

**AN ECOSYSTEMIC APPROACH TO SUPPORTING
LEARNERS ORPHANED BY HIV/AIDS**

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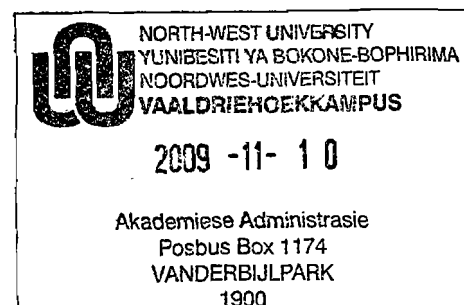
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SUMMARY

The aims of this research about learners affected or orphaned by HIV/AIDS was to determine, by means of a case study, the psychological well-being of learners affected or orphaned by HIV/AIDS; the general performance of these learners at school; the nature and extent of social support they get from their schools, family, community and society; and the physical well-being of these learners; as well as to make suggestions for an ecosystemic psycho-social support of these learners in order to enhance and strengthen their psycho-social well-being.

The literature review highlighted that, as a result of HIV/AIDS, new family forms are emerging, such as “skipgeneration” families, where the parent generation has succumbed to HIV/AIDS and HIV/AIDS-related illnesses and the families are made up of grandparents and orphaned grandchildren, and child-headed families, where grandparents are not available to care for orphaned grandchildren.

The case study of this research revealed that parental illness and the death of parents of adolescents affected and orphaned by HIV/AIDS are causes of these adolescents’ emotional trauma and grief, stress, scholastic problems, stigmatization and discrimination, missing out on educational opportunities and experiencing poverty. The empirical research also revealed that these children and adolescents do not get the necessary familial support from their relatives, especially immediately after the death of their parents.

On the basis of both the literature review and the empirical research findings, the researcher made suggestions for an ecosystemic psycho-social support of learners affected by the HIV/AIDS pandemic in order to enhance and strengthen their psycho-social well-being.

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CHAPTER ONE

INSTRUCTION, STATEMENT OF THE PROBLEM, AIMS AND RESEARCH METHODS OF THIS RESEARCH

1.1 INTRODUCTION AND STATEMENT OF THE PROBLEM

More than two-and-half decades after HIV/AIDS was identified in 1981, it has become clear that it is more than just a medical issue. It pervades all areas of people's social, economic, political and cultural lives. UNAIDS (2004:2) reveals that, in 2003 alone, almost five million people in the world became newly infected with HIV, the greatest number in any one-year since the epidemic was discovered. The number of people living with HIV has now grown from 35 million in 2001 to 44 million in 2004 and more than 20 million people have died since the first cases of AIDS were identified (WHO, 2004:25).

HIV/AIDS has not been an individual problem only, but is also a social epidemic within other social epidemics such as poverty, gender injustice, social discrimination of certain groups, war, violation of children's rights and cultures of inequality. One of its most visible social impacts is on families. The impact of HIV/AIDS on families is seen most dramatically in the wave of AIDS orphan numbers that had, by December 2004, grown to an estimated 15 million worldwide (UNICEF, 2004:4). Children on the Brink (UNICEF, 2004:5) predicts that by the year 2010, this number is expected to increase to over 25 million worldwide. Nyblade, Kidanu and Mbarnbo (2003:16) reveal that the vast majority of children affected by HIV/AIDS today are concentrated in Africa, with 70% of them living in sub-Saharan Africa, and an additional 10% in other areas on the continent. Similar crises are building up in Asia, Eastern Europe, Latin America and the Caribbean Islands. WHO (2003:1) reports that in Asia, HIV zero-prevalence rates are lower than in Sub-Saharan Africa, but the combination of large populations and the incidence of HIV infections suggest that it will be affected severely as well.

For many years the world has been besieged by wars, famines, natural disasters, mass migration and diseases, which threatened the health and well-being of children, but the social impact of HIV/AIDS on children, families and communities is unique (Harries, 2002:268). For children, living with infected parents is associated with elevated psychological distress and diminished emotional support prior to and following parental death. Relative to unaffected youths, children whose parents become infected, face higher rates of psycho-social problems such as having to drop-out of school to become wage-earners and care-providers; loss of access to economic resources and inheritance assets; diminished access to basic needs, including nutrition, shelter, health care, clothing; and increased vulnerability to exploitation, violence, abandonment, and abuse – particularly for girls in societies with inadequate social, legal and cultural protection (Tawfik & Kinoti, 2002:21). In addition, affected children from communities unwilling or unable to provide adequate psycho-social support face additional problems such as inadequate housing or homelessness, financial hardship, substance abuse, HIV risk-taking, and initiation or exacerbation of psychological well-being and behavioural disorders (Barnett & Whiteside, 2000:16; Whiteside, 2000:685; Fox, Fawcett, Kelly & Ntlabati, 2002:2).

In many parts of the world, it is no longer the issue of divorce that creates single-parents and step-families, but parental death and orphanhood due to the HIV/AIDS pandemic. New family forms are emerging, such as “skipgeneration” families, where the parent generation has succumbed to HIV/AIDS and HIV/AIDS-related illnesses and the families are made up of grandparents and orphaned grandchildren, and child-headed families, where grandparents are not available to care for orphaned grandchildren (Govender, McIntyre, Grimwood & Maartens, 2000:16; Barraclough, Chapman & Richens, 2001:15).

In light of the foregoing paragraphs, it is apparent that children and adolescents whose parent(s) died of HIV/AIDS are daily subjected to psychological and social distress which can impact on the healthy psychological development. This research therefore endeavours to investigate the psychological experiences of school-going children and adolescents who have been affected or orphaned by the HIV/AIDS pandemic. The psychological and social experiences of learners affected or orphaned by HIV/AIDS

need special research attention if the world is to succeed in developing psycho-social resilience in all its children and adolescents.

The lack of sufficient research on psychological experiences of learners affected or orphaned by the HIV/AIDS pandemic creates a void in understanding the new ecosystemic and constructivist roles that schools, communities and society as a whole should play in facilitating and advocating for improved conditions of AIDS victims or orphans' families (Kioti & Tawfik, 2002:18). South Africa and the world need a theoretically-based research which is able to answer the following questions about learners affected or orphaned by HIV/AIDS, which are:

- In what condition is the psychological well-being of these learners?
- How is the general performance of these learners at schools?
- What is the nature and extent of social support these learners get from their families, communities and societies?
- How is the physical well-being of these learners affected?
- How can an ecological systems theory be infused in all social programmes geared to strengthen the psycho-social well-being of AIDS orphans?

All these questions translated to the aims of this research and were answered through both the literature review (see Chapter 2) and empirical research.

1.2 AIMS OF THIS RESEARCH

On the basis of research questions presented in 1.1 above, the aims of this research about learners affected or orphaned by HIV/AIDS was to:

- determine the psychological well-being of learners affected or orphaned by HIV/AIDS;
- determine the general performance of these learners at school;

- determine the nature and extent of social support these learners get from their families, communities and societies;
- determine the physical well-being of these learners; and
- make suggestions for an ecosystemic theoretical framework to be infused in all psycho-social support programmes geared to strengthen the psycho-social well-being of AIDS orphans.

1.3 ECOLOGICAL AND SYSTEMS THEORIES AS THE FRAMEWORK OF THIS RESEARCH

This research is conducted from an ecosystemic, that is, ecological and systems theoretical framework. Ecological and systems theories provide a framework for this research because of their ability to create a broadened understanding of social and cultural processes of children and adolescents affected by HIV/AIDS. The premise of ecological and systems theories is that knowledge, understanding and reality constructions of all kinds are created by communication, especially conversations (Castle, 2001:547; Boyden, 2003) among all social systems such as families, community social agencies and societal structures. Thus, creating knowledge by research in the area of social sciences is actually conversations about conversations, or conversations about social conversations, which create new social constructions and, in turn, influence those that follow to be open for new dialogues.

For ecological and systems theories, the social context and the use of effective communication through language is significant in terms of the expressions of 'lived' experiences and alternative stories (Bronfenbrenner, 1986). This research deems such a theoretical framework and paradigm to be significant in dealing with children and adolescents affected by the scourge of HIV/AIDS or AIDS orphans' experienced psycho-social problems because of its holistic approach to the role of families, schools, communities and societal agencies in dealing with the HIV/AIDS pandemic.

To enquire into above aspects, a certain method of research is required and is discussed in the next section.

1.4 RESEARCH DESIGN AND METHODS

The research design and methods are briefly outlined below, with a detailed discussion to follow in chapter three.

1.4.1 Research methods

The data that were derived from AIDS orphan's 'lived' experiences and alternative stories were regarded as meanings they have constructed from their personal experiences and were understood from their frames of reference. In this regard, reporting should contain extensive descriptions such as quotations, narrations and detail. As the aim of this study is to determine the way accessible psycho-social support prevails at schools for learners orphaned by HIV/AIDS, this research is qualitative and descriptive in nature. The case study method was used in this study. Welman and Kruger (1999:21) formally define a case study as an empirical enquiry that investigates a contemporary phenomenon within its real life context, especially if the boundaries between phenomenon and context are not clearly evident. The participants comprised a sample (N=6) of three orphaned learners living in a child-headed household (n=3), class-educator (n=1), their aunt (n=1) and a health worker (n=1). The aim of qualitative research is to gain insight into the meanings participants give to their reality (Meriam, 1998:19). The insight was gained by obtaining detailed descriptions of the 'lived' experiences of children and adolescents affected or orphaned by HIV/AIDS within certain social contexts. The researcher acted as an observer and interviewer.

1.4.2 Sample selection

The sample of this research comprises one case of three AIDS orphans' family members from Braamfisherville in Soweto in the Gauteng Province, one class-educator, one aunt of the orphans under investigation and one health worker. Piot (2001:15) reports that there are 2 402 child-headed families in Gauteng. The sensitive nature of investigating a topic such as the one in this research compelled the researcher to use the snowball technique as propounded by Fink (2002:163) where he postulates that snowball sampling is suitable for sensitive research topics such as HIV/AIDS. Fink

(2002:163) defines snowball sampling as a special non-probability method used when the desired sample characteristic is rare. It may be extremely difficult or cost prohibitive to locate participants in these situations. Snowball sampling relies on referrals from initial subjects to generate additional subjects. While this technique can dramatically lower search costs, it comes at the expense of introducing bias because the technique itself reduces the likelihood that the sample will represent a good cross section from the population. With the use of this type of sampling, the researcher managed to interview three affected learners who happened to be siblings, their class-educator, their aunt and a health worker (N=6).

1.4.3 Data collection

A literature review on children and adolescents affected by HIV/AIDS, AIDS orphans and ecological and systems theories was undertaken in order to develop the theoretical framework and basis for the achievement of the aims of this study. The following key words were used to conduct the electronic search for relevant national and international literature data:

- child-headed families due to HIV/AIDS;
- HIV/AIDS affected families;
- children and adolescents affected by HIV/AIDS;
- Bronfenbrenner's ecological theories;
- ecosystemic theory;
- psychological experiences of children and adolescents affected by HIV/AIDS; and
- psychological well-being of learners affected by HIV/AIDS.

As mentioned above, a case study method of data collection was selected for the qualitative empirical research. Such a method was necessary, in the context of this research, because finding cases of children affected by HIV/AIDS is difficult because of

the stigma that is still associated with families and individuals who are affected by the HIV/AIDS disease.

1.4.4 Data analysis

Before the collected data were analysed they were first transcribed. Audio-taped interviews were listened to and typed in order to produce written text. The next step was to code the transcribed data into relevant categories and to consider the frequency of occurrence with the purpose of producing themes (Potter & Wetherell, 1987). Thereafter proper analysis, which is the process of searching for patterns and forming connections about what the AIDS orphans were saying and the effects thereof, began.

1.5 ETHICAL ISSUES

In order to facilitate the participants giving their fully informed consent, all the necessary information pertaining to the research, including the nature, purpose and usefulness, procedures, confidentiality and the protection of anonymity, as well as the voluntary nature of participation in the research was given. This exercise was carried out with the participants rather than only effecting what Terre Blanche and Durrheim (1999) refer to as “gatekeepers”.

1.6 SIGNIFICANCE OF THE RESEARCH

This research should contribute to the theory and practice of socially and cognitively contextualized individual and family counselling of victims of HIV/AIDS or AIDS orphans, and has the potential to reveal the unique social realities of AIDS orphans' families.

The new role of the school in the ecology and psychology of families is highlighted. The ecology of AIDS orphans falls within the scope of practice of schools, families, community agencies that are oriented towards HIV/AIDS issues and societal agencies such as the Departments of Social Development and Health, because of their being the social systems within which the children and adolescents develop.

1.7 CHAPTER DIVISION

Chapter 1: Orientation to the research

Chapter 2: Literature review

Chapter 3: Qualitative research design

Chapter 4: Data analysis and interpretation

Chapter 5: Recommendations, summaries and conclusions

1.8 CONCLUSION

In Chapter 1, the orientation of the research, in the form of the statement of the problem, the aims of the research, the methods of research and the programme of research were discussed.

Chapter 2 presents the literature review on ecological and systems theories and the psychological experiences of children and adolescents affected or orphaned by HIV/AIDS.

CHAPTER TWO

LITERATURE REVIEW ON THE ECOSYSTEMS THEORY

2.1 INTRODUCTION

This chapter provides a literature review on the ecological and systems theories. These theories were chosen for this research because of their philosophy which propounds that families, communities and societies provide effective environmental contexts and systems in the development of children and adolescents. Chapter one highlighted that the HIV/AIDS pandemic has the potential to bring about a range of psycho-social challenges such as stigma and discrimination against children and adolescents who are affected by it in communities. The overlapping of social, individual, family, financial, cultural and illness factors poses a challenge to the learner suffering because of the HIV/AIDS disease.

Because of the experiences of stigma and discrimination that these learners go through, it is imperative to discuss the ecological systems theory that is significant in psychologically and socially supporting children and adolescents affected by the HIV/AIDS pandemic both at school, home and in the community. These are seen as ecological and systems theories.

2.2 THE FRAMEWORK OF ECOLOGICAL SYSTEMS THEORY

The word 'ecology' comes from the Greek word *oikos* which means household. In this sense, ecology is the study of the way in which the household operates (Bronfenbrenner, 1986). More precisely, it is the study of the relationship that interlinks all members of the households in the world. Therefore being ecologically literate or ecoliterate means understanding the basic principles of ecology and being able to embody them in the daily life of human communities. In particular, it is believed that the principles of ecology should be the guiding principles for creating sustainable learning communities and school organizations. In other words, ecoliteracy offers an ecological

framework for the transformation of educational psychology practice in South Africa (Bronfenbrenner, 1986).

The ecological paradigm represents an integration of research and theory in developmental psychology and sociology, with experimental knowledge of social work, family support, early intervention and early childhood education. It represents a consolidation of what researchers are learning about the way different social environments and relationships influence human development. Because it is a developing model with many as yet unexplained elements, the ecological model is still in a state of proliferation (Ulanowicz, 1998:30). However, the basic tenets of the ecological model have been established for some time and can be stated as:

- human development viewed from a person-in-environment perspective;
- the different environments experienced by individuals and families shaping the course of development;
- every environment containing risk and protective factors that help and hinder development;
- influence flowing between individuals and their different environments in a two-way exchange, forming complex circular feedback loops; and
- individuals and families constantly changing and developing. Stress, coping and adaptation are normal developmental processes (Axlerod, 1997:18; Coetzee & Streak, 2004:85).

2.2.1 An ecological model

An ecological perspective focuses on dynamic developmental processes including the way stress, coping and adaptation contribute to development. A useful concept for understanding this view of development is the “goodness of the fit” model. This model suggests that healthy development and effective functioning depend on the match between the needs and resources of a learner or family and the demands, supports and resources offered by the surrounding environment. The developing individual responds

to the “environmental fit” through developmental processes associated with stress management, coping and adaptation (Bronfenbrenner, 1986).

The “goodness of fit” model is useful for understanding how to support and strengthen families as well. Families develop and move through predictable developmental stages just as learners do. Families should also respond to the demands and expectations from work, social groups, community institutions and society as a whole. Stress builds up when the resources and coping skills of a family are inadequate to meet the demands and expectations of the social environment. Family stress levels are a predictor of “rotten outcomes” for learners. If stress increases beyond a certain point, for whatever reason, a family’s ability to nurture its learner decreases (Bronfenbrenner, 1986).

A lack of fit or a mismatch can happen between learners and their family or school environments or between a family and the community environment. Problematic behaviour at school may often be attributed to a mismatch between a learner and the expectations of the school setting (Bronfenbrenner, 1986). Mismatches also happen when the home culture and values are at odds with the dominant values of the school environment. This poses a threat to the linkages between family and school. The threat is lessened when both sides respect and recognize the importance and value of each to the learner. When a mismatch occurs and a learner is disruptive or a family needs help from outside, it may not be due to a deficiency in the learner or the family. The mismatch may be the result of a lack of resources or support from the social environment (Sterelny, 2001:44).

2.2.2 The impact of ecology on development

It can be inferred that environments help or hinder development. For example, a given environment may be beneficial and supportive to development or impoverishing and threatening to development. Negative elements or the absence of opportunities in a family, school or community environments may compromise the healthy development of a learner or inhibit effective family functioning (Bronfenbrenner, 1986). Examples of different environments in a learner and family’s ecology and their impacts follow:

- As learners move out into the world, their growth is directly influenced by the expectations and challenges from peer groups, care-givers, schools and all the other social settings they encounter.
- The depth and quality of a family's social network is a predictor of healthy family functioning. During normal family transgressions, all families experience stress. Just having someone to talk to about the learner over a cup of coffee, exchange learner care issues or offer help with projects, buffers a family from the stress of normal family life (Castle, 2000:160).
- Strong linkages between families and community organizations such as schools should open channels that allow vital information and resources to flow in both directions, support families, schools and communities.
- The work environment, community attitudes and values, and society at large shape learner development indirectly, but powerfully, by affecting the way a family functions (Bronfenbrenner, 1986).

When considering the ecology of a particular learner, a person might assess the challenges and opportunities of different settings such as the following:

- In settings where the learner has face-to-face contact with significant others in the family, school, peer group or church, the following questions come to the fore:
 - Is the learner regarded positively?
 - Is the learner accepted?
 - Is the learner reinforced for competent behaviour?
 - Is the learner exposed to enough diversity in roles and relationships?
 - Is the learner given an active role in reciprocal relationships? (Cooper, 2001:490).
- When the different settings of a learner's ecology such as home-school, home-church, school-neighbourhood interact, the following questions are raised:

and relationships a family needs. Within its community setting, each family fabricates its own web of support from the formal and informal resources available. A family may forge many connections, a few strong connections or no connections at all with assistance of the community resources (Keller & Golley, 2000:15). These connections link families to the tangible and intangible resources of the community.

2.2.3 The impact of the community on development

Similar to the way the learner's environment offers challenges and opportunities, community settings also offer challenges and opportunities for healthy family functioning. Generalizations about family-community interactions found in the literature include:

- Rural families have few employment opportunities, less economic well-being, fewer educational opportunities and less access to health care and social services. Urban families, on the other hand, have higher crime rates, more impersonal ties, higher density and noisier living conditions (Adams, Brockington, Dyson & Vira, 2003:1915).
- Many parents are expected to cope with the threat of violent crime in their neighbourhood. A family's response to demands and challenges from a community environment may promote or hinder family functioning and learner development.

Withdrawing emotionally, keeping learners inside and restricting learner activity are coping strategies parents use when faced with violence in their neighbourhood, but they may also impede normal development (Cooper, 2004:59).
- Families are affected by the manner in which community organizers are responsive to family needs. Shrader-Frechette (2000:59) identifies five strategies that make early learnerhood programmes more amenable to families. These include: increasing parent-programme communication, giving parents choices between different programmes, assessing family and learner needs, re-defining staff roles and using community residents, and involving parents in decision-making.

- The relationship between families and their community changes evolves over time. The needs and interests of family members change over the life-span. Issues of responsiveness also change with ageing and the stage of development (Colyvan & Ginzburg, 2003:46).
- “Community” may refer to relationships and social networks, as well as to a physical location. A family’s informal social support network often provides services that are more accessible, culturally appropriate and acceptable than the services offered by formal support systems (Sterelny, 2001:445).

A focus on the individual, isolated and independent, is deeply embedded in Western communities and schools’ culture and values. In contrast, an ecological model emphasizes the interconnections of events and the bi-directionality of effects between organism and environment. An ecological perspective views human development from a person-in-environment context, emphasizing the principle that all growth and development take place within the context of relationships (Castle, 2000:153). Thus, a learner must be studied in the context of the family environment and the family must be understood within the context of its community and the larger society. The language of the ecological model provides a sharp contrast to the image of the lone frontiersman pulling himself up by his bootstraps, the “paddle my own canoe” mentality upon which communities’ legal, educational, and social service delivery system are often based (Bronfenbrenner, 1986:726). Perhaps Western cultures can learn more from the African philosophy of Ubuntu/Botho whose ideals entail communalism and co-existence among Africans.

2.2.4 The impact of relationships on development

The most appropriate theoretical framework for ecology is the theory of living systems, hence the use of the concept ecosystems in the following paragraphs. This theory is only now fully emerging, but has its roots in several scientific fields that were developed during the first half of the century, such as organismic biology, *gestalt* psychology, general systems theory and cybernetics. In all these scientific fields, scientists explored living systems and this led to a new way of seeing the world and a new way of thinking,

known as systems thinking or systemic thinking, which means thinking in terms of relationships, connectedness, and context (Ainsworth, Beegle & Koda, 2005:420). This is a key aspect of systems thinking. It implies a shift of focus from objects to relationships. A vibrant community is aware of the multiple relationships among its members. Nourishing the community means nourishing these relationships (Ainsworth & Filmer, 2002).

Understanding relationships is not natural for educators who were educated and trained in a Western way only, because it is something that functions counter to the traditional scientific enterprise in Western culture. In science, a person has been taught to measure and weigh things. Relationships cannot be measured and weighed and, consequently, need to be mapped. It is possible to draw a map of relationships, interconnecting different elements or different members of a community (Cooper, 2001:500). When this is completed, it will be discovered and certain configurations of relationships appear again and again, called patterns. Understanding ecosystems, then, leads to understanding relationships and patterns of the way of life, philosophy of life, convictions, religion, language, values and norms which form the core cultural virtues of communities and schools (Bronfenbrenner, 1986).

Considering the above issues, the question can be raised:

How do ecosystems organize themselves? The first thing that is recognized when an ecosystem is observed, is that it is not just a collection of species, but a community, which means that its members all depend on one another. They are all interconnected in a vast network of relationships, the web of life, that is, "All living systems share a set of common properties and principles of organization" (Castle, 2001:52).

The application of ecological systems framework to school, family and community interventions assists post-modern and social constructivist educators to view learners in the light of various social systems and to integrate techniques across diverse educational psychology practice perspectives. Such an application of theory to practice has been found to be a useful framework for developing integrative and empirically

supported clinical interventions such as the Multisystemic Therapy (MST), for example. The MST is a family and community-based treatment approach that is theoretically grounded in a social-ecological framework (Bronfenbrenner, 1986:732) and family systems (Bronfenbrenner, 1986:739). Ecological-system models such as MST emphasize an empirically supported approach for using research knowledge to examine and explain the etiological and risk factors within learner systems that promote particular problems. Empirically supported practices are used to purposefully design effective interventions and systems of care within a community-based setting. The ecological-system perspectives further emphasize the need for community development and maintenance strategies within the community network to assure that learners continue to progress and change (Bronfenbrenner, 1986:729).

The ecological systems body (Bronfenbrenner, 1986:725) considers, in the context of this research, children and adolescents' development within the context of the system of relationships that form his/her immediate environment. Bronfenbrenner's theory denies complex "layers" of environment, each having an effect on a learner's development. This theory has recently been re-named *bio-ecological* systems theory to emphasize that a learner's own biology is a primary environment fuelling his/her development. The interaction between factors in the learner's maturing biology, his immediate family/community environment and the societal landscape fuels and steers his development. Changes or conflict in any one layer will ripple throughout the other layers. To study a learner's development, then, educators must look not only at the learners and their immediate environment, but also at the interaction of the larger environment.

Bronfenbrenner's structure of 'environment' is as follows:

- The *microsystem* – This is the layer closest to the learner and contains the structures with which the learner has direct contact. The microsystem encompasses the relationships and interactions learners have with their immediate surroundings (Cuddington, 2001:470). Structures in the microsystem include family, school, neighbourhood or learner-care environments. At this level, relationships have impact in two directions – both away from the learner and toward the learner. For

example, a learner's parents may affect his beliefs and behaviour. However, the learner also affects the behaviour and beliefs of the parent. Bronfenbrenner (1986:731) calls these bi-directional influences and he shows how they occur among all levels of the environment. The interaction of structures within a layer and interactions of structures between layers is key to this theory. At the microsystem level, bi-directional influences are strongest and have the greatest impact on the learner. However, interactions at outer levels can still impact the inner structures.

- The *mesosystem* – This layer provides the connection between the structures of the learner's microsystem (Bronfenbrenner, 1986:724). The connection between the learner's educator and his parents, between his church and his neighbourhood, serve as an example of this system.
- The *exosystem* – This layer defines the larger social system in which the learner does not function directly. The structures in this layer impact a learner's development by interacting with some structure in his microsystem (Keller & Golley, 2000:27). Parent workplace schedules or community-based family resources are examples. The learner may not be directly involved at this level, but he does feel the positive or negative force involved with the interaction with his own system.
- The *macrosystem* – This layer may be considered the outermost layer in the learner's environment. While not being a specific framework, this layer is comprised of cultural values, customs and laws (Bronfenbrenner, 1986:740). The effects of larger principles defined by the macrosystem have a cascading influence throughout the interactions of all other layers. For example, if it is the belief of the culture that parents should be solely responsible for raising their learner, that culture is less likely to provide resources to help parents. This, in turn, affects the structures in which the parents function. The parents' ability or inability to carry out that responsibility toward their learner within the context of the learner's microsystem is likewise affected.
- The *chronosystem* – This system encompasses the dimension of time as it relates to a learner's environment. Elements within this system can be either external, such as the timing of a parent's death, or internal, such as the physiological changes that

occur with the ageing of a learner. As learners get older, they may react differently to environmental changes and may be more able to determine the way that change will influence them (Colyvan & Ginzburg, 2003:57).

Having explained the ecological systems theories in this section, it is now imperative to, in the next section, look into the ecological systems theory's view of nature and nurture. Nature and nurture are important in the optimal development of learner and adolescents' learning and psycho-physical and emotional well-being.

2.3 THE ECOLOGICAL SYSTEMS THEORY'S VIEW OF NATURE AND NURTURE

More modern learner development theories accept that both a learner's biology and his/her environment play a role in change and growth. Bronfenbrenner's ecological systems theory focuses on the quality and context of the learner's environment. He states that, as a learner develops, the interaction within his/her environment becomes more complex. This complexity can arise as the learner's physical and cognitive structures grow and mature. This theory concurs well with Piaget and Erikson's theories on psycho-social development of human beings.

Bronfenbrenner sees the instability and unpredictability of family life societies all over the world having allowed their economies to create the most destructive force to a learner's development (Pathe, 2002:25). Learners do not have the constant mutual interaction with important adults, which is necessary for development. According to the ecological theory, if the relationships in the immediate microsystem break down, learners will not have the equipment to explore other parts of their environment. Learners looking for the affirmations that should be present in the learner/parent (or learner/other important adult) relationship seek attention in inappropriate places such as gangs and peer groups which lead to parents losing control of their learners. These deficiencies show themselves, especially in adolescents, as anti-social behaviour, lack of self-discipline and inability to provide self-direction (Sterelny, 2001:15).

This theory has important implications for the practice of educational psychology. It seems now that it is necessary for schools and educators to provide stable and long-

term relationships to learner and adolescents. Yet, Bronfenbrenner believes that the primary relationship needs to be with someone who can provide a sense of caring that is meant to last a life-time. This relationship must be fostered by a person or people within the immediate sphere of the learner's influence (Bronfenbrenner, 1986:732). Schools and educators fulfil an important secondary role, but cannot provide the complexity of interaction that can be provided by primary adults, that is, parents. For the educational community to attempt a primary role is to help societies continue their denial of the imminent real issues. The problems learners and families face are caused by the conflict between the workplace and family life – not between families and schools. Schools and educators should work to support the primary relationship and to create an environment that welcomes and nurtures families. Educators can do this while they work to realize Bronfenbrenner's ideal of the creation of public policy that eases the work/family conflict. It is in the best interest of all societies for educators to advocate and support political and economic policies that enhance the importance of parents' roles in their learner's development. Bronfenbrenner's theory fosters societal attitudes that value work done on behalf of learners at all levels – parents, educators, extended families, mentors, work supervisors or legislators.

The next section considers the family as a system for learner development. This is significant because families form the core of communities.

2.3.1 The family as a system

From an ecological perspective, the most logical model of a family is a system. While there are critics of this conceptualization (Waller, 2001:17), researchers now approach the family from what could be called a "systems perspective" (Bronfenbrenner, 1986:723). A systems approach to human development considers the way relationships within the family and between the family and social environment influence individual development and family functioning.

The systems theory has guiding principles that apply to all kinds of systems including business and industry, community organizations, schools and families. These principles

are helpful in understanding how families function and how families and communities interact. Some principles of systems relevant to a Family-Centred Approach are:

- **Interdependence.** One part of the system cannot be understood in isolation from the other parts. Learners cannot be understood outside the context of their families. Any description of a learner has to consider the two-way patterns of interaction within that learner's family and between the family and its social environment. Describing individual family members does not describe the family system. A family is more than the sum of its parts.
- **Sub-systems.** All systems are made up of sub-systems. Families' sub-systems include spousal sub-systems, parent-learner sub systems and sibling sub-systems. A family's roles and functions are defined by its sub-systems (Bazzani & Feola, 2001:15).
- **Circularity.** Every member of a system influences every other member in a circular chain reaction. A family system is constantly changing as learners develop; thus it is almost impossible to know for certain the causes of behaviour.
- **Equifinality.** The same event leads to different outcomes and a given outcome may result from different events. What this suggests is that there are many paths to healthy development and there is no one-best-way to raise learners (Boyden, 2003:18).
- **Communication.** All behaviour is viewed as interpersonal messages that contain both factual and relationship information.
- **Family rules.** Rules operate as norms within a family and serve to organize family interactions.
- **Homeostasis.** A steady, stable state is maintained in the ongoing interaction system through the use of family norms and a mutually reinforcing feedback loop.
- **Morphogenesis.** Families also require flexibility to adapt to internal and external change (Bronfenbrenner, 1986:730).

A Family-Centred Approach stimulates the family systems theory. The family systems theory gives us useful principles for studying learners within the context of their family relationships. This framework requires people to avoid operating as if learners exist in isolation. Effective interventions understand and respect each family's system (Bronfenbrenner, 1986:725).

A basic ecological premise stresses that development is affected by the setting or environment in which it occurs. The interactions within and between the different environments of a family make up the "ecology" of the family and are key elements of an ecological perspective. The environments of a family's ecology include:

- Family. The family performs many functions for its members essential to healthy development and mediates between the learner and the other environment.
- Informal Social Network. A family's social network grows out of interactions with people in different settings – extended family, social groups, recreation and work. Ideally, this network of caring for others arouses feelings of self-worth, mobilizes coping and adapting strategies and provides feedback and validation (Castle, 2001:35).
- Community Professionals and Organizations. A community's formal support organizations provide families with resources related to professional expertise and/or technology (Colyvan & Ginzburg, 2003:45).
- Society. Social policy, culture and the economy defines elements of the larger ecology that impacts the way a family functions.

From the foregoing paragraphs, it is apparent that the family is the closest, most intense, most durable and influential part of the mesosystem (see section 2 above). The influences of the family extend to all aspects of the learner's development, for example language, nutrition, security, health and beliefs, which are all developed through the input and behaviour-related feedback within the family (Cooper, 2001:17).

The learners and adolescents that attend schools and educational psychology practices are largely a product of the family they form part of. Educators need to be able to deal

with a great variety of family systems in understanding their learners and adolescent learners. In today's society, the family is less frequently the archetypical combination of stay-at-home mother, working father and sibling learner. Single parent families, generation skipping families and other non-traditional groupings are more common today than the traditional family. Another common force that has changed the family landscape in societies is divorce. Learners of divorced parents often have a split family life such as living with fathers for the weekend and with mothers during the week, or any number of other situations. Divorce is an excellent example of the type of interaction between systems that Bronfenbrenner (1986:730) describes. The divorce arrangement can have a profound effect on the family and the development of the learner, but it is often a product of society, decided by a judge and enforced by social services. In turn, the divorced family affects the community and society, because divorce changes social attitudes and the social perception of a family is modified. The school is also affected by the changes in a divorced family. "Where does the report card go to and who comes to parent-educator conferences?" can be asked.

A number of other systems, such as the community, religion, school, society and cultural forces from within the mesosystem and the exosystem directly affect the family. Society and the culture of both the family and the neighbourhood influence the learner's perception of the family's stance in the community. The family can affect the community through its needs for services and its contribution as taxpayers and voters (Cuddington, 2001:35).

Subsequently, the post-modern educator has to adopt a Family-Centred Approach in working with families. A Family-Centred Approach is a process for delivering services to families that will fit many different "content areas", be it support for teen parents, family literacy or education for low-income learners. It is not a set of particular practices, but rather a "philosophy" in which families are recognized as having unique concerns, strengths and values (Della & Diani, 2004:59). A Family-Centred Approach represents a paradigm shift away from deficit-based, medical models that discover, diagnose and treat "problems" in families according to an ecological model. The ecological model views families from the perspective of "a half-full cup" rather than a half-empty one (Bronfenbrenner, 1986:725). This approach builds and promotes the

strengths that families already have. The key components of the Family-Centred Approach are the following:

- Creating partnerships and helping relationships. Families are supported and learner development is enhanced through helping and partnership relationships.
- Building the community environment. Families gain information, resources and support through their connections to the community environment.
- Linking families and community support. Participation, two-way communication and advocacy strengthen both the community support network and family functioning (Kay, 2000:149).

The following set of assumptions and beliefs about families and service delivery principles has evolved from the application of ecological perspectives by family support programmes, which are that:

- all families need support at some time in their lives, but not all families need the same kind of intensity of support;
- a learner's development is dependent upon the strength of the parent/learner relationship, as well as the stability of the relationship among the adults who care for and are responsible for the learner (Kay & Regier, 2000:143);
- most parents want to and are able to help their learners grow into healthy, capable adults;
- parents do not have fixed capacities and needs – like their learner, they are developing and changing and need support through difficult, transitional phases of life (Lewin, 2000:29);
- parents are likely to become better parents if they feel competent in other important areas of their own lives, such as jobs, at school and in their other family and social relationships; and

- families are influenced by the cultural values, and societal pressures in their communities (Bronfenbrenner, 1986:725).

These beliefs and assumptions about families guide the delivery of services by family support programmes. The service delivery principles of family support programmes are grounded in the practical experiences of serving families and are an important part of a Family-Centred Approach (Kebede, 2004:125).

When the family is examined from an ecological point of view, no one person or thing can be realistically identified as the “cause” of a problem (Kay, 2000:149). Behaviour, from an ecological perspective, is more complex than the fact that stimulus A causes a predictable response B. The environmental demands and the reciprocal relationships between people interact with individual characteristics in complex chains of influence that define behaviour. Although parents have a profound influence on the ability of the learner to develop in a healthy, competent manner, children also influence their parents’ behaviour. When dealing with a learner’s “acting out” behaviour or addressing a family’s financial need, educators need to consider not only the individual, but also contributing factors from the environment and interpersonal relationships (Kay & Regier, 2000:143).

The next section will now enquire into the school as an important system in the community. Schools are considered as significant nurturing systems in communities.

2.3.2 Schools as systems

Traditionally, public schools have not had a strong emphasis on family involvement and support. Universities’ Faculties of Education have also typically offered insignificant direct and practical training to aspirant educators in forming parent/educator relationships. A University of Minnesota report on improving educator education listed what researchers identified as the thirty-seven most important teaching skills and learning how to work with parents, was not among them (Kay & Regier, 2000:146). However, a number of factors have contributed to the current focus on parental involvement as a way to improve educational outcomes for all learners, particularly learners from low-income families.

During the last twenty years, vast economic and demographic changes have resulted in increased economic hardship and stress for many families and an accompanying pressure on schools to increase nations' competitiveness in a global economy (Coetzee & Streak, 2004:18). There is growing recognition that fostering "readiness" for the kindergarten section and for succeeding, educational environments will require addressing the strengths and needs of the whole learner. The National Education Goals Panel endorsed a complex, multifaceted definition of readiness, which includes physical well-being and motor development, social competence, approaches toward learning, language and literacy, cognitive development and general knowledge (Cooper, 2004:56). This comprehensive definition requires a new approach to schooling, one which includes a shared responsibility for learners' development and will likely alter the schools' relationships with families and communities permanently (Duraiappah, 2004:65).

Recognizing the vital role that parents play in their learners' education, Title IV of the National Education Goals 2000: Education America Act encourages and promotes parents' involvement in their learners' education, both at home and at school. Three decades of research have demonstrated strong linkages between parental involvement in education and school achievement (Fine, 1992:64). Family involvement is the strongest among middle and upper-class families. However, regardless of parents' education, parental involvement with learners' schooling is associated with better attendance, higher achievement test scores and stronger cognitive skills. In addition, when parents support elementary school learners with their schoolwork, social class and education become far less important factors in predicting the learners' academic success (Gopalan, 2004:27).

Menial-income, minority and limited-English-proficient parents, however, may face numerous barriers when they attempt to collaborate with schools. These include: lack of time and energy, language barriers, feelings of insecurity and low self-esteem, lack of understanding about the structure of the school and accepted communication channels, cultural incongruity, race and class biases on the part of school personnel and perceived lack of welcome by educators and administrators (Kay & Regier, 200:143).

Given these potential barriers, it is not surprising that research has demonstrated that successful parent involvement programmes must have a strong component of outreach to families. Studies show that school practices to encourage parents to participate in their learner's education are more important than family characteristics, such as parent education, socio-economic and marital status (UNAIDS/2004). A 1988 study of parental involvement at schools concluded that it was not parents who were difficult for schools to reach, but that schools were problematic for parents to reach out to (UNAIDS/2004). If schools are to become places where families feel welcome and recognized for their strengths and potential (Nattrass, 2004:35), school personnel must not only embrace the concepts of partnership and parent involvement, they must also be given training and support to translate their beliefs into practice (Richter, 2004:56).

While traditional forms of family involvement have focused on the supposed deficits of low-income and/or minority families, new models, congruent with the Family-Centred Approach, emphasize building on mutual responsibility. In these approaches, parents are involved as peers and collaborators, rather than as learners. Shrader-Frechette (2000:45) has identified four tenets of programmes which have been shown to improve the educational outcomes for all learners, particularly those of menial income and minority learners:

- parents are learners' initial educators and have a life-long influence on learners' values, attitudes, and aspirations;
- learners' educational success requires congruence between what is taught at school and the values expressed in the home (Sterelny, 2001:473);
- most parents, regardless of economic status, educational level or cultural background, care deeply about their learners' education and can provide substantial support if given specific opportunities and knowledge; and
- schools must take the lead in eliminating, or at least reducing, traditional barriers to parent involvement (Waller, 2001:8).

The relationships learners develop at school become critical to their positive development. Because of the amount of time learners spend at school, the relationships fostered there are of the utmost importance. Also, learners may for the first time be developing relationships with adults outside their immediate family and these connections help a learner develop cognitively and emotionally (Bazzani, Noronha & Sánchez, 2004:54). The importance of these bi-directional interactions with caring adults in the learners' life is highlighted. The following five propositions, which describe how relationships progress at home and at school for positive development, are outlined by Bronfenbrenner (1986:38):

- Proposition 1: The learner must have on-going, long-term mutual interaction with an adult (or adults) who have a stake in the development of the learner. These interactions should be accompanied by a strong affiliation to the learner that ideally is meant to last a life time. It is important for this attachment to be one of unconditional love and support. This person must believe the learner is "the best", and the learner must know that the adult has this belief (Castle, 2000:87).
- Proposition 2: This strong affiliation and the pattern of interpersonal interaction it provides, should assist the learner in relating to features of his/her mesosystem. The skills and confidence encouraged by the initial relationships could increase the learner's ability to explore and grow in relation to external activities.
- Proposition 3: Attachments and interactions with other adults will help the learner progress to more complex relationships with his/her primary adults. The learner will gain affirmation from a third party relationship and will bring those new skills to the primary relationship. Also, these secondary adults will give support to the primary adults and help the learner see the importance of the primary role (Jang, Poon & Martin, 2004:137).
- Proposition 4: The relationships between the learner and his primary adults will progress only with repeated two-way interchanges and mutual compromise. Learners need these interchanges at home and at school or learner-care parents need these interchanges in their neighbourhoods and workplaces (Luzanda , Senabulya & Musiitwa, 2000:24).

- Proposition 5: The relationships between the learner and adults in his/her life require also a public attitude of support and affirmation of the importance of these roles. Public policies must enable time and resources for these relationships to be nurtured, and a culture-wide value must be placed on the people doing this work. This includes the work of parents and educators, but also the efforts of extended family, friends, co-workers and neighbours.

These five propositions have implications for practice at schools today. Bronfenbrenner sees the instability and unpredictability of modern family life as the most destructive force to a learner's development (Bronfenbrenner, 1986:742). This destructive force may spill over into the school setting. Some learners do not have the constant mutual interaction with important adults that is necessary for personal development. According to the ecological theory, if the relationships in the immediate family break down, the learner will not be equipped to explore other parts of his/her mesosystem. Learners looking for the affirmations that should be present in the learner/parent (or learner/other important adult) relationship seek attention in inappropriate places such as gangs and peers. These deficiencies show themselves, at schools especially, as anti-social behaviour, lack of self-discipline and inability to provide self-direction (Coetzee & Streak, 2004:80).

2.3.3 The impact of communities on development

It seems imperative that schools and educators should provide support for stable, long-term relationships between learners and parents, and also between learners and mentors, and learners and educators. Schools and educators should work together to support the primary relationship and to create an environment that welcomes and nurtures families. Educators can do this in the course of their work to realize Bronfenbrenner's ideal of the creation of public policy that eases the work/family conflict (Cooper, 2004:56).

The next section enquires into spirituality or religion as an important system in the development of learners and adolescents.

2.3.4 Religion or spirituality

The relationship between the developing learner and religion is usually seen as a source of moral and ethical values. In most communities, religion is an integral part of culture. Whether Irish-Catholic or Syrian-Baha'i, Shembe-African Umvelinqangi, Basotho-Badimo, or Nguni-Amadlozi, a learner's religion is usually based on the family's preference or heritage. There is a great variation in intensity of religious belief from family to family. Some have a very casual relationship with a church, perhaps only observing major feasts or holidays, and some are very involved as their religion dictates everything from mode of dress to food preparation (Keller & Golley, 2000:27).

Educational policies sometimes conflict with religion, as in the evolution versus creation argument. In these cases, the effects of scientific theory that conflicts with religious dogma rather than any moral or ethical issues are clear. The minority of people would dispute that the basic concepts of most established religions are similar in the areas of morals and ethics (Forget & Lebel, 2001). Once the sectarian details are eliminated, the basic virtues of most religions are nearly identical, for example love, respect, tolerance and honour. These are certainly the same ideals communities wish to instil in learners and adolescents, and a curriculum based on these would re-inforce the positive values received from church or family (Bronfenbrenner, 1986:740).

Educators of the twenty-first century need to empower learners, adolescents and families to live by their highest values. Education is the key to transformation, but it must involve education which touches the human spirit. Educators should therefore adopt an approach which reminds people of the virtues, the qualities of character and the simple elements which are spirituality honoured by all cultures and sacred traditions (Bronfenbrenner, 1986:728). This approach has to be applied in a wide variety of ways which include community development, healing projects after a traumatic experience such as terrorism and faction fighting. Programmes with street learner and learner-headed families, an enhancement of the religious life of "virtuous congregations" of diverse faiths, in drug and alcohol rehabilitation programmes and prisons, as well as restructuring of the curriculum and culture of schools are indispensable. Enhancing unity in school organizations to counteract racism, racialism, sexism and

monoculturalism as a tool in day-care centres, palliative care programmes and personal development in parent education programmes should also receive attention (Keller & Golley, 2000:76).

By being involved in community matters in this manner, educators could be serving humanity by having an empowering impact on the moral and spiritual development of people of all cultures, by helping them to remember who they really are and to remind them to live according to their highest values. They will also be providing multi-cultural products and programmes of excellence and simplicity, which can serve as equipment for the cultivation of virtues in individuals, families, organizations and communities (Bronfenbrenner, 1986:738). In this way, they will not be focused on the beliefs or practices of any particular religion, but rather on the common thread that runs through all religions: the virtues. The virtues are the simple elements of spirituality, the universal values found in all cultures and sacred traditions.

All the systems mentioned in sections 4, 5 and 6 above are part of communities. It is therefore necessary to look into the community as a system in the development of learners and adolescents.

2.3.5 The community as a system

The involvement of the structures in a learner's mesosystem is meant to provide the adult relationships required for positive development. The bio-ecological systems theory of Bronfenbrenner holds that these bi-directional relationships are the foundation for a learners' cognitive and emotional growth (Loreau, Naeem, Inchausti, Bengtsson, Grime, Hector, Hooper, Huston, Raffaelli, Schmid, Tilman & Wardle, 2001:43). Structures of the exosystem, such as community, society and culture provide the support for these relationships. They provide the values, material resources, and context within which these relationships operate.

Increasingly, however, societies have seen a rupture in the structures of a learner's mesosystem. For example, most learners live with single parents. Furthermore, the majority of learners and adolescents live in households whose annual income falls below the poverty level. Increasing numbers of hours worked outside the home by both

mothers and fathers means that they have less time to be involved in their learners and adolescents' development (Bronfenbrenner, 1986:740). With this breakdown occurring on the mesosystemic level, the structures of Bronfenbrenner's exosystem must be brought in to provide primary relationships.

Communities should attempt to provide parents with access to people with similar concerns that can function as resources and emotional support. Communities could also provide learner care, parent employment and programmes designed to encourage interaction among families (Bronfenbrenner, 1986:740). Partnerships between community agencies and business and industry will provide invaluable resources for families. The community has always been an important influence on learners and the youth, but even more assistance from the community is needed in order to ensure learners and adolescents' success in academics as well as in life. Research by Kidane, Banteyena and Nyblade (2003) has shown that young people need and deserve five basics, which are:

- a personal one-to-one relationship with a caring adult;
- a safe place to learn and grow;
- a healthy start and a healthy future;
- a marketable skill to use after graduation; and
- a chance to compensate peers and the community.

Partnerships within the community can help provide for these needs. State-aided social agencies such as social workers and subsidized non-governmental social organizations exist within communities in order to help provide for family needs. They create a series of referral contact points for families in need of health, financial or crisis assistance. Co-ordination among these agencies, parents and schools will help provide a safety net for families in crisis – and will provide a solid resource for strengthening all relationships within a learner's mesosystem (Kidane, Nyblade & Rohanim, 2003).

Educating a learner takes co-operation and involvement from educators, parents, families and the community. Everyone has heard the saying “It takes a village to raise a learner”. Research has shown the greater the family and community involvement at schools, the greater the learners’ achievement (Bazzani & Feola, 2001:21).

Parent involvement has an important influence on a learner’s school success (Broomberg, Soderlund & Mills, 1996:51), but presently an increasing number of learners are raised for a substantial period of their learnerhood in less than ideal conditions. For example, in South Africa at least one-fourth of the learners live with one parent and among Blacks this figure increases to more than fifty-five (Coatsworth, Maldonado-Molina, Pantin & Szapocznik, 2005:21). At least one in five South African learners live in a family with an income below poverty level and this rate doubles among Blacks (Kinoti & Tawfik, 2002:36). More and more mothers are working outside the home and that means that many parents cannot be as involved in their learner’s life as they should be.

With the increased burden on families, communities are making a definite impact on learners in a number of positive ways and community leaders continue to look for ways to impact schools and improve the behaviour of learner as well as adolescent achievement. In this way, adults other than a learner’s parents are taking on significant learner rearing roles (Fiscus, 2002:21). For example, a programme established in 1977, called Communities in Schools (cited in Mekonnen, 2003:28), aims to provide mentors and volunteers that can provide support to schools. The purpose of CIS is to connect essential community resources with schools to help young people learn, stay at school and prepare for life. Their website (see bibliography) provides information about the programme and provides ways in which communities and schools can work closely together. This programme has reached over 500 000 young people and their families. According to the founder of CIS (Fiscus, 2002:16), the programme exists in over 1 700 schools and “surrounds young people with a community of tutors, mentors, health care providers, and career counsellors – caring adults who can render support ...”.

presence of protective factors helps to change a developmental trajectory from a negative direction to one with a greater chance of positive outcome.

2.3.7 Making use of treatment, prevention and promotion

Emphasizing “prevention” or “promotion” approaches needs mentoring, when much of educators’ thinking about how to work with communities and schools has been dominated by a treatment, prevention and promotion continuum, which ranges from:

- Treatment: eliminate or reduce existing dysfunction (a deficit-based approach) to –
- Prevention: protect against or avoid possible dysfunction (a weakness-based approach) to –
- Promotion: optimize mastery and efficacy (a strength-based approach) (Waller, 2001:7).

A post-modern approach rejects the treatment model in favour of a blending of prevention and promotion models. It uses strength-based, non-deficit strategies to strengthen and support family, school and community functioning. A strength-based approach helps educational psychology practitioners to develop programmes that operationalize the ecological and systems perspective in their practice. The key components of a strength-based approach are – creating helping and partnership relationships, building the community environment and linking community resources (Ministry of Health and Child Welfare, 2003:43). The applications of the ecological perspective in school and community intervention programmes result in:

- recognition of the strengths and capabilities of schools and communities;
- a re-definition of the parent-professional relationship toward greater collaboration and partnership with parents; and
- service delivery practices blurring the traditional boundaries between social welfare, physical and mental health, and education (Bazzani & Feola, 2001:76).

The foregoing paragraph implies that the post-modern educators' school and community interventions incorporate:

- a comprehensive approach to learner development that combines health, education and social services;
- a strong emphasis on parent participation in the programme services and programme administration; and
- a re-definition of professional roles toward greater collaboration and partnership with parents (Bogenschneider, Small & Riley, 2000:28).

Effective services for schools and communities should reflect the following support principles:

- programmes that work with whole families rather than with individual family members;
- programmes that provide services, training and support to increase a family's capacity to manage family functions (Myburgh & Nevill, 2003:314);
- programmes that provide services, training and support to increase the ability of families to nurture their learner;
- the basic relationship between programme and family should be one of equality and respect – the programme's first priority is to establish and maintain this relationship as the vehicle through which growth and change can occur (Mwanga & Magnussen, 2004:75);
- programmes should facilitate parents' ability to serve as resources to each other, to participate in programme decisions and governance, and enable them to advocate for themselves in the broader community.
- programmes should be community-based, culturally and socially relevant to the families they serve – programmes should provide a bridge between families and other services outside the scope of the programme;

- parent education, information about human development and skills building for parents are essential elements of every programme; and
- programmes should be voluntary; seeking support and information is viewed as a sign of family strength, rather than as an indication of difficulty (Castle, 2001:47).

2.3.8 Risks associated with developmental handicaps

Early intervention prevention programmes for learners with special needs (LSN) should include the reduction of the impact of risks associated with genetic and developmental handicaps – avoid negative developmental chain reactions resulting from this risk and open opportunities for learners with special needs. Bronfenbrenner (1986:739) indicates that interventions involving the family were more effective than those working with learners on their early intervention programmes and re-defined the relationship between families and professionals. Early intervention programmes developed ways to create effective parent-professional partnerships which recognized a family's right to participate in decisions about their learner as well as a family's need for information and support (Bronfenbrenner, 1986:741).

Key lessons learned from early intervention programmes concern the important role family values and family strengths play in efforts to nurture learners with special needs. Parents are no longer treated as learners to be schooled by experts who know what is best for their learners, but as parents with different kinds of expertise. Early intervention programmes have distilled guidelines for the way to build strong parent-professional partnerships (Mosunjac & Tandro, 2003:212). These guidelines include:

- recognizing the knowledge and expertise parents have about a learner and learner needs; and
- empowering parents, as a way to provide support and information as well as to increase a parent's ability to nurture learners (Cuddington, 2001:56).

An alliance between the family's values, needs and goals and the professional's approaches, priorities and services should be negotiated.

2.4 THE POTENTIAL EFFECTS OF HIV/AIDS ON CHILDREN AND ADOLESCENTS

Ainsworth and Teokul (2000:56) reveal that children orphaned by AIDS face an increase in poverty, malnutrition, household responsibility and vulnerability to abuse, child labour, sexual risk and isolation. The research conducted by WHO (2002:13) found that children orphaned by AIDS have less:

- access to food than other children;
- health services;
- school opportunities;
- material goods;
- protection; and
- love.

Losing a parent to AIDS diminishes the child's position in the family. Traditionally, the death of the father deprives children of income and male authority, the death of the mother deprives the child of emotional and mental security. If the child is accepted into the extended family, he/she can be in a weak and tenuous position due to scarce resources and the primary position of existing offspring. Orphans can lose their inheritance or suffer malnutrition in a family already struggling to feed its own members (Lamprey *et al.*, 2002:19).

The literature review reveals that children orphaned by AIDS tend to be marginalized in the school environment and they often drop out. A school headmaster, quoted *verbatim* by Gregson *et al.* (2001:468), observed: "You can tell the orphans: their clothes are worn out, they are dirty, and their hair is not combed." Some learners leave school because of stigma and discrimination, others because they cannot pay the fees. Other children leave because they must become caregivers or breadwinners. According to a study in Kenya (Hepburn, 2001:18), 52% of children orphaned by AIDS were not at

school, compared to 2% of children in the rest of the population. In Mozambique, only 24% of children whose parents had died were attending school, compared to 68% of those with parents still living (Harris & Schubert, 2001:35). Harris and Schubert (2001:35) suggest that remaining at school is one means children may have to overcome their persistent poverty. Even for those who remain at school, school performance studies provide some indication of the debilitating impact of grief and depression on young people's ability to carry out normal school tasks (Carr-Hill *et al.*, 2000:16).

The physical needs, emotional deprivation and financial desperation of children orphaned by AIDS make them easy prey for exploitation and abuse. They often live on the street, where they are used as cheap labour by day and as sex workers by night. This deadly pattern exposes them to HIV and AIDS, thereby repeating the cycle (Carr-Hill *et al.*, 2000:16).

The impacts of the HIV/AIDS pandemic on children occur in a number of overlapping and interdependent domains, such as:

2.4.1 Fewer opportunities for schooling and education

The orphans and vulnerable children are less likely to access education opportunities because of costs involved. Even though the government has initiated Universal Primary Education, certain costs still remain to be met by the family. It is worse for those families that have been affected by HIV/AIDS (Peterson & Swartz, 2002:7).

2.4.2 Loss of home and assets

Without the protective environment of their homes, orphaned children face increased risks of violence, exploitation and abuse. They may be ill-treated by their guardians, and dispossessed of their inheritance and property. Those living with foster families are more likely to be malnourished, underweight or short in length for their age in comparison to non-orphans (Barnett & Whiteside, 2000:17). In worst-case scenarios, orphaned children may be abducted and enrolled as child soldiers or driven to hard labour, sex work or life on the streets (Halperin, 2001:13).

In Cambodia, a recent study by the Khmer HIV/AIDS NGO Alliance and Family Health International found that about one in five children in AIDS-affected families reported that they had to start working at a very young stage to support their families. One in three had to provide care and take on major household work. Many had to leave school, forego necessities such as food and clothes or be sent away from their home. All the children surveyed had been exposed to high levels of stigma and psycho-social stress, with girls more vulnerable than boys (Tawfik, & Kinoti, 2002:16).

However, there are many examples of successful help for orphans in these situations. In Zimbabwe, since 1998, the Salvation Army's Mayise Camp has provided psycho-social support to orphaned children. It recently expanded its care services to include a firm stance against violence, exploitation and abuse (Barnett *et al.*, 2001:12). Since children often have trouble obtaining medical, psychological and legal services, the Camp started a Mobile Law Clinic that brings essential services to the children. In Cambodia, the non-governmental organization Mith Samlanh ('friends') runs twelve interlinked programmes for 1 500 street children, ranging from HIV prevention and care, to reproductive health education and income-generated activities (Chapman *et al.*, 2001:18).

Ensuring access to education is critical in responding to the orphan crisis. Orphans often fall behind or drop out of school, compromising their psycho-social development and future prospects. This also affects a country's long-term recovery from the epidemic. For instance, research in the United Republic of Tanzania revealed that the school-attendance rate among orphans who had lost one parent was only 71%. Among orphans who lost both parents it was even lower at 52% (Opuni, Bertozzi & Bollinger, 2002:58).

Staying at school offers orphaned children the best chance of escaping extreme poverty and its associated risks. Thus, everything possible needs to be done to keep them in school. For example, China's Henan Province recently announced that orphans living with their extended family would receive free primary and secondary schooling and financial support for further studies. Similarly, Jamaica's National AIDS Committee

helps some of the country's orphaned children with school-related expenses, including school fees, uniforms and books (UNISEF, 2003:12; UNAIDS, 2004:6).

Stories of loss of property by orphans have also been well documented (FAO, 2002:27). This problem is mainly due to the parents' failure to compile a last will and testament. On the other hand, orphans are illiterate and ignorant of their legal rights, so that relatives of the deceased can take advantage to pilfer property (Barnett & Whiteside, 2000:24).

2.4.3 Health and nutrition

Children affected by HIV/AIDS may receive poorer care and supervision at home, may suffer from malnutrition and may not have access to available health services, although no studies have yet demonstrated increased morbidity and mortality among broadly affected children compared to unaffected control groups (UNAIDS/WHO, 2004:32). In this regard, it has been suggested that the safety nets of families and communities are still sufficiently intact to protect the majority of children from the most extreme effects of the epidemic – or alternatively, that orphans may not be worse off than peers living in extreme poverty. Indeed, with high levels of ambient poverty in most high-prevalence communities, it is difficult to ascertain which effects on children's health are attributable specifically to HIV/AIDS (Benatar, 2002:164).

2.4.4 Vulnerability to infection

Apart from other impacts, children affected by HIV/AIDS are themselves often highly vulnerable to HIV infection. Their risk for infection arises from the early onset of sexual activity, commercial sex and sexual abuse, all of which may be precipitated by economic need, peer pressure, lack of supervision, exploitation and rape. Some studies of street children, for example, show that vulnerable children do little to protect themselves from HIV infection because the pressures for basic survival such as finding food far outweigh the future orientation required to avoid infection (Bennett & Fairbank, 2003:36).

2.4.5 Emotional deprivation

The mental health and psycho-social issues of children whose parents have died of AIDS tend to be under-examined and under-treated in the light of demands for basic survival. Yet HIV/AIDS affects children's mental health in many ways. Children's psychological vulnerability begins long before the death of a parent. One of the single most important factors in children's mental health is the mental health of their parents. Unsurprisingly, depression is very common among mothers who have HIV and AIDS. One study found a 38% prevalence rate of depression among infected mothers (Desmond *et al.*, 2000:16).

Most research to date on the psycho-social effects of parental AIDS and death on children has been conducted in Zimbabwe, Uganda, Zambia, Kenya and Tanzania (Hanson, 2002:72). Studies have identified significantly higher rates of depression, anxiety, survivor guilt, loneliness, isolation, low self-esteem and disruptive, antisocial high-risk behaviours among children orphaned by AIDS, compared to other children. Other researchers have noted a general emotional imbalance in children orphaned by AIDS, marked by anxiety, depression and grief (World Bank, 2002:26).

For the majority of these children, the trauma from the death of a parent recurs and the risk to mental health may be additive. Children become parentless multiple times because their caregivers keep dying of the disease. Other beloved figures get ill and die. In Malawi and Zambia, for instance, up to 30% of educators are infected with HIV (Kidanu, Nyblade & Rohini, 2003:99).

Some comparative research of psycho-social problems has been conducted. In Uganda, researchers investigate the nature of emotional problems of school-sponsored orphans. In comparing the feelings of children orphaned by AIDS to feelings of non-orphans, investigators found that non-orphans showed more optimism – they expected to live longer and they imagined themselves staying at school, working and wanting to have children in future. The children orphaned by AIDS were significantly less able to envisage a future (Lemma, 2003:34).

A study in Tanzania found substantial evidence of reduced well-being, with most orphans showing psychological impairment. Orphans were three times more likely than non-orphans to contemplate suicide. The researchers also found that orphans, and particularly female orphans, had more internalizing problems than non-orphans. These problems included depression, anxiety and low self-esteem (Teokul & Ainsworth, 2000:56).

Children who grow up without the love and care of adults devoted to their well-being are at higher risk of developing psychological problems. A lack of positive emotional care is associated with a subsequent lack of empathy with others and such children may develop antisocial behaviours. Not all children are, however, affected to the same degree. Protective factors – in the form of compensating care from other people, including educators, as well as personality predisposition – may lessen the impact on children of reduced care in the home environment (Wallace *et al.*, 2001:26; Bennett & Fairbank, 2003:26).

The mentioned effects of the HIV/AIDS epidemic on children are likely to vary considerably by age. It might be expected that preschool-aged children, for example, could show primary effects concerning growth and health, and school-aged children to show education, work, psycho-social and vulnerability effects. In addition, none of the effects cited have been shown to be specific to children affected by HIV/AIDS, even if such a category of children can be more precisely defined (Benell *et al.*, 2002:38).

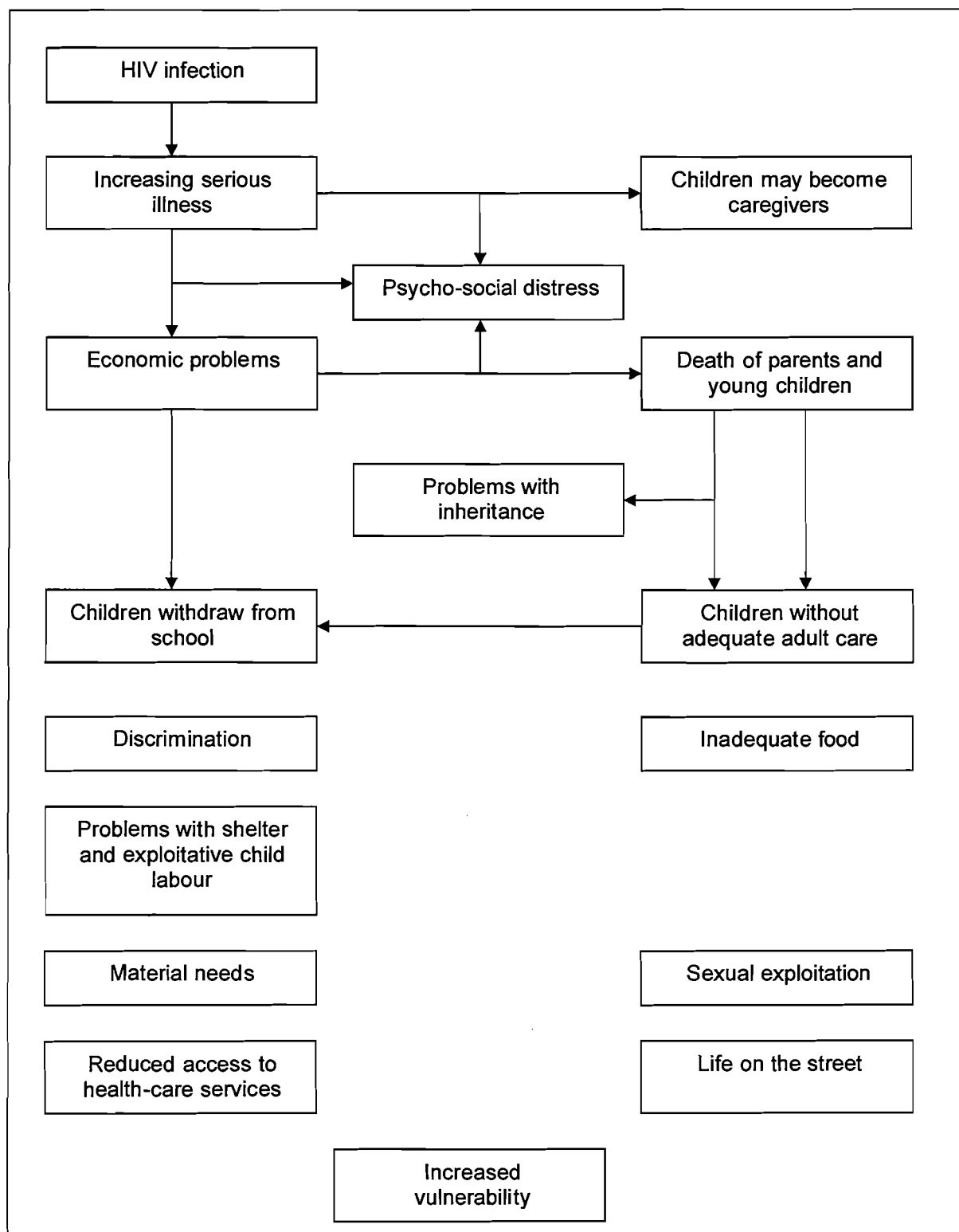
It is also impossible to isolate and exclude the effects of conditions that exist prior to the death of a caregiver. Such pre-existing or development influences include poverty and social disorganization, parental preoccupation, depression and social isolation (Musinguzi, Okware & Opio, 2001;15).

Of greatest concern, however, is the generality of these effects and their strong association with poverty. The impact of the HIV/AIDS epidemic on children and families is incremental – poor communities with adequate infrastructure and limited access to basic services is worst affected. Poverty amplifies the impacts of HIV/AIDS on children and renders their effects on children in unrelentful manner (Harries, 2002:268). At the same time, changes associated with the illness and death of caregivers and

breadwinners can impel children into conditions of desperate hardship. As Coombe and Kelly (2001:38) contend: "The common impacts (of HIV/AIDS) include deepening poverty, such as pressure to drop out of school, food insecurity, reduced access to health services, deteriorating housing, worsening material conditions, and loss of access to land and other productive assets". Psycho-social distress is another factor which has an impact on children and families, and it includes anxiety, loss of parental love and nurture, depression, grief and separation of siblings among relatives to spread the economic burden of their care.

Williamson (2004:32) has developed the model to demonstrate the effects of HIV/AIDS on the psycho-social well-being of children (see Figure 2.1 on p. 46). Figure 2.1 indicates that children affected by HIV/AIDS are often traumatized and suffer a variety of psychological reactions to parental illness and death. In addition, they endure exhaustion and stress from work and worry, as well as insecurity and stigmatization, as it is either assumed that they too are infected with HIV or that their family has been disgraced by the virus (Case, 2003:12). Loss of home, dropping out of school, separation from siblings and friends, increased workload and social isolation may all impact negatively on current and future mental health (Beresford, 2002:13). Existing studies of children's reactions suggest that they tend to show internalizing rather than externalizing symptoms in response to such impacts such as depression, anxiety and withdrawal, as opposed to aggression and other forms of antisocial behaviour (Aspinwall & Staudinger, 2003:13).

Figure 2.1: Problems among children and families affected by HIV and AIDS



Source: Williamson (2004:54)

2.4.6 Poverty

The condition of poverty these children find themselves in compels them to engage in activities that expose them to the risks of HIV infection. This has become more apparent with the emergence of child-headed households. UNAIDS (2005:13) reported that due to inadequate parenting, children in child-headed households may miss the psychological support needed from an adult. Such children are more likely to engage in pathological behaviours like criminal activities and drug abuse, and engage in risky behaviours that increase their vulnerability to HIV infection (Kebede, 2004:40).

According to a variety of measures and without taking into account the effect of the HIV/AIDS epidemic on socio-economic conditions, it is estimated that an average of six out of ten children in South Africa live in poverty. Using the Fifth Labour Force Survey, USAIDS (2004:16) has calculated that an estimated 4.8 million children aged fourteen years and younger, or 33% of all children in this age range, live in households where no one is employed. If a child is defined as a person of eighteen years and younger, then 6.1 million South African children – again 33% of all children in this age range – live in unemployed households.

A rough estimate, calculated with disregard for all kinds of potential obscurities, is that one in five or six children is living with an infected mother. There is likely to be a very large overlap between those children who live in poverty and those living with an HIV-positive mother (Department of health, 2003:17). Poverty is the undeniable background to the HIV/AIDS epidemic and HIV/AIDS itself deepens the poverty of already vulnerable children. Owing to this, one needs to look beyond AIDS orphans to all vulnerable children. Communities' efforts need to be focused on poor children with tenuous social, institutional and material supports, as the situation of these children is likely to be considerably worsened by HIV/AIDS (Hargreaves & Glynn, 2002:490).

2.4.7 Loss, separation and bereavement

Many children in the Sub Saharan region are going to be separated from and lose their parents, caregivers and the breadwinners on whom they depend (USAIDS, 2004:14). Again, without considering associated confounding effects such as residential and

school change and worsening socio-economic conditions, the loss of parents and loved ones is associated with internalizing psychological conditions including anxiety, rumination, depression, social isolation, survivor's guilt and low self-esteem (Hepburn, 2001:36).

2.4.8 Cruel and impersonal childcare

Children affected by HIV/AIDS may be subjected to impersonal and abusive childcare through:

- exploitative family and community care;
- poorly chosen and supervised foster care; and
- long-term institution-based rearing (Page, 2001:42; Gupta, 2001:26).

In general, and without considering associated effects such as pre-existing home conditions, separation and bereavement, impersonal and abusive care is associated with a range of psychological disorders, including a reduced capacity for affection and compassion, acting out and more aggressive coping styles.

2.4.9 Lack of food and increased malnutrition

There is a close link between families where orphans and vulnerable children live and food security. In fact, in such families, especially those affected by HIV/AIDS, plantations have reverted into bush due to lack of labour (Fao, 2002:36).

2.4.10 Inadequate health-care

Orphans and vulnerable children face inadequate healthcare due to the economic pressure on the family. It is worse in those families that have been affected by HIV/AIDS (Department of Health, 2003:18).

2.4.11 Increased child labour

Children who have been orphaned or are vulnerable get involved in work as a means of survival. There is an increasing number of children, especially girls, seeking jobs as housemaids or bar attendants. It has also been well documented that children in the labour market tend to enter the market at an early age, which affects their growth and well-being (WHO, 2003:12; UNAIDS/WHO, 2005:16).

Many children in South and Southern Africa already work hard. The Survey of Activities of Young People (SAYO) commissioned in 1999 by the South African Department of Labour found that more than half a million children between five and fourteen years of age work for long hours, mainly collecting wood or water. Close to 400 000 children do night work, 183 000 do three or more hours a week of paid domestic work and 137 000 work with or close to dangerous machinery or tools. About 19 000 children (0.1%) beg for money or food in public for three or more hours a week. More than 70% of children work to help their families, either willingly or unwillingly. About 30% of children's work is in contravention of the law. The International Labour Organisation (ILO) estimates that worldwide approximately 120 million children in the five to fourteen year age group work on a full-time basis, and this figure rises to around 200 million when those for whom work is a secondary active are included. Other surveys conducted by the ILO have found that, over a twelve-month period, the proportion of economically active children in the five to twelve year age group could rise to as high as 40% in developing countries (ILO, 2003:11; FAO, 2002:10). Such studies conclude that children's labour contributions are an important component of household income, in some cases amounting to as much as one-third of household income.

While not all child labour is necessarily harmful – a moderate amount of responsibility can have a positive influence – illegal child labour can be damaging to children's physical and mental health, and the fact that it prevents children from attending school may be seen as cruel and dehumanizing. Child labour is likely to increase as economic conditions of children in families affected by HIV/AIDS deteriorate. Instruments dealing with child labour infringements – such as the Convention on the Rights of the Child and, in South Africa, the constitution and multiple laws – do not in their current form lead to

financial assistance for the child or the family to improve the economic conditions leading to child labour (USAIDS, 2004:26).

2.4.12 Neurobiological development is affected

Children who lack a secure attachment because of the psychological depression, unavailability or death of a parent or caregiver live in chronic stress, which can weaken the immune system. Moreover, the absence of a loving and attentive caregiver has been shown to alter the development of the brain (Nyblade, Kidanu & Mbambo, 2003:16). Hamlin and Valikangas (2003:60) researched the cellular and molecular bases of brain development for nearly four decades and concluded that the developing child's environment plays a large role in shaping his/her brain circuitry and subsequent behavioural performance. Studies on neurobiology suggest that children are most vulnerable to adversity when their brains are most elastic and developing most rapidly (Kendler, Gardner & Prescott, 2003:195).

At birth, an infant's primitive reactions are already organized by parts of the brain, primarily the almond-shaped amygdala. The pre-frontal cortex, which plays a major role in directing and modifying people's more primitive reactions like anger or fear, develops during the first eighteen months of life (Nyambenda, Wandibba & Aagaard-Hansen, 2001:91). The development of this part of the pre-frontal cortex, which relates to thought, language, reasoning and perception, is not automatic, but dependent upon the child's environment and it develops only in response to experiences the child has with other people. Positive interactions such as smiles and games generate connections in the pre-frontal cortex, which help to manage the more impulsive reactions of the amygdala. In simplest terms, the pre-frontal cortex helps to calibrate people's emotional lives. When developed positively, it enables us to develop deep human relationships, to think and to feel (National AIDS CONTROL COUNCIL, 2000).'

Inadequate development of this part of the brain, on the other hand, causes many of human beings' ills such as anxiety, depression and other forms of mental illness. Lack of stimulation and neglect can short-circuit developing connections within the brain and decrease its size. Too much stress in the absence of a calming, soothing parental

figure hinders the child from developing a biological mechanism to regulate his feelings. The studies of Harlow in the 1950s clearly demonstrated the needs of primates and infants for contact comfort and its soothing effect (Norem, 2001). Larson's (2000:170) research further concluded that human beings' earliest experiences are not simply laid down as memories or influences, but are translated into precise physiological patterns of response in the brain that then set the neurological rules for how human beings deal with their feelings and those of other people for the rest of their lives.

Even people who work with orphaned children do not comprehend the emotional anguish a child experiences as he/she watches one or both of his/her parents die (Keltikangas-Jarvinen, 2000:5). When one parent is HIV-infected, the probability is high that the other parent is as well. Therefore, children often lose both parents in quick succession. An orphan's caregivers may also succumb to AIDS, with the result that children may suffer multiple bereavements. The child's suffering is often aggravated by being separated from his/her siblings (Lyubomirsky, 2001:240).

2.4.13 Sexual exploitation and child trafficking

Limited data is available on the extent and nature of human trafficking in either the region or beyond, and much of what is available is based on relatively small-scale research. According to the International Organisation for Migration (IOM), however, the trafficking of women and children is the third most lucrative type of organized crime in the Southern African region, following the sale of arms and drugs. A recent report released by the IOM suggests that considerable numbers of women and children are trafficked annually in the southern African region (WHO, 2003:24).

Trafficking in children occurs for the purposes of child prostitution, illegal and false marriage, illegal adoption and child labour. An unknown number of children are trafficked for body parts. In the Southern African Development Community (SADC) region, children are trafficked primarily as bonded labour and for the purpose of sexual exploitation. The IOM report highlights, as examples of trafficking in the region, a European-led child sex tourism industry in Malawi and the trafficking of Mozambican children intended for prostitution in Johannesburg (UNICEF, 2004:15; USAID, 2004:26).

It is likely that, as the ratio of dependent children increases as a result of the HIV/AIDS pandemic, so will the chances of children being lured into trafficking and sexual exploitation. Once imprisoned, or left without the means of escape, children are at their most vulnerable (Badcock-Walters, 2001:8).

2.4.14 School dropout

According to the 2003 South African October Household Survey, as many as 35% of rural African children between the ages of 6 and 17 years do not attend school. In the sub-Saharan region, an estimate 44 million children, more girls than boys, are not attending school. School dropout is likely to increase as families become unable to afford the costs of schooling and as children's contribution to care and work is required at home (Bradshaw, Johnson, Schneider, Bourne & Dorrington, 20002:15). Experience suggests that the most vulnerable orphans are those in their school years, aged ten years and older. Thus, despite all their shortcomings, schools have significant potential to play a critical role in relieving the worst effects of the HIV/AIDS epidemic on children (Brown, 2003:49). Apart from the accrued personal and social benefits of education for work and national development, schooling provides stability, institutional affiliation and the normalization of experience for children. It also places children in an environment where adults and older children are potentially available to provide social support (Carr-Hill & Peart, 2003:56).

2.5 CONCLUSION

This chapter provided the literature review on ecological systems theories and children and adolescents affected by the HIV/AIDS pandemic, and the potential effects of HIV/AIDS on children and adolescents.

The next chapter provides the empirical design.

CHAPTER THREE

EMPIRICAL DESIGN

3.1 INTRODUCTION

This chapter provides a detailed exposition of the research design utilized in this study. It begins by explaining the reasons why this study was conducted in the form of a case study. It goes on to discuss the sampling methods used, the ways in which data was collected and analysed, the place where the interviews took place, and the ethical procedures that were followed.

3.2 CASE STUDY

The methodology used for this research project is the case study (see 1.4.1). Case studies are an important instrument to be used in social research. For numerous researchers, case studies are employed in the analysis of qualitative data. They can be used at a number of different levels or scales of social life, varying from individuals through families, workplaces, occupations and formal organizations (such as schools and hospitals) to nations and states. Case studies are 'likely to produce the best theory' (Neuman, 2000:33). Welman and Kruger (1999:21) formally define a case study as 'an empirical enquiry that investigates a contemporary phenomenon within its real life context, especially if the boundaries between phenomenon and context are not clearly evident. A case study is, then, an intensive study of a specific individual or specific context'.

The experiences of three adolescents (n=3) from the same adolescent-headed family affected and orphaned by HIV/AIDS, their aunt (n=1), school principal (n=1) and the health worker (n=1) are used as a population sample of a case study that formed the empirical research of this qualitative study (see 1.4.1). The qualitative approach was used because the researcher wanted to be able to:

- record and understand these learners' experiences from their environment and social-cultural context, hence the ecosystemic and social constructivist framework was applied in the empirical research;
- observe natural and ordinary experiences of learners under investigation from their socio-cultural context; and
- generate richly detailed data about these learners and also provide a contextualized understanding of their experiences within their environment and circumstances (Berg, 2003:12).

3.3 SAMPLING METHODS

Since the research is purely qualitative, the 'snowball' sampling technique was used. It was impossible for the researcher to list all the learners affected by HIV/AIDS and sample randomly from the list. This is the main reason for choosing the snowball technique. When the researcher went to schools to conduct research, she knew no HIV/AIDS affected learner. She had to rely on an informant, who is an educator in the school, to supply her with participants' names. He selected participants using his own judgment (learners who are absent frequently and look neglected). The informant came up with one learner and the interviewer started interviewing this learner.

Snowball sampling is a special non-probability method used when the desired sample characteristic is rare (Fink, 2002:160). It was extremely difficult to locate participants' names because of the sensitivity of the subject the researcher was investigating. Snowball sampling relies on referrals from initial subjects to generate additional subjects. This disadvantage of this technique is that it comes at the expense of introducing bias because the technique itself reduces the likelihood that the sample will represent a good cross section from the population (Crabtree, Nichols, O'Brien, Rouncefield & Twidale, 2000:66). The sensitive nature of investigating a topic such as the one of this research compelled the researcher to use the snowball technique as propounded by Fink (2002:163) where he postulates that snowball sampling is suitable for sensitive research topics such as HIV/AIDS.

The snowball technique began when the already selected participant that was drawn by relying on the informant's judgment was asked to nominate others. She nominated two affected learners who happened to be her siblings, while others refused, claiming that the affected learners they knew preferred to keep their situation confidential. The researcher became interested in the case of these three siblings that she was referred to by the first learner who was interviewed. When the three learners agreed to be interviewed, the interview was scheduled.

3.4 RESEARCH POPULATION SAMPLE

Neuman (1994:147) defines research population as all the persons and objects with which the researcher is concerned.

The population sample of this research comprise two school-going adolescent participants and their eldest sister who is no longer attending school as she had to discontinue schooling in order to work after their parents had died of AIDS (n=3), their aunt (n=1), school principal (n=1) and the health worker (n=1). All participants were from Meadowlands in SOWETO.

These interviews were conducted during April and May 2005.

3.5 DATA COLLECTION

According to Fink (2002:160), the term group interview is a qualitative technique, using discussion among a group of 4 – 12 people, in a comfortable, non-threatening environment, to explore topics or obtain perceptions about a given problem or topic of interest. The technique makes use of group interaction, to provide insight and data, which is not accessible without the stimulus of the group discussion. Such an interview is conducted with the limited group of persons who have been brought together for the same and specific purpose.

According to Fink (2002:161), the aims with group interviews are to:

- collect data within limited time;

- supplement data that was collected by means of questionnaires;
- verify ideas, views and perceptions of participants and synthesize them through the discussions;
- provide insight into the attitudes, perceptions and opinions of participants;
- confine the role of the interviewer to that of initiating discussion rather than playing the directive role. In this way, participants take major responsibility for stating their views and drawing out the views of others in the group; and
- stimulate the interactions among the participants to state feelings, perceptions and beliefs that they would probably not express if interviewed individually.

It was with the above in mind that the qualitative group interview method was opted for this study.

Data collection was conducted through a group interview as all three affected learners were interviewed simultaneously. In a group interview, the researcher can get different opinions from different people at precisely the same time. When the researcher conducted the group interview, to which no time limit was set, the length which such an interview could take was underestimated. This interview lasted from 10:30 to 12:40 pm. This additional length permitted for extensive in-depth questioning about complex and multifaceted issues. It is important to note that the interview had no time limit. Participants could express themselves at length.

No interview schedule was followed and questions that developed from the interview sessions appear in Appendix A. Creswell (2003:424) defines unstructured interviews as 'repeated face-to-face encounters between the researcher and participants directed towards understanding informants' perspectives on their lives, experiences or situations as expressed in their own words'.

For example, the researcher spent half an hour with these learners trying to explain the purpose of this research and trying to answer their questions as fully and in as detailed a manner as possible. The interview with the affected learners was programmed to

start at 10:00 am, but because of the necessary explanations, the actual interviewing only began at 10:30 am.

A tape recorder was used, with permission from participants, together with a notebook for helping the researcher to jot down some notes. For all the participants both approaches were acceptable. Six participants (N=6) were interviewed (see 2.4). For all these participants, notes were written during the interview and omissions were included immediately after the formal interview when the interviewer was listening to the audiotape.

3.6 ANALYSIS AND INTERPRETATION

After the collection of data, four themes (see 3.4) used as an entry into the fieldwork, were reconstructed for the purpose of analysis. The new, improved formulation of these themes is indicated in 3.4, and they were the ones that were used for analysis. Therefore, the process entailed the formulation of themes based on the literature that was reviewed, the development of research questions that were used in the form of an interview guide, the collection of data from the field, the sorting of information into different, new and improved themes (data analysis), the development of patterns by searching for similarities and differences (data interpretation) and, lastly, the writing of a report.

3.7 INTERVIEW SETTING

The interviews that were conducted by the researcher took place at the affected learners' home at Braamfisherville, in Soweto in the Gauteng Province. The participants chose to be interviewed at their home where they would be relaxed and comfortable as this is the environment they are used to. The other advantage of choosing their home was the absence of other learners, which made it easier for them to "open up".

As this study is about human beings, their consciousness and actions in relation to being affected by AIDS, some ethical issues were considered before, during and after the research (see 3.8 below).

3.8 ETHICAL ISSUES

Voluntary verbal consent to participation was secured from the participants prior to the interviews. Sensitivity to, and empathy with HIV affected learners' rights, privacy, self-esteem, emotions, beliefs, values and actions were maintained. No matter how much the researcher emphasized the issue of confidentiality, two of the participants were sceptical about giving her their real names (Barton, 2000:17). They believed that there was a possibility of someone, reading the dissertation, tracing their names and finding out whom they were. In a way they were trying to ensure their protection, even though the researcher presented no harm to them. They were probably not worried about the researcher *per se*, but about anyone who might read the dissertation. They were assured that fictitious names were to be used.

It has to be understood that these participants had never been exposed to research. They had never had someone visiting them and wanting to write about their experiences. To ensure full anonymity, pseudonyms were used for all participants. In order to secure ethical issues, the researcher provided participants with information concerning the following:

- the nature and purpose of the research;
- all procedures to be used with the participants;
- procedures (including methods to ensure confidentiality) for protecting against, or minimizing potential risks;
- any benefit to the participant for taking part in the research, such as incentives in the form of food, for example: the researcher had to bring lunch to all participants. Thus, in most of the cases where an incentive was provided, food was used;
- an indication of what information will accrue to science or to society in general as a result of the research; and

- provision of contact details of the researcher and signature along with the name and location of the researcher's institution and the names and contact details of both her supervisors (Barton, 2000:18; Lincoln & Guba, 1999:24).

To put it briefly, the nature of this research topic calls upon any researcher to take precautionary measures with a view to protecting the people studied.

3.9 CONCLUSION

This chapter outlined the research design. The research method was described.

The next chapter presents the research data analysis and interpretations.

CHAPTER FOUR

ANALYSIS AND INTERPRETATION OF THE RESULTS

4.1 INTRODUCTION

This chapter provides analyses and interpretations of the interview questions and responses by six participants (N=6), that is, two school-going adolescents and their eldest sister who is no longer attending school as she had to discontinue schooling in order to work after their parents had died of AIDS (n=3), their aunt (n=1), school principal (n=1) and the health worker (n=1) (see 3.4).

The affected learners' personal experiences are contextually provided in the following main themes which are based on the objectives of this research (seen 1.2):

- the psychological well-being of learners affected or orphaned by HIV/AIDS;
- the general performance of these learners at school;
- the nature and extent of social support these learners get from their families, communities and societies; and
- the physical well-being of these learners.

The *verbatim* transcripts of the interviews are placed first, followed by the analysis and interpretation of the case.

4.2 PROCEEDINGS PRIOR TO THE INTERVIEW

The interviewer conducted interviews with orphaned Zandi, their brother Veli, their eldest sister, Nthabi, who is no longer attending school as she had to discontinue school at Grade 7 in order to work after their parents had died of AIDS, their aunt, class teacher and a health worker.

The interviewer commenced the conversation by explaining why she had requested an interview with the participants. She further explained that the conversation forms part of the Masters Degree in Education's research the interviewer is doing and that everything that they tell her will be kept confidential. The interviewer requested their permission to write down some facts in order not to forget what was discussed.

The interview was conducted in English because the researcher was not conversant with IsiZulu, the mother tongue of the interviewees. The interviewees were very proficient in English.

4.2.1 The researcher's impressions of the family

Zandi's responses were given in a very relaxed manner – she wore a smile right through the interview while her hands kept on wiping the ever pouring tears from her eyes even though their parents had died over four years ago.

On the other hand, the brother Veli shed no tear, but was rather on the quiet side and responded calmly to the questions asked.

4.3 CASE STUDY

This section presents the interview which the researcher conducted with the orphaned adolescents, their school principal, their aunt and health-worker.

4.3.1 Interview with Zandi, Veli, Nthabi, health-worker (Mr Freddie Chauke) and the children's aunt

Interviewer: How old are you?

Zandi: I am sixteen years old. Veli is fourteen years old.

Interviewer: What grade are you both doing at school?

Zandi: I am in Grade 10 and Veli is in Grade 8.

Interviewer: I know you lost both of your parents. Do you know what caused their death?

Zandi: Yes, we knew before they actually died that they were dying from HIV/AIDS disease.

Interviewer: How did you find out? Did your parents tell you?

Zandi: No, our parents kept on saying that they were suffering from Tuberculoses (TB) as they were both coughing. It is our Aunt who told us that they were infected.

Interviewer: How did your aunt know?

Zandi: We have no idea.

Interviewer: How did you know that your brother and your sister-in-law were suffering from HIV/AIDS?

Aunt: I first saw the signs when my brother started being ill. He had diarrhoea, and after a long illness he could not go back to work. A year later his wife started being ill. It was in his late stages that my brother decided to call some members of the family to disclose his HIV/AIDS.

Interviewer: Did you ask your parents after finding out about their sickness?

Zandi: No, we could not ask my parents that, we were afraid, they would say we know too much.

Interviewer: Did you know anything about HIV/AIDS?

Zandi: That is why I say we were scared because we knew the lessons that we received from school that, if HIV/AIDS is not handled well, infected people can die.

Interviewer: Is it your educator who taught you about the HIV/AIDS pandemic?

Zandi: Much knowledge we receive from the school is from nurses who visited our school as well as from a group called Arrep which also educates us about HIV/AIDS infected people who end up being alone because people are scared of them.

Interviewer: What is the most important lesson you learnt from the group in the play?

Zandi: It was about loving the infected people and treating them normally, because HIV/AIDS can be spread through sex and by coming into contact with blood on an open wound and not by otherwise hugging, kissing or using the same toilet or utensils.

Interviewer: How did you feel after knowing that your parents were HIV/AIDS infected?

Zandi: I was very scared.

Interviewer: Aunty, how did you feel, after knowing that Zandi's parents were HIV/AIDS infected?

Aunt: I felt bad, I mean, it was my brother, the only brother I had. At first I felt sad because of everything he lost as he was no longer working, so it was difficult for him to take care of his family as he used to. It was also difficult for me as his sister, people in our area were talking, they knew that he had AIDS. We were all thought to be HIV positive by our neighbours. It became difficult even for these children to play freely with the others in our neighbourhood. You see, in our community, if one member of the family is infected, the whole family is seen to be cursed.

Interviewer: Did you also feel isolated by other children in the neighbourhood?

Zandi: Yes, we began to understand the people around us, their actions and their coldness. We immediately felt alone and we cried most of the time. If we go out to play with other children they would move away to another spot. Fortunately this was not the case with learners at school as they did not know our situation.

Interviewer: What did your parents say when they noticed that obviously you must know something?

Zandi: I do not think that they noticed us as having some knowledge about their status because our eldest sister, Nthabi, encouraged us to keep up a warm and friendly face. Even if they were suspecting that we should know, they kept quiet.

Interviewer: How did you manage not to show your grievance or depression to your parents?

Zandi: It was very hard and our mother seemed to feel our sorrow as she kept on saying we should keep together as a family and respect our elder sister. Things will be fine.

Interviewer: Why did you not ask your brother or your sister-in-law what they were suffering from?

Aunt: It is difficult to talk about that even if you are adults. I could not ask them. They just told me that they had TB.

Interviewer: Which of your parents died first?

Zandi: My father, although he was stronger than our mother, died first, and at the time my mother was bedridden in the Chris Hani Hospital.

Interviewer: When this happened, were you at home and with whom?

Zandi: We were all by ourselves. My sister was trying to feed him, but he coughed terribly and vomited.

Interviewer: What did you then do?

Zandi: My sister asked us to call our neighbour, Aunt Vuyiswa, while she was trying to pick up our father who had fallen off the bed.

Interviewer: Did Aunt Vuyiswa come, and what happened?

Zandi: Yes, she came and asked us to go and sleep at her house while she first asked our sister Nthabi to call a few neighbours and we sensed that our father was no more. We cried quietly.

Interviewer: How did you feel during this period, your father dying and your mother seriously ill in hospital?

Zandi: It was the most depressing moment of our lives. We could not attend school regularly as we had to be there for funeral arrangements. Even when we had to go to school, it was difficult to concentrate as we were worried about our mother. We always asked each other what was going to happen to us if she dies.

Interviewer: Was your mother able to attend the funeral?

Zandi: No, she died as well a week later – she died in Chris Hani Hospital

Interviewer: Veli, you have been quiet. Can you tell me who catered for your needs as children after the funeral?

Veli: It was very tough; our relatives could not stay with us. They told us to go to Braamfisherville.

Interviewer: Why?

- Veli:** They said they could not afford to support us.
- Interviewer:** Why were you sent to Braamfisherville?
- Zandi:** Before dying, our parents had acquired one of these Reconstruction Developmental Programme (RDP) houses.
- Interviewer:** You say your relatives chased you out to go to Braamfisherville. Whom are you referring to?
- Veli:** Our grandparents, aunts and uncles, and our cousins were also indifferent to us.
- Interviewer:** Aunty, why could you not accommodate your brother's children in your house?
- Aunt:** I have three children of my own, my husband is not working. We rely on the money I get as a domestic worker. How then could I afford to raise my brother's children, while I am struggling to raise mine? I was not happy about the fact that they had to move away from the rest of the family, but what else could have been done. We discussed this as relatives immediately after the funeral, not even one relative was prepared to add these children to their family members. Every member of the family complained about the fact that they are overburdened and they are not working.
- Interviewer:** In this situation – who provides you with food?
- Veli:** At Kwa-Phalo Primary where the three of us were learners before we went to the secondary school where we are now, we were put on the school nutrition programme. We at least could have a meal, and if there were left-overs, they would give them to us.

- Interviewer:** How did the educators know of your plight?
- Veli:** Apparently, before our mother was seriously ill, she had informed the school of our situation so that we could be exempted from paying the school fees as there was no one working. She did not tell them about their status, but just about the fact that they are very ill, they are both not working and they cannot afford to pay school fees or buy us uniforms.
- Interviewer:** So you had some food at Kwa-Phalo Primary school, and who helped you with dinner and breakfast?
- Veli:** Educators gave us some bread to take home, but it was difficult during weekends at times, we could not eat for the whole day.
- Interviewer:** Is there no one who tried to give you emotional and financial support during this period?
- Veli:** There was no one and as a result my sister Nthabi had to drop out of school to go and seek piece jobs like ironing for the white employers in suburbs such as Mondeor, Naturena in Johannesburg.
- Interviewer:** How old were you Nthabi, when you dropped out of school?
- Nthabi:** I am the eldest in the family; I was only 14 years of age when I decided to drop out of school. It was tough, we had nothing to eat and my younger brother Veli was very ill, I could not afford to take him to a doctor and at the clinic they are out of medicine much of the time. We could not rely on food left-overs from school forever. When I asked the neighbours for food they would tell me that they have only enough for their children, I must go and work.
- Interviewer:** Are you still doing piece jobs to support your brother and sister?

Nthabi: No, I found myself a boyfriend that now supports us financially. In fact this is what girls in our neighbourhood do, you cannot just work, but you have to have someone to support you. It was the happiest time of my life, having someone who loves and supports me. We were all happy to have Bongane working for us. At least we could have food on the table every evening like all the other households in our neighbourhood.

Interviewer: At what age did you get the boyfriend?

Nthabi: If we had means I would have just celebrated my fifteenth birthday. I would be still at school doing Grade 10.

Interviewer: How old is the boyfriend? Is he of the same age maybe?

Nthabi: No, Bongane is older than me. He was 25 years old when we first met. This did not bother me at all as we needed someone older to protect us as well. I also liked the fact that he was matured, he knew a lot of things I did not know. It was as if he was our father.

Interviewer: Is Bongane, your boyfriend still working?

Nthabi: Yes, he has a good job; his mother also helps us with clothes sometimes.

Interviewer: Is Bongane and his mother your only financial support?

Nthabi: We also get food parcels once a month from the South African Drug Abuse and Aids Counselling (SADAAC), a non-governmental organization which is directed by Mr Freddie Chauke (a health-worker doing community service at Meadowlands).

Interviewer: Mr Chauke can you tell me how you help these children?

Mr Chauke: We are a non-governmental organization that assists families that are living in poverty and those that are child-headed. We also work with HIV positive people providing them with counselling and support. We came to know Nthabi and her siblings when we were doing house-to-house visits. They agreed to be part of our support programme. We rely on food supplies we get from local businesses. We supply them with food parcels once a month. We do not get much social support from businesses, but this is better than nothing. The food we give these people can last a family of five for two weeks.

Interviewer: Veli, after all this development, do you still regard yourself as people who are in poverty?

Veli: Much as Bongane and his mother are helping, there are also dark days.

Interviewer: What do you mean?

Veli: We would like to be like other children, have birthdays, eat what we like, have a fridge and have ordinary cold water in summer.

Interviewer: Zandi, tell me about the government social support grant, did you apply for it?

Zandi: Our sister, Nthabi has been trying to apply for it for some time now, but in vain. Maybe they do not take her seriously because she is a child herself.

Interviewer: Nthabi, how old are you now?

Nthabi: I am 20 years old now.

Interviewer: Is there no one who has helped you with the application of the government grant?

Nthabi: No one. We hear people talking about social workers, but we do not know where their offices are. I do not have an ID document – my boyfriend promised to help me apply for it, but he has not done that yet.

Interviewer: Mr Chauke how can your organization help these learners to get a social grant?

Mr Chauke: One way is for Nthabi to personally go to the offices of social development and apply for a grant for her baby and her younger sister and brother. Another way would be for them to go to the social workers – surely they could help. The organization itself does not assist people with information on how to get social grants. It is concerned with giving them food parcels and provision of home-based care.

Interviewer: What about your relatives?

Zandi: No one is interested to know how we survive.

Interviewer: Do they visit you to give you social support?

Zandi: They never visit us, but we visit them sometimes. We are still angry with them. We feel that they should have accommodated us until we were older and able to stay on our own.

Interviewer: What do you think is the reason for this neglect?

Zandi: Veli has been sickly even before our parents died. So we think that they fear he might be HIV/AIDS positive as well. People do not want to live with those that are infected. They think they might also be infected.

Interviewer: Why do you think like that?

Zandi: When we visit them, they treat him very coldly. They isolate him. Even their children do not want to play with him.

Interviewer: Aunty, are you not visiting these children because you fear that you might be infected?

Aunt: That is not the reason why I do not visit them. My fear is that they might get used to the emotional support I would be giving them and even when I cannot offer them support, they would demand it. It is better for them to be used to staying alone. That would make them strong concerning the fact that our kids do not play with Veli, yes that is so. Veli does not look well. We are scared that he might infect our children.

Interviewer: Veli, let me refer this question directly to you. How do you feel about this kind of treatment that you receive from your relatives?

Veli: It used to depress me more than I can say. They called me names because of my body. They called me "Mgorho".

Interviewer: Do you know the meaning of that name "Mgorho"? What does it mean?

Veli: That is usually a name given to a very thin dying dog.

Interviewer: How is this affecting you now?

Veli: I have learnt to accept things as they are, I cannot change them. Only I am grateful for the two sisters that I have, they are very supportive.

Interviewer: Now, about your health. Are you seeing any doctor or visiting the clinic?

Veli: Take it out of your mind, I am not HIV/AIDS infected, I tested negative last month. If it was this disease I would be long dead. But because people see that I am underweight they think that I have AIDS. I know I am thinner and shorter than children of my age; this is due to the fact that I am under-nourished. That is what was said at the clinic. My parents could not afford to buy us vegetables. We were satisfied to have only mealie-meal porridge as a meal.

Interviewer: Did the doctor tell you what the problem with your health is?

Veli: The simple explanation is that when I was very young I could not get nutritious food, because my parents were not working. I did not have warm clothes like other children. So, I as forever coughing and had diarrhoea because there was no proper healthy food for me.

Interviewer: How is your health presently?

Veli: I have improved, but in winter I still cough a lot.

Interviewer: How do you find your neighbours here in Braamfisherville?

Zandi: When we first arrived in Braamfisherville, the neighbours were very cold towards us. Other children would not play with us.

Interviewer: Is the situation better now, or is it still the same?

Zandi: I think the situation has improved. One day I had to fight with one boy who kept on nicknaming Veli, '*Umgorho*'. That is why I have this scar. Since that day, we seemed to have gained some form of respect.

Interviewer: Are you saying the way they used to treat you changed?

Zandi: Yes, it is not like before. At times even their parents are helpful when we are open to danger. One day heavy rain flooded our house and they helped us with dry blankets and treated us well.

Interviewer: Now, let us talk about school. How are you coping? Is there any learning support?

Zandi: I think we are not doing well at all. I am still doing Grade 9. Children of my age are doing Grade 10. I am a year behind as I failed Grade 8. We are not coping at all, we are derided in class. Whenever I try to participate in a group activity, other learners just laugh at what I say. I feel we are not like the rest of the learners as we cannot afford to have a

proper school uniform. No one knows of our situation, because we are staying in a house of our own. One other problem is that we stay too far from school, which makes it difficult for us to arrive early for classes. We always miss out on the first two periods every day. Nthabi cannot afford to give us money for a taxi.

Veli: What worries me is that we cannot even participate in extracurricular activities because of the distance we have to walk back home. I love soccer, but I cannot play it at school. I cannot afford to buy soccer boots.

Interviewer: Where do you get the courage to keep up a pleasant face?

Zandi: Our sister Nthabi motivates us to be serious about school and at least to pass Grade 12. So we do not want to disappoint her.

Interviewer: Why?

Zandi: Nthabi has been the only person that has been taking care of us during our darkest days. She left school to find work for us.

Interviewer: Nthabi, as a child herself is trying to play a parental role. Do you respect her for that?

Zandi: Yes, we respect her, but like any other family, we do fight with her, and that does not mean that we do not respect her.

Veli: But Nthabi at times, she is too strict, when I come back home late like other boys, she reprimands me, as if she is my mother.

Interviewer: In conclusion of our discussion, what else would you like to talk about, something that depresses you maybe?

Veli: I am very bitter the way our relatives treated us, how they chased us out of Meadowlands where we were born and bred. Now on winter days we have to travel on foot to Meadowlands where our school is. We cannot

afford a taxi like other children. The taxi costs R6.00 return per day for each of us, and we cannot afford that.

Zandi: Well, as a teenagers and being a girl, I have specific needs, the girls stuff like toiletry. My heart aches to think of what I have to use to meet nature, while the girls of my age have their own budget to cater for being a girl who has reached womanhood.

Interviewer: Nthabi, thank you for allowing me to talk to all of you. You have been very wonderful. I just want to ask you a few more questions as well. You were only 14 years old when you became a full-time caregiver to your siblings. How did you feel about this?

Nthabi: I was scared, very bitter and depressed. I did not think. Whatever I did, it just happened automatically. I would go to the shop and literally ask for bread, though I did not have money. At times they would give me bread that has expired, and we ate it, maybe that is why Veli had unstoppable diarrhoea.

Interviewer: What did you do when Veli was very sick?

Nthabi: I took him to the clinic where we would sometimes spend the whole day in a queue and end up being told that the medicine was finished.

Interviewer: How did you cope with a sick sibling and at the same time had no food for them?

Nthabi: On several occasions I thought of committing suicide and leaving all the grief behind me. I cried at night when my sister and brother were asleep so that they could not see that I was depressed. I had to be strong for them.

Interviewer: Do you still feel like committing suicide?

Nthabi: Things are better now, Bongane helps us with financial support though it is not enough, but from the little bit that he gives me, I am able to buy the basics, like a bag of mealie meal, salt, soap, no fancy food like eggs. Meat is not our commodity.

Interviewer: How did you meet Bongane, your boyfriend?

Nthabi: He came to our house selling clothes and he was unaware of our situation. He was very friendly, funnily enough we started talking and I explained that we are orphans. He was very sympathetic. He came the following day with Kentucky and soft drinks and we had a feast of our lifetime. This happened more often, until it just happened that we fell in love. He was my social supporter. Eleven months ago I gave birth to his child.

Interviewer: Does he still visit you regularly and also bring you Kentucky?

Nthabi: He now only gives us money for the basic needs at home. He has to buy food and clothes for our baby as well. I appreciate the financial support that he gives, no matter how little it is.

Interviewer: All of you, thank you so much for talking to me.

4.3.2 Interview with the principal of the school attended by two orphans who participated in this research

The interview session with the principal of the school attended by two orphans who participated in this research follows. His responses to the questions of the interviewer are presented *verbatim*.

Interviewer: How long have you known Zandi and Veli?

Principal: I have known the girl for four years now, and I met the boy this year.

Interviewer: In what Grades are they?

- Principal:** The boy is in Grade 8 and his sister should be doing Grade 11 this year, but she was retained in Grade 8, as a result she is doing Grade 10 this year.
- Interviewer:** How do they both perform at school?
- Principal:** Well, one suspects that there might be underlying factors that affect their performance, because they are both not performing as expected, and they are not slow learners, but they seem to be pre-occupied. Another factor that has been of concern to us as teachers is that they are always late for morning classes. We understand they can not afford to pay for transport to and from school.
- Interviewer:** What could be those underlying factors?
- Principal:** I am not sure what their problem is, I have not had time to ask Zandi, I once thought of that, but after some time it slipped my mind. More so, they are not the only children who seem to be experiencing problems.
- Interviewer:** What have you done as a school to assist these learners to improve their performance?
- Principal:** As I have indicated, these are not the only learners with similar problems. The learners in question arrive late for school, they have to leave early because they stay far. It becomes impossible for teachers to organize either morning or afternoon classes for them, they cannot even participate in extra-curricular activities which are conducted in the afternoon. As a school we really do not know what to do.
- Interviewer:** Have you as a school tried to address the problem by talking to the parents or the learners themselves?
- Principal:** Parents in this school do not fully attend parents' meetings. Concerning learners, perhaps it is high time that each school is afforded a psychologist by the Department of Education that will endeavour to

follow up cases such as these, to come up with the underlying factors that affect their performance.

Interviewer: How would you compare them with other learners?

Principal: Both of them are withdrawn in class, especially the boy in Grade 8, they never raise their hands to give answers, they do not participate fully in groups, but when they are directly pointed at for a response they usually give correct answers. They do not have a full school uniform, it is even worse in winter when others are wearing track suits and blazers; they come with torn light jerseys. They also look very needy. These learners also miss out on educational excursions as they are unable to pay. Even when the school allows them to go without paying, they lack basic things such as provision.

Interviewer: What does the school do to help these needy children?

Principal: We do not have a school nutrition programme like in the primary schools and there is also nothing we can do about their uniform. We usually urge the parents in our first meeting each year to buy their children a uniform, but this does not seem to work and we understand a lot of parents are unemployed.

Interviewer: Does the school keep a register for learners who have lost either a parent/s?

Principal: The register is there but it is not working. There is a committee that is responsible for such matters but it is not effective.

Interviewer: What measures do you have in place for learners who cannot afford to pay school fees?

Principal: According to the South African Schools Act, these learners should be partially or fully exempted from paying school fees. We encounter problems in this regard as we do not know which learners to exempt,

parents do not come forward and as I have said, we do not have records of orphans.

Interviewer: Are you saying you do not know whether these learners in questions are orphans or not?

Principal: It is very difficult to know which learners are orphans and which are not, other learners may look like orphans only to find that parents are unemployed.

Interviewer: Thank you very much for your time.

4.4 ANALYSIS AND INTERPRETATION

This section presents analysis and interpretations of the above case study. This is done by the use of themes extracted from the interview responses of the participants. The analyses were supported by direct quotations from the case study (see 4.3) while the interpretations are supported by findings from the literature review (see chapters one and two).

4.4.1 The effect of HIV/AIDS on their psychological well-being

Analysis

Learners affected by HIV/AIDS seem to go through a lot of emotions as they attempt to understand and make meaning of what is happening in their lives. This is what the three participants said about the psychological effects:

“We were depressed and cried a lot”.

“We immediately felt alone, and we cried most of the time”.

“On several occasions I thought of committing suicide and leaving all the grief behind me”.

“That is why I say we were scared, because we knew from the lessons that we

receive at school that, if HIV/AIDS is not handled well, infected people can die”.

Other stressors that affect orphaned learners came from other people in their immediate vicinity and this is what was said:

“It became difficult even for these children to play freely with the others in our neighbourhood. You see, if one member of the family is infected, the whole family is perceived to be cursed” “they never visit us, but we visit them sometimes. We are still angry at them – we feel that they should have accommodated us, until we were older and able to say on our own”.

Interpretation

It is indicated in the above responses that parental illness and death of parents of learners affected by HIV/AIDS are causes of emotional trauma. These learners end up being depressed, feeling lonely, thinking of committing suicide and being scared. This finding confirms the finding from the literature review (see 2.2.2; 2.3.2.7; 2.4.5; 2.4.7; 2.4.12). These emotions could be evoked by fear of being left alone in future when their parents have died.

It is worrying to note that there are still people who stigmatize and discriminate against others even if they are not infected, but because one or two members of the family is/are infected (see 2.2.2; 2.3.1; 2.3.2.7; 2.4; 2.4.2; 2.4.5). This indicates the way in which HIV/AIDS stigmatizes and labels people who are infected and affected by it. It is again a cause for concern that these children and adolescents feel isolated by their own relatives who should be giving them social support. This is a clear indication that children and adolescents affected or orphaned by HIV/AIDS often lack even adequate social support from their family systems because of the stigma that is always associated with HIV/AIDS.

4.4.2 Their general performance at school

This section provides information on AIDS orphans’ general performance at school, according to their responses.

Analysis

The general performance of affected learners at school does not seem to be good. The three participants highlighted this in their responses. They said about their performance at school:

“Our sister Nthabi motivates us to be serious about school and at least to pass Grade 12. We are struggling, but we do not want to disappoint her”.

The participants indicated irregular attendance and lack of concentration as factors that affect their performance. This is what they said:

“We could not attend school regularly as we had to be there for funeral arrangements”.

“Even when we had to go to school it was difficult to concentrate as we were worried about our mother. We always ask each other what was going to happen to us if she dies”.

Orphaned learners have to drop out of school at a very tender age to work for their siblings. This is what the participants said:

“Nthabi had to leave school to go and seek piece jobs like ironing for the white employers in the suburbs”.

“Nthabi as our elder sister was only 14 years of age and she was in Grade 9 when she left school to find a job to feed us”.

Participants indicated being derided by other learners in class, they said about this:

“Whenever I try to participate in a group activity, other learners just laugh at what I say. I feel we are not like the rest of the learners as we cannot afford to have a proper school uniform”.

Participants indicated having a problem of arriving late for school as they stay far. This is what they said:

“One other problem is that we stay too far from school which makes it difficult for us to arrive early for classes. We always miss out the first two periods every day. Nthabi cannot afford to give us money for a taxi”.

Participants indicated not being able to participate in extra-curricular activities. This is what they said:

“What worries me is that we cannot even participate in extra-curricular activities because of the distance we have to walk back home. I love soccer, but I cannot play it at school. I cannot afford to buy soccer boots”.

Interpretation

It is a great cause for concern that learners affected or orphaned by HIV/AIDS are, in most cases, unable to attend school regularly, which adversely affects their performance at school. The fact that these learners are forced to walk very long distances, sometimes through areas that are unsafe, as they cannot afford to take taxis to school because of lack of money is also worrying. This means that they arrive at school tired and could be finding it very difficult to concentrate on their lessons and thus perform poorly in their academic work. This finding is in line with the revelations of the literature review (see 1.1; 2.1; 2.2.2).

This study also reveals that affected or orphaned children, particularly those that are born first in the family, may miss out on educational opportunities. It is worrying that the eldest girl had to drop out of school in order to take care of the family financially because of the death of parents due to HIV/AIDS. HIV/AIDS robs children and adolescents of their childhood and adolescence and their joy to be at school, thus compromising their psycho-social development. This finding is in line with what was found in the literature review (see 2.1; 2.4; 2.4.2; 2.4.5, 2.4 14).

Being unable to participate in extra-curricular activities and educational excursions because of lack of money is again worrying. This finding is in line with the finding of the literature review (see 2.3.1). This indicates how exclusionary schools can be during the era of inclusive education.

4.4.3 Nature and extent of support they get

Analysis

The three participants indicated that they received support from their school and a non-governmental organization in their community. However, they reported a lack of support from their relatives and the wider community. This is what the participants said about not being supported by their relatives, neighbours and the wider community.

“No one among our relatives is interested to know how we survive. They do not even know where exactly we stay in Braamfisherville, and we have been in this place for four years now”.

“They called me names because of my body. They called me “Mgorho”. That is usually a name given to a very thin dying dog”.

“There was no one to take care of us. As a result my sister Nthabi had to leave school to go and seek piece jobs, like ironing for the white employers in the suburbs”.

“It was very tough; our relatives could not stay with us. They told us to go to Braamfisherville”.

“Yes, no one, we hear people talking about social workers. We do not know where their offices are. Nthabi does not have an ID document. Her boyfriend promised to help her get it but he has not done that yet”.

The participant's aunt said the following about the fact that the entire family is not supportive of these orphans:

“I have three children of my own. My husband is not working. We rely on the money I get as a domestic worker. How then could I afford to raise my brother's children, while I am struggling to raise my own? I was not happy about the fact that they had to move away from the rest of the family, but what else could have been done? We discussed this as relatives immediately after the funeral, not even

one relative was prepared to add these children to their family members”.

“Every member of the family complained about the fact that they are overburdened and they are not working”.

The primary school that these learners attended, assisted them by including them in the school nutrition programme, and a non-governmental organization in their area gives them food parcels. This is what they said about the support they get:

“At school, they gave us some bread to take home, but it was difficult during weekends at times, we could not eat for the whole day”.

The orphaned learners end up searching for any one who could support them. This is what one of the participants said:

“No, I found myself a boyfriend who now supports us financially. In fact, this is what girls in our neighbourhood do. You cannot just work, but you have to have someone to support you. It was the happiest time of my life, having someone who loves and supports me. We were all happy to have Bongane working for us. At least we could have food on the table every evening, like all the other households in our neighbourhood”.

“No, Bongane is older than me; he was 25 years old when we first met. This did not bother me at all; as we needed some one older to protect us as well. I also liked the fact that he was mature. He knew a lot of things I did not know. It was as if he was our father”.

Interpretation

It is worrisome that these children and adolescents do not even receive social support from their relatives. This confirms the findings of the literature review (see 2.2.2; 2.4.5).

4.4.4 Effect on their physical well-being

Analysis

One of the participants indicated the physical effects of HIV/AIDS on the well-being of orphans when he said:

“I am underweight. They think that I have AIDS. I know I am thinner and shorter than children of my age. This is due to the fact that I am undernourished. That is what was said at the clinic”.

“I did not have warm clothes like other children. So, I was forever coughing and subject to diarrhoea because there was no proper and healthy food for me”.

Interpretation

This study reveals that children, who have HIV/AIDS-infected parents, may not be well nourished or well cared for as they should. This could be due to the fact that parents themselves are too ill to take care of their child, or they may be living in poverty as is the case in this study.

It seems as if the effect of HIV/AIDS on children, their families and communities, is worsening poverty. Families are less able to afford health care and other measures to prevent disease, such as the purchase of nutritious food.

4.5 CONCLUSION

This chapter analysed and interpreted data collected in this study. The next chapter will provide a research summary, conclusion and recommendations.

CHAPTER FIVE

FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

This final chapter presents an overview of this researcher's findings and conclusions from the literature study, as well as from the empirical research.

5.2 SUMMARY OF FINDINGS AND CONCLUSIONS FROM THE LITERATURE STUDY

The literature review highlighted that, as a result of HIV/AIDS, new family forms are emerging, such as "skipgeneration" families, where the parent generation has succumbed to HIV/AIDS and HIV/AIDS-related illnesses and the families are made up of grandparents and orphaned grandchildren, and child-headed families, where grandparents are not available to care for orphaned grandchildren (see 1.1).

It also emerged from the literature survey that children and adolescents affected or orphaned by AIDS face an increase in poverty; malnutrition; household responsibility and vulnerability to abuse; child labour; sexual risk; stigma, discrimination and isolation; less access to food, health services, school opportunities, material goods, protection and love than other children whose families have not been affected by HIV/AIDS. The physical needs, emotional deprivation and financial desperation of children affected or orphaned by AIDS make them easy prey to exploitation and abuse. They often live on the street, where they are used as cheap labour by day and as sex workers by night. This deadly pattern exposes them to HIV and AIDS, thereby repeating the cycle (see 2.4).

5.3 SUMMARY OF FINDINGS FROM THE EMPIRICAL INVESTIGATION

The empirical research revealed that parental illness and death of parents of children and adolescents affected or orphaned by HIV/AIDS are causes of these children and adolescents' emotional trauma and grief, illness and stress (see 4.4.1); scholastic problems, stigmatization and discrimination; missing out on educational opportunities; and experiencing poverty. The literature highlighted that being caregivers in their household made it difficult for children and adolescents affected and orphaned by HIV/AIDS to attend school because of the fact that they have to take care of their sick parents or guardians; and that even if they attend school, they often find it difficult to concentrate in class because they are always worried about the possibility of returning home to find that their mother and/or father has died (see 4.4.2). The empirical research also revealed that these children and adolescents do not get the necessary familial support from their relatives especially immediately after the death of their parents (see 4.4.3).

5.4 RECOMMENDATIONS

This section provides both recommendations for practical implementation at schools and in communities and for further research in future so that more knowledge on AIDS orphans can be accumulated.

5.4.1 Recommendations for practical implementation at schools and in communities

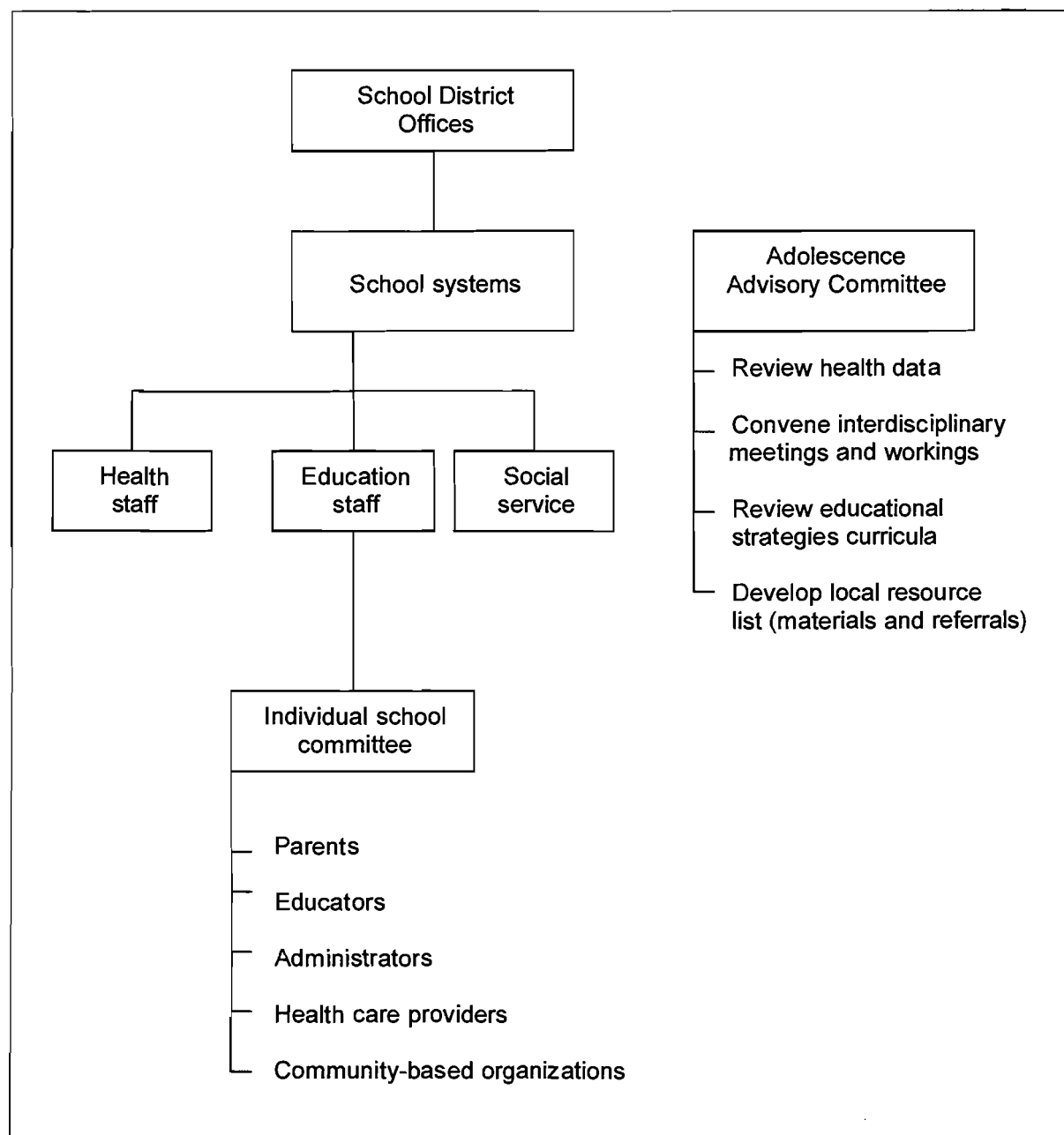
From the findings of both the literature review and the empirical research proceedings, the ecosystemic support programme which schools and communities can adopt and adapt in order to develop the psychological and social resilience of learners affected and orphaned by the HIV/AIDS pandemic is proposed below. This researcher believes that a learner whose psychological and social aspects of life are strong can be able to withstand the psychological and social effects such as being stigmatized and discriminated against because of being an AIDS orphan, and has the capacity to learn

effectively. The ecosystemic programme that is developed and suggested below aims to strengthen the HIV/AIDS affected learner's learning capacity and to develop his/her psychological and social skills which are so needed if he/she is to succeed at school.

An effective ecosystemic support programme for learners affected and orphaned by the HIV/AIDS pandemic can play a major role in supporting their learning at schools. Such a programme can be only effective and meaningful when it is socially founded on the socio-cultural values of all the social systems that constitute their ecology (environment). The ecology (environment) in this regard forms their social context in the form of family-school-community-society lives, which are crucial for qualifying their 'lived' experiences. The latter sentence highlights the collaborative and inclusive, thus the multi-disciplinary nature of the ecosystemic programme.

Figure 5.1 on page 88, adopted from Donahue and Markman (1999:3), shows the connections among the various social systems in learners' communities. The concerted interconnectedness among all these social systems could be effective in developing psychological and social resilience among learners who are affected and orphaned by the HIV/AIDS pandemic.

Figure 5.1: Social systems in learners' communities



Source: Donahue & Markman (1999:3)

From the foregoing table, it is clear that when it comes to the HIV/AIDS pandemic, schools need to form synergistic relationships with communities' social agencies such as health departments, social development departments and education departments.

For this reason, this researcher proposed the following ecosystemic support programme for learners who are affected by the HIV/AIDS pandemic:

- Strengthen and expand existing systems of community care and protection for children affected by the HIV/AIDS pandemic. Immediate steps should be taken to support existing systems of community-based care. The government should take a number of concrete steps, as follows:
 - Increased material and moral support should be provided to vulnerable families in order to help them provide good quality childcare.
 - The successful model of community self-help groups should be expanded as quickly as possible to support AIDS orphans.
 - Traditional practices of guardianship by extended family members should be encouraged.
 - The role of village administrations and social welfare officers in monitoring the care of children by guardians should be strengthened.
 - Child Protection Networks should be implemented as swiftly as possible. Such networks act as a referral system to help communities identify children in need of some formal forms of assistance.
 - In areas where HIV/AIDS self-help groups exist, Child Protection Networks should be integrated as much as possible in order to avoid overloading the capacity of the local community and social welfare officers.
- The Department of Social Development should establish a clear national policy on the care and protection of orphans, children affected by HIV/AIDS in line with international guidelines of the United Nations General Assembly Special Session on children. The Department of Social Development should develop an explicit national policy on family, community-based and institutional care that is consistent with the United Nations General Assembly Special Session on children. The policy should prioritize family and community-based care options, while making allowance for

institutional care as a last resort when all community-based care options have been exhausted. The policy should clearly state which children need institutionalization, when and for what purposes, and what proportion of state resources should be allocated to this form of care given to less than 1% of all orphans and other vulnerable children under 15 receiving care from this source. Moreover, the policy should state that institutionalization is, wherever possible, a temporary measure until permanent care can be found within the child's extended family or community of origin.

- The government should develop a national strategy on care and protection for children affected by HIV/AIDS. A national strategic plan should be developed to assist in the implementation of national policy on the care and protection of AIDS orphans. The national strategy should:
 - set specific goals, objectives and indicators (an international set of standard indicators should be developed for AIDS orphans and can be used as the basis of a monitoring and evaluation system);
 - clearly specify the roles of the various actors in the social welfare system, including families, communities, local government, institutions, the MoLSW and other line ministries;
 - describe how the social welfare sector will make the transition in orientation from case work to community development;
 - specify how assistance will be targeted to AIDS orphans; and
 - set budget levels, staffing needs and training requirements to meet the specified goals.
- Ensure the full participation of children and their extended families in developing new community-based initiatives. It is vital that AIDS orphans, their extended families and the wider community actively participate in the development of policy on community-based care and the design of implementation strategies. Community participation is important because it can help to identify the real social plights of

AIDS orphans within the communities, and ways to help them. Moreover, community participation helps to ensure that programmes are relevant, feasible and successful.

- Form coordination teams at the provincial level to facilitate strategy implementation. Discussion groups should be convened at the provincial level to discuss issues relating to the care and protection of AIDS orphans. Such groups can provide an opportunity for social organizations working on the social plight of AIDS orphans to share experiences with others working in the same field in order to continue to learn from each other's experiences. It may also be possible to transform these discussion groups into provincial coordination teams with responsibility for facilitating the implementation of national strategic objectives on the care and protection of AIDS orphans. Coordination teams could receive information and guidance from the Department of Social Development, but also learn about and document successful community initiatives and community preferences for different options.
- Improve management systems, increase collaboration and improve the division of labour between different agencies working to support AIDS orphans and their extended families. Care should be taken to avoid duplication of resources wherever possible. On the other hand, it is essential that all relevant agencies are represented in planning and implementing bodies.
- Improve national data collection systems on vulnerable children. Better empirical research data is needed to enable policy makers and planners to identify which AIDS orphans are most in need of care and protection and to develop programmes addressing their needs. Data collection systems should be improved to provide accurate, disaggregated data. However, care should be taken not to encourage enumeration of AIDS orphans for its own sake or as a special project – communities soon tire of counting children without receiving benefits afterwards. Before devising new empirical research data collection systems, efforts should be made to make full use of quantitative and qualitative information that is already collected on a routine basis; the priority should be to ensure that empirical research data already collected at the village level finds its way to planners and policy-makers at the district,

provincial and national levels of government. More accurate data on HIV/AIDS is also urgently needed.

- Advocacy for community-based child protection measures is needed at both the national and local levels to promote and improve community-based initiatives for the care and protection of AIDS orphans. Advocacy can work at different levels, that is: among national policy-makers it would help to secure more financial resources for the social welfare sector; among villagers it would help to improve community solidarity and motivate individuals to be proactive in assisting vulnerable families and their children. Such advocacy work would contribute to broader strategies for poverty alleviation in families devastated by the HIV/AIDS pandemic.
- Increased funding for social development work will enable social development officials to provide assistance to AIDS orphans throughout the year, not only when a child or his/her family has already reached an emergency crisis point. Emergency assistance can provide short-term relief, but is rarely able to tackle long-term causes of vulnerability or offer long-term solutions. The government, therefore, needs to complement emergency assistance with programmes for community development and community rehabilitation that address long-term causes and deliver long-term impacts. More resources should be allocated to the social development department in order to help them undertake this additional work.
- All School District offices should be manned by professionally qualified educational psychologists who should work with a team of professionally qualified school counsellors, learner support specialists at schools, Life Orientation educators, Life Skills educators etc. to help learners who are affected by the HIV/AIDS epidemic.

The era of the HIV/AIDS epidemic during which schools exist today demands that the Department of Education employ enough counsellors to help learners with special educational needs such as those affected by the HIV/AIDS pandemic. Even if they were to educate and train many para-counsellors who can work hand-in-hand with educational psychologists at education district offices to help AIDS orphans deal with the post-traumatic stress of losing both of their parents because of death

that was caused by the HIV/AIDS pandemic.

Both the educational psychologists, school counsellors and para-counsellors should be educated on the ecology of learners infected with and affected by the HIV/AIDS pandemic. They must be trained on Inclusive Education, Learner Support, Educational Psychology, distress experienced by both learners infected with and affected by HIV/AIDS, psycho-fortology as the science of empowering educational psychologists, school counsellors and para-counsellors in enhancing psychological resilience, fortitude, and hardiness among learners suffering from and affected by the HIV/AIDS pandemic. These educational psychologists, school counsellors and para-counsellors should be registered with the Health Professionals Council of South Africa so that they can be regulated by its professional code of conduct. This means that universities' faculties of psychology and education should now start training educational psychologists, school counsellors and para-counsellors in great numbers.

- School-going children and adolescents affected or orphaned by HIV/AIDS need a socially safe and supportive environment. This requires sensitive attitudes, policies and legislation at school, family, community and national social levels. To build sturdy school, family and community systems capable of providing social prevention and care will require material resources and skills-building.
- Policy-makers must recognize that the rights of children and young people, especially girls, must be protected and promoted; that young people are critical resources for making HIV programmes meaningful to their peers and that information about HIV prevention is relevant to their everyday lives. The Convention on the Rights of the Child recognizes children as rights holders. Its provisions concerning rights to education, health, protection, non-discrimination, freedom from exploitation and abuse are all relevant to reducing the vulnerability of children and young people to the pandemic.
- Strong and effective education systems accessible to children and young people in most vulnerable circumstances, such as orphans, young girls, and household heads, are important.

- Wide-scale communication and social mobilization efforts are needed to broaden HIV/AIDS awareness within communities which are in the frontlines for providing prevention, care and support for children. Reducing the stigma and discrimination associated with HIV/AIDS is a fundamental element.
- HIV counselling and support of the children, their parents and siblings, can considerably improve their quality of life, relieve suffering and assist in the practical management of illness.
- Children and adolescents' worries about resources, about being able to study and attend school, can partly be met through social security provision. The existence and operation of a social security system or method must be explained to children and guarantees laid out if it is to relieve their stress. It should also be noted that attending school is not only about paying fees and buying books and materials. Having the time to study and not having to work or care for others full-time is important, as is not experiencing stigma and discrimination from educators and other children, nor bullying or violence that might deter learners from attending school. Clearly also, some means of additional care-giving organized through local voluntary networks might also be a practical means of supporting children. Moreover, the stigmatizing and discriminatory behaviour of others must also be addressed, rather than enabling the victims to deal with it themselves and so putting the pressure on them.
- From the issues concerning study and attendance at school, psycho-social support for orphans and children affected by HIV/AIDS needs also to consider and include protection issues that should be addressed for all children. This would include protection from abuse (sexual, physical and emotional abuse), bullying, all forms of violence and so on, and recognizing the vulnerability of these children, for example to being trafficked, being exploited through unsupported economic migration, and to becoming street children.
- To address children and adolescents' worries and experiences of stigma and discrimination, and children's worries and experiences of isolation, loneliness and exclusion, schools, communities and the government need to work together against

the further spread of stigma and discrimination, to reduce these problems, and to change the nature of the social environment in which children and adolescents who are affected or orphaned by HIV/AIDS are living. Such work needs to be undertaken with children as much as with adults, because children's discrimination against their peers or bullying of those of a younger age, can be particularly nasty. Children themselves need information about HIV/AIDS and knowledge of prevention; they will soon grow and become sexually active, or they may be or become vulnerable to drug use, particularly if they are vulnerable to exploitation or unsupported migration because of poverty. Children's isolation and uncertainties about the present and future can be addressed through children's participation and activities that can also be developed as the basis for other practical interventions in response to their broad needs for social support. Purposeful activities with children, including games and fun, in an appropriate and consistent environment (that is, based on quality of adult-child relationships) can enable social interactions which can be beneficial to children. Creating child-friendly environments, taking children seriously, listening to children, reflecting their ideas and views, encouraging children to communicate their experiences and feelings, all provide support, develop children's self-esteem and confidence, support children's learning, enhance children's capacities in forming relationships and communication and, most importantly, act as a conduit for children's emotions in enabling their self-expression.

- Communities need children and adolescents' activity centres. These centres do not have to be physical buildings, but can simply be regular meeting places, provided that they fulfil certain criteria primarily regarding the quality and consistency of adult-child relationships. The centres need to have a developed and child-friendly philosophy including children's participation and child protection and children designing their own activities and programmes of work. The centre needs to be inclusive, that is welcoming and incorporating all children who wish to attend, and not only be free of prejudice and oppression, but actively work against it. The environment needs to enable children to support one another socially and children to feel they can approach adults for confidential, informative discussions on sensitive issues. Various services can be offered through such a centre at different times,

including advice, information, guidance, lifeskills training and vocational training, as requested by children. If children and adults are working closely together in an informal fashion (not traditional educator and learner or parent-child relationships), then children's ideas and needs can easily be raised and a programme of activities (including play and fun) developed.

- Counselling is necessary for children and adolescents affected or orphaned by HIV/AIDS. These individuals are likely to approach adults to talk about private matters of concern to them, in this way some sort of 'counselling' might, in fact, be happening. This does not need to be a formal process, but like the principles of the children's activity centres, can be humanistic and person-centred, based on practice principles of listening, empathy, reflection and unconditional regard. It is essential that counselling is not undertaken lightly, especially with children. However, there are similarities in good practice of working with children from an inclusive, empowering and participatory perspective, and elements of humanistic counselling approaches, and such similarities also strengthen the rationale for taking up the above recommended child activity centres as a method of providing psycho-social support through children's participation and purposeful activities. Thus, in the final analysis, it should be recognized that good quality, child-centred, participatory working practice brings benefits and should be the first resort, and that such work already includes dimensions of what some would call counselling. Because the term counselling includes complex therapeutic interventions that should not be tried lightly, nor by inexperienced individuals and not on children, it is essential that 'counselling' is not conflated with psycho-social support, nor in fact practised as a first intervention.
- Fundamentally, underlying any work with orphans and children or adolescents affected by HIV/AIDS should become recognition of children's rights, and the role of duty bearers in meeting those rights. The question of providing psycho-social support is then not seen in isolation, away from other aspects of children's lives, but should be and can be fitted in with other problems, such as rights to health and education. Children's need for psycho-social support means addressing both emotional issues and worries, but also their practical concerns. As shown, some of

their worries are about material issues such as resources, but others concern problems with relationships (for example, friendships, stigma, discrimination, connections with educators and adults in the community), and need different approaches. Child protection in a broad sense, from abuse, violence, neglect and problems such as bullying, discrimination, isolation and exclusion, is fundamental to psycho-social support. It can only be developed with children's involvement, with their identifying issues and collaborating on means of resolution. Children's participation is not only important for protection, but has a beneficial impact on well-being, self-esteem and confidence through engagement with other children and adults, being able to talk, as demonstrated in these workshops. Thus children's participation is also a fundamental process in provision of psycho-social support for children orphaned and affected by HIV/AIDS.

- There is a need of community-based support mechanisms to enable orphans and children affected by HIV/AIDS to stay at home and attend school. Protecting children has often been, in the past, keeping children away from outside influences and placing them in large institutions. Accumulated evidence, experience and practice has demonstrated that life in large institutions is detrimental to children's health, well-being and future lives, quite apart from vulnerabilities to abuse and exploitation. Children's resilience has been shown to be enhanced by various protective factors that also contribute to children's development (see 2.3.2). These include a close, nurturing connection to primary caregivers who provide:
 - consistent and competent care;
 - connections to competent caring members of one's own cultural group outside the extended family;
 - participation in familiar cultural practices and routines; and
 - access to community resources, including effective educational and economic opportunities.

These factors cannot be met through institutional care and show the importance of children remaining with the family and the importance of community-based support

mechanisms to enable orphans and children affected by HIV/AIDS to stay at home and attend school. That is, to retain a familiar and consistent caregiver and familiar surroundings and habits. If living with a grandparent or close relative is not possible, then monitored fostering or the creation of small group family homes are better able to meet these children's needs.

The children's activity centres recommended above, provide additional means of social support for orphaned children living with relatives or fostered (or in small group homes) and for children with sick parents. They can provide a means of connection to people outside the family, and access to community resources. But fundamentally, the social activities involving children's participation are group activities and contribute to various characteristics of resilient children that are children who have endured and flourish despite extremely challenging and stressful family and social circumstances including, for example, emotionally incapacitated parents and extreme poverty. These characteristics include:

- strong attachment to caring peer groups;
- social competence at interacting with adults and children;
- independence and requests of help when necessary; and
- being confident that facilities control some parts of his/her life.

These characteristics correspond with some of the aims, methods and practice of working with children through the children's activity centres recommended above. Just as 'counselling' includes interventions that regard skills and training, so too, such quality group work with children requires competence that comes from understanding principles and ethics, developing skills, training and reflective practice.

5.4.2 Recommendations for further research in future

Gaining a clear understanding about the situation of vulnerable children such as AIDS orphans is complicated by the scarcity of reliable information and detailed, disaggregated data. Improved systems of empirical research data collection and further

research are needed in order to provide more accurate enumerations of AIDS orphans in South Africa.

Existing systems of care and protection are fragile. Formal support through social welfare services is limited and institutional care options are able to cater for only a tiny fraction of AIDS orphans. Meanwhile, the range of community-based support mechanisms for AIDS orphans is very limited, namely:

- neighbours and members of the extended family often act as guardians for AIDS orphans;
- local communities provide occasional financial and material assistance;
- faith-based social organizations such as churches etc. provide food, shelter and access to education (for boys); and
- a few self-help groups have been established by and for people living with HIV/AIDS and AIDS orphans.

It is, therefore, imperative that further research is conducted to identify effective strategies for the care and protection of AIDS orphans. The projected rise in the number of AIDS orphans in the years ahead will stretch the limited capacity of existing formal and informal social systems of care and support.

On the basis of the last two paragraphs, this research proposes that academic researchers should conduct further research on the range and effectiveness of community-based initiatives for the care and protection of AIDS orphans. Such further research is needed to identify additional systems of community-based care already in existence and to evaluate their effectiveness in meeting the needs of AIDS orphans. Further research on the range of community-based care initiatives and their cost effectiveness would also help to build a consensus in support of community-based care among the various actors working in the field of social welfare.

5.5 LIMITATIONS OF THE STUDY

The study's limitations are the following.

5.5.1 Small number of participants who formed the sample population

Since this research employed a qualitative research method in the form of interviews, it could not involve a big number of participants as it would have been the case with a quantitative research method of distributing questionnaires. As a result of the small sample which this researcher used to elicit the empirical data for this research, its results cannot be generalizable for the whole South African population. This researcher believes, though, that such results will provide a basis for her huge study on the same subject for her doctoral degree.

5.5.2 The use of language during interviews was English

The participants were not mother-tongue speakers of English. The study could have benefited more, had it been conducted in IsiXhosa with which the participants are conversant. Unfortunately, the researcher is Sesotho speaking and was going to struggle to conceptualize the participants' responses. Fortunately, participants were satisfactorily conversant with English, which is the reason for the use of English for the interviews.

5.6 CONCLUSION

In this research it became clear from the literature review and empirical research findings that the HIV/AIDS pandemic has a devastating effect on the psychological and social well-being of learners infected by it. The programme based on ecosystemic approaches was suggested as an endeavour to contribute to the psycho-educational solutions to combating the effects of HIV/AIDS on the psychological and social development of learners infected by it.

The researcher has always believed that if learners affected or orphaned by the HIV/AIDS pandemic were cared for, psycho-socially supported, respected, tolerated and accepted there would be fewer problems concerning their stigmatization and discrimination at school and this would lead to school environments that are more inclusive, collaborative, supportive, tolerant and accommodative of learners affected or orphaned by the HIV/AIDS pandemic.

This researcher hopes that this research will make a contribution in the understanding of learners affected or orphaned by HIV/AIDS.

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APPENDIX A

Interview questions that developed during the group interview session with Nthabi, Veli, Zandi, their aunt and a health-worker

Interviewer:	How old are you?
Interviewer:	What grade are you both doing at school?
Interviewer:	I know you lost both your parents. Do you know what caused their death?
Interviewer:	How did you find out?
Interviewer:	Did your parents tell you?
Interviewer:	How did your aunt know?
Interviewer:	How did you know that your brother and your sister-in-law were suffering from HIV/AIDS?
Interviewer:	Did you ask your parents after finding out about their sickness?
Interviewer:	Did you know anything about HIV/AIDS?
Interviewer:	Is it your educator who taught you about the HIV/AIDS pandemic?
Interviewer:	What is the most important lesson you learnt from the group in the play?
Interviewer:	How did you feel after knowing that your parents were HIV/AIDS infected?
Interviewer:	Aunty, how did you feel, after knowing that Zandi's parents were HIV/AIDS infected?
Interviewer:	Did you also feel isolated by other children in the neighbourhood?

Interviewer:	What did your parents say when they noticed that obviously you must know something?
Interviewer:	How did you manage not to show your grievance or depression to your parents?
Interviewer:	Why did you not ask your brother or your sister-in-law what they were suffering from?
Interviewer:	Which of your parents died first?
Interviewer:	When this happened, were you at home and with whom?
Interviewer:	What did you then do?
Interviewer:	Did Aunt Vuyiswa come, and what happened?
Interviewer:	How did you feel during this period, your father dying and your mother seriously ill in hospital?
Interviewer:	Was your mother able to attend the funeral?
Interviewer:	Veli, you have been quiet can you tell me who catered for your needs as children after the funeral?
Interviewer:	Why?
Interviewer:	Why were you sent to Braamfisherville?
Interviewer:	You say your relatives chased you out to go to Braamfisherville, who are you referring to?
Interviewer:	Aunty why could you not accommodate your brother's children in your house? In this situation – who provided you with food?
Interviewer:	How did the educators know of your plight?

Interviewer: So you had some food at Kwa-Phalo Primary School, and who helped you with dinner and breakfast?

Interviewer: Is there no one who tried to give you emotional and financial support during this period?

Interviewer: How old were you Nthabi, when you dropped out of school?

Interviewer: Are you still doing piece jobs to support your brother and sister?

Interviewer: At what age did you get the boyfriend?

Interviewer: How old is the boyfriend? Is he of the same age maybe?

Interviewer: Is Bongane, your boyfriend still working?

Interviewer: Mr Chauke can you tell me how you help these children?

Interviewer: Veli, after all this development, do you still regard yourselves as people who are in poverty?

Interviewer: What do you mean?

Interviewer: Zandi, tell me about the government social support grant, did you apply for it?

Interviewer: Nthabi, how old are you now?

Interviewer: Is there no one who has helped you with the application of the government grant?

Interviewer: Mr Chauke how can your organization help these learners to get a social grant?

Interviewer: What about your relatives?

Interviewer: Do they visit you to give you social support?

Interviewer: What do you think is the reason for this neglect?

Interviewer: Why do you think like that?

Interviewer: Aunty, are you not visiting these children because you fear that you might be infected?

Interviewer: Veli, let me refer this question directly to you. Ho do you feel about this kind of treatment that you receive from your relatives?

Interviewer: Do you know he meaning of that name "Mgorho", what does it mean?

Interviewer: How is this affecting you now?

Interviewer: Now, about your health. Are you seeing any doctor or visiting the clinic?

Interviewer: Did the doctor tell you what the problem with your health is?

Interviewer: How is your health presently?

Interviewer: How do you find your neighbours here in Braamfisherville?

Interviewer: Is the situation better now, or is it still the same?

Interviewer: Are you saying the way they used to treat you changed?

Interviewer: Now, let us talk about school. How are you coping? Is there any learning support?

Interviewer: Where do you get the courage to keep up a pleasant face?

Interviewer: Why?

Interviewer: Nthabi, as a child herself is trying to play a parental role. Do you respect her for that?

Interviewer: In conclusion of our discussion, what else would you like to talk about, something that depresses your maybe?

Interviewer:	What did you do when Veli was very sick?
Interviewer:	How did you cope with a sick sibling and at the same time you had to find food for them?
Interviewer:	Do you still feel like committing suicide?
Interviewer:	How did you meet Bongane, your boyfriend?
Interviewer:	Does he still visit you regularly and also bring you Kentucky?

APPENDIX B

Interview questions that developed during the group interview session with the principal of the two orphans who participated in this research

Interviewer:	How long have you known Zandi and Veli?
Interviewer:	In what Grades are they?
Interviewer:	How do they both perform at school?
Interviewer:	What could be those underlying factors?
Interviewer:	What have you done as a school to assist these learners to improve their performance?
Interviewer:	Have you as a school tried to address the problem by talking to the parents or the learners themselves?
Interviewer:	How would you compare them with other learners?
Interviewer:	What does the school do to help these needy children?
Interviewer:	Does the school keep a register for learners who have lost either a parent/s?
Interviewer:	What measures do you have in place for learners who cannot afford to pay school fees?
Interviewer:	Are you saying you do not know whether these learners in question are orphans or not?