the Social tract module (2003) believes that if children are to develop into contributing, resourceful members of society, they will require a range of support – emotional, psychological, social and intellectual – in order to be able to fulfil some of their potential and ultimately the potential of society as a whole.
Chapter 3: Methodology

3.1 Introduction

This chapter outlines the research design used by the researcher to design, implement and evaluate the psychological empowerment program for child-headed families. According to Sarantakos (2005), research entails two major stages: one is the stage of planning, and the other is the stage of execution.

3.2 The aim of the study

The major aims of the study are to psychologically empower children who grow up in child-headed families and to form an ongoing mutual-aid group.

3.3 Data Collection Method

A psychological program for child-headed families was designed and implemented by the researcher. Eight child-headed individual children participated in the program. Five children live in Esikhawini Township. This township is situated in Northern Kwa-Zulu Natal and is located 15 km from the University of Zululand. It is a crime ridden area and there is a high rate of unemployment and people infected and affected with the HIV virus. Three children were from Mandlankala which is an informal settlement near Esikhawini. Mandlankala informal settlement is situated 25 km from the University of Zululand. Mandlankala has a high rate of unemployment and poverty. Furthermore crime and violence linked to gangsters and traditional medicine (which utilizes human body parts) is ripe within this community.

The intervention strategy was conducted over a period of three days. On the first day the full explanation and the purpose of the study was provided to respondents so they could give their consent to participate in the study. Ethical commitment with regard to informed consent, confidentiality and anonymity throughout the process were maintained. A needs assessment was also collaboratively constructed together with the participants. The needs assessment focused on the psychological challenges facing the participants. The participants and the researcher actively examined current action which they experience as problematic in order to change and improve it.
In evaluating the intervention, the researcher utilized a pre-test and post-test method. This involved a procedure whereby the participants were given the same questionnaire on the first and last day of the intervention program. The aim of the pre-test was to ascertain the participants' level of psychological empowerment prior to the intervention program. Conversely the goal of the post-test was to assess whether there was a change in the participants' level of empowerment after participating in the program. i.e. to assess the efficacy of the intervention program. The questions were clustered into the following areas, namely; psychological, knowledge and community based questions.

On the second day the following areas were discussed

- Life stories/ narratives
- Coping skills and identification of feelings
- Grief counseling

On the third (and final day) the following areas were discussed

- Sense of power and collective responsibility - each group members' skills were identified and linked with available resources in the community.
- Future planning/ Setting goals
- Constitutional rights as citizens and children in South Africa
- Social Grants
- HIV/AIDS- how you can become infected, prevention and the management of this disease.
- Maintaining communication and strengthening relationships established within the group.
- Reflection of the group members' experiences of participating in this program.

3.4 Conclusion

This chapter explained the method used to conduct the study. The aims and sample used were briefly discussed. The procedure used to collect and score the data was also outlined.
Chapter 4: Results and discussion

4.1 Introduction

The results of the study will be presented in this chapter. Each participant’s response in the pre and post test has been reported and the efficacy of the empowerment program has been indicated in terms of percentage.

4.2 Table of Results

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Key
Q = question
A = age
Res = respondent
Pre = pre-test
Post = post-test
Imp = improvement
4.3 Discussion of Results

4.3.1 Introduction

The questions given to the participants were clustered into three (3) categories, namely:

(i) Psychologically based questions,
(ii) Knowledge based questions and
(iii) Community based questions.

With regard to psychological empowerment, the results indicate a minimum of 50% and maximum of 87% increase in empowerment amongst the participants. Three (3) participants did not show any improvement and this may be attributed to the fact that these participants are very young and they may have experienced difficulties in comprehending abstract (psychological) concepts. Furthermore, what has been noted is that participants who did not show improvement had a history of having lost their parents more recently in comparison to those who did show positive outcomes. Exposure to stressful events puts a person at an increased risk for the development of a psychiatric disorder such as Posttraumatic Stress Disorder (Tedeschi & Calhoun, 1995). Weiten (2007) reports that individuals who have recently experienced traumatic events have an increased vulnerability to psychological distress because (i) they have a greater intensity of exposure to the traumatic event and (ii) more exposure to the grotesque aftermath of the event. The DSM-IV-TR (2000) defines Posttraumatic Stress Disorder (PTSD) as the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that may involve incidents such as serious harm or the death of a family member. The symptoms of PTSD include the following: flashbacks (in which the individual relives the event), constricted ability to feel emotions, excessive arousal and impulsive outbursts of behaviour (Santrock, 2005). In one of the group exercises the participants were required to share fond memories of their parents who have passed away. This exercise may have triggered the memory of the traumatic event (whereby their parents died), causing them to relive the experience.

The knowledge based questions indicate the greatest overall improvement as the results indicated a minimum of 50% and maximum of 100% increase. Some of the participants
already had a fair knowledge of resources/information regarding HIV/AIDS prior to the empowerment program. The concept of the zone of proximal development may have played a crucial role in the favourable improvement of knowledge amongst participants. The zone of proximal development is the area where the child cannot solve a problem alone, but can be successful when working together with a more advanced peer. Furthermore the zone of proximal development emphasizes that learning is interpersonal and best occurs in a social event/group context (Santrock, 1997). It could be said that the participants who had little knowledge regarding available resources in the community and HIV/AIDS were able to assimilate information from their more knowledgeable peers.

However the program tended to emphasize resources within Esikhawini Township and failed to give an in depth discussion of the available resources in Mandlankala. As a result two (2) participants who were from Mandlankala communicated that their knowledge of resources in their community which could assist them financially and emotionally remained the same. The third participant (also from Mandlankala) indicated a decline in his knowledge. The decline may be linked to the participants’ difficulty in comprehending the questions posed at him. He is very young and probably has not been exposed to numerous pen and paper assessments.

The community based questions illustrated the lowest improvement amongst the participants. The results indicated a minimum of 37% and a maximum of 75% improvement. A sense of community is a feeling that members have of belonging and a shared faith that the member’s needs will be met through commitment to be together. Authors such as Orford (1997) believe that strong social support decreases psychological distress. However these participants have often been ostracized and ridiculed by community members. They have also received little support from extended family members. A new sense of belonging can only be truly assessed after a few months rather than the period that was dedicated to the program in the present study.

4.4 Conclusion
While the above results indicate a general (majority) improvement across the board, it was interesting to note the emotional impact which was caused by the rejection of these child-headed participants by certain community members.
Chapter 5: Conclusion, limitations and recommendations

Limitations and Recommendations
Due to time constraints, the participants were subjected to long hours and their tiredness often affected their ability to fully participate in the program. The sample size was small therefore the findings cannot be generalized to the general child-headed population. The sample group was also homogenous in terms of gender. Interacting with people from the opposite sex would probably have improved their interactional abilities.

It is recommended that more time is dedicated to the program in future studies. The time allocation should be decided upon through consultation and approval of all stakeholders in order to avoid absenteeism. This would mean that they could also choose the length of time spent on each session. It is also recommended that heterogeneity be provided in future studies of this nature as indicated in a study conducted in a psychiatric context (Thwala, 2001).

Since this pilot study indicated a remarkable improvement in various aspects of the participants’ lives, it is recommended that future programs of this nature involving a larger sample be implemented. Participants from neighbouring settlements of Esikhawini had difficulties relating to certain aspects of the intervention program. It is therefore recommended that different empowerment programs be created and implemented (which will suit the unique needs of each settlement).

The post-test was conducted immediately after the empowerment program. It is also suggested that, the participants are tracked down after 3 months in order to evaluate group progress.

In conclusion, child-headed households are a painful reality in our communities. People in social services are encouraged to implement intervention strategies which will alleviate a sense of disempowerment which many of these children feel.
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CONSENT FORM TO ALLOW THE RESEARCHER ACCESS TO ORPHANS LIVING IN CHILD-HEADED HOUSEHOLDS IN ESIKHAWINI TOWNSHIP

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

Please choose option 1 or 2.

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

Signature Date:

OR

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

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

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

Thank you for responding.
Yours sincerely

Thandeka Hlengwa
Intern Clinical Psychologist

Dr. J. D. Thwala
Senior Clinical Psychologist
APPENDIX 2

Questionnaire

Psychological empowerment of child-headed families through a mutual-aid group

Please supply the information requested below. You are further requested to respond to all questions by placing a cross in the spaces provided.

1 = strongly agree 2 = agree 3 = neutral 4 = disagree 5 = strongly disagree

Age:
Race:
Gender:
City/Township/Informal:

I have control over my life.

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I have the power to get what my family needs.

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<th>2. agree</th>
<th>3. neutral</th>
<th>4. disagree</th>
<th>5. strongly disagree</th>
</tr>
</thead>
</table>

I know how to deal with feelings of sadness when I miss my parents.

<table>
<thead>
<tr>
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<th>2. agree</th>
<th>3. neutral</th>
<th>4. disagree</th>
<th>5. strongly disagree</th>
</tr>
</thead>
</table>

I am able to provide emotional support for my brothers and sisters.

<table>
<thead>
<tr>
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<th>4. disagree</th>
<th>5. strongly disagree</th>
</tr>
</thead>
</table>

I know of resources (e.g. social welfare, NGO'S) in my community which can help me financially and emotionally.

<table>
<thead>
<tr>
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<th>4. disagree</th>
<th>5. strongly disagree</th>
</tr>
</thead>
</table>
I understand how HIV/AIDS is passed on from one person to another.

<table>
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<th>5. strongly disagree</th>
</tr>
</thead>
</table>

I know how to protect myself from getting HIV/AIDS.

<table>
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</thead>
</table>

I know how HIV+ people manage/ treat the disease.

<table>
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</thead>
</table>

I am a contributing member in my community.

<table>
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</tr>
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</table>

I believe that I belong to my community (friends, neighbours, the church etc).

<table>
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</thead>
</table>

I know my constitutional rights as a citizen/ child in South Africa.

<table>
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<th>5. strongly disagree</th>
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</thead>
</table>

I will be able to achieve my goals/ dreams in the future.

<table>
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</table>

Ngiyabonga!!!! Thank you!!!!